



Beyond what's required

2023 Medicare Advantage Plans

\$0 premium plans

\$0 select drugs

\$0 Rx deductible

Included dental

Included vision

Veteran coverage

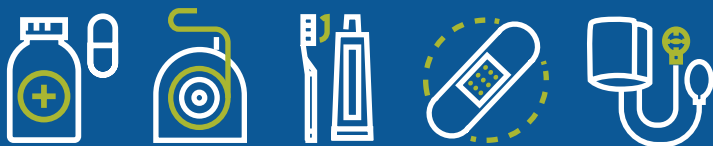
NEW!

Get home-delivered over-the-counter items at no cost

This is a big benefit: depending on the plan you choose, you can order from \$25 to \$150 worth of health and wellness products each quarter through NationsOTC.

Their catalog includes vitamins, supplements, and hundreds of popular items. From dental floss to cough drops to blood pressure cuffs, there's a huge array to choose from—all with free two-day shipping.

Note: With Essentials Rx 41 and Explorer Rx 4, the over-the-counter benefit is \$100 reimbursement per year for aspirin, calcium, and calcium-vitamin D combinations.



Valuable rewards for healthy actions



Here's a win-win: complete one or more of the preventive measures below and you can select a gift card from one of more than 100 popular stores and restaurants.

\$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
Flu shot	\$10
DEXA bone density scan	\$20
At-home colon cancer test or colonoscopy	\$20

"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



The kind of help you'd expect from a friend



At PacificSource, member service is more than professional—it's personal. Best of all, it's local. The people who help you are right here in the Northwest.

Our local Customer Service representatives answer your calls in less than 30 seconds on average, according to internal call reports. And we're committed to going beyond what's required to make sure you're satisfied. With PacificSource Medicare, you can get:



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 that includes dental, vision, hearing aids, alternative care, \$0 preventive care, and \$0 transitional care



Local, human service—not automated phone trees or offshore call centers.



No referrals required. Some specialists may require them, but our plans won't make you see a primary care doctor for a referral.



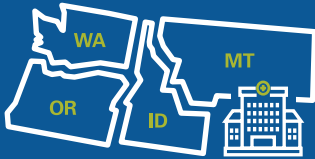
No-cost programs that support your well-being, including an extensive fitness program, over-the-counter shopping allowance, and post-hospital meal delivery.



Support beyond healthcare. When members struggle with challenges, such as food insecurity, housing, or transportation, our local Member Support Specialists find ways to help.

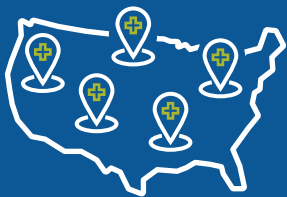
PacificSource is a **not-for-profit community health plan**. Our duty is to members, healthcare providers, and brokers—not shareholders.

The doctors and hospitals you want, throughout the Northwest and around the world



Our provider network spans four states and includes thousands of practitioners and facilities—many of the best-known names in the region.

Working in concert with our local Care Management teams, providers in our network focus on proven, cost-effective treatments, and their compensation is based on value, not volume.



For ultimate freedom, pick a plan with out-of-network benefits

Want to see any doctor who accepts Medicare, anywhere in the country?

Our **Essentials Choice** and **Explorer** plans let you do just that (though you'll save by staying in-network). These are great plans for people who enjoy travel—or just like keeping their options open.



Even more peace of mind: all our plans feature in-network copays for urgent care, ambulances, and emergency services worldwide.

Oregon



...plus many more. Search for doctors and facilities at [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).

Idaho



Montana



Washington





Smile! Generous dental benefits included with most plans



Your coverage comes with more than medical

Each year you'll get two dental exams, two bitewing x-rays, and three cleanings—plus a set of full-mouth x-rays every five years—all with zero additional premium. (Dental is not included with Essentials Rx 41.)

Services like fillings and extractions are covered with a 30% copay. There's zero deductible and there's no waiting period—you can use your benefits right away. Yearly benefit limits vary by plan, from \$500 to \$2,000.

Members on Essentials Rx 41 can add preventive dental to their plans for an extra \$32 per month.



Freedom to choose: Our Essentials Choice and Explorer plans let you see any dentist in the U.S., in or out of network.

Want more coverage? Add supplemental dental

For a premium of \$57 per month, you can add our comprehensive Supplemental Dental to any plan. Features include:

- \$0 deductible
- \$0 preventive and diagnostic services (unlimited up to maximum benefit)
- Restorative and extraction services: 20% copay
- Endodontics and periodontics: 50% copay
- See any dentist in the U.S.
- Annual maximum benefit: \$2,000

This is an overview. For complete details, see each plan's Summary of Benefits.

