

2027 Benefits at a Glance

ATRIO Health Plans Medicare Advantage Plans

ATRIO Choice Rx (PPO) & ATRIO Support Rx (PPO C-SNP)

Marion and Polk Counties, OR



Medical Benefits

Plan Costs	ATRIO Choice Rx (PPO) H7006-007		ATRIO Support Rx (PPO C-SNP) H7006-022	
Monthly plan premium	\$0		\$0	
Plan deductible	\$0		\$0	
Annual out-of-pocket maximum*	\$7,900 In-network	\$10,750 Combined (In and Out-of-network)	\$5,300 In-network	\$5,300 Combined (In and Out-of-network)
Part B premium giveback	Not Available		\$20 per month	

Doctor Office Visits	In-network	Out-of-network	In-network	Out-of-network
Primary care provider (PCP)	\$0 copay	\$50 copay	\$0 copay	\$50 copay
Specialist	\$50 copay	\$70 copay	\$0-\$45 copay	50% of total cost
Telehealth (if provider offers Telehealth)	PCP: \$0 copay Specialist: \$50 copay	PCP: \$50 copay Specialist: \$70 copay	PCP: \$0 copay Specialist: \$45 copay	PCP: \$50 copay Specialist: 50% of total cost

Inpatient Care	In-network	Out-of-network	In-network	Out-of-network
Inpatient hospital care	\$470 per day, 1-5 \$0 per day, 6+	\$570 per day, 1-5 \$0 per day, 6-90	\$470 per day, 1-5 \$0 per day, 6+	\$3,000 per day, 1-2 \$0 per day, 3-90
Skilled nursing facility (SNF)	\$0 per day, 1-20 \$200 per day, 21-100	\$300 per day, 1-100	\$0 per day, 1-20 \$150 per day, 21-100	\$200 per day, 1-100

Outpatient Care	In-network	Out-of-network	In-network	Out-of-network
Outpatient hospital	\$450 copay	\$550 copay	\$375 copay	50% of total cost
Ambulatory surgery center	\$225 copay	\$325 copay	\$225 copay	50% of total cost
Home health care	\$0 copay	50% of total cost	\$0 copay	50% of total cost
Diabetic supplies	\$0 copay	50% of total cost	\$0 copay	50% of total cost
Durable medical equipment	20% of total cost	50% of total cost	20% of total cost	50% of total cost

	ATRIO Choice Rx (PPO) <i>H7006-007</i>		ATRIO Support Rx (PPO C-SNP) <i>H7006-022</i>	
Labs and Tests	In-network	Out-of-network	In-network	Out-of-network
Laboratory services	\$0 copay	\$20 copay	\$0 copay	\$20 copay
Diagnostic imaging (MRI/CT/PET)	\$0 - \$150 copay	30% of total cost	\$0 - \$20 copay	50% of total cost
X-rays	\$15 copay	\$20 copay	\$0 copay	\$20 copay
Emergency Services				
Ambulance (<i>air & ground</i>)	\$250 copay		\$250 copay	
Emergency room**	\$115 copay		\$130 copay	
Urgently needed care	\$40 copay		\$50 copay	

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

**Coverage is worldwide. Copay waived if admitted within 24 hours for the same condition

Supplemental Benefits

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

	ATRIO Choice Rx (PPO) <i>H7006-007</i>	ATRIO Support Rx (PPO C-SNP) <i>H7006-022</i>
Flex Card Benefits		
Routine chiropractic, acupuncture, and naturopathy services	\$100 allowance every six months [†] , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$200 annual allowance)	\$200 allowance every six months [†] , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$400 annual allowance)
Preventive & comprehensive dental services	\$150 allowance every three months [†] , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$600 annual allowance)	\$300 allowance every six months [†] , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$600 annual allowance)
Over-the-Counter (OTC) items	Not covered	\$40 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$160 total annual allowance)
Supplemental Benefits		
Fitness benefit	\$180 every six months [†] , available through reimbursement for gym membership fees and fitness classes	\$225 every six months [†] , 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	\$200 allowance for frames (standard lenses included) or contact lenses per year	\$200 allowance for frames (standard lenses included) or contact lenses per year
Routine hearing exam	\$0 copay 1 exam per year (in-network only)	\$0 copay 1 exam per year (in-network only)
Hearing aids	\$699 to \$999 copay, for each hearing aid, up to 2 hearing aids per year	\$699 to \$999 copay, for each hearing aid, up to 2 hearing aids per year

	ATRIO Choice Rx (PPO) H7006-007	ATRIO Support Rx (PPO C-SNP) H7006-022
Annual physical exam	\$0 copay	\$0 copay
Transportation	Not covered	\$0 for 24 one-way trips every year to plan-approved health-related locations
Meals	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
Personal Emergency Response System (PERS)	\$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

† Balance does not roll over

Prescription Drug Benefits

Save 1 monthly copay on a 90-day prescription. \$0 out-of-pocket for many generic drugs, selected insulins and vaccines. Part D deductible applies to drugs in tiers 3, 4, and 5.

	ATRIO Choice Rx (PPO) H7006-007		ATRIO Support Rx (PPO C-SNP) H7006-022	
Part D Deductible	\$500		\$0	
	30-day supply	90-day supply	30-day supply	90-day supply
Tier 1 (Preferred generic)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$8 copay	\$16 copay	\$8 copay	\$16 copay
Tier 3 (Preferred brand)*	\$47 copay	\$94 copay	\$47 copay	\$94 copay
Tier 4 (Non Preferred drug)*	\$100 copay	\$200 copay	\$100 copay	\$200 copay
Tier 5 (Specialty)*	28% of total cost	Not available	33% of total cost	Not available
Tier 6 (Select care drugs)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Catastrophic coverage stage: After you have paid \$2,400 out of pocket, you move to the Catastrophic Coverage Stage.	You pay nothing through the end of the year			

* Part D deductible applies

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 may apply).

NOTE: You will not pay more than \$35 for a one-month supply of insulin, even if you have a deductible or if you have an insulin pump and your insulin is covered under Part B. \$0 for adult vaccines recommended by the Centers for Disease Control, such as Shingles vaccine.

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 our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

