



**Going beyond  
what's required**  
to give you peace of mind



Clark County

**\$0 premium plan | \$0 select drugs | \$0 Rx deductible | Dental | Vision**



**“Hello PacificSource! We have never had such wonderful coverage and treatment by any insurance, ever! We are never disappointed or worried about problems. You always are there and answer any and all questions. You are awesome! Thank you so much!”**

– Phyllis S., member since 2002

# Rewards for healthy actions!



## Earn up to \$190 per year!

We think healthy behaviors should be rewarded. So we’re pleased to offer members incentives for completing important preventive care activities.

Just complete one or more of the activities (right) and you’ll receive a gift card redeemable at more than 100 popular retailers, such as

- Delta Air Lines
- Barnes & Noble
- Starbucks
- The Home Depot
- IHop®
- Best Buy
- Petco
- 1-800-Flowers
- and many more

| \$0 copay services                        | Gift card reward                    |
|-------------------------------------------|-------------------------------------|
| Routine physical or annual wellness visit | \$50                                |
| Mammogram                                 | \$25                                |
| A1c (blood glucose test)                  | First test \$15<br>Second test \$25 |
| Diabetic eye exam                         | \$25                                |
| <b>NEW!</b> Flu shot                      | \$10                                |
| DEXA bone density scan                    | \$20                                |
| At-home colon cancer test or colonoscopy  | \$20                                |



# Why PacificSource?

## We go beyond what's required to put members first.

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Here's the thing: All health plans do what's required by law, and any Medicare Advantage plan will give you more coverage than Medicare alone. But as a not-for-profit since 1933, PacificSource goes above and beyond all of that.

### With PacificSource Medicare, you can expect:



**A plan that works closely with local providers to deliver the best possible care, experience, and cost.** Together, we help make your healthcare easier and more effective.



**Quality, affordable coverage,** including \$0 copay preventive care, plus vision, hearing aids, and dental options.



**Real, local people ready to help when you call—** no automated phone trees or offshore call centers.



**A broad network of highly rated doctors, hospitals, and specialists, with no referrals required.**



**No-cost programs that support your well-being,** such as an extensive fitness program, over-the-counter drug reimbursement, and post-hospital meal delivery.

### Support beyond healthcare

We go beyond what's required to support your health needs. If you're struggling with everyday challenges, such as food insecurity, housing, or transportation, our Member Support Specialists partner with providers and the community to find ways to help.

### Giving back to our communities

PacificSource is right here in the community where we live and work. We offer support through financial aid and access to healthcare for diverse populations and those most in need.



# Partnering for your best health, experience, and cost

With PacificSource Medicare, your provider network is more than a list of approved doctors. It's a unique, local partnership with a shared commitment to serve your individual healthcare needs.

## How we work together for you:



- Improved coordination of care helps you prevent and manage chronic conditions
- Focus on high-value, effective treatments
- Use of data and technology to support high-quality, personalized care
- Providers rewarded based on value, quality outcomes, and patient experience, not volume

## In-network hospitals and clinics in your state and beyond



**Broad network access:** All the facilities listed below, plus in-network coverage in each of our four states: Oregon, Washington, Idaho, and Montana.



**Urgent care, emergency care, and ambulance service is covered worldwide with in-network copays.**



VANCOUVER CLINIC



**Find more in-network providers at**  
[Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).

### Idaho

**St. Luke's Health Partners**

### Montana

  
**Billings Clinic**

### Washington

 **MultiCare Connected Care**

## Legacy Health, OHSU, and other providers working for you



In addition to other highly rated providers noted above, our partnerships with Legacy Health and OHSU Health give you access to hundreds of choices for your healthcare.



- Six Medical Centers:  
Legacy Salmon Creek  
Legacy Good Samaritan  
Legacy Meridian Park  
Legacy Emanuel  
Legacy Mount Hood  
Legacy Silverton
- 3,000 in-network providers at 63 primary care clinics and 150 specialty care locations
- 18 urgent care centers, including Legacy-GoHealth Urgent Care, 20 laboratories, and 10 imaging centers
- Legacy Cancer Institute is among the nation's top cancer programs, accredited by the American College of Surgeons, Commission on Cancer

