

2025 Benefits at a Glance

ATRIO Health Plans Medicare Advantage Plans

ATRIO Choice Rx (PPO), ATRIO Prime Rx (PPO), ATRIO Prime Rx (HMO)



Marion and Polk Counties, OR

Medical Benefits

Plan Costs	ATRIO Choice Rx (PPO) H7006-007		ATRIO Prime Rx (PPO) H7006-003		ATRIO Prime Rx (HMO) H5995-004
Monthly plan premium	\$0		\$96		\$0
Plan deductible	\$0		\$0		\$0
Annual out-of-pocket maximum*	\$6,750 In-network	\$8,500 Combined (In and Out-of-network)	\$4,150 In-network	\$5,700 Combined (In and Out-of-network)	\$4,500 In-network

Doctor Office Visits	In-network	Out-of-network	In-network	Out-of-network	In-network
Primary care provider (PCP)	\$0 copay	\$50 copay	\$0 copay	\$30 copay	\$0 copay
Specialist	\$40 copay	\$65 copay	\$25 copay	\$50 copay	\$40 copay
Telehealth (if provider offers Telehealth)	PCP: \$0 copay Specialist: \$40 copay	PCP: \$50 copay Specialist: \$65 copay	PCP: \$0 copay Specialist: \$25 copay	PCP: \$30 copay Specialist: \$50 copay	PCP: \$0 copay Specialist: \$40 copay

Inpatient Care	In-network	Out-of-network	In-network	Out-of-network	In-network
Inpatient hospital care	\$425 per day, 1-5 \$0 per day, 6+	\$550 per day, 1-5 \$0 per day, 6-90	\$345 per day, 1-8 \$0 per day, 9+	\$450 per day, 1-8 \$0 per day, 9-90	\$350 per day, 1-5 \$0 per day, 6+
Skilled nursing facility (SNF)	\$10 per day, 1-20 \$150 per day, 21-100	\$200 per day, 1-100	\$0 per day, 1-20 \$125 per day, 21-100	\$125 per day, 1-100	\$10 per day, 1-20 \$203 per day, 21-100

Outpatient Care	In-network	Out-of-network	In-network	Out-of-network	In-network
Outpatient hospital	\$425 copay	\$550 copay	\$290 copay	\$395 copay	\$350 copay
Ambulatory surgery center	\$225 copay	\$325 copay	\$225 copay	\$225 copay	\$225 copay
Home health care	\$0 copay	50% of total cost	\$0 copay	50% of total cost	\$0 copay
Diabetic supplies	\$0 copay	50% of total cost	\$0 copay	50% of total cost	\$0 copay
Durable medical equipment	0% - 20% of total cost	50% of total cost	0% - 20% of total cost	30% of total cost	0% - 20% of total cost

	ATRIO Choice Rx (PPO) H7006-007		ATRIO Prime Rx (PPO) H7006-003		ATRIO Prime Rx (HMO) H5995-004
Labs & Tests	In-network	Out-of-network	In-network	Out-of-network	In-network
Laboratory tests	\$0 copay	\$20 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic imaging (MRI/CT/PET)	\$0 - \$150 copay	30% of total cost	\$0 - \$100 copay	30% of total cost	0% - 20% of total cost
X-rays	\$15 copay	\$20 copay	\$15 copay	\$15 copay	\$20 copay
Emergency Services					
Ambulance (air & ground)	\$250 copay		\$295 copay		\$300 copay
Emergency room**	\$125 copay		\$140 copay		\$120 copay
Urgently needed care	\$55 copay		\$65 copay		\$55 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) H7006-007	ATRIO Prime Rx (PPO) H7006-003	ATRIO Prime Rx (HMO) H5995-004
Annual physical exam	\$0 copay 1 per calendar year	\$0 copay 1 per calendar year	\$0 copay
Routine chiropractic, acupuncture, and naturopathic services	\$200 allowance every six months [†] , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$400 annual allowance)	\$200 allowance every six months [†] , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$400 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	\$225 allowance every six months [†] , loaded to your Flex Card, for gym membership fees and fitness classes (\$450 annual allowance)	\$200 allowance every six months [†] , loaded to your Flex Card, for gym membership fees and fitness classes (\$400 annual allowance)	\$175 allowance every six months [†] , loaded to your Flex Card, for gym membership fees and fitness classes (\$350 annual allowance)
Preventive & comprehensive dental services	\$300 allowance every three months [†] , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$1,200 annual allowance)	\$350 allowance every three months [†] , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$1,400 annual allowance)	\$200 allowance every three months [†] , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$800 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	\$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	\$150 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	\$699 to \$999 copay, for each hearing aid, up to 2 hearing aids per year (in-network only)	\$699 to \$999 copay, for each hearing aid, up to 2 hearing aids per year (in-network only)	\$699 to \$999 copay, for each hearing aid, up to 2 hearing aids 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

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Transportation	\$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	\$0 for 12 one-way trips every year to plan-approved health-related locations
Over-the-Counter (OTC) items	\$25 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$100 annual allowance)	\$50 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$200 annual allowance)	\$30 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$120 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	Not covered

[†] 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. The Part D Deductible applies only to drugs in tiers 3, 4 and 5.

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Part D Deductible	\$0		\$0		\$350	
	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply
Tier 1 (Preferred generic)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$10 copay
Tier 2 (Generic)	\$8 copay	\$16 copay	\$8 copay	\$16 copay	\$20 copay	\$40 copay
Tier 3* (Preferred brand)	\$47 copay	\$94 copay	\$47 copay	\$94 copay	\$47 copay	\$94 copay
Tier 4* (Non-preferred)	\$100 copay	\$200 copay	\$100 copay	\$200 copay	\$100 copay	\$200 copay
Tier 5* (Specialty)	33% of total cost	Not Available	33% of total cost	Not Available	27% of total cost	Not Available
Tier 6 (Select care drugs)	\$0 copay	\$0 copay	\$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					

*Part D deductible applies

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.