



2025

Annual Notice of Changes

Oregon

H6743-024-003

ATRIO Freedom (PPO)

January 1, 2025 - December 31, 2025

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

# **Annual Notice of Changes for 2025**

You are currently enrolled as a member of ATRIO Freedom (PPO). Next year, there will be changes to the plan’s costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at atriohp.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

### **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.
  - Review the changes to medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- 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 Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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 don’t join another plan by December 7, 2024, you will stay in ATRIO Freedom (PPO).

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with ATRIO Freedom (PPO).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### **Additional Resources**

- Please contact our Member Services number at 1-877-672-8620 for additional information. (TTY users should call 711.) Hours are Daily from 8 a.m. to 8 p.m. local time. This call is free.
- This information is available in braille, large print, or 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 [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About ATRIO Freedom (PPO)**

- ATRIO Health Plans is a PPO, HMO, PPO C-SNP and HMO D-SNP with Medicare and Oregon Health Plan contracts. Enrollment in ATRIO Health Plans depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means ATRIO Health Plans. When it says “plan” or “our plan,” it means ATRIO Freedom (PPO).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for ATRIO Freedom (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium</b> (See Section 1.1 for details.)</p>	\$0	\$0
<p><b>Maximum out-of-pocket amounts</b>  This is the <u>most</u> you will pay out of pocket for your covered services. (See Section 1.2 for details.)</p>	<p>From network providers: \$4,500  From in-network and out-of-network providers combined: \$6,500</p>	<p>From network providers: \$5,500  From in-network and out-of-network providers combined: \$6,500</p>
<p><b>Doctor office visits</b></p>	<p><b><u>In-Network:</u></b> Primary care visits: \$10 copay per visit Specialist visits: \$25 copay per visit  <b><u>Out-of-Network:</u></b> Primary care visits: \$50 copay per visit Specialist visits: \$65 copay per visit</p>	<p><b><u>In-Network:</u></b> Primary care visits: \$10 copay per visit Specialist visits: \$25 copay per visit  <b><u>Out-of-Network:</u></b> Primary care visits: \$50 copay per visit Specialist visits: \$65 copay per visit</p>
<p><b>Inpatient hospital stays</b></p>	<p><b><u>In-Network:</u></b> \$275 copay per day for days 1-7; \$0 copay per day for days 8-90  <b><u>Out-of-Network:</u></b> \$375 copay per day for days 1-7; \$0 copay per day for days 8-90</p>	<p><b><u>In-Network:</u></b> \$275 copay per day for days 1-7; \$0 copay per day for days 8-90  <b><u>Out-of-Network:</u></b> \$375 copay per day for days 1-7; \$0 copay per day for days 8-90</p>

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

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

Medicare requires all health plans to limit how much you pay out of pocket for 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	2024 (this year)	2025 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.	\$4,500	\$5,500  Once you have paid \$5,500 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.
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	\$6,500	\$6,500  Once you have paid \$6,500 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

Updated directories are located on our website at atriohp.com. You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*, which we will mail within three business days.

There are no changes to our network of providers for next year.

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. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

### Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Acupuncture</b>	<p><b><u>In-Network</u></b></p> <p>You pay \$20 copay for each routine acupuncture visit (30 visits every year).</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay \$65 copay for each Medicare-covered visit.</p> <p>You pay \$65 copay for each routine acupuncture visit (30 visits every year).</p> <p>ATRIO covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year.</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for each routine acupuncture visit (up to allowance amount).</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay \$20 copay for each Medicare-covered visit.</p> <p>You pay \$0 copay for each routine acupuncture visit (up to allowance amount).</p> <p>\$300 allowance every six months, loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$600 annual allowance)</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Alternative Therapies</b></p>	<p><b><u>In-Network</u></b></p> <p>You pay \$20 copay for each alternative therapy session (30 visits every year).</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay \$65 copay for each alternative therapy session (30 visits every year).</p> <p>ATRIO covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year.</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for each alternative therapy session (up to allowance amount).</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay \$0 copay for each alternative therapy session (up to allowance amount).</p> <p>\$300 allowance every six months, loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$600 annual allowance)</p>
<p><b>Chiropractic Services</b></p>	<p><b><u>In-Network</u></b></p> <p>You pay \$20 copay for each routine chiropractic services visit (30 visits every year).</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay \$65 copay for each Medicare-covered chiropractic services visit.</p> <p>You pay \$65 copay for each routine chiropractic services visit (30 visits every year).</p> <p>ATRIO covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year.</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for each routine chiropractic services visit (up to allowance amount).</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay \$20 copay for each Medicare-covered chiropractic services visit.</p> <p>You pay \$0 copay for each routine chiropractic services visit (up to allowance amount).</p> <p>\$300 allowance every six months, loaded to your Flex Card, for combined routine chiropractic, acupuncture and naturopathy services (\$600 annual allowance)</p>



Cost	2024 (this year)	2025 (next year)
<p><b>Dental Services</b></p>	<p>\$750 annual allowance, loaded to your Flex Card, for comprehensive and preventive dental services</p>	<p>\$300 allowance every six months, loaded to your Flex Card, for comprehensive and preventative dental services. Excludes cosmetic procedures (\$600 annual allowance)</p>
<p><b>Diabetes Self-Management Training, Diabetic Services and Supplies</b></p>	<p><b><u>Out-of-Network</u></b></p> <p>You pay 20% of the total cost for Medicare-covered diabetic monitoring supplies.</p> <p>You pay 20% of the total cost for Medicare-covered diabetic therapeutic shoes and inserts.</p> <p>Diabetic test strips:</p> <p>Members with a history of insulin within the last 120 days may receive 5 testing strips per day (500 testing strips per 90-day period)</p> <p>Members with no history of insulin within the last 120 days may receive 100 testing strips per 30 days (300 testing strips per 90-day period)</p>	<p><b><u>Out-of-Network</u></b></p> <p>You pay 50% of the total cost for Medicare-covered diabetic monitoring supplies.</p> <p>You pay 50% of the total cost for Medicare-covered diabetic therapeutic shoes and inserts.</p> <p>Diabetic test strips:</p> <p>Members with a history of insulin within the last 120 days may receive 300 testing strips per 90-day period</p> <p>Members with no history of insulin within the last 120 days may receive 100 testing strips per 90-day period</p> <p>Additional diabetic testing strip quantities will require a prior authorization supported by documentation by a provider</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Emergency Care</b></p>	<p><b><u>In- and Out-of-Network</u></b>                      You pay \$120 copay for each visit for Medicare-covered emergency care services.</p>	<p><b><u>In- and Out-of-Network</u></b>                      You pay \$125 copay for each visit for Medicare-covered emergency care services.</p>
<p><b>Fitness Benefit</b></p>	<p>\$250 maximum plan coverage amount every year for the fitness benefit.</p>	<p>\$100 allowance every six months, loaded to your Flex Card, for gym membership fees and fitness classes (\$200 annual allowance)</p>
<p><b>Home Infusion Therapy</b></p>	<p><b><u>In-Network</u></b>                      You pay 0% of the total cost for Medicare-covered home infusion therapy services.</p>	<p><b><u>In-Network</u></b>                      You pay 0% to 20% of the total cost for Medicare-covered home infusion therapy services.</p>
<p><b>Over-the-Counter Items</b></p>	<p>\$35 maximum plan coverage amount every 3 months for OTC items.</p>	<p>\$25 maximum plan coverage amount every 3 months for OTC items.</p>
<p><b>Prosthetic and Orthotic Devices and Related Supplies</b></p>	<p><b><u>Out-of-Network</u></b>                      You pay 30% of the total cost for Medicare-covered prosthetic and orthotic devices.                       You pay 30% of the total cost for Medicare-covered medical supplies.</p>	<p><b><u>Out-of-Network</u></b>                      You pay 50% of the total cost for Medicare-covered prosthetic and orthotic devices.                       You pay 50% of the total cost for Medicare-covered medical supplies.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Urgently Needed Care Services</b></p>	<p><b><u>In- and Out-of-Network</u></b></p> <p>You pay \$60 copay for each visit for Medicare-covered urgently needed care services.</p>	<p><b><u>In- and Out-of-Network</u></b></p> <p>You pay \$55 copay for each visit for Medicare-covered urgently needed care services.</p>
<p><b>Vision Care</b></p>	<p><b><u>Out-of-Network</u></b></p> <p>You pay 0% to 50% of the total cost for other eye exam visits ().</p> <p>You pay 0% to 50% of the total cost for routine eyeglasses (1 pair every year).</p> <p>You pay 0% to 50% of the total cost for routine contact lenses (1 pair every year).</p>	<p><b><u>Out-of-Network</u></b></p> <p>Other eye exams are <u>not</u> covered.</p> <p>You pay \$0 copay for routine eyeglasses (1 pair every year).</p> <p>You pay \$0 copay for routine contact lenses (1 pair every year).</p>
<p><b>Worldwide Emergency / Urgently Needed Care Services</b></p>	<p>You pay \$120 copay for each emergency care visit outside of the United States and its territories.</p> <p>You pay \$120 copay for each urgently needed care visit outside of the United States and its territories.</p>	<p>You pay \$125 copay for each emergency care visit outside of the United States and its territories.</p> <p>You pay \$125 copay for each urgently needed care visit outside of the United States and its territories.</p>