- 3,000+ OHSU Health system providers
- The No. 1 Oregon hospital, OHSU Hospital,\* partnering with Adventist Health Portland, and OHSU Health Hillsboro Medical Center
- Specialties ranked in the top 50\* nationally: Cancer; ear, nose, and throat; gastroenterology; geriatrics; neurology, and more
- Specialties ranked high-performing\* nationally: Cardiology, ophthalmology and urology
- Virtual and in-person visits for primary, same-day, and specialty care

*\* U.S. News and World Report's "Best Hospitals 2021-2022"*

# 2022 PacificSource Medicare Advantage plan at a glance

| <b>Benefit highlights</b>                                                            |  | <b>MyCare™ Rx 37 (HMO)</b>           |  |
|--------------------------------------------------------------------------------------|--|--------------------------------------|--|
| <b>Monthly premium</b>                                                               |  | <b>In-network</b>                    |  |
| <b>Medical deductible</b>                                                            |  | <b>You pay:</b>                      |  |
| Primary care office visit                                                            |  | <b>\$0</b>                           |  |
| Specialist office visit (referrals not required)                                     |  | <b>\$0</b>                           |  |
| Inpatient hospital care                                                              |  | <b>\$0</b>                           |  |
| Outpatient surgery                                                                   |  | <b>\$35</b>                          |  |
| Diagnostic colonoscopy, DEXA, and mammogram                                          |  | <b>\$360/day (1–5), \$0/day (6+)</b> |  |
| A1c and Protime / Other diagnostic lab                                               |  | <b>\$235</b>                         |  |
| Advanced imaging: CT & Nuclear / MRI & PET                                           |  | <b>\$0</b>                           |  |
| Physical therapy                                                                     |  | <b>\$0 / \$20</b>                    |  |
| Ambulance (ground and air, worldwide)                                                |  | <b>\$235 / \$320</b>                 |  |
| Emergency (worldwide)                                                                |  | <b>\$30</b>                          |  |
| Urgent care (worldwide)                                                              |  | <b>\$325</b>                         |  |
| Annual out-of-pocket maximum                                                         |  | <b>\$90</b>                          |  |
| <b>Extra benefits</b>                                                                |  | <b>\$40</b>                          |  |
| Included dental<br>(see page 5 for details)                                          |  | <b>\$4,950</b>                       |  |
| Rewards: Earn up to \$190 in gift cards<br>(see inside cover for details)            |  | <b>You pay:</b>                      |  |
| Telehealth, including primary care and specialists                                   |  | Preventive: <b>\$0</b>               |  |
| Annual physical, transitional & chronic care                                         |  | <b>Included</b>                      |  |
| Alternative care (naturopathy and non-Medicare-covered acupuncture and chiropractic) |  | <b>Same cost as in-person</b>        |  |
| Routine vision exam, once every 2 years                                              |  | <b>\$0</b>                           |  |
| Reimbursement for eyeglasses every 2 years                                           |  | <b>\$25</b>                          |  |
| Routine hearing exam                                                                 |  | (limit 12 visits/year, combined)     |  |
| Hearing aid benefit (see page 8 for details)                                         |  | <b>\$0</b>                           |  |
| Silver&Fit® program with fitness tracker option                                      |  | <b>\$200 reimbursement</b>           |  |
| Meals as Medicine (see page 9 for details)                                           |  | <b>\$0</b>                           |  |
| <b>Part D prescription drugs</b>                                                     |  | <b>\$0</b>                           |  |
|                                                                                      |  | <b>Starting at \$599</b>             |  |
|                                                                                      |  | <b>\$0</b>                           |  |
|                                                                                      |  | <b>\$0</b>                           |  |
|                                                                                      |  | <b>Included</b>                      |  |

This plan is available to residents of Clark County, Washington.

This is a brief summary. Contact us for plan details or to see a plan's Summary of Benefits.

\*You cannot combine Medicare Part D prescription drug coverage from any other company with this plan.



**Call today: 888-530-1426, TTY 711**





**NEW!**

# Dental care to fit your needs



## Our plan includes dental benefits

- No deductible or waiting periods
- Up to \$500 per year at no additional premium
- HMO plan—uses a dental network. To find an in-network dentist, visit [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).

