

ATRIO | Drug Formularies | Tips, Facts & How To | Formulary Status & Drug Cost

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Tips & Facts

There is only 1 version of PPO formulary which applies for ALL markets → OR, LA, NV, TN

Please be sure to select the correct year 2021 vs 2022 (if applicable)

MedImpact tool - good resource to look up tiers & cost per drug per month with deductible may apply
CMS Price tool - good resource to determine what the member will pay annually with consideration of coverage gaps, if applicable**

In MedImpact, check to make sure you are in 2022 & be aware of the deductible & plan selected

We are the #1 PPO for lowest cost (drug + premium) in Tennessee

There are a list of drugs excluded from CMS*

No other plan offers a Tier 6 \$0 copay - select insulin, generic meds for diabetes, blood pressure & statin (lipid lowering)

If the drug cost exceeds the copay, the monthly cost will default to the copay if deductible is zero**

If the drug cost (\$8) is less than copay (\$20), the monthly cost will be the drug cost (\$8) instead of copay

[*CMS | Excluded Drugs List](#)

**Be aware the total cost is included out of pocket when members are in the coverage gap (donut hole) as part of CMS Part D coverage → (deductible phase, initial coverage phase (copay applies), coverage gap (donut hole), catastrophic phase)

OTC Coverage: ATRIO offers zero out of pocket for a list of CMS approved formulary OTCs (e.g., allergy medication). Please reference the PDF Comprehensive Formulary document for the complete list. Note – This is not the same as the extra benefit. This is separate from the supplemental OTC quarterly credit.

Step 1 - Find A Drug

a. Click the appropriate market below for Drug Formularies

[Find a Drug | ATRIO Health Plans - Oregon \(atriohp.com\)](#)

[Find a Drug | ATRIO Health Plans - Tennessee \(atriohp.com\)](#)

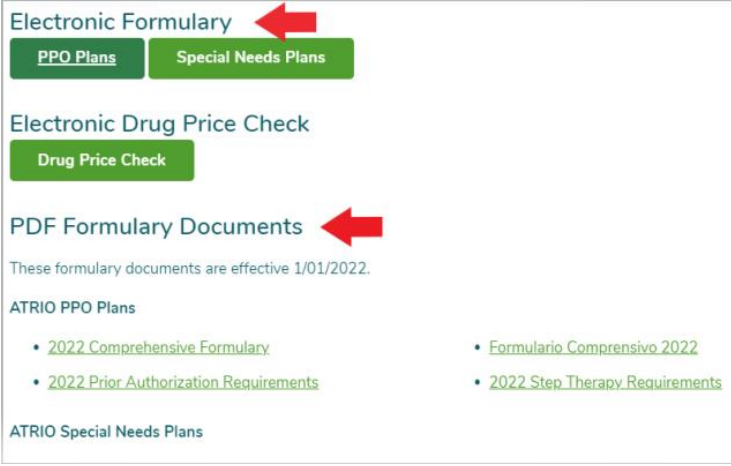
[Find a Drug | ATRIO Health Plans - Nevada \(atriohp.com\)](#)


[Find a Drug | ATRIO Health Plans - Louisiana \(atriohp.com\)](#)

b. Option 1 - Electronic Formulary

Option 2 – PDF Formulary Documents

- Oregon Only – select
 - PPO Plans or Special Needs Plans (SNP) **or**
 - Choose from PDF Formulary Documents section




Electronic Formulary 

PPO Plans Special Needs Plans

Electronic Drug Price Check

Drug Price Check

PDF Formulary Documents 

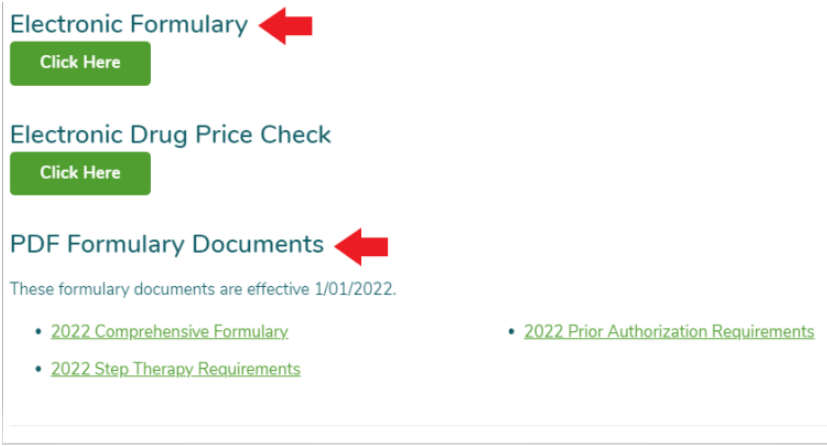
These formulary documents are effective 1/01/2022.


ATRIO PPO Plans

- [2022 Comprehensive Formulary](#)
- [Formulario Comprensivo 2022](#)
- [2022 Prior Authorization Requirements](#)
- [2022 Step Therapy Requirements](#)

ATRIO Special Needs Plans

- Tennessee, Nevada, Louisiana – select
 - [Click Here](#) **or**
 - Choose from PDF Formulary Documents section




Electronic Formulary 

[Click Here](#)

Electronic Drug Price Check

[Click Here](#)

PDF Formulary Documents 

These formulary documents are effective 1/01/2022.

