

2011 Summary of Benefits

Medical Coverage with Prescription Drug Benefit

ATRIO Bronze Rx, Silver & Silver Rx (PPO)



H6743_MBR_01_02,
CMS Approved: 10/01/2010

 **ATRIO**
HEALTH PLANS
Get Greater Value From Medicare

SERVING MEDICARE BENEFICIARIES IN DOUGLAS AND KLAMATH COUNTIES

Introduction to the Summary of Benefits Report

for **ATRIO Bronze Rx** (PPO), **ATRIO Silver** (PPO) or
ATRIO Silver Rx (PPO)

January 1, 2011 - December 31, 2011

DOUGLAS AND KLAMATH COUNTIES

SECTION I

Thank you for your interest in either **ATRIO Bronze Rx** (PPO), **ATRIO Silver** (PPO) or **ATRIO Silver Rx** (PPO).

Our plan is offered by ATRIO HEALTH PLANS/ATRIO *MyAdvantage*, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plans.

It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call **ATRIO Bronze Rx** (PPO), **ATRIO Silver** (PPO) or **ATRIO Silver Rx** (PPO) and ask for the "Evidence of Coverage."

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YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like **ATRIO Bronze Rx (PPO)**, **ATRIO Silver (PPO)** or **ATRIO Silver Rx (PPO)**. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call **ATRIO Bronze Rx (PPO)**, **ATRIO Silver (PPO)** or **ATRIO Silver Rx (PPO)** at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare **ATRIO Bronze Rx (PPO)**, **ATRIO Silver (PPO)** or **ATRIO Silver Rx (PPO)** and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS ATRIO BRONZE RX (PPO), ATRIO SILVER (PPO) AND ATRIO SILVER RX (PPO) AVAILABLE?

The service area for this plan includes: **Douglas, Klamath*** Counties, OR. You must live in one of these areas to join the plan.

**denotes partial county*

WHO IS ELIGIBLE TO JOIN ATRIO BRONZE RX, SILVER, AND SILVER RX (PPO)?

You can join **ATRIO Bronze Rx (PPO)**, **ATRIO Silver (PPO)** or **ATRIO Silver Rx (PPO)** if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease

are generally not eligible to enroll in **ATRIO Bronze Rx (PPO)**, **ATRIO Silver (PPO)** or **ATRIO Silver Rx (PPO)** unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

ATRIO Bronze Rx (PPO), **ATRIO Silver (PPO)** or **ATRIO Silver Rx (PPO)** has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at www.ATRIOhp.com. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

ATRIO Bronze Rx (PPO), **ATRIO Silver (PPO)** or **ATRIO Silver Rx (PPO)** does cover Medicare Part B prescription drugs **ATRIO Bronze Rx (PPO)**, **ATRIO Silver (PPO)** or **ATRIO Silver Rx (PPO)** does NOT cover Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

ATRIO Bronze Rx (PPO), **ATRIO Silver (PPO)** or **ATRIO Silver Rx (PPO)** has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an **Out-of-Network** pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.ATRIOhp.com. Our customer service number is listed at the end of this introduction.

If you have any questions about this plan's benefits or costs, please contact ATRIO Health Plans (877) 672-8620.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

ATRIO Bronze Rx (PPO), **ATRIO Silver** (PPO) or **ATRIO Silver Rx** (PPO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.ATRIOhp.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- ❖ 1-800-Medicare (1-800-633-4227). TTY/TTD users should call 1-877-486-2048, 24 hours a day, 7 days a week; and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.
- ❖ The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- ❖ Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area. As a member of **ATRIO Bronze Rx** (PPO), **ATRIO Silver** (PPO) or **ATRIO Silver Rx** (PPO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of **ATRIO Bronze Rx** (PPO) and **ATRIO Silver Rx** (PPO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a

Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower In and Out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact **ATRIO Bronze Rx** (PPO) and **ATRIO Silver Rx** (PPO), for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact **ATRIO Bronze Rx** (PPO), **ATRIO Silver** (PPO) or **ATRIO Silver Rx** (PPO) for more details.

❖ **Some Antigens:**

If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.

❖ **Osteoporosis Drugs:**

Injectable drugs for osteoporosis for certain women with Medicare.

❖ **Erythropoietin (Epoetin Alpha or Epogen®):**

By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.

