



Get More Out of Medicare with PacificSource Medicare Advantage **2018 Plans**

**Central and Eastern Oregon
Mid-Columbia Gorge**



Why choose PacificSource Medicare?

Service Excellence | Community | Partnership

At PacificSource, we're proud to offer local customer service, community events, a broad network of providers, and more to suit the communities we serve. When you call, you don't get a phone tree—real people answer the phone, ready to help you. We're a not-for-profit community health plan with regional offices in Boise, Bend, Helena, Idaho Falls, Springfield, and Portland. Our Medicare Advantage plans cover many areas in Oregon, Montana, and Idaho, and we work hard to support our members. **We're here for you.**



Enrolling in PacificSource Medicare

Starting Fresh or Making Changes— What You Need to Know

Medicare has three enrollment periods during which you can enroll in or change Medicare Advantage plans.

When You Become Eligible for Medicare

-3 mo. **65th Birthday Month** **+3 mo.**

- The best time to enroll is three months before your 65th birthday month, or
- During your 65th birthday month, or
- Three months after your 65th birthday month.
- If you're eligible to enroll before age 65 based on disability or other criteria, you also have a seven-month initial enrollment period.

During the Annual Enrollment Period (October 15 – December 7)

Every year at this time, you can also change plans or add or drop Part D prescription drug coverage.

During a Special Enrollment Period

There are many other circumstances for which you could be eligible to enroll, outside the October through December timeframe. Call us for details.

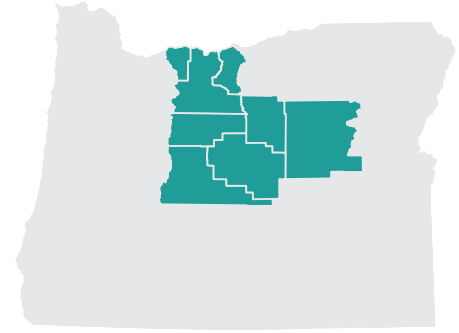
How to Enroll Today

- Enroll online at www.Medicare.PacificSource.com.
- Complete the enclosed application and mail it back.
- Call and talk to a live PacificSource representative who can walk you through the enrollment process.
- Visit a PacificSource office to enroll in person.



Are you in our area?

To be eligible for a PacificSource Medicare Advantage plan, your main residence must be within our plan service area. Our plans are available in **Crook, Deschutes, Grant, Hood River, Jefferson, Sherman, Wasco, and Wheeler counties.**



Getting the Care You Need

We partner with local doctors, medical centers, and hospitals to ensure our members get the best care possible. With a PacificSource Medicare plan, you can choose from a broad network of doctors who accept Medicare in your area. This network extends to many in-network physicians and hospitals beyond the plan service area. When you travel in the U.S. and worldwide, you can rest easy knowing that your Medicare plan includes coverage for urgent care, emergency care, and ambulance.

In-network Hospitals

- St. Charles Medical Center
- Blue Mountain Hospital
- Legacy Health in Portland
- Mid-Columbia Medical Center
- Oregon Health Sciences University (OHSU) in Portland
- Providence Hood River Memorial
- And more

In case of emergency, you can go to the hospital nearest to you for care.

In-network Clinics

- Bend Memorial Clinic
- Central Oregon Radiology
- High Lakes Health Care
- Mosaic Medical
- Redmond Internal Medicine Clinic
- St. Charles Medical Group
- The Center
- And more

For more information about primary care physicians, specialists, hospitals, and more in your area, search our Provider Directory at **www.Medicare.PacificSource.com/Search/Provider**, or call us at (888) 863-3637 or TTY (800) 735-2900.

2018 PacificSource

Medicare Advantage Plans at a Glance

These plans are available to residents of Crook, Deschutes, Grant, Hood River, Jefferson, Sherman, Wasco, and Wheeler counties. This is a brief summary. Contact us for plan details or to see a plan's Summary of Benefits.