### Included Preventive

**\$0** for one routine exam, one cleaning, and one bitewing x-ray per calendar year

**\$0** for one set of full-mouth x-rays every five years

## Supplemental dental options

**If you want more coverage, you may add supplemental dental for an additional premium.**

- Freedom to see any licensed dentist in the United States
- \$0 copay for covered preventive services (at in-network dentists, or any dentist who accepts our payment as payment in full)
- No deductible or waiting periods

|                                     | Supplemental Preventive | Supplemental Comprehensive |
|-------------------------------------|-------------------------|----------------------------|
| Premium (monthly)                   | \$33                    | \$57                       |
| Deductible (annual)                 | \$0                     | \$0                        |
| Annual maximum benefit              | N/A                     | \$1,000                    |
| Preventive and diagnostic services  | \$0                     | \$0                        |
| Restorative and extraction services | Not covered             | 20%                        |
| Endodontics and periodontics        | Not covered             | 50%                        |

This is a brief summary of our dental benefits. Please contact us for more details.

# Part D prescription drug benefits included in the following plan

|                                       | MyCare™ Rx 37 (HMO)                                                                                              |                              |                                             |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------|
| Stage 1                               |                                                                                                                  |                              |                                             |
| Pharmacy Deductible<br>All Tiers      | \$0                                                                                                              |                              |                                             |
| Stage 2                               | When the total drug costs* are between <b>\$0 and \$4,430</b> , you pay:                                         |                              |                                             |
| Pharmacy*<br>Supply                   | Preferred Retail<br>30/90-day                                                                                    | Standard Retail<br>30/90-day | Preferred Mail Order<br>90-day <b>SAVE!</b> |
| Tier 1 Preferred Generic              | \$0                                                                                                              | \$8/\$24                     | \$0                                         |
| Tier 2 Generic                        | \$10/\$30                                                                                                        | \$17/\$51                    | \$20                                        |
| Tier 3 Preferred Brand                | \$37/\$111                                                                                                       | \$47/\$141                   | \$74                                        |
| Tier 4 Nonpreferred                   | 31%                                                                                                              | 33%                          | 31%                                         |
| Tier 5 Specialty (30-day supply only) | 33%                                                                                                              | 33%                          | 30-day supply only; retail cost applies     |
| Tier 6 Select Care                    | \$0                                                                                                              | \$0                          | \$0                                         |
| Stage 3 ("coverage gap")              | After total drug costs* reach <b>\$4,430</b> , you pay:                                                          |                              |                                             |
| Most Generic                          | 25%                                                                                                              |                              |                                             |
| Most Brand                            | 25%                                                                                                              |                              |                                             |
| All Drugs in Tier 6                   | \$0 during coverage gap                                                                                          |                              |                                             |
| Stage 4                               | After your out-of-pocket costs reach <b>\$7,050</b> , the maximum you pay until the end of the calendar year is: |                              |                                             |
| All Covered Drugs                     | Whichever is the larger amount:                                                                                  |                              |                                             |
|                                       | 5% of the cost                                                                                                   |                              |                                             |
|                                       | OR                                                                                                               |                              |                                             |
|                                       | \$3.95 for generic drugs<br>\$9.85 all other drugs                                                               |                              |                                             |

To find out your medication's tier, visit [Medicare.PacificSource.com](http://Medicare.PacificSource.com) or call **888-530-1426**, TTY 711.

\*Your cost may differ relative to the pharmacy's status as preferred or standard, mail order, long-term care, home infusion, or quantity.



# Spend less on medications you need



## Preferred pharmacies

**Sav-on/Albertsons, Costco, Fred Meyer/Kroger, Safeway, CVS/Target, Walmart, and more**

Freedom to choose from more than 68,000\* network pharmacies throughout the U.S.

- **Save money with CVS Caremark mail order**
- Lower copays at preferred pharmacies

For a complete list of preferred pharmacies, go to [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).

\*Based on CVS Medicare contracted pharmacy data.



## Over-the-counter (OTC) drug benefit

Take aspirin or calcium? They're on us! All our Medicare plans include reimbursement for up to \$100 per year for OTC aspirin, calcium, and calcium-vitamin D combinations.



## Home delivery

**Save money with CVS Caremark mail order**

- **\$0 copay** on all preferred generic (Tier 1) and select care drugs (Tier 6)
- **90-day supply for 60-day cost** for generic (Tier 2) and preferred brand (Tier 3)
- **Free shipping** and optional auto-refills



## \$0 select medications

Select care (Tier 6) drugs are included in all Rx plans. Benefit includes:

- **\$0 copay for up to a 90-day supply** (at in-network pharmacies)
- Includes many medications for blood pressure, cholesterol, and diabetes

Below is a partial list of the most common select care (Tier 6) drugs. For a complete list of covered drugs, go to [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).

