



2027

# Annual Notice of Changes

Clackamas, Lane, Multnomah,  
Washington, and Yamhill Counties, Oregon

**ATRIO Freedom (PPO)**

H7006-021



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

# **Annual Notice of Change for 2027**

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, 2026, you'll stay in ATRIO Freedom (PPO).
- 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 Freedom (PPO)**

- 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 Freedom (PPO).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in ATRIO Freedom (PPO).** Starting January 1, 2027, you'll get your medical through ATRIO Freedom (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's), for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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## Summary of Important Costs for 2027

|                                                                                                                                                                                                                                                                         | 2026 (this year)                                                                                                                                                                                                                                                                    | 2027 (next year)                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium*</b><br>*Go to Section Section 1.1 for details.                                                                                                                                                                                                 | \$0                                                                                                                                                                                                                                                                                 | \$0                                                                                                                                                                                                                                                                                                      |
| <b>Maximum out-of-pocket amount</b><br>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services.<br>(Go to Section 1.2 for details.)                                                                                                     | From network providers:<br>\$4,150<br><br>From network and out-of-network providers combined: \$4,150                                                                                                                                                                               | <b>From network providers:<br/>           \$4,450</b><br><br><b>From network and out-of-network providers combined: \$4,450</b>                                                                                                                                                                          |
| <b>Primary care office visits</b>                                                                                                                                                                                                                                       | <b>In-Network:</b><br>\$0 copay per visit<br><br><b>Out-of-Network:</b><br>\$50 copay per visit                                                                                                                                                                                     | <b>In-Network:</b><br><b>\$0 copay per visit</b><br><br><b>Out-of-Network:</b><br><b>\$50 copay per visit</b>                                                                                                                                                                                            |
| <b>Specialist office visits</b>                                                                                                                                                                                                                                         | <b>In-Network:</b><br>\$25 copay per visit<br><br><b>Out-of-Network:</b><br>\$50 copay per visit                                                                                                                                                                                    | <b>In-Network:</b><br><b>\$40 copay per visit</b><br><br><b>Out-of-Network:</b><br><b>\$50 copay per visit</b>                                                                                                                                                                                           |
| <b>Inpatient hospital stays</b><br>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. | <b>In-Network:</b><br>\$100 copay each day for days 1 to 5 and \$0 copay each day for days 6 to 90 for Medicare-covered hospital care.<br>\$0 copay for additional Medicare-covered days.<br><br><b>Out-of-Network:</b><br>50% coinsurance for each Medicare-covered hospital stay. | <b>In-Network:</b><br><b>\$250 copay each day for days 1 to 5 and \$0 copay each day for days 6 to 90 for Medicare-covered hospital care.</b><br><b>\$0 copay for additional Medicare-covered days.</b><br><br><b>Out-of-Network:</b><br><b>50% coinsurance for each Medicare-covered hospital stay.</b> |

SECTION 1

Changes to Benefits & Costs for Next Year

Section 1.1

Changes to the Monthly Plan Premium

|                                                                                              | 2026<br>(this year) | 2027<br>(next year) |
|----------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Monthly plan premium</b><br>(You must also continue to pay your Medicare Part B premium.) | \$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<br>(this year) | 2027<br>(next year)                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In-network maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copayments) from network providers <b>count</b> toward your in-network maximum out-of-pocket amount. | \$4,150             | <b>\$4,450</b><br><br><b>Once you’ve paid \$4,450 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 for the rest of the calendar year.</b> |

|                                                                                                                                                                                                                           | 2026<br>(this year) | 2027<br>(next year)                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Combined maximum out-of-pocket amount</b><br>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. | \$4,150             | <b>\$4,450</b><br><br><b>Once you’ve paid \$4,450 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.</b> |

