

## ***ATRIO Freedom (PPO) offered by ATRIO Health Plans***

# **Annual Notice of Changes for 2024**

You are currently enrolled as a member of ATRIO Freedom (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [atriohp.com](http://atriohp.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### **What to do now**

#### **1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- Think about whether you are happy with our plan.

#### **2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

#### **3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in ATRIO Freedom (PPO).

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with ATRIO Freedom (PPO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **Additional Resources**

- Please contact our Member Services number at 1-877-672-8620 for additional information. (TTY users should call 711). Hours are daily from 8am to 8pm local time. This call is free.
- This information is available in braille, large print, or other alternate formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About ATRIO Freedom (PPO)**

- ATRIO Health Plans is a PPO, HMO, and HMO D-SNP with Medicare and Oregon Health Plan contracts. Enrollment in ATRIO Health Plans depends on contract renewal.
- When this document says "we," "us," or "our," it means ATRIO Health Plans. When it says "plan" or "our plan," it means ATRIO Freedom (PPO).

H6743\_024\_3\_ANOC\_2024\_M

CMS Approved 9/24/23

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**Summary of Important Costs for 2024**

The table below compares the 2023 costs and 2024 costs for ATRIO Freedom (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly plan premium</b> (See Section 1.1 for details.)</p>	\$0	\$0
<p><b>Deductible</b></p>	\$110	<p>\$110 except for insulin furnished through an item of durable medical equipment.</p>
<p><b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p>	<p>From network providers: \$4,500 From in-network and out-of-network providers combined: \$6,500</p>	<p>From network providers: \$4,500 From in-network and out-of-network providers combined: \$6,500</p>
<p><b>Doctor office visits</b></p>	<p><b><u>In-Network:</u></b> Primary care visits: \$10 copay per visit  Specialist visits: \$25 copay per visit  <b><u>Out-of-Network:</u></b> Primary care visits: \$50 copay per visit  Specialist visits: \$65 copay per visit</p>	<p><b><u>In-Network:</u></b> Primary care visits: \$10 copay per visit  Specialist visits: \$25 copay per visit  <b><u>Out-of-Network:</u></b> Primary care visits: \$50 copay per visit  Specialist visits: \$65 copay per visit</p>

Cost	2023 (this year)	2024 (next year)
<b>Inpatient hospital stays</b>	<p><b><u>In-Network:</u></b>                      \$275 copay per day for days 1-7; \$0 copay per day for days 8-90</p> <p><b><u>Out-of-Network:</u></b>                      \$375 copay per day for days 1-7; \$0 copay per day for days 8-90</p>	<p><b><u>In-Network:</u></b>                      \$275 copay per day for days 1-7; \$0 copay per day for days 8-90</p> <p><b><u>Out-of-Network:</u></b>                      \$375 copay per day for days 1-7; \$0 copay per day for days 8-90</p>

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly premium</b>                      (You must also continue to pay your Medicare Part B premium.)</p>	<p>\$0</p>	<p>\$0</p>

**Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts**

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<p><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.</p>	<p>\$4,500</p>	<p style="text-align: center;">\$4,500</p> <p>Once you have paid \$4,500 out-of-pocket for covered services from network providers, you will pay nothing for your covered services from network providers for the rest of the calendar year.</p>
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.</p>	<p>\$6,500</p>	<p>Once you have paid \$6,500 out-of-pocket for covered services, you will pay nothing for your covered services from in-network or out-of-network providers for the rest of the calendar year.</p>

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### Section 1.3 – Changes to the Provider Network

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Updated directories are located on our website at [atriohp.com](http://atriohp.com). You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*, which we will mail within three business days.

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

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

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### Section 1.4 – Changes to Benefits and Costs for Medical Services

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We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<p><b>Dental Services</b></p>	<p><b><u>In and Out-of-Network</u></b>                      Prior authorization is required for Medicare-covered dental services.</p> <p>Prior authorization is required for non-Medicare-covered non-routine comprehensive dental services.</p>	<p><b><u>In and Out-of-Network</u></b>                      No prior authorization required for Medicare-covered dental services.</p> <p>No prior authorization required for non-Medicare-covered non-routine comprehensive dental services.</p>
<p><b>Emergency Care</b></p>	<p><b><u>In and Out-of-Network</u></b>                      You pay \$110 copay for each visit for Medicare-covered emergency care services.</p>	<p><b><u>In and Out-of-Network</u></b>                      You pay \$120 copay for each visit for Medicare-covered emergency care services.</p>
<p><b>Inpatient Services in a Psychiatric Hospital</b></p>	<p><b><u>In-Network</u></b>                      For Medicare-covered inpatient mental health stays, you pay \$225 copay per day for days 1-7; \$0 copay per day for days 8-90.</p>	<p><b><u>In-Network</u></b>                      For Medicare-covered inpatient mental health stays, you pay \$275 copay per day for days 1-7; \$0 copay per day for days 8-90.</p>
<p><b>Medicare Part B Prescription Drugs</b></p>	<p>You pay 20% of the total cost for Medicare Part B insulin drugs.</p> <p>You pay 20% of the total cost for Medicare Part B chemotherapy and radiation drugs.</p> <p>You pay 20% of the total cost for other Medicare Part B drugs.</p>	<p>You pay 0% to 20% of the total cost for Medicare Part B insulin drugs but your cost share is limited to \$35 per month.</p> <p>You pay 0% to 20% of the total cost for Medicare Part B chemotherapy and radiation drugs.</p> <p>You pay 0% to 20% of the total cost for other Medicare Part B drugs.</p>

