



2021 MEDICARE ADVANTAGE PLAN



PLAN HIGHLIGHTS
Serving Members in Klamath County

Plan Highlights

AT-A-GLANCE

PREMIUM	ATRIO Bronze (PPO) \$0		ATRIO Bronze Rx (Basin) (PPO) \$0		ATRIO Silver (PPO) \$65 ATRIO Silver Rx (PPO) \$99		ATRIO Gold Rx (PPO) \$200	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Deductible	\$110		\$0		\$0		\$0	
Primary Care Visit	\$10*	\$50	\$10	\$50	\$10	\$30	\$10	\$25
Specialist Visit	\$25*	\$65	\$45	\$65	\$25	\$50	\$25	\$50
Ambulance	\$275		\$275		\$225		\$175	
Emergency † (Worldwide)	\$90*		\$90		\$90		\$90	
Urgent Care †	\$35*		\$35		\$25		\$15	
Diabetes Supplies	\$0*	20%	\$0	20%	\$0	20%	\$0	20%
LAB	\$20	15%	\$20	15%	\$0		\$0	
Diagnostic X-rays	\$20	30%	\$20	30%	\$15	30%	\$10	30%
Diagnostic Imaging (MRI/CT/PET, etc.)	20%	30%	20%	30%	20%	30%	15%	30%
Durable Medical Equipment	15%	30%	17%	30%	Silver 17% Silver Rx 18%	25%	15%	50%
Home Health Care	\$0	50%	\$0	50%	\$0	50%	\$0	50%
Part B Drugs	20%	50%	20%	50%	20%	50%	15%	50%
Outpatient Hospital	20%	30%	25%	40%	\$275	\$325	\$225	\$325
Ambulatory Surgery Center	20%	30%	\$225	\$325	\$225	\$325	\$200	\$325
Skilled Nursing Facility	\$0/day (Days 1-20) \$150/day (Days 21-100)	\$150/day (Days 1-100)	\$0/day (Days 1-20) \$150/day (Days 21-100)	\$150/day (Days 1-100)	\$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)	\$275/day (Days 1-7)	\$375/day (Days 1-7)	\$315/day (Days 1-7)	\$415/day (Days 1-7)	Silver \$200/day Silver Rx \$225/day (Days 1-8)	Silver \$325/day Silver Rx \$350/day (Days 1-8)	\$200/day (Days 1-8)	\$325/day (Days 1-8)
Annual Out of Pocket Limit	\$4,500	\$6,500	\$4,500	\$6,500	\$3,900	\$6,500	\$3,500	\$6,000

Prescription Coverage **		ATRIO Bronze (PPO)	ATRIO Bronze Rx (Basin) (PPO)	ATRIO Silver Rx (PPO)	ATRIO Gold Rx (PPO)
Tier	Deductible (Tiers 3,4,5)	N/A	\$250	\$200	\$0
1	Preferred Generic	N/A	\$10*	\$6*	\$4
2	Generic	N/A	\$20*	\$15*	\$10
3	Preferred Brand	N/A	\$45	\$40	\$35
4	Non-Preferred Drug	N/A	\$95	\$85	\$75
5	Specialty	N/A	28%	29%	33%
6	Select Care	N/A	\$0*	\$0*	\$0

Initial Coverage When the total paid by you and the plan reaches \$4,130, 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 \$6,550. After that you move to the Catastrophic Coverage stage.

Catastrophic Coverage.... You pay whichever is greater of \$3.70, \$9.20, or 5%.

Extra Covered Services	ATRIO Bronze (PPO)		ATRIO Bronze Rx (Basin) (PPO)		ATRIO Silver (PPO) & ATRIO Silver Rx (PPO)		ATRIO Gold Rx (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Eye exam (up to 1 every year)	Routine vision and preventive dental are an optional benefit package, available for an additional premium of \$26.						\$15	
Routine Eyewear (every two years)	Routine Eye Exam (up to 1 every year) - \$35* in-network and out-of-network						\$200 limit	
Preventive Dental	Routine Eyewear (every two years) - \$100 limit*						\$15 (\$500 limit)	
Health Club Reimbursement	\$200 limit*		No Coverage		\$500		\$500	
Routine Chiropractic	Only Medicare Covered Services		Only Medicare Covered Services		Only Medicare Covered Services		\$15 (\$500 limit)	50% (\$500 limit)
Routine Podiatry	Only Medicare Covered Services		Only Medicare Covered Services		Only Medicare Covered Services		\$15 (\$500 limit)	50% (\$500 limit)
Routine Hearing Benefit (exam, fitting and hearing aid)	Only Medicare Covered Services		Only Medicare Covered Services		Only Medicare Covered Services		\$15 (\$300 limit)	\$50 (\$300 limit)

* 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.





**KLAMATH
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