### Blood pressure

Amlodipine Besylate-  
Benazepril HCL  
Amlodipine Besylate-  
Valsartan HCL  
Amlodipine Besylate-  
Valsartan HCL-HCTZ  
Benazepril HCL  
Enalapril Maleate  
Enalapril Maleate-HCTZ  
Fosinopril Sodium  
Fosinopril Sodium-  
HCTZ  
Irbesartan  
Irbesartan-HCTZ  
Lisinopril  
Lisinopril-HCTZ  
Losartan Potassium  
Losartan Potassium-  
HCTZ  
Moexipril HCL  
Moexipril HCL-HCTZ  
Perindopril Erbumine  
Quinapril HCL  
Quinapril HCL-HCTZ  
Ramipril  
Telmisartan  
Trandolapril  
Valsartan  
Valsartan-HCTZ

### Cholesterol

Atorvastatin Calcium  
Lovastatin  
Pravastatin Sodium  
Rosuvastatin Calcium  
Simvastatin

### Diabetes

Acarbose  
Glimepiride  
Glipizide ER/IR  
Glipizide-Metformin  
HCL  
Metformin HCL ER/IR  
Nateglinide  
Pioglitazone  
Repaglinide

### Osteoporosis

Alendronate  
Ibandronate

# Benefits to ensure peace of mind



## Hearing aid benefits

PacificSource Medicare partners with TruHearing® to offer a hearing aid benefit.

- \$0 copay for hearing exam
- Up to 2 hearing aids per year (\$599, \$799, or \$999 copay per aid), batteries included
- 1 year of unlimited follow-up visits



## Eyeglass and vision benefits

All our Medicare Advantage plans cover:

- Routine vision exams
- Eyeglasses or contacts: \$200 reimbursement every two calendar years
- Freedom to choose the frame style you like best, from any licensed provider



## \$0 fitness program

The Silver&Fit Healthy Aging and Exercise Program includes, all at no cost to you:

- Thousands of digital workout videos
- Home Fitness Kits including a free fitness tracker option
- Fitness center membership
- One-on-one coaching by phone, and more
- Substantial discounts on membership fees at premium fitness centers



## Alternative care

It's good to have choices in the kind of care you receive. That's why our Medicare plans cover alternative care not covered by Original Medicare (\$25 copay, at in-network providers). The benefit includes 12 office visits per year (combined) for:

- Chiropractic
- Acupuncture
- Naturopathy



## Telehealth

Telehealth is a convenient way to get care via phone or video. Our plans cover telehealth with in-network primary care doctors and specialists. Your cost is the same as an in-person visit.

Availability varies by provider and region, and some limitations apply.



## 24-Hour NurseLine

Sometimes you just need to talk with a healthcare professional. Determining whether or not urgent care is needed can be difficult, especially in those after-hours moments.

If your situation is not life-threatening, and you just want professional advice, you can call our 24-Hour NurseLine. This service is included at no extra cost with PacificSource Medicare plans.



## \$0 preventive care services

Preventive services are covered at no cost to you when you get care from in-network providers. Benefits include:

- Routine physical exam
- Flu and pneumonia vaccines
- Bone-mass measurement
- Medical nutrition therapy services
- Tobacco-use cessation counseling
- Preventive screenings, such as mammograms and colonoscopies
- Chronic and transitional care



## Worry-free travel

Whether you're visiting family in the next state or on a dream trip in another country, you can relax, knowing your plan includes:

- In-network copays for emergency or urgent care (at any facility)
- Worldwide coverage for ambulance, emergency, and urgent care
- Global emergency medical assistance through Assist America®



## Care coordination

Our Health Services team provides direct assistance when you need help managing your healthcare. Nurse Case Managers will:

- Work collaboratively with you and your providers
- Offer resources and support in navigating the healthcare system
- All at no extra cost to you



## Meals as medicine

Our plans include 14 home-delivered meals after a recent hospital or nursing facility stay.

- Two meals per day for seven days
- Condition-specific menus, such as heart-healthy, diabetic-friendly, and low-sodium
- Vegetarian and kosher options
- No extra cost to you, and no limit per calendar year







# Enrolling in PacificSource Medicare



## When you become eligible for Medicare

The three months before your 65th birthday, the month of your 65th birthday, and the three months following your 65th birthday.



