



2026 Medicare Advantage

Summary of Benefits

Klamath and Douglas County Dual Eligible Special Needs Plans

Plan IDs include: H3814-007 & H3814-030

**Covered zip codes in Klamath County: 97601, 97602, 97603, 97604, 97621, 97622, 97623, 97624, 97625, 97626, 97627, 97632, 97633, 97634, 97639*

January 1, 2026 - December 31, 2026

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.

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 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, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

About the Summary of Benefits and Who Can Join

This is a summary of ATRIO Health Plans health and drug services covered by ATRIO Special Needs Plan (HMO D-SNP). 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:

H3814007000 ATRIO Special Needs Plan (HMO D-SNP) includes these Counties in Oregon: Klamath

H3814030000 ATRIO Special Needs Plan (HMO D-SNP) includes these Counties in Oregon: Douglas

ATRIO is not available in these Klamath County zip codes: 97425, 97731, 97733, 97737 and 97739.

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 <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 Special Needs Plan (HMO D-SNP) H3814007 Klamath	ATRIO Special Needs Plan (HMO D-SNP) H3814030 Douglas
Monthly Plan Premium <i>(includes both medical and drugs)</i>	\$0	\$0
Deductible	The Part B deductible was \$257. This is the 2025 cost sharing amount and may change in 2026. ATRIO Special Needs Plan (HMO D-SNP) will provide updated rates at atriohp.com as soon as they are released.	The Part B deductible was \$257. This is the 2025 cost sharing amount and may change in 2026. ATRIO Special Needs Plan (HMO D-SNP) will provide updated rates at atriohp.com as soon as they are released.
Maximum Out-of-Pocket <i>(does not include Part D prescription drugs)</i>	<p>You pay nothing for Medicare-covered services in our network. Except for emergency and urgently needed care, out-of-network coverage is not included; you may have to pay the full cost for services received outside of our medical and pharmacy networks.</p> <p>If you reach the limit on out-of-pocket costs, your hospital and medical services will continue to be covered and we will pay the full cost for the rest of the year.</p>	<p>You pay nothing for Medicare-covered services in our network. Except for emergency and urgently needed care, out-of-network coverage is not included; you may have to pay the full cost for services received outside of our medical and pharmacy networks.</p> <p>If you reach the limit on out-of-pocket costs, your hospital and medical services will continue to be covered and we will pay the full cost for the rest of the year.</p>

(Services marked with an * may require prior authorization)

	ATRIO Special Needs Plan (HMO D-SNP) H3814007 Klamath	ATRIO Special Needs Plan (HMO D-SNP) H3814030 Douglas
Inpatient Hospital coverage	In-Network \$0 copay for each Medicare-covered hospital stay. \$0 copay for an additional 60 lifetime reserve days.*	In-Network \$0 copay for each Medicare-covered hospital stay. \$0 copay for an additional 60 lifetime reserve days.*
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	In-Network \$0 copay* In-Network \$0 copay*	In-Network \$0 copay* In-Network \$0 copay*
Ambulatory Surgical Center (ASC)	In-Network \$0 copay*	In-Network \$0 copay*
Doctor Visits Primary Care Providers Specialists	In-Network \$0 copay In-Network \$0 copay	In-Network \$0 copay In-Network \$0 copay
Preventive Care (e.g., flu vaccine, diabetic screenings)	In-Network \$0 copay	In-Network \$0 copay
Emergency care	\$0 copay	\$0 copay

(Services marked with an * may require prior authorization)

	ATRIO Special Needs Plan (HMO D-SNP) H3814007 Klamath	ATRIO Special Needs Plan (HMO D-SNP) H3814030 Douglas
Urgently needed services	\$0 copay	\$0 copay
Diagnostic Services/Labs/Imaging Diagnostic tests and procedures Lab services Diagnostic radiology services (e.g. MRI, CAT Scan) Outpatient X-rays Therapeutic Radiology	In-Network \$0 copay* In-Network \$0 copay* In-Network \$0 copay* In-Network \$0 copay* In-Network \$0 copay*	In-Network \$0 copay* In-Network \$0 copay* In-Network \$0 copay* In-Network \$0 copay* In-Network \$0 copay*
Hearing services Medicare-covered exam to diagnose and treat hearing and balance issues	In-Network \$0 copay	In-Network \$0 copay

