ATRIO™
HEALTH PLANS

2027
Annual Notice of Changes

Marion and Polk Counties, Oregon

ATRIO Choice Rx (PPO)

H7006-007

ATRIO Choice Rx (PPO) offered by ATRIO Health Plans

Annual Notice of Change for 2027

You're enrolled as a member of ATRIO Choice Rx (PPO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in ATRIO Choice Rx (PPO).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-877-672-8620 (TTY users call 711) for more information. Hours are daily 8 a.m. to 8 p.m. local time. This call is free.
- This information is available in large print.

About ATRIO Choice Rx (PPO)

- ATRIO Health Plans are PPO, PPO C-SNP and HMO D-SNP plans with Medicare and Oregon Health Plan contracts. Enrollment in ATRIO Health Plans depends on contract renewal.
- When this material says "we," "us," or "our," it means ATRIO Health Plans. When it says "plan" or "our plan," it means ATRIO Choice Rx (PPO).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in ATRIO Choice Rx (PPO)**. Starting January 1, 2027, you'll get your medical and drug coverage through ATRIO Choice Rx (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: $6,750 From network and out-of-network providers combined: $9,900	**From network providers: $7,900** **From network and out-of-network providers combined: $10,750**
Primary care office visits	**In-Network:** $0 copay per visit **Out-of-Network:** $50 copay per visit	**In-Network:** **$0 copay per visit** **Out-of-Network:** **$50 copay per visit**
Specialist office visits	**In-Network:** $40 copay per visit **Out-of-Network:** $65 copay per visit	**In-Network:** **$50 copay per visit** **Out-of-Network:** **$70 copay per visit**

	2026 (this year)	2027 (next year)
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	**In-Network:** $450 copay each day for days 1 to 5 and $0 copay each day for days 6 to 90 for Medicare-covered hospital care. $0 copay for additional Medicare-covered days. **Out-of-Network:** You pay a $550 copay each day for days 1 to 5 and $0 copay each day for days 6 to 90 for Medicare-covered hospital care.	**In-Network:** **$470 copay each day for days 1 to 5 and $0 copay each day for days 6 to 90 for Medicare-covered hospital care.** **$0 copay for additional Medicare-covered days.** **Out-of-Network:** **$570 copay each day for days 1 to 5 and $0 copay each day for days 6 to 90 for Medicare-covered hospital care.**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $200 except for covered insulin products and most adult Part D vaccines. You pay the full cost of drugs on Tier 3, Tier 4, and Tier 5 drugs. Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: $0 copay Drug Tier 2: $8 copay Drug Tier 3: $47 copay The most you will pay is $35 per month supply of each covered insulin product on this tier.	**Part D drug coverage deductible** **$500 except for covered insulin products and most adult Part D vaccines. You pay the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reach the yearly deductible.** **Copayment/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1: $0 copay** **Drug Tier 2: $8 copay** **Drug Tier 3: $47 copay** **The most you will pay is $35 per month supply of each covered insulin product on this tier.**

	2026 (this year)	2027 (next year)
	Drug Tier 4: $100 copay You pay $35 per month supply of each covered insulin product on this tier. Drug Tier 5: 30% coinsurance Drug Tier 6: $0 copay	**Drug Tier 4: $100 copay** **The most you will pay is $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5: 28% coinsurance** **Drug Tier 6: $0 copay**
	Catastrophic Coverage Stage: During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.	**Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	**$0**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$6,750	**$7,900** **Once you've paid $7,900 out of pocket for covered Part A and Part B services from network providers, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.**
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.	$9,900	**$10,750** **Once you've paid $10,750 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* atriohp.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at atriohp.com.

- Call Member Services at 1-877-672-8620 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-877-672-8620 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are no changes to our network of pharmacies for next year.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-877-672-8620 (TTY users call 1-877-672-8620) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	**2027 (next year)**
Medicare-covered acupuncture for chronic low back pain - Cost-Sharing	**Out-of-Network** You pay a $65 copay for each Medicare-covered service.	**Out-of-Network You pay a $70 copay for each Medicare-covered service.**
Alternative therapies (Acupuncture, chiropractic, and naturopathy services) - Maximum plan amount	$200 allowance every six months, loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services.	**$100 allowance every six months, loaded to your Flex Card for combined routine chiropractic, acupuncture and naturopathy services.**

