

2020 MEDICARE ADVANTAGE PLAN



PLAN HIGHLIGHTS
Serving Members in Marion & Polk Counties

Plan Highlights

AT-A-GLANCE

PREMIUM	ATRIO Silver Rx (Willamette) (PPO) \$75		ATRIO Gold Rx (Willamette) (PPO) \$190	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Deductible	\$100		\$0	
Primary Care Visit	\$15*	\$35	\$15	\$30
Specialist Visit	\$35*	\$50	\$20	\$40
Ambulance	20%		15%	
Emergency † (Worldwide)	\$90*		\$90	
Urgent Care †	\$25*		\$25	
Diabetes Supplies	\$0*	20%	\$0	20%
LAB	\$0		\$0	
Diagnostic X-rays	\$15	30%	\$10	30%
Diagnostic Imaging (MRI/CT/PET, etc.)	20%	30%	15%	30%
Durable Medical Equipment	20%	30%	15%	50%
Home Health Care	\$0	50%	\$0	50%
Part B Drugs	20%	50%	20%	50%
Outpatient Hospital	\$325	\$325	\$175	\$325
Ambulatory Surgery Center	\$175	\$225	\$150	\$225
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 1-6)	\$300/day (Days 1-6)	\$300/day (Days 1-6)	\$300/day (Days 1-6)
Annual Out of Pocket Limit	\$3,900	\$5,500	\$3,500	\$5,500

Prescription Coverage**		ATRIO Silver Rx (Willamette) (PPO)	ATRIO Gold Rx (Willamette) (PPO)
Tier	Deductible (Tiers 3,4,5)	\$200	\$0
1	Preferred Generic	\$6*	\$4
2	Generic	\$15*	\$10
3	Preferred Brand	\$40	\$35
4	Non-Preferred Drug	\$85	\$75
5	Specialty	29%	33%
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%.

Extra Covered Services	ATRIO Silver Rx (Willamette) (PPO)		ATRIO Gold Rx (Willamette) (PPO)	
	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 \$33. 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*)		\$15	
Routine Eyewear (every two years)			\$150 limit	
Preventive Dental			\$15 (\$500 limit)	
Routine Podiatry	No Coverage		\$15 (\$500 limit)	50% (500 limit)
Health Club Reimbursement	\$500*		\$500	

* 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.





**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

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

