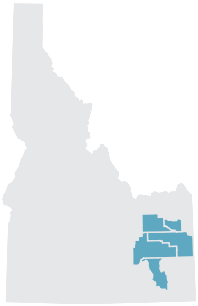
PacificSource Medicare





Eastern Idaho

# More Mileage from Medicare

## 2019 Enrollment Guide

$0 Premium Plan | $0 Select Medications on Rx Plans | $0 Gym Membership | **See inside >>**

# Why choose PacificSource Medicare?

## Human service, not detours.

Whether you call, email, or stop by, expect friendly, knowledgeable, real people, ready to help you. It's one of the things PacificSource is known for.

## Coverage to keep your health on course.

You'll appreciate our network of highly qualified healthcare providers, along with benefits, programs, and services that pave the way to well-being.

- **$0 premium plan** – see page 6
- **$0 co-pay for many medications on plans with prescription coverage** – see page 8
- **$0 fitness and gym benefits** – see page 2
- **Freedom to see any Medicare participating providers**

## Bumpy road?

Our Member Support Specialists can connect you to community resources to support your medical needs. Examples include assistance finding transportation to doctor visits, meal delivery, and help with discharge instructions after a hospital stay.

## Not-for-profit and community-focused.

We're a regional health insurance company with local offices to serve you. Our Medicare Advantage plans cover select counties in Oregon, Montana, Idaho, and Washington.



### Are you in our area?

To be eligible for a PacificSource Medicare Advantage plan, your main residence must be within our plan service area. The plans highlighted in this brochure are available in **Bannock, Bingham, Bonneville, Jefferson, and Madison Counties.**

**Toll-free (888) 530-1427 | TTY (800) 735-2900 | www.Medicare.PacificSource.com**

# Enrolling in PacificSource Medicare

Medicare has **3** main enrollment periods during which you can enroll in or change Medicare Advantage plans:

### When You Become Eligible for Medicare

Your initial enrollment period lasts seven months: 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.

*If you're eligible to enroll before age 65 based on disability or other criteria, you also have a seven-month initial enrollment period.

# Getting the Care You Need

We partner with local doctors, medical centers, and hospitals to ensure our members get the best care possible. With a PacificSource Medicare plan, you can choose from a broad network of doctors who accept Medicare in your area. This network extends to many in-network physicians and hospitals beyond the plan service area. When you travel in the U.S. and worldwide, you can rest easy knowing that your Medicare plan includes coverage for urgent care, emergency care, and ambulance. And if you choose one of our preferred provider organization (PPO) plans, you can see any doctor who accepts Medicare with the out-of-network benefit. **Find providers in your area:** [www.Medicare.PacificSource.com/Search/Provider](www.Medicare.PacificSource.com/Search/Provider)

## In-network Hospitals

Bingham Memorial Hospital – Experience Bingham!
Eastern Idaho Regional Medical Center
Portneuf Medical Center
Mountain View Hospital – Getting you back to what you Love
Madison Memorial Hospital

**And more...**

## In-network Clinics

- Community Care
- Family First Medical Center
- Health West
- Idaho Falls Clinic
- Idaho Physicians Clinic
- Intermountain Medical Community Family Clinic
- Portneuf Medical Group
- Seasons Medical
- Upper Valley Family Medicine

**And more...**

**Plus, worldwide coverage for urgent care, emergency care, and ambulance.**
In case of emergency, you can go to the hospital nearest to you for care.



# Programs & Services to Stay Well

included in all plans

## $0 Fitness Benefit

Our Medicare Advantage plans give you access to the Silver&Fit® Exercise & Healthy Aging Program. With this program, you may choose a fitness membership at a participating fitness center/YMCA or participate in the Silver&Fit Home Fitness Program at **no cost to you**. The Silver&Fit Program also includes: healthy aging educational materials, activity rewards, and quarterly newsletters. For more information, visit **www.SilverandFit.com**.

