



2027

Annual Notice of Changes

Douglas County, Oregon

ATRIO Special Needs Plan (HMO D-SNP)

H3814-030

ATRIO Special Needs Plan (HMO D-SNP) offered by ATRIO Health Plans **Annual Notice of Change for 2027**

You're enrolled as a member of ATRIO Special Needs Plan (HMO D-SNP).

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, 2026, you'll stay in ATRIO Special Needs Plan (HMO D-SNP).
- To change to a **different plan**, visit [Medicare.gov](https://www.medicare.gov) or review the list in the back of your *Medicare & You 2027* 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 Special Needs Plan (HMO D-SNP)

- ATRIO Health Plans are PPO, PPO C-SNP and HMO D-SNP plans 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 Special Needs Plan (HMO D-SNP).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in ATRIO Special Needs Plan (HMO D-SNP).** Starting January 1, 2027, you'll get your medical and drug coverage through ATRIO Special Needs Plan (HMO D-SNP). 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 2027	3
SECTION 1 Changes to Benefits & Costs for Next Year	5
Section 1.1 Changes to the Monthly Plan Premium	5
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount	5
Section 1.3 Changes to the Provider Network	6
Section 1.4 Changes to the Pharmacy Network.....	7
Section 1.5 Changes to Benefits & Costs for Medical Services	7
Section 1.6 Changes to Part D Drug Coverage	8
Section 1.7 Changes to Prescription Drug Benefits & Costs.....	9
SECTION 2 Administrative Changes	12
SECTION 3 How to Change Plans	12
Section 3.1 Deadlines for Changing Plans.....	13
Section 3.2 Are there other times of the year to make a change?.....	13
SECTION 4 Get Help Paying for Prescription Drugs	13
SECTION 5 Questions?	15
Get Help from ATRIO Special Needs Plan (HMO D-SNP)	15
Get Free Counseling about Medicare	15
Get Help from Medicare	15
Get Help from Medicaid	16

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium*	\$0	\$0
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.)	\$9,250 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$9,850 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	\$0 copay per visit	\$0 copay per visit
Specialist office visits	\$0 copay per visit	\$0 copay per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	\$0 copay for each Medicare-covered hospital stay. \$0 copay for an additional 60 lifetime reserve days.	\$0 copay for each Medicare-covered hospital stay. \$0 copay for an additional 60 lifetime reserve days.
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$0 Copayment/Coinsurance during the Initial Coverage Stage: Depending on your level of "Extra Help," you only have to pay the following	Part D drug coverage deductible \$0 Copayment/Coinsurance during the Initial Coverage Stage: Depending on your level of "Extra Help," you only have to pay the following

	2026 (this year)	2027 (next year)
	cost-sharing amounts for your prescription drugs: For generic drugs (including brand drugs treated as generic): LIS Level 1: \$5.10 copay or LIS Level 2: \$1.60 copay or LIS Level 3: \$0 copay For all other covered drugs: LIS Level 1: \$12.65 copay or LIS Level 2: \$4.90 copay or LIS Level 3: \$0 copay If you do not receive “Extra Help” please refer to your Evidence of Coverage (EOC) for your cost-sharing amounts for prescription drugs. Catastrophic Coverage Stage: During this payment stage, the plan pays the full cost for your covered Part D drugs.	cost-sharing amounts for your prescription drugs: For generic drugs (including brand drugs treated as generic): LIS Level 1: \$5.80 copay or LIS Level 2: \$1.65 copay or LIS Level 3: \$0 copay For all other covered drugs: LIS Level 1: \$14.40 copay or LIS Level 2: \$5.00 copay or LIS Level 3: \$0 copay If you do not receive “Extra Help” please refer to your Evidence of Coverage (EOC) for your cost-sharing amounts for prescription drugs. 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

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$0	\$0

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.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments and deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$9,250 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$9,850 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *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 711) for help. You may have a special enrollment period if your provider leaves the plan network. 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

The Annual Notice of Change tells you about changes to your Medicare and Medicaid benefits and costs.

