

2010 Summary of Benefits

Medical Coverage with Prescription Drug Benefit

ATRIO MyAdvantage II (HMO)
ATRIO MyAdvantage II Rx (HMO)



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CMS Approved 08/27/09



Affordable
Comprehensive
Reliable

SERVING MEDICARE BENEFICIARIES IN DOUGLAS AND KLAMATH COUNTIES

Introduction to the Summary of Benefits Report

for **ATRIO *MyAdvantage II*** (HMO)
and **ATRIO *MyAdvantage II Rx*** (HMO)

January 1, 2010 - December 31, 2010

DOUGLAS AND KLAMATH COUNTIES

SECTION I

Thank you for your interest in ATRIO ***MyAdvantage II*** (HMO) and/or ATRIO ***MyAdvantage II Rx*** (HMO). Our plan is offered by ATRIO HEALTH PLANS/ATRIO ***MyAdvantage***, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. 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 ***MyAdvantage II*** (HMO) and ATRIO ***MyAdvantage II Rx*** (HMO) and ask for the "Evidence of Coverage."



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 **MyAdvantage II** (HMO) or ATRIO **MyAdvantage II Rx** (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program. You may join or leave a plan only at certain times. Please call ATRIO **MyAdvantage II** (HMO) and ATRIO **MyAdvantage II Rx** (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TTD 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 **MyAdvantage II** (HMO), ATRIO **MyAdvantage II Rx** (HMO), 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 each 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 ARE ATRIO MYADVANTAGE II (HMO) AND ATRIO MYADVANTAGE II Rx (HMO) AVAILABLE?

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

**Indicates a partial county — Klamath County with the exception of zip codes 97425, 97731, 97733, 97739*

WHO IS ELIGIBLE TO JOIN ATRIO MYADVANTAGE II (HMO) OR ATRIO MYADVANTAGE II Rx (HMO)?

You can join ATRIO **MyAdvantage II** (HMO) or ATRIO **MyAdvantage II Rx** (HMO) 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 **MyAdvantage II** (HMO) or ATRIO **MyAdvantage II Rx** (HMO) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

ATRIO **MyAdvantage II** (HMO) and ATRIO **MyAdvantage II Rx** (HMO) have formed a network of doctors, specialists, and hospitals. You can only use doctors who are part 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?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither ATRIO **MyAdvantage II** (HMO) or ATRIO **MyAdvantage II Rx** (HMO), nor the Original Medicare Plan will pay for these services.

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

ATRIO **MyAdvantage II** (HMO) does cover Medicare Part B prescription drugs. ATRIO **MyAdvantage II** (HMO) does NOT cover Medicare Part D prescription drugs.

ATRIO **MyAdvantage II Rx** (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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 *MyAdvantage II* (HMO) or ATRIO *MyAdvantage II Rx* (HMO) 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.**

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

ATRIO *MyAdvantage II Rx* (HMO) 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.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

ATRIO *MyAdvantage II Rx* (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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.

SUMMARY OF BENEFITS

January 1, 2010 - December 31, 2010



HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

You may be able to get extra help for your prescription drug premiums and 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;
- ❖ 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 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of ATRIO **MyAdvantage II** (HMO) or ATRIO **MyAdvantage II Rx** (HMO), 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, Accumentra Health (800) 344-4354.

As a member of ATRIO **MyAdvantage II Rx** (HMO), 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 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, Accumentra Health (800) 344-4354.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may 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 **MyAdvantage II** (HMO) and ATRIO **MyAdvantage II Rx** (HMO) for more details.

WHAT SHOULD I DO IF I HAVE OTHER INSURANCE?

If you have a Medigap (Medicare Supplement Insurance) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap issuer will remove the prescription drug coverage

portion from your Medigap policy. This will occur as of the effective date of your Medicare Prescription Drug plan coverage. Your Issuer will adjust your premium. Call your Medigap issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find how your benefits will be affected if you join ATRIO **MyAdvantage II** (HMO) or ATRIO **MyAdvantage II Rx** (HMO). Get this information before you decide to enroll in this plan.

Please call ATRIO Health Plans for more information about ATRIO **MyAdvantage II** (HMO) and ATRIO **MyAdvantage II Rx** (HMO).

Visit us at MemberServices@ATRIOhp.com or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 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 or 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 Advantage Program or the Medicare Part D Prescription Drug program. (TTY/TDD (800) 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.

