



MyCare Choice Rx 29 (HMO-POS) offered by PacificSource Medicare

Annual Notice of Change for 2026

You're enrolled as a member of MyCare Choice Rx 29 (HMO-POS).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in MyCare Choice Rx 29 (HMO-POS).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.Medicare.PacificSource.com or call Customer Service at 888-863-3637 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 888-863-3637 (TTY users call 711) for more information. Hours are **October 1 to March 31**: 8:00 a.m. to 8:00 p.m. local time, seven days a week. **April 1 to September 30**: 8:00 a.m. to 8:00 p.m. local time, Monday – Friday. This call is free.
- This material is available for free in a different format such as braille, large print, audio, or other alternate formats, please call Customer Service.

About MyCare Choice Rx 29 (HMO-POS)

- PacificSource Community Health Plans is an HMO, HMO D-SNP, and PPO plan with a Medicare contract and a contract with Oregon Health Plan (Medicaid). Enrollment in PacificSource Medicare depends on contract renewal.
- When this material says “we,” “us,” or “our”, it means PacificSource Medicare. When it says “plan” or “our plan,” it means MyCare Choice Rx 29 (HMO-POS).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in MyCare Choice Rx 29 (HMO-POS).** Starting January 1, 2026, you'll get your medical and drug coverage through our plan. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. See Section 1.1 for details.	\$10	\$13
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (See Section 1.2 for details.)	<u>In-Network</u> \$5,525 <u>In-Network and Out-of-Network combined:</u> \$8,950	<u>In-Network</u> \$5,525 <u>In-Network and Out-of-Network combined:</u> \$8,950
Primary care office visits	<u>In-Network</u> \$0 per visit <u>Out-of-Network</u> \$45 per visit	<u>In-Network</u> \$0 per visit <u>Out-of-Network</u> \$45 per visit
Specialist office visits	<u>In-Network</u> \$40 per visit <u>Out-of-Network</u> \$45 per visit	<u>In-Network</u> \$40 per visit <u>Out-of-Network</u> \$45 per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	<u>In-Network</u> Days 1-5: \$360 per day Days 6+: \$0 per day <u>Out-of-Network</u> 50% of the total cost	<u>In-Network</u> Days 1-5: \$360 per day Days 6+: \$0 per day <u>Out-of-Network</u> 50% of the total cost
Part D drug coverage deductible (Go to Section 1.7 for details.)	\$299 except for covered insulin products and most adult Part D vaccines	\$299 except for covered insulin products and most adult Part D vaccines

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copay/Coinsurance during the Initial Coverage Stage: Drug Tier 1: Standard Cost-sharing: \$8 Preferred Cost-sharing: \$0 Drug Tier 2: Standard Cost-sharing: \$17 Preferred Cost-sharing: \$12 Drug Tier 3: Standard Cost-sharing: \$47 Preferred Cost-sharing: \$47 You pay up to \$35 per month supply of each covered insulin product on this tier Drug Tier 4: Standard Cost-sharing: 33% Preferred Cost-sharing: 31% Drug Tier 5: Standard Cost-sharing: 29% Preferred Cost-sharing: 29% You pay up to \$35 per month supply of each covered insulin product on this tier Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.	Copay/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 Drug Tier 2: \$10 Drug Tier 3 Retail: 20% Mail-Order: 15% You pay up to \$35 per month supply of each covered insulin product on this tier Drug Tier 4: 25% Drug Tier 5: 29% You pay up to \$35 per month supply of each covered insulin product on this tier Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$10	\$13