Plans	Original Medicare (2017)	Essentials Rx 27 (HMO)
Monthly Premium	\$134	\$97
Network	In-network	In-network
Annual Out-of-Pocket Maximum (this is not a deductible)	None	\$6,700
Benefit Highlights	You pay:	You pay:
Medical Deductible	\$183	\$125*
Primary Care Office Visit	20%	\$35 co-pay
Specialist Office Visit	20%	\$50 co-pay
Inpatient Hospital Care	\$1,316 deductible and 20% for physician services	\$450/day (days 1-4) \$0/day (days 5+)
Outpatient Surgery	20%	\$450 co-pay
Skilled Nursing Facility (SNF)	\$0/day (days 1-20) \$164.50/day (days 21-100)	\$0/day (days 1-20) \$167/day (days 21-100)
Diagnostic Tests, Lab, and X-Rays	\$0 for lab, 20% for X-ray, 20% for advanced diagnostics	\$0-\$25 for lab, \$20 for X-ray, \$200-\$320 for advanced diagnostics
Physical Therapy	20%	\$40 co-pay
Durable Medical Equipment (DME)	20%	20% co-insurance
Ambulance (ground and air, worldwide coverage)	20% (U.S. only)	\$350 co-pay
Emergency (worldwide coverage)	20% (U.S. only)	\$80 co-pay
Urgent Care (worldwide coverage)	20% (U.S. only)	\$65 co-pay
Part B Drugs (e.g. chemotherapy)	20%	20% co-insurance
Extra Benefits		
Annual Physical	Not covered	\$0
Routine Vision Exam, Hardware (eyeglasses or contact lenses)	Not covered	\$50 co-pay for exam \$100 allowance every 2 calendar years
Hearing Aid Benefit	Not covered	Included (see page 10 for details)
Fitness Program	Not covered	Not covered
Part D Prescription Drugs	Not covered	Included (see page 7 for details)

* Deductible does not apply to primary care and specialist office visits, lab work, and certain other covered services. For a complete list, please see the Summary of Benefits.

Plans	Original Medicare (2017)	Essentials Choice Rx 14 (HMO-POS)	
Monthly Premium	\$134	\$125	
Network	In-network	In-network	Out-of-network
Annual Out-of-Pocket Maximum (this is not a deductible)	None	\$5,500	\$2,500 benefit limit, except in an emergency.
Benefit Highlights	You pay:	You pay:	
Medical Deductible	\$183	\$0	
Primary Care Office Visit	20%	\$10 co-pay	50% co-insurance
Specialist Office Visit	20%	\$35 co-pay	50% co-insurance
Inpatient Hospital Care	\$1,316 deductible and 20% for physician services	\$400/day (days 1-4) \$0/day (days 5+)	50% co-insurance
Outpatient Surgery	20%	\$400 co-pay	50% co-insurance
Skilled Nursing Facility (SNF)	\$0/day (days 1-20) \$164.50/day (days 21-100)	\$0/day (days 1-20) \$160/day (days 21-100)	50% co-insurance
Diagnostic Tests, Lab, and X-Rays	\$0 for lab, 20% for X-ray, 20% for advanced diagnostics	\$0-\$20 for lab, \$15 for X-ray, \$190-\$310 for advanced diagnostics	50% co-insurance
Physical Therapy	20%	\$35 co-pay	50% co-insurance
Durable Medical Equipment (DME)	20%	20% co-insurance	50% co-insurance
Ambulance (ground and air, worldwide coverage)	20% (U.S. only)	\$300 co-pay	
Emergency (worldwide coverage)	20% (U.S. only)	\$80 co-pay	
Urgent Care (worldwide coverage)	20% (U.S. only)	\$40 co-pay	
Part B Drugs (e.g. chemotherapy)	20%	20% co-insurance	50% co-insurance
Extra Benefits			
Annual Physical	Not covered	\$0	50% co-insurance
Routine Vision Exam, Hardware (eyeglasses or contact lenses)	Not covered	\$35 co-pay for exam \$200 allowance every 2 calendar years	50% co-insurance \$200 allowance every 2 calendar years
Hearing Aid Benefit	Not covered	Included (see page 10 for details)	Not covered
Fitness Program	Not covered	Silver&Fit® \$50/year	Not covered
Part D Prescription Drugs	Not covered	Included (see page 8 for details)	