- [2022 Comprehensive Formulary](#)
- [2022 Prior Authorization Requirements](#)
- [2022 Step Therapy Requirements](#)

Step 2 – Determine the Cost

Option 1 – MedImpact Cost Tool

- a. Click the appropriate market using the links above in Step 1a
- b. Select Drug Price Check

Electronic Formulary

PPO Plans
Special Needs Plans

Electronic Drug Price Check

Drug Price Check
←

PDF Formulary Documents

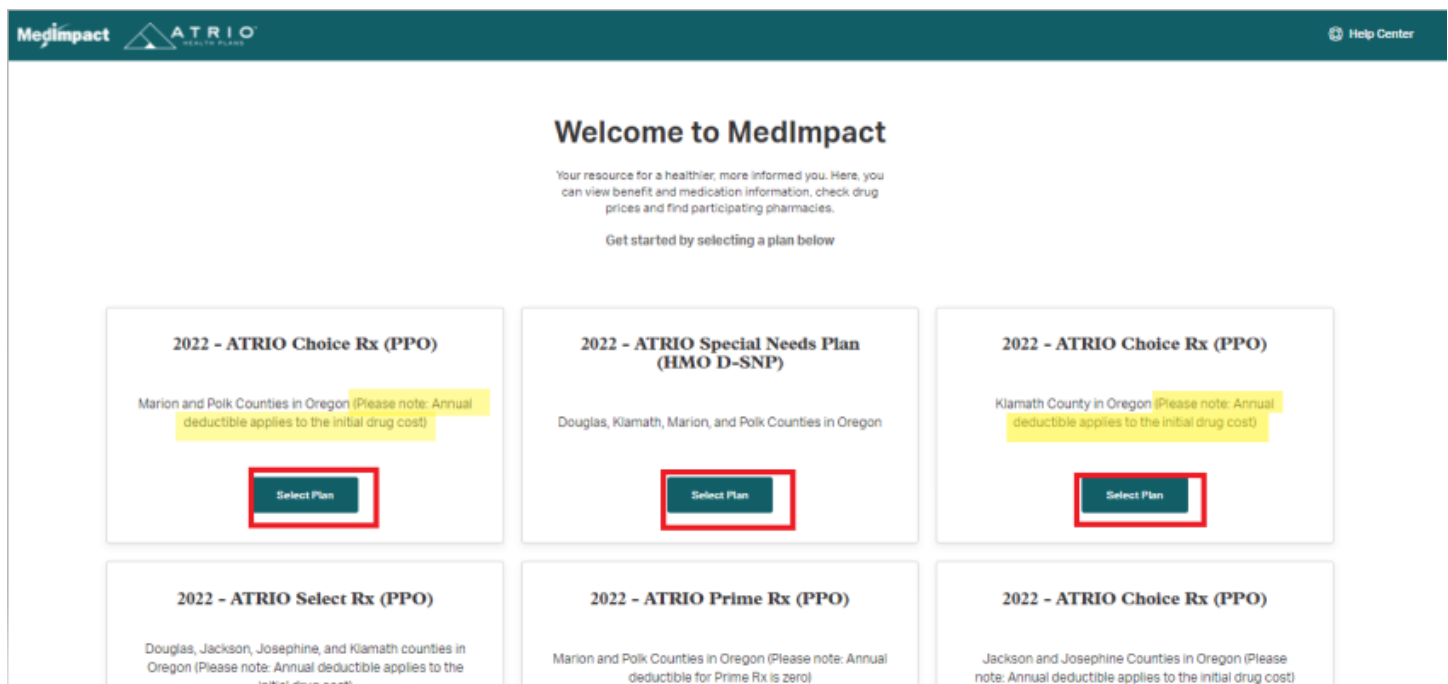
These formulary documents are effective 1/01/2022.

ATRIO PPO Plans

- [2022 Comprehensive Formulary](#)
- [Formulario Comprensivo 2022](#)
- [2022 Prior Authorization Requirements](#)
- [2022 Step Therapy Requirements](#)

- c. In the MedImpact portal, select the appropriate plan (e.g. Choice, Select, Prime)

Note: Medimpact has added disclaimers that identifies “Deductible” if applicable for the specific plan. See highlighted sections in screenshot below.



The screenshot shows the MedImpact portal interface. At the top, there are logos for MedImpact and ATRIO HEALTH PLANS, and a Help Center link. The main heading is "Welcome to MedImpact". Below this, there is a brief introduction and a prompt to "Get started by selecting a plan below".

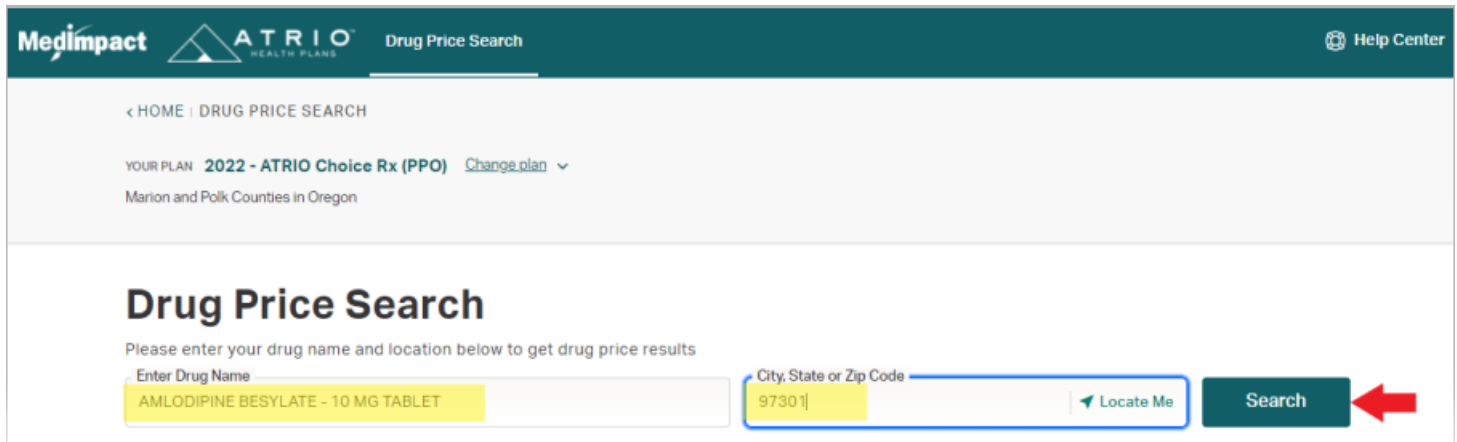
There are six plan cards displayed in a 2x3 grid:

