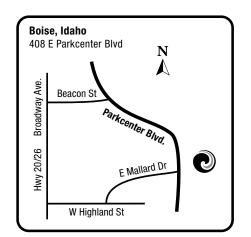


408 E Parkcenter Blvd. Suite 100 Boise, Idaho 83706 208.433.4612

Toll Free 888.863.3637
TTY 800.735.2900
www.Medicare.PacificSource.com

7 days a week, 8:00 a.m.–8:00 p.m. Oct 1–Feb 14

Mon-Fri, 8:00 a.m.-8:00 p.m. Feb 15-Sept 30



The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Members may enroll in the plan only during specific times of the year. Contact PacificSource Medicare for more information.

You must have both Part A and Part B to enroll. You must continue to pay your Medicare Part B premium.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify, call:

### Medicare:

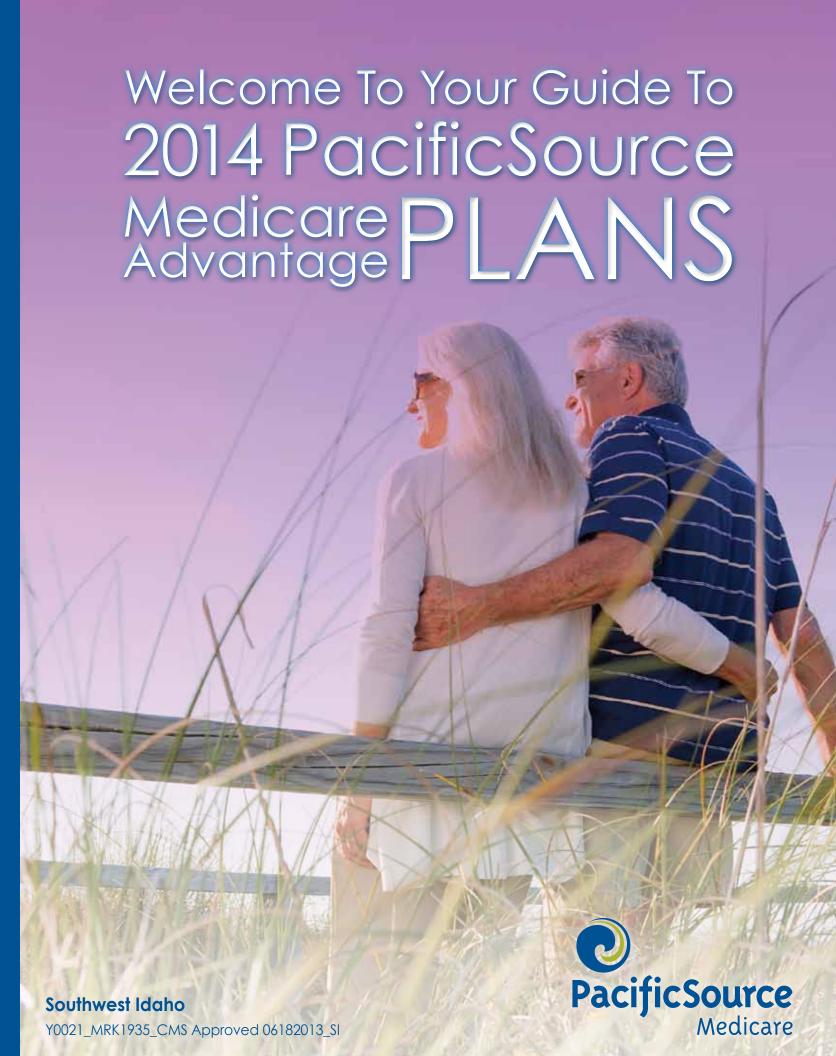
800.MEDICARE (800.633.4227).
TTY users should call 877.486.2048,
24 hours a day/7 days a week;

### The Social Security Office:

800.772.1213 Mon – Fri, 7:00 a.m. – 7:00 p.m., TTY/TDD users should call 800.325.0778.

### Or call your State Medicaid Office.

PacificSource Community Health Plans, Inc. is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. Benefits, premiums, copayments and coinsurance may change on January 1 of each year. Limitations, restrictions and copays may apply.