	2026 (this year)	2027 (next year)
Cardiac rehabilitation services - Intensive - Cost-Sharing	**In-Network** You pay a $20 copay for each Medicare-covered service.	**In-Network** **You pay a $25 copay for each Medicare-covered service.**
Cardiac rehabilitation services - Non-Intensive - Cost-Sharing	**In-Network** You pay a $20 copay for each Medicare-covered service.	**In-Network** **You pay a $25 copay for each Medicare-covered service.**
Dental services - Maximum plan amount	$300 allowance every three months for all in-network and out-of-network covered services for all additional preventive and comprehensive dental services.	**$150 allowance every three months loaded to your Flex card, for all additional preventive and comprehensive dental services. Excludes cosmetic procedures.**
Diabetes self-management training, diabetic services, and supplies - Diabetic monitoring devices - Cost-Sharing **Diabetes self-management training, diabetic services, and supplies - Diabetic monitoring devices - Cost-Sharing**	**In-Network** Diabetic Monitors are not offered as a separate Medicare-covered benefit. **Out-of-Network** Diabetic Monitors are not offered as a separate Medicare-covered benefit.	**In-Network** **You pay a $0 copay for each Medicare-covered service.** **Out-of-Network** **You pay a $0 copay for each Medicare-covered service.**
Emergency care - Cost-Sharing	You pay a $130 copay for each Medicare-covered service. Copay is waived if you are admitted to a hospital within 24 hours.	**You pay a $115 copay for each Medicare-covered service.** **Copay is waived if you are admitted to a hospital within 24 hours.**

	2026 (this year)	2027 (next year)
Fitness program - Maximum plan amount	$225 allowance every six months loaded to your Flex Card, for gym membership fees and fitness classes.	**$180 allowance every six months, available through reimbursement for gym membership fees and fitness classes.**
Hearing services - Additional routine hearing exams - Cost-Sharing	**Out-of-Network** You pay a $65 copay.	**Out-of-Network** **You pay a 80% coinsurance.**
Hearing services - Fitting-evaluation(s) for hearing aids - Cost-Sharing	**Out-of-Network** You pay a 50% coinsurance.	**Out-of-Network** **You pay a 80% coinsurance.**
Hearing services - Hearing aids - All types - Cost-Sharing	**Out-of-Network** You pay a $699 - $999 copay depending on the style.	**Out-of-Network** **You pay a 80% coinsurance.**
Inpatient hospital care - Cost-Sharing	**In-Network** You pay a $450 copay each day for days 1 to 5 and $0 copay each day for days 6 to 90 for Medicare-covered hospital care. $0 copay for additional Medicare-covered days. Medicare hospital benefit periods apply.	**In-Network** **You pay a $470 copay each day for days 1 to 5 and $0 copay each day for days 6 to 90 for Medicare-covered hospital care.** **$0 copay for additional Medicare-covered days.** **Medicare hospital benefit periods apply.**
Inpatient hospital care - Cost-Sharing	**Out-of-Network** You pay a $550 copay each day for days 1 to 5 and $0 copay each day for days 6 to 90 for Medicare-covered hospital care.	**Out-of-Network** **You pay a $570 copay each day for days 1 to 5 and $0 copay each day for days 6 to 90 for Medicare-covered hospital care.**

	2026 (this year)	2027 (next year)
Inpatient services in a psychiatric hospital - Cost-Sharing	**In-Network** You pay a $450 copay each day for days 1 to 5 and $0 copay each day for days 6 to 90 for Medicare-covered hospital care. $0 copay for an additional 60 lifetime reserve days. Medicare hospital benefit periods apply.	**In-Network** **You pay a $415 copay each day for days 1 to 5 and $0 copay each day for days 6 to 90 for Medicare-covered hospital care.** **$0 copay for an additional 60 lifetime reserve days.** **Medicare hospital benefit periods apply.**
Inpatient services in a psychiatric hospital - Cost-Sharing	**Out-of-Network** You pay a $550 copay each day for days 1 to 5 and $0 copay each day for days 6 to 90 for Medicare-covered hospital care.	**Out-of-Network** **You pay a $515 copay each day for days 1 to 5 and $0 copay each day for days 6 to 90 for Medicare-covered hospital care.**
Opioid treatment program services - Cost-Sharing	**In-Network** You pay a $40 copay for each Medicare-covered service.	**In-Network** **You pay a $50 copay for each Medicare-covered service.**
Outpatient mental health care - Non-psychiatric services - Group sessions - Cost-Sharing	**In-Network** You pay a $40 copay for each Medicare-covered Group Session.	**In-Network** **You pay a $50 copay for each Medicare-covered Group Session**.
Outpatient mental health care - Non-psychiatric services - Individual sessions - Cost-Sharing	**In-Network** You pay a $40 copay for each Medicare-covered Individual Session.	**In-Network** **You pay a $50 copay for each Medicare-covered Individual Session**.

