

# 2027 Benefits at a Glance

## ATRIO Health Plans Medicare Advantage Plans

*ATRIO Special Needs Plan (HMO D-SNP) - Klamath County and Douglas County, OR*



*The **ATRIO Special Needs Plan (HMO D-SNP)** is a Medicare Advantage HMO plan designed for people who have both Medicare Parts A & B and full Oregon Health Plan (OHP) (Medicaid) benefits. **Plan and/or drug cost-sharing (not all shown below) will apply if a plan member loses their Medicaid eligibility.***

### Medical Benefits

| Plan Costs                    | ATRIO Special Needs Plan (HMO D-SNP)<br>Klamath County H3814-007 | ATRIO Special Needs Plan (HMO D-SNP)<br>Douglas County H3814-030 |
|-------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| Monthly plan premium          | \$0                                                              | \$0                                                              |
| Plan deductible               | No Deductible                                                    | No Deductible                                                    |
| Annual out-of-pocket maximum* | \$0                                                              | \$0                                                              |

| Doctor Office Visits                       | In-network | In-network |
|--------------------------------------------|------------|------------|
| Primary care provider (PCP)                | \$0        | \$0        |
| Specialist                                 | \$0        | \$0        |
| Telehealth (if provider offers Telahealth) | \$0        | \$0        |

| Inpatient Care                 | In-network | In-network |
|--------------------------------|------------|------------|
| Inpatient hospital care        | \$0        | \$0        |
| Skilled nursing facility (SNF) | \$0        | \$0        |

| Outpatient Care           | In-network | In-network |
|---------------------------|------------|------------|
| Outpatient hospital       | \$0        | \$0        |
| Ambulatory surgery center | \$0        | \$0        |
| Home health care          | \$0        | \$0        |
| Diabetes supplies         | \$0        | \$0        |
| Durable medical equipment | \$0        | \$0        |

| Labs and Tests                  | In-network | In-network |
|---------------------------------|------------|------------|
| Laboratory services             | \$0        | \$0        |
| Diagnostic imaging (MRI/CT/PET) | \$0        | \$0        |
| X-rays                          | \$0        | \$0        |
| Emergency Services              |            |            |
| Ambulance (air & ground)        | \$0        | \$0        |
| Emergency room                  | \$0        | \$0        |
| Urgently needed care            | \$0        | \$0        |

*\*The most you will pay in a year for covered medical services*

## Supplemental Benefits

See the “Extra Benefits” section of the Enrollment Kit for a more detailed overview.

|                                                             | ATRIO Special Needs Plan (HMO D-SNP)<br><i>Klamath County H3814-007</i>                                                                                                    | ATRIO Special Needs Plan (HMO D-SNP)<br><i>Douglas County H3814-030</i>                                                                                                    |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Flex Card Benefits                                          |                                                                                                                                                                            |                                                                                                                                                                            |
| Routine chiropractic, acupuncture, and naturopathy services | \$300 allowance every six months <sup>†</sup> , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$600 annual allowance) | \$300 allowance every six months <sup>†</sup> , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$600 annual allowance) |
| Preventive & comprehensive dental services                  | \$380 every six months <sup>†</sup> , loaded to your Flex Card, for comprehensive and preventive dental services (Excludes cosmetic procedures) (\$760 annual allowance)   | \$500 every six months <sup>†</sup> , loaded to your Flex Card, for comprehensive and preventive dental services (Excludes cosmetic procedures) (\$1,000 annual allowance) |
| Over-the-Counter (OTC) items                                | \$175 allowance every three months <sup>†</sup> , loaded to your Flex Card, for select OTC items (\$700 annual allowance)                                                  | \$85 allowance every three months <sup>†</sup> , loaded to your Flex Card, for select OTC items (\$340 annual allowance)                                                   |
| Supplemental Benefits                                       |                                                                                                                                                                            |                                                                                                                                                                            |
| Fitness benefit                                             | \$300 every six months <sup>†</sup> , available through reimbursement for gym membership fees and fitness classes                                                          | \$300 every six months <sup>†</sup> , available through reimbursement for gym membership fees and fitness classes                                                          |
| Routine vision exam                                         | \$0 copay, 1 exam per year (in-network only)                                                                                                                               | \$0 copay, 1 exam per year (in-network only)                                                                                                                               |
| Routine vision hardware                                     | \$250 allowance for frames (standard lenses included) or contact lenses every two years (in-network only)                                                                  | \$250 allowance for frames (standard lenses included) or contact lenses every two years (in-network only)                                                                  |

*† Balance does not roll over*

|                                                  | <b>ATRIO Special Needs Plan (HMO D-SNP)</b><br><i>Klamath County H3814-007</i>                                                                 | <b>ATRIO Special Needs Plan (HMO D-SNP)</b><br><i>Douglas County H3814-030</i>                                                                 |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Transportation</b>                            | \$0 for 24 one-way trips every year to plan-approved health-related locations                                                                  | \$0 for 24 one-way trips every year to plan-approved health-related locations                                                                  |
| <b>Meals</b>                                     | Up to 2 meals per day for 14 days after a qualifying event                                                                                     | Up to 2 meals per day for 14 days after a qualifying event                                                                                     |
| <b>Personal Emergency Response System (PERS)</b> | \$0 for wearable medical alert system and monitoring through LifeStation, including wristwatch option with heart rate monitor and step counter | \$0 for wearable medical alert system and monitoring through LifeStation, including wristwatch option with heart rate monitor and step counter |

## Prescription Drug Benefits

When you enroll, the plan will mail you a “LIS Rider” showing your LIS subsidy level. Depending on your LIS level, you pay the drug costs below until your total out-of-pocket costs reach \$2,400 (including drugs purchased through your retail pharmacy or mail order, or if you are in a long-term care facility).

| <b>Subsidy Level</b>         | <b>ATRIO Special Needs Plan (HMO D-SNP)</b><br><i>H3814-007 &amp; H3814-030</i> |
|------------------------------|---------------------------------------------------------------------------------|
| <b>Part D Deductible</b>     | \$0                                                                             |
| <b>LIS Level 1</b>           | Generic drugs \$5.80; \$14.40 for brand and all other drugs                     |
| <b>LIS Level 2</b>           | Generic drugs \$1.65; \$5.00 for brand and all other drugs                      |
| <b>LIS Level 3</b>           | \$0                                                                             |
| <b>Catastrophic coverage</b> | \$0                                                                             |

ATRIO Health Plans is a PPO, PPO C-SNP and HMO D-SNP 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 Plan members except in emergency situations. Please call Member Services or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