❖ **Hemophilia Clotting Factors:**

Self-administered clotting factors if you have hemophilia.

❖ **Injectable Drugs:**

Most injectable drugs administered incident to a physician's service.

❖ **Immunosuppressive Drugs:**

Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.

❖ **Some Oral Cancer Drugs:**

If the same drug is available in injectable form.

❖ **Oral Anti-Nausea Drugs:**

If you are part of an anti-cancer chemotherapeutic regimen.

❖ **Inhalation and Infusion Drugs provided through DME.**

If you have any questions about this plan's benefits or costs, please contact ATRIO Health Plans (877) 672-8620.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare

Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call ATRIO MyAdvantage for more information about ATRIO Bronze Rx (PPO), ATRIO Silver (PPO) and ATRIO Silver Rx (PPO).

Visit us at www.ATRIOhp.com, or, call us:

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday, Friday, 8 a.m. - 8 p.m. Pacific

Current and Prospective members should call **toll-free** (877) 672-8620 for questions related to the Medicare Advantage Program.
(TTY/TDD (800)-735-2900).

Current and Prospective members should call **locally** (541) 672-8620 for questions related to the Medicare Advantage Program.
(TTY/TDD (541) 735-2900).

Current and Prospective members should call **toll-free** (877) 672-8620 for questions related to the Medicare Part D Prescription Drug program.
(TTY/TDD (800) 735-2900)

Current and Prospective members should call **locally** (541)-672-8620 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (541) 735-2900)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in a different format or language. For additional information, call customer service at the phone number listed above.

If you have special needs, this document may be available in other formats.

SECTION II

Summary of Benefits Report for Contract H6743, Plan 001, Plan 002, & Plan 003

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
IMPORTANT INFORMATION			
<p>1 - Premium and Other Important Information</p>	<p>In 2010 the monthly Part B Premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p> <p>For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227).</p> <p>TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213.</p> <p>TTY users should call 1-800-325-0778.</p>	<p>General</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan covers all Medicare covered preventive services with zero cost sharing.</p>	<p>General</p> <p>\$32 monthly plan premium for ATRIO Silver (PPO) in addition to your monthly Medicare Part B premium.</p> <p>\$66 monthly plan premium for ATRIO Silver Rx (PPO) in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan covers all Medicare covered preventive services with zero cost sharing.</p>

If you have any questions about this plan's benefits or costs, please contact ATRIO Health Plans (877) 672-8620.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
IMPORTANT INFORMATION			
1 - Premium and Other Important Information <i>(continued)</i>		<p>In-Network \$3,400 In and Out-of-pocket limit. All plan services included.</p> <p>In and Out-of-Network \$150 yearly deductible. Contact the plan for services that apply. \$5,000 In and Out-of-pocket limit. All plan services included.</p>	<p>In-Network \$3,400 In and Out-of-pocket limit. All plan services included.</p> <p>In and Out-of-Network \$5,000 In and Out-of-pocket limit. All plan services included.</p>
2 - Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	<p>In-Network Referral required for network specialists (for certain benefits).</p> <p>In and Out-of-Network You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits.</p>	<p>In-Network Referral required for network specialists (for certain benefits).</p> <p>In and Out-of-Network You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
INPATIENT CARE			
<p>3 - Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2010 the amounts for each benefit period were: Days 1 - 60: \$1100 deductible Days 61 - 90: \$275 per day Days 91 - 150: \$550 per lifetime reserve day These amounts will change for 2011. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network No limit to the number of days covered by the plan each benefit period. For Medicare-covered hospital stays: Days 1 - 8: \$250 copay per day Days 9 - 90: \$0 copay per day \$0 copay for additional hospital days. \$2,000 In and Out-of-pocket limit every stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network For hospital stays: Days 1 - 8: \$350 copay per day Days 9 - 90: \$0 copay per day</p>	<p>In-Network No limit to the number of days covered by the plan each benefit period. For Medicare-covered hospital stays: Days 1 - 8: \$200 copay per day Days 9 - 90: \$0 copay per day \$0 copay for additional hospital days. \$1,600 In and Out-of-pocket limit every stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network For hospital stays: Days 1 - 8: \$325 copay per day Days 9 - 90: \$0 copay per day</p>