Factors that could change your Part D Premium Amount

- **Late Enrollment Penalty** - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- **Higher Income Surcharge** - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- **Extra Help** - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network providers count toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$5,525	\$5,525 Once you have paid \$5,525 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined (in-network and out-of-network) maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your combined out-of-pocket amount.	\$8,950	\$8,950 Once you have paid \$8,950 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.Medicare.PacificSource.com/Search/Provider to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.Medicare.PacificSource.com/Search/Provider.
- Call Customer Service at 888-863-3637 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 888-863-3637 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* www.Medicare.PacificSource.com/Search/Pharmacy to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.Medicare.PacificSource.com/Search/Pharmacy.
- Call Customer Service at 888-863-3637 (TTY users call 711) to get current provider information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 888-863-3637 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Chiropractic services Medicare covered	<u>In-Network</u> \$20 per visit.	<u>In-Network</u> \$15 per visit.
Home Health Services Prior authorization requirements	<u>In-Network</u> Prior authorization is <u>not</u> required.	<u>In-Network</u> Prior authorization is required after evaluation and 5 visits.
Inpatient hospital care Prior authorization requirements	<u>In-Network</u> Notification of admission required from the facility. Prior authorization is <u>not</u> required.	<u>In-Network</u> Notification of admission required from the facility. Prior authorization may be required.

	2025 (this year)	2026 (next year)
Inpatient services in a psychiatric hospital Prior authorization requirements	<u>In-Network</u> Notification of admission required from the facility. Prior authorization is <u>not</u> required.	<u>In-Network</u> Notification of admission required from the facility. Prior authorization may be required.
Medicare covered preventive services Barium enemas	<u>In-Network</u> \$0 copay. <u>Out-of-network</u> 50% of the total cost.	Barium enemas are <u>not</u> covered.
Outpatient rehabilitation services Physical, occupational, and speech therapy Prior authorization requirements	<u>In-Network</u> Prior authorization is <u>not</u> required.	<u>In-Network</u> Prior authorization is required after the first 10 visits per therapy service.
Part B prescription drugs Prior authorization and step therapy requirements	Requirements change yearly. Please contact Customer Service or see our Formulary to verify which drugs require prior authorization or step therapy. Step therapy may require trial of Part D or a Part B drug.	Requirements change yearly. Please contact Customer Service or see our Formulary to verify which drugs require prior authorization or step therapy. Step therapy may require trial of Part D or a Part B drug.
Partial hospitalization services and Intensive outpatient services Prior authorization requirements	<u>In-Network</u> Prior authorization is <u>not</u> required.	<u>In-Network</u> Prior authorization is required.
Skilled nursing facility Prior Authorization requirements	<u>In-Network</u> Prior authorization is <u>not</u> required.	<u>In-Network</u> Prior authorization is required.
Urgently needed services Urgent care, including Worldwide coverage	\$55 per visit.	\$50 per visit.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at 888-863-3637 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30th, call Customer Service at 888-863-3637 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 Preferred Brand, Tier 4 Non-Preferred, and Tier 5 Specialty drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	\$299 During this stage, you pay \$8 at Standard cost-sharing and \$0 at Preferred cost-sharing for drugs on Tier 1 Preferred Generic; \$17 at Standard cost-sharing and \$12 at Preferred cost-sharing for drugs on Tier 2 Generic; and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred, and Tier 5 Specialty until you have reached the yearly deductible.	\$299 During this stage, you pay \$0 for drugs on Tier 1 Preferred Generic; \$10 for drugs on Tier 2 Generic; and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred, and Tier 5 Specialty until you have reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3, your cost sharing in the Initial Coverage Stage is changing from a copay to coinsurance. Go to the following table for the changes from 2025 to 2026.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 Preferred Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost-sharing: \$8</i> <i>Preferred cost-sharing: \$0</i>	\$0
Tier 2 Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost-sharing: \$17</i> <i>Preferred cost-sharing: \$12</i>	\$10
Tier 3 Preferred Brand We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost-sharing: \$47</i> <i>Preferred cost-sharing: \$47</i> Your cost for a one-month mail-order prescription is \$47 You pay no more than \$35 per month supply of each covered insulin product on this tier.	20% of the total cost You pay no more than \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 15% of the total cost.
Tier 4 Non-Preferred We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost-sharing: 33% of the total cost</i> <i>Preferred cost-sharing: 31% of the total cost</i>	25% of the total cost

	2025 (this year)	2026 (next year)
Tier 5 Specialty We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost-sharing:</i> 29% of the total cost <i>Preferred cost-sharing:</i> 29% of the total cost You pay no more than \$35 per month supply of each covered insulin product on this tier.	29% of the total cost You pay no more than \$35 per month supply of each covered insulin product on this tier.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 888-863-3637 (TTY users call 711) or visit www.Medicare.gov.

