

Benefits at a glance

Medicare Advantage with Prescription Drug Plans – Tennessee

Bedford, Coffee, Davidson, Rutherford, Sullivan, Washington, Williamson, and Wilson Counties



Medical Benefits

Plan Costs	ATRIO Choice Rx (PPO)		ATRIO Select Rx (PPO)	
	In network	Out of network	In network	Out of network
	H7006-012		H7006-013	
Monthly plan premium	\$0		\$20	
Plan deductible	\$0		\$0	
Annual out-of-pocket maximum	\$5,900	\$10,000	\$4,900	\$10,000

Doctor Office Visits				
Primary care provider (PCP)	\$0	\$50	\$0	\$50
Specialist	\$30	\$50	\$30	\$50

Inpatient Care				
Inpatient hospital care (Unlimited days in network)	\$350 per day 1-5; \$0 per day after that	50%	\$295 per day 1-5; \$0 per day after that	50%
Skilled nursing facility (SNF)	\$0 per day 1-20; \$184 per day 21-53; \$0 per day 54-100	50%	\$0 per day 1-20; \$184 per day 21-53; \$0 per day 54-100	50%

Outpatient Services				
Outpatient hospital	\$0 - \$150	50%	\$0 - \$150	50%
Ambulatory surgery center	\$0 - \$150	50%	\$0 - \$150	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 - \$100	50%	\$0 - \$100	50%
X-rays	\$14	50%	\$14	50%

Emergency Services				
Ambulance	\$225	\$225	\$225	\$225
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
Coverage gap stage: 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			
Catastrophic coverage stage: 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%.			