

## **Introduction to the Summary of Benefits for ATRIO MyAdvantage SNP January 1, 2008 - December 31, 2008 Coos, Douglas & Klamath\* Counties**

### **SECTION I**

Thank you for your interest in ATRIO **MyAdvantage SNP**. Our plan is offered by **ATRIO HEALTH PLANS**, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria. This includes anyone who receives medical assistance from the state and Medicare. All cost sharing in this summary of benefits is based on your level of Medicaid eligibility. Please call ATRIO **MyAdvantage SNP** to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call ATRIO **MyAdvantage SNP** and ask for the "Evidence of Coverage".

#### **YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like ATRIO **MyAdvantage SNP**. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call ATRIO **MyAdvantage SNP** at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

#### **HOW CAN I COMPARE MY OPTIONS?**

You can compare ATRIO **MyAdvantage SNP** and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

#### **WHERE ARE ATRIO MYADVANTAGE SNP AVAILABLE?**

The service area for this plan includes: Coos, Douglas & Klamath\* Counties, Oregon. You must live in one of these areas to join one of these plans.

*\*Indicates a partial county — Klamath County with the exception of zip codes 97425, 97731, 97733, 97739*

**WHO IS ELIGIBLE TO JOIN  
MYADVANTAGE SNP?**

You can join ATRIO **MyAdvantage SNP** if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. You must receive medical assistance from the state to join this plan. Please call ATRIO Health Plans to see if you are eligible to join.

**CAN I CHOOSE MY DOCTORS?**

ATRIO **MyAdvantage SNP** has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to date list or visit us at [www.atriohp.com](http://www.atriohp.com). Our customer service number is listed at the end of this introduction.

**WHAT HAPPENS IF I GO TO A DOCTOR  
WHO'S NOT IN YOUR NETWORK?**

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither ATRIO **MyAdvantage SNP** nor the Original Medicare Plan will pay for these services.

**DOES MY PLAN COVER MEDICARE PART B  
OR PART D DRUGS?**

ATRIO **MyAdvantage SNP** does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

**WHERE CAN I GET MY PRESCRIPTIONS IF I  
JOIN THIS PLAN?**

ATRIO **MyAdvantage SNP** has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy

Network List or visit us at [www.atriohp.com](http://www.atriohp.com). Our customer service number is listed at the end of this introduction.

**WHAT IS A PRESCRIPTION DRUG  
FORMULARY?**

ATRIO **MyAdvantage SNP** uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.atriohp.com](http://www.atriohp.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirement or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

**HOW CAN I GET EXTRA HELP WITH  
PRESCRIPTION DRUG PLAN COSTS?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join ATRIO **MyAdvantage SNP**, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-Medicare (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## SUMMARY OF BENEFITS

January 1, 2008 - December 31, 2008

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### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of ATRIO **MyAdvantage SNP**, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact ATRIO **MyAdvantage SNP** for more details.

### **Please call ATRIO MyAdvantage Plans for more information about these plans.**

Visit us at [www.atriohp.com](http://www.atriohp.com) or, call us:

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday, Friday  
8 a.m. - 5 p.m. Pacific

Current and Prospective members should call (877)-672-8620 for questions related to the Medicare Advantage program.

(TTY/TDD (800)-735-2900).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

**SECTION II**  
**Summary of Benefits for Contract H3814, PLAN 004**

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE SNP PLAN
<p><b>IMPORTANT INFORMATION</b></p> <p><b>Because you are eligible for benefits from Medicaid, the State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. These amounts may differ based on what kind of Medicaid benefits you have. The cost sharing amounts you will pay are listed below. In addition, you will have to pay the co-payment amounts listed below for Part D drug coverage. Contact your plan for additional information.</b></p>		
<p><b>1 - Premium and Other Important Information</b></p>	<p>You pay the Medicare Part B premium of \$93.50 each month. (This is the 2007 amount and may change January 1, 2008.)</p> <p>If a doctor or supplier does not accept assignment, their cost are often higher, which means you pay more.</p>	<p>You pay \$0 each month for your plan benefits and \$0 additional premium for your Medicare Part D prescription benefits.</p> <p>You also continue to pay the Medicare part B premium of \$93.50 each month.* (This is the 2007 amount and may change January 1, 2008.)</p> <p><b>General</b></p> <p>*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</p> <p><b>Out-of-Network</b></p> <p>Unless otherwise noted, out-of-network services not covered.</p> <p>This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008. Social Security will notify you of the new 2008 Medicare Part B premium, deductible and Part A cost sharing amounts prior to January 1, 2008.</p>
<p><b>2 - Doctor and Hospital Choice</b></p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE SNP PLAN
<b>INPATIENT CARE</b>		
<p><b>3 - Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>You pay for each benefit period (3): Days 1 - 60: an initial deductible of \$952 Days 61 - 90: \$238 each day Days 91 - 150: \$476 each lifetime reserve day (4) [These are 2007 amounts and may change January 1, 2008] Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (3)(4)</p>	<p><b>In-Network</b> You pay for each benefit period (3): Days 1 - 60: an initial deductible of \$952 Days 61 - 90: \$238 each day Days 91 - 150: \$476 each lifetime reserve day (4) [These are 2007 amounts and may change January 1, 2008] Plan covers 90 days each benefit period. Except in an emergency, your doctor must tell the ATRIO Health Plans that you are going to be admitted to the hospital. (3)(4)</p>
<p><b>4 - Inpatient Mental Health Care</b></p>	<p>Same deductible and copayments as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day limit in a Psychiatric Hospital in a lifetime. (3)</p>	<p><b>In-Network</b> Same deductible and copayments as inpatient hospital care (see "Inpatient Hospital Care" above).* You get up to 190 days in a Psychiatric Hospital in a lifetime. (3) Except in an emergency, your provider must obtain authorization from ATRIO <b>MyAdvantage</b>.</p>