### Why choose PacificSource Medicare?

If you're new to Medicare, you may not know that **Medicare** pays just 80% of **Medicare-approved charges** after you satisfy your annual deductible. You pay the rest.

When it comes to Medicare Advantage Plans, we know how important it is to have affordable coverage. That's why at PacificSource Medicare we offer plans starting as low as \$19 a month. You get an affordable plan that not only provides more coverage than Medicare alone, but is backed by a local company you know and trust.

### How to find the PacificSource Medicare plan that's right for you

### Contents

| Why Choose PacificSource Medicare  | 1   |
|------------------------------------|-----|
| More Reasons to Join               | 2   |
| Plan Comparison Charts             | 3-6 |
| Optional Supplemental Dental       | 6   |
| Coverage Area                      | 7   |
| Enrollment Eligibility & Timelines | 8   |
| How to Enroll                      | 8   |
| Contact Us                         | 8   |

#### 1. Which plan works best for your budget?

 Generally, plans with a higher premium will have lower copays when you go to the doctor. Plans with a lower premium, generally have higher copays. Choose the combination that best fits your needs. All our plans fill in the gaps and cover more services than Medicare alone.

#### 2. Do you want prescription drug coverage included?

 Plans with "Rx" in the name include both medical and Medicare Part D prescription drug coverage all in one plan.
 Or, you can choose a plan with medical coverage only.

#### 3. Which doctors do you like to see?

- Our "Essentials" HMO plans feature a network that includes nearly all the doctors in your region, so finding a doctor is easy.
- The "Explorer" PPO plans give you the freedom to see any Medicare-participating doctor for all covered services.

#### 4. Do you travel?

 With <u>all our plans</u> you are covered anywhere in the U.S. and worldwide for emergency and urgent care whenever you travel.

#### 5. Is financial protection important to you?

 All our plans protect you with a low annual out-of-pocket maximum. Once you reach this amount, you pay \$0 for covered medical services for the rest of the year.

This guide will help you find the information you need to select the plan that fits your life.



The following value-added services are available to you at no additional cost.

InTouch for Members Our secure website for members gives you 24-hour access to plan materials and benefits. See if you're close to your out-of-pocket maximum or limits, view Explanation of Benefits, see authorizations and referrals, pay your premium online, and choose to go paperless. Click "InTouch Login" at the top of our website to register once you're a member.

GlobalFit - Discounted Gym Memberships Get discounted rates for new memberships from over 10,000 gyms in GlobalFit's nationwide network. Rates are 5% lower than any network gym publishes for the same membership type. Gyms include 24 Hour Fitness, Anytime Fitness, Curves, Jazzercise, and more.

Jenny Craig Get a free 30-day trial program and 25% off a 1-Year Premium Success Program. This tailored program provides one-on-one support to help you develop a healthy relationship with food, an active lifestyle and a balanced approach to living.

**HealthCoach4Me** You get online access to educational information, assessments, diaries, checklists, a health library, and prevention action plans. This online health coaching program will help you meet your goals and live a healthier life.

**Care Programs** If you have a chronic health condition such as Diabetes, COPD, Congestive Heart Failure, or Asthma, you get personal attention to improve your health, overcome barriers, and coordinate your care.

**Quality Improvement Programs** Our in-network providers partner with us to improve your care and services. We utilize objective and subjective benchmarks to measure and evaluate the quality and safety to ensure you're getting the right care.

Health Screenings, Events and Immunization Programs You get free health screenings, educational events, immunization programs and health risk assessments to help you manage chronic conditions and live the life you want.

**Medication Program** Get free one-on-one consultations with a pharmacist to identify any safety issues, interactions, cost-savings, and other changes to improve your health. Your pharmacist will work with your doctor to help you get the most out of your coverage.

