

# 2020 MEDICARE

## ADVANTAGE SPECIAL NEEDS PLAN



# SUMMARY OF BENEFITS

*Serving Members in Douglas & Klamath Counties*

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

# 2020 Summary of Benefits

January 1, 2020 – December 31, 2020

## About the Summary of Benefits

This is a summary of drug and health services covered by **ATRIO Special Needs Plan (HMO SNP)**. The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please view the "Evidence of Coverage" at [atriohp.com](http://atriohp.com).

## Who Can Join?

To join an ATRIO Health Plans Special Needs Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible for full Medicaid benefits, and live in our service area. Our service area for **ATRIO Special Needs Plan (HMO SNP)** includes the following counties in Oregon: **Douglas and Klamath\* counties**.

\* We cover the following zip codes in Klamath County: 97601, 97602, 97603, 97604, 97621, 97622, 97623, 97624, 97625, 97626, 97627, 97632, 97633, 97634, and 97639.

## Which doctors, hospitals and pharmacies can I use?

ATRIO Health Plans has a network of doctors, hospitals, pharmacies, and other providers. **You must get your covered services in network.** If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's Formulary (Part D prescription drug list), Provider Directory and Pharmacy Directory at our website, [www.atriohp.com](http://www.atriohp.com).

## Tips for comparing your Medicare choices

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-672-8620

Understanding the Benefits	
<input type="checkbox"/>	Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit <a href="http://atriohp.com">atriohp.com</a> or call 1-877-672-8620 to view a copy of the EOC.
<input type="checkbox"/>	Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
<input type="checkbox"/>	Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
Understanding Important Rules	
<input type="checkbox"/>	In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
<input type="checkbox"/>	Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.

**Summary of Benefits:** January 1, 2020 – December 31, 2020

<input type="checkbox"/>	Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
<input type="checkbox"/>	This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

## Monthly Premium, Deductibles, and Limits on How Much You Pay for Covered Services

	ATRIO Special Needs Plan (HMO SNP)
<b>Plan Premium</b>	\$0 per month.
<b>Plan Deductible</b>	This plan does not have a deductible.
<b>Out-of-Pocket Limits</b>	In this plan, you pay nothing for Medicare-covered services. Your yearly limit(s) in this plan: \$6,700 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

## Covered Medical and Hospital Benefits

Note: Services marked with \* may require prior authorization.

	ATRIO Special Needs Plan (HMO SNP)
<b>Inpatient Hospital Care *</b>	You pay nothing
<b>Outpatient Surgery *</b>	You pay nothing
<b>Ambulatory Surgery Center *</b>	You pay nothing
<b>Doctor's Office Visits</b>	You pay nothing
<b>Preventive Care</b>	You pay nothing for Medicare covered preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.
<b>Emergency Care</b>	You pay nothing
<b>Urgently Needed Services</b>	You pay nothing
<b>Diagnostic Tests, Lab and Radiology Services, and X-rays *</b>	You pay nothing
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues: You pay nothing
<b>Dental Services *</b>	Medicare covered dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing Preventive dental services: You pay nothing. Our plan covers \$1,000 every year for preventive dental services from any provider.
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): You pay nothing Routine eye exam (up to 1 every year): You pay nothing Routine eyewear: Up to \$150 every two calendar years for contact lenses and eyeglasses (frames and lenses).
<b>Mental Health Services *</b>	You pay nothing
<b>Skilled Nursing Facility (SNF) *</b>	You pay nothing
<b>Rehabilitation Services *</b>	You pay nothing
<b>Ambulance *</b>	You pay nothing

**Summary of Benefits:** January 1, 2020 – December 31, 2020

	<b>ATRIO Special Needs Plan (HMO SNP)</b>
<b>Transportation</b>	Not Covered. This may be covered under your Oregon Health Plan (Medicaid).
<b>Medicare Part B Drugs *</b>	You pay nothing
<b>Foot Care</b>	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay nothing
<b>Medical Equipment and Supplies *</b>	You pay nothing
<b>Wellness Programs *</b>	Nutritional/Dietary Benefit: You pay nothing. General nutritional education through classes and/or individual counseling. Limited to 1 individual session and 4 group sessions per calendar year. Fitness Benefit: \$35 maximum plan benefit coverage every month.
<b>Chiropractic Services</b>	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing

## **Prescription Drug Benefits**

### **Initial Coverage Stage**

Depending on your income and institutional status, you pay the following:

For generic drugs (including brand drugs treated as generic), either:

- \$0 copay; or
- \$1.30 copay; or
- \$3.60 copay

For all other drugs, either:

- \$0 copay; or
- \$3.90 copay; or
- \$8.95 copay

### **Catastrophic Coverage Stage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay nothing for all drugs.

## **Medicaid Covered Services**

In this section you can see a summary of the Medicaid benefits you may receive through the Oregon Health Plan (OHP). As long as you are eligible for the Oregon Health Plan and Medicare Parts A and B, the Medicaid Benefits Packages you can have through the Oregon Health Plan are the QMB + OHP Limited Drug Benefit Package or the OHP with Limited Drug Benefit Package. Please contact your State Medicaid case worker if you do not know which benefit package you have through the Oregon Health Plan.

This section does not list every Medicaid service covered or list every limitation or exclusion. To get a complete list of Medicaid benefits, please contact your Medicaid health plan Customer Services. **You must be eligible for the Oregon Health Plan (Medicaid) in order to receive the benefits listed in this section.**

### **Oregon Health Plan (Medicaid) benefit packages**

#### **QMB + OHP with Limited Drug Benefit Package**

This benefit package is for people who qualify to have their Medicare Parts A and B cost sharing paid for by Medicaid. If you receive the QMB + OHP with Limited Drug Benefit Package you get the benefits listed in the chart below.

