

Explorer 8 (PPO)

2014 Summary of Benefits



Coos and Curry Counties, Oregon



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PacificSource Community Health Plans, Inc. is an HMO/PPO plan with a Medicare contract.

Enrollment in PacificSource Medicare depends on contract renewal.

Section I - Introduction to Summary of Benefits

Thank you for your interest in PacificSource Medicare Explorer 8 (PPO). Our plan is offered by PacificSource Community Health Plans, Inc. which is also called PacificSource Medicare, a Medicare Advantage Preferred Provider Organization (PPO) that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call PacificSource Medicare Explorer 8 (PPO) and ask for the "Evidence of Coverage".

You Have Choices in Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like PacificSource Medicare Explorer 8 (PPO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program. You may be able to join or leave a plan only at certain times. Please call PacificSource Medicare Explorer 8 (PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (800) 633-4227 for more information. TTY/TDD users should call (877) 486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare PacificSource Medicare Explorer 8 (PPO), and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is PacificSource Medicare Explorer 8 (PPO) available?

The service area for this plan includes: Coos, Curry Counties, OR. You must live in one of these areas to join the plan.

Who is Eligible to Join PacificSource Medicare Explorer 8 (PPO)?

You can join PacificSource Medicare Explorer 8 (PPO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease generally are not eligible to enroll in PacificSource Medicare Explorer

8 (PPO) unless they are members of our organization and have been since their dialysis began.

Can I Choose My Doctors?

PacificSource Medicare Explorer 8 (PPO) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at www.Medicare.PacificSource.com/Tools/ProviderDirectory.aspx. Our customer service number is listed at the end of this introduction.

What Happens if I Go to a Doctor Who's Not in Your Network?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

Does My Plan Cover Medicare Part B or Part D drugs?

PacificSource Medicare Explorer 8 (PPO) does cover Medicare Part B prescription drugs. PacificSource Medicare Explorer 8 (PPO) does NOT cover Medicare part D prescription drugs.

What are My Protections in this Plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area. As a member of PacificSource Medicare Explorer 8 (PPO) you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want

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us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What Types of Drugs May be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact PacificSource Medicare Explorer 8 (PPO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable osteoporosis drugs for some women.
- Erythropoietin: By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.

- Inhalation and Infusion Drugs administered through Durable Medical Equipment.

Where can I Find Information on Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and Customer Service). If you have access to the web, you may use the web tools on www.Medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our Customer Service number is listed below.

Please call PacificSource Medicare for more information about PacificSource Medicare Explorer 8 (PPO). Visit us at www.Medicare.PacificSource.com or, call us:

- Customer Service Hours for October 1 to February 14: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Pacific.
- Customer Service Hours for February 15 to September 30: Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 8:00 p.m. Pacific
- Current and Prospective members should call toll-free (888) 863-3637 for questions related to the Medicare Advantage Program. (TTY/TDD (800) 735-2900).
- Current and Prospective members should call locally (541) 225-3771 for questions related to the Medicare Advantage Program. (TTY/TDD (800) 735-2900).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.Medicare.gov on the web. This document may be available in other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language. For additional information, call Customer Service at the phone number listed above. If you have any questions about this plan's benefits or costs, please contact PacificSource Medicare for details.

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Benefit	Original Medicare	PacificSource Medicare Explorer 8 (PPO)
Important Information		
<p>1-Premium and Other Important Information</p>	<p>In 2013 the monthly Part B Premium was \$104.90 and may change for 2014 and the annual Part B deductible amount was \$147 and may change for 2014.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p> <p>For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048. You may also call Social Security at (800) 772-1213. TTY users should call (800) 325-0778.</p>	<p>General</p> <p>\$45 monthly plan premium in addition to your monthly Medicare Part B premium. Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048. You may also call Social Security at (800) 772-1213. TTY users should call (800) 325-0778. Some physicians, providers and suppliers that are out of a plan's network (i.e., out-of-network) accept "assignment" from Medicare and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare "assignment", your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare "limiting charge". If you are a member of a plan that charges a copay for out-of-network physician services, the higher Medicare "limiting charge" does not apply. See the publications Medicare & You or Your Medicare Benefits available on www.Medicare.gov for a full listing of benefits under Original Medicare, as well as for explanation of the rules related to "assignment" and "limiting charges" that apply by benefit type. To find out if physicians and DME suppliers accept assignment or participate in Medicare, visit www.Medicare.gov/physician or www.Medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p>In-Network</p> <p>\$3,000 out-of-pocket limit for Medicare-covered services.</p> <p>In and Out-of-Network</p> <p>\$3,000 out-of-pocket limit for Medicare-covered services.</p>
<p>2-Doctor and Hospital Choice (For more information, see Emergency Care- #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist, or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals.</p> <p>In and Out-of-Network</p> <p>You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out-of-network benefits.</p>

