

# 2025 Benefits at a Glance

## ATRIO Health Plans Medicare Advantage Plans

**ATRIO Special Needs Plan (HMO D-SNP) - Klamath County (partial), Oregon**

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



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) H3814-007
Monthly plan premium	\$0
Plan deductible	No Deductible
Annual out-of-pocket maximum*	\$0

Doctor Office Visits	In-network
Primary care provider (PCP)	\$0
Specialist (no referrals needed)	\$0
Telehealth (if provider offers Telehealth)	\$0

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

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

	<b>ATRIO Special Needs Plan (HMO D-SNP)</b> H3814-007
<b>Labs and Tests</b>	<b>In-network</b>
Laboratory tests	\$0
Diagnostic imaging (MRI/CT/PET)	\$0
X-rays	\$0
<b>Emergency Services</b>	
Ambulance (air & ground)	\$0
Emergency room**	\$0
Urgently needed care	\$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.

	<b>ATRIO Special Needs Plan (HMO D-SNP)</b> H3814-007
<b>Routine chiropractic, acupuncture, and naturopathic services</b>	\$300 allowance every six months <sup>†</sup> , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$600 annual allowance)
<b>Fitness benefit</b>	\$300 allowance every six months <sup>†</sup> , loaded to your Flex Card, for gym membership fees and fitness classes (\$600 annual allowance)
<b>Routine vision exam</b>	\$0 copay, 1 exam per year (in-network only)
<b>Routine vision hardware</b>	\$250 allowance for frames (standard lenses included) or contact lenses every two years (in-network only)
<b>Preventive &amp; comprehensive dental services</b>	\$250 allowance every six months <sup>†</sup> , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$500 annual allowance)
<b>Meals</b>	Up to 2 meals per day for 14 days after a qualifying event
<b>Transportation</b>	\$0 for 24 one-way trips every year to plan-approved health-related locations
<b>Over-the-Counter (OTC) items</b>	\$150 allowance every three months <sup>†</sup> , loaded to your Flex Card, for select OTC items (\$600 annual allowance)
<b>Personal Emergency Response System (PERS)</b>	\$0 for wearable medical alert system and monitoring through LifeStation, including wristwatch option with heart monitor and step counter
<b>Routine podiatry</b>	\$0 copay for unlimited visits every year
<b>Nutritional/ dietary education</b>	\$0 copay for up to 1 individual and 9 group sessions per year

<sup>†</sup> Balance does not roll over

## 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 \$2,000 (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) H3814-007</b>
<b>Part D Deductible</b>	\$0
<b>LIS Level 1</b>	Generic drugs \$4.90; \$12.15 for brand and all other drugs
<b>LIS Level 2</b>	Generic drugs \$1.60; \$4.80 for brand and all other drugs
<b>LIS Level 3</b>	\$0
<b>Catastrophic coverage</b>	\$0

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 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.