



MyCare Choice 30 (HMO-POS) *offered by PacificSource Medicare*

Annual Notice of Changes for 2023

You are currently enrolled as a member of MyCare 30 (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at www.Medicare.PacificSource.com. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in MyCare Choice 30 (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with MyCare 30 (HMO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Service number toll-free at 888-863-3637 for additional information (TTY: 711. We accept all relay calls.). Hours are: **October 1 - March 31:** 8:00 a.m. to 8:00 p.m. local time zone, seven days a week. **April 1 - September 30:** 8:00 a.m. to 8:00 p.m. local time zone, Monday-Friday.
- If you have a visual impairment and need this material in a different format such as braille, large print, or other alternate formats, please call Customer Service.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About MyCare Choice 30 (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).
- When this booklet says "we," "us," or "our", it means PacificSource Medicare. When it says "plan" or "our plan," it means MyCare Choice 30 (HMO-POS).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for our plan in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium (See Section 2.1 for details.)	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	<u>In-Network</u> \$3,500 <u>Out-of-Network</u> Not covered	<u>In-Network</u> \$3,950 <u>Out-of-Network</u> There is no maximum out-of-pocket amount for the services from out-of-network providers. The combined maximum out-of-pocket amount does not apply to this plan.
Doctor office visits	<u>In-Network</u> Primary care visits: \$0 per visit Specialist visits: \$0 per visit <u>Out-of-Network</u> Not covered	<u>In-Network</u> Primary care visits: \$0 per visit Specialist visits: \$0 per visit <u>Out-of-Network</u> Primary care visits: \$45 per visit Specialist visits: \$45 per visit
Inpatient hospital stays	<u>In-Network</u> Days 1-5: \$295 per day Days 6+: \$0 per day <u>Out-of-Network</u> Not covered	<u>In-Network</u> Days 1-5: \$250 per day Days 6+: \$0 per day <u>Out-of-Network</u> 30% of the total cost.

SECTION 1 We Are Changing the Plan's Name

On January 1, 2023, our plan name will change from MyCare 30 (HMO) to MyCare Choice 30 (HMO-POS).

We will mail a new member ID card to you by January 1, 2023. Please continue to use your current member ID card until December 31, 2022. Beginning January 1, 2023 all information sent to you by the plan will include your new plan name, MyCare Choice 30 (HMO-POS).

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Monthly optional Comprehensive Dental premium (This is an optional supplemental benefit. This premium is paid in addition to the monthly premium above.)	\$57	\$57

Section 2.2 – 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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (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.	\$3,500	\$3,950 Once you have paid \$3,950 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Cost	2022 (this year)	2023 (next year)
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.</p>	<p>Not covered.</p> <p>The combined maximum out-of-pocket amount does not apply to this plan.</p>	<p>There is no maximum out-of-pocket amount for the services from out-of-network providers. The combined maximum out-of-pocket amount does not apply to this plan.</p>

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
24-Hour NurseLine	<u>Out-of-Network</u> <u>Not</u> covered.	<u>Out-of-Network</u> Must use Nursing Hotline.
Alternative Care Non-Medicare covered Acupuncture, naturopathy, and non-Medicare covered chiropractic care	<u>In-Network & Out-of- Network</u> Alternative Care is <u>not</u> covered.	<u>In-Network & Out-of- Network</u> You pay a \$0 copay per visit up to a combined total of 24 office visits.
Ambulance Services Including Worldwide coverage	<u>In-Network</u> Ground: You pay a \$275 copay per one-way trip. Air: You pay 20% of the total cost. <u>Out-of-Network</u> <u>Not</u> covered.	<u>In-Network & Out-of- Network</u> You pay a \$300 copay per one-way trip.
COVID-19 treatment during a public health emergency	You pay a \$0 copay per service.	You pay medical benefit cost shares that apply for services. Please refer the 'Medical Benefits Chart' in Chapter 4 of your <i>Evidence of Coverage</i> for cost shares specific to the service you are receiving.

Cost	2022 (this year)	2023 (next year)
<p>Dental services (Routine) Preventive, Restorative and Extraction services</p>	<p><u>In-Network</u> <u>Preventive Services:</u> You pay \$0 for:</p> <ul style="list-style-type: none"> • Routine Exams - 1 per year • Cleanings (Prophylaxis or Periodontal) - 1 per year • Bitewing x-rays - 1 per year • Full mouth x-rays, Conebeam, and/or Panorex (1 complete series) – 1 per 5 years <p>Preventive, Restorative and Extraction services are covered up to a combined \$500 annual maximum.</p> <p><u>Out-of-Network</u> Not covered.</p>	<p><u>In-Network & Out-of-Network</u> <u>Preventive Services:</u> You pay \$0 for:</p> <ul style="list-style-type: none"> • Routine Exams - 2 per year • Cleanings (Prophylaxis or Periodontal) - 3 per year • Bitewing x-rays - 2 per year • Full mouth x-rays, Conebeam, and/or Panorex (1 complete series) – 1 per 5 years <p>Preventive, Restorative and Extraction services are covered up to a combined \$2,000 annual maximum.</p>