If you have any questions about this plan's benefits or costs, please contact ATRIO Health Plans (877) 672-8620.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
INPATIENT CARE			
4 - Inpatient Mental Health Care	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" - #3).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 8: \$250 copay per day</p> <p>Days 9 - 90: \$0 copay per day</p> <p>The amount you pay for each Medicare-covered stay may vary depending on which hospital you go to. The Maximum out-of-pocket limit is covered under "Inpatient Hospital Care".</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network</p> <p>For hospital stays:</p> <p>Days 1 - 8: \$350 copay per day</p> <p>Days 9 - 90: \$0 copay per day</p>	<p>Network</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 8: \$200 copay per day</p> <p>Days 9 - 90: \$0 copay per day</p> <p>The amount you pay for each Medicare-covered stay may vary depending on which hospital you go to. The Maximum out-of-pocket limit is covered under "Inpatient Hospital Care".</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network</p> <p>For hospital stays:</p> <p>Days 1 - 8: \$325 copay per day</p> <p>Days 9 - 90: \$0 copay per day</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
INPATIENT CARE			
<p>5 - Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)</p>	<p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$137.50 per day</p> <p>These amounts will change for 2011.</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period. No prior hospital stay is required. For SNF stays: Days 1 - 100: \$75 copay per day</p> <p>Out-of-Network For each SNF stay: Days 1 - 100: \$75 copay per day</p>	<p>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period. No prior hospital stay is required. For SNF stays: Days 1 - 20: \$0 copay per day Days 21-100: \$137.50 copay per day</p> <p>Out-of-Network For each SNF stay: Days 1 - 20: \$0 copay per SNF day Days 21-100: \$137.50 copay per SNF day</p>

If you have any questions about this plan's benefits or costs, please contact ATRIO Health Plans (877) 672-8620.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
INPATIENT CARE			
6 - Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits. Out-of-Network \$0 copay for home health visits.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits. Out-of-Network \$0 copay for home health visits.
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.
OUTPATIENT CARE			
8 - Doctor Office Visits	20% coinsurance.	General See "Welcome to Medicare; and Annual Wellness Visit", for more information. Authorization rules may apply.	General See "Welcome to Medicare; and Annual Wellness Visit", for more information. Authorization rules may apply.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
OUTPATIENT CARE			
8 - Doctor Office Visits <i>(continued)</i>		<p>In-Network \$35 copay for each primary care doctor visit for Medicare-covered benefits. \$40 copay for each in-area, network urgent care Medicare-covered visit. \$40 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network \$40 copay for each primary care doctor visit. \$45 copay for each specialist visit.</p>	<p>In-Network \$25 copay for each primary care doctor visit for Medicare-covered benefits. \$30 copay for each in-area, network urgent care Medicare-covered visit. \$30 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network \$30 copay for each primary care doctor visit. \$40 copay for each specialist visit.</p>
9 - Chiropractic Services	<p>Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 50% of the cost for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>Out-of-Network 50% of the cost for chiropractic benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 50% of the cost for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>Out-of-Network 50% of the cost for chiropractic benefits.</p>

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OUTPATIENT CARE			
10 - Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network 30% of the cost for podiatry benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network \$40 copay for podiatry benefits.</p>
11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for each Medicare-covered individual or group therapy visit.</p> <p>Out-of-Network 30% of the cost for Mental Health benefits. 30% of the cost for Mental Health benefits with a psychiatrist.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for each Medicare-covered individual or group therapy visit.</p> <p>Out-of-Network \$40 copay for Mental Health benefits. \$40 copay for Mental Health benefits with a psychiatrist.</p>

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OUTPATIENT CARE			
12 - Outpatient Substance Abuse Care	20% coinsurance.	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered individual or group visits.</p> <p>Out-of-Network 30% of the cost for outpatient substance abuse benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for Medicare-covered individual or group visits.</p> <p>Out-of-Network \$40 copay for outpatient substance abuse benefits.</p>
13 - Outpatient Services/Surgery	20% coinsurance for the doctor Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible. 20% coinsurance for ambulatory surgical center facility charges.	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network 30% of the cost for ambulatory surgical center visit. 30% of the cost for outpatient hospital facility benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$200 copay for each Medicare-covered ambulatory surgical center visit. \$200 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network \$325 copay for ambulatory surgical center benefits. \$325 copay for outpatient hospital facility benefits.</p>