- 2022 - ATRIO Choice Rx (PPO)**: Marion and Polk Counties in Oregon. Note: Annual deductible applies to the initial drug cost. (Yellow highlight)
- 2022 - ATRIO Special Needs Plan (HMO D-SNP)**: Douglas, Klamath, Marion, and Polk Counties in Oregon.
- 2022 - ATRIO Choice Rx (PPO)**: Klamath County in Oregon. Note: Annual deductible applies to the initial drug cost. (Yellow highlight)
- 2022 - ATRIO Select Rx (PPO)**: Douglas, Jackson, Josephine, and Klamath counties in Oregon. Note: Annual deductible applies to the initial drug cost.
- 2022 - ATRIO Prime Rx (PPO)**: Marion and Polk Counties in Oregon. Note: Annual deductible for Prime Rx is zero.
- 2022 - ATRIO Choice Rx (PPO)**: Jackson and Josephine Counties in Oregon. Note: Annual deductible applies to the initial drug cost.

Each card has a "Select Plan" button highlighted with a red box.

**Prime and DSNP plan options – Oregon only*

d. Type Drug Name & City, State or Zip Code (of the prospect/member)



MedImpact ATRIO HEALTH PLANS Drug Price Search Help Center

< HOME | DRUG PRICE SEARCH

YOUR PLAN 2022 - ATRIO Choice Rx (PPO) [Change plan](#) ▼

Marion and Polk Counties in Oregon

Drug Price Search

Please enter your drug name and location below to get drug price results

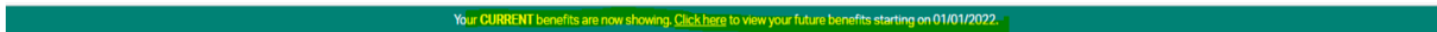
Enter Drug Name: AMLODIPINE BESYLATE - 10 MG TABLET

City, State or Zip Code: 97301

Locate Me Search

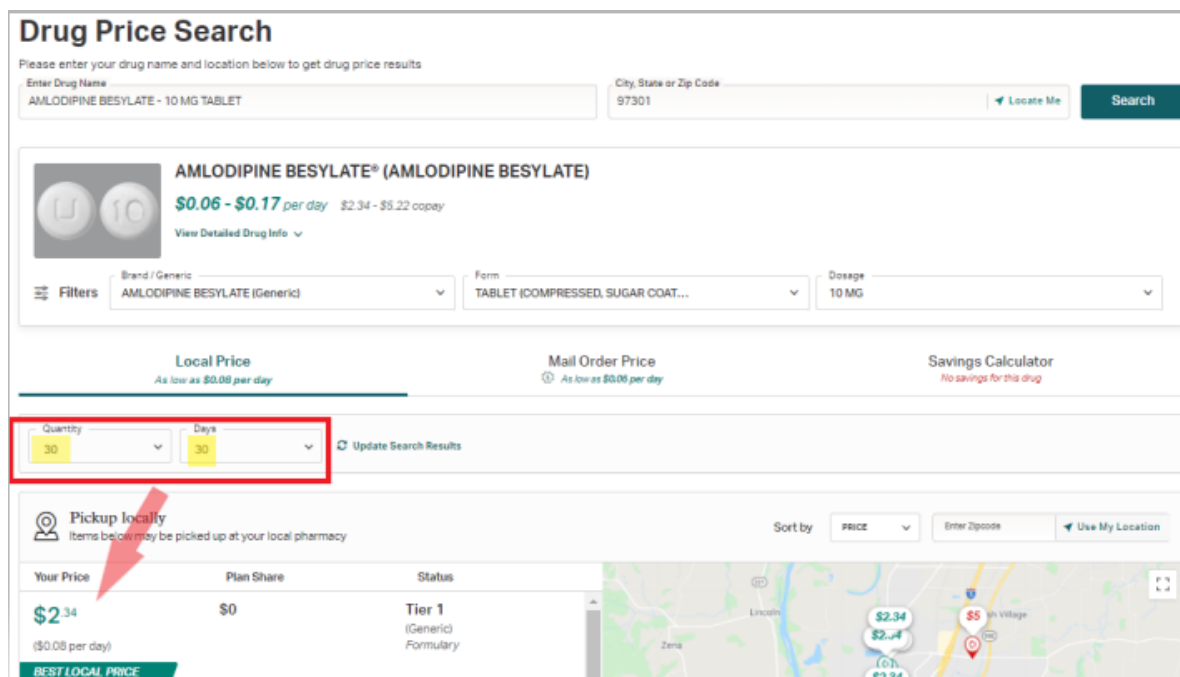
Example - generic amlodipine (tier 1 but cost less than \$5 per month)

e. Click the top bar to view 2022 (Note: If applicable. Most markets will default to the 2022 benefits)



f. Pay attention to drug strength, quantity/day supply → cost is based on this

Note: confirm the correct Quantity and Days are selected for the member - some drugs may default to twice daily



Drug Price Search

Please enter your drug name and location below to get drug price results

Enter Drug Name: AMLODIPINE BESYLATE - 10 MG TABLET

City, State or Zip Code: 97301

Locate Me Search

AMLODIPINE BESYLATE® (AMLODIPINE BESYLATE)

\$0.06 - \$0.17 per day \$2.34 - \$5.22 copay

View Detailed Drug Info ▼

Filters: Brand / Generic: AMLODIPINE BESYLATE (Generic) Form: TABLET (COMPRESSED, SUGAR COAT... Dosage: 10 MG

Local Price: As low as \$0.08 per day

Mail Order Price: As low as \$0.08 per day

Savings Calculator: No savings for this drug

Quantity: 30 Days: 30 Update Search Results

Pickup locally: Items below may be picked up at your local pharmacy

Sort by: PRICE Enter Zipcode Use My Location

Your Price	Plan Share	Status
\$2.34 (\$0.08 per day)	\$0	Tier 1 (Generic) Formulary

BEST LOCAL PRICE

- Understanding deductibles and copays → cost is included in the Your Price

Example: A tier 3 drug priced at \$40 would show \$240, which includes a \$200 deductible (varies by plan)

Example: ATRIO Prime Rx (PPO) Oregon, Marion & Polk counties – no deductible

Example: Tier 6 drug - \$0 copay (assume if there is no deductible for the plan)

Example: If a tier 2 drug copay is \$20, but the medication cost less than that, member would only pay the cost of the medication

Example: If medication is \$5 and the deductible is \$200, member would only pay the \$5

Option 2 – CMS Cost Tool

- a. Click [Medicare.gov | Plan Compare](#)
- b. Select Continue without logging in



- c. Select Medicare Advantage Plan & enter Zip Code (of prospect/member)

Medicare.gov

i You're viewing 2022 plans. [Show me 2021 plans.](#)

Answer a few quick questions

What type of 2022 coverage are you looking for?

