

2023 Benefits at a glance

ATRIO Medicare Advantage Plans
Jackson and Josephine Counties



Medical Benefits

Plans	ATRIO Freedom (PPO) H6743-024-002		ATRIO Choice Rx (PPO) H6743-025		ATRIO Prime Rx (PPO) H6743-023-002	
	In & Out of network		In & Out of network		In & Out of network	
Plan Costs	In & Out of network		In & Out of network		In & Out of network	
Monthly plan premium	\$0		\$0		\$99	
Plan deductible	\$0		\$0		\$0	
Annual out-of-pocket maximum	\$4,500 In network	\$6,500 Combined	\$4,500 In network	\$6,500 Combined	\$2,500 In network	\$5,000 Combined
Doctor Office Visits	In network	Out of network	In network	Out of network	In network	Out of network
Primary care provider (PCP)	\$0	\$50	\$0	\$50	\$0	\$30
Specialist	\$25	\$65	\$40	\$65	\$25	\$50
Telehealth	\$0	Not covered	\$0	Not covered	\$0	Not covered
Inpatient Care	In network	Out of network	In network	Out of network	In network	Out of network
Inpatient hospital care	\$275 per day 1-7; \$0 per day after that	\$375 per day 1-7; \$0 per day 8-90	\$400 per day 1-5; \$0 per day after that	\$500 per day 1-5; \$0 per day 6-90	\$225 per day 1-8; \$0 per day after that	\$350 per day 1-7; \$0 per day 8-90
Skilled nursing facility (SNF)	\$0 per day 1-20; \$150 per day 21-100	\$150 per day 1-100	\$0 per day 1-20; \$150 per day 21-100	\$150 per day 1-100	\$0 per day 1-20; \$125 per day 21-100	\$125 per day 1-100
Outpatient Services	In network	Out of network	In network	Out of network	In network	Out of network
Outpatient hospital	20%	30%	\$300	50%	\$275	\$375
Ambulatory surgery center	20%	30%	\$225	\$325	\$225	\$325
Home health care	\$0	50%	\$0	50%	\$0	50%
Diabetes supplies	\$0	20%	\$0	50%	\$0	20%
Durable medical equipment	20%	30%	20%	50%	20%	30%
Lab Services and Other Tests	In network	Out of network	In network	Out of network	In network	Out of network
Laboratory tests	\$20	15%	\$0	\$20	\$0	\$0
Diagnostic imaging (MRI/CT/PET)	20%	30%	\$0 to \$150	30%	\$100	30%
X-rays	\$20	30%	\$20	\$20	\$15	\$15
Emergency Services	In network	Out of network	In network	Out of network	In network	Out of network
Ambulance	\$275	\$275	\$250	\$250	\$225	\$225
Emergency room*	\$110 copay		\$110 copay		\$125 copay	
Urgently needed care	\$35		\$35		\$25	

*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.

Extra Benefits	ATRIO Freedom (PPO)	ATRIO Choice Rx (PPO)	ATRIO Prime Rx (PPO)
Annual physical exam	1 every year	1 every year	1 every year
Routine chiropractic, acupuncture, and naturopathic services	ATRIO covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year	ATRIO covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year	ATRIO covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year
Fitness benefit	\$250 annual allowance towards gym membership fees provided through a Flex Card	\$250 annual allowance towards gym membership fees provided through a Flex Card	\$550 annual allowance towards gym membership fees provided through a Flex Card
Preventive & comprehensive dental services	\$1,000 annual allowance through a Flex Card	\$1,400 annual allowance through a Flex Card	\$1,750 annual allowance through a Flex Card
Routine vision exam	1 every year	1 every year	1 every year
Routine vision hardware	\$150 allowance for frames every year; \$100 allowance towards contact lenses, fitting, and evaluation every year	\$150 allowance for frames every year; \$100 allowance towards contact lenses, fitting, and evaluation every year	\$200 allowance for frames every year; \$100 allowance towards contact lenses, fitting, and evaluation every year
Routine hearing exam	1 every year (in-network only)	1 every year (in-network only)	1 every year (in-network only)
Hearing aids	\$699-\$999 per hearing aid, up to 1 per ear per year (in-network only)	\$699-\$999 per hearing aid, up to 1 per ear per year (in-network only)	\$699-\$999 per hearing aid, up to 1 per ear per year (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
Transportation	ATRIO covers up to 24 one-way non-emergent medical transportation trips to any plan-approved health-related location every year.	ATRIO covers up to 24 one-way non-emergent medical transportation trips to any plan-approved health-related location every year.	ATRIO covers up to 24 one-way non-emergent medical transportation trips to any plan-approved health-related location every year.
Over the counter (OTC) items	\$50 quarterly allowance	\$50 quarterly allowance	\$75 quarterly allowance

Prescription Drug Benefits

Save 1 monthly copay on a 90-day prescription. \$0 out-of-pocket for many generic drugs, selected insulins and vaccines.

Plans	ATRIO Choice Rx (PPO)		ATRIO Prime Rx (PPO)	
	30-day supply	90-day supply	30-day supply	90-day supply
Deductible	\$100		\$0	
Tier 1 (Preferred generic)	\$0	\$0	\$0	\$0
Tier 2 (Generic)	\$8	\$16	\$8	\$16
Tier 3† (Preferred brand)	\$47	\$94	\$47	\$94
Tier 4† (Non preferred drugs)	\$100	\$200	\$100	\$200
Tier 5† (Specialty)	30%	N/A	33%	N/A
Tier 6 (Select care drugs)	\$0	\$0	\$0	\$0
Coverage gap stage: When the total paid by you and the plan reaches \$4,660, you move to the Coverage Gap stage.	There is a 75% discount for most brand name and Generic drugs			
Catastrophic coverage stage: After you have paid \$7,400 out of pocket, you move to the Catastrophic Coverage Stage.	The greater of \$4.15 for generics, \$10.35 for brand-name, or 5%.			

†Part D Deductible applies