Cost	2022 (this year)	2023 (next year)
<p>Dental Services</p> <p>Optional Supplemental Comprehensive Dental plan (This plan can be purchased for an extra cost.)</p>	<p>You have a \$1,000 annual maximum.</p> <p>The following services are limited to 2 per calendar year:</p> <ul style="list-style-type: none"> • Routine exams • Problem focused exams • Cleanings (Prophylaxis or Periodontal) • Bitewing x-rays • Brush biopsy <p>Topical Fluoride and Fluoride Varnish is limited to a combined 4 times per calendar year.</p>	<p>You have a \$2,000 annual maximum.</p> <p>The following services are unlimited per year:</p> <ul style="list-style-type: none"> • Routine exams • Problem focused exams • Cleanings (Prophylaxis or Periodontal) • Bitewing x-rays • Brush biopsy • Topical Fluoride and Fluoride Varnish
<p>Emergency Care</p> <p>Post-Stabilization care, including Worldwide coverage</p>	<p><u>In-Network</u></p> <p>You pay a \$90 copay</p> <p><u>Out-of-Network</u></p> <p><u>Not</u> covered.</p>	<p><u>In-Network & Out-of-Network:</u></p> <p>You pay a \$110 copay.</p>
<p>Global Emergency and Travel assistance</p>	<p><u>Out-of-Network</u></p> <p><u>Not</u> covered.</p>	<p><u>Out-of-Network</u></p> <p>Must use Assist America.</p>
<p>Health and wellness education programs</p> <p>The Silver&Fit® Healthy Aging and Exercise Program</p>	<p><u>Out-of-Network</u></p> <p><u>Not</u> covered.</p>	<p><u>Out-of-Network</u></p> <p>Must use Silver&Fit.</p>
<p>Hearing Services (Routine)</p> <p>TruHearing branded hearing aids and hearing exams</p>	<p><u>Out-of-Network</u></p> <p><u>Not</u> covered.</p>	<p><u>Out-of-Network</u></p> <p>Must use TruHearing.</p>

Cost	2022 (this year)	2023 (next year)
Inpatient hospital care	<p><u>In-Network</u> Days 1-5: You pay a \$295 copay per day. Days 6+: You pay a \$0 copay per day.</p>	<p><u>In-Network</u> Days 1-5: You pay a \$250 copay per day. Days 6+: You pay a \$0 copay per day.</p>
Inpatient mental health care	<p><u>In-Network</u> Days 1-5: You pay a \$295 copay per day. Days 6+: You pay a \$0 copay per day.</p>	<p><u>In-Network</u> Days 1-5: You pay a \$230 copay per day. Days 6+: You pay a \$0 copay per day.</p>
Meal Benefit	<p><u>Out-of-Network</u> <u>Not</u> covered.</p>	<p><u>Out-of-Network</u> Must use GA foods.</p>
<p>Out-of-Network Coverage Acupuncture for chronic low back pain (Medicare covered), Annual Physical Exam, Cardiac Rehabilitation Services (Includes Intensive programs and services), Chiropractic Services (Medicare covered), Dental Services (Medicare covered), Diabetic Training, Supplies and Services, Durable Medical Equipment (DME) and related supplies, Hearing Services (Medicare Covered), Home health agency care, Inpatient hospital care, Inpatient mental health care, Medical Supplies, Medicare Covered Preventive Services, Opioid Treatment Program Services, Outpatient blood services, Outpatient diagnostic tests and therapeutic services, Outpatient Diagnostic and Therapeutic Radiological services</p>	<p><u>Out-of-Network</u> <u>Not</u> covered.</p>	<p><u>Out-of-Network</u> You pay 30% of the total cost.</p>

Cost	2022 (this year)	2023 (next year)
<p>Out-of-Network Coverage (Continued)</p> <p>Outpatient Procedures and Tests, Outpatient Hospital, Observation, and Ambulatory Surgical Center services, Outpatient mental health care (Including Psychiatric and counseling services), Outpatient Substance Abuse Services, Part B Prescription Drugs (Including Chemotherapy/Radiation Drugs), Partial Hospitalization, Podiatry Services, Prosthetics and related supplies, Pulmonary Rehabilitation Services, Services to treat Kidney Disease (Kidney Disease Education and Dialysis Services), Skilled Nursing Facility (SNF) care, Supervised Exercise Therapy (SET), Vision Care (Medicare covered Eye Exams), Vision Care (Diabetic Retinopathy and Glaucoma Screenings)</p>	<p><u>Out-of-Network</u> Not covered.</p>	<p><u>Out-of-Network</u> You pay 30% of the total cost.</p>
<p>Outpatient diagnostic tests and therapeutic services</p> <p>Lab services excluding A1c, ProTime Testing, and Genetic Testing</p>	<p><u>In-Network</u></p> <p>You pay a \$20 copay per visit.</p>	<p><u>In-Network</u></p> <p>You pay a \$0 copay per visit.</p>
<p>Outpatient diagnostic tests and therapeutic services</p> <p>Radiological services</p>	<p><u>In-Network</u></p> <p>CT Scan or Nuclear Test: You pay a \$300 copay per visit.</p> <p>PET Scan or MRI: You pay a \$400 copay per visit.</p>	<p><u>In-Network</u></p> <p>CT Scan or Nuclear Test: You pay a \$190 copay per visit.</p> <p>PET Scan or MRI: You pay a \$310 copay per visit.</p>
<p>Outpatient diagnostic tests and therapeutic services</p> <p>X-ray services excluding DEXA Scans</p>	<p><u>In-Network</u></p> <p>You pay a \$20 copay per visit.</p>	<p><u>In-Network</u></p> <p>You pay a \$15 copay per visit.</p>