We'll show you 2022 plans. If you want a plan that starts before January 1, [view 2021 plans.](#)

Medicare Advantage Plan

Bundles all Medicare health benefits (with or without drug coverage) plus extra services - like vision, hearing, dental, and more.

- Drug plan (Part D)
- Drug plan (Part D) + Medigap policy
- Medigap policy only
- I want to learn more about Medicare options before I see plans

ENTER YOUR ZIP CODE

d. Select I don't get help from any of these programs

ENTER YOUR ZIP CODE

37203

Continue

Select your county

37203, Davidson, TN

Do you get help with your costs from one of these programs?

- Medicaid
- Supplemental Security Income
- Medicare Savings Program
- Extra Help from Social Security
- I'm not sure
- I don't get help from any of these programs

Next

e. Select Yes to compare

 You're viewing 2022 plans. [Show me 2021 plans.](#)

Tell us your search preferences

Do you want to see your drug costs when you compare plans?

Yes

Great!

To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take regularly.

No

Next

f. Type a drug you want to search (e.g. lisinopril), then select Add Drug

Medicare.gov

i You're viewing 2022 plans. [Show me 2021 plans.](#)

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

lisinopril

[Clear search](#)

[Browse drugs A-Z](#) [Can't find your drug?](#)

Done Adding Drugs

See Plans Without Drug Costs

g. Pay attention to the following

- strength (mg), tablet vs capsule or package size (pen vs vial)
- generic vs brand – some brands may be preferred for formulary due to contract
- quantity/month – some default to BID (twice a day), which may not be accurate

Tell us about this drug

Lisinopril

DOSAGE
10mg tablet

QUANTITY
30

FREQUENCY
Every month

h. Select Add Another Drug if needed. Otherwise, confirm drug list is correct, select Done Adding Drugs

Confirm your drug list

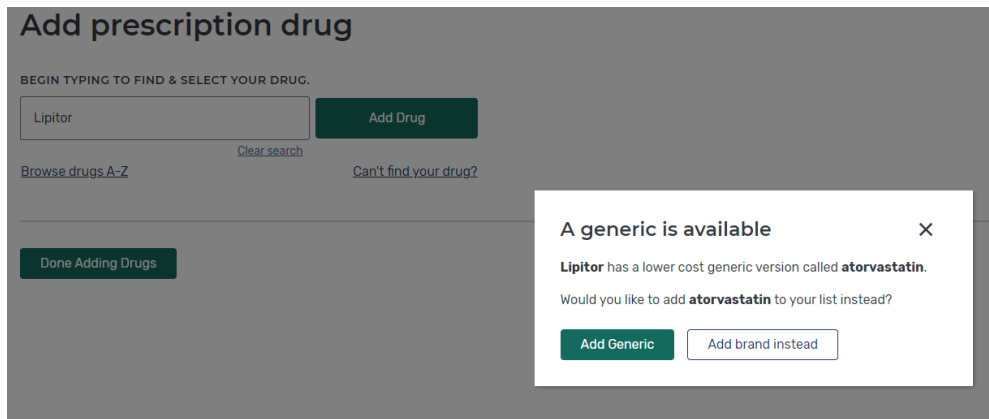
Drug	Quantity	Frequency
Lisinopril 10mg tablet generic	30	Every month
Remove drug		Edit drug

Done Adding Drugs

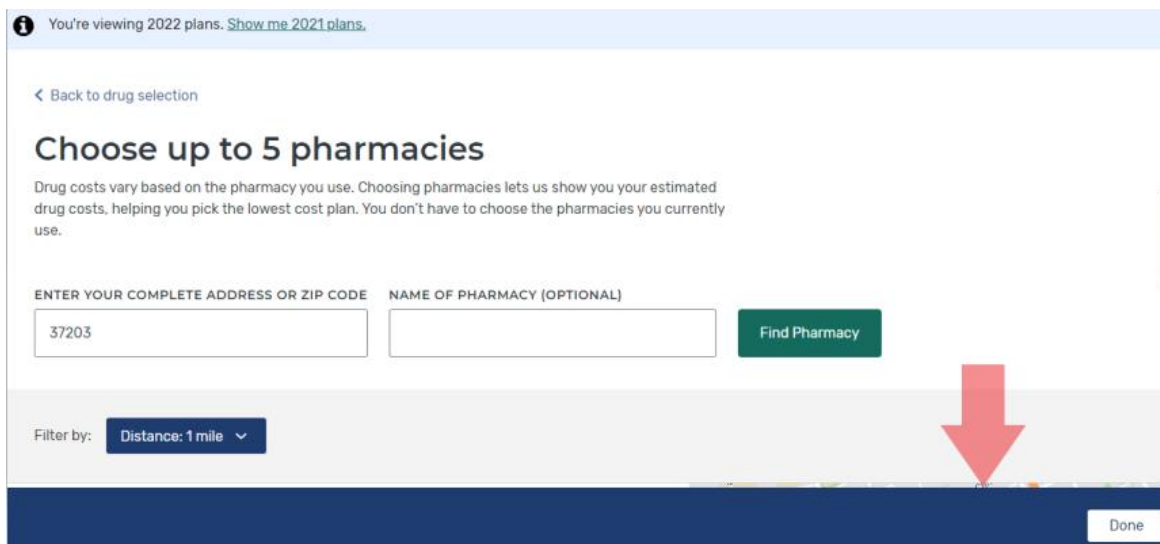
Confirm your drug list

Atorvastatin 40mg tablet generic	Quantity 30	Frequency Every month
Remove drug		Edit drug
Lantus 100unit/ml solution pen injector	Package Type .8ml pen (sold in pack of 5)	Quantity 1 Frequency Every month
Remove drug		Edit drug
Lisinopril 10mg tablet generic	Quantity 30	Frequency Every month
Remove drug		Edit drug
Metformin hydrochloride 500mg tablet generic	Quantity 90	Frequency Every month
Remove drug		Edit drug

