



The benefits you need from a plan that cares

2027 Medicare Advantage Plans

\$0 generic drugs (Tier 1)

Mail-order pharmacy

Dental coverage

Hearing coverage

Vision coverage

\$0 fitness program



Coverage you can trust
from a plan that's **here to care.**

PacificSource Medicare is dedicated to your needs. We're here with the features and benefits you want and the care that comes from a plan that truly values your health.



We're a not-for-profit
community health
plan, with a duty to
members, healthcare
providers, and brokers.



A focus on care. Your health is our number one priority. Our goal is for you to get the best care you can—as affordably as possible.



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



Support beyond healthcare. When members struggle with challenges, our Member Support Specialists get involved, enlisting local resources and finding ways to help.

Medicare Advantage vs. Original Medicare:

Which is right for you?

	Original Medicare	 PacificSource Medicare Advantage
Routine dental, hearing, and vision coverage	✗ Not covered	✓ Covered in most plans
Prescription drug coverage	✗ Not covered	✓ Covered in most plans
Doctor visits	✗ You pay 20% after deductible	✓ Low or no copays for your doctor and specialist visits
Hospital visits	✗ You pay a deductible for each stay, plus a copay for long stays	✓ You pay costshares for a set number of days. After that, your plan pays the rest.
Provider network	✓ You can use any doctor who accepts Medicare and do not need referrals	✓ No referrals needed. To help keep costs lower, all plans encourage in-network doctors and facilities, though limited out-of-network benefits are available.
\$0 Extras (Fitness program, over-the-counter spending allowance)	✗ Not offered	✓ Yes, depending on plan
Worldwide coverage for urgent/emergency care and ambulance	✗ Not covered	✓ Available on some plans
Annual out-of-pocket limit	✗ None	✓ Yes, both for medical and Rx coverage
Member support	✗ None	✓ Yes. Help with finding a doctor, appointments, and local resources for needs like housing, food, and transportation to medical appointments.

Your doctors, close to home— plus out-of-network coverage across the U.S.



Our network includes thousands of providers and facilities—names you know and trust.

For extra peace of mind, all our plans include an annual “out-of-pocket maximum.” For complete information about our network, visit PacSrc.co/medicare-dr-search.



...plus many more. Search for doctors and facilities at
Medicare.PacificSource.com.

Providers subject to change. See our website for the latest updates.

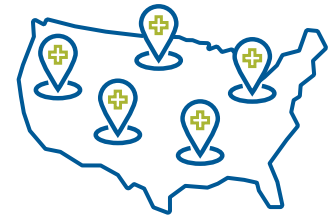


Which plan is right for me?

Find the right plan for your needs and budget

All of our plans offer out-of-network benefits

Whether you love to travel or just like keeping your options open, out-of-network benefits help you access care at home or on the road.



Oregon Basic

(\$0/month)

This plan provides rich medical coverage and is a great option for those who might have their drug coverage elsewhere. It also features vision, dental, and worldwide travel coverage.

Cascade Classic Rx

(\$98/month)

This plan is a great choice for those wanting a lower monthly premium, and still includes good medical and drug coverage.

Cascade Premier Rx

(\$198/month)

This plan offers well-rounded medical and drug coverage and has you covered for worldwide travel.

	Oregon Basic (HMO-POS)		Cascade Classic Rx (HMO-POS)		Cascade Premier Rx (HMO-POS)	
	In-network	Out-of-network*	In-network	Out-of-network*	In-network	Out-of-network*
Benefit highlights	You pay:		You pay:		You pay:	
Monthly premium	\$0		\$98		\$198	
Medical deductible	No deductible		\$385		No deductible	
Annual maximum out-of-pocket	\$6,250	N/A	\$9,850	N/A	\$7,150	N/A
Doctor visits						
Primary care / Specialist	\$0 / \$20	\$45	\$5 / \$60	50%	\$0 / \$50	50%
Annual physical exam	\$0	50%	\$0	50%	\$0	50%
Urgent and emergency care						
Urgent care / Emergency care	\$50 / \$130		\$40 / \$115		\$50 / \$130	
Ambulance services (ground and air)	\$550		\$550		\$500	
Worldwide: Urgent care / Emergency care	\$130		Not covered		\$130	
Worldwide: Emergency transportation	\$300 w/ restrictions		Not covered		\$350 w/ restrictions	
Diagnostics						
Lab services	\$0	50%	\$20	50%	\$20	50%
Advanced imaging: CT & Nuclear / MRI & PET	20% / 20%	50%	20% / 20%	50%	20% / 20%	50%
Outpatient services						
Hospital / Ambulatory Surgical Center	\$425 / \$350	50%	\$450 / \$375	50%	\$425 / \$350	50%
Physical therapy	\$10	\$45	\$50	50%	\$35	50%
Hospital services						
Inpatient hospital care	\$450/day (1–5) \$0/day (6+)	50%	\$485/day (1–5) \$0/day (6+)	50%	\$475/day (1–5) \$0/day (6+)	50%
Additional benefits						
Dental yearly max benefit	\$2,500		\$500		\$1,000	
Included dental preventive/comprehensive	\$0 / 50%		\$0 / Not covered		\$0 / 50%	
Annual routine vision exam	\$0		\$0		\$0	
Reimbursement for eyeglasses or contacts	\$200 every year		\$145 every 2 years		\$150 every 2 years	
Routine hearing exam through TruHearing	\$0		\$0		\$0	
Hearing aid benefit through TruHearing	Starting at \$599		Starting at \$599		Starting at \$599	
Over-the-counter purchase allowance through Nations OTC	\$50 per quarter		Not included		\$15 per quarter	
One Pass™ Fitness Program	Included		Included		Included	
Alternative care (naturopathy and non-Medicare-covered acupuncture and chiropractic)	\$10 (24 visits per year, combined)		Not covered		Not covered	
Part D prescription drugs	Not covered**		Included		Included	



Urgent and emergency care are covered worldwide at the in-network level.

