



# 2021 MEDICARE

## ADVANTAGE SPECIAL NEEDS PLAN



# SUMMARY OF BENEFITS

*Serving Members in Marion & Polk 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 (Willamette) (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](http://atriohp.com).

## Who Can Join?

To join an ATRIO Health Plans Medicare Advantage 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 (Willamette) (HMO D-SNP)** includes the following counties in Oregon: **Marion and Polk counties**.

## 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, 2022.

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

<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 (Willamette) (HMO D-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 (Willamette) (HMO D-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 \$500 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, 2021 – December 31, 2021

	<b>ATRIO Special Needs Plan (Willamette) (HMO D-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 9 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
- \$3.70 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](http://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
<b>Chemical dependency care</b>	
<b>Dental</b>	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.
<b>Hearing</b>	Hearing aids and hearing aid exams
<b>Home health</b>	Private duty nursing
<b>Hospice care</b>	End-of-life care
<b>Hospital care</b>	Emergency treatment Inpatient and outpatient care
<b>Immunizations and vaccines</b>	Such as the flu shot or measles-mumps-rubella (MMR) vaccine
<b>Labor, delivery and post-partum care</b>	
<b>Laboratory tests and X-rays</b>	
<b>Medical care from a physician, nurse practitioner or physician assistant</b>	Such as a routine check-up or a general appointment
<b>Medical equipment and supplies</b>	Such as diabetes testing strips or crutches
<b>Medical transportation</b>	Such as an ambulance or non-emergency transportation to an appointment
<b>Mental health care</b>	Such as therapy or medical treatment
<b>Physical, occupational and speech therapy</b>	
<b>Prescription drugs</b>	OHP with Limited Drug only includes drugs that are not covered by Medicare Part D
<b>Vision</b>	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.

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**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.



**MARION & POLK  
COUNTY OFFICE**

2965 Ryan Drive SE  
Salem, OR 97301

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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[atriohp.com](http://atriohp.com)