*The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). All programs and services may not be available in all areas. Silver&Fit is a federally registered trademark of ASH.*

## $0 Preventive Care Services

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

- Annual physical exam
- Bone-mass measurement
- Breast cancer screenings (mammogram)
- Cardiovascular screenings
- Colorectal cancer screenings
- Depression screenings
- Diabetes screenings
- Medical nutrition therapy services
- Pap and pelvic exams
- Prostate cancer screenings (PSA)
- Tobacco-use cessation counseling
- Flu shots and pneumococcal shots

## Hearing Benefits

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

- $45 co-pay for hearing exam
- Purchase up to 2 hearing aids per year ($699 or $999 co-pay per aid), batteries included

For information about TruHearing providers, go to **www.truhearing.com**.

*TruHearing® is a registered trademark of TruHearing, Inc.*

## 24-Hour NurseLine

Have a health-related question? Call our 24-Hour NurseLine. Staffed around the clock, seven days a week, you'll never be without a registered nurse to talk to.

## Vision Benefits

Original Medicare covers some vision care, but not routine vision exams, eyeglasses, or contact lenses. With all our Medicare Advantage plans, routine vision exams and hardware (eyeglasses or contact lenses) are covered benefits, every two calendar years.

## Coverage When You Travel

With PacificSource Medicare, you're covered for medically necessary emergency and urgent care, and ambulance (ground and air), when you travel—worldwide.

# Add Preventive Dental for $21 a Month

Good dental health and regular preventive dental care are important to your overall well-being. Our optional preventive dental plan offers:

- **No deductible**
- **No waiting period**
- **Freedom to see any licensed dentist in the United States**

You pay $0 for covered services from dentists in the Advantage Dental Network or from a dentist who accepts our payment as payment in full. About 85 percent of dentists will accept our payment as payment in full. There are more than 460 Advantage dentists in Idaho. Contact us or visit our website for a list of in-network dentists.

Preventive dental covers:

- Two annual cleanings (one every six months)
- Two routine exams (one every six months)
- Bitewing X-rays (one set every six months)
- Full-mouth X-rays and/or panorex (one series every five calendar years)

If you choose a dentist who charges more than our maximum allowable rate, you will need to pay for the difference.

# 2019 PacificSource
# Medicare Advantage Plans at a Glance

| | Essentials Rx 21 (HMO) |
|---|---|
| **Network** | **In-network** |
| Monthly Premium | **$75** |
| **Benefit Highlights** | **You pay:** |
| Medical Deductible | **$0** |
| Primary Care Office Visit<br>Specialist Office Visit | **$10**<br>**$35** |
| Inpatient Hospital Care | **$400/day** (1–4)<br>**$0/day** (5+) |
| Outpatient Surgery | **$400** |
| Skilled Nursing Facility (SNF) | **$0/day** (1–20)<br>**$172/day** (21–100) |
| Diagnostic Lab<br>Diagnostic X-ray<br>Advanced Diagnostics | **$0–$15**<br>**$15**<br>**$190–$310** |
| Physical Therapy | **$35** |
| Durable Medical Equipment (DME) | **20%** |
| Ambulance<br>(ground and air, worldwide coverage) | **$300** |
| Emergency (worldwide coverage) | **$90** |
| Urgent Care (worldwide coverage) | **$40** |
| Part B Drugs (for example, chemotherapy) | **20%** |
| Annual Out-of-pocket Maximum<br>(this is not a deductible) | **$6,700** |
| **Extra Benefits** | **You pay:** |
| Annual Physical | **$0** |
| Routine Vision Exam, one every two years | **$35** |
| Reimbursement every two years for routine prescription eyeglasses or contact lenses | **$200** reimbursement |
| Hearing Aid Benefit (see page 3 for details) | **Included** |
| Fitness Program (Silver&Fit®) | **$0** |
| **Part D Prescription Drugs**<br>(see page 7 for details) | **Included** |

