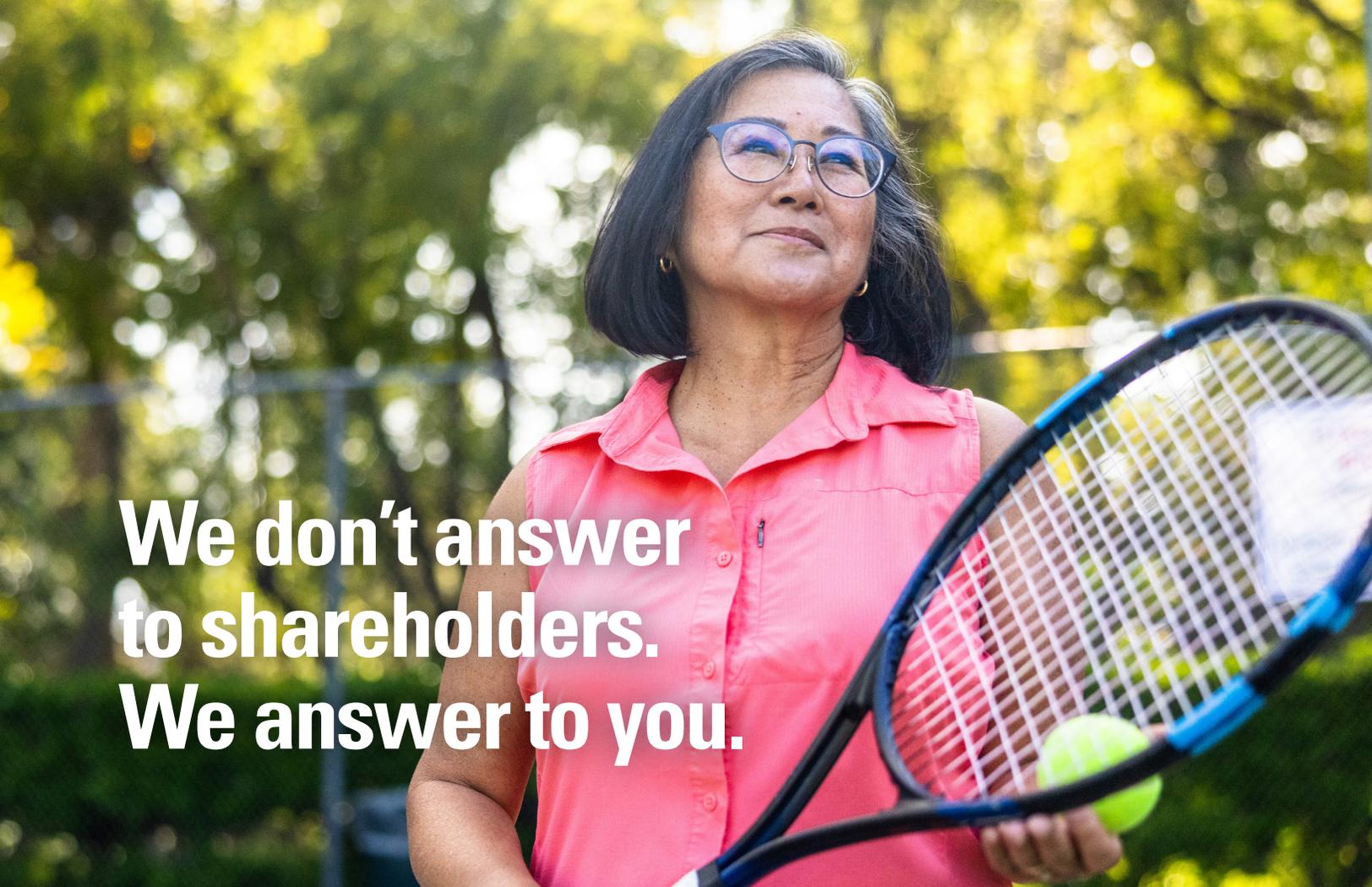




Doing what's right,
not just what's required

2025 Medicare Advantage Plans

- \$0 premium plan**
- \$0 Rx deductible option**
- \$0 generic drugs (tier 1)**
- Dental benefits**
- Hearing benefits**
- Vision benefits**
- Alternative care**
- Veteran coverage**



**We don't answer
to shareholders.
We answer to you.**

PacificSource Medicare really is different. It's not just that we offer competitive plans with great features and benefits. It's our personal service and commitment to your health and satisfaction that set us apart.



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



Local human service, not automated phone trees or offshore call centers. Friendly, local people are here to assist you by phone, or in live one-on-one chat.



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.

You should know:

Medicare Advantage plans go beyond Original Medicare.