Plans	Original Medicare (2017)	Essentials Rx 6 (HMO)
Monthly Premium	\$134	\$217
Network	In-network	In-network
Annual Out-of-Pocket Maximum (this is not a deductible)	None	\$5,000
Benefit Highlights	You pay:	You pay:
Medical Deductible	\$183	\$0
Primary Care Office Visit	20%	\$10 co-pay
Specialist Office Visit	20%	\$30 co-pay
Inpatient Hospital Care	\$1,316 deductible and 20% for physician services	\$275/day (days 1-5) \$0/day (days 6+)
Outpatient Surgery	20%	\$275 co-pay
Skilled Nursing Facility (SNF)	\$0/day (days 1-20) \$164.50/day (days 21-100)	\$0/day (days 1-20) \$160/day (days 21-100)
Diagnostic Tests, Lab, and X-Rays	\$0 for lab, 20% for X-ray, 20% for advanced diagnostics	\$0-\$25 for lab, \$10 for X-ray, \$150-\$250 for advanced diagnostics
Physical Therapy	20%	\$25 co-pay
Durable Medical Equipment (DME)	20%	20% co-insurance
Ambulance (ground and air, worldwide coverage)	20% (U.S. only)	\$150 co-pay
Emergency (worldwide coverage)	20% (U.S. only)	\$80 co-pay
Urgent Care (worldwide coverage)	20% (U.S. only)	\$30 co-pay
Part B Drugs (e.g. chemotherapy)	20%	20% co-insurance
Extra Benefits		
Annual Physical	Not covered	\$0
Routine Vision Exam, Hardware (eyeglasses or contact lenses)	Not covered	\$25 co-pay for exam \$200 allowance every 2 calendar years
Hearing Aid Benefit	Not covered	Included (see page 10 for details)
Fitness Program	Not covered	Silver&Fit® \$50/year
Part D Prescription Drugs	Not covered	Included (see page 8 for details)

Plans	Original Medicare (2017)	Essentials 2 (HMO)
Monthly Premium	\$134	\$15
Network	In-network	In-network
Annual Out-of-Pocket Maximum (this is not a deductible)	None	\$5,500
Benefit Highlights	You pay:	You pay:
Medical Deductible	\$183	\$0
Primary Care Office Visit Specialist Office Visit	20% 20%	\$10 co-pay \$40 co-pay
Inpatient Hospital Care	\$1,316 deductible and 20% for physician services	\$400/day (days 1-4) \$0/day (days 5+)
Outpatient Surgery	20%	\$400 co-pay
Skilled Nursing Facility (SNF)	\$0/day (days 1-20) \$164.50/day (days 21-100)	\$0/day (days 1-20) \$160/day (days 21-100)
Diagnostic Tests, Lab, and X-Rays	\$0 for lab, 20% for X-ray, 20% for advanced diagnostics	\$0-\$15 for lab, \$15 for X-ray, \$190-\$310 co-pay for advanced diagnostics
Physical Therapy	20%	\$35 co-pay
Durable Medical Equipment (DME)	20%	20% co-insurance
Ambulance (ground and air, worldwide coverage)	20% (U.S. only)	\$300 co-pay
Emergency (worldwide coverage)	20% (U.S. only)	\$80 co-pay
Urgent Care (worldwide coverage)	20% (U.S. only)	\$40 co-pay
Part B Drugs (e.g. chemotherapy)	20%	20% co-insurance
Extra Benefits		
Annual Physical	Not covered	\$0
Routine Vision Exam, Hardware (eyeglasses or contact lenses)	Not covered	\$40 co-pay for exam \$200 allowance every 2 calendar years
Hearing Aid Benefit	Not covered	Included (see page 10 for details)
Fitness Program	Not covered	Silver&Fit® \$50/year
Part D Prescription Drugs	Not covered	Not covered. You cannot combine Medicare Part D prescription drug coverage from any other company with this plan.

Part D Prescription Drug Benefits

Included in the Following Plans

Below is what you pay¹.

Essentials Rx 27 (HMO)		
Stage One		
Deductible	\$0 deductible on Tiers 1, 2, and 6 drugs \$405 deductible on Tiers 3, 4, and 5 drugs	
Stage Two		
	Preferred Pharmacies	Standard Pharmacies
Tier	Co-pay for 30 / 60 / 90 days	Co-pay for 30 / 60 / 90 days
Tier 1 (Preferred Generic)	\$3 / \$6 / \$9	\$8 / \$16 / \$24
Tier 2 (Generic)	\$11 / \$22 / \$33	\$16 / \$32 / \$48
Tier 3 (Preferred Brand)	\$37 / \$74 / \$111	\$47 / \$94 / \$141
Tier 4 (Non-preferred)	31% co-insurance	33% co-insurance
Tier 5 (Specialty Tier)	25% co-insurance (30-day supply only)	25% co-insurance (30-day supply only)
Tier 6 (Select Care Drugs)	\$0 / \$0 / \$0	\$0 / \$0 / \$0
Stage Three		
	What you pay after total drug costs ² reach \$3,750	
Most Generic	44% co-insurance	
Most Brand	35% co-insurance	
Stage Four		
	After your deductible is met and out-of-pocket costs ³ reach \$5,000, the maximum you pay until the end of the calendar year	
	You pay whichever is the larger amount:	
All Covered Drugs	5% of the cost OR \$3.35 for generic drugs \$8.35 all other drugs	