**These plans are available to residents of Bannock, Bingham, Bonneville, Jefferson, and Madison Counties.**

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

| | Explorer Rx 9 (PPO) | |
|---|---|---|
| **Network** | **In-network** | **Out-of-network** |
| Monthly Premium | **$99** | |
| **Benefit Highlights** | **You pay:** | |
| Medical Deductible | **$0** | |
| Primary Care Office Visit<br>Specialist Office Visit | **$10**<br>**$35** | **50%** |
| Inpatient Hospital Care | **$350/day** (1–5)<br>**$0/day** (6+) | **40%** |
| Outpatient Surgery | **$350** | **50%** |
| Skilled Nursing Facility (SNF) | **$0/day** (1–20)<br>**$160/day** (21–100) | **50%** |
| Diagnostic Lab<br>Diagnostic X-ray<br>Advanced Diagnostics | **$0–$15**<br>**$15**<br>**$190–$310** | **50%** |
| Physical Therapy | **$35** | **50%** |
| Durable Medical Equipment (DME) | **20%** | **50%** |
| Ambulance<br>(ground and air, worldwide coverage) | **$200** | |
| Emergency (worldwide coverage) | **$90** | |
| Urgent Care (worldwide coverage) | **$40** | |
| Part B Drugs (for example, chemotherapy) | **20%** | **50%** |
| Annual Out-of-pocket Maximum<br>(this is not a deductible) | **$6,700** | **$10,000**<br>(in/out combined) |
| **Extra Benefits** | **You pay:** | |
| Annual Physical | **$0** | **50%** |
| Routine Vision Exam, one every two years | **$35** | |
| Reimbursement every two years for routine prescription eyeglasses or contact lenses | **$200** reimbursement | |
| Hearing Aid Benefit (see page 3 for details) | **Included** | **Not covered** |
| Fitness Program (Silver&Fit®) | **$0** | |
| **Part D Prescription Drugs**<br>(see page 7 for details) | **Included** | |

| | Explorer 12 (PPO) | |
|---|---|---|
| **Network** | **In-network** | **Out-of-network** |
| Monthly Premium | **$0** | |
| **Benefit Highlights** | **You pay:** | |
| Medical Deductible | **$0** | |
| Primary Care Office Visit<br>Specialist Office Visit | **$10**<br>**$35** | **50%**<br>**50%** |
| Inpatient Hospital Care | **$285/day** (1–7)<br>**$0/day** (8+) | **50%** |
| Outpatient Surgery | **$285** | **50%** |
| Skilled Nursing Facility (SNF) | **$0/day** (1–20)<br>**$172/day** (21–100) | **50%** |
| Diagnostic Lab<br>Diagnostic X-ray<br>Advanced Diagnostics | **$0–$15**<br>**$15**<br>**$190–$310** | **50%** |
| Physical Therapy | **$35** | **50%** |
| Durable Medical Equipment (DME) | **20%** | **50%** |
| Ambulance<br>(ground and air, worldwide coverage) | **$250** | |
| Emergency (worldwide coverage) | **$90** | |
| Urgent Care (worldwide coverage) | **$40** | |
| Part B Drugs (for example, chemotherapy) | **20%** | **50%** |
| Annual Out-of-pocket Maximum<br>(this is not a deductible) | **$6,700** | **$10,000**<br>(in/out combined) |
| **Extra Benefits** | **You pay:** | |
| Annual Physical | **$0** | **50%** |
| Routine Vision Exam, one every two years | **$35** | |
| Reimbursement every two years for routine prescription eyeglasses or contact lenses | **$200** reimbursement | |
| Hearing Aid Benefit (see page 3 for details) | **Included** | **Not covered** |
| Fitness Program (Silver&Fit®) | **$0** | |
| **Part D Prescription Drugs**<br>(see page 7 for details) | **Not covered.**<br>You cannot combine Medicare Part D prescription drug coverage from any other company with this plan. | |