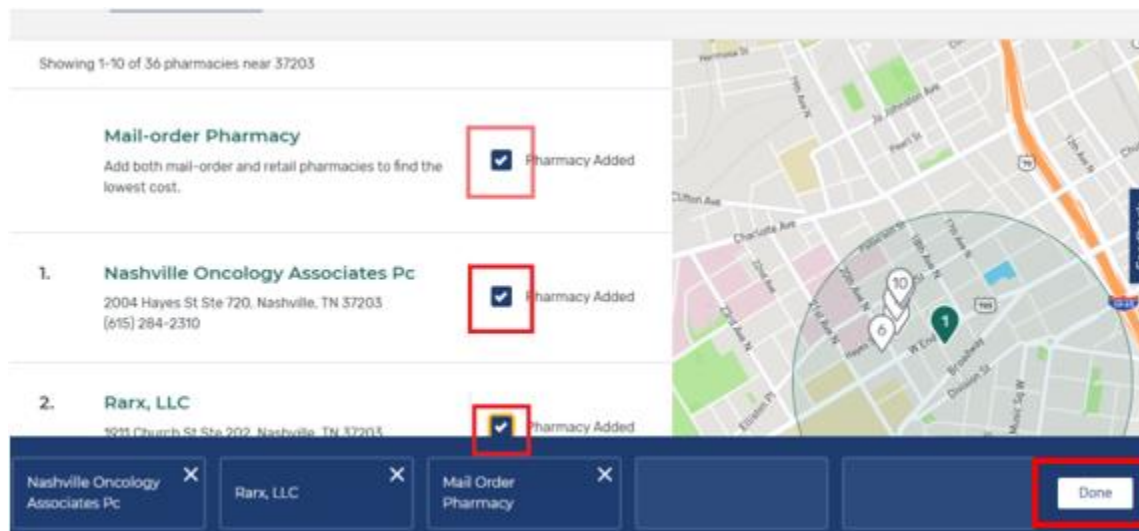
- i. You may receive a popup box for the availability of a generic drug. Select the appropriate option (Add Generic or Add brand instead) based on the needs of the prospect/member.



- j. Choose up to 5 pharmacies to compare drug cost by scrolling down. You can also filter by distance, if needed.



- k. Select the checkboxes next to each pharmacy you want to compare (max. 5). When finished, select Done



I. From here, you will see the available plan options. View additional details in the figure below on where to see yearly drug and premium cost, sorting options and viewing a detailed list of the drugs covered by the plan

Showing 10 of 24 Medicare Advantage Plans

ATRIO Choice Rx (PPO)
 ATRIO Health Plans | Plan ID: H7006-012-0
 Star rating: ★★★★★

MONTHLY PREMIUM
\$0.00 Includes: Health & drug coverage
 Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST
\$161.47 Retail pharmacy; Estimated total drug + premium cost
 Doesn't include: Health costs

OTHER COSTS
 \$0 Health deductible
 \$0.00 Drug deductible
 \$10,000 In and Out-of-network Maximum you pay for health services
 \$5,900 In-network

PLAN BENEFITS
 ✓ Vision
 ✓ Dental
 ✓ Hearing
 ✗ Transportation
 ✓ Fitness benefits
 ✓ Worldwide emergency
 ✗ Telehealth
 See more benefits ▾

COPAYS/COINSURANCE
 Primary doctor: \$0 copay
 Specialist: \$30 copay per visit

DRUGS
 ✓ Includes drug coverage
[View drugs & their costs](#)

Example below of CVS, Walgreens and Mail Order comparison for the previously completed drug list. You will see the total yearly drug cost, broken down by each drug.

YEARLY DRUG COSTS BY PHARMACY
 Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. [Can my drug costs change by pharmacy?](#)

	CVS Pharmacy #07608 ✓ Standard in-network pharmacy	Walgreens #9778 ✓ Standard in-network pharmacy	Mail Order Pharmacy ✓ Standard in-network pharmacy
Atorvastatin 40mg tablet	\$1.19	\$1.19	\$0.00
Lantus 100unit/ml solution pen injector	\$159.09	\$159.09	\$56.37
Lisinopril 10mg tablet	\$0.51	\$0.51	\$0.00
Metformin hydrochloride 500mg tablet	\$0.68	\$0.68	\$0.00
Total yearly drug cost	\$161.47	\$161.47	\$56.37

You will also see when the prospect/member will enter the coverage gap (donut hole), if applicable.