	2026 (this year)	2027 (next year)
Outpatient mental health care - Psychiatric services - Group sessions - Cost-Sharing	**In-Network** You pay a $40 copay for each Medicare-covered Group Session.	**In-Network** **You pay a $50 copay for each Medicare-covered Group Session**.
Outpatient mental health care - Psychiatric services - Individual sessions - Cost-Sharing	**In-Network** You pay a $40 copay for each Medicare-covered Individual Session.	**In-Network** **You pay a $50 copay for each Medicare-covered Individual Session**.
Outpatient rehabilitation services - Occupational therapy - Cost-Sharing	**In-Network** You pay a $20 copay for each Medicare-covered service.	**In-Network** **You pay a $35 copay for each Medicare-covered service.**
Outpatient rehabilitation services - Physical therapy and speech-language pathology - Cost-Sharing	**In-Network** You pay a $20 copay for each Medicare-covered service.	**In-Network** **You pay a $35 copay for each Medicare-covered service.**
Outpatient substance use disorder services - Group sessions - Cost-Sharing	**In-Network** You pay a $40 copay for each Medicare-covered Group Session.	**In-Network** **You pay a $50 copay for each Medicare-covered Group Session**.
Outpatient substance use disorder services - Individual sessions - Cost-Sharing	**In-Network** You pay a $40 copay for each Medicare-covered Individual Session.	**In-Network** **You pay a $50 copay for each Medicare-covered Individual Session**.

	2026 (this year)	2027 (next year)
Over-the-counter (OTC) Benefit - Maximum plan amount	$34 allowance every three months to be used toward the purchase of over-the-counter (OTC) health and wellness products. Unused credits do not roll over to the next period.	**Not covered.**
Physician/Practitioner services, including doctor's office visits - Additional telehealth services - Cost-Sharing	**In-Network** You pay a $0 - $40 copay depending on the Medicare-covered service.	**In-Network** **You pay a $0 - $50 copay for primary care physician services, physician specialist services, individual sessions for mental health specialty services, individual sessions for psychiatric services.**
Physician/Practitioner services, including doctor's office visits - Specialist - Cost-Sharing	**In-Network** You pay a $40 copay for each Medicare-covered service.	**In-Network** **You pay a $50 copay for each Medicare-covered service.**
Physician/Practitioner services, including doctor's office visits - Specialist - Cost-Sharing	**Out-of-Network** You pay a $65 copay for each Medicare-covered service.	**Out-of-Network** **You pay a $70 copay for each Medicare-covered service.**
Physician/Practitioner services, including doctor's office visits- Other healthcare professionals - Cost-Sharing	**In-Network** You pay a $0 - $40 copay depending on the Medicare-covered service.	**In-Network** **You pay a $0 - $50 copay depending on the Medicare-covered service.**
Physician/Practitioner services, including doctor's office visits- Other healthcare professionals - Cost-Sharing	**Out-of-Network** You pay a $65 copay for each Medicare-covered service.	**Out-of-Network** **You pay a $70 copay for each Medicare-covered service.**

	2026 (this year)	2027 (next year)
Podiatry services - Medicare-covered - Cost-Sharing	**In-Network** You pay a $40 copay for each Medicare-covered service.	**In-Network** **You pay a $50 copay for each Medicare-covered service.**
Pulmonary rehabilitation services - Cost-Sharing	**In-Network** You pay a $15 copay for each Medicare-covered service.	**In-Network** **You pay a $25 copay for each Medicare-covered service.**
Skilled nursing facility (SNF) care - Cost-Sharing	**In-Network** You pay a $10 copay each day for days 1 to 20 and $150 copay each day for days 21 to 100 for Medicare-covered skilled nursing facility care. Medicare hospital benefit periods apply.	**In-Network** **You pay a $0 copay each day for days 1 to 20 and $200 copay each day for days 21 to 100 for Medicare-covered skilled nursing facility care. Medicare hospital benefit periods apply.**
Skilled nursing facility (SNF) care - Cost-Sharing	**Out-of-Network** You pay a $200 copay each day for days 1 to 100 for Medicare-covered skilled nursing facility care.	**Out-of-Network** **You pay a $300 copay each day for days 1 to 100 for Medicare-covered skilled nursing facility care.**
Supervised exercise therapy (SET) - Cost-Sharing	**In-Network** You pay a $25 copay for each Medicare-covered service.	**In-Network** **You pay a $20 copay for each Medicare-covered service.**

	2026 (this year)	2027 (next year)
Transportation (additional routine) - Periodicity	Routine transportation for up to 24 trips every year. A trip is considered one-way transportation by taxi, van, medical transport, or rideshare services to a plan approved health-related location.	**Not covered.**
Urgently needed services - Cost-Sharing	You pay a $50 copay for each Medicare-covered service. Copay is waived if you are admitted to a hospital within 24 days.	**You pay a $40 copay for each Medicare-covered service. Copay is waived if you are admitted to a hospital within 24 hours.**
Vision care - Routine eye exam - Cost-Sharing	**Out-of-Network** You pay a 50% coinsurance.	**Out-of-Network You pay a 80% coinsurance.**
Vision care - Additional routine eyewear - Maximum plan amount	Not covered.	**$200 allowance every year for all additional eyewear.**
Vision care - Additional routine eyewear - Contact lenses - Cost-Sharing	**Out-of-Network** You pay a $0 copay.	**Out-of-Network You pay a 80% coinsurance.**
Vision care - Additional routine eyewear - Eyeglass frames - Cost-Sharing	**In-Network** You pay a $0 copay.	**In-Network Not covered.**