Essentials Rx 6 (HMO) and Essentials Choice Rx 14 (HMO-POS)

Stage One		
Deductible	\$0 deductible on Tiers 1, 2, and 6 drugs \$150 deductible on Tiers 3, 4, and 5 drugs	
Stage Two	Preferred Pharmacies	Standard Pharmacies
Tier	Co-pay for 30 / 60 / 90 days	Co-pay for 30 / 60 / 90 days
Tier 1 (Preferred Generic)	\$3 / \$6 / \$9	\$8 / \$16 / \$24
Tier 2 (Generic)	\$12 / \$24 / \$36	\$17 / \$34 / \$51
Tier 3 (Preferred Brand)	\$37 / \$74 / \$111	\$47 / \$94 / \$141
Tier 4 (Non-preferred)	31% co-insurance	33% co-insurance
Tier 5 (Specialty Tier)	30% co-insurance (30-day supply only)	30% co-insurance (30-day supply only)
Tier 6 (Select Care Drugs)	\$0 / \$0 / \$0	\$0 / \$0 / \$0
Stage Three	What you pay after total drug costs ² reach \$3,750	
Most Generic	44% co-insurance	
Most Brand	35% co-insurance	
Select Drugs in Tier 3 All Drugs in Tier 6	All Tier 6 drugs and a select group of Tier 3 drugs have additional coverage during Stage Three (coverage gap). Your cost will not increase from Stage Two to Stage Three. See the list of covered drugs to determine which drugs are included.	
Stage Four	After your deductible is met and out-of-pocket costs ³ reach \$5,000, the maximum you pay until the end of the calendar year	
All Covered Drugs	You pay whichever is the larger amount: 5% of the cost OR \$3.35 for generic drugs \$8.35 all other drugs	

All formulary drugs may be supplied through in-network mail-order or retail pharmacies. If you're receiving Extra Help (low-income subsidy), your prescription drug deductible and co-pays may be lower.

¹ If you have low-income co-pay subsidies, you will have varying out-of-pocket expenses.

² Total drug costs: what you and others on your behalf pay, and what PacificSource Medicare pays for your prescriptions.

³ Out-of-pocket costs: everything you and others have paid on your behalf during stages one, two, and three.

Take Charge of Your Health

With these Extra Benefits



Save Money at Our Preferred Pharmacies

Albertsons, Costco, Fred Meyer/Kroger, Safeway, Shopko, CVS/Target, Walmart, and other select local independent pharmacies

- Freedom to choose from more than 68,000 network pharmacies throughout the U.S.
- Mail order available
- Lower co-pays at preferred pharmacies, listed above

You'll save money when you fill your prescriptions with a preferred pharmacy, because you'll pay less for your prescriptions. For a current and complete list of preferred pharmacies, please call us or go to www.Medicare.PacificSource.com/Search/Pharmacy.



Pay \$0 for These Prescription Drugs

Below is a partial list of the most common Select Care (Tier 6) drugs. These are included in all plans that offer prescription drug benefits. When filled at an in-network pharmacy, you pay a \$0 co-pay for up to a 90-day supply. **For a complete list of all our drugs, call Customer Service or visit our website at www.Medicare.PacificSource.com.**

Cholesterol

Atorvastatin Calcium
Lovastatin
Pravastatin Sodium
Rosuvastatin Calcium
Simvastatin

Blood Pressure

Amlodipine Besylate-
Benazepril HCL
Amlodipine Besylate-
Valsartan HCL
Amlodipine Besylate-
Valsartan HCL-HCTZ
Benazepril HCL
Benazepril-HCL-HCTZ
Candesartan Cilexetil
Candesartan Cilexetil-
HCTZ
Captopril
Captopril-HCTZ

Enalapril Maleate
Enalapril Maleate-HCTZ
Eprosartan Mesylate
Fosinopril Sodium
Fosinopril Sodium-HCTZ
Irbesartan
Irbesartan-HCTZ
Lisinopril
Lisinopril-HCTZ
Losartan Potassium
Losartan Potassium-HCTZ
Moexipril HCL
Moexipril HCL-HCTZ
Perindopril Erbumine
Quinapril HCL
Quinapril HCL-HCTZ
Ramipril
Telmisartan
Telmisartan-Amlodipine
Telmisartan-HCTZ
Trandolapril