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

SECTION II
Summary of Benefits Report for Contract H3814, Plan 005 & Plan 006

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO <i>MYADVANTAGE II</i> (HMO) & ATRIO <i>MYADVANTAGE II Rx</i> (HMO)
IMPORTANT INFORMATION		
<p>1 - Premium and Other Important Information</p>	<p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</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, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General</p> <p>ATRIO <i>MyAdvantage II</i> (HMO) \$99 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>ATRIO <i>MyAdvantage II Rx</i> (HMO) \$133 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$1,750 out-of-pocket limit. All plan services included.</p>
<p>2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals. Referral required for network specialists (for certain benefits).</p> <p>Out-of-Network Plan covers you when you travel in the U.S.</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 <i>MYADVANTAGE II</i> (HMO) & ATRIO <i>MYADVANTAGE II Rx</i> (HMO)
INPATIENT CARE		
<p>3 - Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1,068 deductible</p> <p>Days 61 - 90: \$267 per day</p> <p>Days 91 - 150: \$534 per lifetime reserve day</p> <p>These amounts will change for 2010.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>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</p> <p>For Medicare-covered stays:</p> <p>Days 1 - 8: \$150 copay per day. Days 9 - 90: \$0 copay per day. \$0 copay for additional hospital days. \$1,200 out of pocket limit every stay.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE II (HMO) & ATRIO MYADVANTAGE II Rx (HMO)
INPATIENT CARE		
<p>4 - Inpatient Mental Health Care</p>	<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>For Medicare-covered hospital stays:</p> <p>Days 1 - 8: \$150 copay per day.</p> <p>Days 9 - 90: \$0 copay per day.</p> <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:</p> <p>Days 1 - 60: \$0 copay per day.</p> <p>\$1,200 out of pocket limit every stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</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 MYADVANTAGE II (HMO) & ATRIO MYADVANTAGE II Rx (HMO)
INPATIENT CARE		
<p>5 - Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)</p>	<p>In 2009 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: \$133.50 per day</p> <p>These amounts will change for 2010.</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 For Medicare-covered SNF stays" Days 1 - 100: \$10 per day</p> <p>Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p>
<p>6 - Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE II (HMO) & ATRIO MYADVANTAGE II Rx (HMO)
OUTPATIENT CARE		
8 - Doctor Office Visits	20% coinsurance.	<p>General See "Physical Exams" for more information. Authorization rules may apply.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$50 copay for each in-area, network urgent care Medicare-covered visit. \$20 copay for each specialist visit for Medicare-covered benefits.</p>
9 - Chiropractic Services	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 provider.	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay 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 provider.</p>
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 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</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 MYADVANTAGE II (HMO) & ATRIO MYADVANTAGE II Rx (HMO)
OUTPATIENT CARE		
11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for each Medicare-covered individual or group therapy visit.</p>
12 - Outpatient Substance Abuse Care	20% coinsurance.	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for each Medicare-covered individual or group visit.</p>
13 - Outpatient Services/Surgery	20% coinsurance for the doctor. 20% of outpatient facility charges.	<p>General Authorization rules may apply.</p> <p>In-Network \$150 copay for each Medicare-covered ambulatory surgical center visit. \$150 copay for each Medicare-covered outpatient hospital facility visit.</p>
14 - Ambulance Services (Medically necessary ambulance services)	20% coinsurance.	<p>In-Network \$100 copay for Medicare-covered ambulance benefits. If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE II (HMO) & ATRIO MYADVANTAGE II Rx (HMO)
OUTPATIENT CARE		
<p>15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor. 20% of facility charge, or a set copay per emergency room visit. 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.</p>	<p>General \$50 copay for Medicare-covered emergency room visits. This amount applies toward your in and out-of-network plan deductible. 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.</p>
<p>16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$50 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.</p>
<p>17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</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 <i>MYADVANTAGE II</i> (HMO) & ATRIO <i>MYADVANTAGE II Rx</i> (HMO)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance.	General Authorization rules may apply. In-Network 10% of the cost for Medicare-covered items.
19 - Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	General Authorization rules may apply. In-Network 10% of the cost for Medicare-covered items.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (Includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	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.	General Authorization rules may apply. 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 \$15 copay may apply.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE II (HMO) & ATRIO MYADVANTAGE II Rx (HMO)
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>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> • X-rays • diagnostic radiology services (not including X-rays) • therapeutic radiology services <p>0% of the cost for Medicare-covered lab services. 0% to 10% of the cost for Medicare-covered diagnostic procedures and tests. Separate Office Visit cost sharing of \$15 copay may apply.</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 MYADVANTAGE II (HMO) & ATRIO MYADVANTAGE II Rx (HMO)
PREVENTIVE SERVICES		
22 - Bone Mass Measurement (For people with Medicare who are at risk)	20% coinsurance. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	In-Network \$0 copay for each Medicare-covered bone mass measurement. Separate Office Visit cost sharing of \$15 copay may apply.
23 - Colorectal Screening Exams (For people with Medicare age 50 and older)	20% coinsurance 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 \$15 copay may apply.
24 - Immunizations (Flu vaccine, Hepatitis B vaccine — for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for the Flu and Pneumonia vaccines. 20% coinsurance the Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	In-Network \$0 copay for the Flu and Pneumonia vaccines. \$0 copay for the Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines.
25 - Mammograms (Annual Screening) (For women with Medicare age 40 and older)	20% coinsurance. 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.	In-Network \$0 copay for Medicare-covered screening mammograms. Separate Office Visit cost sharing of \$15 copay may apply.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE II (HMO) & ATRIO MYADVANTAGE II Rx (HMO)
PREVENTIVE SERVICES		
26 - Pap Smears and Pelvic Exams (For women with Medicare)	\$0 copay for pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for pelvic exams.	In-Network \$0 copay for Medicare-covered pap smears and pelvic exams. Separate Office Visit cost sharing of \$15 copay may apply.
27 - Prostate Cancer Screening Exams (For men with Medicare age 50 and older)	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.	In-Network \$0 copay for Medicare-covered prostate cancer screening. Separate Office Visit cost sharing of \$15 copay may apply.
28 - End-Stage Renal Disease	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.	In-Network \$0 copay for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease.

