

2025 Benefits at a Glance

ATRIO Health Plans Medicare Advantage Plans

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

ATRIO Freedom (PPO) does not include drug coverage



Clackamas, Lane, Multnomah, Washington, and Yamhill Counties, OR

Medical Benefits



Plan Costs	ATRIO Choice Rx (PPO) H7006-018		ATRIO Select Rx (PPO) H7006-019		ATRIO Freedom (PPO) H7006-021	
Monthly plan premium	\$0		\$40.00		\$0	
Plan deductible	\$0		\$0		\$0	
Annual out-of-pocket maximum*	\$4,150 In-network	\$4,150 Combined (In and Out-of-network)	\$4,150 In-network	\$4,150 Combined (In and Out-of-network)	\$4,150 In-network	\$4,150 Combined (In and Out-of-network)
Part B premium giveback	\$20 per month		\$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		\$25 copay		\$25 copay		\$50 copay	
Telehealth (if provider offers Telehealth)	PCP: \$0 copay	PCP: \$50 copay	PCP: \$0 copay	PCP: \$50 copay	PCP: \$0 copay	PCP: \$50 copay	Specialist: \$25 copay	Specialist: \$50 copay

Inpatient Care	In-network		Out-of-network		In-network		Out-of-network	
Inpatient hospital care	\$375 per day, 1-4 \$0 per day, 5+	\$375 per day, 1-4 \$0 per day, 5-90	\$250 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	50% of total cost per stay	
Skilled nursing facility (SNF)	\$10 per day, 1-20 \$200 per day, 21-100	50% of total cost per stay	\$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	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	\$250 copay		50% of total cost		\$125 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	0%-20% of total cost		50% of total cost		0%-20% of total cost		50% of total cost	

	ATRIO Choice Rx (PPO) H7006-018		ATRIO Select Rx (PPO) H7006-019		ATRIO Freedom (PPO) H7006-021	
Labs & Tests	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Laboratory tests	\$0 copay	\$15 copay	\$0 copay	50% of total cost	\$0 copay	50% of total cost
Diagnostic imaging (MRI/CT/PET)	\$0 - \$300 copay	50% of total cost	\$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	\$0 copay	50% of total cost
Emergency Services						
Ambulance (air & ground)	\$250 copay		\$300 copay		\$300 copay	
Emergency room**	\$140 copay		\$140 copay		\$125 copay	
Urgently needed care	\$60 copay		\$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 Choice Rx (PPO) H7006-018	ATRIO Select Rx (PPO) H7006-019	ATRIO Freedom (PPO) H7006-021
Annual physical exam	\$0 copay	\$0 copay	\$0 copay
Routine chiropractic, acupuncture, and naturopathic services	\$100 allowance every six months [†] , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$200 annual allowance)	\$100 allowance every six months [†] , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$200 annual allowance)	\$100 allowance every six months [†] , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$200 annual allowance)
Fitness benefit	\$175 allowance every six months [†] , loaded to your Flex Card, for gym membership fees and fitness classes (\$350 annual allowance)	\$225 allowance every six months [†] , loaded to your Flex Card, for gym membership fees and fitness classes (\$450 annual allowance)	\$100 allowance every three months [†] , loaded to your Flex Card, for gym membership fees and fitness classes (\$400 annual allowance)
Preventive & comprehensive dental services	\$500 allowance every six months [†] , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$1,000 annual allowance)	\$400 allowance every three months [†] , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$1,600 annual allowance)	\$400 allowance every three months [†] , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$1,600 annual allowance)
Routine vision exam	\$0 copay, 1 exam per year (in-network only)	\$0 copay, 1 exam per year (in-network only)	\$0 copay, 1 exam per year (in-network only)
Routine vision hardware	\$150 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	\$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)	\$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)	\$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	Up to 2 meals per day for 14 days after a qualifying event

	ATRIO Choice Rx (PPO) H7006-018	ATRIO Select Rx (PPO) H7006-019	ATRIO Freedom (PPO) H7006-021
Transportation	\$0 for 12 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	\$0 for 24 one-way trips every year to plan-approved health-related locations
Over-the-Counter (OTC) items	\$50 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$200 annual allowance)	\$100 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$400 annual allowance)	\$150 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$600 annual allowance)
Personal Emergency Response System (PERS)	\$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	\$0 for wearable medical alert system and monitoring through LifeStation, including wristwatch option with heart monitor and step counter

[†] 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 Choice Rx (PPO) H7006-018		ATRIO Select Rx (PPO) H7006-019		ATRIO Freedom (PPO) H7006-021
Part D Deductible	\$0				Plan does not include drug coverage
	30-day supply	90-day supply	30-day supply	90-day supply	
Tier 1 (Preferred generic)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Tier 2 (Generic)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Tier 3 (Preferred brand)	\$47 copay	\$94 copay	\$35 copay	\$70 copay	
Tier 4 (Non-preferred drug)	\$100 copay	\$200 copay	\$100 copay	\$200 copay	
Tier 5 (Specialty)	33% of total cost	Not Available	33% of total cost	Not Available	
Tier 6 (Select care drugs)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Catastrophic coverage stage: 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.