



2019 MEDICARE ADVANTAGE PLAN



**JOSEPHINE
COUNTY OFFICE**
1867 Williams Hwy, Suite 110
Grants Pass, OR 97527

1(877)672-8620
TTY/TDD: 1(800)735-2900

OFFICE HOURS
Daily, 8 a.m. - 5 p.m. Pacific

**CUSTOMER
SERVICE HOURS**
Daily, 8 a.m. - 8 p.m. Pacific

ATRIO Health Plans has PPO and HMO
D-SNP plans with a Medicare contract.
Enrollment in ATRIO Health Plans
depends on contract renewal.

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atriohp.com



PLAN HIGHLIGHTS

Serving Members in Josephine County

Plan Highlights

AT-A-GLANCE

PREMIUM	ATRIO Bronze Rx (Rogue) (PPO) \$13 H6743-018-003		ATRIO Silver Rx (Rogue) (PPO) \$129 H6743-016	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Coverage				
Medical Deductible	\$230		\$50	
Primary Care Visit	\$35*	50%	\$15*	50%
Specialist Visit	\$45*	50%	\$15*	50%
Ambulance	20%		20%	
Emergency † (Worldwide)	\$90*		\$90*	
Urgent Care †	\$35*		\$15*	
Diabetes Supplies	\$0*	20%	\$0*	20%
LAB	15%		\$0	
Diagnostic X-rays	20%	30%	20%	30%
Diagnostic Imaging (MRI/CT/PET, etc.)	20%	30%	20%	30%
Durable Medical Equipment	15%	18%	20%	50%
Home Health Care	\$0	50%	\$0	50%
Part B Drugs	20%	50%	20%	50%
Outpatient Hospital	20%	30%	20%	30%
Ambulatory Surgery Center	\$225	\$325	\$225	\$325
Skilled Nursing Facility	\$0/day (Days 1-20) \$85/day (Days 21-100)	\$100/day (Days 1-100)	\$0/day (Days 1-20) \$85/day (Days 21-100)	\$75/day (Days 1-100)
Inpatient Hospitalization (Acute) (unlimited days)	\$275/day (Days 1-7)	\$375/day (Days 1-7)	\$200/day (Days 1-8)	\$325/day (Days 1-8)
Annual Out of Pocket Limit	\$6,700	\$10,000	\$5,000	\$7,500

This information is not a complete description of benefits. Call 1-877-672-8620/TTY 1-800-735-2900 for more information.

Prescription Coverage **		ATRIO Bronze Rx (Rogue) (PPO)	ATRIO Silver Rx (Rogue) (PPO)
Tier	Deductible (Tiers 3,4,5)	\$200	\$50
1	Preferred Generic	\$10*	\$6*
2	Generic	\$20*	\$15*
3	Preferred Brand	\$45	\$40
4	Non-Preferred Drug	\$95	\$85
5	Specialty	29%	32%
6	Select Care	\$0*	\$0*

* Deductible does not apply.
 † Copay waived if admitted within 24 hours.
 ** Prescription Drugs: Our 90-day supply cost share is only 2x the monthly cost share.

Initial Coverage When the total paid by you and the plan reaches \$3,820, you move to the Coverage Gap stage.
 Coverage Gap Stage You pay generally no more than 25% of the cost of brand name drugs and 37% of the cost of generics until out-of-pocket costs reach \$5,100. After that you move to the Catastrophic Coverage stage.
 Catastrophic Coverage You pay whichever is greater of \$3.40, \$8.50, or 5%.

Extra Covered Services	ATRIO Bronze Rx (Rogue) (PPO)		ATRIO Silver Rx (Rogue) (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Eye Exam (up to 1 every year)	Only Medicare Covered Services		\$15*	
Health Club Reimbursement	No Coverage		\$500 limit*	