ESTIMATED TOTAL DRUG + PREMIUM COST

	CVS Pharmacy #07608 ✓ Standard in-network pharmacy	Walgreens #9778 ✓ Standard in-network pharmacy	Mail Order Pharmacy ✓ Standard in-network pharmacy
Total yearly drug + premium cost	\$161.47	\$161.47	\$56.37
When you'll enter the coverage gap ▾	November 2022	November 2022	October 2022
When you'll get out of the coverage gap	You won't get out of the coverage gap in 2022	You won't get out of the coverage gap in 2022	You won't get out of the coverage gap in 2022

	CVS Pharmacy #07608 ✓ Standard in-network pharmacy	Walgreens #9778 ✓ Standard in-network pharmacy	Mail Order Pharmacy ✓ Standard in-network pharmacy
January	\$0.00	\$0.00	\$0.00
February	\$0.00	\$0.00	-
March	\$0.00	\$0.00	-
April	\$0.00	\$0.00	\$0.00
May	\$0.00	\$0.00	-
June	\$0.00	\$0.00	-
July	\$0.00	\$0.00	\$0.00
August	\$0.00	\$0.00	-
September	\$0.00	\$0.00	-
October	\$0.00	\$0.00	\$56.37
November	\$55.72	\$55.72	-
December	\$105.75	\$105.75	-

Here we show an example of removing the insulin, which stops the member from experiencing coverage gap (donut hole)

YEARLY DRUG COSTS BY PHARMACY			
Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. Can my drug costs change by pharmacy?			
	CVS Pharmacy #07608 ✓ Standard in-network pharmacy	Walgreens #9778 ✓ Standard in-network pharmacy	Mail Order Pharmacy ✓ Standard in-network pharmacy
they are all tier 6 drugs			
Atorvastatin 40mg tablet	\$0.00	\$0.00	\$0.00
Lisinopril 10mg tablet	\$0.00	\$0.00	\$0.00
Metformin hydrochloride 500mg tablet	\$0.00	\$0.00	\$0.00
Total yearly drug cost	\$0.00	\$0.00	\$0.00
ESTIMATED TOTAL DRUG + PREMIUM COST			
	CVS Pharmacy #07608 ✓ Standard in-network pharmacy	Walgreens #9778 ✓ Standard in-network pharmacy	Mail Order Pharmacy ✓ Standard in-network pharmacy
Total yearly drug + premium cost	\$0.00	\$0.00	\$0.00
When you'll enter the coverage gap ▾	You won't enter the coverage gap in 2022	You won't enter the coverage gap in 2022	You won't enter the coverage gap in 2022

→ [medicare.gov/plan-compare/#/plan-details/2022-H7006-007-0?plan_type=PLAN_TYPE_MAPD&fips=41047&zip=97301&year=2022&lang=en&page=1#drug-coverage](https://www.medicare.gov/plan-compare/#/plan-details/2022-H7006-007-0?plan_type=PLAN_TYPE_MAPD&fips=41047&zip=97301&year=2022&lang=en&page=1#drug-coverage)

Overview Benefits & Costs **Drug Coverage** Extra Benefits Star Ratings

YEARLY DRUG COSTS BY PHARMACY				
Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. Can my drug costs change by pharmacy?				
	Safeway Pharmacy #1629 ✓ Standard in-network pharmacy	CVS Pharmacy #16154 ✓ Standard in-network pharmacy	Walgreens #11632 ✓ Standard in-network pharmacy	Mail Order Pharmacy ✓ Standard in-network pharmacy
Glipizide 10mg tablet	\$0.00	\$0.00	\$0.00	\$0.00
Lisinopril 10mg tablet	\$0.00	\$0.00	\$0.00	\$0.00
Metformin hydrochloride 500mg tablet	\$0.00	\$0.00	\$0.00	\$0.00
Pravastatin sodium 20mg tablet	\$0.00	\$0.00	\$0.00	\$0.00
Total yearly drug cost	\$0.00	\$0.00	\$0.00	\$0.00
ESTIMATED TOTAL DRUG + PREMIUM COST				

m. Repeat steps as necessary to ensure prospect/member is taking the best advantage of benefits for their selected drugs

Prescription Drug Benefits by Market

Oregon

Marion/Polk

MARION/POLK	Contract Number	Contract Number	Contract Number
	H7006-007-000	H7006-003-000	H7006-001-000
	2022 Plan Name	2022 Plan Name	2022 Plan Name
SNP - H5995-001-000	ATRIO Choice RX (PPO)	ATRIO Select RX (PPO)	ATRIO Prime RX (PPO)
Medicare Part B Rx - IN	20% of the cost	20% of the cost	20% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost	50% of the cost
Medicare Part B Rx - IN	20% of the cost	20% of the cost	20% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost	50% of the cost
Part D deductible	\$275	\$200	\$0
Deductible: Applies to tiers	3,4,5	3,4,5	3,4,5
Rx out-of-pocket max	\$6,550	\$6,550	\$6,550
Retail 30-day tier 1	\$5	\$5	\$4
Retail 30-day tier 2	\$20 copay	\$15 copay	\$10 copay
Retail 30-day tier 3	\$45 copay	\$40 copay	\$35 copay
Retail 30-day tier 4	\$95 copay	\$85 copay	\$75 copay
Retail 30-day tier 5	28% of the cost	29% of the cost	33% of the cost
Retail 30-day tier 6	\$0 copay	\$0 copay	\$0 copay
Mail 90-day tier 1	\$10	\$10	\$8 copay
Mail 90-day tier 2	\$40 copay	\$30 copay	\$20 copay
Mail 90-day tier 3	\$90 copay	\$80 copay	\$70 copay
Mail 90-day tier 4	\$190 copay	\$170 copay	\$150 copay
Mail 90-day tier 5	Not Available	Not Available	Not Available
Mail 90-day tier 6	\$0 copay	\$0 copay	\$0 copay
LTC 31-day tier 1	\$5	\$5	\$4 copay
LTC 31-day tier 2	\$20 copay	\$15 copay	\$10 copay
LTC 31-day tier 3	\$45 copay	\$40 copay	\$35 copay
LTC 31-day tier 4	\$95 copay	\$85 copay	\$75 copay
LTC 31-day tier 5	28% of the cost	29% of the cost	33% of the cost
LTC 31-day tier 6	\$0 copay	\$0 copay	\$0 copay

