

# Benefits at a glance

## Medicare Advantage with Prescription Drug Plans – Louisiana

Ascension, East Baton Rouge, Livingston, West Baton Rouge,  
and West Feliciana Parishes



### Medical Benefits

Plan Costs	ATRIO Choice Rx (PPO)		ATRIO Select Rx (PPO)	
	In network	Out of network	In network	Out of network
	H7006-008		H7006-009	
Monthly plan premium	\$0		\$20	
Plan deductible	\$0		\$0	
Annual out-of-pocket maximum	\$6,700	\$10,000	\$3,500	\$7,000

Doctor Office Visits				
Primary care provider (PCP)	\$0	\$50	\$0	\$50
Specialist	\$20	\$50	\$20	\$50

Inpatient Care				
Inpatient hospital care (Unlimited days in network)	\$200 per day 1-9; \$0 per day after that	50%	\$150 per day 1-9; \$0 per day after that	50%
Skilled nursing facility (SNF)	\$0 per day 1-20; \$165 per day 21-100	50%	\$0 per day 1-20; \$165 per day 21-100	50%

Outpatient Services				
Outpatient hospital	\$0 - \$125	50%	\$0 - \$125	50%
Ambulatory surgery center	\$0 - \$125	50%	\$0 - \$125	50%
Home health care	\$0	50%	\$0	50%
Diabetes supplies	\$0	50%	\$0	50%
Durable medical equipment	20%	50%	20%	50%

Lab Services and Other Tests				
Laboratory tests	\$0	50%	\$0	50%
Diagnostic imaging (MRI/CT/PET)	\$0 - \$85	50%	\$0 - \$85	50%
X-rays	\$0	50%	\$0	50%

Emergency Services				
Ambulance	\$235	\$235	\$235	\$235
Emergency room*	\$90		\$90	
Urgently needed care	\$0		\$0	
Worldwide emergent and urgent care*	\$120		\$120	

\*Copay waived if admitted within 24 hours.

## Supplemental Benefits

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

	ATRIO Choice Rx (PPO)		ATRIO Select Rx (PPO)	
	In network	Out of network	In network	Out of network
Annual physical exam	1 every year		1 every year	
Fitness benefit*	\$250 annual allowance		\$550 annual allowance	
Preventive & comprehensive dental services*	\$750 annual allowance		\$1,000 annual allowance	
Routine vision exam	1 every year		1 every year	
Routine vision hardware	\$150 allowance for frames or \$100 allowance for contacts every 2 years		\$150 allowance for frames or \$100 allowance for contacts every 2 years	
Routine hearing exam	1 every year		1 every year	
Hearing aids	\$699-\$999 copay per hearing aid, up to 2 per year		\$699-\$999 copay per hearing aid, up to 2 per year	
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	
Over the counter (OTC) items	\$50 quarterly allowance		\$75 quarterly allowance	

\*Coverage included in a convenient Flex Card.

## Prescription Drug Benefits

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

	ATRIO Choice Rx (PPO)		ATRIO Select Rx (PPO)	
	30 day supply	90 day supply	30 day supply	90 day supply
Deductible	\$0		\$0	
Tier 1 (Preferred generic)	\$5	\$10	\$5	\$10
Tier 2 (Generic)	\$20	\$40	\$20	\$40
Tier 3 (Preferred brand)	\$45	\$90	\$45	\$90
Tier 4 (Non preferred brand)	\$95	\$190	\$95	\$190
Tier 5 (Specialty)	33%	N/A	33%	N/A
Tier 6 (Select care drugs)	\$0	\$0	\$0	\$0
<b>Coverage gap stage:</b> When the total paid by you and the plan reaches \$4,430, you move to the Coverage Gap stage.	There is a 75% discount for most brand name and Generic drugs			
<b>Catastrophic coverage stage:</b> After you have paid \$7,050 out of pocket, you move to the Catastrophic Coverage Stage.	The greater of \$3.95 for generics, \$9.85 for brand-name, or 5%.			

ATRIO Health Plans has PPO plans with a Medicare contract. Enrollment in ATRIO Health Plans depends on contract renewal. Y0084\_MKG\_BAG\_LA\_2022\_M