

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

# **Annual Notice of Changes for 2023**

You are currently enrolled as a member of ATRIO Choice (PPO). Next year, there will be some 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**. You may also call Customer Service 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 your overall health care costs.
- 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 2023* 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, 2022, you will stay in ATRIO Freedom.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with ATRIO Freedom.

- 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 Customer Service number at **1-877-672-8620** for additional information. (TTY users should call 711). Hours are 8 a.m. to 8 p.m. local time, seven days a week from October 1 to March 31. From April 1 to September 30 hours are 8 a.m. to 8 p.m. local time, Monday through Friday.
- This document is available in other alternative formats, such as large print.
- **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**

- ATRIO Health Plans has PPO and HMO D-SNP plans 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.

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for ATRIO Freedom in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium</b> See Section 3.1 for details.	\$0	\$0
<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 3.2 for details.)	From network providers: \$4,500 From network and out-of-network providers combined: \$6,500	From network providers: \$4,500 From network and out-of-network providers combined: \$6,500
<b>Doctor office visits</b>	<u><b>In-Network</b></u> Primary care visits: \$0 copay per visit Specialist visits: \$45 copay per visit  <u><b>Out-of-Network</b></u> Primary care visits: \$40 copay per visit Specialist visits: \$50 copay per visit	<u><b>In-Network</b></u> Primary care visits: \$0 copay per visit Specialist visits: \$25 copay per visit  <u><b>Out-of-Network</b></u> Primary care visits: \$50 copay per visit Specialist visits: \$65 copay per visit
<b>Inpatient hospital stays</b>	<u><b>In-Network</b></u> \$300 copay per day for days 1-7; \$0 copay per day for days 8 and beyond  <u><b>Out-of-Network</b></u> \$375 copay per day for days 1-7; \$0 copay per day for days 8-90	<u><b>In-Network</b></u> \$275 copay per day for days 1-7; \$0 copay per day for days 8 and beyond  <u><b>Out-of-Network</b></u> \$375 copay per day for days 1-7; \$0 copay per day for days 8-90

## SECTION 1 We Are Changing the Plan's Name

On January 1, 2023, our plan name will change from ATRIO Choice to ATRIO Freedom.

In December, we will send your updated member identification (ID) card with the new plan name.

**SECTION 2 Unless You Choose Another Plan, You Will Be Automatically Enrolled in ATRIO Freedom in 2023**

On January 1, 2023, ATRIO Health Plans will be combining ATRIO Choice with one of our plans, ATRIO Freedom. The information in this document tells you about the differences between your current benefits in ATRIO Choice and the benefits you will have on January 1, 2023 as a member of ATRIO Freedom.

**If you do nothing by December 7, 2022, we will automatically enroll you in ATRIO Freedom.** This means starting January 1, 2023, you will be getting your medical coverage through ATRIO Freedom. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

**SECTION 3 Changes to Benefits and Costs for Next Year**

**Section 3.1 – Changes to the Monthly Premium**

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

### Section 3.2 – 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	2022 (this year)	2023 (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>	\$4,500	<p>\$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>	\$6,500	<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>

### Section 3.3 – Changes to the Provider Network

An updated *Provider Directory* is located on our website at [atriohp.com](http://atriohp.com) (on the home page, click on *Find a Provider*). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

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 Customer Service so we may assist.