Douglas

DOUGLAS	Contract Number	Contract Number	Contract Number
	H6743-007-000	H6743-020-002	H6743-021-002
	2022 Plan Name	2022 Plan Name	2022 Plan Name
SNP - H3814-007-000	ATRIO Choice RX (PPO)	ATRIO Select RX (PPO)	ATRIO Prime RX (PPO)
Medicare Part B Rx - IN	20% of the cost	20% of the cost	15% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost	50% of the cost
Medicare Part B Rx - IN	20% of the cost	20% of the cost	15% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost	50% of the cost
Part D deductible	\$150	\$200	\$0
Deductible: Applies to tiers	3,4,5	3,4,5	3,4,5
Rx out-of-pocket max	\$6,550	\$6,550	\$6,550
Retail 30-day tier 1	\$5	\$5	\$4 copay
Retail 30-day tier 2	\$20 copay	\$15 copay	\$10 copay
Retail 30-day tier 3	\$45 copay	\$40 copay	\$35 copay
Retail 30-day tier 4	\$95 copay	\$85 copay	\$75 copay
Retail 30-day tier 5	30% of the cost	29% of the cost	33% of the cost
Retail 30-day tier 6	\$0 copay	\$0 copay	\$0 copay
Mail 90-day tier 1	\$10	\$10	\$8 copay
Mail 90-day tier 2	\$40 copay	\$30 copay	\$20 copay
Mail 90-day tier 3	\$90 copay	\$80 copay	\$70 copay
Mail 90-day tier 4	\$190 copay	\$170 copay	\$150 copay
Mail 90-day tier 5	Not Available	Not Available	Not Available
Mail 90-day tier 6	\$0 copay	\$0 copay	\$0 copay
LTC 31-day tier 1	\$5	\$5	\$4 copay
LTC 31-day tier 2	\$20 copay	\$15 copay	\$10 copay
LTC 31-day tier 3	\$45 copay	\$40 copay	\$35 copay
LTC 31-day tier 4	\$95 copay	\$85 copay	\$75 copay
LTC 31-day tier 5	30% of the cost	29% of the cost	33% of the cost
LTC 31-day tier 6	\$0 copay	\$0 copay	\$0 copay

Josephine

JOSEPHINE	Contract Number	Contract Number
	H6743-018-003	H6743-020-003
	2022 Plan Name	2022 Plan Name
SNP - No	ATRIO Choice RX (PPO)	ATRIO Select RX (PPO)
Medicare Part B Rx - IN	20% of the cost	20% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost
Medicare Part B Rx - IN	20% of the cost	20% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost
Part D deductible	\$275	\$200
Deductible: Applies to tiers	3,4,5	3,4,5
Rx out-of-pocket max	\$6,550	\$6,550
Retail 30-day tier 1	\$5	\$5
Retail 30-day tier 2	\$20 copay	\$15 copay
Retail 30-day tier 3	\$45 copay	\$40 copay
Retail 30-day tier 4	\$95 copay	\$85 copay
Retail 30-day tier 5	28% of the cost	29% of the cost
Retail 30-day tier 6	\$0 copay	\$0 copay
Mail 90-day tier 1	\$20 copay	\$12 copay
Mail 90-day tier 2	\$40 copay	\$30 copay
Mail 90-day tier 3	\$90 copay	\$80 copay
Mail 90-day tier 4	\$190 copay	\$170 copay
Mail 90-day tier 5	Not Available	Not Available
Mail 90-day tier 6	\$0 copay	\$0 copay
LTC 31-day tier 1	\$5	\$5
LTC 31-day tier 2	\$20 copay	\$15 copay
LTC 31-day tier 3	\$45 copay	\$40 copay
LTC 31-day tier 4	\$95 copay	\$85 copay
LTC 31-day tier 5	28% of the cost	29% of the cost
LTC 31-day tier 6	\$0 copay	\$0 copay

Jackson

JACKSON	Contract Number	Contract Number
	H6743-018-001	H6743-020-001
	2022 Plan Name	2022 Plan Name
SNP - No	ATRIO Choice RX (PPO)	ATRIO Select RX (PPO)
Medicare Part B Rx - IN	20% of the cost	20% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost
Medicare Part B Rx - IN	20% of the cost	20% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost
Part D deductible	\$275	\$200
Deductible: Applies to tiers	3,4,5	3,4,5
Rx out-of-pocket max	\$6,550	\$6,550
Retail 30-day tier 1	\$5	\$5
Retail 30-day tier 2	\$20 copay	\$15 copay
Retail 30-day tier 3	\$45 copay	\$40 copay
Retail 30-day tier 4	\$95 copay	\$85 copay
Retail 30-day tier 5	28% of the cost	29% of the cost
Retail 30-day tier 6	\$0 copay	\$0 copay
Mail 90-day tier 1	\$10	\$10
Mail 90-day tier 2	\$40 copay	\$30 copay
Mail 90-day tier 3	\$90 copay	\$80 copay
Mail 90-day tier 4	\$190 copay	\$170 copay
Mail 90-day tier 5	Not Available	Not Available
Mail 90-day tier 6	\$0 copay	\$0 copay
LTC 31-day tier 1	\$5	\$5
LTC 31-day tier 2	\$20 copay	\$15 copay
LTC 31-day tier 3	\$45 copay	\$40 copay
LTC 31-day tier 4	\$95 copay	\$85 copay
LTC 31-day tier 5	28% of the cost	29% of the cost
LTC 31-day tier 6	\$0 copay	\$0 copay