<b>BENEFIT CATEGORY</b>	<b>ORIGINAL MEDICARE</b>	<b>ATRIO MYADVANTAGE SNP PLAN</b>
<b>INPATIENT CARE</b>		
<p><b>5 - Skilled Nursing Facility</b> (in a Medicare-certified skilled nursing facility)</p>	<p>You pay for each benefit period (3), following at least a 3-day covered hospital stay: Days 1 - 20: \$0 for each day Days 21 - 100: \$125 for each day [These are 2007 amounts and may change January 1, 2008.] 100 days for each benefit period.</p>	<p><b>General</b> Prior Authorization is required.</p> <p><b>In-Network</b> You pay for each benefit period (3): Days 1 - 20: \$0 for each day Days 21 - 100: \$125 for each day [These are 2007 amounts and may change January 1, 2008.]* 100 days for each benefit period. No prior hospital stay is required.</p>
<p><b>6 - Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p>
<p><b>7 - Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare-certified hospice.</p>	<p><b>In-Network</b> You must receive care from a Medicare-certified hospice care.</p>
<b>OUTPATIENT CARE</b>		
<p><b>8 - Doctor Office Visits</b></p>	<p>20% coinsurance (1)(2)</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for each primary care doctor office visit for Medicare-covered benefits* 20% of the cost for each specialist visit for Medicare-covered benefits*</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE SNP PLAN
<b>OUTPATIENT CARE</b>		
<b>9 - Chiropractic Services</b>	20% coinsurance Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation if you receive it from a chiropractor or other qualified provider. (1)(2)	<b>General</b> Authorization rules may apply. <b>In-Network</b> 20% of the cost for each Medicare-covered visit* Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.
<b>10 - Podiatry Services</b>	20% coinsurance Routine care not covered. 20% for medically necessary foot care, including care for medical conditions affecting the lower limbs. (1)(2)	<b>General</b> Authorization rules may apply. <b>In-Network</b> 20% of the cost for each Medicare-covered visit* Authorization rules may apply for services. Contact plan for details.
<b>11 - Outpatient Mental Health Care</b>	50% coinsurance for most outpatient mental health services. (1)(2)	<b>General</b> Authorization rules may apply. <b>In-Network</b> 0% or 50% of the cost for each Medicare-covered individual or group therapy visit* 0% or 20% of the cost for Medicare-covered individual or group therapy visit with a psychiatrist*
<b>12 - Outpatient Substance Abuse Care</b>	20% coinsurance (1)(2)	<b>General</b> Authorization rules may apply. <b>In-Network</b> 0% or 20% of the cost for Medicare-covered individual or group therapy visits*

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE SNP PLAN
<b>OUTPATIENT CARE</b>		
<b>13 - Outpatient Services/Surgery</b>	20% coinsurance for the doctor 20% of outpatient facility (1)(2)	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for each Medicare-covered visit to an ambulatory surgical center* 20% of the cost for each Medicare-covered visit to an outpatient hospital facility*
<b>14 - Ambulance Services</b> (medically necessary ambulance services)	20% coinsurance (1)(2)	<b>In-Network</b> \$0 copay for Medicare-covered ambulance services If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance
<b>15 - Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor. 20% of facility charge, or a set copay per emergency room visit. (1)(2) NOT covered outside the U.S. except under limited circumstances.	<b>In-Network</b> 20% of the cost for each Medicare-covered emergency room visit*  <b>Out-of-Network</b> NOT covered outside the U.S. except under limited circumstances. Contact plan for more details.  <b>In and Out-of-Network</b> If you are admitted to the hospital within 12 hour(s) for the same condition, you pay \$0 for the emergency room visit.
<b>16 - Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay. (1)(2) NOT covered outside the U.S. except under limited circumstances.	<b>General</b> 20% of the cost for each Medicare-covered urgently needed care visit* If you are admitted to the hospital within 12 hour(s) for the same condition, you pay \$0 for the emergency room visit.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE SNP PLAN
<b>OUTPATIENT CARE</b>		
<b>17 - Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance (1)(2)	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for each Medicare-covered Occupational Therapy visit* 20% of the cost for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit*
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>18 - Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% coinsurance (1)(2)	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items*
<b>19 - Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% coinsurance (1)(2)	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items*
<b>20 - Diabetes Self-Monitoring Training and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance (1)(2)	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Diabetes self-monitoring training \$0 copay for Nutrition Therapy for Diabetes \$0 copay for Diabetes supplies