### Section 3.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2022 (this year)	2023 (next year)
<p><b>Acupuncture for lower back pain (Medicare-covered)</b></p>	<p><b><u>In-Network</u></b> You pay \$45 copay for each Medicare-covered visit.</p> <p><b><u>Out-of-Network</u></b> You pay \$50 copay for each Medicare-covered visit.</p>	<p><b><u>In-Network</u></b> You pay \$20 copay for each Medicare-covered visit.</p> <p><b><u>Out-of-Network</u></b> You pay \$65 copay for each Medicare-covered visit.</p>
<p><b>Acupuncture (Non-Medicare covered)</b></p>	<p><b><u>In-Network</u></b> Not covered</p> <p><b><u>Out-of-Network</u></b> Not covered</p>	<p><b><u>In-Network</u></b> You pay \$20 copay for each visit</p> <p><b><u>Out-of-Network</u></b> You pay \$65 copay for each visit. Our plan covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year. Must use American Specialty Health providers to pay in-network cost sharing for acupuncture services, chiropractic services and naturopathy services.</p>
<p><b>Ambulance Services</b></p>	<p><b><u>In-Network</u></b> You pay \$250 copay for each one-way Medicare-covered ground transportation service. You pay \$250 copay for each one-way Medicare-covered air transportation service.</p> <p><b><u>Out-of-Network</u></b> You pay \$250 copay for each one-way Medicare-covered ground transportation service. You pay \$250 copay for each one-way Medicare-covered air transportation service.</p>	<p><b><u>In-Network</u></b> You pay \$275 copay for each one-way Medicare-covered ground transportation service. You pay \$275 copay for each one-way Medicare-covered air transportation service.</p> <p><b><u>Out-of-Network</u></b> You pay \$275 copay for each one-way Medicare-covered ground transportation service. You pay \$275 copay for each one-way Medicare-covered air transportation service.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Ambulatory Surgical Center Services</b></p>	<p><b><u>In-Network</u></b>                      You pay \$225 copay for Medicare-covered surgery services at an ambulatory surgical center.</p> <p><b><u>Out-of-Network</u></b>                      You pay \$325 copay for Medicare-covered surgery services at an ambulatory surgical center.</p>	<p><b><u>In-Network</u></b>                      You pay 20% coinsurance for Medicare-covered surgery services at an ambulatory surgical center.</p> <p><b><u>Out-of-Network</u></b>                      You pay 30% coinsurance for Medicare-covered surgery services at an ambulatory surgical center.</p>
<p><b>Chiropractic Services (Non-Medicare-covered)</b></p>	<p><b><u>In-Network</u></b>                      Not covered</p> <p><b><u>Out-of-Network</u></b>                      Not covered</p>	<p><b><u>In-Network</u></b>                      You pay \$20 copay for each visit</p> <p><b><u>Out-of-Network</u></b>                      You pay \$65 copay for each visit</p> <p>Our plan covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year.</p> <p>Must use American Specialty Health providers to pay in-network cost sharing for acupuncture services, chiropractic services and naturopathy services.</p>
<p><b>Dental Services (Preventive &amp; Comprehensive non-Medicare covered)</b></p>	<p>Plan provides an annual allowance of \$750 towards preventive and comprehensive dental services at any provider through a Flex Card.</p>	<p>Plan provides an annual allowance of \$1,000 towards preventive and comprehensive dental services at any provider through a Flex Card.</p>