Cost	2023 (this year)	2024 (next year)
	<p>Step therapy may be required for Part B to Part B and Part D to Part B drugs.</p> <p>No prior authorization required for other Medicare Part B prescription drugs.</p>	<p>Step therapy may be required for Part B to Part B and Part D to Part B drugs and Part D to D drugs. For a complete list of Part B Prescription Drugs that require step therapy, please visit <a href="http://atriohp.com">atriohp.com</a>.</p> <p>Prior authorization may be required for other Medicare Part B prescription drugs.</p>
<p><b>Medicare Part B Prescription Drugs (continued)</b></p>	<p><b><u>Out-of-Network</u></b> 50% coinsurance for all Part B covered drugs. No limit specifically for a one month supply of Part B covered insulin.</p>	<p><b><u>Out-of-Network</u></b> 0-50% coinsurance for all Part B covered drugs. \$35 limit specifically for a one month supply of Part B covered insulin.</p>
<p><b>Other Supplemental Benefit</b></p>	<p><b><u>In-Network</u></b> You pay \$0 for your Annual Wellness Visit once every 12 months.</p> <p><b><u>Out-of-Network</u></b> You pay \$0 for your Annual Wellness Visit once every 12 months.</p>	<p><b><u>In-Network</u></b> You pay \$0 for your Annual Wellness Visit once every 12 months.</p> <p><b><u>Out-of-Network</u></b> You pay \$0 for your Annual Wellness Visit once every calendar year.</p>



Cost	2023 (this year)	2024 (next year)
<p><b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</b></p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered outpatient diagnostic procedures and tests, you pay \$20 copay.</p> <p>For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay 20% of the total cost.</p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered outpatient diagnostic procedures and tests, you pay \$0 to \$20 copay.</p> <p>For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay 0% to 20% of the total cost. 0% is for all diagnostic mammograms.</p>
<p><b>Outpatient Diagnostic and Therapeutic Radiological Services</b></p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered outpatient diagnostic and therapeutic radiological services, you pay 20% coinsurance.</p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered outpatient diagnostic and therapeutic radiological services, you pay 0-20% coinsurance.</p> <p>0% is for all diagnostic colonoscopies.</p>
<p><b>Outpatient Hospital Observation</b></p>	<p><b><u>In-Network</u></b></p> <p>You pay 20% of the total cost for Medicare-covered observation services.</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$275 copay per day for Medicare-covered observation services.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Skilled Nursing Facility (SNF) Care</b></p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered SNF stays, you pay \$0 copay per day for days 1-20; \$150 copay per day for days 21-100.</p> <p><b><u>Out-of-Network</u></b></p> <p>For Medicare-covered SNF stays, you pay \$150 copay per day for days 1-100.</p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered SNF stays, you pay \$10 copay per day for days 1-20; \$203 copay per day for days 21-100.</p> <p><b><u>Out-of-Network</u></b></p> <p>For Medicare-covered SNF stays, you pay \$203 copay per day for days 1-100.</p>
<p><b>Transportation Services</b></p>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for transportation services (up to 24 one-way trips every year to plan-approved health-related locations) using taxi, rideshare services, van, and medical transport.</p>	<p><b><u>In-Network</u></b></p> <p>Supplemental transportation services are <u>not</u> covered.</p>
<p><b>Urgently Needed Services</b></p>	<p><b><u>In and Out-of-Network</u></b></p> <p>You pay \$35 copay for each visit for Medicare-covered urgent care services.</p>	<p><b><u>In and Out-of-Network</u></b></p> <p>You pay \$60 copay for each visit for Medicare-covered urgent care services.</p>
<p><b>Worldwide Emergency / Urgent Services</b></p>	<p>You pay \$110 copay for each urgent care visit worldwide.</p> <p>No maximum plan benefit coverage amount for the worldwide benefit.</p>	<p>You pay \$120 copay for each urgent care visit worldwide.</p> <p>\$250,000 maximum plan benefit coverage amount every year for the worldwide benefit.</p>

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in ATRIO Freedom (PPO)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our ATRIO Freedom (PPO).

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2). As a reminder, ATRIO Health Plans offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- **To change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from ATRIO Freedom (PPO).
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from ATRIO Freedom (PPO).
- **To change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

### SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of 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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### SECTION 4 Programs That Offer 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 SHIBA.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIBA counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIBA at 800-722-4143. You can learn more about SHIBA by visiting their website ([shiba.oregon.gov](http://shiba.oregon.gov)).

### SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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 prescription drug

premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Oregon has a program called ArrayRx Discount Card Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
  - **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through CAREAssist. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.
  - If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. CAREAssist: 1-971-673-0144.
- For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CAREAssist at 1-971-673-0144.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from ATRIO Freedom (PPO)

Questions? We’re here to help. Please call Member Services at 1-877-672-8620. (TTY only, call 711.) We are available for phone calls daily from 8am to 8pm local time. Calls to these numbers are free.

#### **Read your 2024 Evidence of Coverage (it has details about next year’s benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for ATRIO Freedom

(PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [atriohp.com](http://atriohp.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

### Visit our Website

You can also visit our website at [atriohp.com](http://atriohp.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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## Section 6.2 – Getting Help from Medicare

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To get information directly 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 should call 1-877-486-2048.

### Visit the Medicare Website

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.