# 2014 PacificSource Medicare Advantage Plans at a Glance

Below is **what you pay** for covered services. This is a brief summary. Contact plan for details or see your Summary of Benefits.

|  |  | . , ,   |                                     |                              |   |   |   |  |
|--|--|---|-------------------------------------|------------------------------|---|---|---|--|
| Monthly Premium                                      | MEDICARE ALONE (2013) Part B monthly premium was \$104.90                  | ESSENTIALS RX 16 (HMO)<br>\$32 per month                    | EXPLORER 6 (PPO)<br>\$19 per month  |                              |   |   | EXPLORER RX 2 (PPO)<br>\$72 per month                 |  |
| Services   |  | In-Network  | In-Netw                             | vork                         | Out-of-Network  | In-Network  | Out-of-Network  |  |
| Deductible   | \$147  | \$0   | \$0                                 |                              | <b>\$</b> O   | \$0   | \$0   |  |
| Annual Out-of-Pocket Max<br>(medical)                | None   | \$3,000   | \$3,000 in/out combined             |                              | \$3,000 in/out combined \$2,500 in/out comb             |   | t combined  |  |
| Primary Care Provider<br>Office Visits               | 20%  | \$10 copay  | \$10 cop                            | oay                          | \$20 copay  | \$10 copay  | \$20 copay  |  |
| Specialist<br>Office Visits                          | 20%  | \$30 copay  | \$20 cop                            | oay                          | \$30 copay  | \$20 copay  | \$30 copay  |  |
| Lab, X-rays &<br>Advanced Diagnostics                | \$0 for labs, 20% for diagnostics<br>and X-rays                            | \$15 Lab, \$15 X-ray<br>20% CT, MRI, PET                    | \$15 Lab, \$1<br>\$125 CT, \$175 M  | •                            | 20% coinsurance   | \$15 Lab, \$15 X-ray<br>\$125 CT, \$175 MRI, \$175 PET      | 20% coinsurance                                       |  |
| Hospitalization                                      | \$1,184 deductible per benefit<br>period and 20% for<br>physician services | \$275 copay/day (days 1-6)<br>\$0 copay/day (days 7+)       | \$175 copay/day<br>\$0 copay/day    |                              | \$300 copay/day (days 1-7)<br>\$0 copay/day (days 8+)   | \$175 copay/day (days 1-7)<br>\$0 copay/day (days 8+)       | \$300 copay/day (days 1-7)<br>\$0 copay/day (days 8+) |  |
| Outpatient Surgery                                   | 20%  | \$275 copay   | \$175 co                            | pay                          | \$300 copay   | \$175 copay   | \$300 copay   |  |
| Skilled Nursing Facility                             | \$0/day (days1-20)<br>\$148/day (days 21-100)                              | \$50 copay/day (days 1-20)<br>\$125 copay/day (days 21-100) | \$50 copay/day<br>\$125 copay/day ( | (days 1-20)<br>(days 21-100) | 20% coinsurance   | \$50 copay/day (days 1-20)<br>\$125 copay/day (days 21-100) | 20% coinsurance                                       |  |
| Home Health  | \$0  | 10% coinsurance   | 10% coinsu                          | urance                       | 10% coinsurance   | 10% coinsurance   | 10% coinsurance                                       |  |
| Physical & Occupational<br>Therapy                   | 20%  | \$30 copay  | \$20 cop                            | oay                          | 20% coinsurance   | \$20 copay  | 20% coinsurance                                       |  |
| Durable Medical Equipment,<br>Prosthetics & Supplies | 20%  | 20% coinsurance up to \$500/yr                              | 20% coinsurance                     | up to \$500/yr               | 20% coinsurance   | 20% coinsurance up to \$500/yr                              | 20% coinsurance                                       |  |
| Part B Drugs<br>(such as chemotherapy)               | 20%  | 20% coinsurance   | 20% coinsu                          | urance                       | 20% coinsurance   | 20% coinsurance   | 20% coinsurance                                       |  |
| Part D Prescription<br>Drug Benefit (Rx)             | Not included   | <b>Rx Included</b> see page 5                               | Not inclu                           | uded                         | Not included  | <b>Rx Included</b><br>see page 5                            | <b>Rx Included</b> see page 5                         |  |
| 3  |  |   | You cannot o                        |                              | Part D prescription drug coverage apany with this plan. |   | 4   |  |

