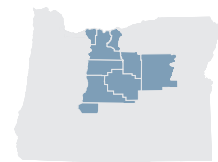




**Going beyond
what's required**
to give you peace of mind



Central and
Eastern Oregon
Mid-Columbia Gorge

\$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 Second test \$25
Diabetic eye exam	\$25
NEW! Flu shot	\$10
DEXA bone density scan	\$20
At-home colon cancer test or colonoscopy	\$20

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.



And for select plans, even if you need to see an out-of-network doctor, you'll only have a \$45 copay for primary care doctors and specialists (limits apply).



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

Oregon



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

Why PacificSource?

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

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.



NEW!

Dental care **to fit your needs**



Select plans include dental benefits (see page 4–5)

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

Included Preventive	Included Comprehensive
\$0 for one routine exam, one cleaning, and one bitewing x-ray per calendar year	\$0 for the preventive benefits noted to the left,
\$0 for one set of full-mouth x-rays every five years	plus
	30% coinsurance on many more services, such as fillings, simple extractions, and stainless steel crowns

Supplemental dental options

If your plan doesn't include dental benefits, or 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)	\$30	\$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.

2022 PacificSource Medicare Advantage plans at a glance

	Essentials Rx 27 (HMO)	Essentials Choice Rx 14 (HMO-POS)		Essentials Rx 6 (HMO)	Essentials 2 (HMO)
	In-network	In-network	Out-of-network	In-network	In-network
Benefit highlights	You pay:	You pay:		You pay:	You pay:
Monthly premium	\$40	\$96		\$211	\$0
Medical deductible	\$0	\$0		\$0	\$0
Primary care office visit	\$19	\$10	\$45	\$0	\$0
Specialist office visit (referrals not required)	\$39	\$35		\$15	\$0
Inpatient hospital care	\$395/day (1–4) \$0/day (5+)	\$295/day (1–6) \$0/day (7+)	50%	\$275/day (1–5) \$0/day (6+)	\$325/day (1–5) \$0/day (6+)
Outpatient surgery	\$395	\$295	50%	\$275	\$325
Diagnostic colonoscopy, DEXA, and mammogram	\$0	\$0	50%	\$0	\$0
A1c and Protime / Other diagnostic lab	\$0 / \$25	\$0 / \$20	50%	\$0 / \$25	\$0 / \$15
Advanced imaging: CT & Nuclear / MRI & PET	\$235 / \$320	\$225 / \$310	50%	\$150 / \$250	\$190 / \$310
Physical therapy	\$40	\$35	\$45	\$0	\$0
Ambulance (ground and air, worldwide)	\$300	\$300		\$150	\$300
Emergency (worldwide)	\$90	\$90		\$90	\$90
Urgent care (worldwide)	\$65	\$40		\$30	\$40
Annual out-of-pocket maximum	\$6,700	\$5,500	\$2,500 benefit limit, except in an emergency.	\$4,950	\$3,950
Extra benefits	You pay:	You pay:		You pay:	You pay:
Included dental (see page 2 for details)	Preventive: \$0	Preventive: \$0	Not covered	Preventive: \$0 Comprehensive: 30%	Preventive: \$0 Comprehensive: 30%
Rewards: Earn up to \$190 in gift cards (see inside cover for details)	Included	Included		Included	Included
Telehealth, including primary care and specialists	Same cost as in-person	Same cost as in-person	Not covered	Same cost as in-person	Same cost as in-person
Annual physical / transitional & chronic care	\$0	\$0	50% / \$45	\$0	\$0
Alternative care (naturopathy and non-Medicare-covered acupuncture and chiropractic)	\$25 (limit 12 visits/year, combined)	\$25 (limit 12 visits/year, combined)	Not covered	\$25 (limit 12 visits/year, combined)	\$25 (limit 12 visits/year, combined)
Routine vision exam, once every 2 years	\$50	\$35		\$0	\$40
Reimbursement for eyeglasses every 2 years	\$200 reimbursement	\$200 reimbursement		\$200 reimbursement	\$200 reimbursement
Routine hearing exam	\$0	\$0	Not covered	\$0	\$0
Hearing aid benefit (see page 8 for details)	Starting at \$599	Starting at \$599	Not covered	Starting at \$599	Starting at \$599
Silver&Fit® program with fitness tracker option	\$0	\$0	N/A	\$0	\$0
Meals as Medicine (see page 9 for details)	\$0	\$0	N/A	\$0	\$0
Part D prescription drugs	Included	Included		Included	Not covered*

These plans are available to residents of Crook, Deschutes, Grant, Hood River, Jefferson, Sherman, Wasco, and Wheeler Counties, as well as North Klamath zip codes 97731, 97733, 97737, and 97739.

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.

Part D prescription drug benefits included in the following plans

	Essentials Rx 27 (HMO)		
	Essentials Choice Rx 14 (HMO-POS)		
	Essentials Rx 6 (HMO)		
Stage 1			
Pharmacy Deductible Tiers 1, 2, and 6	\$0		
Pharmacy Deductible Tiers 3, 4, and 5	Essentials Rx 27: \$399 Essentials Choice Rx 14: \$0 Essentials Rx 6: \$0		
Stage 2	When the total drug costs* are between \$0 and \$4,430 , you pay:		
Pharmacy* Supply	Preferred Retail 30/90-day	Standard Retail 30/90-day	Preferred Mail Order 90-day SAVE!
Tier 1 Preferred Generic	\$3/\$9	\$8/\$24	\$0
Tier 2 Generic	\$12/\$36	\$17/\$51	\$24
Tier 3 Preferred Brand	\$37/\$111	\$47/\$141	\$74
Tier 4 Nonpreferred Brand	31%	Essentials Rx 27: 32% Essentials Choice Rx 14: 33% Essentials Rx 6: 33%	31%
Tier 5 Specialty (30-day supply only)	Essentials Rx 27: 26% Essentials Choice Rx 14: 33% Essentials Rx 6: 33%		30-day supply only; retail cost applies
Tier 6 Select Care	\$0	\$0	\$0
Stage 3 ("coverage gap")	After total drug costs* reach \$4,430 , 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 \$7,050 , 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 \$9.85 all other drugs		

To find out your medication's tier, visit [Medicare.PacificSource.com](https://www.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:

- Low \$45 copays on select plans for the most used services while traveling
- 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



NEW!

Dual special needs plan

for those eligible for both Medicare and Medicaid

Our PacificSource Dual Care (HMO D-SNP) plan offers:

- \$0 or low premium*
- \$250/year for eyewear
- \$0 alternative care
- \$0 post-hospital meal benefit
- Gift card rewards for healthy actions
- And much more!

*Your premium may vary if your Medicaid status changes. See our D-SNP brochure or contact us for more information.

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. Out-of-network/noncontracted providers are under no obligation to treat PacificSource Medicare 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. 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.

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)

2965 NE Conners Avenue, Bend, Oregon

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.

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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 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. 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.

Arabic: مقرب لصتا. ناجم اب لك رفاوتت ةيوعلل ةدعاسملا تامدخ ناف ، ةغلل ركذا ثدحتت تنك اذا : ةظوحلم (888) 863-3637 :مكبل او مصل افتاه مقر (800) 735-2900.

Cambodian-Mon-Khmer: ប្រយ័ត្ន: បរិស្ថានជាអនុករនីយាយ ភាសាខ្មែរ, សរោជន្តយជនកែភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បរិស្ថានក្រុម 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.