# Part D Prescription Drug Benefits
# Included in the Following Plans

| | Essentials Rx 21 (HMO) | | Explorer Rx 9 (PPO) | |
|---|---|---|---|---|
| **Stage 1** | | | | |
| **Pharmacy Deductible** | **$0** on Tiers 1, 2, and 6<br>**$300** on Tiers 3, 4, and 5 | | **$0** on Tiers 1, 2, and 6<br>**$275** on Tiers 3, 4, and 5 | |
| **Stage 2** | When the total drug costs[2] are between **$0** and **$3,820**, you pay[1]: | | | |
| **Retail Pharmacy** (30-day supply)* | **Preferred Pharmacy** | **Standard Pharmacy** | **Preferred Pharmacy** | **Standard Pharmacy** |
| **Tier 1** Preferred Generic | **$3** | **$8** | **$3** | **$8** |
| **Tier 2** Generic | **$12** | **$17** | **$12** | **$17** |
| **Tier 3** Preferred Brand | **$37** | **$47** | **$37** | **$47** |
| **Tier 4** Non-preferred | **31%** | **33%** | **31%** | **33%** |
| **Tier 5** Specialty | **27%** (30-day supply only) | | **27%** (30-day supply only) | |
| **Tier 6** Select Care | **$0** | **$0** | **$0** | **$0** |
| **Stage 3** | After total drug costs[2] reach **$3,820**, you pay[1]: | | | |
| **Most Generic** | **37%** | | **37%** | |
| **Most Brand** | **25%** | | **25%** | |
| **Select Drugs in Tier 3**<br>**All Drugs in Tier 6** | All Tier 6 drugs and a select group of Tier 3 drugs have additional coverage during Stage Three (coverage gap). Your cost will not increase from Stage Two to Stage Three. See the list of covered drugs to determine which drugs are included. | | | |
| **Stage 4** | After your out-of-pocket costs[3] reach **$5,100,** the maximum you pay[1] until the end of the calendar year is: | | | |
| **All Covered Drugs** | Whichever is the larger amount:<br>**5%** of the cost<br>OR<br>**$3.40** for generic drugs<br>**$8.50** all other drugs | | Whichever is the larger amount:<br>**5%** of the cost<br>OR<br>**$3.40** for generic drugs<br>**$8.50** all other drugs | |

* 60- and 90-day supplies are also available through retail pharmacies.

All formulary drugs may be supplied through in-network mail-order or retail pharmacies. If you're receiving Extra Help (low-income subsidy), your prescription drug deductible and co-pays may be lower.

[1] If you have low-income co-pay subsidies, you will have varying out-of-pocket expenses.
[2] **Total drug costs**: what you and others on your behalf pay, and what PacificSource Medicare pays for your prescriptions.
[3] **Out-of-pocket costs**: everything you and others have paid on your behalf during stages one, two, and three.

# Save Money with CVS Caremark Mail Order



## Receive a 90-day supply for the same cost as a 60-day supply!*

Other benefits of our mail order service:

- Free shipping
- Auto-refills available

*For medications in Tiers 1, 2, 3, and 6 through CVS Caremark®.

# Our Preferred Pharmacies



## Albertsons, Costco, Fred Meyer/Kroger, Safeway, Shopko, CVS/Target, Walmart, and other select local independent pharmacies

- Freedom to choose from more than 68,000 network pharmacies throughout the U.S.
- Save money with CVS Mail Order Preferred Pharmacy
- Lower co-pays at preferred pharmacies, listed above

For a current and complete list of preferred pharmacies, please call us or go to **www.Medicare.PacificSource.com/Search/Pharmacy**.

# Pay $0 for These Prescription Drugs



Below is a partial list of the most common Select Care (Tier 6) drugs. These are included in all plans that offer prescription drug benefits. When filled at an in-network pharmacy, you pay a $0 co-pay for up to a 90-day supply. **For a complete list of all our drugs, call Customer Service or visit our website at www.Medicare.PacificSource.com.**

**Cholesterol**
Atorvastatin Calcium
Lovastatin
Pravastatin Sodium
Rosuvastatin Calcium
Simvastatin

**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

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

## Take aspirin or calcium? They're on us!

Plans with drug coverage include reimbursement for up to $100 per year for over-the-counter aspirin, calcium, and calcium-vitamin D combinations. Just send us your receipt.

# Convenient Tools for Managing Your Benefits

## InTouch for Members

You can access coverage and benefit information through InTouch, our secure web portal at **www.Medicare.PacificSource.com**. It allows you to easily and conveniently manage your insurance coverage and health, 24/7.

## myPacificSource Mobile App

Our free mobile app gives you secure, on-the-go access to your coverage information. View your ID card, check out-of-pocket totals, and more. Visit **www.PacificSource.com/mobile** for more information.