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Benefit	Original Medicare	PacificSource Medicare Explorer 8 (PPO)
Inpatient Care		
<p>3-Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2013 the amounts for each benefit period were: <u>Days 1-60:</u> \$1,184 deductible <u>Days 61-90:</u> \$296 per day <u>Days 91-150:</u> \$592 per lifetime reserve day</p> <p>These amounts may change for 2014. Call 1-800-MEDICARE (800) 633-4227 for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays: <u>Days 1-5:</u> \$200 copay per day <u>Days 6-90:</u> \$0 copay per day \$0 copay for additional non-Medicare-covered hospital days.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network For Medicare-covered hospital stays: <u>Days 1-5:</u> \$300 copay per day <u>Days 6 and beyond:</u> \$0 copay per day</p>
<p>4-Inpatient Mental Health Care</p>	<p>In 2013 the amounts for each benefit period were: <u>Days 1-60:</u> \$1,184 deductible <u>Days 61-90:</u> \$296 per day <u>Days 91-150:</u> \$592 per lifetime reserve day</p> <p>These amounts may change for 2014. You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished</p>	<p>In-Network You get up to 190 days of Inpatient Psychiatric Hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays: <u>Days 1-5:</u> \$200 copay per day <u>Days 6-90:</u> \$0 copay per day Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network For Medicare-covered hospital stays:</p>

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Benefit	Original Medicare	PacificSource Medicare Explorer 8 (PPO)
	in a general hospital.	<u>Days 1-5:</u> \$300 copay per day <u>Days 6-90:</u> \$0 copay per day
5-Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	In 2013 the amounts for each benefit period after at least a 3-day Medicare-covered hospital stay were: <u>Days 1-20:</u> \$0 per day <u>Days 21-100:</u> \$148 per day These amounts may change for 2014. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	General Authorization rules may apply. In-Network Plan covers up to 100 days each benefit period. No prior hospital stay is required. For Medicare-covered SNF stays: <u>Days 1-20:</u> \$50 copay per day <u>Days 21-100:</u> \$125 copay per day Out-of-Network 20% of the cost for each Medicare-covered SNF stay. For each Medicare-covered SNF stay: <u>Days 1-100:</u> 20% of the cost per SNF day.
6-Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	General Authorization rules may apply. In-Network 10% of the cost for each Medicare-covered home health visit. Out-of-Network 10% of the cost for Medicare-covered home health visits.
7-Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.
Outpatient Care		
8-Doctor Office Visits	20% coinsurance.	In-Network \$15 copay for each Medicare-covered primary care doctor visit. \$30 copay for each Medicare-covered specialist visit.

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Benefit	Original Medicare	PacificSource Medicare Explorer 8 (PPO)
		<p>Out-of-Network \$25 copay for each Medicare-covered primary care doctor visit. \$40 copay for each Medicare-covered specialist visit.</p>
9-Chiropractic Services	Supplemental routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).	<p>In-Network \$20 copay for each Medicare-covered chiropractic visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p> <p>Out-of-Network 20% of the cost for Medicare-covered chiropractic visits.</p>
10-Podiatry Services	Supplemental routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<p>In-Network \$30 copay for each Medicare-covered podiatry visit. Medicare-covered podiatry visits are for medically necessary foot care.</p> <p>Out-of-Network 20% of the cost for Medicare-covered podiatry visits.</p>
11-Outpatient Mental Health Care	<p>20% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible. "Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$40 copay for each Medicare-covered individual therapy visit. • \$40 copay for each Medicare-covered group therapy visit. • \$40 copay for each Medicare-covered individual therapy visit with a psychiatrist. • \$40 copay for each Medicare-covered group therapy visit with a psychiatrist. • \$30 copay for Medicare-covered partial hospitalization program services. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered Mental Health visits with a psychiatrist. • 20% of the cost for Medicare-covered Mental Health visits. • \$40 copay for Medicare-covered partial hospitalization program services.
12-Outpatient Substance Abuse Care	20% coinsurance.	<p>In-Network</p> <ul style="list-style-type: none"> • \$30 copay for Medicare-covered individual substance abuse outpatient treatment visits.