Valsartan
Valsartan-HCTZ

Diabetes

Acarbose
Glimepiride
Glipizide ER/IR
Glipizide-Metformin HCL
Metformin HCL ER/IR
Nateglinide
Pioglitazone
Pioglitazone-Metformin
HCL
Repaglinide
Repaglinide-Metformin
HCL

Osteoporosis

Alendronate Sodium
Ibandronate Sodium



Programs and Services to Stay Well

Preventive Care

Preventive services are covered at no cost when you get care from in-network providers. Examples of covered preventive services include:

- Annual physical exam
- Bone-mass measurement
- Breast cancer screenings (mammogram)
- Cardiovascular screenings
- Colorectal cancer screenings
- Depression screenings
- Diabetes screenings
- Medical nutrition therapy services
- Pap and pelvic exams
- Prostate cancer screenings (PSA)
- Tobacco-use cessation counseling
- Flu shots and pneumococcal shots

Hearing Benefits

Good hearing is essential to living a fuller life. That's why PacificSource Medicare partners with TruHearing® to offer a hearing hardware benefit.

- \$45 co-pay for hearing exam
- Purchase up to 2 hearing aids per year (\$699 or \$999 co-pay per aid), batteries included

For information about available TruHearing providers, go to www.truhearing.com or call them at (844) 247-6313 or TTY (800) 975-2674.

TruHearing® is a registered trademark of TruHearing, Inc.

Coverage When You Travel

With PacificSource Medicare, you're covered for medically necessary **urgent** and **emergency** care, and **ambulance** (ground and air), when you travel—worldwide.

Staying Active with Silver&Fit®

Our Medicare Advantage plans give you access to the Silver&Fit Exercise and Healthy Aging Program.

- \$50 fee for annual gym membership, or exercise at home with a home fitness kit (\$10 fee)

The Silver&Fit Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services may not be available in all areas. Silver&Fit is a registered trademark of ASH and used with permission herein.

24-Hour NurseLine

Have health-related question? Call our 24-Hour NurseLine. Staffed around the clock, seven days a week, you'll never be without a registered nurse to talk to. To talk to a nurse, call (855) 834-6150.

Silver&Fit and 24-Hour NurseLine are not available on the Essentials Rx 27 (HMO) plan.

InTouch for Members

You can access coverage and benefit information through InTouch, our secure web portal at www.Medicare.PacificSource.com. It allows you to easily and conveniently manage your insurance coverage and health, 24/7.

myPacificSource Mobile App

With our free mobile app, you have on-the-go access to your coverage information, no matter where you are. Securely access your InTouch account to view your ID card or check your out-of-pocket totals.

The myPacificSource app is available for both iPhone® and Android™. Visit www.PacificSource.com/mobile for more information.



Smile More with a Preventive Dental Plan

Add Preventive Dental for \$28 a Month

Good dental health and regular preventive dental care are important to your overall well-being. Our optional preventive dental plan offers:

No deductible | No waiting period | Freedom to see any licensed dentist

You pay \$0 for covered services from dentists in the Advantage Dental Network or from any dentist who accepts our payment as payment in full. About 85 percent of dentists will accept our payment as payment in full. There are more than 1,300 Advantage dentists in Oregon. Contact us or visit our website for a list of in-network dentists.

Preventive dental covers:

- Two annual cleanings (one every six months)
- Two routine exams (one every six months)
- Bitewing X-rays (one set every six months)
- Full-mouth X-rays and/or panorex (one series every five calendar years)

If you choose a dentist who charges more than our maximum allowable rate, you will need to pay for the difference.



Questions? Need help choosing a plan?

Call Your Local Insurance Agent

PacificSource Medicare partners with a select group of local insurance agents. Call us for an agent near you.

Call Us

Toll-free (855) 265-5969 | TTY (800) 735-2900

October 1 – February 14: 7 days a week, 8:00 a.m. – 8:00 p.m.

February 15 – September 30: Monday – Friday, 8:00 a.m. – 8:00 p.m.

Visit Us Online

www.Medicare.PacificSource.com

Visit Our Office

2965 NE Conners Avenue, Bend

We're here Monday through Friday from 8:00 a.m. to 5:00 p.m., no appointment necessary.



Learn More at Our Free Medicare Plan Seminars

Attend one of our free seminars to learn more about which Medicare Advantage and Medicare Advantage Prescription Drug plan is right for you.

PacificSource representatives present these seminars and are available to answer questions and provide information about plans and applications.