If you have any questions about this plan's benefits or costs, please contact ATRIO Health Plans (877) 672-8620.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
OUTPATIENT CARE			
14 - Ambulance Services (Medically necessary ambulance services)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered ambulance benefits. If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits. Out-of-Network 20% of the cost for ambulance benefits.	In-Network \$200 copay for Medicare-covered ambulance benefits. If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits. Out-of-Network \$200 copay for ambulance benefits.
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor. Specified copayment for outpatient hospital emergency room (ER) facility charge. ER Copay cannot exceed Part A inpatient hospital deductible. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. Not covered outside the U.S. except under limited circumstances.	General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.	General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances.	General \$40 copay for Medicare-covered urgently-needed care visits. If you are admitted to the hospital within 24 hour(s) for the same condition, you pay \$0 for the urgent-care visit.	General \$30 copay for Medicare-covered urgently-needed care visits. If you are admitted to the hospital within 24 hour(s) for the same condition, you pay \$0 for the urgent-care visit.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
OUTPATIENT CARE			
<p>17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>20% of the cost for Medicare-covered Occupational Therapy visits.</p> <p>20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits.</p> <p>20% of the cost for Medicare-covered Cardiac Rehab services.</p> <p>Out-of-Network 30% of the cost for Occupational Therapy visits.</p> <p>30% of the cost for Physical and/or Speech and Language Therapy visits.</p> <p>30% of the cost for Cardiac Rehab services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>\$30 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$30 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p> <p>\$30 copay for Medicare-covered Cardiac Rehab services.</p> <p>Out-of-Network \$40 copay for Occupational Therapy visits.</p> <p>\$40 copay for Physical and/or Speech and Language Therapy visits.</p> <p>\$40 copay for Cardiac Rehab services.</p>

If you have any questions about this plan's benefits or costs, please contact ATRIO Health Plans (877) 672-8620.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18 - Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 30% of the cost for durable medical equipment.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 30% of the cost for durable medical equipment.
19 - Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 30% of the cost for prosthetic devices.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 30% of the cost for prosthetic devices.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
<p>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (Includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)</p>	<p>20% coinsurance. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. Separate Office Visit cost sharing of \$0 to \$40 may apply.</p> <p>Out-of-Network 30% of the cost for Diabetes supplies. \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 0% copay for Diabetes supplies. Separate Office Visit cost sharing of \$0 to \$30 may apply.</p> <p>Out-of-Network \$0 copay for Diabetes supplies. \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes.</p>

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BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
<p>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostics tests and X-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p> <p>\$0 copay for the HIV screening, but you generally pay 20% of Medicare-approved amount for the doctor's visit.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months of up to three times during a pregnancy.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% to 20% of the cost for Medicare-covered lab services. 0% to 20% of the cost for Medicare-covered diagnostic procedures and tests. 20% of the cost for Medicare-covered X-rays. 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays). 20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$0 to \$40 may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.</p> <p>Separate Office Visit cost sharing of \$0 to \$40 may apply for Outpatient Diagnostic and Therapeutic Radiological Services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% of the cost for Medicare-covered lab services 0% to 20% of the cost for Medicare-covered diagnostic procedures and tests. 20% of the cost for Medicare-covered X-rays. 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays). 20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$0 to \$30 may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.</p> <p>Separate Office Visit cost sharing of \$0 to \$30 may apply for Outpatient Diagnostic and Therapeutic Radiological Services.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services <i>(continued)</i>		Out-of-Network 0% to 30% of the cost for diagnostic procedures, tests, and lab services. 30% of the cost for outpatient X-rays. 30% of the cost for diagnostic radiology services. 30% of the cost for therapeutic radiology services.	Out-of-Network 0% to 30% of the cost for diagnostic procedures, tests, and lab services. 30% of the cost for outpatient X-rays. 30% of the cost for diagnostic radiology services. 30% of the cost for therapeutic radiology services.
PREVENTIVE SERVICES			
22 - Bone Mass Measurement (For people with Medicare who are at risk)	No coinsurance, copayment or deductible. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	In-Network \$0 copay for Medicare-covered bone mass measurement. Separate Office Visit cost sharing of \$0 to \$40 may apply. Out-of-Network \$0 copay for Medicare-covered bone mass measurement.	In-Network \$0 copay for Medicare-covered bone mass measurement. Separate Office Visit cost sharing of \$0 to \$30 may apply. Out-of-Network \$0 copay for Medicare-covered bone mass measurement.
23 - Colorectal Screening Exams (For people with Medicare age 50 and older)	No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy. Covered when you are high risk or when you are age 50 and older.	In-Network \$0 copay for Medicare-covered colorectal screenings. Separate Office Visit cost sharing of \$0 to \$40 may apply. Out-of-Network \$0 copay for colorectal screenings.	In-Network \$0 copay for Medicare-covered colorectal screenings. Separate Office Visit cost sharing of \$0 to \$30 may apply. Out-of-Network \$0 copay for colorectal screenings.