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE SNP PLAN
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>21 - Diagnostic Tests, X-Rays, and Lab Services</b>	20% coinsurance for diagnostics tests and x-rays \$0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol. (1)(2)	<b>General</b> Authorization rules may apply. <b>In-Network</b> 20% of the cost for Medicare-covered diagnostic procedures and test* 20% of the cost for Medicare-covered diagnostic radiology services* 20% of the cost for Medicare-covered therapeutic radiology services* \$0 copay for Medicare-covered lab services
<b>PREVENTIVE SERVICES</b>		
<b>22 - Bone Mass Measurement</b> (for people with Medicare who are at risk)	20% coinsurance (1)(2)	<b>In-Network</b> \$0 copay for each Medicare-covered Bone Mass Measurement
<b>23 - Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	20% coinsurance (1)(2)	<b>In-Network</b> \$0 copay for Medicare-covered Colorectal Screening Exams

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE SNP PLAN
<b>PREVENTIVE SERVICES</b>		
<b>24 - Immunizations</b> (Flu vaccine, Hepatitis B vaccine — for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for the Pneumonia and Flu vaccines. 20% coinsurance the Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. (1)(2)	<b>In-Network</b> \$0 copay for the Pneumonia and Flu vaccines. No referral necessary for Medicare-covered influenza and pneumonia vaccines. \$0 copay for the Hepatitis B vaccine
<b>25 - Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)	20% coinsurance (2) No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	<b>In-Network</b> \$0 copay for Medicare-covered Screening Mammograms
<b>26 - Pap Smears and Pelvic Exams</b> (for women with Medicare)	\$0 copay Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams. (2)	<b>In-Network</b> \$0 copay for Medicare-covered Pap Smears and Pelvic Exams
<b>27 - Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. (2)	<b>In-Network</b> \$0 copay for Medicare-covered Prostate Cancer Screening exams
<b>ESRD</b>		
<b>28 - ESRD</b>	20% coinsurance for dialysis	20% coinsurance for in and out-of-area dialysis.*