Section 1.3 Changes to the Provider Network

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

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

|                                                                                                                        | 2026<br>(this year)                                                                                                            | 2027<br>(next year)                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diabetes self-management training, diabetic services, and supplies - Diabetic monitoring devices - Cost-Sharing</b> | <b>In-Network</b><br>Diabetic Monitors are <u>not</u> offered as a separate Medicare-covered benefit.                          | <b>In-Network</b><br><b>You pay a \$0 copay for each Medicare-covered service.</b>                                                           |
| <b>Diabetes self-management training, diabetic services, and supplies - Diabetic monitoring devices - Cost-Sharing</b> | <b>Out-of-Network</b><br>Diabetic Monitors are <u>not</u> offered as a separate Medicare-covered benefit.                      | <b>Out-of-Network</b><br><b>You pay a \$0 copay for each Medicare-covered service.</b>                                                       |
| <b>Emergency care - Cost-Sharing</b>                                                                                   | You pay a \$125 copay for each Medicare-covered service.<br>Copay is waived if you are admitted to a hospital within 24 hours. | <b>You pay a \$150 copay for each Medicare-covered service.</b><br><b>Copay is waived if you are admitted to a hospital within 24 hours.</b> |
| <b>Hearing services - Additional routine hearing exams - Cost-Sharing</b>                                              | <b>Out-of-Network</b><br>You pay a 50% coinsurance.                                                                            | <b>Out-of-Network</b><br><b>You pay a 80% coinsurance.</b>                                                                                   |
| <b>Hearing services - Fitting-evaluation(s) for hearing aids - Cost-Sharing</b>                                        | <b>Out-of-Network</b><br>You pay a 50% coinsurance.                                                                            | <b>Out-of-Network</b><br><b>You pay a 80% coinsurance.</b>                                                                                   |
| <b>Hearing services - Hearing aids - All types - Cost-Sharing</b>                                                      | <b>In-Network</b><br>You have a \$1,500 allowance every year for hearing aids.                                                 | <b>In-Network</b><br><b>You pay a \$699 - \$999 copay depending on the style.</b>                                                            |
| <b>Hearing services - Hearing aids - All types - Periodicity</b>                                                       | Unlimited hearing aids every year.                                                                                             | <b>Limited to 2 hearing aids every year.</b>                                                                                                 |

|                                                                                                 | <b>2026<br/>(this year)</b>                                                                                                                                                                                                                          | <b>2027<br/>(next year)</b>                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hearing services - Hearing aids - All types - Cost-Sharing</b>                               | <b>Out-of-Network</b><br>You have a \$1,500 allowance every year for hearing aids.                                                                                                                                                                   | <b>Out-of-Network</b><br>You pay a 80% coinsurance.                                                                                                                                                                                                  |
| <b>Inpatient hospital care - Cost-Sharing</b>                                                   | <b>In-Network</b><br>You pay a \$100 copay each day for days 1 to 5 and \$0 copay each day for days 6 to 90 for Medicare-covered hospital care.<br>\$0 copay for additional Medicare-covered days.<br>Medicare hospital benefit periods apply.       | <b>In-Network</b><br>You pay a \$250 copay each day for days 1 to 5 and \$0 copay each day for days 6 to 90 for Medicare-covered hospital care.<br>\$0 copay for additional Medicare-covered days.<br>Medicare hospital benefit periods apply.       |
| <b>Inpatient services in a psychiatric hospital - Cost-Sharing</b>                              | <b>In-Network</b><br>You pay a \$100 copay each day for days 1 to 5 and \$0 copay each day for days 6 to 90 for Medicare-covered hospital care.<br>\$0 copay for an additional 60 lifetime reserve days.<br>Medicare hospital benefit periods apply. | <b>In-Network</b><br>You pay a \$250 copay each day for days 1 to 5 and \$0 copay each day for days 6 to 90 for Medicare-covered hospital care.<br>\$0 copay for an additional 60 lifetime reserve days.<br>Medicare hospital benefit periods apply. |
| <b>Opioid treatment program services - Cost-Sharing</b>                                         | <b>In-Network</b><br>You pay a \$10 copay for each Medicare-covered service.                                                                                                                                                                         | <b>In-Network</b><br>You pay a \$25 copay for each Medicare-covered service.                                                                                                                                                                         |
| <b>Outpatient mental health care - Non-psychiatric services - Group sessions - Cost-Sharing</b> | <b>In-Network</b><br>You pay a \$10 copay for each Medicare-covered Group Session.                                                                                                                                                                   | <b>In-Network</b><br>You pay a \$25 copay for each Medicare-covered Group Session.                                                                                                                                                                   |