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BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
PREVENTIVE SERVICES			
<p>24 - Immunizations (Flu vaccine, Hepatitis B vaccine — for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu, Pneumonia and Hepatitis B vaccines. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines. Out-of-Network \$0 copay for immunizations.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines. Out-of-Network \$0 copay for immunizations.</p>
<p>25 - Mammograms (Annual Screening) (For women with Medicare age 40 and older)</p>	<p>No coinsurance, copayment or deductible. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms. Separate Office Visit cost sharing of \$0 to \$40 may apply. Out-of-Network \$0 copay for screening mammograms.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms. Separate Office Visit cost sharing of \$0 to \$30 may apply. Out-of-Network \$0 copay for screening mammograms.</p>
<p>26 - Pap Smears and Pelvic Exams (For women with Medicare)</p>	<p>No coinsurance, copayment, or deductible for Pap smears. No coinsurance, copayment, or deductible for Pelvic and clinical breast exams. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p>	<p>In-Network \$0 copay for Medicare-covered Pap smears and Pelvic Exams. Separate Office Visit cost sharing of \$0 to \$40 may apply. Out-of-Network \$0 copay for Pap smears and Pelvic Exams.</p>	<p>In-Network \$0 copay for Medicare-covered Pap Smears and Pelvic Exams. Separate Office Visit cost sharing of \$0 to \$30 may apply. Out-of-Network \$0 copay for Pap smears and Pelvic Exams.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
PREVENTIVE SERVICES			
<p>27 - Prostate Cancer Screening Exams (For men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening. Separate Office Visit cost sharing of \$0 to \$40 may apply.</p> <p>Out-of-Network \$0 copay for prostate cancer screening.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening. Separate Office Visit cost sharing of \$0 to \$30 may apply.</p> <p>Out-of-Network \$0 copay for prostate cancer screening.</p>
<p>28 - End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis. 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network 20% of the cost for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Out-of-Network 30% of the cost for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>In-Network \$0 copay for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Out-of-Network \$0 copay for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

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BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
PRESCRIPTION DRUGS			
29 - Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs Covered under Medicare Part B General</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>30% of the cost for Part B drugs Out-of-Network.</p> <p>Drugs Covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.ATRIOhp.com on the web.</p> <p>Different In and Out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage. (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>	<p>Drugs Covered under Medicare Part B General</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>30% of the cost for Part B drugs Out-of-Network.</p> <hr/> <p>SILVER RX (PPO) ONLY</p> <p>Drugs Covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.ATRIOhp.com on the web.</p> <p>Different In and Out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage. (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER RX (PPO)
PRESCRIPTION DRUGS			
<p>29 - Prescription Drugs <i>(continued)</i></p>		<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from ATRIO <i>Bronze Rx</i> (PPO) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>	<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from ATRIO <i>Silver Rx</i> (PPO) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>

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BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER RX (PPO)
PRESCRIPTION DRUGS			
29 - Prescription Drugs <i>(continued)</i>		<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and ATRIO Bronze Rx (PPO) approves the exception, you will pay TIER 2 – PREFERRED BRAND DRUGS cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,840:</p> <p>Retail Pharmacy TIER 1 - GENERIC DRUGS</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of drugs in this tier • \$20 copay for a three-month (90-day) supply of drugs in this tier <p>TIER 2 - PREFERRED BRAND DRUGS</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (31-day) supply of drugs in this tier • \$90 copay for a three-month (90-day) supply of drugs in this tier 	<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and ATRIO Silver Rx (PPO) approves the exception, you will pay TIER 2 – PREFERRED BRAND DRUGS cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,840:</p> <p>Retail Pharmacy TIER 1 - GENERIC DRUGS</p> <ul style="list-style-type: none"> • \$6 copay for a one-month (31-day) supply of drugs in this tier • \$12 copay for a three-month (90-day) supply of drugs in this tier <p>TIER 2 - PREFERRED BRAND DRUGS</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (31-day) supply of drugs in this tier • \$70 copay for a three-month (90-day) supply of drugs in this tier

