



2027

Summary of Benefits

Clackamas, Lane, Multnomah,
Washington and Yamhill Counties,
Oregon

ATRIO Choice Rx (PPO)

H7006-018

ATRIO Freedom (PPO)

H7006-021

January 1 - December 31, 2027

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 (TTY 711).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit atriohp.com or call 1-877-672-8620 (TTY 711) to view a copy of the EOC.
- ☐ 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.
- ☐ 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.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ 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.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

About the Summary of Benefits and Who Can Join

This is a summary of ATRIO Health Plans health and drug services covered by ATRIO Choice Rx (PPO) and ATRIO Freedom (PPO). The benefit information provided does not list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, please view the Evidence of Coverage at atriohp.com. To join an ATRIO Health Plans Medicare Advantage Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our plans and service areas:

H7006-018 ATRIO Choice Rx (PPO) includes these Counties in Oregon: Clackamas, Lane, Multnomah, Washington, and Yamhill.

H7006-021 ATRIO Freedom (PPO) includes these Counties in Oregon: Clackamas, Lane, Multnomah, Washington, and Yamhill.

Which Doctors, Hospitals and Pharmacies Can I Use?

ATRIO Health Plans has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. If you use providers that are not in our network, you may pay a higher out-of-pocket cost. You must generally use network pharmacies to fill your prescription drugs (if you choose a plan that includes drug coverage). You can see our plan's Formulary (Part D prescription drug list), Provider Directory and Pharmacy Directory at our website, 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 [Medicare.gov](https://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 users should call 1-877-486-2048.

(Services marked with an * may require prior authorization)

	ATRIO Choice Rx (PPO) H7006018 Clackamas, Lane, Multnomah, Washington, Yamhill	ATRIO Freedom (PPO) H7006021 Clackamas, Lane, Multnomah, Washington, Yamhill
Monthly Plan Premium <i>(includes both medical and drugs)</i>	\$0	\$0
Deductible	No deductible for medical. See prescription drug coverage for Part D deductible.	No deductible for medical.
Maximum Out-of-Pocket <i>(does not include Part D prescription drugs)</i>	From in-network providers: \$5,900 From in-network and out-of-network providers combined: \$5,900	From in-network providers: \$4,450 From in-network and out-of-network providers combined: \$4,450
Inpatient Hospital coverage	In-Network \$585 copay each day for days 1 to 4 and \$0 copay each day for days 5 to 90 for Medicare-covered hospital care.* Out-of-Network \$585 copay each day for days 1 to 4 and \$0 copay each day for days 5 to 90 for Medicare-covered hospital care.	In-Network \$250 copay each day for days 1 to 5 and \$0 copay each day for days 6 to 90 for Medicare-covered hospital care.* Out-of-Network 50% coinsurance for each Medicare-covered hospital stay.
Outpatient Hospital coverage Outpatient hospital services	In-Network \$0 - \$400 copay* Out-of-Network 50% coinsurance	In-Network \$350 copay* Out-of-Network 50% coinsurance

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	ATRIO Choice Rx (PPO) H7006018 Clackamas, Lane, Multnomah, Washington, Yamhill	ATRIO Freedom (PPO) H7006021 Clackamas, Lane, Multnomah, Washington, Yamhill
Outpatient hospital observation services	In-Network \$450 copay per day* Out-of-Network 50% coinsurance	In-Network \$100 copay per day* Out-of-Network 50% coinsurance
Ambulatory Surgical Center (ASC)	In-Network \$250 copay* Out-of-Network 50% coinsurance	In-Network \$250 copay* Out-of-Network 50% coinsurance
Doctor Visits Primary Care Providers Specialists	In-Network \$0 copay Out-of-Network \$50 copay In-Network \$45 copay Out-of-Network \$45 copay	In-Network \$0 copay Out-of-Network \$50 copay In-Network \$40 copay Out-of-Network \$50 copay
Preventive Care (e.g., flu vaccine, diabetic screenings)	In-Network \$0 copay Out-of-Network \$0 copay	In-Network \$0 copay Out-of-Network \$0 copay
Emergency care	\$130 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$150 copay Copay is waived if you are admitted to a hospital within 24 hours.