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Benefit	Original Medicare	PacificSource Medicare Explorer 8 (PPO)
		<ul style="list-style-type: none"> • \$30 copay for Medicare-covered group substance abuse outpatient treatment visits. <p>Out-of-Network 20% of the cost for Medicare-covered substance abuse outpatient treatment visits.</p>
13-Outpatient Services	<p>20% coinsurance for the doctor's services.</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$200 copay for each Medicare-covered ambulatory surgical center visit. • \$0 to \$200 copay (or 20% of the cost) for each Medicare-covered outpatient hospital facility visit. <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$300 copay for Medicare-covered ambulatory surgical center visits. • \$25 to \$300 copay (or 20% of the cost) for Medicare-covered outpatient hospital facility visits.
14-Ambulance Services (medically necessary ambulance services)	20% coinsurance.	<p>General Authorization rules may apply.</p> <p>In-Network \$150 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$150 copay for Medicare-covered ambulance benefits.</p>
15-Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor's services. Specified copayment for outpatient hospital facility emergency services. Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital. You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	<p>General \$65 copay for Medicare-covered emergency room visits.</p> <p><u>Worldwide coverage.</u></p> <p>If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.</p>

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16-Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area).	20% coinsurance, or a set copay. If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the urgently-needed-care visit. NOT covered outside the U.S. except under limited circumstances.	General \$30 copay for Medicare-covered urgently-needed-care visits.
17-Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance. Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.	General Authorization rules may apply. Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. In-Network <ul style="list-style-type: none"> • \$30 copay for Medicare-covered Occupational Therapy visits. • \$30 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits. Out-of-Network <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits. • 20% of the cost for Medicare-covered Occupational Therapy visits.
Outpatient Medical Services and Supplies		
18-Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered durable medical equipment. Out-of-Network 20% of the cost for Medicare-covered durable medical equipment.
19-Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance. 20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices.	General Authorization rules may apply. In-Network <ul style="list-style-type: none"> • \$0 copay for Medicare-covered: medical supplies related to prosthetics, splints, and other devices. • 0% to 20% of the cost for Medicare-covered prosthetic devices. Out-of-Network 20% of the cost for Medicare-covered prosthetic devices.

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Benefit	Original Medicare	PacificSource Medicare Explorer 8 (PPO)
20-Diabetes Programs and Supplies	<p>20% coinsurance for diabetes self-management training.</p> <p>20% coinsurance for diabetes supplies.</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Diabetes self-management training. • \$0 copay for Medicare-covered: diabetes monitoring supplies, therapeutic shoes or inserts. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered Diabetes self-management training. • 20% of the cost for Medicare-covered Diabetes monitoring supplies. • 20% of the cost for Medicare-covered therapeutic shoes or inserts.
21-Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> • \$0 to \$15 copay for Medicare-covered lab services. • \$15 copay for Medicare-covered diagnostic procedures and tests. • \$15 copay for Medicare-covered X-rays. • 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays). • 20% of the cost for Medicare-covered therapeutic radiology services. • If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost-sharing of \$15 to \$30 may apply. • If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost-sharing of \$15 to \$30 may apply. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered therapeutic radiology services. • 20% of the cost for Medicare-covered outpatient X-rays. • 20% of the cost for Medicare-covered diagnostic radiology services. • 20% of the cost for Medicare-covered diagnostic procedures and tests. • 20% of the cost for Medicare-covered lab services. • If the doctor provides you services in addition to (Medicare-covered Diagnostic Procedures/Tests, Medicare-covered Laboratory Services, Diagnostic Radiological Services, Therapeutic Radiological Services, Outpatient X-Rays, Eye Exams Eye Exams), separate cost-sharing of \$25 to \$40 may apply.

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Benefit	Original Medicare	PacificSource Medicare Explorer 8 (PPO)
22-Cardiac and Pulmonary Rehabilitation Services	<p>20% coinsurance for Cardiac Rehabilitation services.</p> <p>20% coinsurance for Pulmonary Rehabilitation services.</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services.</p>	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • Medicare-covered Cardiac Rehabilitation Services • Medicare-covered Intensive Cardiac Rehabilitation Services • Medicare-covered Pulmonary Rehabilitation Services <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered Cardiac Rehabilitation Services. • 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services. • 20% of the cost for Medicare-covered Pulmonary Rehabilitation Services.
Preventive Services		
23-Preventive Services	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening. • Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. • Cardiovascular Screening. • Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. • Colorectal Cancer Screening. • Diabetes Screening. • Influenza Vaccine. • Hepatitis B Vaccine for people with Medicare who are at risk. • HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased 	<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost-sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>In-Network \$0 copay for a supplemental annual physical exam.</p> <p>Out-of-Network 20% of the cost for Medicare-covered preventive services. 20% of the cost for a supplemental annual physical exam.</p>

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	<p>risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <ul style="list-style-type: none"> • Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. • Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. • Personalized Prevention Plan Services (Annual Wellness Visits). • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening. Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. 	