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER RX (PPO)
PRESCRIPTION DRUGS			
29 - Prescription Drugs <i>(continued)</i>		<p>TIER 3 - NON-PREFERRED BRAND DRUGS</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (31-day) supply of drugs in this tier • \$180 copay for a three-month (90-day) supply of drugs in this tier <p>TIER 4 - SPECIALTY TIER DRUGS</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Long Term Care Pharmacy</p> <p>TIER 1 - GENERIC DRUGS</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 2 - PREFERRED BRAND DRUGS</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 3 - NON-PREFERRED BRAND DRUGS</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 4 - SPECIALTY TIER DRUGS</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier 	<p>TIER 3 - NON-PREFERRED BRAND DRUGS</p> <ul style="list-style-type: none"> • \$75 copay for a one-month (31-day) supply of drugs in this tier • \$150 copay for a three-month (90-day) supply of drugs in this tier <p>TIER 4 - SPECIALTY TIER DRUGS</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Long Term Care Pharmacy</p> <p>TIER 1 - GENERIC DRUGS</p> <ul style="list-style-type: none"> • \$6 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 2 - PREFERRED BRAND DRUGS</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 3 - NON-PREFERRED BRAND DRUGS</p> <ul style="list-style-type: none"> • \$75 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 4 - SPECIALTY TIER DRUGS</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier

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BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER RX (PPO)
PRESCRIPTION DRUGS			
29 - Prescription Drugs <i>(continued)</i>		Mail Order TIER 1 - GENERIC DRUGS <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of drugs in this tier • \$20 copay for a three-month (90-day) supply of drugs in this tier TIER 2 - PREFERRED BRAND DRUGS <ul style="list-style-type: none"> • \$45 copay for a one-month (31-day) supply of drugs in this tier • \$90 copay for a three-month (90-day) supply of drugs in this tier TIER 3 - NON-PREFERRED BRAND DRUGS <ul style="list-style-type: none"> • \$90 copay for a one-month (31-day) supply of drugs in this tier • \$180 copay for a three-month (90-day) supply of drugs in this tier TIER 4 - SPECIALTY TIER DRUGS <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier 	Mail Order TIER 1 - GENERIC DRUGS <ul style="list-style-type: none"> • \$6 copay for a one-month (31-day) supply of drugs in this tier • \$12 copay for a three-month (90-day) supply of drugs in this tier TIER 2 - PREFERRED BRAND DRUGS <ul style="list-style-type: none"> • \$35 copay for a one-month (31-day) supply of drugs in this tier • \$70 copay for a three-month (90-day) supply of drugs in this tier TIER 3 - NON-PREFERRED BRAND DRUGS <ul style="list-style-type: none"> • \$75 copay for a one-month (31-day) supply of drugs in this tier • \$150 copay for a three-month (90-day) supply of drugs in this tier TIER 4 - SPECIALTY TIER DRUGS <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER RX (PPO)
PRESCRIPTION DRUGS			
<p>29 - Prescription Drugs <i>(continued)</i></p>		<p>Coverage Gap After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage After your yearly In and Out-of-pocket drug costs reach \$4,550 you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay all other drugs, <p>or</p> <ul style="list-style-type: none"> • 5% coinsurance. <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an Out-of-Network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit</p>	<p>Coverage Gap After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,550..</p> <p>Catastrophic Coverage After your yearly In and Out-of-pocket drug costs reach \$4,550 you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay all other drugs, <p>or</p> <ul style="list-style-type: none"> • 5% coinsurance. <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an Out-of-Network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit</p>

