



# 2025 Medicare Advantage

## SUMMARY OF BENEFITS

**ATRIO Special Needs Plan (HMO D-SNP)**

Service area coverage for Douglas County  
and Klamath County (Partial), Oregon

*Plan IDs include: H3814-007, H3814-030*

**January 1, 2025 - December 31, 2025**

# 2025 Summary of Benefits

January 1, 2025 – December 31, 2025



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# 2025 Summary of Benefits

January 1, 2025 – December 31, 2025



## About the Summary of Benefits and Who Can Join

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This is a summary of ATRIO Health Plans health and drug services covered by ATRIO Special Needs Plans (HMO D-SNP). The benefit information provided does not list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, please view the Evidence of Coverage at [atriohp.com](http://atriohp.com). To join an ATRIO Health Plans Medicare Advantage Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area for these plans include Douglas and Klamath County in Oregon.

### Which Doctors, Hospitals and Pharmacies Can I Use?

ATRIO Health Plans has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. If you use providers that are not in our network, you may pay a higher out-of-pocket cost. You must generally use network pharmacies to fill your prescription drugs (if you choose a plan that includes drug coverage). You can see our plan's Formulary (Part D prescription drug list), Provider Directory and Pharmacy Directory at our website, [atriohp.com](http://atriohp.com).

### Tips for Comparing Your Medicare Choices

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](http://medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



## Pre-enrollment Checklist

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Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services representative at 1-877-672-8620 (TTY 711), daily from 8 a.m. to 8 p.m. local time.

### Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [atriohp.com](http://atriohp.com) or call 1-877-672-8620 (TTY 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- If you choose a plan that includes drug coverage, review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.



## Plan Premiums, Deductible and Out-of-pocket Maximums

	ATRIO Special Needs Plan (HMO D-SNP) Douglas County H3814-030	ATRIO Special Needs Plan (HMO D-SNP) Klamath County H3814-007
<b>Plan Eligibility and Cost-Sharing</b>	ATRIO Health Plans HMO D-SNP plans are Medicare Advantage HMOs designed for people who have both Medicare Parts A & B and full Oregon Health Plan (OHP) (Medicaid) benefits. If you are eligible for Medicare cost sharing under Medicaid, you pay \$0. If you lose your Medicaid eligibility status, you will have to pay a cost share for covered services	ATRIO Health Plans HMO D-SNP plans are Medicare Advantage HMOs designed for people who have both Medicare Parts A & B and full Oregon Health Plan (OHP) (Medicaid) benefits. If you are eligible for Medicare cost sharing under Medicaid, you pay \$0. If you lose your Medicaid eligibility status, you will have to pay a cost share for covered services
<b>Plan Premium</b>	\$0 per month <i>You must continue to pay your Medicare Part B premium</i>	\$0 per month <i>You must continue to pay your Medicare Part B premium</i>
<b>Plan Deductible</b>	There is no plan deductible	There is no plan deductible
<b>Out-of-Pocket Maximums</b>	<ul style="list-style-type: none"> <li>You pay nothing for Medicare-covered services in our network. Except for emergency and urgently needed care, out-of-network coverage is not included; you may have to pay the full cost for services received outside of our medical and pharmacy networks.</li> <li>If you reach the limit on out-of-pocket costs, your hospital and medical services will continue to be covered and we will pay the full cost for the rest of the year</li> </ul>	<ul style="list-style-type: none"> <li>You pay nothing for Medicare-covered services in our network. Except for emergency and urgently needed care, out-of-network coverage is not included; you may have to pay the full cost for services received outside of our medical and pharmacy networks.</li> <li>If you reach the limit on out-of-pocket costs, your hospital and medical services will continue to be covered and we will pay the full cost for the rest of the year</li> </ul>



## Covered Medical and Hospital Benefits

(Services marked with an \* may require prior authorization)

	ATRIO Special Needs Plan (HMO D-SNP) Douglas County H3814-030	ATRIO Special Needs Plan (HMO D-SNP) Klamath County H3814-007
<b>Inpatient Hospital Care (Acute)*</b>	\$0 copay	\$0 copay
<b>Outpatient Hospital Services*</b>	\$0 copay	\$0 copay
<b>Ambulatory Surgery Center Services*</b>	\$0 copay	\$0 copay
<b>Doctor's Office Visits</b>	You pay nothing for Primary Care Provider (PCP) and Specialist visits	You pay nothing for Primary Care Provider (PCP) and Specialist visits
<b>Preventive Care</b>	\$0 copay	\$0 copay
<b>Emergency Care</b>	\$0 copay	\$0 copay
<b>Urgent Care</b>	\$0 copay	\$0 copay
<b>Diagnostic Tests, Lab, X-rays, and Radiology Services*</b>	\$0 copay	\$0 copay
<b>Hearing Services</b>	You pay nothing for Medicare-covered exams to diagnose/treat hearing and balance issues	You pay nothing for Medicare-covered exams to diagnose/treat hearing and balance issues



## Covered Medical and Hospital Benefits

(Services marked with an \* may require prior authorization)

