

ATRIO Silver (PPO) offered by ATRIO Health Plans

Annual Notice of Changes for 2020

You are currently enrolled as a member of ATRIO Silver (PPO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **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.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Section 1 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- 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 personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click "Find health & drug plans."
 - Review the list in the back of your Medicare & You handbook.
 - Look in Section 2.2 to learn more about your choices.
- 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 want to **keep** ATRIO Silver, you don't need to do anything. You will stay in ATRIO Silver.

- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2019**

- If you don't join another plan by **December 7, 2019**, you will stay in ATRIO Silver.
- If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

Additional Resources

- This document may be available in other formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

About ATRIO Silver

- ATRIO Health Plans has PPO and HMO D-SNP plans with a Medicare contract. Enrollment in ATRIO Health Plans depends on contract renewal.
- This information is not a complete description of benefits. Call 1-877-672-8620, TTY 1-800-735-2900 for more information.
- When this booklet says "we," "us," or "our," it means ATRIO Health Plans. When it says "plan" or "our plan," it means ATRIO Silver.

Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for ATRIO Silver in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at atriohp.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
Monthly plan premium	\$65	\$65
Deductible	\$50	\$0
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	From network providers: \$5,000 From in-network and out-of-network providers combined: \$7,500	From network providers: \$3,500 From in-network and out-of-network providers combined: \$5,500
Doctor office visits	Primary care visits: In-network \$15 copay per visit Out-of-network: 50% of the cost per visit Specialist visits: In-network \$15 copay per visit Out-of-network: 50% of the cost per visit	Primary care visits: In-network \$15 copay per visit Out-of-network: \$30 copay per visit Specialist visits: In-network \$25 copay per visit Out-of-network: \$50 copay per visit
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 are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	In-network: • \$200 copay per day for days 1-8 • \$0 copay per day for days 9-90 • \$0 copay per day for days 91 and beyond Out-of-network: • \$325 copay per day for days 1-8 • \$0 copay per day for days 9-90	In-network: • \$200 copay per day for days 1-8 • \$0 copay per day for days 9-90 • \$0 copay per day for days 91 and beyond Out-of-network: • \$325 copay per day for days 1-8 • \$0 copay per day for days 9-90

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$65	\$65

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

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during 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	2019 (this year)	2020 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$5,000	\$3,500 Once you have paid \$3,500 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.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$7,500	\$5,500 Once you have paid \$5,500 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.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at atriohp.com. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2020 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. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2020 Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
Skilled Nursing Facility Services	In-network: You pay a \$85 copay per day for days 21-100 Out-of-network: You pay a \$75 copay per day for days 1-100	In-network: You pay a \$125 copay per day for days 21-100 Out-of-network: You pay a \$125 copay per day for days 1-100
Cardiac & Pulmonary Rehab and SET	In-network: You pay 20% of the total cost	In-network: You pay 10% of the total cost
Urgently Needed Services	You pay a \$15 copay	You pay a \$25 copay
Primary Care Physician Services	Out-of-network: You pay 50% of the total cost	Out-of-network: You pay a \$30 copay
Occupational Therapy Services	In-network: You pay 20% of the total cost	In-network: You pay a \$25 copay
Physician Specialist Services	In-network: You pay a \$15 copay Out-of-network: You pay 50% of the total cost	In-network: You pay a \$25 copay Out-of-network: You pay a \$50 copay
Mental Health Specialty Services	In-network: You pay 20% of the total cost	In-network: You pay a \$25 copay
Podiatry Services (Medicare-covered)	In-network: You pay 20% of the total cost	In-network: You pay a \$25 copay
Other Health Care Professional Services	In-network: You pay 20% of the total cost	In-network: You pay a \$25 copay

Cost	2019 (this year)	2020 (next year)
Psychiatric Services	In-network: You pay 20% of the total cost	In-network: You pay a \$25 copay
Physical Therapy and Speech-language Pathology Services	In-network: You pay 20% of the total cost	In-network: You pay a \$25 copay
Diagnostic Procedures / Tests	In-network: You pay 20% of the total cost	In-network: You pay a \$15 copay
X-Ray Services	In-network: You pay 20% of the total cost	In-network: You pay a \$15 copay
Outpatient Hospital and Observation Services	In-network: You pay 20% of the total cost Out-of-network: You pay 30% of the total cost	In-network: You pay a \$275 copay Out-of-network: You pay a \$325 copay
Ambulance Services	In and out-of-network: You pay 20% of the total cost	In and out-of-network: You pay a \$225 copay
DME & Prosthetics / Medical Supplies	In-network: You pay 20% of the cost	In-network: You pay 19% of the cost
Preventive Dental Services	Not Covered	Covered as an Optional Supplemental Benefit for an extra premium. See Chapter 4 of your Evidence of Coverage for details.
Routine Eye Exams & Eyewear	Covered	Covered as an Optional Supplemental Benefit for an extra premium. See Chapter 4 of your Evidence of Coverage for details.
Hearing Exam (Medicare-covered)	Out-of-network: You pay 50% of the total cost	Out-of-network: You pay a \$50 copay

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in ATRIO Silver

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 stay enrolled as a member of our plan for 2020.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,

- -- *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, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

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 Silver.
 - To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from ATRIO Silver.
- 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 this (phone numbers are in Section 6.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2020.

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

In certain situations, changes are also allowed at other times of the year. For example, 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 may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2020, 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, 2020. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance Program (SHIBA). SHIBA is independent (not connected with any insurance company or health plan). 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/TDD users should call 1-800-735-2900.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. 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 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); 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. In Oregon, the ADAP is called CAREAssist. CAREAssist can be reached by calling 1-800-805-2323. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.
- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. CAREAssist can be reached by calling 1-800-805-2323.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CAREAssist at 1-800-805-2323.

SECTION 6 Questions?

Section 6.1 – Getting Help from ATRIO Silver

Questions? We’re here to help. Please call Customer Service at 1-877-672-8620. (TTY only, call 1-800-735-2900.) We are available for phone calls daily, 8 a.m. to 8 p.m. PST. Calls to these numbers are free.

Read your 2020 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 2020. For details, look in the 2020 *Evidence of Coverage* for ATRIO Silver. 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. 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 6.2 – 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

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans.”)

Read *Medicare & You 2020*

You can read *Medicare & You 2020* Handbook. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website (<https://www.medicare.gov>) 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.