

# 2025 Benefits at a Glance

## ATRIO Health Plans Medicare Advantage Plans

### ATRIO Support Rx (PPO C-SNP)

Marion and Polk Counties, OR



Enrollment into the ATRIO Support Rx (PPO C-SNP) plan requires one or more of the following medical conditions: Cardiovascular disorders, chronic heart failure, and/or diabetes. If none of these conditions are met, enrollment may be rejected.

### Medical Benefits

Plan Costs	ATRIO Support Rx (PPO C-SNP) H7006-022
Monthly plan premium	\$0
Plan deductible	\$0
Annual out-of-pocket maximum*	\$4,900 Combined (In and Out-of-network)
<b>New</b> Part B premium giveback	\$20 per month

Doctor Office Visits	In-network	Out-of-network
Primary care provider (PCP)	\$0 copay	\$50 copay
Specialist	Cardiologist: \$0 copay All others: \$40 copay	50% of total cost
Telehealth (if provider offers Telehealth)	PCP: \$0 copay Specialist: Cardiologist: \$0 copay All others: \$40 copay	PCP: \$50 copay Specialist: 50% of total cost

Inpatient Care	In-network	Out-of-network
Inpatient hospital care	\$375 per day, 1-5 \$0 per day, 6+	\$3,000 for day 1 \$0 days 2+
Skilled nursing facility (SNF)	\$0 per day, 1-20 \$150 per day, 21+	\$200 per day, 1-100

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

ATRIO Support Rx (PPO C-SNP) H7006-022		
Labs and Tests	In-network	Out-of-network
Laboratory tests	\$0 copay	\$20 copay
Diagnostic imaging (MRI/CT/PET)	\$0 copay for diagnostic colonoscopy procedures 20% of total cost for all other procedures	50% of total cost
X-rays	\$0 copay	\$20 copay
Emergency Services		
Ambulance (air & ground)	\$250 copay	
Emergency room** (excludes Worldwide Coverage)	\$125 copay	
Urgently needed care	\$55 copay	

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

\*\*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 Support Rx (PPO C-SNP) H7006-022	
Annual physical exam	\$0 copay
Routine chiropractic, acupuncture, and naturopathic services	\$200 allowance every six months <sup>†</sup> , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$400 annual allowance)
Fitness benefit	\$225 allowance every six months <sup>†</sup> , loaded to your Flex Card, for gym membership fees and fitness classes (\$450 annual allowance)
Preventive & comprehensive dental services	\$300 allowance every six months <sup>†</sup> , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$600 annual allowance)
Routine vision exam	\$0 copay, 1 exam per year (in-network only)
Routine vision hardware	\$200 allowance for frames (standard lenses included) or \$100 allowance for contact lenses per year
Routine hearing exam	\$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 (in-network only)
Meals	Up to 2 meals per day for 14 days after a qualifying event

ATRIO Support Rx (PPO C-SNP) H7006-022	
<b>Transportation</b>	\$0 for 24 one-way trips every year to plan-approved health-related locations
<b>Over-the-Counter (OTC) items</b>	\$40 allowance every three months <sup>†</sup> , loaded to your Flex Card, for select OTC items (\$160 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

<sup>†</sup> 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.

ATRIO Support Rx (PPO C-SNP) H7006-022		
<b>Part D Deductible</b>	\$0	
	<b>30-day supply</b>	<b>90-day supply</b>
<b>Tier 1</b> (Preferred generic)	\$0 copay	\$0 copay
<b>Tier 2</b> (Generic)	\$8 copay	\$16 copay
<b>Tier 3</b> (Preferred brand)	\$47 copay	\$94 copay
<b>Tier 4</b> (Non-preferred drug)	\$100 copay	\$200 copay
<b>Tier 5</b> (Specialty)	33% of total cost	Long-term not available
<b>Tier 6</b> (Select care drugs)	\$0 copay	\$0 copay
<b>Catastrophic coverage stage:</b> After you have paid \$2,000 out of pocket, you move to the Catastrophic Coverage Stage.	You pay nothing through the end of the year	

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, HMO, 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.