



Pharmacy Benefit Guide

Understanding your ATRIO Pharmacy Benefits



Information about your **PHARMACY BENEFITS** with **ATRIO Health Plans**

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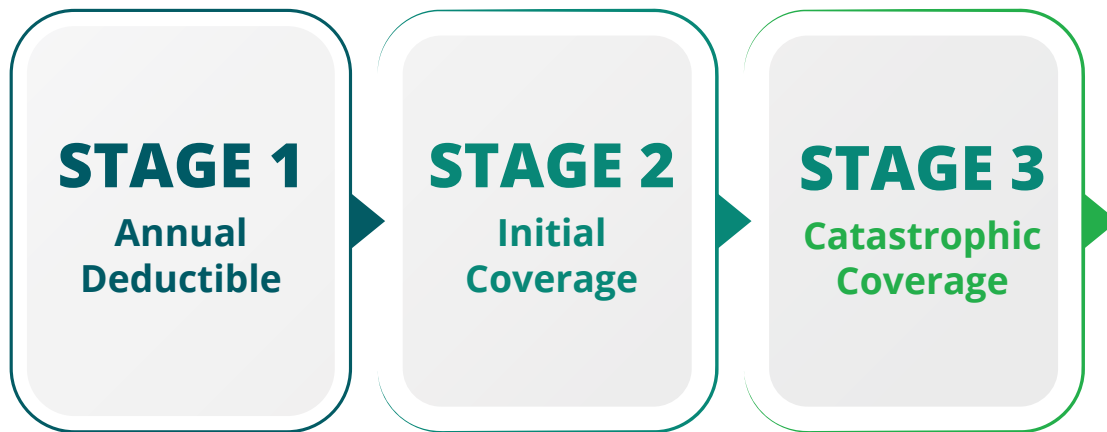
Questions about your pharmacy benefits?

1-877-672-8620 (TTY 711)

Daily, from 8 a.m. to 8 p.m.



THE 3 STAGES OF MEDICARE PRESCRIPTION DRUG COVERAGE



The standard Medicare Prescription Drug Plan has three stages of drug coverage. The Centers for Medicare & Medicaid Services (CMS) sets the annual limit for each stage.

The amounts listed in this guide are for 2025. These amounts change from year to year. The stages of coverage reset on January 1st of each year.

The amount you pay for a covered drug depends on what Formulary tier the drug is on, which stage you are in, and what day supply you get from the pharmacy.

Note: If you get a Low Income Subsidy (also known as Extra Help), your costs may be lower.

1

STAGE 1 - Annual Deductible

Begins with your first prescription of the plan year.

If your plan has a prescription deductible, you pay the full cost of your medications until you reach the deductible amount. Keep in mind, the deductible may only apply to certain tiers. If your plan does NOT have a deductible, you skip to Stage 2.

2

STAGE 2 - Initial Coverage

Begins immediately if your plan has no deductible, or when your out-of-pocket medication costs equal your plan's deductible.

In this stage, our plan pays for a portion of each prescription drug you purchase, as long as it is covered on our formulary (list of covered drugs). You pay the remaining portion by either a copayment (a set dollar amount) or a coinsurance amount (a percentage of the drug cost).

This stage ends when the amount of your total out-of-pocket costs reach a total of \$2,000. (Medicare sets this limit.)

3

STAGE 3 - Catastrophic Coverage

Begins when your out-of-pocket costs reach \$2,000 on covered drugs.

Once your total out-of-pocket costs (not including what the plan paid) reach \$2,000, you will enter the Catastrophic Coverage stage. In the Catastrophic Coverage stage, the plan pays 100% of your drug costs for the rest of the year.



MEDICARE PRESCRIPTION DRUG RULES ARE CHANGING

Previously, if your prescription costs rose beyond a certain amount each year, you moved into the coverage gap, also known as the “donut hole,” where you paid 100% of the costs yourself up to \$8,000 annually. Beginning January 2025, the “donut hole” is being eliminated, and the most you will ever have to pay out of pocket for prescription drugs is \$2,000 per year. Once you pay \$2,000, you move to the Catastrophic Coverage phase and ATRIO pays 100% of your prescription drug costs.

Prescription Coverage Changes for 2025

A new program is available in 2025 to you to help spread out your prescription drug costs.

The new Medicare Prescription Payment Plan program (M3P/MPPP) is available as of January 1, 2025. Participation in the M3P program is optional and can help you manage your out-of-pocket drug costs by spreading them out across the calendar year, **though it will not save you money or lower your drug costs**. ATRIO members who are most likely to benefit from the program will receive more details in the mail. Information is also available online at atriohp.com.

For eligible prescriptions, you pay \$0 at the pharmacy for covered Part D drugs and will be billed monthly by ATRIO. The amount billed monthly will be based on your monthly prescription costs as well as the \$2,000 out-of-pocket annual maximum using a standardized formula created by CMS (Centers for Medicare & Medicaid Services). More information and examples of monthly calculations can be found online at atriohp.com.



UNDERSTANDING YOUR PHARMACY (PART D) EXPLANATION OF BENEFITS

What is an Explanation of Benefits (EOB)?