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Benefit	Original Medicare	PacificSource Medicare Explorer 8 (PPO)
	<ul style="list-style-type: none"> • Screening and behavioral counseling interventions in primary care to reduce alcohol misuse. • Screening for depression in adults. • Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs. • Intensive behavioral counseling for Cardiovascular Disease (bi-annual). • Intensive behavioral therapy for obesity. • Welcome to Medicare Preventive Visits (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	
24-Kidney Disease and Conditions	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for kidney disease education services.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • \$25 copay for Medicare-covered renal dialysis. • \$0 copay for Medicare-covered kidney disease education services. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered kidney disease education services. • \$25 copay for Medicare-covered renal dialysis.
Prescription Drug Benefits		
25-Outpatient Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including</p>	<p>Drugs covered under Medicare Part B General</p> <ul style="list-style-type: none"> • Most drugs not covered. • 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs. • 20% of the cost for Medicare Part B drugs out-of-network.

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Benefit	Original Medicare	PacificSource Medicare Explorer 8 (PPO)
	prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<p>Drugs Covered under Medicare Part D General</p> <p>This plan does not offer prescription drug coverage.</p>
Outpatient Medical Services and Supplies		
26-Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network</p> <p>This plan covers some preventive dental benefits for an extra cost (see "Optional Supplemental Benefits.").</p> <p>\$30 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network</p> <p>20% of the cost for Medicare-covered comprehensive dental benefits.</p>
27-Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • Hearing aids not covered. • \$30 copay for Medicare-covered diagnostic hearing exams. • \$30 copay for up to 1 supplemental routine hearing exam(s) every year. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered diagnostic hearing exams. • 20% of the cost for supplemental hearing exams.
28-Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk.</p> <p>Supplemental routine eye exams and eyeglasses (lenses and frames) not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 to \$30 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk. • \$30 copay for up to 1 supplemental routine eye exam(s) every two years. <p>\$0 copay for:</p> <ul style="list-style-type: none"> • one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery • Eyeglasses (lenses and frames) • Contact lenses • Eyeglasses lenses • Eyeglasses frames <p>If the doctor provides you services in addition to eye exams, separate cost-sharing of \$15 to \$30 may apply.</p>

Section II - Summary of Benefits

Benefit	Original Medicare	PacificSource Medicare Explorer 8 (PPO)
		<p>Out-of-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered eyewear. • 20% of the cost for Medicare-covered eye exams. • 20% of the cost for supplemental routine eye exams. • If the doctor provides you services in addition to (Medicare-covered Diagnostic Procedures/Tests, Medicare-covered Laboratory Services, Diagnostic Radiological Services, Therapeutic Radiological Services, Outpatient X-Rays, Eye Exams Eye Exams), separate cost sharing of • \$25 to \$40 may apply. • \$0 copay for supplemental eyewear. • The plan will pay up to \$100 for all of the following services combined: Supplemental: Eyewear. <p>In and Out-of-Network \$100 plan coverage limit for supplemental eyewear every two years. This limit applies to both in-network and out-of-network benefits.</p>
Wellness/Education and Other Supplemental Benefits & Services	Not covered.	<p>In-Network This plan does not cover supplemental education/wellness programs.</p>
Over-the-Counter Items	Not covered.	<p>General The plan does not cover over-the-counter items.</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover supplemental routine transportation.</p>
Acupuncture and Other Alternative Therapies	Not covered.	<p>In-Network This plan does not cover Acupuncture and other alternative therapies.</p>
OPTIONAL SUPPLEMENTAL PACKAGE #1		
Premium and Other Important Information		<p>General Package: 1 - Preventive Dental: \$27 monthly premium, in addition to your \$45 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> • Preventive Dental

Section II - Summary of Benefits

Benefit	Original Medicare	PacificSource Medicare Explorer 8 (PPO)
Dental Services		<p>In-Network \$0 copay for the following supplemental preventive dental benefits:</p> <ul style="list-style-type: none"> • up to 1 oral exam(s) every six months • up to 1 cleaning(s) every six months • up to 1 dental x-ray(s) every six months <p>Out-of-Network \$0 copay for preventive supplemental dental services.</p>