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	ATRIO Choice Rx (PPO) H7006018 Clackamas, Lane, Multnomah, Washington, Yamhill	ATRIO Freedom (PPO) H7006021 Clackamas, Lane, Multnomah, Washington, Yamhill
Urgently needed services	\$50 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$50 copay Copay is waived if you are admitted to a hospital within 24 hours.
Diagnostic Services/Labs/Imaging		
Diagnostic tests and procedures	In-Network \$0 - \$20 copay*	In-Network \$0 copay*
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
Lab services	In-Network \$0 copay*	In-Network \$0 copay*
	Out-of-Network \$15 copay	Out-of-Network 50% coinsurance
Diagnostic radiology services (e.g. MRI, CAT Scan)	In-Network \$0 - \$300 copay*	In-Network \$0 - \$60 copay*
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
Outpatient X-rays	In-Network \$0 copay*	In-Network \$0 copay*
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
Therapeutic Radiology	In-Network 20% coinsurance*	In-Network 20% coinsurance*
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance

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	ATRIO Choice Rx (PPO) H7006018 Clackamas, Lane, Multnomah, Washington, Yamhill	ATRIO Freedom (PPO) H7006021 Clackamas, Lane, Multnomah, Washington, Yamhill
Hearing services		
Medicare-covered exam to diagnose and treat hearing and balance issues	In-Network \$0 copay	In-Network \$0 copay
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
Routine hearing exam and hearing aids (services not covered by Medicare) must be administered by a TruHearing provider for in-network copays	In-Network \$0 copay Limited to 1 visit every year*	In-Network \$0 copay Limited to 1 visit every year*
Routine hearing exam	Out-of-Network 80% coinsurance	Out-of-Network 80% coinsurance
Fitting-evaluation(s) for hearing aids	In-Network \$0 copay Unlimited visits every year*	In-Network \$0 copay Unlimited visits every year*
	Out-of-Network 80% coinsurance	Out-of-Network 80% coinsurance
Hearing aids		
○ All types	In-Network \$699 - \$999 copay Limited to 2 hearing aids every year*	In-Network \$699 - \$999 copay Limited to 2 hearing aids every year*
	Out-of-Network 80% coinsurance	Out-of-Network 80% coinsurance

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	ATRIO Choice Rx (PPO) H7006018 Clackamas, Lane, Multnomah, Washington, Yamhill	ATRIO Freedom (PPO) H7006021 Clackamas, Lane, Multnomah, Washington, Yamhill
Dental services [†] Benefit does not roll over	In-Network \$0 copay for each Medicare-covered service. Out-of-Network 50% coinsurance for each Medicare-covered service. \$150 allowance every three months [†] loaded to your Flex Card, for all additional preventive and comprehensive dental services. Excludes cosmetic procedures.	In-Network \$0 copay for each Medicare-covered service. Out-of-Network 50% coinsurance for each Medicare-covered service. \$400 allowance every three months [†] loaded to your Flex Card, for all additional preventive and comprehensive dental services. Excludes cosmetic procedures.
Vision care Medicare-covered exam to diagnose and treat diseases and conditions of the eye For people with diabetes, screening for diabetic retinopathy is covered once per year. Routine eye exam (services not covered by Medicare) must be administered by a VSP provider for in-network copays	In-Network \$0 copay Out-of-Network 50% coinsurance In-Network \$0 copay Out-of-Network 50% coinsurance In-Network \$0 copay Limited to 1 visit every year Out-of-Network 80% coinsurance	In-Network \$0 copay Out-of-Network 50% coinsurance In-Network \$0 copay Out-of-Network 50% coinsurance In-Network \$0 copay Limited to 1 visit every year Out-of-Network 80% coinsurance

(Services marked with an * may require prior authorization)

