



2021 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.

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2021 Summary of Benefits

January 1, 2021 – December 31, 2021

About the Summary of Benefits

This is a summary of drug and health services covered by **ATRIO Special Needs Plan (HMO D-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.

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 D-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.

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 atriohp.com 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.

Summary of Benefits: January 1, 2021 – December 31, 2021

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, 2022.
<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 D-SNP)
Plan Premium	\$0 per month.
Plan Deductible	This plan does not have a deductible.
Out-of-Pocket Limits	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 D-SNP)
Inpatient Hospital Care *	You pay nothing
Outpatient Surgery *	You pay nothing
Ambulatory Surgery Center *	You pay nothing
Doctor's Office Visits	You pay nothing
Preventive Care	You pay nothing for Medicare covered preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay nothing
Urgently Needed Services	You pay nothing
Diagnostic Tests, Lab and Radiology Services, and X-rays *	You pay nothing
Hearing Services	Exam to diagnose and treat hearing and balance issues: You pay nothing
Dental Services *	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 \$500 every year for preventive dental services from any provider.
Vision Services	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 \$250 every two calendar years for contact lenses and eyeglasses (frames and lenses).
Mental Health Services *	You pay nothing
Skilled Nursing Facility (SNF) *	You pay nothing
Rehabilitation Services *	You pay nothing

Summary of Benefits: January 1, 2021 – December 31, 2021

	ATRIO Special Needs Plan (HMO D-SNP)
Ambulance *	You pay nothing
Transportation	Not Covered. This may be covered under your Oregon Health Plan (Medicaid).
Medicare Part B Drugs *	You pay nothing
Foot Care	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay nothing Routine Podiatry is covered up to \$500 per calendar year
Medical Equipment and Supplies *	You pay nothing
Wellness Programs *	Nutritional/Dietary Benefit: You pay nothing. General nutritional education through classes and/or individual counseling. Limited to 1 individual session and 9 group sessions per calendar year. Fitness Benefit: \$35 maximum plan benefit coverage every month.
Chiropractic Services	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 Routine Chiropractic is covered up to \$500 per calendar year

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
- \$3.70 copay

For all other drugs, either:

- \$0 copay; or
- \$4.00 copay; or
- \$9.20 copay

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay nothing for all drugs.

Summary of Oregon Health Plan (Medicaid) Covered Services

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by ATRIO Special Needs Plan (HMO D-SNP). Because ATRIO Special Needs Plan members have full Medicaid benefits, there is no out-of-pocket costs for any Medicare-covered medical service. Prescription drug cost-sharing amounts still apply.

Detailed information regarding your Oregon Health Plan (Medicaid) benefits can be found at the following link: www.oregon.gov/oha/HSD/OHP/Pages/Benefits.aspx or by calling your Coordinated Care Organization's Customer Service.

	Oregon Health Plan (Medicaid) Benefits Chart
Chemical dependency care	
Dental	Basic services including cleaning, fluoride varnish, fillings and extractions Urgent or immediate treatment Dentures Stainless steel crowns for molars (back teeth) Other crowns for pregnant women and children under age 21. Sealants, root canals on back teeth for children under age 21.
Hearing	Hearing aids and hearing aid exams
Home health	Private duty nursing
Hospice care	End-of-life care
Hospital care	Emergency treatment Inpatient and outpatient care
Immunizations and vaccines	Such as the flu shot or measles-mumps-rubella (MMR) vaccine
Labor, delivery and post-partum care	
Laboratory tests and X-rays	
Medical care from a physician, nurse practitioner or physician assistant	Such as a routine check-up or a general appointment
Medical equipment and supplies	Such as diabetes testing strips or crutches
Medical transportation	Such as an ambulance or non-emergency transportation to an appointment
Mental health care	Such as therapy or medical treatment
Physical, occupational and speech therapy	
Prescription drugs	OHP with Limited Drug only includes drugs that are not covered by Medicare Part D
Vision	Medical services Services to correct vision for pregnant women and children under age 21 Glasses are covered for pregnant adults and adults who have a qualifying medical condition such as aphakia or keratoconus, or after cataract surgery.

Summary of Benefits: January 1, 2021 – December 31, 2021

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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