	ATRIO Special Needs Plan (HMO D-SNP) Douglas County H3814-030	ATRIO Special Needs Plan (HMO D-SNP) Klamath County H3814-007
<p><b>Dental Services *</b></p> <p><b>Supplemental routine services</b> are services not covered by Medicare</p> <p>†Benefit does not roll over</p>	<b>Dental Services (Medicare-covered services)</b>	
	You pay nothing for Medicare-covered services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	You pay nothing for Medicare-covered services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)
	<b>Dental Services (Supplemental routine services)</b>	
	\$400 annual allowance†, loaded to your Flex Card, for comprehensive and preventative dental services. Excludes cosmetic procedures	\$250 allowance every six months†, loaded to your Flex Card, for comprehensive and preventative dental services. Excludes cosmetic procedures (\$500 annual allowance)
<p><b>Vision Services</b></p> <p><b>Medicare covered:</b> Exams to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).</p> <p><b>Supplemental routine services</b> (services not covered by Medicare) administered by <b>VSP</b></p>	<b>Vision Exams (Medicare-covered services)</b>	
	<b>In-network:</b> \$0 copay	<b>In-network:</b> \$0 copay
	<i>Glaucoma screening</i> <b>In network:</b> \$0 copay	<i>Glaucoma screening</i> <b>In network:</b> \$0 copay
	<b>Vision Exams (Supplemental routine services)</b>	
	<b>In-network:</b> \$0 copay	<b>In-network:</b> \$0 copay
	<b>Vision Eyewear (Supplemental routine services)</b>	
<b>In-network:</b> \$250 allowance for frames (standard lenses included) or contact lenses every two years (in-network only)	<b>In-network:</b> \$250 allowance for frames (standard lenses included) or contact lenses every two years (in-network only)	
<b>Mental Health Services*</b>	You pay nothing for inpatient or outpatient mental health services	You pay nothing for inpatient or outpatient mental health services
<b>Skilled Nursing Facility (SNF)*</b>	\$0 copay	\$0 copay





## Covered Medical and Hospital Benefits

(Services marked with an \* may require prior authorization)

	ATRIO Special Needs Plan (HMO D-SNP) Douglas County H3814-030	ATRIO Special Needs Plan (HMO D-SNP) Klamath County H3814-007
<b>Occupational, Physical and Speech Therapy*</b>	\$0 copay	\$0 copay
<b>Ambulance*</b> (Air and Ground) <i>Authorization required for nonemergent transportation</i>	\$0 copay	\$0 copay
<b>Transportation</b> <i>Must use SafeRide for covered trips</i>	\$0 copay for 24 one-way trips every year to plan-approved health-related locations	\$0 copay for 24 one-way trips every year to plan-approved health-related locations
<b>Medicare Part B Drugs*</b>	\$0 copay	\$0 copay
<b>Telehealth</b> <i>If provider offers Telehealth visits</i>	PCP: \$0 copay Specialist: \$0 copay	PCP: \$0 copay Specialist: \$0 copay
<b>Foot Care</b>	You pay nothing for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	You pay nothing for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions
<b>Durable Medical Equipment (DME) and Supplies, and Diabetic Supplies *</b> DME supplies are not eligible for Flex Card OTC spend	\$0 copay	\$0 copay
<b>Fitness</b> <i>†Benefit does not roll over</i>	\$300 allowance every six months <sup>†</sup> , loaded to your Flex Card, for gym membership fees and fitness classes (\$600 annual allowance)	\$300 allowance every six months <sup>†</sup> , loaded to your Flex Card, for gym membership fees and fitness classes (\$600 annual allowance)



## Covered Medical and Hospital Benefits

(Services marked with an \* may require prior authorization)

	ATRIO Special Needs Plan (HMO D-SNP) Douglas County H3814-030	ATRIO Special Needs Plan (HMO D-SNP) Klamath County H3814-007
<b>Alternative Therapies</b> <b>Chiropractic</b>  <i>Medicare covered:</i> Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)  <i>Supplemental Routine services</i> non-Medicarecovered services  <i>†Benefit does not roll over</i>	<b>Chiropractic Services (Medicare-covered services)</b>	
	\$0 copay	\$0 copay
	<b>Chiropractic, Acupuncture &amp; Naturopathy Services (Supplemental routine 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)	\$300 allowance every six months <sup>†</sup> , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$600 annual allowance)
<b>Over-the-Counter (OTC) Items</b> Select OTC products  Easily find eligible OTC products using our Flex Card app on your smartphone  DME items are not eligible OTC products  <i>†Benefit does not roll over</i>	\$75 allowance every three months <sup>†</sup> , loaded to your Flex Card, for select OTC items (\$300 total annual allowance)	\$150 allowance every three months <sup>†</sup> , loaded to your Flex Card, for select OTC items (\$600 total annual allowance)
<b>Meals*</b> Inpatient or SNF (direct admission/post hospital admits) (unlimited)  Home health recipients with approved home health certification. (unlimited)	\$0 copay for up to 2 meals per day for 14 days (28 meals per episode)	\$0 copay for up to 2 meals per day for 14 days (28 meals per episode)
<b>Personal Emergency Response System (PERS)</b>  <i>Must use LifeStation for PERS benefit</i>	\$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



