



2026

Annual Notice of Changes

Klamath County, Oregon

ATRIO Choice Rx (PPO)

H6743-001

ATRIO Choice Rx (PPO) offered by ATRIO Health Plans

Annual Notice of Change for 2026

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, 2025, you'll stay in ATRIO Choice Rx (PPO).
- To change to a **different plan**, visit atriohp.com or review the list in the back of your *Medicare & You 2026* 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 is a PPO, HMO, PPO C-SNP and HMO D-SNP 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, 2025, you'll automatically be enrolled in ATRIO Choice Rx (PPO).** Starting January 1, 2026, 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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Table of Contents

Summary of Important Costs for 2026	3
SECTION 1 Changes to Benefits & Costs for Next Year	6
Section 1.1 Changes to the Monthly Plan Premium	6
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount	6
Section 1.3 Changes to the Provider Network	7
Section 1.4 Changes to the Pharmacy Network.....	8
Section 1.5 Changes to Benefits & Costs for Medical Services	8
Section 1.6 Changes to Part D Drug Coverage	12
Section 1.7 Changes to Prescription Drug Benefits & Costs.....	13
SECTION 2 Administrative Changes	17
SECTION 3 How to Change Plans	17
Section 3.1 Deadlines for Changing Plans.....	18
Section 3.2 Are there other times of the year to make a change?.....	18
SECTION 4 Get Help Paying for Prescription Drugs	18
SECTION 5 Questions?	20
Get Help from ATRIO Choice Rx (PPO)	20
Get Free Counseling about Medicare	20
Get Help from Medicare	20

Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$35	\$26
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$4,950 From network and out-of-network providers combined: \$6,500	From network providers: \$6,750 From network and out-of-network providers combined: \$9,500
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: \$50 copay per visit	In-Network: \$40 copay per visit Out-of-Network: \$50 copay per visit

	2025 (this year)	2026 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	In-Network: \$290 copay each day for days 1 to 8 and \$0 copay each day for days 9 to 90 for Medicare-covered hospital care. \$0 copay for additional Medicare-covered days. Out-of-Network: You pay a \$395 copay each day for days 1 to 7 and \$0 copay each day for days 8 to 90 for Medicare-covered hospital care.	In-Network: \$350 copay each day for days 1 to 7 and \$0 copay each day for days 8 to 90 for Medicare-covered hospital care. \$0 copay for additional Medicare-covered days. Out-of-Network: \$450 copay each day for days 1 to 7 and \$0 copay each day for days 8 to 90 for Medicare-covered hospital care.
Part D drug coverage deductible (Go to Section 1.6 for details.)	Deductible: \$0	Deductible: \$300 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.
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	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.	Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: \$0 copay • Drug Tier 2: \$10 copay • Drug Tier 3: \$47 copay The most you will pay is \$35 per month supply of each covered insulin product on this tier.

	2025 (this year)	2026 (next year)
	• Drug Tier 4: \$100 copay You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 33% coinsurance • Drug Tier 6: \$0 copay 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.	• 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, 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

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$35	\$26
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$15 per month	Not available

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 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.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

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.

	2025 (this year)	2026 (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. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$4,950	\$6,750 Once you've paid \$6,750 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 plan premium and costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services.	\$6,500	\$9,500 Once you've paid \$9,500 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 2026 *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 1-877-672-8620) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

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

	2025 (this year)	2026 (next year)
Acupuncture for chronic low back pain - Cost-Sharing	In-Network You pay a \$40 copay for each Medicare-covered service.	In-Network You pay a \$0 - \$40 copay depending on the Medicare-covered service.
Routine (non-Medicare covered) acupuncture services - Maximum plan amount	\$300 allowance every six months.	\$300 allowance every six months, loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services.