For more information about upcoming plan seminars near you, visit **www.Medicare.PacificSource.com/Events**, or contact a Customer Service representative toll-free at (855) 265-5969, TTY (800) 735-2900.

A sales person will be present with information and applications. For accommodation of persons with special needs at sales meeting, call (888) 863-3637 or (800) 735-2900 TTY.

Arabic	ك يدا ف قحلا يف لو صحلا د لع دط سملات امولا عملاو ثد دتل عم مجر ت مل ص تالب (888) 863-3637. نإناك ك يدل وأد دل شخص هعاست قل نسا صوصخب ضارورةي ك تغلب نم ذودة ياة ف لك ت.
Cambodian-Mon-Khmer	ប្រសិនបើអ្នក ឬអ្នកណាម្នាក់ កំពុងជួយ ម្ចាស់ផ្ទះអ្នក ឬ PacificSource Community Health Plans ចុះ, អ្នកម្ចាស់ផ្ទះនឹងទទួលបាននិងព័ត៌មាន បន្ថែមទៀតអំពី អង្គការ ប្រយោជន៍របស់យើង។ បើសិនជាអ្នកមិនប្រាកដ ឬ (888) 863-3637.
Chinese	如果您，或是您正在協助的對象，有關於[插入 SBM 項目的名稱 PacificSource Community Health Plans 方面的問題，您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話[在此插入數字(888) 863-3637.
Cushite-Oromo	Isin yookan namni biraa isin deeggartan PacificSource Community Health Plans irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa (888) 863-3637 tiin bilbilaa.
French	Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de PacificSource Community Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (888) 863-3637.
German	Falls Sie oder jemand, dem Sie helfen, Fragen zum PacificSource Community Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (888) 863-3637 an.
Japanese	ご本人様、またはお客様の身の回りの方でもPacificSource Community Health Plans sについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(888) 863-3637 までお電話ください。
Korean	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 PacificSource Community Health Plans에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (888) 863-3637로 전화하십시오.
Persian-Farsi	، لاوس رددروم PacificSource Community Health Plans ، هت شاددي شاب قح ن يار دي رادهك ك مك ت فاي رداني دي. (888) 863-3637 سامت لصاح دي يامن. گار شما، اي سكه امش هبواك مك دي نك يم وت اعلاطاه بناب زدوخ اره بروطناك يار
Romanian	Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind PacificSource Community Health Plans, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la (888) 863-3637.
Russian	.Если у вас или лица, которому вы помогаете, имеются вопросы по поводу PacificSource Community Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (888) 863-3637.
Spanish	Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de PacificSource Community Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (888) 863-3637.
Thai	หากคุณ หรือคนที่คนก าลงช่วยเหลือมีค ากถามเกี่ ยวกับ PacificSource Community Health Plans คุณมีสิทธิที่จะได้ รับความช่วยเหลือและข ้อมูลในภาษาของคนได้ โดยไม่มีค่าใช้จ่าย พดคย กบลาม โทร (888) 863-3637.
Ukrainian	Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про PacificSource Community Health Plans, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на (888) 863-3637.
Vietnamese	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về PacificSource Community Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (888) 863-3637.

Discrimination is Against the Law

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 does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PacificSource Community Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign-language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides to people whose primary language is not English, free language services such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at (888) 863-3637, or for TTY users, (800) 735-2900.

October 1 – February 14:

8:00 a.m. to 8:00 p.m., seven days a week

February 15 – September 30:

8:00 a.m. to 8:00 p.m., Monday – Friday

If you believe that PacificSource Community Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Kristi Kernutt, PO Box 7068, Springfield, OR 97475-0068, (541) 225-1967, Fax (541) 684-5475, or email Kristi.Kernutt@pacificsource.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Customer Service Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. You must continue to pay your Medicare Part B premium. Limitations, co-pays, and restrictions may apply. Benefits, premiums, co-pays, and/or co-insurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. Other pharmacies and providers are available in our network. The formulary, pharmacy network, and provider network may change at any time. Members will receive notice when necessary. PacificSource Medicare's pharmacy network offers limited access to pharmacies with preferred cost sharing in Oregon. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call (855) 265-5969, TTY (800) 735-2900, or consult the online pharmacy directory at www.Medicare.PacificSource.com/Search/Pharmacy. You can get prescription drugs shipped to your home through our in-network mail-order delivery service. To refill your mail-order prescriptions, please contact your pharmacy 10 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time. Typically, you should expect to receive your prescription drugs within 14 days from the time that the mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us toll-free at (855) 265-5969, TTY users call 711.