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 MYADVANTAGE II (HMO) & ATRIO MYADVANTAGE II Rx (HMO)
PRESCRIPTION DRUGS		
29 - Prescription Drugs	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>Drugs Covered under Medicare Part B: General: 10% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs Covered under Medicare Part D: ATRIO MyAdvantage II (HMO) General: This plan does not offer prescription drug coverage. Most drugs not covered.</p>

PLEASE NOTE COLUMN HEADING CHANGES IN BELOW SECTION

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE II Rx (HMO)
		<p>Drugs Covered under Medicare Part D: General: 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. Different 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 <i>MYADVANTAGE II Rx</i> (HMO)
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>MyAdvantage II Rx</i> (HMO) 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 for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <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 <i>MyAdvantage II Rx</i> (HMO) approves the exception, you will pay TIER 2 – PREFERRED BRAND cost sharing for that drug.</p> <p>In-Network \$310 yearly deductible.</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 <i>MYADVANTAGE II Rx</i> (HMO)
PRESCRIPTION DRUGS		
29 - Prescription Drugs <i>(continued)</i>		<p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy</p> <p>TIER 1 - GENERICS</p> <ul style="list-style-type: none"> • \$4 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</p> <ul style="list-style-type: none"> • \$31 copay for a one-month (31 day) supply of drugs in this tier • \$93 copay for a three-month (90 day) supply of drugs in this tier <p>TIER 3 - NON-PREFERRED BRAND</p> <ul style="list-style-type: none"> • \$50 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</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier • 25% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Long Term Care Pharmacy</p> <p>TIER 1 - GENERICS</p> <ul style="list-style-type: none"> • \$4 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 2 - PREFERRED BRAND</p> <ul style="list-style-type: none"> • \$31 copay for a one-month (31 day) supply of drugs in this tier <p>TIER 3 - NON-PREFERRED BRAND</p> <ul style="list-style-type: none"> • \$50 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 4 - SPECIALTY</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE II Rx (HMO)
PRESCRIPTION DRUGS		
<p>29 - Prescription Drugs <i>(continued)</i></p>		<p>Mail Order</p> <p>TIER 1 - GENERICS</p> <ul style="list-style-type: none"> • \$4 copay for a one-month (31 day) supply of all drugs covered in this tier from a mail order pharmacy • \$8 copay for a three-month (90 day) supply of all drugs covered in this tier from a mail order pharmacy <p>TIER 2 - PREFERRED BRAND</p> <ul style="list-style-type: none"> • \$31 copay for a one-month (31 day) supply of all drugs covered in this tier from a preferred mail order pharmacy • \$62 copay for a three-month (90 day) supply of all drugs covered in this tier from a preferred mail order pharmacy <p>TIER 3 - NON-PREFERRED BRAND</p> <ul style="list-style-type: none"> • \$50 copay for a one-month (31 day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy • \$100 copay for a three-month (90 day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy <p>TIER 4 - SPECIALTY</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of all drugs covered in this tier from a specialty mail order pharmacy • 25% coinsurance for a three-month (90 day) supply of all drugs covered in this tier from a specialty mail order pharmacy <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</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 <i>MYADVANTAGE II Rx</i> (HMO)
PRESCRIPTION DRUGS		
29 - Prescription Drugs <i>(continued)</i>		<p>Catastrophic Coverage</p> <p>After your yearly 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</p> <p>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 documentation to receive reimbursement from ATRIO <i>MyAdvantage II Rx</i> (HMO).</p> <p>Out-of-Network Initial Coverage</p> <p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>TIER 1 - GENERICS</p> <ul style="list-style-type: none"> • \$4 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 2 - PREFERRED BRAND</p> <ul style="list-style-type: none"> • \$31 copay for a one-month (31 day) supply of drugs in this tier <p>TIER 3 - NON-PREFERRED BRAND</p> <ul style="list-style-type: none"> • \$50 copay for a one-month (31-day) supply of drugs in this tier <p>TIER 4 - SPECIALTY</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO <i>MYADVANTAGE II Rx</i> (HMO)