As a member of ATRIO Health Plans, you receive an EOB statement in the mail each month when you use your prescription drug benefit. This is required by Medicare. Your EOB includes billing details for your covered prescription drugs that were received during the previous month. Your EOB explains what costs ATRIO covered and any costs you paid or need to pay. You will also see how close you are to meeting your deductible (if applicable) and out-of-pocket maximum. You will receive a separate EOB for your medical health care services and items. (Note: If you are participating in the Medicare Prescription Payment Plan - M3P - you will also receive a bill for your drug payment.)

Note: The EOB is NOT a bill. It is simply a statement showing details on how you and your plan will share costs.

What to look for in your Part D EOB

The Part D EOB will tell you how much you and your plan paid for prescriptions in the last month. It breaks down your out-of-pocket costs and your total drug costs to help you understand which drug payment stage you are in.

The following is a **SAMPLE** of an EOB

FRONT PAGE SUMMARY *includes a summary of the pages that follow*

**Your Monthly Prescription Drug Summary
For January, 2025**

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. This is **not** a bill.

Here are the sections in this summary:

- SECTION 1.** Your prescriptions during the past month
- SECTION 2.** Which "drug payment stage" are you in?
- SECTION 3.** Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4.** Updates to the plan's Drug List that affect drugs you take
- SECTION 5.** If you see mistakes on this summary or have questions, what should you do?
- SECTION 6.** Important things to know about your drug coverage and your rights

Callout 1: Look In Section 1 for: Which medications did I fill last month?

Callout 2: Look In Section 2 for: Which stage am I in? How close to the Catastrophic Coverage am I?

Callout 3: Look In Section 3 for: How much have I spent on drugs this month/year?

SECTION 1



Drugs filled in past month with details

CHART 1.
Your prescriptions for covered Part D drugs
July, 2024

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)	Drug Price & Price Change
BD ULTRA-FINE NDL 12.7MM29G 100, 07/09/2024, SAVINGS Pharmacy Rx#1922860, 30 day(s) supply	\$19.49	\$20.28	\$0.00	\$0.00 0%
IBUPROFEN 800 MG TABLET 90, 07/14/2024, MERRILL LYNCH CLINIC LLC Rx#1459005, 30 day(s) supply	\$6.10	\$6.35	\$0.00	\$0.00 0%

SECTION 2

This section will let you know which stage you are in based off your drug spend. The stage you are in will be highlighted and say “You are in this stage:” at the top.

You are in this Stage		
<p>STAGE 1 Yearly Deductible</p> <p><i>This section will tell you how much you have paid toward your deductible (if applicable).</i></p>	<p>STAGE 2 Initial Coverage</p> <p><i>This section will tell you how much you have spent in out-of-pocket costs for drugs, and how close you are to entering the Catastrophic Coverage Stage. Once you have paid a certain amount, you move on to Stage 3.</i></p>	<p>STAGE 3 Catastrophic Coverage</p> <p><i>If you enter this stage, the plan will pay for all of your covered drugs for the rest of the year.</i></p>

SECTION 3

This section will summarize your monthly and yearly out-of-pocket costs and your total drug costs. It also provides a bit more information about what counts toward each.

Your “out-of-pocket costs”

\$6.85 month of January, 2024

\$6.85 year-to-date (since January, 2024)

Your “total drug costs”

\$8.10 month of January, 2024

\$8.10 year-to-date (since January, 2024)

SECTION 4, 5 & 6

These sections provide a lot of helpful information about the Plan and other programs available.

ADDITIONAL PAGES

Formulary Change Notice – We may include this notice with your EOB if there is a formulary change with a drug, such as a tier change, a prior authorization is needed, a quantity limit is added, or something else. We will let you know the reason and try to provide alternatives.

You also get extra pages with your EOB that include the multi-language and non-discrimination statements required by the U.S. Office of Civil Rights.

QUESTIONS?

1-877-672-8620 (TTY 711)

Hours are daily, from 8 a.m. to 8 p.m.

UNDERSTANDING YOUR PART D FORMULARY

Your prescription drug coverage is based on a formulary – a list of covered medicines. Your formulary offers a wide selection of Medicare approved, cost-effective generic and brand name prescription drugs. For our PPO and HMO plans, each drug will be categorized into one of six tiers. A drug tier determines how much you pay for your drug. D-SNP plans have different cost-sharing tiers. (The ranges depend on low-income subsidy level and the type of drug.) There is a cost range between generic and brand name drugs, which differs based on your low-income subsidy level.

ATRIO covers a limited amount of over-the-counter (OTC) drugs under the plan formulary. You will need a prescription to present at the Pharmacy in order to cover the formulary OTC drugs. You cannot use your Flex Card to pay for these drugs.

To view the most up-to-date formulary, please visit atriohp.com and click on “Find A Drug.”



What if my medication is not on the formulary?

- If you cannot locate your drug on the formulary, call Member Services for help. We may be able to provide you with a list of alternative drugs.
- Talk to your doctor about an alternative drug on the formulary.
- You can also submit a Coverage Determination to request an exception to the formulary. For more information, visit atriohp.com, or ask your doctor to submit one on your behalf.

