

# 2025 Benefits at a Glance

## ATRIO Health Plans Medicare Advantage Plans

**ATRIO Select Rx (PPO), ATRIO Freedom (PPO)**

*ATRIO Freedom (PPO) does not include drug coverage*



Carson City, Churchill, Douglas, Lyon & Storey Counties, NV

### Medical Benefits

Plan Costs	ATRIO Select Rx (PPO) H7006-015		ATRIO Freedom (PPO) H7006-017	
Monthly plan premium	\$0		\$0	
Plan deductible	\$0		\$0	
Annual out-of-pocket maximum*	\$4,150 In-network	\$6,200 Combined (In and Out-of-network)	\$4,100 In-network	\$4,150 Combined (In and Out-of-network)
<b>Part B premium giveback</b>	\$20 per month		Not Available	



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	\$25 copay	\$50 copay	\$25 copay	\$50 copay
Telehealth (if provider offers Telehealth)	PCP: \$0 copay Specialist: \$25 copay	PCP: \$50 copay Specialist: \$50 copay	PCP: \$0 copay Specialist: \$25 copay	PCP: \$50 copay Specialist: \$50 copay

Inpatient Care	In-network	Out-of-network	In-network	Out-of-network
Inpatient hospital care	\$300 per day, 1-5 \$0 per day, 6+	50% of total cost per stay	\$100 per day, 1-5 \$0 per day, 6+	50% of total cost per stay
Skilled nursing facility (SNF)	\$20 per day, 1-20 \$170 per day, 21-100	50% of total cost per stay	\$0 per day, 1-20 \$100 per day, 21-100	50% of total cost per stay

Outpatient Care	In-network	Out-of-network	In-network	Out-of-network
Outpatient hospital	\$0 - \$350 copay	50% of total cost	\$0 - \$350 copay	50% of total cost
Ambulatory surgery center	\$225 copay	50% of total cost	\$25 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 Select Rx (PPO) H7006-015		ATRIO Freedom (PPO) H7006-017	
Labs and Tests	In-network	Out-of-network	In-network	Out-of-network
Laboratory tests	\$0 copay	50% of total cost	\$0 copay	\$0 copay
Diagnostic imaging (MRI/CT/PET)	\$0 - \$60 copay	50% of total cost	\$0 - \$60 copay	50% of total cost
X-rays	\$0 copay	50% of total cost	\$0 copay	50% of total cost
Emergency Services				
Ambulance (air & ground)	\$300 copay		\$300 copay	
Emergency room**	\$140 copay		\$120 copay	
Urgently needed care	\$30 copay		\$30 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 Select Rx (PPO) H7006-015	ATRIO Freedom (PPO) H7006-017
Annual physical exam	\$0 copay	\$0 copay
Routine chiropractic, acupuncture, and naturopathic services	\$300 allowance every six months <sup>†</sup> , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$600 annual allowance)	\$100 allowance every six months <sup>†</sup> , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$200 annual allowance)
Fitness benefit	\$200 allowance every six months <sup>†</sup> , loaded to your Flex Card, for gym membership fees and fitness classes (\$400 annual allowance)	\$100 annual allowance <sup>†</sup> , loaded to your Flex Card, for gym membership fees and fitness classes
Preventive & comprehensive dental services	\$400 allowance every three months <sup>†</sup> , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$1,600 annual allowance)	\$350 allowance every three months <sup>†</sup> , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$1,400 annual allowance)
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 \$100 allowance for contact lenses per year	\$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)	\$0 copay, 1 exam per year (in-network only)
Hearing aids	\$1,500 annual allowance (in-network only)	\$1,500 annual allowance (in-network only)
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

	<b>ATRIO Select Rx (PPO)</b> H7006-015	<b>ATRIO Freedom (PPO)</b> H7006-017
<b>Transportation</b>	\$0 for 24 one-way trips every year to plan-approved health-related locations	\$0 for 24 one-way trips every year to plan-approved health-related locations
<b>Over-the-Counter (OTC) items</b>	\$75 allowance every three months <sup>†</sup> , loaded to your Flex Card, for select OTC items (\$300 annual allowance)	\$100 allowance every three months <sup>†</sup> , loaded to your Flex Card, for select OTC items (\$400 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	\$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.

	<b>ATRIO Select Rx (PPO)</b> H7006-015		<b>ATRIO Freedom (PPO)</b> H7006-017
<b>Part D Deductible</b>	\$0		Plan does not include drug coverage
	<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)	\$0 copay	\$0 copay	
<b>Tier 3</b> (Preferred brand)	\$35 copay	\$70 copay	
<b>Tier 4</b> (Non-preferred drug)	\$100 copay	\$200 copay	
<b>Tier 5</b> (Specialty)	33% of total cost	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, 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.