## Medicare Part D 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).

	ATRIO Special Needs Plan (HMO D-SNP) Douglas County H3814-030	ATRIO Special Needs Plan (HMO D-SNP) Klamath County H3814-007
<b>Drug Deductible</b>	There is no yearly deductible	There is no yearly deductible
<b>LIS Level 1</b>	Generic drugs \$4.90; \$12.15 for brand and all other drugs	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	Generic drugs \$1.60; \$4.80 for brand and all other drugs
<b>LIS Level 3</b>	\$0	\$0
<b>Catastrophic Coverage</b>	\$0	\$0

- 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 apply).
- What you pay for insulin – our plan covers select insulin products, for which you will pay no more than \$35 for a one-month supply no matter what tier it is on, and even if you haven’t met your deductible.

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



## Summary of Oregon Health Plan (Medicaid) Covered Services

The benefits described in the Premium and Benefit sections of the Summary of Benefits are covered by ATRIO Special Needs Plan (HMO D-SNP). Because ATRIO Special Needs Plan members have full Medicaid benefits, there are no out-of-pocket costs for any Medicare-covered medical service. Prescription drug cost-sharing amounts may still apply.

Detailed information regarding your Oregon Health Plan (Medicaid) benefits can be found online at [www.oregon.gov/oha/HSD/OHP/Pages/Contact-Us.aspx](http://www.oregon.gov/oha/HSD/OHP/Pages/Contact-Us.aspx) or by calling your Coordinated Care Organization’s Customer Service.

Service	Oregon Health Plan (Medicaid) Benefits
<b>Substance use disorder treatment</b>	Such as counseling, medication assisted treatment, acupuncture, residential treatment, and peer delivered services
<b>Dental</b>	<ul style="list-style-type: none"> <li>• Basic services including cleaning, fluoride varnish, fillings and extractions</li> <li>• Urgent or immediate treatment</li> <li>• Dentures</li> <li>• Stainless steel crowns for molars (back teeth)</li> </ul>
<b>Hearing</b>	Hearing aids and hearing aid exams
<b>Home health</b>	Private duty nursing
<b>Hospice care</b>	End-of-life care
<b>Hospital care</b>	<ul style="list-style-type: none"> <li>• Emergency treatment</li> <li>• Inpatient and outpatient care</li> </ul>
<b>Immunizations and vaccines</b>	Such as the flu shot or measles-mumps-rubella (MMR) vaccine
<b>Prenatal, labor, delivery and postpartum care</b>	<ul style="list-style-type: none"> <li>• Doula care</li> <li>• Prenatal checkups</li> <li>• Labor and delivery in a hospital, birthing center or at home</li> <li>• Newborn nurse home visits</li> <li>• Postpartum counseling</li> </ul>
<b>Lab tests and X-rays</b>	Laboratory tests and x-rays, such as blood screening and mammograms
<b>Medicare care from a physician, nurse practitioner, or physician assistant</b>	Such as a routine check-up or a general appointment
<b>Medical equipment and supplies</b>	Such as diabetes testing strips or crutches
<b>Medical transportation</b>	Such as an ambulance or non-emergency transportation to an appointment
<b>Mental health care</b>	Such as therapy or medical treatment
<b>Physical, occupational and speech therapy</b>	Therapy to improve skills or function for daily living



Service	Oregon Health Plan (Medicaid) Benefits
<b>Prescription drugs</b>	OHP with Limited Drug only includes drugs that are not covered by Medicare Part D
<b>Vision</b>	<ul style="list-style-type: none"> <li>• Medical services</li> <li>• Services to correct vision for pregnant women and children under 21</li> <li>• Glasses are covered for pregnant adults and adults who have a qualifying medical condition such as aphakia or keratoconus, or after cataract surgery</li> </ul>

### Services *not* covered by Oregon Health Plan (Medicaid) (exclusions)

Not all medical treatments are covered. When you need medical treatment, contact your Primary Care Provider. These are some of the exclusions (does not include every exclusion):

- Medicare Part D covered prescription drugs
- Conditions where a “home” treatment is effective, such as applying an ointment, resting a painful joint, drinking plenty of fluids, or a soft diet. Such conditions include:
  - Canker sores
  - Diaper rash
  - Corns/calluses
  - Sunburn
  - Food poisoning
  - Sprains
- Personal comfort or convenience items (radios, telephones, hot tubs, treadmills, etc.)
- Services that are primarily cosmetic, such as:
  - Benign skin tumors
  - Cosmetic surgery
  - Removal of scars
- Conditions where treatment is not normally effective, such as:
  - Some back surgery
  - TMJ surgery
  - Some transplants
- Services performed by an immediate relative or member of your household
- Any services received outside the United States
- Non-emergency care if you go to a provider who is not a Medicaid contracted provider
- Other non-covered services include, but are not limited to, the following:
  - Circumcision (routine)
  - Weight loss program
  - Infertility services

**If you have questions about covered or non-covered services, contact Oregon Health Plan or your Medicaid Coordinated Care Plan Customer Service.**