



Dear ATRIO Health Plans Member:

To make a change in the Medicare Advantage plan you have with ATRIO Health Plans, fill out the enclosed plan selection form to make your choice. Check off the plan you want, and sign the form. Then mail the completed form back to us by December 7th.

You can change health plans only at certain times during the year. From October 15 - December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 - March 31, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug coverage.

If you select another plan and we receive your completed selection form by December 7th, your new benefit plan will begin in January 2020. Your monthly plan premiums can be found on the Plan Selection Form and you may continue to see any ATRIO Health Plan primary care doctors and specialists.

Complete the attached form only if you wish to change plans.

To help you with your decision, we have also included 2020 benefit overview for the available options.

If you have any questions, please call ATRIO Health Plans at 877-672-8620. TTY users should call 800-735-2900. We are open daily, 8 a.m. to 8 p.m.

Thank you.

ATRIO Health Plans

ATRIO Health Plans has PPO and HMO D-SNP plans with a Medicare Contract. Enrollment in ATRIO Health Plans depends on contract renewal.

2020 MEDICARE ADVANTAGE PLAN ELECTION FORM



MARION & POLK COUNTIES

Fax this completed form to 866-238-1736 or 541-672-8670

Date: _____ Member name: _____

Member number: _____

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month.

PLEASE CHECK THE APPROPRIATE BOX BELOW:

<input type="checkbox"/> ATRIO Silver Rx (Willamette) (PPO) H7006-003 Premium: \$75 Deductible: \$100 PCP: \$15/\$35 Specialist: \$35/\$50 Emergency Room: \$90 Annual Out-of-Pocket Max: \$3,900/\$5,500 Prescription drug, fitness benefit	<input type="checkbox"/> ATRIO Gold Rx (Willamette) (PPO) H7006-001 Premium: \$190 Deductible: \$0 PCP: \$15/\$30 Specialist: \$20/\$40 Emergency Room: \$90 Annual Out-of-Pocket Max: \$3,500/\$5,500 Prescription drug, routine vision, preventive dental, routine podiatry, fitness benefit
<input type="checkbox"/> OPTIONAL: Add Routine Vision/Preventive Dental package (Does not apply to Gold Rx) Premium: \$33 Routine Eye Exam (up to 1 every year): \$35 copay in-network and out-of-network Routine Eyewear (every two years): \$100 limit Preventive Dental: \$35 in-network and out-of-network (\$500 limit)	

Your Plan Premium

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board Check each month.

You can pay your monthly plan premium (including any late enrollment penalty you have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board Check each month.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more

information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you don't select a payment option, you will receive a bill each month.

Please select a premium payment option:

- Receive a bill.** You will receive a monthly statement. If you prefer to have your premium payment automatically withdrawn from your Checking Account or charged to your Credit/Debit Card, instructions will be included in your Welcome Packet or can be found on our website at www.atriohp.com/portal.

- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.**

I get monthly benefits from: Social Security RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please check one of the boxes below if you would prefer us to send you information in language other than English or in an accessible format:

Spanish

Large Print

Please contact ATRIO Health Plans at 1-877-672-8620 daily 8:00 a.m. to 8:00 p.m. (Pacific Time). TTY/TDD users should call 1-800-735-2900 if you need information in an accessible format or language other than what is listed above. Our office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m. (Pacific Time).

Signature _____ Today's Date _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone number: (_____) _____ - _____

Relationship to enrollee: _____

Please mail this form to:

ATRIO Health Plans, 2965 Ryan Drive SE – Salem, OR 97301

Office Use Only:

Name of staff member/agent/broker (if assisted enrollment): _____

Plan ID#: _____ **Effective Date of Coverage:** _____

ICEP/IEP: _____ **AEP:** _____ **SEP (type):** _____ **Not Eligible:** _____



Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- I recently was released from incarceration. I was released on (insert date) _____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date)_____.
- I recently left a PACE program on (insert date) _____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)_____.
- I am leaving employer or union coverage on (insert date) _____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact ATRIO Health Plans at 1-877-672-8620 (TTY users should call 1-800-735-2900) to see if you are eligible to enroll. We are open daily, 8:00 a.m. to 8:00 p.m. (PST).

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