# Benefits Included in All Plans

| Preventive Care (in-network  | <b>()</b>   |  |                                     |
|--|---|--|-------------------------------------|
| <ul> <li>Bone mass measurement</li> <li>Mammograms</li> <li>Prostate cancer screenings</li> <li>Cardiovascular disease testing</li> <li>Flu and Pneumonia shots</li> </ul> | \$0 copay<br>\$0 copay<br>\$0 copay<br>\$0 copay<br>\$0 copay | <ul> <li>Colorectal screenings</li> <li>Pap and pelvic exams</li> <li>Annual wellness visit</li> <li>Diabetes screening</li> <li>And more</li> </ul> | \$0 copay<br>\$0 copay<br>\$0 copay |
| Extra Benefits (in-network)  |   | <b>(</b> 0   |                                     |

 Annual physical exams \$0 copay Routine vision exams (varies by plan) \$20-\$30 copay Routine hearing exams(varies by plan) \$20-\$30 copay

\$100 reimbursement every 2 calendar years Eyeglasses and contacts

## **Worldwide Coverage for Travelers**

Urgent care \$25 copay \$65 copay \$150-\$200 copay (varies by plan) •Emergency room

Ambulance (ground or air)

Note: Cost-sharing may be different for out-of-network benefits.

## Part D Prescription Drug Benefits included in the premium for plans with "RX" in the name (See pages 3-4). Below is a

| pians wiin   | (See pages 3-4). Below is <b>what you pay</b> for covered drugs.  |  |  |  |  |
|--|---|--|--|--|--|
| STAGE ONE:   |   |  |  |  |  |
| Deductible   | \$0   |  |  |  |  |
| Preferred Generic  | \$4 copay 1-month supply<br>\$12 copay 3-month supply <sup>3</sup>  |  |  |  |  |
| Non-Preferred Generic  | \$10 copay 1-month supply<br>\$30 copay 3-month supply <sup>3</sup>                                       |  |  |  |  |
| Preferred Brand  | \$45 copay 1-month supply \$135 copay 3-month supply <sup>3</sup>   |  |  |  |  |
| Non-Preferred Brand  | \$95 copay 1-month supply<br>\$285 copay 3-month supply <sup>3</sup>                                      |  |  |  |  |
| Specialty  | 33% coinsurance   |  |  |  |  |
| STAGE TWO:   | — What you pay after total drug costs¹ reach \$2,850 —  |  |  |  |  |
| Preferred Generic  | \$4 copay 1-month supply \$12 copay 3-month supply <sup>3</sup>   |  |  |  |  |
| All Other Generic  | 72% coinsurance   |  |  |  |  |
| All Other Brand  | 47.5% coinsurance   |  |  |  |  |
| STAGE THREE:   | - After your out-of-pocket costs² reach \$4,550, the maximum you pay until the end of the calendar year — |  |  |  |  |
| All Covered Drugs  | 5% coinsurance  |  |  |  |  |
| <sup>1</sup> Total Drug Costs: Both what you pay and what PacificSource Medicare pays for your prescriptions. <sup>2</sup> Out-of-Pocket Costs: Everything you've paid during Stage One and Stage Two. |   |  |  |  |  |

<sup>3</sup> Get a 3-month supply through in-network mail order or in-network retail pharmacies.







### **Optional Supplemental Dental**

### Preventive Dental Benefits Available for \$25 a month

Healthy teeth and gums do more than keep you smiling. Dental health is important for your overall health. Poor dental hygiene can lead to gum disease, cavities and other infections, all of which can have an impact on your overall health. That's why we offer Optional Supplemental Dental coverage to help keep you healthy.

Our Optional Supplemental Dental benefits can be added to your Essentials HMO or Explorer PPO plan. Our dental coverage is an optional supplemental benefit, which means it's not covered by Original Medicare nor included as part of your Essentials HMO or Explorer PPO plan. If you would like to add dental, you must check dental on your enrollment form and pay an additional monthly premium.

What's Included? With our Optional Supplemental Dental benefits you are covered for diagnostic and preventive care services including: routine exams, cleanings, and x-rays. There is no deductible and no waiting periods. Plus, you have the freedom to use any dentist anywhere in the U.S.

What Do You Pay for Dental Services? You're covered for up to 100% of our maximum allowable charge.\* 85% of dentists accept our maximum allowable as payment in full. If your dentist charges more than this maximum, you're responsible for the difference.

