

2025 Benefits at a Glance

ATRIO Health Plans Medicare Advantage Plans

ATRIO Select Rx (HMO)



Klamath County (Partial), OR

Covered zip codes: 97601, 97602, 97603, 97604, 97621, 97622, 97623, 97624, 97625, 97626, 97627, 97632, 97633, 97634, 97639

Medical Benefits

Plan Costs	ATRIO Select Rx (HMO) H3814-031
Monthly plan premium	\$40
Plan deductible	\$0
Annual out-of-pocket maximum*	\$6,750 In-network

Doctor Office Visits	In-network
Primary care provider (PCP)	\$0
Specialist (no referral needed)	\$40
Telehealth (if provider offers Telehealth)	PCP: \$0 copay Specialist: \$40 copay

Inpatient Care	In-network
Inpatient hospital care	\$350 per day, 1-6 \$0 per day, 7+
Skilled nursing facility (SNF)	\$10 per day, 1-20 \$203 per day, 21-100

Outpatient Care	In-network
Outpatient hospital	\$350 copay
Ambulatory surgery center	\$300 copay
Home health care	\$0 copay
Diabetes supplies	\$0 copay
Durable medical equipment	20% of total cost

	ATRIO Select Rx (HMO) H3814-031
Labs and Tests	In-network
Laboratory tests	\$20 copay
Diagnostic imaging (MRI/CT/PET)	0% - 20% of total cost
X-rays	\$20 copay
Emergency Services	
Ambulance (air & ground)	\$350 copay
Emergency room**	\$120 copay
Urgently needed care	\$55 copay

*The most you will pay in a year for covered medical services

**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 Select Rx (HMO) H3814-031
Annual Physical exam	\$0 copay
Routine chiropractic, acupuncture, and naturopathic services	\$300 allowance every six months [†] , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$600 annual allowance)
Fitness benefit	\$300 annual allowance [†] , loaded to your Flex Card, for gym membership fees and fitness classes
Routine Preventive & comprehensive dental services	\$200 allowance every 6 months [†] , loaded to your Flex Card, for comprehensive and preventative dental services. Excludes cosmetic procedures (\$400 annual allowance)
Routine vision exam	\$0 copay, 1 exam per year (in-network only)
Routine vision hardware	\$150 allowance for frames (standard lenses included) or contact lenses every year (in-network only)
Routine hearing exam	\$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)
Meals	Up to 2 meals per day for 14 days after a qualifying event
Transportation	\$0 for 12 one-way trips every year to plan-approved health-related locations
Over-the-Counter (OTC) items	\$30 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$120 annual allowance)

[†] 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. Part D deductible applies to tiers 3,4, and 5.

ATRIO Select Rx (HMO) H3814-031		
Part D Deductible	\$350	
	30-day supply	90-day supply
Tier 1 (Preferred generic)	\$5 copay	\$10 copay
Tier 2 (Generic)	\$20 copay	\$40 copay
Tier 3 (Preferred brand)*	\$47 copay	\$94 copay
Tier 4 (Non-preferred drug)*	\$100 copay	\$200 copay
Tier 5 (Specialty)*	27% of total cost	Long-term not available
Tier 6 (Select care drugs)	\$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, 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.