# Questions? Ready to enroll?

| | |
|---|---|
| Call Us | **Toll-free (888) 530-1427 \| TTY (800) 735-2900**<br>October 1 – March 31: 7 days a week, 8:00 a.m. – 8:00 p.m.<br>April 1 – September 30: Monday – Friday, 8:00 a.m. – 8:00 p.m. |
| Call Your Local Insurance Agent | PacificSource Medicare partners with a select group of local insurance agents. Call us for an agent near you. |
| Visit Us Online | **www.Medicare.PacificSource.com** |
| Visit Our Office | **1498 Milligan Road, Idaho Falls, Idaho**<br>We're here Monday through Friday from 8:00 a.m. to 5:00 p.m., no appointment necessary. |
| Attend a Seminar | Attend one of our free seminars to learn more about which Medicare Advantage and Medicare Advantage Prescription Drug plan is right for you.<br><br>Visit **www.Medicare.PacificSource.com/Events** for more information, or contact a Customer Service representative toll-free at (888) 530-1427, TTY (800) 735-2900.<br><br>*For accommodation of persons with special needs at meetings, call (888) 530-1427 or (800) 735-2900 TTY.* |

| | |
|---|---|
| Arabic | كـ يدلف قحلا يف لو صحلا د لع ةدعاسملا تامولعملاو ، PacificSource Community Health Plans ذ دحتلل عم مجرتم لصات ب Plans صوصخب هعاستلا نسأ صخش كيدلوأدل كإذإ. (888) 863-3637 ضلاروريةيادفلكت. |
| Cambodian-Mon-Khmer | ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ មួនសំណួរអ្នកំពី PacificSource Community Health Plans ទេ, អ្នកមួនសិទ្ធិទទួលជំនួយនិងព័ត៌មួន ចេញកនុងភាសា អស់អ្នក ចេញមិនអ្ស់ប្តាក់ ។ ចូរទូរស័ព្ទនិយាយជាមួយអ្នកកងប្រ សូម (888) 863-3637. |
| Chinese | 如果您，或是您正在協助的對象，有關於[插入 SBM 項目的名稱 PacificSource Community Health Plans 方面的問題，您<br>有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話[在此插入數字(888) 863-3637. |
| Cushite-Oromo | Isin yookan namni biraa isin deeggartan PacificSource Community Health Plans irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa (888) 863-3637 tiin bilbilaa. |
| French | Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de PacificSource Community Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (888) 863-3637. |
| German | Falls Sie oder jemand, dem Sie helfen, Fragen zum PacificSource Community Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (888) 863-3637 an. |
| Japanese | ご本人様、またはお客様の身の回りの方でもPacificSource Community Health Plans sについてご質問がございました<br>ら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。 通訳とお話される場合、(888) 863-3637 までお電話ください。 |
| Korean | 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이PacificSource Community Health Plans에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (888) 863-3637로 전화하십시오. |
| Persian-Farsi | ،PacificSource Community Health Plans ەتد شاددیدشابقحنیاراديرادەکەکمک ،لاوسرددروم تدفايردامنيديي.(888) 863-3637 سماتلصاحديديامن.گارشما،اي يسکەکامشەبواکمکديذکيم وتاعلاطاەبنابزدوخارەبروطناگ يار |
| Romanian | Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind PacificSource Community Health Plans, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la (888) 863-3637. |
| Russian | .Если у вас или лица, которому вы помогаете, имеются вопросы по поводу PacificSource Community Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (888) 863-3637. |
| Spanish | Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de PacificSource Community Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (888) 863-3637. |
| Thai | หากคณุ หรือคนที่คณกาลงช่วยเหลือมีค าถามเกีย่วกบั PacificSource Community Health Plans คณมีสิทธิที่จะไดร้ับความชว่ยเหลือและขอ้มลในภาษาของคณไดโ้ดยไมม่ีค่าใชจ้่าย พดคยุ กบลาม โทร (888) 863-3637. |
| Ukrainian | Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про PacificSource Community Health Plans, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на (888) 863-3637. |
| Vietnamese | Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về PacificSource Community Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (888) 863-3637. |

# 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, age, disability, or sex. PacificSource 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 to people whose primary language is not English, free language services such as:
  - Qualified interpreters
  - Information written in other languages

If you need these 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. local time, seven days a week
**April 1 – September 30:**
8:00 a.m. to 8:00 p.m. local time, 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, (888) 977-9299, TTY 711, fax (541) 684-5264, or email crc@pacificsource.com. Please indicate you wish to file a civil rights grievance. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, 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 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

(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html.

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. This information is not a complete description of benefits. Call (888) 863-3637 or 711 for TTY users, for more information. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Other pharmacies and providers are available in our network.

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