## During the Annual Enrollment Period

**(October 15 – December 7)** Every year at this time, you can also change plans or add or drop Part D prescription drug coverage.



## During the Open Enrollment Period

**(January 1 – March 31)** If you are already enrolled in a Medicare Advantage plan, you can change your plan or Part D prescription drug coverage during this time.

**Special Enrollment Period:** There are many other circumstances for which you could be eligible to enroll, outside these three periods. Call us for details.

## Questions?

### Contact us

**888-530-1426, TTY 711**

#### We're available:

October 1 – March 31: 7 days a week, 8 a.m. – 8 p.m.

April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.

[Medicare.PacificSource.com](https://www.Medicare.PacificSource.com)

### Contact a broker

PacificSource Medicare partners with a select group of local insurance producers (brokers). Call us for assistance.

### Attend a free seminar

Learn more about Medicare and Medicare Advantage plans at:  
[Medicare.PacificSource.com](https://www.Medicare.PacificSource.com)

*For accommodation of persons with special needs at meetings, call 888-530-1426, TTY 711.*

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. Other pharmacies and providers are available in our network. TruHearing® is a registered trademark of TruHearing, Inc. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and used with permission herein. Participating fitness centers and fitness chains may vary by location and are subject to change. Assist America is a registered service mark of Assist America, Inc. Accessibility help: For assistance reading this document, please call us at 888-863-3637, TTY 711.

# Discrimination Is Against the Law

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PacificSource Community Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource Community Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PacificSource Community Health Plans:

- Provides free aids and services to people with disabilities to 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, such as:
  - Qualified interpreters
  - Information written in other languages

If you need services, contact Customer Service at (888) 863-3637 or, for TTY users, (800) 735-2900.

- **October 1–March 31:**  
8:00 a.m. to 8:00 p.m., seven days a week
- **April 1–September 30:**  
8:00 a.m. to 8:00 p.m. Monday–Friday

If you believe that PacificSource Community Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, PO Box 7068, Springfield, OR 97475-0068, (541) 225-1967, fax (541) 684-5475, or email [crc@pacificsource.com](mailto:crc@pacificsource.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Customer Service department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [OCRPortal.hhs.gov/ocr/portal/lobby.jsf](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, DC 20201
- (800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at [HHS.gov/ocr/office/file/index.html](https://HHS.gov/ocr/office/file/index.html).

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**Arabic:** مقرب ل صتا . ن ا ج م ل اب ك ل رفا و ت ة ي و غ ل ل ا د ع ا س م ل ا ت ا م د خ ن ا ف ، ء غ ل ل ا ر ك ذ ا ث د ح ت ت ن ك ا ذ ا : ء ط و ح ل م (888) 863-3637 م ك ب ل ا و م ص ل ا ف ت ا ه م ق ر (800) 735-2900.

**Cambodian-Mon-Khmer:** ប្រយ័ត្ន: បរិស័ទជាអ្នកនិយាយភាសាខ្មែរ, សំរាប់ន្ទុយផ្ទុនកែភាសាដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បរិស័ទ។ ចូរ ទូរស័ព្ទ (888) 863-3637, TTY: (800) 735-2900។

**Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (888) 863-3637, TTY: (800) 735-2900。

**Cushite-Oromo:** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (888) 863-3637, TTY: (800) 735-2900.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez (888) 863-3637, ATS: (800) 735-2900.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (888) 863-3637, TTY: (800) 735-2900.

**Japanese:** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。(888) 863-3637, TTY: (800) 735-2900) まで、お電話にてご連絡ください。

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (888) 863-3637, TTY: (800) 735-2900 번으로 전화해 주십시오.

**Persian-Farsi:** امش یارب ناگیار ترو صبی ی نابز تالی هست، دینک یم وگت فگ ی سراف نابز هب رگا: هجوت ف یم دش اب. اب (888) 863-3637, TTY: (800) 735-2900 سامت دیری گب.

**Romanian:** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la (888) 863-3637, TTY: (800) 735-2900.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (888) 863-3637, телетайп: (800) 735-2900.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 863-3637, TTY: (800) 735-2900.

**Thai:** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (888) 863-3637, TTY: (800) 735-2900.

**Ukrainian:** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (888) 863-3637, телетайп: (800) 735-2900.

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (888) 863-3637, TTY: (800) 735-2900.