2026 Benefits at a Glance

ATRIO Health Plans Medicare Advantage Plans

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

ATRIO Freedom (PPO) does not include drug coverage

ATRIO HEALTH PLANS

Jackson and Josephine Counties, OR

Medical Benefits

Plan Costs	ATRIO Choice Rx (PPO) *H6743-025*		ATRIO Prime Rx (PPO) *H6743-026*		ATRIO Freedom (PPO) *H6743-027*	
Monthly plan premium	$0		$51.00		$0	
Plan deductible	$0		$0		$0	
Annual out-of-pocket maximum*	$6,750 In-network	$8,900 Combined *(In and Out-of-network)*	$4,150 In-network	$6,200 Combined *(In and Out-of-network)*	$6,750 In-network	$7,900 Combined *(In and Out-of-network)*

Doctor Office Visits	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Primary care provider (PCP)	$0 copay	$50 copay	$0 copay	$30 copay	$0 copay	$50 copay
Specialist	$40 copay	$65 copay	$25 copay	$50 copay	$35 copay	$65 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: $35 copay	PCP: $50 copay Specialist: $65 copay

Inpatient Care	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Inpatient hospital care	$450 per day, 1-5 $0 per day, 6+	$2,000 copay per stay	$425 per day, 1-8 $0 per day, 9+	$1,950 copay per stay	$375 per day, 1-7 $0 per day, 8+	$475 per day, 1-7 $0 per day, 8+
Skilled nursing facility (SNF)	$10 per day, 1-20 $200 per day, 21-100	$200 per day, 1-100	$20 per day, 1-20 $125 per day, 21-100	$200 per day, 1-100	$10 per day, 1-20 $200 per day, 21-100	$200 per day, 1-100

Outpatient Care	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Outpatient hospital	$450 copay	50% of total cost	$375 – $575 copay	$575 copay	$375 copay	30% of total cost
Ambulatory surgery center	$300 copay	$400 copay	$225 copay	$325 copay	20% of total cost	30% of total cost
Home health care	$0 copay	50% of total cost	$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	$0 copay	50% of total cost
Durable medical equipment	20% of total cost	50% of total cost	20% of total cost	30% of total cost	20% of total cost	30% of total cost

	ATRIO Choice Rx (PPO) *H6743-025*		ATRIO Prime Rx (PPO) *H6743-026*		ATRIO Freedom (PPO) *H6743-027*	
Labs & Tests	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**
Laboratory tests	$0 copay	$20 copay	$0 copay	$0 copay	$0 copay	15% of total cost
Diagnostic imaging (MRI/CT/PET)	$0 - $150 copay	30% of total cost	$0 - $100 copay	30% of total cost	0 - 20% of total cost	30% of total cost
X-rays	$20 copay	$20 copay	$15 copay	$15 copay	$20 copay	30% of total cost
Emergency Services						
Ambulance *(air & ground)*	$350 copay		$375 copay		$275 copay	
Emergency room**	$125 copay		$150 copay		$125 copay	
Urgently needed care	$50 copay		$60 copay		$50 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) *H6743-025*	ATRIO Prime Rx (PPO) *H6743-026*	ATRIO Freedom (PPO) *H6743-027*
Flex Card Benefits			
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)	$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	$250 allowance every six months†, loaded to your Flex Card, for gym membership fees and fitness classes ($500 annual allowance)	$200 allowance every six months†, loaded to your Flex Card, for gym membership fees and fitness classes ($400 annual allowance)	$250 allowance annually, loaded to your Flex Card, for gym membership fees and fitness classes
Preventive & comprehensive dental services	$200 allowance every three months†, loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures ($800 annual allowance)	$200 allowance every three months†, loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures ($800 annual allowance)	$400 allowance every six months†, loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures ($800 annual allowance)
Over-the-Counter (OTC) items	$60 allowance every three months†, loaded to your Flex Card, for select OTC items ($240 annual allowance)	$60 allowance every three months†, loaded to your Flex Card, for select OTC items ($240 annual allowance)	$50 allowance every three months†, loaded to your Flex Card, for select OTC items ($200 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)	$0 copay, 1 exam per year (in-network only)
Routine vision hardware	$150 allowance for frames (standard lenses included) or contact lenses per year	$200 allowance for frames (standard lenses included) or contact lenses per year	$150 allowance for frames (standard lenses included) or 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	$1,500 annual allowance (in-network only)	$1,500 annual allowance (in-network only)	$1,500 annual allowance (in-network only)

	ATRIO Choice Rx (PPO) *H6743-025*	ATRIO Prime Rx (PPO) *H6743-026*	ATRIO Freedom (PPO) *H6743-027*
Annual physical exam	$0 copay	$0 copay	$0 copay
Transportation	Not covered	$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
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

† 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.

	ATRIO Choice Rx (PPO) *H6743-025*		ATRIO Prime Rx (PPO) *H6743-026*		ATRIO Freedom (PPO) *H6743-027*
Part D Deductible	$300		$0		Plan does not include drug coverage
	30-day supply	**90-day supply**	**30-day supply**	**90-day supply**	
Tier 1 (Preferred generic)	$0 copay	$0 copay	$0 copay	$0 copay	
Tier 2 (Generic)	$8 copay	$16 copay	$8 copay	$16 copay	
Tier 3* (Preferred brand)	$47 copay	$94 copay	$35 copay	$70 copay	
Tier 4* (Non-preferred drug)	$100 copay	$200 copay	$60 copay	$120 copay	
Tier 5* (Specialty)	29% of total cost	Not Available	25% of total cost	Not Available	
Tier 6 (Select care drugs)	$0 copay	$0 copay	$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 Member Services or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.