2023 PacificSource Medicare Advantage plans at a glance

	Essentials Choice Rx 36 (HMO-POS)		Essentials Rx 41 (HMO)	Explorer Rx 4 (PPO)		Essentials Choice 2 (HMO-POS)		Explorer 8 (PPO)	
	In-network	Out-of-network	In-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Benefit highlights	You pay:		You pay:	You pay:		You pay:		You pay:	
Monthly premium	\$0		\$74	\$114		\$0		\$0	
Medical deductible	\$0		\$0	\$0		\$0		\$0	
Primary care office visit Specialist office visit (referrals not required)	\$0 \$40	\$45	\$10 \$35	\$10 \$35	50%	\$0 \$0	\$45	\$0 \$0	50%
Inpatient hospital care	\$405/day ^(1–4) \$0/day ⁽⁵⁺⁾	50%	\$360/day ^(1–5) \$0/day ⁽⁶⁺⁾	\$360/day ^(1–5) \$0/day ⁽⁶⁺⁾	50%	\$250/day ^(1–5) \$0/day ⁽⁶⁺⁾	30%	\$285/day ^(1–7) \$0/day ⁽⁸⁺⁾	40%
Outpatient surgery	\$405	50%	\$360	\$360	50%	\$100	30%	\$285	50%
Diagnostic colonoscopy, DEXA, and mammogram	\$0	50%	\$0	\$0	50%	\$0	30%	\$0	50%
A1c and Protime / Other diagnostic lab	\$0 / \$40	50%	\$0 / \$15	\$0 / \$15	50%	\$0 / \$0	30%	\$0 / \$15	50%
Advanced imaging: CT & Nuclear / MRI & PET	\$375 / \$450	50%	\$225 / \$310	\$225 / \$310	50%	\$190 / \$310	30%	\$190 / \$310	50%
Physical therapy	\$40	\$45	\$35	\$35	50%	\$0	\$45	\$0	50%
Ambulance (ground and air, worldwide)	\$350		\$300	\$250		\$300		\$250	
Emergency (worldwide)	\$95		\$110	\$110		\$110		\$95	
Urgent care (worldwide)	\$40		\$40	\$40		\$40		\$40	
Annual out-of-pocket maximum	\$6,200	N/A	\$5,500	\$5,500	\$8,950 (in/out combined)	\$3,950	N/A	\$6,700	\$8,950 (in/out combined)
Extra benefits	You pay:		You pay:	You pay:		You pay:		You pay:	
Included dental / yearly maximum benefit	Preventive: \$0 Comprehensive: 30% \$1,500 max benefit		N/A	Preventive: \$0 Comprehensive: 30% \$500 max benefit		Preventive: \$0 Comprehensive: 30% \$2,000 max benefit		Preventive: \$0 Comprehensive: 30% \$2,000 max benefit	
Routine vision exam	\$0 1 exam every 2 years		\$35 1 exam every 2 years	\$35 1 exam every 2 years	\$0 1 exam every 2 years	\$0 1 exam every year		\$0 1 exam every year	
Reimbursement for eyeglasses	\$200 reimbursement every 2 years		\$200 reimbursement every 2 years	\$200 reimbursement every 2 years		\$250 reimbursement every year		\$250 reimbursement every year	
Over-the-counter purchase allowance	\$25 per quarter		\$100 per year	\$100 per year		\$150 per quarter		\$100 per quarter	
Silver&Fit® program with fitness tracker option	\$0		\$0	\$0	N/A	\$0	N/A	\$0	N/A
Routine hearing exam	\$0		\$0	\$0	N/A	\$0	N/A	\$0	N/A
Hearing aid benefit (includes low-cost option)	Starting at \$599		Starting at \$599	Starting at \$599	N/A	Starting at \$599	N/A	Starting at \$599	N/A
Alternative care (naturopathy and non-Medicare-covered acupuncture and chiropractic)	\$25 (12 visits/year, combined)		\$25 (12 visits/year, combined)	\$25 (12 visits/year, combined)		\$0 (24 visits/year, combined)		\$0 (24 visits/year, combined)	
Rewards: Earn up to \$190 in gift cards	Included		Included	Included		Included		Included	
Telehealth, including primary care and specialists	Same cost as in-person	N/A	Same cost as in-person	Same cost as in-person	N/A	Same cost as in-person	N/A	Same cost as in-person	N/A
Annual physical, transitional & chronic care	\$0		\$0	\$0	50%	\$0	30%	\$0	50%
Post-hospital meal delivery	\$0		\$0	\$0	N/A	\$0	N/A	\$0	N/A
Part D prescription drugs	Included		Included	Included		N/A*		N/A*	

These plans are available to residents of Lane County, Oregon.

This is an overview. For full details, see each plan’s Summary of Benefits, or contact us. *You cannot combine Medicare Part D prescription drug coverage from any other company with this plan.