(Services marked with an * may require prior authorization)

	ATRIO Special Needs Plan (HMO D-SNP) H3814007 Klamath	ATRIO Special Needs Plan (HMO D-SNP) H3814030 Douglas
Dental services †Benefit does not roll over	\$250 allowance every six months† loaded to your Flex card, for all additional preventive and comprehensive dental services. Excludes cosmetic procedures.	\$400 allowance every year† 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) administered by VSP Additional routine eyewear	In-Network \$0 copay In-Network \$0 copay In-Network \$0 copay Limited to 1 visit every year \$250 combined allowance every two years for contact lenses, eyeglass frames and lenses and upgrades (in-network only).	In-Network \$0 copay In-Network \$0 copay In-Network \$0 copay Limited to 1 visit every year \$250 combined allowance every two years for contact lenses, eyeglass frames and lenses and upgrades (in-network only).

(Services marked with an * may require prior authorization)

	ATRIO Special Needs Plan (HMO D-SNP) H3814007 Klamath	ATRIO Special Needs Plan (HMO D-SNP) H3814030 Douglas
Mental Health Services		
Inpatient visit	In-Network \$0 copay for each Medicare-covered hospital stay. \$0 copay for an additional 60 lifetime reserve days.*	In-Network \$0 copay for each Medicare-covered hospital stay. \$0 copay for an additional 60 lifetime reserve days.*
Skilled nursing facility (SNF) care	In-Network \$0 copay for each Medicare-covered skilled nursing facility stay. \$0 copay for an additional 60 lifetime reserve days.*	In-Network \$0 copay for each Medicare-covered skilled nursing facility stay. \$0 copay for an additional 60 lifetime reserve days.*
Physical Therapy	In-Network \$0 copay*	In-Network \$0 copay*
Ambulance services		
Ground Ambulance	In-Network \$0 copay <i>Prior Authorization required for non-emergent transportation.</i>	In-Network \$0 copay <i>Prior Authorization required for non-emergent transportation.</i>
Air Ambulance	In-Network \$0 copay <i>Prior Authorization required for non-emergent transportation.</i>	In-Network \$0 copay <i>Prior Authorization required for non-emergent transportation.</i>

(Services marked with an * may require prior authorization)

	ATRIO Special Needs Plan (HMO D-SNP) H3814007 Klamath	ATRIO Special Needs Plan (HMO D-SNP) H3814030 Douglas
Transportation (additional routine) <i>Must use SafeRide for covered trips</i>	In-Network \$0 copay Routine transportation for up to 24 trips every year. A trip is considered one-way transportation by taxi, van, medical transport, or rideshare services to a plan approved health-related location.	In-Network \$0 copay Routine transportation for up to 24 trips every year. A trip is considered one-way transportation by taxi, van, medical transport, or rideshare services to a plan approved health-related location.
Medicare Part B drugs Chemotherapy/Radiation drugs Other Part B drugs	In-Network \$0 copay* In-Network \$0 copay*	In-Network \$0 copay* In-Network \$0 copay*

Additional Benefits

(Services marked with an * may require prior authorization)

	ATRIO Special Needs Plan (HMO D-SNP) H3814007 Klamath	ATRIO Special Needs Plan (HMO D-SNP) H3814030 Douglas
Chiropractic, Acupuncture & Naturopathy Services (Supplemental routine services) †Benefit does not roll over	\$300 allowance every six months†, loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services.	\$300 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 \$0 copay	In-Network \$0 copay
Durable medical equipment (DME) and related supplies DME supplies are not eligible for Flex Card OTC spend	In-Network \$0 copay*	In-Network \$0 copay*
Fitness program †Benefit does not roll over	\$300 allowance every six months†, loaded to your Flex Card, for gym membership fees and fitness classes.	\$300 allowance every six months†, loaded to your Flex Card, for gym membership fees and fitness classes.
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).*

(Services marked with an * may require prior authorization)