Cost	2022 (this year)	2023 (next year)
<p><b>Diabetic Services and Supplies</b></p>	<p>Prior authorization is required for items over \$750. Quantity limit of 100 Test Strips and 100 lancets per 90-day supply for individuals who are non-Insulin dependent. Quantity limit of 300 Test Strips and 300 lancets per 90-day supply for individuals who are Insulin dependent. 1 lancet device per 6 months for both Insulin dependent and non-Insulin dependent individuals. 1 continuous glucose monitor per 6 months for both Insulin dependent and non-Insulin dependent individuals. Prior Authorization is required for amounts exceeding this quantity limit.</p> <p>No limits to manufacturers for diabetic supplies or services</p>	<p>Prior authorization is required for items over \$750.</p> <p>Quantity limits may apply. Diabetic supplies and services are limited to certain manufacturers Preferred Test Strips - OneTouch by LifeScan Or FreeStyle by Abbott's. Preferred Continuous Glucose Monitoring system - FreeStyle Libre (Abbott's) or Dexcom.</p>
<p><b>Durable Medical Equipment (DME) and Related Supplies</b></p>	<p><b><u>In-Network</u></b> You pay 20% coinsurance for Medicare-covered DME.</p> <p><b><u>Out-of-Network</u></b> You pay 40% coinsurance for Medicare-covered DME.</p> <p>DME is not limited to specified vendors or manufacturers.</p>	<p><b><u>In-Network</u></b> You pay 20% coinsurance for Medicare-covered DME.</p> <p><b><u>Out-of-Network</u></b> You pay 30% coinsurance for Medicare-covered DME.</p> <p>Plan has preferred vendors for DME.</p>
<p><b>Emergency Services</b></p>	<p><b><u>In &amp; Out-of-Network</u></b> You pay \$90 copay for each visit for Medicare-covered emergency services.</p>	<p><b><u>In &amp; Out-of-Network</u></b> You pay \$110 copay for each visit for Medicare-covered emergency services.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Hearing Exams (Non-Medicare-covered)</b></p>	<p><b><u>In-Network</u></b>                      You pay \$0 copay for each routine hearing exam (1 routine hearing exam every year).</p> <p>You pay \$0 copay for routine hearing aid fitting/evaluation visits (unlimited number of visits for 1 year after purchase).</p> <p><b><u>Out-of-Network</u></b>                      You pay \$45 copay for each routine hearing exam (1 routine hearing exam every year).</p> <p>You pay \$45 copay for routine hearing aid fitting/evaluation visits (unlimited number of visits for 1 year after purchase).</p>	<p><b><u>In-Network</u></b>                      You pay \$0 copay for each routine hearing exam (1 routine hearing exam every year).</p> <p>You pay \$0 copay for routine hearing aid fitting/evaluation visits (unlimited number of visits for 1 year after purchase).</p> <p><b><u>Out-of-Network</u></b>                      You pay \$0 copay when using Amplifon providers for each routine hearing exam (1 routine hearing exam every year).</p> <p>You pay \$0 copay for routine hearing aid fitting/evaluation visits (unlimited number of visits for 1 year after purchase).</p>
<p><b>Inpatient Hospital Care</b></p>	<p><b><u>In-Network</u></b>                      You pay the below amounts for Medicare-covered inpatient hospital stays \$300 copay per day for days 1-7; \$0 copay per day for days 8 and beyond</p> <p><b><u>Out-of-Network</u></b>                      You pay the below amounts for Medicare-covered inpatient hospital stays \$375 copay per day for days 1-7; \$0 copay per day for days 8-90</p>	<p><b><u>In-Network</u></b>                      You pay the below amounts for Medicare-covered inpatient hospital stays \$275 copay per day for days 1-7; \$0 copay per day for days 8 and beyond</p> <p><b><u>Out-of-Network</u></b>                      You pay the below amounts for Medicare-covered inpatient hospital stays \$375 copay per day for days 1-7; \$0 copay per day for days 8-90</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Inpatient Mental Health Care</b></p>	<p><b><u>In-Network</u></b>                      You pay the below amounts for Medicare-covered inpatient mental health stays. \$250 copay per day for days 1-7; \$0 copay per day for days 8-90</p> <p><b><u>Out-of-Network</u></b>                      You pay the below amounts for Medicare-covered inpatient mental health stays. \$375 copay per day for days 1-7; \$0 copay per day for days 8-90</p>	<p><b><u>In-Network</u></b>                      You pay the below amounts for Medicare-covered inpatient mental health stays. \$225 copay per day for days 1-7; \$0 copay per day for days 8-90</p> <p><b><u>Out-of-Network</u></b>                      You pay the below amounts for Medicare-covered inpatient mental health stays. \$375 copay per day for days 1-7; \$0 copay per day for days 8-90</p>
<p><b>Meal Benefit</b></p>	<p><b><u>In-Network</u></b>                      You pay \$0 copay (up to 2 meals per day for 14 days -28 meals per episode-after a qualifying event; once per year)</p> <p><b><u>Out-of-Network</u></b>                      Not covered</p>	<p><b><u>In-Network</u></b>                      You pay \$0 copay (up to 2 meals per day for 14 days -28 meals per episode-after an inpatient (excluding observations), skilled nursing stay (direct admission/post hospital admits) with prior authorization (unlimited), or for home health recipients with approved home health certification).</p> <p><b><u>Out-of-Network</u></b>                      Not covered</p>
<p><b>Medical Supplies</b></p>	<p><b><u>In-Network</u></b>                      You pay 20% coinsurance for Medicare-covered medical supplies.</p> <p><b><u>Out-of-Network</u></b>                      You pay 40% coinsurance for Medicare-covered medical supplies.</p>	<p><b><u>In-Network</u></b>                      You pay 20% coinsurance for Medicare-covered medical supplies.</p> <p><b><u>Out-of-Network</u></b>                      You pay 30% coinsurance for Medicare-covered medical supplies.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Naturopathy/Alternative Services (Non-Medicare covered)</b></p>	<p><b><u>In-Network</u></b> Not covered</p> <p><b><u>Out-of-Network</u></b> Not covered</p>	<p><b><u>In-Network</u></b> You pay \$20 copay for each visit</p> <p><b><u>Out-of-Network</u></b> You pay \$65 copay for each visit. Our plan covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year. Must use American Specialty Health providers to pay in-network cost sharing for acupuncture services, chiropractic services and naturopathy services.</p>
<p><b>Occupational Therapy Services</b></p>	<p><b><u>In-Network</u></b> You pay \$40 copay for each Medicare-covered occupational therapy visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered occupational therapy visit.  Prior authorization is required after 10 visits</p>	<p><b><u>In-Network</u></b> You pay \$25 copay for each Medicare-covered occupational therapy visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered occupational therapy visit.  Prior authorization is required after 20 visits</p>