PRESCRIPTION DRUGS		
<p>29 - Prescription Drugs <i>(continued)</i></p>		<p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by ATRIO <i>MyAdvantage II Rx</i> (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to ATRIO <i>MyAdvantage II Rx</i> (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage After your yearly 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 the following:</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 <i>MYADVANTAGE II</i> (HMO) & ATRIO <i>MYADVANTAGE II Rx</i> (HMO)
OTHER SERVICES		
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	In-Network In general, preventive dental benefits (such as cleaning) not covered. \$20 copay for Medicare-covered dental benefits.
31 - Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	In-Network In general, routine hearing exams and hearing aids not covered. \$20 copay for Medicare-covered diagnostic hearing exams.
32 - Vision Services	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.	In-Network \$0 copay for: <ul style="list-style-type: none"> • one pair of eyeglasses or contact lenses after cataract surgery • up to 1 pair(s) of glasses every two years • up to 1 pair(s) of contacts every two years • up to 1 pair(s) of lenses every two years • up to 1 frame(s) every two years \$20 copay for exams to diagnose and treat diseases and conditions of the eye. \$20 copay for up to 1 routine eye exam(s) every year. \$200 limit for eye exams and eye wear every two years. Plan offers additional vision benefits.
33 - Physical Exams	20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage. When you get Medicare Part B, you get a one time physical exam within the first 12 months of your new Part B coverage. This coverage does not include lab tests.	In-Network \$0 copay for routine exams. Limited to 1 exam(s) every year.

BENEFIT CATEGORY	ORIGINAL MEDICARE	ATRIO MYADVANTAGE II (HMO) & ATRIO MYADVANTAGE II Rx (HMO)
OTHER SERVICES		
34 - Health/Wellness Education	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>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered smoking cessation counseling session.</p>
35 - Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover routine transportation.</p>
36 - Acupuncture	Not covered.	<p>In-Network This plan does not cover Acupuncture.</p>

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

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 **MyAdvantage II** (HMO) and ATRIO **MyAdvantage II Rx** (HMO):

PREVENTIVE BENEFITS

- Routine Physical Exams 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

- Routine vision services are covered up to a \$200 maximum benefit every two years for vision exams and hardware purchases.
- 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.

VISITOR/TRAVEL PROGRAM

- These plans offer a \$1,000 out-of-area travel allowance for routine services. There are no authorizations required for these services. Emergency and urgently needed care, and out of area dialysis services, do not fall into this category and are covered separately as outlined in #15 and #16 in Section II of this summary of benefits.

ATRIO Health Plans has a Medicare Advantage contract with the Centers for Medicare and Medicaid Services (CMS), the branch of the Federal government that administers Medicare. This contract is renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed. Enrolled members must use ATRIO Health Plan providers for routine care.

**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 co-pays 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	<100% Poverty	\$0	\$1.10 - Generic \$3.30 - Brand	\$1.10 - Generic \$3.30 - Brand	\$0
II	<135% Poverty	\$0	\$2.50 - Generic \$6.30 - Brand	\$2.50 - Generic \$6.30 - Brand	\$0
III	<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

500 SE Cass Ave., Suite 230

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: 500 SE Cass Ave., Suite 230 | 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 Health Plans is a Coordinated Care Plan (CCP) with a Medicare Advantage contract.

www.ATRIOhp.com



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