Teladoc
HEALTH

Teladoc is now available for virtual urgent care and mental health services.



Plans are available to residents of these Oregon counties:

Crook, Deschutes, Hood River, Jefferson, Sherman, Wasco, and Klamath zip codes: 97731, 97733, 97737 & 97739.

This is an overview. For full details, see each plans Summary of Benefits, or contact us.

*Up to \$3,000 annually for covered out-of-network services.

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

Part D prescription drug benefits



SAVE!

**With convenient
mail-order
service**

What's great about mail-order

- Get a 60- or 90-day supply for the cost of 30 days (Tiers 1 and 2), including insulin
- Save on Tier 3 preferred brand mail order
- Enjoy fast, free delivery

	Cascade Classic Rx (HMO-POS)	Cascade Premier Rx (HMO-POS)
	You pay:	You pay:
Deductible		
Tiers 1, 2, insulin, and most vaccines	\$0	\$0
Tiers 3, 4, and 5	\$700	\$700
30-day supply. When the total drug costs are between \$0 and \$2,400, you pay:		
Most vaccines	\$0	\$0
SAVE! Tier 1 Preferred Generic	\$0	\$0
Tier 2 Generic	\$6	\$6
Insulin	\$35	\$35
Tier 3 Preferred Brand	20%	20%
Tier 3 Preferred Brand Mail Order	15%	15%
Tier 4 Nonpreferred Brand	26%	26%
Tier 5 Specialty	25%	25%
 After your out-of-pockets costs reach \$2,400, you pay \$0 until the end of the calendar year.		

To find out your medication's tier, visit Medicare.PacificSource.com or call **888-863-3637**, TTY: 711. We accept all relay calls. Your cost may differ based on mail order pricing, long term care, home infusion, or quantity.

Drug coverage that gives you more

More value

Pay for a 30-day supply, get a 90-day supply (CVS mail-order)

For many Tier 1 and Tier 2 medications—including insulin.



More choice



Thousands of retail pharmacies

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

Take advantage of low copays at more than 60,000 pharmacies throughout the U.S. Find one near you at [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).

More \$0 prescriptions



\$0 Tier 1 preferred generic medications

Here are some of the most common Tier 1 drugs. You can search for medications on our website, [PacSrc.co/medicare](https://www.PacSrc.co/medicare). Select **Search Tools**, then **Drug Search**.

Blood pressure

Atenolol
Benazepril HCL
Carvedilol
Clonidine
Enalapril Maleate
Fosinopril Sodium
Furosemide
Hydrochlorothiazide
Irbesartan
Lisinopril
Lisinopril-HCTZ
Losartan Potassium
Losartan Potassium-HCTZ
Quinapril HCL
Ramipril
Valsartan-HCTZ
Verapamil

Cholesterol

Atorvastatin Calcium
Lovastatin
Pravastatin Sodium
Rosuvastatin Calcium
Simvastatin

Diabetes

Glimepiride
Glipizide ER/IR
Metformin HCL ER/IR
Pioglitazone

Osteoporosis

Alendronate

Medicare Prescription Payment Plan

This optional program may benefit some members with high drug costs by spreading payments throughout the year. We can help you determine whether you'd benefit.

Our plans also include:



No-cost fitness program

One Pass™ delivers flexible fitness for all, whether you work out at home or at the gym.



\$0 preventive care services

Pay nothing for routine physical exams and cancer screenings when you see in-network doctors.



Eyeglass and vision benefits

You're covered for routine vision exams and an allowance for glasses or contacts, depending on the plan you choose.



Care coordination

Our local Care Management teams assist when you need help managing your healthcare.



Worry-free travel

All of our plans let you see out-of-network providers and include in-network copays for emergency or urgent care in the United States. Worldwide emergency and urgent care is covered on some plans.



Telehealth

Get care by phone or video with in-network doctors and specialists at the same cost as an in-person visit. Plus, Teladoc® offers convenient virtual appointments for urgent care and mental health support.

Availability varies by provider and region; some limitations apply.



Hearing benefits

You'll get discounts on high-quality hearing aids, plus a \$0 hearing exam.

Helpful online tools

Our InTouch member portal is an easy way to stay on top of your plan. We also offer MyChart, which helps you manage all of your health information.

 PacificSource

InTouch

with MyChart



Your dental coverage: Simple, flexible

There's nothing complicated about the dental benefits included with our plans.



\$0
copay

- ✓ Cleanings
- ✓ Exams
- ✓ Bitewing and full-mouth x-rays
- ✓ Fluoride treatments



Spend up to the plan's maximum on **any combination** of preventive, diagnostic, and restorative work—your choice.



If you choose the **Cascade Premier Rx** or **Oregon Basic** plan, you will also receive:

- **Coverage for dentures, bridges, crowns, root canals, inlays, and much more**
- **See any licensed dentist, in or out of network**
- **No deductible, no waiting period**

This is a summary. For complete details, see each plan's Summary of Benefits.



Getting started with PacificSource Medicare

You can sign up:



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.



Let us help you find the PacificSource plan that meets your needs.

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.

► Online

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

► Contact a broker

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

PacificSource Community Health Plans is an HMO and HMO D-SNP 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. Pharmacies and providers are subject to change. See website for current details. 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. Accessibility help: For assistance reading this document, please call us at 888-863-3637, TTY: 711. We accept all relay calls.

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