
Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand PacificSource Community Health Plans benefits and rules. If you have any questions, you can call and speak to a customer service representative at 888-863-3637, TTY 711. October 1 – March 31: 7 days a week, local time, 8:00 a.m. – 8:00 p.m. April 1 – September 30: Monday – Friday, local time, 8:00 a.m. – 8:00 p.m.

Understanding the benefits

Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com) or call Customer Service at 888-863-3637, TTY 711, to view a copy of the EOC.

Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Benefits, premiums, and/or copayments/coinsurance may change on January 1, of each year.

Except in emergency or urgent situations, our HMO plans do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Our PPO and HMO-POS plans allow you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

PacificSource Dual Care (HMO D-SNP) is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.