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BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER RX (PPO)
PRESCRIPTION DRUGS			
29 - Prescription Drugs <i>(continued)</i>		<p>documentation to receive reimbursement from ATRIO <i>Bronze Rx</i> (PPO).</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$2,840:</p> <p>TIER 1 - GENERIC DRUGS</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 2 - PREFERRED BRAND DRUGS</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 3 - NON-PREFERRED BRAND DRUGS</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 4 - SPECIALTY TIER DRUGS</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier 	<p>documentation to receive reimbursement from ATRIO <i>Silver Rx</i> (PPO).</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$2,840:</p> <p>TIER 1 - GENERIC DRUGS</p> <ul style="list-style-type: none"> • \$6 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 2 - PREFERRED BRAND DRUGS</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 3 - NON-PREFERRED BRAND DRUGS</p> <ul style="list-style-type: none"> • \$75 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 4 - SPECIALTY TIER DRUGS</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER RX (PPO)
PRESCRIPTION DRUGS			
<p>29 - Prescription Drugs <i>(continued)</i></p>		<p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,840, you will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased Out-of-Network until total yearly out-of-pocket drug costs reach \$4,550. After your total yearly drug costs reach \$2,840, you will be reimbursed up to the discounted price for brand name drugs purchased Out-of-Network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p>Out-of-Network Catastrophic Coverage After your yearly In and Out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased Out-of-Network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay all other drugs, <p>or</p> <ul style="list-style-type: none"> • 5% coinsurance. 	<p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,840, you will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased Out-of-Network until total yearly out-of-pocket drug costs reach \$4,550. After your total yearly drug costs reach \$2,840, you will be reimbursed up to the discounted price for brand name drugs purchased Out-of-Network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p>Out-of-Network Catastrophic Coverage After your yearly In and Out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased Out-of-Network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay all other drugs, <p>or</p> <ul style="list-style-type: none"> • 5% coinsurance.

If you have any questions about this plan's benefits or costs, please contact ATRIO Health Plans (877) 672-8620.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
OTHER SERVICES			
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network In general, preventive dental benefits (such as cleaning) not covered. \$40 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network \$45 copay for comprehensive dental benefits.</p>	<p>In-Network In general, preventive dental benefits (such as cleaning) not covered. \$30 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network \$40 copay for comprehensive dental benefits.</p>
31 - Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	<p>In-Network In general, routine hearing exams and hearing aids not covered. \$40 copay for Medicare-covered diagnostic hearing exams.</p> <p>Out-of-Network \$45 copay for hearing exams.</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered. \$30 copay for Medicare-covered diagnostic hearing exams.</p> <p>Out-of-Network \$40 copay for hearing exams.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
OTHER SERVICES			
<p>32 - Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network Non-Medicare-covered eye exams and glasses not covered. \$0 copay for: <ul style="list-style-type: none"> one pair of eyeglasses or contact lenses after cataract surgery \$0 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye. Out-of-Network \$0 to \$40 copay for eye exams. \$0 copay for eye wear.</p>	<p>In-Network \$0 copay for: <ul style="list-style-type: none"> one pair of eyeglasses or contact lenses after cataract surgery glasses contacts lenses frames \$0 to \$25 copay for exams to diagnose and treat diseases and conditions of the eye. \$25 copay for up to 1 routine eye exam(s) every year. \$100 plan coverage limit for eye wear every two years. Plan offers additional vision benefits. Out-of-Network \$0 to \$30 copay for eye exams. \$0 copay for eye wear.</p>

If you have any questions about this plan's benefits or costs, please contact ATRIO Health Plans (877) 672-8620.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
OTHER SERVICES			
33 - Welcome to Medicare; and Annual Wellness Visit	<p>When you join Medicare Part B, then you are eligible as follows.</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p>	<p>In-Network</p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>Out-of-Network</p> <p>\$0 copay for routine exams.</p>	<p>In-Network</p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>Out-of-Network</p> <p>\$0 copay for routine exams.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
OTHER SERVICES			
34 - Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered smoking cessation counseling session. \$0 copay for the HIV screening, but you generally pay 0% or 20% of the Medicare-approved amount for the doctor's visit. \$0 copay for each Medicare-covered HIV screening. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <p>Out-of-Network \$0 copay for Health and Wellness services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered smoking cessation counseling session. \$0 copay for the HIV screening, but you generally pay 0% or 20% of the Medicare-approved amount for the doctor's visit. \$0 copay for each Medicare-covered HIV screening. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <p>Out-of-Network \$0 copay for Health and Wellness services.</p>

If you have any questions about this plan's benefits or costs,
please contact ATRIO Health Plans (877) 672-8620.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO BRONZE RX (PPO)	ATRIO SILVER (PPO) & ATRIO SILVER RX (PPO)
IMPORTANT INFORMATION			
35 - Transportation (Routine)	Not covered.	In-Network This plan does not cover routine transportation.	In-Network This plan does not cover routine transportation.
36 - Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.	In-Network This plan does not cover Acupuncture.

