



2019 MEDICARE ADVANTAGE PLAN



KLAMATH COUNTY OFFICE

2909 Daggett Ave, Suite 250
Klamath Falls, OR 97601

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 Klamath County

Plan Highlights

AT-A-GLANCE

PREMIUM	ATRIO Bronze (PPO) \$0		ATRIO Bronze Rx (Basin) (PPO) \$31		ATRIO Silver (PPO) \$65 ATRIO Silver Rx (PPO) \$132		ATRIO Gold Rx (PPO) \$199	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Deductible	\$110		\$230		\$50		\$0	
Primary Care Visit	\$15*	50%	\$35 *	50%	\$15*	50%	\$15	50%
Specialist Visit	\$25*	50%	\$45 *	50%	\$15*	50%	\$15	50%
Ambulance	20%		20%		20%		15%	
Emergency † (Worldwide)	\$90*		\$90*		\$90*		\$120	
Urgent Care †	\$35*		\$35*		\$15*		\$15	
Diabetes Supplies	\$0*	20%	\$0*	20%	\$0*	20%	\$0	20%
LAB	15%		15%		\$0		\$0	
Diagnostic X-rays	20%	30%	20%	30%	20%	30%	15%	30%
Diagnostic Imaging (MRI/CT/PET, etc.)	20%	30%	20%	30%	20%	30%	15%	30%
Durable Medical Equipment	15%	18%	15%	18%	20%	25%	15%	50%
Home Health Care	\$0	50%	\$0	50%	\$0	50%	10%	50%
Part B Drugs	20%	50%	20%	50%	20%	50%	15%	50%
Outpatient Hospital	20%	30%	25%	40%	20%	30%	\$225	\$325
Ambulatory Surgery Center	20%	30%	\$225	\$325	\$225	\$325	\$200	\$325
Skilled Nursing Facility	\$0/day (Days 1-20) \$85/day (Days 21-100)	\$100/day (Days 1-100)	\$0/day (Days 1-20) \$150/day (Days 21-100)	\$100/day (Days 1-100)	\$0/day (Days 1-20) \$85/day (Days 21-100)	\$75/day (Days 1-100)	\$20/day (Days 1-20) \$65/day (Days 21-100)	\$75/day (Days 1-100)
Inpatient Hospitalization (Acute) (unlimited days)	\$275/day (Days 1-7)	\$375/day (Days 1-7)	\$275/day (Days 1-7)	\$375/day (Days 1-7)	\$200/day (Days 1-8)	\$325/day (Days 1-8)	\$200/day (Days 1-8)	\$325/day (Days 1-8)
Annual Out of Pocket Limit	\$6,700	\$10,000	\$6,700	\$10,000	\$5,000	\$7,500	\$3,400	\$5,000

Prescription Coverage **		ATRIO Bronze (PPO)	ATRIO Bronze Rx (Basin) (PPO)	ATRIO Silver Rx (PPO)	ATRIO Gold Rx (PPO)
Tier	Deductible (Tiers 3,4,5)	N/A	\$150	\$125	\$0
1	Preferred Generic	N/A	\$10*	\$6*	\$4
2	Generic	N/A	\$20*	\$15*	\$10
3	Preferred Brand	N/A	\$45	\$40	\$35
4	Non-Preferred Drug	N/A	\$95	\$85	\$75
5	Specialty	N/A	30%	30%	33%
6	Select Care	N/A	\$0*	\$0*	\$0

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 (PPO)		ATRIO Bronze Rx (Basin) (PPO)		ATRIO Silver (PPO) & ATRIO Silver Rx (PPO)		ATRIO Gold Rx (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Eye exam (up to 1 every year)	Only Medicare Covered Services		Only Medicare Covered Services		\$15*		\$15	
Routine Eyewear (every two years)	No Coverage		No Coverage		Silver \$150 limit / Silver Rx \$100 limit*		\$200 limit	
Preventive Dental	No Coverage		No Coverage		No Coverage		\$15 (\$500 limit)	
Health Club Reimbursement	No Coverage		No Coverage		\$500*		\$500	
Routine Chiropractic	Only Medicare Covered Services		Only Medicare Covered Services		Only Medicare Covered Services		\$15 (\$500 limit)	50% (\$500 limit)
Routine Podiatry	Only Medicare Covered Services		Only Medicare Covered Services		Only Medicare Covered Services		\$15 (\$500 limit)	50% (\$500 limit)
Routine Hearing Benefit (exam, fitting and hearing aid)	Only Medicare Covered Services		Only Medicare Covered Services		Only Medicare Covered Services		\$15 (\$300 limit)	50% (\$300 limit)

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

* 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.