SECTION 3 How to Change Plans

To stay in our plan, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our plan.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from our plan.

- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from our plan.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Service at 888-863-3637 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, PacificSource Medicare offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - o 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - o Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - o Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Montana has a program called Big Sky Rx 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 (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Montana AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled how to continue getting help, call 406-444-3565. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 888-863-3637 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Our Plan

- **Call Customer Service at 888-863-3637. (TTY users call 711.)**

We're available for phone calls **October 1 to March 31:** 8:00 a.m. to 8:00 p.m. local time, seven days a week. **April 1 to September 30:** 8:00 a.m. to 8:00 p.m. local time, Monday – Friday. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for MyCare Choice Rx 29 (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.Medicare.PacificSource.com or call Customer Service at 888-863-3637 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.Medicare.PacificSource.com**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Montana, the SHIP is called State Health and Insurance Assistance Program (SHIP).

Call SHIP to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call SHIP at 800-551-3191. Learn more about SHIP by visiting www.dphhs.mt.gov/sltc/aging/SHIP.

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



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 (including limited English proficiency and primary language), sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), age, or disability.

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

PacificSource Community Health Plans:

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

If you need reasonable modifications, appropriate aids and services, or language assistance services, contact our Section 1557 Coordinator.

If you believe that PacificSource Community Health Plans has failed to provide these services or has discriminated based on race, color, national origin, sex, age, or disability you can file a complaint with:

Section 1557 Coordinator

Mailing address – PO Box 7068, Springfield, OR 97475-0068

Phone – 888-863-3637, TTY: 711. We accept all relay calls.

Fax – 541-322-6424

Email – 1557Coordinator@pacificsource.com

You may file a complaint in person, by mail, fax, or email. If you need help filing a complaint, our Section 1557 Coordinator is available to assist you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the OCR Complaint Portal, available 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

1-800-368-1019,

1-800-537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

This notice is available on the website of PacificSource Community Health Plans:

www.Medicare.PacificSource.com.

Notice of Availability

English

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 888-863-3637 (TTY: 711) or speak to your provider.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 888-863-3637 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese)

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 888-863-3637（文本电话：711）或咨询您的服务提供商。

Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 888-863-3637 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 888-863-3637 (TTY: 711) или обратитесь к своему поставщику услуг.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 888-863-3637 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Français (French)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 888-863-3637 (TTY : 711) ou parlez à votre fournisseur.

日本語 (Japanese)

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。888-863-3637(TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。

Tagalog (Tagalog)

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 888-863-3637 (TTY: 711) o makipag-usap sa iyong provider.

한국어 (Korean)

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 888-863-3637 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 888-863-3637 (711) أو تحدث إلى مقدم الخدمة".

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलत हैं, तो आपका लिए निःशुल्क भाषा सहायता सहायता उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सहायता भी निःशुल्क उपलब्ध हैं। 888-863-3637 (TTY: 711) पर कॉल करें या अपना प्रदाता सहायता करें।

українська мова (Ukrainian)

УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 888-863-3637 (TTY: 711) або зверніться до свого постачальника.

Limba Română (Romanian)

Puteți obține această scrisoare în alte limbi, cu scris cu litere majuscule, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Puteți obține ajutor din partea unui interpret de îngrijire medicală certificat sau calificat. Sunați la 888-863-3637 sau TTY 711. Acceptăm apeluri adaptate persoanelor surdomute.

台語 (Traditional Chinese)

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 888-863-3637 (TTY: 711) 或與您的提供者討論。

Kiswahili (Swahili)

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 888-863-3637 (TTY: 711) au zungumza na mtoa huduma wako.