The cost sharing amounts listed in the previous section for the Medicare Parts A and B covered services are paid for you by your Medicaid health plan. Your provider cannot bill you for any amounts beyond what your Medicare and Medicaid plans pay.

You will still have to pay your Medicare Part D prescription drug cost sharing.

#### **OHP with Limited Drug Benefit Package**

This benefit package is for people who only qualify to have their Medicare Parts A and B cost sharing paid for by Medicaid for services normally covered by the Oregon Health Plan. If you receive the OHP with Limited Drug Benefit Package you get the benefits listed in the chart below.

The cost sharing amounts listed in the previous section for Medicare Parts A and B covered services will be covered only for services that the Oregon Health Plan would normally cover. Your provider cannot balance bill you for any amounts beyond what your Medicare and Medicaid plans pay for services normally covered by the Oregon Health Plan.

If you receive a Medicare covered service that is not normally covered by the Oregon Health Plan you will have to pay the Medicare Parts A and B cost sharing yourself. See the exclusions section for more information on services not covered by the Oregon Health Plan.

You will still have to pay your Medicare Part D prescription drug cost sharing.

The benefits described on the next page are covered by Medicaid (does not include every service available). The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed on the next page, you can see what the Oregon Health Plan covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

**Summary of Benefits:** January 1, 2020 – December 31, 2020

<b>Benefit Category</b>	<b>Oregon Health Plan (Medicaid) Member Costs</b>	<b>ATRIO Special Needs Plan (See “Covered Medical and Hospital Benefits” for details and costs)</b>
Inpatient Hospital Care	\$0 copayment for Medicaid covered services.	Covered
Inpatient Mental Health Care	\$0 copayment for Medicaid covered services.	Covered
Skilled Nursing Facility	\$0 copayment for Medicaid covered services.	Covered
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copayment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Hospice	\$0 copayment for Medicaid covered services.	Covered
Doctor Office Visits	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Chiropractic Services	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Podiatry Services	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Outpatient Mental Health Care	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Outpatient Substance Abuse Care	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Outpatient Services/Surgery	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Ambulance Services (medically necessary ambulance services)	\$0 copayment for Medicaid covered services.	Covered
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	\$0 copayment for Medicaid covered services.	Covered
Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered

**Summary of Benefits:** January 1, 2020 – December 31, 2020

<b>Benefit Category</b>	<b>Oregon Health Plan (Medicaid) Member Costs</b>	<b>ATRIO Special Needs Plan (See “Covered Medical and Hospital Benefits” for details and costs)</b>
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Durable Medical Equipment	\$0 copayment for Medicaid covered services.	Covered
Prosthetic Devices	\$0 copayment for Medicaid covered services.	Covered
Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies	\$0 copayment for Medicaid covered services.	Covered
Diagnostic Tests, X-Rays, and Lab Services	\$0 copayment for Medicaid covered services.	Covered
Bone Mass Measurement	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Colorectal Screening Exams	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Routine Immunizations	\$0 copayment for Medicaid covered services, except immunizations given for travel and other reasons.	Covered
Mammograms (Annual Screening)	\$0 copayment for Medicaid covered services.	Covered
Pap Smears and Pelvic Exams	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Prostate Cancer Screening Exams	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
End-Stage Renal Disease	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Prescription Drugs	\$0 copayment Mental Health Drugs are covered by the State and not your Medicaid managed care health plan.	Covered
Dental Services	\$0 copayment for restorative treatment.  \$0 copayment for Medicaid covered Dental diagnostic and preventive routine checkup services	Covered

**Summary of Benefits:** January 1, 2020 – December 31, 2020

Benefit Category	Oregon Health Plan (Medicaid) Member Costs	ATRIO Special Needs Plan (See “Covered Medical and Hospital Benefits” for details and costs)
Hearing Services	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Vision Services	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Physical Exams	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Covered
Health/Wellness Education	Not Covered	Covered

**Services that are not covered by Oregon Health Plan (exclusions)**

Not all medical treatments are covered. When you need medical treatment, contact your Primary Care Provider. These are some of the exclusions (does not include every exclusion):

- Medicare Part D covered prescription drugs
- Conditions where a “home” treatment is effective, such as applying an ointment, resting a painful joint, drinking plenty of fluids, or a soft diet. Such conditions include:
  - Canker sores
  - Diaper rash
  - Corns/calluses
  - Sunburn
  - Food poisoning
  - Sprains
- Personal comfort or convenience items (radios, telephones, hot tubs, treadmills, etc.)
- Services that are primarily cosmetic, such as:
  - Benign skin tumors
  - Cosmetic surgery
  - Removal of scars
- Conditions where treatment is not normally effective, such as:
  - Some back surgery
  - TMJ surgery
  - Some transplants
- Services performed by an immediate relative or member of your household
- Any services received outside the United States
- Non-emergency care if you go to a provider who is not a Medicaid contracted provider.
- Other non-covered services include, but are not limited to, the following:
  - Circumcision (routine)
  - Weight loss program
  - Infertility services

If you have questions about covered or non-covered services, contact Oregon Health Plan or your Medicaid Coordinated Care plan Customer Service.



**DOUGLAS  
COUNTY OFFICE**

2270 NW Aviation Drive, Suite 3  
Roseburg, OR 97470

**KLAMATH  
COUNTY OFFICE**

4509 S. 6th Street, Suite 305  
Klamath Falls, OR 97603

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

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, Call:

- 1(800)MEDICARE  
TTY/TDD users should call 1(877)486-2048, 24 hours a day/7 days a week.
- The Social Security Office at 1(800)772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1(800)325-0778, or your Medicaid Office.

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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](http://atriohp.com)