<p><b>Opioid Treatment Program Services</b></p>	<p><b><u>In-Network</u></b> You pay 20% coinsurance for each Medicare-covered opioid treatment program services visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered opioid treatment program services visit.</p>	<p><b><u>In-Network</u></b> You pay \$25 copay for each Medicare-covered opioid treatment program services visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered opioid treatment program services visit.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Other Health Care Professionals (e.g. nurse practitioner; physician assistant)</b></p>	<p><b><u>In-Network</u></b> You pay \$45 copay for each Medicare-covered visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered visit.</p>	<p><b><u>In-Network</u></b> You pay \$25 copay for each Medicare-covered visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered visit.</p>
<p><b>Outpatient Mental Health Specialty Services</b></p>	<p><b><u>In-Network</u></b> You pay \$40 copay for each Medicare-covered individual therapy visit.</p> <p>You pay \$40 copay for each Medicare-covered group therapy visit.</p> <p>You pay \$40 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>You pay \$40 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered individual therapy visit.</p> <p>You pay 50% coinsurance for each Medicare-covered group therapy visit.</p> <p>You pay 50% coinsurance copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>You pay 50% coinsurance for each Medicare-covered group therapy visit with a psychiatrist.</p>	<p><b><u>In-Network</u></b> You pay \$25 copay for each Medicare-covered individual therapy visit.</p> <p>You pay \$25 copay for each Medicare-covered group therapy visit.</p> <p>You pay \$25 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>You pay \$25 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered individual therapy visit.</p> <p>You pay 50% coinsurance for each Medicare-covered group therapy visit.</p> <p>You pay 50% coinsurance for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>You pay 50% coinsurance for each Medicare-covered group therapy visit with a psychiatrist.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Outpatient Surgery &amp; Observation Services</b></p>	<p><b><u>In-Network</u></b>                      You pay \$325 copay for Medicare-covered outpatient hospital surgical services.                      You pay \$325 copay for Medicare-covered observation services.</p> <p><b><u>Out-of-Network</u></b>                      You pay \$425 copay for Medicare-covered outpatient hospital surgical services.                      You pay \$425 copay for Medicare-covered observation services.</p>	<p><b><u>In-Network</u></b>                      You pay 20% coinsurance copay for Medicare-covered outpatient hospital surgical services.                      You pay 20% coinsurance copay for Medicare-covered observation services.</p> <p><b><u>Out-of-Network</u></b>                      You pay 30% coinsurance for Medicare-covered outpatient hospital surgical services.                      You pay 30% coinsurance for Medicare-covered observation services.</p>
<p><b>Over-the-Counter Items</b></p>	<p>You receive an allowance of \$35 per quarter.</p>	<p>You receive an allowance of \$50 per quarter.</p>
<p><b>Physical &amp; Speech Therapy Services</b></p>	<p><b><u>In-Network</u></b>                      You pay \$40 copay for each Medicare-covered physical therapy or speech therapy visit.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each Medicare-covered physical therapy or speech therapy visit.</p> <p>Prior authorization is required after 10 visits (combined)</p>	<p><b><u>In-Network</u></b>                      You pay \$25 copay for each Medicare-covered physical therapy or speech therapy visit.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each Medicare-covered physical therapy or speech therapy visit.</p> <p>Prior authorization is required after 20 visits (combined)</p>
<p><b>Podiatry Services (Medicare-covered)</b></p>	<p><b><u>In-Network</u></b>                      You pay \$45 copay for each Medicare-covered podiatry visit.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each Medicare-covered podiatry visit.</p>	<p><b><u>In-Network</u></b>                      You pay \$25 copay for each Medicare-covered podiatry visit.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each Medicare-covered podiatry visit.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Primary Care Physician Visits</b></p>	<p><b><u>In-Network</u></b> You pay \$0 copay for each Medicare-covered primary care doctor visit.</p> <p><b><u>Out-of-Network</u></b> You pay \$40 copay for each Medicare-covered primary care doctor visit.</p>	<p><b><u>In-Network</u></b> You pay \$0 copay for each Medicare-covered primary care doctor visit.</p> <p><b><u>Out-of-Network</u></b> You pay \$50 copay for each Medicare-covered primary care doctor visit.</p>
<p><b>Prosthetic Devices</b></p>	<p><b><u>In-Network</u></b> You pay 20% coinsurance for Medicare-covered prosthetics.</p> <p><b><u>Out-of-Network</u></b> You pay 40% coinsurance for Medicare-covered prosthetics.</p>	<p><b><u>In-Network</u></b> You pay 20% coinsurance for Medicare-covered prosthetics.</p> <p><b><u>Out-of-Network</u></b> You pay 30% coinsurance for Medicare-covered prosthetics.</p>
<p><b>Skilled Nursing Facility (SNF) Care</b></p>	<p><b><u>In-Network</u></b> You pay \$0 copay per day for days 1-20; \$125 copay per day for days 21-100 for each Medicare-covered SNF stay.</p> <p><b><u>Out-of-Network</u></b> You pay \$125 copay per day for days 1-100 for each Medicare-covered SNF stay.</p>	<p><b><u>In-Network</u></b> You pay \$0 copay per day for days 1-20; \$150 copay per day for days 21-100 for each Medicare-covered SNF stay.</p> <p><b><u>Out-of-Network</u></b> You pay \$150 copay per day for days 1-100 for each Medicare-covered SNF stay.</p>
<p><b>Specialist Visits</b></p>	<p><b><u>In-Network</u></b> You pay \$45 copay for each Medicare-covered specialist visit.</p> <p><b><u>Out-of-Network</u></b> You pay \$50 copay for each Medicare-covered specialist visit.</p>	<p><b><u>In-Network</u></b> You pay \$25 copay for each Medicare-covered specialist visit.</p> <p><b><u>Out-of-Network</u></b> You pay \$65 copay for each Medicare-covered specialist visit.</p>
<p><b>Telehealth Services (Non-Medicare covered)</b></p>	<p><b><u>In-Network</u></b> Not covered</p> <p><b><u>Out-of-Network</u></b> Not covered</p>	<p><b><u>In-Network</u></b> You pay \$0 copay for additional telehealth services through Teladoc.</p> <p><b><u>Out-of-Network</u></b> Must use Teladoc providers.</p>

