

**PacificSource Medicare
Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay
for their Prescription Drug Costs**

If you get extra help from Medicare to help pay for your Medicare prescription drug plans costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your level of Extra Help	Monthly Premium for Essentials Choice Rx 14 (HMO-POS)*	Monthly Premium for Essentials Rx 6 (HMO)*	Monthly Premium for Essentials Rx 27 (HMO)*	Monthly Premium for MyCare Rx 22 (HMO)*
100%	\$93.00	\$170.20	\$87.20	\$48.80
75%	\$101.50	\$178.90	\$95.90	\$56.10
50%	\$110.00	\$187.60	\$104.60	\$63.40
25%	\$118.50	\$196.30	\$113.30	\$70.70

Your level of Extra Help	Monthly Premium for Essential Rx 26 (HMO)* Lane County	Monthly Premium for Essential Rx 26 (HMO)* Coos and Curry Counties	Monthly Premium for Essentials Choice Rx 24 (HMO-POS)*	Monthly Premium for Explorer Rx 7 (PPO)*
100%	\$38.00	\$55.00	\$37.60	\$90.40
75%	\$45.70	\$62.70	\$47.20	\$97.80
50%	\$53.50	\$70.50	\$56.80	\$105.20
25%	\$61.20	\$78.20	\$66.40	\$112.60

Your level of Extra Help	Monthly Premium for Essentials Rx 21 (HMO)*	Monthly Premium for Explorer Rx 9 (PPO)*	Monthly Premium for MyCare Rx 23 (HMO)*	Monthly Premium for Explorer Rx 11 (PPO)*
100%	\$52.30	\$93.00	.10	\$50.30
75%	\$62.30	\$100.20	\$9.60	\$59.20
50%	\$72.20	\$107.50	\$19.00	\$68.10
25%	\$82.10	\$114.70	\$28.50	\$77.10

Your level of Extra Help	Monthly Premium for Explorer Rx 4 (PPO)*
100%	\$127.20
75%	\$135.90
50%	\$144.60
25%	\$153.30

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Benefits, co-pays and co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Your level of Extra Help	Monthly Premium for Essentials Choice Rx 14 (HMO-POS) <i>with Dental*</i>	Monthly Premium for Essentials Rx 6 (HMO) <i>with Dental*</i>	Monthly Premium for Essentials Rx 27 (HMO) <i>with Dental*</i> (Non-Duals)	Monthly Premium for MyCare Rx 22 (HMO) <i>with Dental*</i>
100%	\$121.00	\$198.20	\$115.20	\$76.80
75%	\$129.50	\$206.90	\$123.90	\$84.10
50%	\$138.00	\$215.60	\$132.60	\$91.40
25%	\$146.50	\$224.30	\$141.30	\$98.70

Your level of Extra Help	Monthly Premium for Essential Rx 26 (HMO) <i>with Dental*</i> Lane County	Monthly Premium for Essential Rx 26 (HMO) <i>with Dental*</i> Coos and Curry Counties	Monthly Premium for Essentials Choice Rx 24 (HMO-POS) <i>with Dental*</i>	Monthly Premium for Explorer Rx 7 (PPO) <i>with Dental*</i>
100%	\$66.00	\$83.00	\$59.60	\$118.40
75%	\$73.70	\$90.70	\$69.20	\$125.80
50%	\$81.50	\$98.50	\$78.80	\$133.20
25%	\$89.20	\$106.20	\$88.40	\$140.60

Your level of Extra Help	Monthly Premium for Essentials Rx 21 (HMO) <i>with Dental*</i>	Monthly Premium for Explorer Rx 9 (PPO) <i>with Dental*</i>	Monthly Premium for MyCare Rx 23 (HMO) <i>with Dental*</i>	Monthly Premium for Explorer Rx 11 (PPO) <i>with Dental*</i>
100%	\$74.30	\$115.00	\$22.10	\$72.30
75%	\$84.30	\$122.20	\$31.60	\$81.20
50%	\$94.20	\$129.50	\$41.00	\$90.10
25%	\$104.10	\$136.70	\$50.50	\$99.10

Your level of Extra Help	Monthly Premium for Explorer Rx 4 (PPO) <i>with Dental*</i>
100%	\$155.20
75%	\$163.90
50%	\$172.60
25%	\$181.30

*This does not include any Medicare Part B premium you may have to pay.

PacificSource Medicare's premium includes coverage for both medical services and prescription drug coverage. If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call (877) 486-2048 (24-hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at (800) 772-1213. TTY users should call (800) 325-0778 between 7:00 a.m. and 7:00 p.m., Monday through Friday.

If you have any questions, please call Customer Service at (541) 385-5315 Bend, (541) 225-3771 Springfield, (208) 433-4612 Boise, or toll-free at (888) 863-3637, (TTY: (800) 735-2900) from:

- October 1 to February 14: 8:00 a.m. to 8:00 p.m. local time zone, seven days a week.
- February 15 to September 30: 8:00 a.m. to 8:00 p.m. local time zone, Monday - Friday.

PacificSource Community Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource Community Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 863-3637, TTY: (800) 735-2900.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (888) 863-3637, TTY: (800) 735-2900。