SECTION III ADDITIONAL INFORMATION

ATRIO Health Plans recognizes that preventive care is important to maintain good health. Because your health is important to us, the following preventive benefits are provided on **ATRIO Bronze Rx** (PPO), **ATRIO Silver** (PPO) and **ATRIO Silver Rx** (PPO):

PREVENTIVE BENEFITS: For ATRIO Bronze Rx (PPO), ATRIO Silver (PPO) and ATRIO Silver Rx (PPO) plans

- Routine Physical Exam every year with a \$0 copay.
- Immunizations with no copay.
- Pap Smears and Pelvic Exams with no copay.
- Mammograms with no copay.
- Bone Mass Measurements with no copay.
- Prostate Cancer Screening Exams with no copay.
- Colorectal Screening Exams with no copay.

VISION SERVICES: For ATRIO Silver (PPO) and ATRIO Silver Rx (PPO) plan

- Routine vision services are covered up to a \$100 maximum benefit every two years for vision hardware purchases.
- Routine vision exam copays are \$25 for In-Network providers and \$30 copay for Out-of-Network. (There is no copay for routine vision hardware)
- You do not need to obtain a referral from your Primary Care Provider (PCP) for routine vision services.
- If your exam, glasses/contact lenses and services cost more than the maximum allowable amount, you must pay the difference.

If you have any questions about this plan's benefits or costs, please contact ATRIO Health Plans (877) 672-8620.

PRESCRIPTION DRUG BENEFIT INFORMATION FOR INDIVIDUALS WHO QUALIFY FOR LOW INCOME SUBSIDY (LIS):

- Low Income Subsidy beneficiaries will pay copays based on the Federal Poverty level. The Centers for Medicare and Medicaid Services (CMS) will notify ATRIO of members appropriate income levels. ATRIO will assign appropriate copays depending on the member's level. Below is a grid that will show what the copays are for each level. These copays will also be printed on your ATRIO Health Plans Pharmacy Identification card.

Provision and Eligibility Rules for the Low-Income Cost-Sharing Subsidy:

Low Income Level	Eligibility Rules	Deductible	Initial Coverage	Coverage Gap	Catastrophic
I (one)	<100% Poverty	\$0	\$1.10 - Generic \$3.30 - Brand	\$1.10 - Generic \$3.30 - Brand	\$0
II (two)	<135% Poverty	\$0	\$2.50 - Generic \$6.30 - Brand	\$2.50 - Generic \$6.30 - Brand	\$0
III (three)	<150% Poverty	\$63	15%	15%	\$2.50 -Generic \$6.30 -Brand
Institutionalized	All Levels	\$0	\$0	\$0	\$0

If you have any questions about the information contained in this Summary of Benefits, please call:

ATRIO Health Plans

2270 NW Aviation Drive
Roseburg, OR 97470

(541) 672-8620 or toll free at (877) 672-8620, TTY (800) 735-2900

Customer service hours are Monday through Friday 8 a.m. - 5 p.m. Pacific

Prescription Drug After Hours: (800) 681-9571 – 24 hours, 7 days a week.



Main office: 2270 NW Aviation Drive | Roseburg, OR 97470
(541) 672-8620 | Toll-Free: (877) 672-8620 | TTY: (800) 735-2900 | Fax: (541) 672-8670
Monday through Friday, 8 a.m. to 5 p.m.

Klamath County office: 2909 Daggett Ave., Suite 250 | Klamath Falls, OR 97601
(541) 273-0238 | Toll-Free: (877) 672-8620
Monday through Friday, 8 a.m. to 5 p.m.

ATRIO is a health plan with a Medicare contract.

www.ATRIOhp.com