	2026 (this year)	2027 (next year)
Vision care - Additional routine eyewear - Eyeglass frames - Periodicity	Limited to 1 pair of eyeglass frames every year.	**Not covered.**
Vision care - Additional routine eyewear - Eyeglass frames - Cost-Sharing	**Out-of-Network** You pay a $0 copay.	**Out-of-Network** **Not covered.**
Vision care - Additional routine eyewear - Eyeglass lenses - Cost-Sharing	**In-Network** You pay a $0 copay.	**In-Network** **Not covered.**
Vision care - Additional routine eyewear - Eyeglass lenses - Periodicity	Limited to 1 set(s) of eyeglass lenses every year.	**Not covered.**
Vision care - Additional routine eyewear - Eyeglass lenses - Cost-Sharing	**Out-of-Network** You pay a $0 copay.	**Out-of-Network** **Not covered.**
Vision care - Additional routine eyewear - Upgrades - Cost-Sharing	**In-Network** You pay a $0 copay.	**In-Network** **Not covered.**
Vision care - Additional routine eyewear - Upgrades - Cost-Sharing	**Out-of-Network** You pay a $0 copay.	**Out-of-Network** **Not covered.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-877-672-8620 (TTY users call 711) for more information.

Starting in 2027, we can immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or a lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Member Services at 1-877-672-8620 (TTY users call 711) or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, Tier 4, and Tier 5 drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2026 (this year)	**2027 (next year)**
Yearly Deductible	$200 During this stage, you pay $0 cost sharing for drugs on Tier 1: Preferred Generic, $8 cost sharing for drugs on Tier 2: Generic, and $0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier until you have reached the yearly deductible.	**$500** **During this stage, you pay $0 cost sharing for drugs on Tier1: Preferred Generic $8 cost sharing for drugs on Tier 2: Generic $0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier until you have reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1: Preferred Generic	You pay $0.	**You pay $0**.
Tier 2: Generic	You pay $8.	**You pay $8**.
Tier 3: Preferred Brand	You pay $47. The most you will pay is $35 per month supply of each covered insulin product on this tier.	**You pay $47**. **The most you will pay is $35 per month supply of each covered insulin product on this tier.**
Tier 4: Non-Preferred Drug	You pay $100.	**You pay $100**. **The most you will pay is $35 per month supply of each covered insulin product on this tier.**
Tier 5: Specialty Tier	You pay 30% of the total cost.	**You pay 28% of the total cost**.
Tier 6: Select Care Drugs	You pay $0.	**You pay $0**.

SECTION 2 Administrative Changes

Description	2026 (this year)	2027 (next year)
Hearing vendor	Hearing exam and hearing aid provider is Amplifon.	**Hearing exam and hearing aid provider is TruHearing. For in-network benefits and copays you must go to a provider in the TruHearing network.**
Fitness program	$225 allowance every six months loaded to your Flex Card, for gym membership fees and fitness classes.	**$180 allowance every six months, available through reimbursement for gym membership fees and fitness classes.**

SECTION 3 How to Change Plans

To stay in ATRIO Choice Rx (PPO), you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, 2026, you'll automatically be enrolled in our ATRIO Choice Rx (PPO).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from ATRIO Choice Rx (PPO). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from ATRIO Choice Rx (PPO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-877-672-8620 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder,

ATRIO Health Plans offers other Medicare health plans and Medicare prescription drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
- Your State Medicaid Office.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the CAREAssist Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-971-673-0144. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-877-672-8620 (TTY users should call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from ATRIO Choice Rx (PPO)

- **Call Member Services at 1-877-672-8620. (TTY users call 711.)**

  We're available for phone calls daily 8 a.m. to 8 p.m. local time.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for ATRIO Choice Rx (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at atriohp.com or call Member Services at 1-877-672-8620 (TTY users call 711) to ask us to mail you a copy.

- **Visit atriohp.com**

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Oregon, the SHIP is called Oregon Senior Health Insurance Benefits Assistance (SHIBA).

Call Oregon Senior Health Insurance Benefits Assistance (SHIBA) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Oregon Senior Health Insurance Benefits Assistance (SHIBA) at 1-800-722-4134. Learn more about Oregon Senior Health Insurance Benefits Assistance (SHIBA) by visiting https://shiba.oregon.gov/Pages/index.aspx.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with** Medicare.gov

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit** Medicare.gov

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.