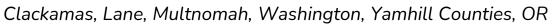
2024 Benefits at a Glance

ATRIO Health Plans Medicare Advantage Plans





Medical Benefits

		ne Rx (PPO) 6-020	ATRIO Free H700	
Plan Costs	In and Out	of network	In and Out	of network
Monthly premium	\$1	.25	\$	0
Plan deductible	\$	0	\$	0
Annual out-of-pocket	\$2,950	\$2,950	\$3,400	\$3,400
maximum	In network	Combined	In network	Combined
Doctor Office Visits	In network	Out of network	In network	Out of network
Primary care provider (PCP)	\$0	\$50	\$0	\$50
Specialist	\$15	\$20	\$25	\$50
Telehealth	\$0	Not covered	\$0	Not covered
Inpatient Care	In network	Out of network	In network	Out of network
Inpatient hospital care	\$275 for day 1; \$0 days 2–90	\$1,000 for day 1; \$0 days 2–90	\$100 per day 1–5; \$0 days 6–90	50% per stay
Skilled nursing facility (SNF)	\$0 per stay	\$200 per day 1–40; \$0 days 41–100	\$0 per day 1–20; \$100 per day 21–100	50% per stay
Outpatient Services	In network	Out of network	In network	Out of network
Outpatient hospital	\$0-\$100	\$100	\$0-\$350	50%
Ambulatory surgery center	\$250	50%	\$25	50%
Home health care	\$0	50%	\$0	50%
Diabetes supplies	\$0	\$0	\$0	50%
Durable medical equipment	\$0	\$0	20%	50%
Lab Services and Other Tests	In network	Out of network	In network	Out of network
Laboratory tests	\$0	\$0	\$0	50%
Diagnostic imaging (MRI/CT/PET)	\$0-\$200	\$0	\$0–\$60	50%
X-rays	\$0	\$0	\$0	50%
Emergency Services	In network	Out of network	In network	Out of network
Ambulance	\$0		\$300	
Emergency room*	\$0		\$125	
Urgently needed care	\$	60	\$3	30

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

2024 Benefits at a Glance

ATRIO Health Plans Medicare Advantage Plans



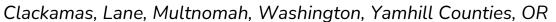
Clackamas, Lane, Multnomah, Washington, Yamhill Counties, OR **Supplemental Benefits**

Extra Benefits	ATRIO Prime Rx (PPO) H7006-020	ATRIO Freedom (PPO) H7006-021	
Annual physical exam	\$0 for 1 every year	\$0 for 1 every year	
Routine chiropractic and acupuncture services	Not covered	Up to 30 combined in-network visits per year for routine chiropractic and acupuncture services (copays may apply)	
Fitness benefit	\$600 annual allowance for gym membership fees and classes on Flex Card	\$550 annual allowance for gym membership fees and classes on Flex Card	
Personal emergency response system (PERS)	\$0 for wearable medical alert system through LifeStation, including wristwatch option with heart monitor and step counter	\$0 for wearable medical alert system through LifeStation, including wristwatch option with heart monitor and step counter	
Preventive & comprehensive dental services	\$3,000 annual allowance on Flex Card	\$2,500 annual allowance on Flex Card	
Routine vision exam	\$0 for 1 every year (In network only)	\$0 for 1 every year (In network only)	
Routine eyewear	\$250 allowance for frames and lenses, or \$100 allowance for contact lenses per year	\$200 allowance for frames and lenses, or \$100 allowance for contact lenses per year	
Routine hearing exam	\$0 for 1 every year	\$0 for 1 every year	
Hearing aids	\$1,500 annual allowance through Amplifon	\$1,500 annual allowance through Amplifon	
Meals	Up to 2 meals per day for 14 days after a qualifying health event	Up to 2 meals per day for 14 days after a qualifying health event	
Transportation	Not covered	Up to 24 one-way trips per year to plan-approved, health-related locations	
Over the counter (OTC) items	\$100 quarterly allowance on Flex Card	\$150 quarterly allowance on Flex Card	

See the "Extra Benefits" section of the Enrollment Kit for a more detailed overview

2024 Benefits at a Glance

ATRIO Health Plans Medicare Advantage Plans





Prescription Drug Benefits

	ATRIO Prime Rx (PPO) H7006-020 \$0		ATRIO Freedom (PF H7006-021
Drug deductible			
Drug Tiers	30-day supply	90-day supply	
Tier 1 Preferred Generic	\$0	\$0	
Tier 2 Generic	\$0	\$0	
Tier 3* Preferred Brand	\$47	\$94	
Tier 4* Non-Preferred Drugs	\$100	\$200	
Tier 5* Specialty Drugs	33%	N/A	
Tier 6 Select Care Drugs	\$0	\$0	Plan does not includ drug coverage
Coverage Gap Stage: When the total paid by you and the plan reaches \$5,030, you move to the Coverage Gap Stage	There is a 75% discount for most brand name and generic drugs		
Catastrophic Coverage Stage: After you have paid \$8,000 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, you are in the Coverage Gap, 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, HMO 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.

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