	2025 (this year)	2026 (next year)
Alternative therapies (Naturopathy) - Maximum plan amount	\$300 allowance every six months.	\$300 allowance every six months, loaded to your Flex Card for combined routine chiropractic, acupuncture and naturopathy services.
Chiropractic services - Cost-Sharing	In-Network You pay a \$20 copay for each Medicare-covered service.	In-Network You pay a \$15 copay for each Medicare-covered service.
Chiropractic services - Cost-Sharing	Out-of-Network You pay a \$20 copay for each Medicare-covered service.	Out-of-Network You pay a \$15 copay for each Medicare-covered service.
Chiropractic services - Routine chiropractic care - Maximum plan amount	\$300 allowance every six months.	\$300 allowance every six months, loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services.
Colorectal cancer screening - Medicare-covered Barium Enema Preventive Services - Cost-Sharing	In-Network You pay a \$0 copay for each Medicare-covered service.	In-Network You pay a \$0 - \$350 copay depending on the Medicare-covered service.

	2025 (this year)	2026 (next year)
Colorectal cancer screening - Medicare-covered Barium Enema Preventive Services - Cost-Sharing	Out-of-Network You pay a \$0 copay for each Medicare-covered service.	Out-of-Network You pay a 50% coinsurance for each Medicare-covered service.
Diabetic monitoring supplies - Cost-Sharing	Out-of-Network You pay a 20% coinsurance for each Medicare-covered service.	Out-of-Network You pay a 50% coinsurance for each Medicare-covered service.
Diabetic therapeutic shoes or inserts - Cost-Sharing	Out-of-Network You pay a 20% coinsurance for each Medicare-covered service.	Out-of-Network You pay a 50% coinsurance for each Medicare-covered service.
Durable medical equipment (DME) and related supplies - Durable medical equipment - Cost-Sharing	Out-of-Network You pay a 30% coinsurance for each Medicare-covered service.	Out-of-Network You pay a 50% coinsurance for each Medicare-covered service.
Emergency care - Cost-Sharing	You pay a \$120 copay for each Medicare-covered service. Copay is waived if you are admitted to a hospital within 24 hours.	You pay a \$130 copay for each Medicare-covered service. Copay is waived if you are admitted to a hospital within 24 hours.

	2025 (this year)	2026 (next year)
Inpatient hospital care - Cost-Sharing	In-Network You pay a \$290 copay each day for days 1 to 8 and \$0 copay each day for days 9 to 90 for Medicare-covered hospital care. \$0 copay for additional Medicare-covered days. Medicare hospital benefit periods apply.	In-Network You pay a \$350 copay each day for days 1 to 7 and \$0 copay each day for days 8 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 \$395 copay each day for days 1 to 7 and \$0 copay each day for days 8 to 90 for Medicare-covered hospital care.	Out-of-Network You pay a \$450 copay each day for days 1 to 7 and \$0 copay each day for days 8 to 90 for Medicare-covered hospital care.
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests - Cost-Sharing	In-Network You pay a \$0 - \$20 copay depending on the Medicare-covered service.	In-Network You pay a \$0 - \$350 copay depending on the Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests - Cost-Sharing	Out-of-Network You pay a 30% coinsurance for each Medicare-covered service.	Out-of-Network You pay a 50% coinsurance for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Lab services - Cost-Sharing	In-Network You pay a \$20 copay for each Medicare-covered service.	In-Network You pay a \$0 copay for each Medicare-covered service.

	2025 (this year)	2026 (next year)
Physician/Practitioner services, including doctor's office visits- Other healthcare professionals - Cost-Sharing	In-Network You pay a \$40 copay for each Medicare-covered service.	In-Network You pay a \$0 - \$40 copay depending on the Medicare-covered service.
Podiatry services - Medicare-covered - Cost-Sharing	In-Network You pay a \$45 copay for each Medicare-covered service.	In-Network You pay a \$40 copay for each Medicare-covered service.
Prosthetic and orthotic devices and related supplies - Prosthetic devices - Cost-Sharing	Out-of-Network You pay a 30% coinsurance for each Medicare-covered service.	Out-of-Network You pay a 50% coinsurance for each Medicare-covered service.
Urgently needed services - Cost-Sharing	You pay a \$55 copay for each Medicare-covered service. Copay is waived if you are admitted to a hospital within 24 days.	You pay a \$50 copay for each Medicare-covered service. Copay is waived if you are admitted to a hospital within 24 hours.
Urgently needed services - Worldwide urgent care coverage - Cost-Sharing	You pay a \$140 copay. Copayment is waived if you are admitted to a hospital.	You pay a \$500 copay. Copayment is waived if you are admitted to a hospital.
Vision care - Additional routine eyewear - Upgrades - Cost-Sharing	Out-of-Network You pay a 0% - 50% coinsurance depending on the service.	Out-of-Network You pay a \$0 copay.