|                                                                                                                       | <b>2026<br/>(this year)</b>                                                                   | <b>2027<br/>(next year)</b>                                                                            |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Outpatient mental health care -<br/>Non-psychiatric services -<br/>Individual sessions - Cost-Sharing</b>          | <b>In-Network</b><br>You pay a \$10 copay for each<br>Medicare-covered Individual<br>Session. | <b>In-Network</b><br><b>You pay a \$25 copay for<br/>each Medicare-covered<br/>Individual Session.</b> |
| <b>Outpatient mental health care -<br/>Psychiatric services - Group<br/>sessions - Cost-Sharing</b>                   | <b>In-Network</b><br>You pay a \$10 copay for each<br>Medicare-covered Group<br>Session.      | <b>In-Network</b><br><b>You pay a \$25 copay for<br/>each Medicare-covered<br/>Group Session.</b>      |
| <b>Outpatient mental health care -<br/>Psychiatric services - Individual<br/>sessions - Cost-Sharing</b>              | <b>In-Network</b><br>You pay a \$10 copay for each<br>Medicare-covered Individual<br>Session. | <b>In-Network</b><br><b>You pay a \$25 copay for<br/>each Medicare-covered<br/>Individual Session.</b> |
| <b>Outpatient rehabilitation services<br/>- Occupational therapy -<br/>Cost-Sharing</b>                               | <b>In-Network</b><br>You pay a \$0 copay for each<br>Medicare-covered service.                | <b>In-Network</b><br><b>You pay a \$20 copay for<br/>each Medicare-covered<br/>service.</b>            |
| <b>Outpatient rehabilitation services<br/>- Physical therapy and<br/>speech-language pathology -<br/>Cost-Sharing</b> | <b>In-Network</b><br>You pay a \$0 copay for each<br>Medicare-covered service.                | <b>In-Network</b><br><b>You pay a \$20 copay for<br/>each Medicare-covered<br/>service.</b>            |
| <b>Outpatient substance use<br/>disorder services - Group sessions<br/>- Cost-Sharing</b>                             | <b>In-Network</b><br>You pay a \$10 copay for each<br>Medicare-covered Group<br>Session.      | <b>In-Network</b><br><b>You pay a \$25 copay for<br/>each Medicare-covered<br/>Group Session.</b>      |

|                                                                                                                                                                      | <b>2026<br/>(this year)</b>                                                                | <b>2027<br/>(next year)</b>                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outpatient substance use disorder services - Individual sessions - Cost-Sharing</b>                                                                               | <b>In-Network</b><br>You pay a \$10 copay for each Medicare-covered Individual Session.    | <b>In-Network</b><br>You pay a \$25 copay for each Medicare-covered Individual Session.                                                                                                                                     |
| <b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Ambulatory surgical center - Cost-Sharing</b> | <b>In-Network</b><br>You pay a \$25 copay for each Medicare-covered service.               | <b>In-Network</b><br>You pay a \$250 copay for each Medicare-covered service.                                                                                                                                               |
| <b>Physician/Practitioner services, including doctor's office visits - Additional telehealth services - Cost-Sharing</b>                                             | <b>In-Network</b><br>You pay a \$0 - \$25 copay depending on the Medicare-covered service. | <b>In-Network</b><br>You pay a \$0 - \$40 copay for primary care physician services, physician specialist services, individual sessions for mental health specialty services, individual sessions for psychiatric services. |
| <b>Physician/Practitioner services, including doctor's office visits - Specialist - Cost-Sharing</b>                                                                 | <b>In-Network</b><br>You pay a \$25 copay for each Medicare-covered service.               | <b>In-Network</b><br>You pay a \$40 copay for each Medicare-covered service.                                                                                                                                                |
| <b>Physician/Practitioner services, including doctor's office visits- Other healthcare professionals - Cost-Sharing</b>                                              | <b>In-Network</b><br>You pay a \$0 - \$20 copay depending on the Medicare-covered service. | <b>In-Network</b><br>You pay a \$0 - \$40 copay depending on the Medicare-covered service.                                                                                                                                  |