Klamath

KLAMATH	Contract Number	Contract Number	Contract Number
	H6743-001-000	H6743-020-004	H6743-021-004
	2022 Plan Name	2022 Plan Name	2022 Plan Name
SNP - H3814-007-000	ATRIO Choice RX (PPO)	ATRIO Select RX (PPO)	ATRIO Prime RX (PPO)
Medicare Part B Rx - IN	20% of the cost	20% of the cost	15% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost	50% of the cost
Medicare Part B Rx - IN	20% of the cost	20% of the cost	15% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost	50% of the cost
Part D deductible	\$250	\$200	\$0
Deductible: Applies to tiers	3,4,5	3,4,5	3,4,5
Rx out-of-pocket max	\$6,550	\$6,550	\$6,550
Retail 30-day tier 1	\$5	\$5	\$4
Retail 30-day tier 2	\$20 copay	\$15 copay	\$10 copay
Retail 30-day tier 3	\$45 copay	\$40 copay	\$35 copay
Retail 30-day tier 4	\$95 copay	\$85 copay	\$75 copay
Retail 30-day tier 5	28% of the cost	29% of the cost	33% of the cost
Retail 30-day tier 6	\$0 copay	\$0 copay	\$0 copay
Mail 90-day tier 1	\$10	\$10	\$8 copay
Mail 90-day tier 2	\$40 copay	\$30 copay	\$20 copay
Mail 90-day tier 3	\$90 copay	\$80 copay	\$70 copay
Mail 90-day tier 4	\$190 copay	\$170 copay	\$150 copay
Mail 90-day tier 5	Not Available	Not Available	Not Available
Mail 90-day tier 6	\$0 copay	\$0 copay	\$0 copay
LTC 31-day tier 1	\$5 copay	\$5 copay	\$4 copay
LTC 31-day tier 2	\$20 copay	\$15 copay	\$10 copay
LTC 31-day tier 3	\$45 copay	\$40 copay	\$35 copay
LTC 31-day tier 4	\$95 copay	\$85 copay	\$75 copay
LTC 31-day tier 5	28% of the cost	29% of the cost	33% of the cost
LTC 31-day tier 6	\$0 copay	\$0 copay	\$0 copay

Tennessee

Tennessee	Contract Number	Contract Number
	H7006-012-0	H7006-013-0
	2022 Plan Name	2022 Plan Name
SNP - No	ATRIO Choice RX	ATRIO Select RX (PPO)
Medicare Part B Rx - IN	20% of the cost	20% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost
Medicare Part B Rx - IN	20% of the cost	20% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost
Part D deductible	0	0
Deductible: Applies to tiers		
Rx out-of-pocket max	\$6,550	\$6,550
Retail 30-day tier 1	\$5	\$5
Retail 30-day tier 2	\$20 copay	\$20 copay
Retail 30-day tier 3	\$45 copay	\$45 copay
Retail 30-day tier 4	\$95 copay	\$95 copay
Retail 30-day tier 5	33%	33%
Retail 30-day tier 6	\$0 copay	\$0 copay
Mail 90-day tier 1	\$10	\$10
Mail 90-day tier 2	\$40 copay	\$40 copay
Mail 90-day tier 3	\$90 copay	\$90 copay
Mail 90-day tier 4	\$190 copay	\$190 copay
Mail 90-day tier 5	Not Available	Not Available
Mail 90-day tier 6	\$0 copay	\$0 copay
LTC 31-day tier 1	\$5	\$5
LTC 31-day tier 2	\$20 copay	\$20 copay
LTC 31-day tier 3	\$45 copay	\$45 copay
LTC 31-day tier 4	\$95 copay	\$95 copay
LTC 31-day tier 5	33%	33%
LTC 31-day tier 6	\$0 copay	\$0 copay

Nevada

Nevada	Contract Number	Contract Number
	H7006-010-0	H7006-011-0
	2022 Plan Name	2022 Plan Name
SNP - No	Saint Mary's ATRIO Choice RX	Saint Mary's ATRIO Select RX (PPO)
Medicare Part B Rx - IN	20% of the cost	20% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost
Medicare Part B Rx - IN	20% of the cost	20% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost
Part D deductible	0	0
Deductible: Applies to tiers		
Rx out-of-pocket max	\$6,550	\$6,550
Retail 30-day tier 1	\$5	\$5
Retail 30-day tier 2	\$20 copay	\$20 copay
Retail 30-day tier 3	\$45 copay	\$45 copay
Retail 30-day tier 4	\$95 copay	\$95 copay
Retail 30-day tier 5	33%	33%
Retail 30-day tier 6	\$0 copay	\$0 copay
Mail 90-day tier 1	\$10	\$10
Mail 90-day tier 2	\$40 copay	\$40 copay
Mail 90-day tier 3	\$90 copay	\$90 copay
Mail 90-day tier 4	\$190 copay	\$190 copay
Mail 90-day tier 5	Not Available	Not Available
Mail 90-day tier 6	\$0 copay	\$0 copay
LTC 31-day tier 1	\$5	\$5
LTC 31-day tier 2	\$20 copay	\$20 copay
LTC 31-day tier 3	\$45 copay	\$45 copay
LTC 31-day tier 4	\$95 copay	\$95 copay
LTC 31-day tier 5	33%	33%
LTC 31-day tier 6	\$0 copay	\$0 copay

Louisiana

Louisiana	Contract Number	Contract Number
	H7006-008-0	H7006-009-0
	2022 Plan Name	2022 Plan Name
SNP - No	ATRIO Choice RX	ATRIO Select RX (PPO)
Medicare Part B Rx - IN	20% of the cost	20% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost
Medicare Part B Rx - IN	20% of the cost	20% of the cost
Medicare Part B Rx - OON	50% of the cost	50% of the cost
Part D deductible	0	0
Deductible: Applies to tiers		
Rx out-of-pocket max	\$6,550	\$6,550
Retail 30-day tier 1	\$5	\$5
Retail 30-day tier 2	\$20 copay	\$20 copay
Retail 30-day tier 3	\$45 copay	\$45 copay
Retail 30-day tier 4	\$95 copay	\$95 copay
Retail 30-day tier 5	33%	33%
Retail 30-day tier 6	\$0 copay	\$0 copay
Mail 90-day tier 1	\$10	\$10
Mail 90-day tier 2	\$40 copay	\$40 copay
Mail 90-day tier 3	\$90 copay	\$90 copay
Mail 90-day tier 4	\$190 copay	\$190 copay
Mail 90-day tier 5	Not Available	Not Available
Mail 90-day tier 6	\$0 copay	\$0 copay
LTC 31-day tier 1	\$5	\$5
LTC 31-day tier 2	\$20 copay	\$20 copay
LTC 31-day tier 3	\$45 copay	\$45 copay
LTC 31-day tier 4	\$95 copay	\$95 copay
LTC 31-day tier 5	33%	33%
LTC 31-day tier 6	\$0 copay	\$0 copay