Cost	2022 (this year)	2023 (next year)
<b>Transportation Services (Non-Medicare covered)</b>	<p><u><b>In-Network</b></u> Not covered</p> <p><u><b>Out-of-Network</b></u> Not covered</p>	<p><u><b>In-Network</b></u> You pay \$0 copay for non-emergency transportation services (up to 24 one-way trips every year to plan-approved health related locations) through SafeRide</p> <p><u><b>Out-of-Network</b></u> Must use SafeRide</p>
<b>Vision Care (Non-Medicare-covered Eyewear)</b>	<p>\$150 allowance for frames every two years; \$100 allowance towards contact lenses, fitting and evaluation every two years; standard progressive lenses are covered in full every two years.</p> <p>Must use VSP providers to pay in-network cost sharing for routine eye exams and routine eyewear.</p>	<p>\$150 allowance for frames every year; \$100 allowance towards contact lenses, fitting and evaluation every year; standard progressive lenses are covered in full <b>every year</b>.</p> <p>Must use VSP providers to pay in-network cost sharing for routine eye exams and routine eyewear.</p>
<b>Worldwide Emergency/Urgent Services</b>	\$90 copay	\$110 copay

**SECTION 4 Administrative Changes**

Description	2022 (this year)	2023 (next year)
Plan ID number	H6743-022-001	H6743-024-002
Plan Name	ATRIO Choice	ATRIO Freedom

Each Medicare Advantage plan has a plan ID number associated with it, which is provided by the Centers for Medicare and Medicaid Services. For 2023, ATRIO will consolidate many plans. This will result in a NEW plan ID for your plan, and a plan name change. Due to these changes, you will receive a new ID card for 2023 in December. Please be on the look-out for our new ID card in the mail in December.



## SECTION 5 Deciding Which Plan to Choose

### Section 5.1 – If you want to stay in ATRIO Freedom

**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 ATRIO Freedom.

### Section 5.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 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, the use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 7), or call Medicare (see Section 9.2).

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.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from ATRIO Freedom.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service 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 6 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, 2023.

### 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, 2023, 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, 2023.

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 7 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 Senior Health Insurance Benefits Assistance (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 1-800-722-4134 (TTY 1-888-370-4307). You can learn more about SHIBA by visiting their website ([shiba.oregon.gov](http://shiba.oregon.gov)).

## SECTION 8 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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).
- **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. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CAREAssist at 1-971-673-0144 (TTY 711).

## SECTION 9 Questions?

### Section 9.1 – Getting Help from ATRIO Freedom

Please call Customer Service at **1-877-672-8620**. (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m. local time, seven days a week from October 1 to March 31. From April 1 to September 30 hours are 8 a.m. to 8 p.m. local time, Monday through Friday. Calls to these numbers are free.

#### **Read your 2023 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 2023. For details, look in the *2023 Evidence of Coverage* for ATRIO Freedom. 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** (on the home page, click on the *Member* tab, then *View my Plan*). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

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

### Section 9.2 – Getting Help from Medicare

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 2023***

Read the *Medicare & You 2023* 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 ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://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.