	ATRIO Choice Rx (PPO) H7006018 Clackamas, Lane, Multnomah, Washington, Yamhill	ATRIO Freedom (PPO) H7006021 Clackamas, Lane, Multnomah, Washington, Yamhill
Additional routine eyewear	In-Network \$150 combined allowance every year for contact lenses or eyeglass frames and lenses. Out-of-Network 80% coinsurance	In-Network \$200 combined allowance every year for contact lenses or eyeglass frames and lenses. Out-of-Network 80% coinsurance
Mental Health Services Inpatient visit	In-Network \$585 copay each day for days 1 to 4 and \$0 copay each day for days 5 to 90 for Medicare-covered hospital care. \$0 copay for an additional 60 lifetime reserve days.* Out-of-Network 50% coinsurance for each Medicare-covered hospital stay.	In-Network \$250 copay each day for days 1 to 5 and \$0 copay each day for days 6 to 90 for Medicare-covered hospital care. \$0 copay for an additional 60 lifetime reserve days.* Out-of-Network 50% coinsurance for each Medicare-covered hospital stay.

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	ATRIO Choice Rx (PPO) H7006018 Clackamas, Lane, Multnomah, Washington, Yamhill	ATRIO Freedom (PPO) H7006021 Clackamas, Lane, Multnomah, Washington, Yamhill
Skilled nursing facility (SNF) care	In-Network \$10 copay each day for days 1 to 20 and \$200 copay each day for days 21 to 100 for Medicare-covered skilled nursing facility care.* Out-of-Network 50% coinsurance for each Medicare-covered skilled nursing facility stay.	In-Network \$0 copay each day for days 1 to 20 and \$100 copay each day for days 21 to 100 for Medicare-covered skilled nursing facility care.* Out-of-Network 50% coinsurance for each Medicare-covered skilled nursing facility stay.
Physical Therapy	In-Network \$20 copay* Out-of-Network \$20 copay	In-Network \$20 copay* Out-of-Network 50% coinsurance
Ambulance services		
Ground Ambulance	In-Network \$250 copay <i>Prior Authorization required for non-emergent transportation.</i> Out-of-Network \$250 copay	In-Network \$300 copay <i>Prior Authorization required for non-emergent transportation.</i> Out-of-Network \$300 copay
Air Ambulance	In-Network \$250 copay <i>Prior Authorization required for non-emergent transportation.</i> Out-of-Network \$250 copay	In-Network \$300 copay <i>Prior Authorization required for non-emergent transportation.</i> Out-of-Network \$300 copay

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Transportation (additional routine) <i>Must use MediDrive for covered trips</i>	Not covered	Not covered
Medicare Part B drugs Chemotherapy/Radiation drugs Other Part B drugs	In-Network 0% - 20% coinsurance * Out-of-Network 50% coinsurance In-Network 0% - 20% coinsurance * Out-of-Network 50% coinsurance	In-Network 0% - 20% coinsurance * Out-of-Network 50% coinsurance In-Network 0% - 20% coinsurance * Out-of-Network 50% coinsurance

Additional Benefits

(Services marked with an * may require prior authorization)

	ATRIO Choice Rx (PPO) H7006018 Clackamas, Lane, Multnomah, Washington, Yamhill	ATRIO Freedom (PPO) H7006021 Clackamas, Lane, Multnomah, Washington, Yamhill
Annual routine physical exam	In-Network \$0 copay Out-of-Network \$0 copay	In-Network \$0 copay Out-of-Network \$0 copay
Chiropractic, Acupuncture & Naturopathy Services (Supplemental routine services) †Benefit does not roll over	\$50 allowance every six months†, loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services.	\$100 allowance every six months†, loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services.
Chiropractic services Medicare-covered: Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	In-Network \$15 copay Out-of-Network \$20 copay	In-Network \$10 copay Out-of-Network \$10 copay
Durable medical equipment (DME) and related supplies DME supplies are not eligible for Flex Card OTC spend	In-Network 20% coinsurance* Out-of-Network 50% coinsurance	In-Network 20% coinsurance* Out-of-Network 50% coinsurance
Fitness program †Benefit does not roll over	\$120 allowance every six months† available through reimbursement for gym membership fees and fitness classes.	\$100 allowance every three months† available through reimbursement for gym membership fees and fitness classes.