How to Use Your Dental Plan Show your PacificSource Medicare ID card to your dentist. The front of your ID card will show that you have dental coverage included with your PacificSource Medicare plan. Your dentist will bill us directly using the address on the back of your ID card.

When Can You Join? These dental benefits are optional. Generally you can join or cancel your dental benefit only during certain times of the year (see page 8 for more information).

| Diagnostic and Preventive Benefits                           | What You Pay                                     | Can you choose your dentist? |  |
|--|--|------------------------------|--|
| Routine Exams  | 2 per calendar year                              | \$0 copay                    | Yes!   |
| Dental Cleanings (Prophylaxis or<br>Periodontal Maintenance) | 2 per calendar year                              | \$0 copay                    | You have the<br>freedom to<br>see any<br>licensed<br>dentist |
| Full Mouth X-Rays and/or Panorex                             | 1 complete mouth series every 5 calendar years** | \$0 copay                    |  |
| Bitewing X-Rays  | 1 set of 4 films,<br>2 per calendar year         | \$0 copay                    | anywhere<br>in the U.S.                                      |

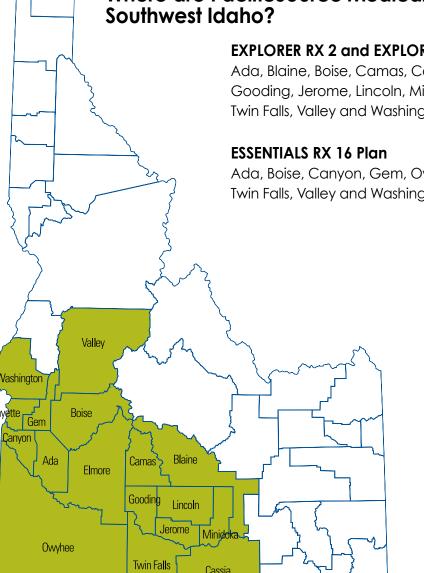
<sup>\*</sup> Maximum allowable charge is based on the 85th percentile for Usual, Customary and Reasonable charges.

### Where are PacificSource Medicare Plans Available in Southwest Idaho?

### **EXPLORER RX 2 and EXPLORER 6 Plans**

Ada, Blaine, Boise, Camas, Canyon, Cassia, Elmore, Gem, Gooding, Jerome, Lincoln, Minidoka, Owyhee, Payette, Twin Falls, Valley and Washington counties.

Ada, Boise, Canyon, Gem, Owyhee, Payette, Twin Falls, Valley and Washington counties.



### When Can I Join a PacificSource Medicare Plan or add Optional Supplemental Dental benefits?

### 1] If you are new to Medicare (your first Medicare enrollment opportunity)

You may sign up three months before the month your Medicare begins, and up to three months after. For example, if your Medicare begins in July, you can enroll anytime between April 1 and October 31.

### 2] If you are already on Medicare, you have other enrollment opportunities:

### October 15-December 7 (Annual Election Period)

- Join a PacificSource Medicare plan
- Change plans
- Transfer Part D prescription drug coverage from one plan or company to another
- Add or drop Part D prescription drug coverage
- Add or drop Supplemental Dental benefits

#### 3) Special enrollment opportunities (exceptions)

You may be able to join a PacificSource Medicare plan and add Optional Supplemental Dental benefits to your plan at other times of the year if:

- You recently moved into our service area
- You recently lost employer health insurance coverage
- There may be other exceptions, please call us for details

### **How to Enroll**

- 1) Decide on the plan that best fits your needs by comparing benefits, copayments, monthly premiums, and access to doctors.
- 2] Choose one of the following enrollment options.

#### **Enroll online**

Visit our website at www.Medicare.PacificSource.com and follow the easy, step-by-step instructions.

Fill out the enclosed enrollment form and return it to PacificSource in the pre-paid envelope provided.

### Call your local insurance agent

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

#### Call or visit our office

We're here Monday through Friday from 8:00 a.m. to 5:00 p.m., no appointment necessary. See page 9 for contact information and a map.

<sup>\*\*</sup> Multi-year benefits may not be available in subsequent years.