	ATRIO Special Needs Plan (HMO D-SNP) H3814007 Klamath	ATRIO Special Needs Plan (HMO D-SNP) H3814030 Douglas
Outpatient diagnostic tests and therapeutic services and supplies	In-Network \$0 copay*	In-Network \$0 copay*
Outpatient rehabilitation services Services provided by an occupational therapist	In-Network \$0 copay*	In-Network \$0 copay*
Over-the-counter (OTC) Benefit †Benefit does not roll over	\$155 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.	\$85 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 \$0 copay*	In-Network \$0 copay*
Personal emergency response system (PERS)	\$0 copay for wearable medical alert system and monitoring through LifeStation, including wristwatch option with heart monitor and step counter.*	\$0 copay for wearable medical alert system and monitoring through LifeStation, including wristwatch option with heart monitor and step counter.*
Additional routine foot care	In-Network \$0 copay Unlimited visits every year \$500 allowance every year	In-Network \$0 copay Unlimited visits every year \$500 allowance every year

(Services marked with an * may require prior authorization)

	ATRIO Special Needs Plan (HMO D-SNP) H3814007 Klamath	ATRIO Special Needs Plan (HMO D-SNP) H3814030 Douglas
Welcome to Medicare preventive visit	In-Network \$0 copay	In-Network \$0 copay

Prescription Drug Coverage	ATRIO Special Needs Plan (HMO D-SNP) H3814007 Klamath	ATRIO Special Needs Plan (HMO D-SNP) H3814030 Douglas
Stage 1: Annual Prescription Deductible		
Deductible	There is no yearly deductible	There is no yearly deductible
Stage 2: Initial Coverage (after you pay your deductible, if applicable)		
LIS Level 1	Generic drugs \$5.10; \$12.65 for brand and all other drugs	Generic drugs \$5.10; \$12.65 for brand and all other drugs
LIS Level 2	Generic drugs \$1.60; \$4.90 for brand and all other drugs	Generic drugs \$1.60; \$4.90 for brand and all other drugs
LIS Level 3	Generic drugs \$0; \$0 for brand and all other drugs	Generic drugs \$0; \$0 for brand and all other drugs
Stage 3:		
Catastrophic Coverage	\$0	\$0

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.

Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Medicare Advantage plan. For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Oregon Health Plan (Medicaid) toll-free at 1-800-699-9075 (TTY: 711).

Benefit Category	Oregon Health Plan (Medicaid)
Substance Use Disorder Treatment	Such as counseling, medication assisted treatment, acupuncture, residential treatment, and peer delivered services.
Dental	<ul style="list-style-type: none">• Basic services including cleaning, fluoride varnish, fillings and extraction• Urgent or immediate treatment• Dentures• Stainless steel crowns for molars (back teeth)
Hearing	Hearing aids and hearing aid exams
Home health	Private duty nursing
Hospice care	End-of-life care
Hospital care	<ul style="list-style-type: none">• Emergency treatment• Inpatient and outpatient care

Immunizations and vaccines	Such as the flu shot or measles-mumps-rubella (MMR) vaccine
Prenatal, labor, delivery and postpartum care	<ul style="list-style-type: none">• Doula care• Prenatal checkups• Labor and delivery in a hospital, birthing center or at home• Newborn nurse home visits• Postpartum counseling
Lab tests and X-rays	Laboratory tests and x-rays, such as blood screening and mammograms
Medicare care from a physician, nurse practitioner, or physician assistant	Such as a routine check-up or a general appointment
Medical equipment and supplies	Such as diabetes testing strips or crutches
Medical transportation	Such as an ambulance or non-emergency transportation to an appointment
Mental health care	Such as therapy or medical treatment

Physical, occupational and speech therapy	Therapy to improve skills or function for daily living
Prescription drugs	OHP with Limited Drug only includes drugs that are not covered by Medicare Part D
Vision	<ul style="list-style-type: none">• Medical services• Services to correct vision for pregnant women and children under 21• Glasses are covered for pregnant adults and adults who have a qualifying medical condition such as aphakia or keratoconus, or after cataract surgery

ATRIO Health Plans is a PPO, HMO, 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 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.