|                                                                                 | 2026<br>(this year)                                                                                                                                                                                  | 2027<br>(next year)                                                                                                                         |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Podiatry services -<br/>Medicare-covered - Cost-Sharing</b>                  | <b>In-Network</b><br>You pay a \$5 copay for each Medicare-covered service.                                                                                                                          | <b>In-Network</b><br><b>You pay a \$40 copay for each Medicare-covered service.</b>                                                         |
| <b>Transportation (additional routine) - Periodicity</b>                        | Routine transportation for up to 24 trips every year. A trip is considered one-way transportation by taxi, van, medical transport, or rideshare services to a plan approved health-related location. | <b><u>Not</u> covered.</b>                                                                                                                  |
| <b>Urgently needed services - Cost-Sharing</b>                                  | You pay a \$30 copay for each Medicare-covered service. Copay is waived if you are admitted to a hospital within 24 days.                                                                            | <b>You pay a \$50 copay for each Medicare-covered service.</b><br><b>Copay is waived if you are admitted to a hospital within 24 hours.</b> |
| <b>Vision care - Routine eye exam - Cost-Sharing</b>                            | <b>Out-of-Network</b><br>You pay a 50% coinsurance.                                                                                                                                                  | <b>Out-of-Network</b><br><b>You pay a 80% coinsurance.</b>                                                                                  |
| <b>Vision care - Additional routine eyewear - Maximum plan amount</b>           | <u>Not</u> covered.                                                                                                                                                                                  | <b>\$200 allowance every year for all additional eyewear.</b>                                                                               |
| <b>Vision care - Additional routine eyewear - Contact lenses - Cost-Sharing</b> | <b>Out-of-Network</b><br>You pay a \$0 copay.                                                                                                                                                        | <b>Out-of-Network</b><br><b>You pay a 80% coinsurance.</b>                                                                                  |

|                                                                    | 2026<br>(this year)                                 | 2027<br>(next year)                                 |
|--------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| Vision care - Additional routine eyewear - Upgrades - Cost-Sharing | <b>In-Network</b><br>You pay a \$0 copay.           | <b>In-Network</b><br><b><u>Not</u> covered.</b>     |
| Vision care - Additional routine eyewear - Upgrades - Cost-Sharing | <b>Out-of-Network</b><br>You pay a 50% coinsurance. | <b>Out-of-Network</b><br><b><u>Not</u> covered.</b> |

## SECTION 2 Administrative Changes

| Description     | 2026 (this year)                                                                                          | 2027 (next year)                                                                                                                                    |
|-----------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Hearing vendor  | Hearing exam and hearing aid provider is Amplifon.                                                        | <b>Hearing exam and hearing aid provider is TruHearing. For in-network benefits and copays you must go to a provider in the TruHearing network.</b> |
| Fitness program | \$100 allowance every three months loaded to your Flex Card, for gym membership fees and fitness classes. | <b>\$100 allowance every three months, available through reimbursement for gym membership fees and fitness classes.</b>                             |

## SECTION 3 How to Change Plans

**To stay in ATRIO Freedom (PPO), 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 Freedom (PPO).

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 Freedom (PPO). 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**, 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 the "About ATRIO Freedom (PPO)" section in the introduction).
- **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. 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, 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

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

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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.
  - Your State Medicaid Office.

## SECTION 5 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 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *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](https://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 [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.