

2023 Benefits at a glance

ATRIO Medicare Advantage Plans
Klamath County



Medical Benefits

| Plans | ATRIO Freedom (PPO) H6743-024-003 | | ATRIO Choice Rx (PPO) H6743-001 | | ATRIO Prime Rx (PPO) H6743-023-003 | |
|---------------------------------|---|-------------------------------------|---|--|---|-------------------------------------|
| Plan Costs | In & Out of network | | In & Out of network | | In & Out of network | |
| Monthly plan premium | \$0 | | \$0 | | \$99 | |
| Plan deductible | \$110 | | \$0 | | \$0 | |
| Annual out-of-pocket maximum | \$4,500 In network | \$6,500 Combined | \$4,500 In network | \$6,500 Combined | \$3,500 In network | \$5,450 Combined |
| Doctor Office Visits | In network | Out of network | In network | Out of network | In network | Out of network |
| Primary care provider (PCP) | \$10 | \$50 | \$10 | \$50 | \$10 | \$30 |
| Specialist | \$25 | \$65 | \$40 | \$65 | \$25 | \$50 |
| Telehealth | \$0 | Not covered | \$0 | Not covered | \$0 | Not covered |
| Inpatient Care | In network | Out of network | In network | Out of network | In network | Out of network |
| Inpatient hospital care | \$275 per day 1-7; \$0 per day after that | \$375 per day 1-7; \$0 per day 8-90 | \$400 per day 1-5; \$0 per day after that | \$500 per day 1-5; \$0 per day 6-90 | \$225 per day 1-8; \$0 per day after that | \$350 per day 1-8; \$0 per day 9-90 |
| Skilled nursing facility (SNF) | \$0 per day 1-20; \$150 per day 21-100 | \$150 per day 1-100 | \$0 per day 1-20; \$150 per day 21-100 | \$0 per day 1-20; \$150 per day 21-100 | \$0 per day 1-20; \$125 per day 21-100 | \$125 per day 1-100 |
| Outpatient Services | In network | Out of network | In network | Out of network | In network | Out of network |
| Outpatient hospital | 20% | 30% | 25% | 50% | \$275 | \$325 |
| Ambulatory surgery center | 20% | 30% | \$225 | \$325 | \$225 | \$325 |
| Home health care | \$0 | 50% | \$0 | 50% | \$0 | 50% |
| Diabetes supplies | \$0 | 20% | \$0 | 20% | \$0 | 20% |
| Durable medical equipment | 20% | 30% | 20% | 30% | 20% | 25% |
| Lab Services and Other Tests | In network | Out of network | In network | Out of network | In network | Out of network |
| Laboratory tests | \$20 | 15% | \$20 | 15% | \$0 | \$0 |
| Diagnostic imaging (MRI/CT/PET) | 20% | 30% | 20% | 30% | 20% | 30% |
| X-rays | \$20 | 30% | \$20 | 30% | \$15 | 30% |
| Emergency Services | In network | Out of network | In network | Out of network | In network | Out of network |
| Ambulance | \$275 | \$275 | \$300 | \$300 | \$225 | \$225 |
| Emergency room* | \$110 copay | | \$110 copay | | \$110 copay | |
| Urgently needed care | \$35 | | \$35 | | \$25 | |

*Coverage is Worldwide. Copay waived if admitted within 24 hours for the same condition.

Supplemental Benefits

See the “Extra Benefits” section of the Enrollment Kit for a more detailed overview.

| Extra Benefits | ATRIO Freedom (PPO) | ATRIO Choice Rx (PPO) | ATRIO Prime Rx (PPO) |
|---|--|--|--|
| Annual physical exam | 1 every year | 1 every year | 1 every year |
| Routine chiropractic, acupuncture, and naturopathic services | ATRIO covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year. | ATRIO covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year. | ATRIO covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year. |
| Fitness benefit | \$250 annual allowance towards gym membership fees provided through a Flex Card. | \$250 annual allowance towards gym membership fees provided through a Flex Card. | \$550 annual allowance towards gym membership fees provided through a Flex Card. |
| Preventive & comprehensive dental services | \$750 annual allowance through a Flex Card | \$1,150 annual allowance through a Flex Card | \$1,750 annual allowance through a Flex Card |
| Routine vision exam | 1 every year | 1 every year | 1 every year |
| Routine vision hardware | \$150 allowance for frames every year; \$100 allowance towards contact lenses, fitting, and evaluation every year | \$150 allowance for frames every year; \$100 allowance towards contact lenses, fitting, and evaluation every year | \$200 allowance for frames every year; \$100 allowance towards contact lenses, fitting, and evaluation every year |
| Routine hearing exam | 1 every year (in-network only) | 1 every year (in-network only) | 1 every year (in-network only) |
| Hearing aids | \$699-\$999 per hearing aid, up to 1 per ear per year (in-network only) | \$699-\$999 per hearing aid, up to 1 per ear per year (in-network only) | \$699-\$999 per hearing aid, up to 1 per ear per year (in-network only) |
| Meals | Up to 2 meals per day for 14 days after a qualifying event | Up to 2 meals per day for 14 days after a qualifying event | Up to 2 meals per day for 14 days after a qualifying event |
| Transportation | ATRIO covers up to 24 one-way non-emergent medical transportation trips to any plan-approved health-related location every year. | ATRIO covers up to 24 one-way non-emergent medical transportation trips to any plan-approved health-related location every year. | ATRIO covers up to 24 one-way non-emergent medical transportation trips to any plan-approved health-related location every year. |
| Over the counter (OTC) items | \$35 quarterly allowance | \$35 quarterly allowance | \$75 quarterly allowance |

Prescription Drug Benefits

Save 1 monthly copay on a 90-day prescription. \$0 out-of-pocket for many generic drugs, selected insulins and vaccines.

| Plans | ATRIO Choice Rx (PPO) | | ATRIO Prime Rx (PPO) | |
|---|--|---------------|----------------------|---------------|
| | 30-day supply | 90-day supply | 30-day supply | 90-day supply |
| Deductible | \$250 | | \$0 | |
| Tier 1 (Preferred generic) | \$5 | \$10 | \$0 | \$0 |
| Tier 2 (Generic) | \$20 | \$40 | \$8 | \$16 |
| Tier 3† (Preferred brand) | \$45 | \$90 | \$47 | \$94 |
| Tier 4† (Non preferred drugs) | \$95 | \$190 | \$100 | \$200 |
| Tier 5† (Specialty) | 28% | N/A | 33% | N/A |
| Tier 6 (Select care drugs) | \$0 | \$0 | \$0 | \$0 |
| Coverage gap stage: When the total paid by you and the plan reaches \$4,660, you move to the Coverage Gap stage. | There is a 75% discount for most brand name and Generic drugs | | | |
| Catastrophic coverage stage: After you have paid \$7,400 out of pocket, you move to the Catastrophic Coverage Stage. | The greater of \$4.15 for generics, \$10.35 for brand-name, or 5%. | | | |

†Part D Deductible applies