TYPES OF RESTRICTIONS YOU MIGHT FIND ON FORMULARY DRUGS

- **Prior Authorization (PA)** – This is a request for approval in advance. Some drugs may require a prior authorization to make sure the drug is being used appropriately.
- **Quantity Limits (QL)** – Certain drugs may have a quantity limit to how much you can receive for a one-month supply.
- **Step Therapy (ST)** – You may need to try other drugs first before we will approve the use of a certain drug to treat the same condition.
- **Part B vs. Part D review** – Some drugs are covered as part of your medical Part B coverage, and others are covered under your Part D coverage.

UNDERSTANDING YOUR PRESCRIPTION COPAY TIERS

Tier 6

ATRIO Health Plans has an advanced benefit called **Tier 6 – “Select Care Drugs” tier**. **Although this typically would be the highest cost tier, tier 6 is a \$0 copay tier** for certain important medications such as:

- Part D vaccines
- ACE-I/ARBs for treatment of high blood pressure or kidney protection
- Select antidiabetic drugs to treat diabetes
- Statins to treat high cholesterol

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you even if you haven’t paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin (Part D) – You won’t pay more than \$35, for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.

ALL OTHER TIERS

Tier 1 – “Preferred Generic” tier, contains low-cost generic drugs.

Tier 2 – “Generic” tier, contains most generic drugs and a select number of brand name drugs.

Tier 3 – “Preferred Brand” tier, contains preferred brand drugs and a select number of high-cost generics. Drugs in this tier will cost higher than drugs in tier 2.

Tier 4 – “Non-Preferred Brand” tier, contains non-preferred brand name drugs and a select number of high-cost generics. Drugs in this tier will cost more (or have a higher cost) than the drugs in tier 3. Note: If a member has a non-formulary medication that has been approved through an ATRIO exception, it will fall under this tier.

Tier 5 – “Specialty” tier, contains specialty drugs. This is the highest cost-sharing tier. (These drugs are not available for mail-order or a 90- to 100-day supply.)

HOW TO SAVE \$\$\$ ON PRESCRIPTION DRUG COSTS

We know prescription drugs your doctor prescribes can be expensive, especially with the rising cost of healthcare. We have pharmacists, nurses, and programs to help you find ways to pay for your medications. Below are a few of the ways our team can help you save money on your prescription medications.

- **Apply for “Extra Help”**

Medicare provides “Extra Help” to help pay Part D premiums, deductibles and copays for people who have limited income and resources.

- **Mail-Order (or home delivery)**

You can receive up to a 100-day supply* of your maintenance medications, delivered right to your doorstep, for only 2 copays. To see a list of mail-order pharmacies visit: atriohp.com/oregon/members/find-a-pharmacy/.

- **100-day Supply at Retail Pharmacies***

You can also receive up to a 100-day supply* at retail pharmacies for only 2 copays instead of 3 copays.

- **Switch to a Generic Drug**

Your Part D plan covers generic drugs, brand name drugs and specialty drugs. Generics are often less expensive. Talk to your doctor about possible alternatives that may be a good fit for you.

**excludes controlled or specialty medications*

Medication Therapy Management (MTM) Program (It's free!)

ATRIO partners with MedWatchers to improve your health and help to save you money. The MTM program is designed to help members get the most benefit from their medicines if they meet the criteria of:

- Having multiple chronic conditions
- Taking several medications
- Likely to pay a total cost of more than \$1,623 per year

A pharmacist from the MTM program will reach out to you to review your medicines including over-the-counter products or vitamins/supplements. They will check any problems with your medicines and help you with concerns, suggest safer medicine to you/your doctor and look for ways to save your money. **Contact ATRIO Member Services if you are interested in this free program.**

Important Drug Usage & Safety Tips:

- When a medication change is made, ask your doctor to write a new prescription for you. This opens the line of communication between you, your doctor, your pharmacist, and your health plan. When everyone is informed, you have better treatment and safety outcomes.
- To promote safety, we recommend that you use only one pharmacy as much as possible. This allows one pharmacy to see all your medications and look for drug interactions.
- Remember to take your medications as prescribed by your doctor. It can be difficult to remember to take your medicine. Call Member Services to ask about programs that help to remind you about taking your medications.
- Use the Personal Medication List at the back of this booklet to record all your medications in one place. This will help you remember what your medications are for and why they are important. Pin this up in a place you will see every day.

DON'T FORGET ABOUT YOUR OVER-THE-COUNTER BENEFIT!



ATRIO Health Plans provides additional benefit coverage on OTC drugs. You can use the allowance loaded to your ATRIO Flex Card to purchase OTC drugs and items, such as Tylenol, Tums, lubricating eye drops, and decongestants for allergy or cold symptoms. The catalog can be found on our website at atriohp.com/extra-benefits. You can also call 1-855-253-5768 (TTY 711), 5 a.m. to 8 p.m. PST, for more information. To place an order online, log into your myATRIO portal.



QUESTIONS ABOUT YOUR PHARMACY BENEFITS?

CONTACT MEMBER SERVICES:



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