



Please return signed applications via one of the following methods:

EMAIL: [secure email link](#) (Ctrl+Click)
 tiffany@lowinsure.com

FAX: **1-541-284-2994**

MAIL: **CDA Insurance LLC**
 P.O. Box 26540
 Eugene, OR 97402

CONTACT: Tiffany Jackson, independent agent, with any questions or concerns.
 Email: tiffany@lowinsure.com or phone: **1-800-884-4324**

- If using the Annual Enrollment Period, please return between October 15th and December 7th for a January 1st effective date.
- All other enrollments will be processed for the first of the month following receipt of the application. A valid Enrollment Period is required by CMS.

DOCUMENTS: Provider directory, pharmacy directory, star ratings and formulary search are located under each company heading.

- www.medicare-oregon.com
- www.medicare-washington.com
- www.medicare-idaho.com
- www.medicare-texas.net

TPMO disclaimer: CDA Insurance LLC may not offer every plan available in your area. Currently represented in the Medicare Advantage market are all plans available from: 8 insurance companies in the state of Oregon, 4 in the state of Washington, 3 in the state of Idaho, and 3 in the state of Texas. Any information provided is limited to those plans we do offer in your area. For a breakdown by county, please visit our websites: [Oregon](#), [Washington](#), [Idaho](#), [Texas](#) Please contact Medicare.gov, 1-800-MEDICARE to obtain information on all of your options.

2027 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

Klamath County (Partial), OR
Covered zip codes: 97601, 97602, 97603, 97604, 97621, 97622, 97623, 97624, 97625, 97626, 97627, 97632, 97633, 97634, 97639

Medical Benefits

Plan Costs	ATRIO Choice Rx (PPO) H6743-001		ATRIO Prime Rx (PPO) H6743-030		ATRIO Freedom (PPO) H6743-031	
Monthly plan premium	\$26		\$139		\$0	
Plan deductible	\$0		\$0		\$110	
Annual out-of-pocket maximum*	\$7,150 In-network	\$10,750 Combined (In and Out-of-network)	\$4,450 In-network	\$6,700 Combined (In and Out-of-network)	\$7,150 In-network	\$9,000 Combined (In and Out-of-network)
Part B premium giveback	Not Available		Not Available		\$25 per month	

Doctor Office Visits	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Primary care provider (PCP)	\$0 copay	\$60 copay	\$0 copay	\$30 copay	\$10 copay	\$50 copay
Specialist	\$60 copay	\$75 copay	\$35 copay	\$50 copay	\$45 copay	\$65 copay
Telehealth (if provider offers Telehealth)	PCP: \$0 copay Specialist: \$60 copay	PCP: \$60 copay Specialist: \$75 copay	PCP: \$0 copay Specialist: \$35 copay	PCP: \$30 copay Specialist: \$50 copay	PCP: \$10 copay Specialist: \$45 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	\$435 per day, 1-7 \$0 per day, 8+	\$550 per day, 1-7 \$0 per day, 8-90	\$425 per day, 1-7 \$0 per day, 8+	\$550 per day, 1-7 \$0 per day, 8-90	\$425 per day, 1-7 \$0 per day, 8+	\$475 per day, 1-7 \$0 per day, 8-90
Skilled nursing facility (SNF)	\$10 per day, 1-20 \$214 per day, 21-100	\$300 per day, 1-100	\$20 per day, 1-20 \$203 per day, 21-100	\$500 per day, 1-100	\$10 per day, 1-20 \$203 per day, 21-100	\$203 per day, 1-100

Outpatient Care	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Outpatient hospital	\$500 copay	\$600 copay	\$350 copay	\$450 copay	20% of total cost	30% of total cost
Ambulatory surgery center	\$225 copay	\$225 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	50% of total cost	20% of total cost	30% of total cost

	ATRIO Choice Rx (PPO) <i>H6743-001</i>		ATRIO Prime Rx (PPO) <i>H6743-030</i>		ATRIO Freedom (PPO) <i>H6743-031</i>	
Labs & Tests	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Laboratory tests	\$0 copay	15% of total cost	\$0 copay	\$0 copay	\$20 copay	15% of total cost
Diagnostic imaging (MRI/CT/PET)	0 - 20% of total cost	30% of total cost	0 - 20% of total cost	50% of total cost	0 - 20% of total cost	30% of total cost
X-rays	\$30 copay	30% of total cost	\$15 copay	30% of total cost	\$20 copay	30% of total cost
Emergency Services						
Ambulance (air & ground)	\$350 copay		\$275 copay		\$275 copay	
Emergency room**	\$130 copay		\$150 copay		\$125 copay	
Urgently needed care	\$50 copay		\$65 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) <i>H6743-001</i>	ATRIO Prime Rx (PPO) <i>H6743-030</i>	ATRIO Freedom (PPO) <i>H6743-031</i>
Flex Card Benefits			
Routine chiropractic, acupuncture, and naturopathy services	\$200 allowance every six months [†] , loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$400 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)
Preventive & comprehensive dental services	\$200 allowance every six months [†] , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$400 annual allowance)	\$300 allowance every six months [†] , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$600 annual allowance)	\$300 allowance every six months [†] , loaded to your Flex Card, for comprehensive and preventive dental services. Excludes cosmetic procedures (\$600 annual allowance)
Over-the-Counter (OTC) items	\$20 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$80 annual allowance)	\$60 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$240 annual allowance)	\$25 allowance every three months [†] , loaded to your Flex Card, for select OTC items (\$100 total annual allowance)

Supplemental Benefits

Fitness benefit	\$175 every six months [†] , available through reimbursement for gym membership fees and fitness classes	\$150 every six months [†] , available through reimbursement for gym membership fees and fitness classes	\$100 every six months [†] , available through reimbursement for gym membership fees and fitness classes
Routine vision exam	\$0 copay, 1 exam per year	\$0 copay, 1 exam per year	\$0 copay, 1 exam per year
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	\$0 copay 1 exam per year	\$0 copay 1 exam per year
Hearing aids	\$699 to \$999 copay, for each hearing aid, up to 2 hearing aids per year (in-network only)	\$699 to \$999 copay, for each hearing aid, up to 2 hearing aids per year (in-network only)	\$699 to \$999 copay, for each hearing aid, up to 2 hearing aids per year (in-network only)

	ATRIO Choice Rx (PPO) H6743-001	ATRIO Prime Rx (PPO) H6743-030	ATRIO Freedom (PPO) H6743-031
Annual physical exam	\$0 copay	\$0 copay	\$0 copay
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) H6743-001		ATRIO Prime Rx (PPO) H6743-030		ATRIO Freedom (PPO) H6743-031
Part D Deductible	\$350		\$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)	\$10 copay	\$20 copay	\$8 copay	\$16 copay	
Tier 3* (Preferred brand)	\$47 copay	\$94 copay	\$47 copay	\$94 copay	
Tier 4* (Non-preferred drug)	\$100 copay	\$200 copay	\$100 copay	\$200 copay	
Tier 5* (Specialty)	28% of total cost	Not Available	33% 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 \$2,400 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, 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.

