



# 2026 Annual Notice of Changes

Douglas County, Oregon

**ATRIO Freedom (PPO)**

H6743-029



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

# **Annual Notice of Change for 2026**

You're enrolled as a member of ATRIO Freedom (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 Freedom (PPO).
- To change to a **different plan**, visit [atriohp.com](http://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 Freedom (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 Freedom (PPO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in ATRIO Freedom (PPO).** Starting January 1, 2026, you'll get your medical and drug coverage through ATRIO Freedom (PPO). Go to Section 2 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<p><b>Monthly plan premium*</b></p> <p>*Go to Section Section 1.1 for details.</p>	\$0	\$0
<p><b>Maximum out-of-pocket amount</b></p> <p>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.)</p>	<p>From network providers: \$4,500</p> <p>From in-network and out-of-network providers combined: \$6,500</p>	<p>From network providers: \$4,500</p> <p>From in-network and out-of-network providers combined: \$6,500</p>
<p><b>Primary care office visits</b></p>	<p><b>In-Network:</b> \$0 copay per visit</p> <p><b>Out-of-Network:</b> \$50 copay per visit</p>	<p><b>In-Network:</b> \$0 copay per visit</p> <p><b>Out-of-Network:</b> \$50 copay per visit</p>
<p><b>Specialist office visits</b></p>	<p><b>In-Network:</b> \$25 copay per visit</p> <p><b>Out-of-Network:</b> \$65 copay per visit</p>	<p><b>In-Network:</b> \$25 copay per visit</p> <p><b>Out-of-Network:</b> \$65 copay per visit</p>

	2025 (this year)	2026 (next year)
<p><b>Inpatient hospital stays</b></p> <p>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.</p>	<p><b>In-Network:</b></p> <p>\$275 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.</p> <p><b>Out-of-Network:</b></p> <p>You pay a \$375 copay each day for days 1 to 7 and \$0 copay each day for days 8 to 90 for Medicare-covered hospital care.</p>	<p><b>In-Network:</b></p> <p>\$275 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.</p> <p><b>Out-of-Network:</b></p> <p>\$375 copay each day for days 1 to 7 and \$0 copay each day for days 8 to 90 for Medicare-covered hospital care.</p>

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Part B premium reduction</b> This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	Not available	\$25 per month

### 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.

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copayments) from network providers <b>count</b> toward your in-network maximum out-of-pocket amount.</p>	\$4,500	<p>\$4,500</p> <p>Once you’ve paid \$4,500 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.</p>
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copayments) from in-network and out-of-network providers <b>count</b> toward your combined maximum out-of-pocket amount.</p>	\$6,500	<p>\$6,500</p> <p>Once you’ve paid \$6,500 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 in-network or out-of-network providers for the rest of the calendar year.</p>

**Section 1.3 Changes to the Provider Network**

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [atriohp.com](http://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](http://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.

**Section 1.4 Changes to Benefits & Costs for Medical Services**

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Acupuncture for chronic low back pain - Cost-Sharing</b></p> <p><b>Routine (non-Medicare covered) acupuncture services - Maximum plan amount</b></p>	<p><b>In-Network</b> You pay a \$25 copay for each Medicare-covered service.</p> <p>\$100 allowance every six months.</p>	<p><b>In-Network</b> You pay a \$0 - \$25 copay depending on the Medicare-covered service.</p> <p>\$100 allowance every six months, loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services.</p>
<p><b>Alternative therapies (Naturopathy) - Maximum plan amount</b></p>	<p>\$100 allowance every six months.</p>	<p>\$100 allowance every six months, loaded to your Flex Card for combined routine chiropractic, acupuncture and naturopathy services.</p>
<p><b>Chiropractic services - Cost-Sharing</b></p> <p><b>Chiropractic services - Cost-Sharing</b></p>	<p><b>In-Network</b> You pay a \$20 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> You pay a \$20 copay for each Medicare-covered service.</p>	<p><b>In-Network</b> You pay a \$15 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> You pay a \$15 copay for each Medicare-covered service.</p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Chiropractic services - Routine chiropractic care - Maximum plan amount</b>	\$100 allowance every six months.	\$100 allowance every six months, loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services.
<b>Colorectal cancer screening - Medicare-covered Barium Enema Preventive Services - Cost-Sharing</b>	<b>In-Network</b> You pay a \$0 copay for each Medicare-covered service.	<b>In-Network</b> You pay a \$0 - \$20 copay depending on the Medicare-covered service.
<b>Colorectal cancer screening - Medicare-covered Barium Enema Preventive Services - Cost-Sharing</b>	<b>Out-of-Network</b> You pay a \$0 copay for each Medicare-covered service.	<b>Out-of-Network</b> You pay a 30% coinsurance for each Medicare-covered service.
<b>Durable medical equipment (DME) and related supplies - Durable medical equipment - Cost-Sharing</b>	<b>In-Network</b> You pay a 0% - 20% coinsurance depending on the Medicare-covered service.	<b>In-Network</b> You pay a 20% coinsurance for each Medicare-covered service.
<b>Durable medical equipment (DME) and related supplies - Oxygen equipment - Cost-Sharing</b>	<b>In-Network</b> You pay a 0% - 20% coinsurance depending on the Medicare-covered service.	<b>In-Network</b> You pay a 20% coinsurance for each Medicare-covered service.
<b>Intensive Outpatient Program Services - Cost-Sharing</b>	<b>In-Network</b> You pay a 20% coinsurance per day for each Medicare-covered service.	<b>In-Network</b> You pay a \$55 copay per day for each Medicare-covered service.

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Intensive Outpatient Program Services - Cost-Sharing</b>	<b>Out-of-Network</b> You pay a 50% coinsurance per day for each Medicare-covered service.	<b>Out-of-Network</b> You pay a \$55 copay per day for each Medicare-covered service.
<b>Outpatient diagnostic tests and therapeutic services and supplies - Medical supplies - Cost-Sharing</b>	<b>In-Network</b> You pay a 0% - 20% coinsurance depending on the Medicare-covered service.	<b>In-Network</b> You pay a 20% coinsurance for each Medicare-covered service.
<b>Physician/Practitioner services, including doctor’s office visits- Other healthcare professionals - Cost-Sharing</b>	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered service.	<b>In-Network</b> You pay a \$0 - \$25 copay depending on the Medicare-covered service.
<b>Urgently needed services - Cost-Sharing</b>	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.

## **SECTION 2      How to Change Plans**

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

- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from ATRIO Freedom (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](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, ATRIO Health Plans offers other Medicare health plans and Medicare prescription drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

## Section 2.1 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 2.2 Are there other times of the year to make a change?

In certain situations, people may 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.

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## SECTION 3      **Get Help Paying for Prescription Drugs**

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You may 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, yearly deductibles, and coinsurance. Also, those 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 can call, 1-800-325-0778; or
  - 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.

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## SECTION 4      **Questions?**

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### **Get Help from ATRIO Freedom (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, look in the 2026 *Evidence of Coverage* for ATRIO Freedom (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](http://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](http://atriohp.com)**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

## 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](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://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](http://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](http://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และบริการ，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。