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 2026, 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 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: <https://www.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. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***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 total drug costs reach \$2,100.

- ***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.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	\$300 During this stage, you pay \$0 cost sharing for drugs on Tier1: Preferred Generic \$10 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 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 \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1: Preferred Generic	You pay \$0.	You pay \$0.
Tier 2: Generic	You pay \$8.	You pay \$10.

	2025 (this year)	2026 (next year)
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 33% of the total cost.	You pay 28% of the total cost.
Tier 6: Select Care Drugs	You pay \$0.	You pay \$0.

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in 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 2026. To learn more about this payment option, call us at 1-877-672-8620 (TTY users call 711) or visit www.Medicare.gov.

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 plan or change to Original Medicare by December 7, 2025, you’ll automatically be enrolled in our ATRIO Choice Rx (PPO).

If you want to change plans for 2026, 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).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You’ll be automatically 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 www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), 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, 2026, 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 Medicare drug coverage) between January 1 – March 31, 2026.

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 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. **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. All members are eligible to participate 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 www.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 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *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 www.Medicare.gov**

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

- **Write to Medicare**

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

- **Visit www.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 2026***

The *Medicare & You 2026* 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 www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-672-8620 or speak to your provider.

Spanish: ATENCIÓN: Si habla español, dispone de servicios gratuitos de asistencia lingüística. También dispone de recursos y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al 1-877-672-8620 o hable con su proveedor.

Chinese Mandarin: 注意：如果您讲中文普通话，我们提供免费的语言协助服务。此外，我们还免费提供相应的辅助工具和服务，以无障碍格式提供信息。请致电 1-877-672-8620 或联系您的服务提供商。

Chinese Cantonese: 注意：如果您講粵語，我們可以為您提供免費的語言協助服務。還免費提供適當的輔助工具和服务，以可存取的格式提供資訊。請致電 1-877-672-8620 或與您的提供者聯絡。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-672-8620 o makipag-usap sa iyong provider.

French: ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir de l'information dans des formats accessibles sont également offerts gratuitement. Composez le 1-877-672-8620 ou parlez-en à votre fournisseur.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-672-8620 hoặc trao đổi với người cung cấp dịch vụ của bạn.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenten-Angebote zur Verfügung. Auch entsprechende Hilfsmittel und Angebote zur barrierefreien Informationsbereitstellung sind kostenlos verfügbar. Rufen Sie 1-877-672-8620 an oder wenden Sie sich an Ihren Anbieter.

Korean: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-672-8620번으로 전화하거나 서비스 제공업체에 문의하십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-672-8620 или обратитесь к своему поставщику услуг.

:Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-672-8620 أو تحدث إلى مقدم الخدمة".

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-672-8620 पर कॉल करें या अपने प्रदाता से बात करें।

Italian: ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-877-672-8620 o rivolgiti al tuo fornitore.

Portuguese: ATENÇÃO: Se fala português, estão disponíveis para si serviços gratuitos de assistência linguística. Os recursos auxiliares e os serviços adequados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-672-8620 ou fale com o seu fornecedor.

French Creole: ATANSYON: Si ou pale Kreyòl, sèvis asistans lang gratis la disponib pou ou. Zouti ak sèvis yo ki bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele 1-877-672-8620 oswa pale ak founisè ou.

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-672-8620 lub porozmawiaj ze swoim dostawcą.

Japanese: 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル (誰もが利用できるよう配慮された) な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-672-8620 までお電話ください。または、ご利用の事業者にご相談ください。