

2026 Benefits at a Glance

ATRIO Health Plans Medicare Advantage Plans



ATRIO Choice Rx (PPO) and ATRIO Freedom (PPO)

ATRIO Freedom (PPO) does not include drug coverage

Clackamas, Lane, Multnomah, Washington, and Yamhill Counties, OR

Medical Benefits

Plan Costs	ATRIO Choice Rx (PPO) H7006-018		ATRIO Freedom (PPO) H7006-021	
Monthly plan premium	\$0		\$0	
Plan deductible	\$0		\$0	
Annual out-of-pocket maximum*	\$5,500 In-network	\$5,500 Combined (In and Out-of-network)	\$4,150 In-network	\$4,150 Combined (In and Out-of-network)

Doctor Office Visits	In-network	Out-of-network	In-network	Out-of-network
Primary care provider (PCP)	\$0 Copay	\$50 Copay	\$0 Copay	\$50 Copay
Specialist	\$35 Copay	\$35 Copay	\$25 Copay	\$50 Copay
Telehealth (if provider offers Telehealth)	PCP: \$0 copay Specialist: \$35 copay	PCP: \$50 copay Specialist: \$35 copay	PCP: \$0 copay Specialist: \$25 copay	PCP: \$50 copay Specialist: \$50 copay

Inpatient Care	In-network	Out-of-network	In-network	Out-of-network
Inpatient hospital care	\$450 per day, 1-4 \$0 per day, 5+	\$450 per day, 1-4 \$0 per day, 5-90	\$100 per day, 1-5 \$0 per day, 6+	50% of total cost per stay
Skilled nursing facility (SNF)	\$10 per day, 1-20 \$200 per day, 21-100	50% of total cost per stay	\$0 per day, 1-20 \$100 per day, 21-100	50% of total cost per stay

Outpatient Care	In-network	Out-of-network	In-network	Out-of-network
Outpatient hospital	\$0 - \$400 copay	50% of total cost	\$350 copay	50% of total cost
Ambulatory surgery center	\$250 copay	50% of total cost	\$25 copay	50% of total cost
Home health care	\$0 copay	50% of total cost	\$0 copay	50% of total cost
Diabetic supplies	\$0 copay	50% of total cost	\$0 copay	50% of total cost
Durable medical equipment	20% of total cost	50% of total cost	20% of total cost	50% of total cost

Labs and Tests	In-network	Out-of-network	In-network	Out-of-network
Laboratory services	\$0 copay	\$15 copay	\$0 copay	50% of total cost
Diagnostic imaging (MRI/CT/PET)	\$0 - \$300 copay	50% of total cost	\$0 - \$60 copay	50% of total cost
X-rays	\$0 copay	50% of total cost	\$0 copay	50% of total cost
Emergency Services				
Ambulance (air & ground)	\$250 copay		\$300 copay	
Emergency room**	\$130 copay		\$125 copay	
Urgently needed care	\$50 copay		\$30 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) H7006-018	ATRIO Freedom (PPO) H7006-021
Flex Card Benefits		
Routine chiropractic, acupuncture, & naturopathic services	\$100 allowance every six months [†] , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$200 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	\$175 allowance every six months [†] , loaded to your Flex Card, for gym membership fees and fitness classes (\$350 annual allowance)	\$100 allowance every three months [†] , loaded to your Flex Card, for gym membership fees and fitness classes (\$400 annual allowance)
Preventive & comprehensive dental services	\$300 allowance every three months [†] , loaded to your Flex Card, for comprehensive and preventative dental services. Excludes cosmetic procedures (\$1,200 annual allowance)	\$400 allowance every three months [†] , loaded to your Flex Card, for comprehensive and preventative dental services. Excludes cosmetic procedures (\$1,600 annual allowance)
Over the Counter (OTC) items	\$50 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$200 annual allowance)	\$150 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$600 total annual allowance)
Supplemental Benefits		
Routine vision exam	\$0 copay 1 exam per year (in-network only)	\$0 copay 1 exam per year (in-network only)
Routine vision hardware	\$150 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
Routine hearing exam	\$0 copay 1 exam per year (in-network only)	\$0 copay 1 exam per year (in-network only)
Hearing aids	\$1,500 annual allowance (in-network only)	\$1,500 annual allowance (in-network only)

	ATRIO Choice Rx (PPO) H7006-018	ATRIO Freedom (PPO) H7006-021
Annual physical exam	\$0 copay	\$0 copay
Transportation	\$0 for 12 one-way trips every year to plan-approved	\$0 for 24 one-way trips every year to plan-approved health-related locations
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
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

† 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 drugs in tiers 3, 4, and 5.

	ATRIO Choice Rx (PPO) H7006-018		ATRIO Freedom (PPO) H7006-021
Part D Deductible	\$400		Plan does not include drug coverage
	30-day supply	90-day supply	
Tier 1 (Preferred generic)	\$0 copay	\$0 copay	
Tier 2 (Generic)	\$0 copay	\$0 copay	
Tier 3 (Preferred brand)*	\$47 copay	\$94 copay	
Tier 4 (Non Preferred drug)*	\$100 copay	\$200 copay	
Tier 5 (Specialty)*	28% of total cost	Long-term not available	
Tier 6 (Select care drugs)	\$0 copay	\$0 copay	
Catastrophic coverage stage: After you have paid \$2,100 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 our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.