Cost	2022 (this year)	2023 (next year)
Outpatient Hospital, Observation, and Ambulatory Surgical Center services Excluding colonoscopies	<u>In-Network</u> You pay a \$295 copay per visit.	<u>In-Network</u> You pay a \$50 copay per visit.
Outpatient rehabilitation services Physical, occupational, and speech therapy	<u>Out-of-Network</u> <u>Not covered.</u>	<u>Out-of-Network</u> You pay a \$45 copay per visit.
Outpatient Substance Abuse Services	<u>In-Network</u> You pay a \$30 copay per visit.	<u>In-Network</u> You pay a \$0 copay per visit.
Over-the-counter (OTC) medications	You get up to \$100 annual reimbursement for purchase of OTC Aspirin, Calcium, and Calcium-Vitamin D combinations.	You get up to \$200 per quarter to purchase OTC medications, and health related items. You must use this benefit through NationsOTC.
Part B Prescription Drugs: Prior Authorization requirements	Prior authorization and Step Therapy requirements change yearly. Please contact Customer Service or see our Formulary to verify which drugs require prior authorization or step therapy.	Prior authorization and Step Therapy requirements change yearly. Please contact Customer Service or see our Formulary to verify which drugs require prior authorization or step therapy.
Physician/Practitioner services Primary Care Provider (PCP), Specialist and other health care professional service visits	<u>Out-of-Network</u> <u>Not covered.</u>	<u>Out-of-Network</u> You pay a \$45 copay per visit.
Pulmonary Rehabilitation Services	<u>In-Network</u> You pay a \$30 copay per visit.	<u>In-Network</u> You pay a \$20 copay per visit.

Cost	2022 (this year)	2023 (next year)
Skilled Nursing Facility (SNF) care	<u>In-Network</u> Days 1-20: You pay a \$0 copay per day. Days 21-100: You pay a \$188 copay per day.	<u>In-Network</u> Days 1-20: You pay a \$0 copay per day. Days 21-100: You pay a \$196 copay per day.
Urgently Needed Services Urgent care, including Worldwide coverage	<u>Out-of-Network</u> <u>Not</u> covered.	<u>Out-of-Network</u> You pay a \$40 copay per visit.
Vision Care (Medicare covered): Eye Wear	<u>Out-of-Network</u> <u>Not</u> covered.	<u>Out-of-Network</u> You pay a \$0 copay.
Vision Care - (Routine): Eye Exams	<u>In-Network</u> You pay a \$0 copay per visit (limit to 1 every 2 calendar years.) <u>Out-of-Network</u> <u>Not</u> covered.	<u>In-Network & Out-of-Network</u> You pay a \$0 copay per visit (limit to 1 every calendar year.)
Vision Care (Routine): Eye Wear	<u>In-Network</u> Up to a combined \$200 reimbursement every two calendar years. <u>Out-of-Network</u> <u>Not</u> covered.	<u>In-Network & Out-of-Network</u> Up to a combined \$250 reimbursement every calendar year.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in our plan

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

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the Medicare & You 2023 handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

As a reminder, PacificSource Medicare offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from our plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from our plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of 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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer 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 the State Health and Insurance Assistance Program (SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIP at 800-551-3191. You can learn more about SHIP by visiting their website (www.dphhs.mt.gov/sltc/aging/SHIP).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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 prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** 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. The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Oregon CAREAssist Program.

Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Montana AIDS Drug Assistance Program. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.
- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

State:	Program:	Phone:
Montana	Montana AIDS Drug Assistance Program	406-444-3565

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call:

State:	Program:	Phone:
Montana	Montana AIDS Drug Assistance Program	406-444-3565

SECTION 7 Questions?

Section 7.1 – Getting Help from Our Plan

Questions? We're here to help. Please call Customer Service at 888-863-3637, TTY: 711. We accept all relay calls. We are available for phone calls: **October 1 - March 31:** 8:00 a.m. to 8:00 p.m. local time zone, seven days a week. **April 1 - September 30:** 8:00 a.m. to 8:00 p.m. local time zone, Monday - Friday. Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for our plan. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.Medicare.PacificSource.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.Medicare.PacificSource.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly 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 should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.