**SECTION 2 Administrative Changes**

<b>Description</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Alternative Therapies</b>	For plan year 2024 chiropractic, acupuncture and naturopathy services, Medicare covered and routine, including both in & out-of-network are managed through our partner American Specialty Health (ASH)	Beginning January 1st, 2025, Medicare covered chiropractic and acupuncture services, including in & out-of-network, will be managed by ATRIO Health Plans. Routine chiropractic, acupuncture and naturopathy services are covered by your benefit allowance loaded to your Flex Card
<b>Telehealth</b>	For plan year 2024 telehealth for urgent care, dermatology, and behavioral health is managed by our partner Teladoc Health	Beginning January 1st, 2025, telehealth will no longer be managed by Teladoc Health. Telehealth offered through your primary care physician, physician specialist, individual mental health specialty, and individual sessions for psychiatric services are covered at the cost shares listed for that service type
<b>Your CMS-assigned plan benefit package number is changing</b>	H6743-023-003	H6743-031
<b>Member ID Card</b>		Due to CMS-assigned plan benefit package number change you will be issued a new Member ID card by 01/01/2025

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in ATRIO Freedom (PPO)

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 be enrolled in our ATRIO Freedom (PPO).

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *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, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

#### 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 Freedom (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from ATRIO Freedom (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *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 4 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, 2025.

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

In certain situations, changes are also allowed at other times of the year. Examples include 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.

If you enrolled in a Medicare Advantage plan for January 1, 2025, 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, 2025.

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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 Programs That Offer 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 Senior Health Insurance Benefits Assistance (Oregon’s SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Benefits Assistance (Oregon’s SHIP) 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 Senior Health Insurance Benefits Assistance (Oregon’s SHIP) at 1-800-722-4134.

## SECTION 6 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 late enrollment penalty. 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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or

- Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** Oregon has a program called ArrayRx Discount Card Program (Oregon State Pharmaceutical Assistance Program) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from ATRIO Freedom (PPO)

Questions? We’re here to help. Please call Member Services at 1-877-672-8620. (TTY only, call 711.) We are available for phone calls Daily from 8 a.m. to 8 p.m. local time. Calls to these numbers are free.

#### **Read your 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for ATRIO Freedom (PPO). 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](http://atriohp.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit Our Website**

You can also visit our website at [atriohp.com](http://atriohp.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

### Section 7.2 – 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**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

**Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.