	2026 (this year)	2027 (next year)
Dental services - Maximum plan amount	\$400 allowance every year for all additional preventive and comprehensive dental services.	\$500 allowance every six months for all additional preventive and comprehensive dental services.
Vision care - Additional routine eyewear - Contact lenses - Periodicity	Unlimited contact lenses every year.	Limited to 1 box of contact lenses every two years.
Vision care - Additional routine eyewear - Eyeglass frames - Cost-Sharing	You pay a \$0 copay.	<u>Not</u> covered.

	2026 (this year)	2027 (next year)
Vision care - Additional routine eyewear - Eyeglass frames - Periodicity	Unlimited eyeglass frames every year.	<u>Not</u> covered.
Vision care - Additional routine eyewear - Eyeglass lenses - Cost-Sharing	You pay a \$0 copay.	<u>Not</u> covered.
Vision care - Additional routine eyewear - Eyeglass lenses - Periodicity	Unlimited eyeglass lenses every year.	<u>Not</u> covered.
Vision care - Additional routine eyewear - Eyeglasses (lenses and frames) - Periodicity	Unlimited eyeglasses (lenses and frames) every year.	Limited to 1 pair of eyeglasses (lenses and frames) every two years.
Vision care - Additional routine eyewear - Upgrades - Cost-Sharing	You pay a \$0 copay.	<u>Not</u> covered.

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 2027, we may 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 a 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: [FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](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.

- **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 Out-of-Pocket costs reach \$2,400.

- **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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	\$0 Because we have no deductible, this payment stage doesn't apply to you.	\$0 Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or 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 \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
	Depending on your level of “Extra Help,” you only have to pay the following cost-sharing amounts for your prescription drugs: For generic drugs (including brand drugs treated as generic): LIS Level 1: \$5.10 copay or LIS Level 2: \$1.60 copay or LIS Level 3: \$0 copay For all other covered drugs: LIS Level 1: \$12.65 copay or LIS Level 2: \$4.90 copay or LIS Level 3: \$0 copay If you do not receive “Extra Help” please refer to your Evidence of Coverage (EOC) for your cost-sharing amounts for prescription drugs.	Depending on your level of “Extra Help,” you only have to pay the following cost-sharing amounts for your prescription drugs: For generic drugs (including brand drugs treated as generic): LIS Level 1: \$5.80 copay or LIS Level 2: \$1.65 copay or LIS Level 3: \$0 copay For all other covered drugs: LIS Level 1: \$14.40 copay or LIS Level 2: \$5.00 copay or LIS Level 3: \$0 copay If you do not receive “Extra Help” please refer to your Evidence of Coverage (EOC) for your cost-sharing amounts for prescription drugs.

SECTION 2 Administrative Changes

Description	2026 (this year)	2027 (next year)
Fitness program	\$300 allowance every six months loaded to your Flex Card, for gym membership fees and fitness classes.	\$300 allowance every six months, available through reimbursement for gym membership fees and fitness classes.

SECTION 3 How to Change Plans

To stay in ATRIO Special Needs Plan (HMO D-SNP), you don’t need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you’ll automatically be enrolled in our ATRIO Special Needs Plan (HMO D-SNP).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You’ll be automatically disenrolled from ATRIO Special Needs Plan (HMO D-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can’t join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you’ll automatically be disenrolled from ATRIO Special Needs Plan (HMO D-SNP).
- **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.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* 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 differ in 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, 2027, 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 separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 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

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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 separate 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 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 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 can 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 1-877-672-8620 (TTY users call 711) or visit [Medicare.gov](https://www.medicare.gov).

SECTION 5 Questions?

Get Help from ATRIO Special Needs Plan (HMO D-SNP)

- **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 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for ATRIO Special Needs Plan (HMO D-SNP). 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 and Medicaid 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 [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

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

- **Visit [Medicare.gov](https://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 2027***

The *Medicare & You 2027* 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 [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call Oregon Health Plan (Medicaid) at 1-800-699-9075. TTY users should call 711.