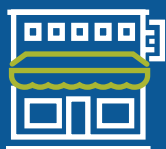
Part D prescription drug benefits

	Essentials Choice Rx 36 (HMO-POS)		
	Essentials Rx 41 (HMO)		
	Explorer Rx 4 (PPO)		
Stage 1			
Pharmacy Deductible Tiers 1, 2, and 6	\$0		
Pharmacy Deductible Tiers 3, 4, and 5	Essentials Choice Rx 36: \$200 Explorer Rx 4 and Essentials Rx 41: \$0		
Stage 2	When the total drug costs are between \$0 and \$4,660 , 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	31%	33%	31%
Tier 5 Specialty (30-day supply only)	Essentials Rx 36: 29% Explorer Rx 4 and Essentials Rx 41: 33%		30-day supply only; retail cost applies
Tier 6 Select Care	\$0	\$0	\$0
Stage 3 ("coverage gap")	After total drug costs reach \$4,660 , 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 \$7,400 , 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 \$4.15 for generic drugs \$10.35 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. We accept all relay calls.

Your cost may differ from those above based on the pharmacy's status as preferred or standard, mail order, long-term care, home infusion, or quantity.

Get your medications **for less**



Preferred pharmacies

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

Take advantage of lower copays at more than 68,000 preferred pharmacies throughout the U.S. Find one near you at [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).



Home delivery

Save money with CVS Caremark mail order

- \$0 copay on 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 prescription plans. You'll pay \$0 for up to a 90-day supply at preferred pharmacies

Here are some of the most common select care drugs. See the full list at [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).

Blood pressure

Amlodipine Besylate-
Benazepril HCL
Amlodipine Besylate-
Valsartan HCL
Benazepril HCL
Candesartan-HCTZ
Captopril
Enalapril Maleate
Enalapril Maleate-HCTZ
Fosinopril Sodium
Fosinopril Sodium-HCTZ
Irbesartan
Irbesartan-HCTZ
Lisinopril
Lisinopril-HCTZ
Losartan Potassium
Losartan Potassium-HCTZ
Moexipril HCL

Perindopril Erbumine
Quinapril HCL
Quinapril HCL-HCTZ
Ramipril
Telmisartan
Telmisartan-Amlodipine
Telmisartan-HCTZ
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
Pioglitazone-Metformin
Repaglinide

Osteoporosis

Alendronate
Ibandronate

More reasons members love us



Hearing aid benefits

Together with our partner, TruHearing®, we're pleased to offer:

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



Eyeglass and vision benefits

All our Medicare Advantage plans include:

- Routine vision exams with copay of \$0 or \$35
- Eyeglasses or contacts: \$200 reimbursement every two years (Essentials Choice 2 and Explorer 8: \$250 every year)
- Freedom to choose frames you like, from any licensed provider



Over-the-counter shopping allowance

Here's savings and convenience in one: a quarterly credit, from \$25 to \$150, good for hundreds of popular items in the NationsOTC catalog. Orders come with free two-day shipping.

With Essentials RX 41 and Explorer Rx 4, the over-the-counter benefit is \$100 reimbursement per year for aspirin, calcium, and calcium-vitamin D combinations.



Worry-free travel

Essentials Choice and Explorer plans let you see Medicare-participating doctors anywhere in America. And all plans include:

- 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®



\$0 fitness program

The Silver&Fit® Healthy Aging and Exercise Program includes:

- Thousands of on-demand workout videos
- Home Fitness Kits, including a fitness tracker option at no cost
- Customized workout plans and one-on-one coaching by phone
- Fitness center membership (premium clubs available at extra cost)



\$0 preventive care services

Visit in-network providers and pay nothing for:

- Routine physical exams
- Flu and pneumonia vaccines
- Bone-mass measurement
- Medical nutrition therapy
- Tobacco-use cessation counseling
- Screenings including mammograms and colonoscopies



Telehealth

Many people find it convenient to get care via phone or video call. 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.



Post-hospital meal delivery

Your coverage includes 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



Care coordination

Our local Health Services teams assist when you need help managing your healthcare. Nurse Case Managers collaborate with you and your doctor, providing resources and support in navigating the healthcare system.



Alternative care

Our plans cover alternative care not covered by Original Medicare. The benefit includes 12 or 24 office visits each year (combined) for chiropractic, acupuncture, and naturopathic services, where available. Essentials Choice and Explorer plans include out-of-network benefits.



Dual Special Needs Plan

for those eligible for both Medicare and Medicaid

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

- \$0 premium plan
- \$250/year for eyewear
- \$0 alternative care
- \$0 post-hospital meal delivery
- \$200 per quarter over-the-counter purchase allowance
- \$50 per quarter grocery allowance for those with certain chronic conditions
- 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.

Have questions? Ready to sign up? Here's how:

Phone

888-530-1426, TTY: 711. We accept all relay calls.

Hours: October 1 – March 31: 7 days a week, 8:00 a.m. to 8:00 p.m.
April 1 – September 30: Monday – Friday, 8:00 a.m. to 8:00 p.m.

In person

555 International Way, Springfield, Oregon

Online

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

Contact a broker

We partner with a select group of local insurance agents (brokers). Call us for assistance.

Attend a free seminar

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

For accommodation of special needs at seminars, please call **888-530-1426**, TTY: 711.

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 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: 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.