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO <i>MYADVANTAGE SNP PLAN</i>
<b>PRESCRIPTION DRUGS</b>		
<b>29 - Prescription Drugs</b> Drugs Covered under Medicare Part D (Prescription Drug Benefit)	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	<p><b>Drugs Covered under Medicare Part B:</b> 0% or 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).*</p> <p><b>Drugs Covered under Medicare Part D:</b> This plan uses a formulary. We will send a formulary to you and you can see our complete formulary on our Web site at <a href="http://www.atriohp.com">www.atriohp.com</a></p> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from ATRIO <b>MyAdvantage SNP</b> for certain drugs.</p>
<b>In-Network Deductible</b>		\$0 or \$56 yearly deductible
<b>Initial Coverage</b>		Depending on your income and institutional status, you pay: <ul style="list-style-type: none"> <li>• \$0 to \$2.25 copay, or 15% coinsurance for GENERIC drugs (including brand drugs treated as generic)</li> <li>• \$0 to \$5.60 or 15% coinsurance for all other drugs*</li> </ul>
<b>In-Network Retail Pharmacy</b>		You can get drugs the following ways: <ul style="list-style-type: none"> <li>• one-month (31-day) supply</li> <li>• three-month (90-day) supply</li> </ul>
<b>Long Term Care Pharmacy</b>		You can get drugs the following way: <ul style="list-style-type: none"> <li>• one-month (31-day) supply</li> </ul>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO <b>MYADVANTAGE SNP PLAN</b>
<b>PRESCRIPTION DRUGS</b>		
<b>29 - Prescription Drugs, continued</b> <b>Mail Order</b>		You can get drugs the following ways: <ul style="list-style-type: none"> <li>• one-month (31-day) supply</li> <li>• three-month (90-day) supply</li> </ul>
<b>Catastrophic Coverage</b>		After YOUR yearly drug costs reach \$4,050, you pay the following for prescription drugs: <ul style="list-style-type: none"> <li>• \$0 copay for any drugs; or</li> <li>• \$2.25 copay for for GENERIC drugs (including brand drugs treated as generic) and \$5.60 copay for all other drugs*</li> </ul>
<b>Out-of-Network</b>		Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.
<b>Out-of-Network Initial Coverage</b>		Depending on your income and institutional status, you pay: <ul style="list-style-type: none"> <li>• \$0 to \$2.25 copay, or 15% coinsurance for GENERIC drugs (including brand drugs treated as generic).</li> <li>• \$0 to \$5.60, or 15% coinsurance for all other drugs*</li> </ul>
<b>Out-of-Network Catastrophic Coverage</b>		After your yearly out-of-pocket drug costs reach \$4,050, you pay the following for prescription drugs: <ul style="list-style-type: none"> <li>• \$ 0 copay for any drugs; or</li> <li>• \$ 2.25 copay for GENERIC drugs (including brand drugs treated as generic) and \$5.60 copay for all other drugs*</li> </ul>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE SNP PLAN
<b>IMPORTANT INFORMATION</b>		
<b>30 - Dental Services</b>	Preventative dental services (such as cleaning) not covered.	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> In general, preventative dental benefits (such as cleaning) not covered. 20% of the cost for Medicare-covered dental benefits*</p>
<b>31 - Hearing Services</b>	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. (1)(2)	<p><b>In-Network</b> \$0 copay for up to 1 hearing aid every year 20% of the cost for diagnostic hearing exams* 0% of the cost for routine hearing tests 0% of the cost for hearing aid fitting evaluations \$350 limit for routine hearing tests and hearing aids every two years</p>
<b>32 - Vision Services</b>	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after each cataract surgery. Annual glaucoma screenings covered for people at risk. (1)(2)	<p><b>In-Network</b> \$0 or 20% copay for:</p> <ul style="list-style-type: none"> <li>• one pair of eyeglasses or contact lenses after each cataract surgery*</li> <li>• 0% Glasses</li> <li>• 0% Contacts</li> <li>• 0% Lenses</li> <li>• 0% Frames</li> </ul> <p>20% of the cost for exams to diagnose and treat diseases and conditions of the eye* \$0 copay for up to 1 Routine eye exam every year* \$250 limit for eye exams and eye wear every two years</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE SNP PLAN
<b>IMPORTANT INFORMATION</b>		
<b>33 - Physical Exams</b>	<p>20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B coverage, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests.</p> <p>(1)(2)</p>	<p><b>In-Network</b></p> <p>When you get Medicare Part B coverage, you may receive a one time physical exam within the first six months of your new Part B coverage. This coverage does not include lab tests.</p> <p>\$0 to 20% for Medicare covered services*</p> <p>Routine exams not covered.</p>

- (1) Each year, you pay a total of one \$124 deductible. [This is the 2007 amount and may change January 1, 2008.]
- (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.
- (3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.
- (4) Lifetime reserve days can only be used once.

**\*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility. If you have both Medicare and Medicaid, you will not have copays for Medicaid covered services while you are a member of ATRIO MyAdvantage Special Needs Plan. Please contact the plan for details.**

**SECTION III**  
**Notice to Dual Eligible Members**  
**(Those eligible for both Medicare and Medicaid)**

This plan is specifically designed for those members who are eligible for both Medicare and Medicaid.

• Members of the **MyAdvantage SNP do not** pay the premiums and copayment listed in this benefits summary with the exception of copayments required for prescription drugs. Your copayments for prescription drugs are listed below.

**Low-Income Cost-Sharing Subsidy:**  
**Provision and Eligibility Rules for the Low-Income cost-Sharing Subsidy:**

Low Income Level	Eligibility Rules	Deductible	Initial Coverage	Coverage Gap	Catastrophic
I	<100% Poverty	\$0	\$1.05 - Generic \$3.10 - Brand	\$1.05 - Generic \$3.10 - Brand	\$0
II	<135% Poverty	\$0	\$2.25 - Generic \$5.60 - Brand	\$2.25 - Generic \$5.60 - Brand	\$0
III	<150% Poverty	\$56	15%	15%	\$2.25 -Generic \$5.60 -Brand
Institutionalized	All Levels	\$0	\$0	\$0	\$0

ATRIO Health Plans has a Medicare Advantage contract with the Centers for Medicare and Medicaid Services (CMS), the branch of the Federal government that administers Medicare. This contract is renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed. Enrolled members must use ATRIO Health Plan providers for routine care.

If you have any questions about the information contained in this Summary of Benefits, please call ATRIO **MyAdvantage** Health Plans at:

**ATRIO Health Plans**  
500 SE Cass Ave. Suite 230  
Roseburg, OR 97470  
(541) 672-8620 or toll free at (877) 672-8620  
TTY (800) 735-2900

Customer service hours are Monday through Friday 8 a.m. – 5 p.m. Pacific  
Prescription Drug After Hours: (800) 681-9571 - 24 hours, 7 days a week.