

2020 MEDICARE ADVANTAGE PLAN



PLAN HIGHLIGHTS
Serving Members in Josephine County

Plan Highlights

AT-A-GLANCE

PREMIUM	ATRIO Bronze Rx (Rogue) (PPO) \$23		ATRIO Silver Rx (Rogue) (PPO) \$129	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Deductible	\$150		\$0	
Primary Care Visit	\$20*	\$40	\$15	\$30
Specialist Visit	\$45*	\$50	\$20	\$40
Ambulance	\$250		\$200	
Emergency † (Worldwide)	\$90*		\$90	
Urgent Care †	\$35*		\$25	
Diabetes Supplies	\$0*	20%	\$0	20%
LAB	\$20	15%	\$0	
Diagnostic X-rays	\$20	30%	\$10	30%
Diagnostic Imaging (MRI/CT/PET, etc.)	20%	30%	20%	30%
Durable Medical Equipment	20%	30%	20%	50%
Home Health Care	\$0	50%	\$0	50%
Part B Drugs	20%	50%	20%	50%
Outpatient Hospital	\$325	\$425	\$275	\$375
Ambulatory Surgery Center	\$225	\$325	\$225	\$325
Skilled Nursing Facility	\$0/day (Days 1-20) \$125/day (Days 21-100)	\$125/day (Days 1-100)	\$0/day (Days 1-20) \$125/day (Days 21-100)	\$125/day (Days 1-100)
Inpatient Hospitalization (Acute) (unlimited days)	\$300/day (Days 1-7)	\$375/day (Days 1-7)	\$200/day (Days 1-8)	\$325/day (Days 1-8)
Annual Out of Pocket Limit	\$3,900	\$5,500	\$3,500	\$5,500

Prescription Coverage **		ATRIO Bronze Rx (Rogue) (PPO)	ATRIO Silver Rx (Rogue) (PPO)
Tier	Deductible (Tiers 3,4,5)	\$275	\$200
1	Preferred Generic	\$10*	\$6*
2	Generic	\$20*	\$15*
3	Preferred Brand	\$45	\$40
4	Non-Preferred Drug	\$95	\$85
5	Specialty	28%	29%
6	Select Care	\$0*	\$0*

Initial Coverage When the total paid by you and the plan reaches \$4,020, you move to the Coverage Gap stage.
 Coverage Gap Stage You pay generally no more than 25% of the cost of brand name drugs and generic drugs until out-of-pocket costs reach \$6,350. After that you move to the Catastrophic Coverage stage.
 Catastrophic Coverage.... You pay whichever is greater of \$3.60, \$8.95, or 5%.

* Deductible does not apply.
 † Copay waived if admitted within 24 hours.
 ** Prescription Drugs: Our 90-day supply cost share is only 2x the monthly cost share.

Extra Covered Services	ATRIO Bronze Rx (Rogue) (PPO)		ATRIO Silver Rx (Rogue) (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Eye Exam	Routine vision and preventive dental are an optional benefit package, available for an additional premium of \$26. Routine Eye Exam (up to 1 every year) - \$35* in-network and out-of-network Routine Eyewear (every two years) - \$100 limit* Preventive Dental - \$35* in-network and out-of-network (\$500 limit*)			
Routine Eyewear				
Preventive Dental				
Health Club Reimbursement	No Coverage		\$500 limit	





**JOSEPHINE
COUNTY OFFICE**

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OFFICE HOURS

Daily, 8 a.m. - 5 p.m. Pacific

**CUSTOMER
SERVICE HOURS**

Daily, 8 a.m. - 8 p.m. Pacific

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