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	ATRIO Choice Rx (PPO) H7006018 Clackamas, Lane, Multnomah, Washington, Yamhill	ATRIO Freedom (PPO) H7006021 Clackamas, Lane, Multnomah, Washington, Yamhill
Meal benefit	\$0 copay for up to 2 meals per day for 14 days (28 meals per episode) (inpatient or SNF direct admissions/ post hospital).*	\$0 copay for up to 2 meals per day for 14 days (28 meals per episode) (inpatient or SNF direct admissions/ post hospital).*
Outpatient rehabilitation services Services provided by an occupational therapist	In-Network \$20 copay* Out-of-Network \$20 copay	In-Network \$20 copay* Out-of-Network 50% coinsurance
Over-the-counter (OTC) Benefit †Benefit does not roll over	\$30 every three months†, loaded to your Flex Card for select OTC items. Find eligible OTC products using our Flex Card app on your smartphone. DME items are not eligible OTC products.	\$150 every three months†, loaded to your Flex Card for select OTC items. Find eligible OTC products using our Flex Card app on your smartphone. DME items are not eligible OTC products.
Partial hospitalization services and Intensive outpatient services	In-Network \$55 copay per day Out-of-Network 50% coinsurance per day	In-Network \$55 copay per day Out-of-Network 50% coinsurance per day
Personal emergency response system (PERS)	\$0 copay for wearable medical alert system and monitoring through LifeStation, including wristwatch option with heart rate monitor and step counter. Spanish-language device is also available.*	\$0 copay for wearable medical alert system and monitoring through LifeStation, including wristwatch option with heart rate monitor and step counter. Spanish-language device is also available.*

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	ATRIO Choice Rx (PPO) H7006018 Clackamas, Lane, Multnomah, Washington, Yamhill	ATRIO Freedom (PPO) H7006021 Clackamas, Lane, Multnomah, Washington, Yamhill
Welcome to Medicare preventive visit	In-Network \$0 copay Out-of-Network \$0 copay	In-Network \$0 copay Out-of-Network \$0 copay
Worldwide emergency coverage	\$300 copay	\$120 copay

Prescription Drug Coverage	ATRIO Choice Rx (PPO) H7006018 Clackamas, Lane, Multnomah, Washington, Yamhill	ATRIO Freedom (PPO) H7006021 Clackamas, Lane, Multnomah, Washington, Yamhill
Stage 1: Annual Prescription Deductible		
Deductible	\$400 for Tier 3, Tier 4, Tier 5 Part D prescription drugs. For all other drugs, you will not have to pay any deductible and will start receiving coverage immediately.	Not Available
Stage 2: Initial Coverage (after you pay your deductible, if applicable)		
Standard Retail cost-sharing (31-day/100-day supply)		
Tier 1 (Preferred Generic)	\$0/\$0 copay	Not Available
Tier 2 (Generic)	\$0/\$0 copay	Not Available
Tier 3* (Preferred Brand)	\$47/\$94 copay	Not Available
Tier 4* (Non-Preferred Drug)	\$100/\$200 copay	Not Available
Tier 5* (Specialty Tier)	28% coinsurance/Not Available	Not Available
Tier 6 (Select Care Drugs)	\$0/\$0 copay	Not Available
Stage 3: Catastrophic Coverage		
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,400, you pay nothing.		

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (31-day supply) or long term (100-day supply).

- Save one month's copay by switching to a 90-day supply at a network retail or mail-order pharmacy. Ask your doctor about a 100-day supply and save even more (restrictions apply).
- If you reside in a long-term facility, you pay the same as at a retail pharmacy. If you choose mail-order, you pay the same as a retail 90-day supply at an in-network pharmacy. You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.
- What you pay for vaccines - our plan covers most Part D vaccines at no cost to you, even if you haven't met your deductible. Please call ATRIO Member Services for more information.
- What you pay for insulin - our plan covers select insulin products, for which you will pay no more than \$35 for a one-month supply no matter what tier it is on, and even if you haven't met your deductible.

ATRIO Health Plans are PPO, PPO C-SNP and HMO D-SNP plans with Medicare and Oregon Health Plan contracts. Enrollment in ATRIO Health Plans depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat ATRIO Health Plans members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Member Services number at 1-877-672-8620 (TTY 711), Daily 8 a.m. to 8 p.m. local time or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.