	Original Medicare	 PacificSource Medicare Advantage
Routine dental, hearing, and vision coverage	✗ Not covered / None	✓ Covered in many plans
Prescription drug coverage	✗ Not available	✓ Covered in many 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 copays 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	✓ You do not need referrals. Most plans let you see any doctor who accepts Medicare. Some plans require in-network doctors and facilities.
\$0 Extras (Fitness program, over-the-counter spending allowance)	✗ Not offered	✓ Yes
Worldwide coverage for urgent/emergency care and ambulance	✗ Not covered	✓ Yes
Alternative care (chiropractic, acupuncture, naturopathic care)	✗ Very limited coverage	✓ Covered in many plans
Annual out-of-pocket limit	✗ None	✓ Yes, both for medical and Rx coverage
Human service	✗ Plan likely uses automated phone trees	✓ Real people on the phone to assist you

The doctors and hospitals you want, across Oregon and throughout the country



Our provider network includes 40,000+ practitioners and facilities—many of the best-known names in the region. We partner with 19 separate five-star hospitals, the highest quality designation.

(Source: Centers for Medicare & Medicaid Services, Jan. 2024)

For extra peace of mind, all our plans include an annual “out-of-pocket maximum” (see table on pages 4-5).



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

Want to see any doctor, dentist, or alternative care provider who accepts Medicare, anywhere in the country? Our **Essentials Choice plans** let you do just that. These are great plans for people who enjoy travel—or just like keeping their options open.

Oregon



Idaho



Montana



Washington



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



Freedom to see any doctor who accepts Medicare makes our Essentials Choice plans a great choice.

Plan types explained



Essentials

See doctors in our extensive network and you'll save the most. Urgent and emergency services are covered at the in-network level, worldwide.

Essentials Choice

Great for snowbirds and frequent travelers, these plans let you see any doctor in the U.S. who accepts Medicare. Use in-network doctors and you'll save the most. Urgent and emergency services are covered at the in-network level, worldwide.

Rx

Plans with "Rx" in the name include prescription benefits. You'll likely want an Rx plan unless you have other drug coverage (for example, VA benefits).

2025 PacificSource Medicare Advantage plans at a glance

Questions? 888-530-1426, TTY: 711 

	Essentials Choice Rx 36 (HMO-POS)		Essentials Rx 27 (HMO)	Essentials Choice Rx 14 (HMO-POS)		Essentials Rx 6 (HMO)	Essentials Choice 2 (HMO-POS)	
	In-network	Out-of-network	In-network	In-network	Out-of-network	In-network	In-network	Out-of-network
Benefit highlights	You pay:		You pay:	You pay:		You pay:	You pay:	
Monthly premium	\$15		\$43	\$93		\$209	\$0	
Medical deductible	\$0		\$0	\$0		\$0	\$0	
Primary care office visit	\$0	\$45	\$19	\$10	\$45	\$0	\$10	\$45
Specialist office visit (referrals not required)	\$35		\$39	\$35		\$15	\$10	
Inpatient hospital care	\$425/day (1-7) \$0/day (8+)	50%	\$395/day (1-7) \$0/day (8+)	\$375/day (1-7) \$0/day (8+)	50%	\$350/day (1-7) \$0/day (8+)	\$425/day (1-7) \$0/day (8+)	30%
Outpatient surgery	\$425	50%	\$395	\$375	50%	\$275	\$425	30%
Diagnostic colonoscopy, DEXA, and mammogram	\$0	50%	\$0	\$0	50%	\$0	\$0	30%
A1c and Protine / Other diagnostic lab	\$0 / \$0	50%	\$0 / \$25	\$0 / \$20	50%	\$0 / \$25	\$0 / \$0	30%
Advanced imaging: CT & Nuclear / MRI & PET	\$375 / \$450	50%	\$295 / \$375	\$250 / \$340	50%	\$150 / \$250	\$300 / \$400	30%
Physical therapy	\$40	\$45	\$40	\$35	\$45	\$0	\$10	\$45
Ambulance (ground and air, worldwide)	\$350		\$325	\$300		\$150	\$300	
Emergency (worldwide)	\$120		\$120	\$120		\$120	\$120	
Urgent care (worldwide)	\$55		\$55	\$55		\$55	\$55	
Annual out-of-pocket maximum	\$6,200	\$8,950 (in/out combined)	\$6,200	\$5,950	\$8,950 (in/out combined)	\$4,950	\$5,950	\$8,950 (in/out combined)
Extra benefits	You pay:		You pay:	You pay:		You pay:	You pay:	
Included dental / yearly maximum benefit See next page for details.	Preventive: \$0 Comprehensive: 50% \$1,500		Preventive: \$0 Comprehensive: 50% \$500	Preventive: \$0 Comprehensive: 50% \$1,500		Preventive: \$0 Comprehensive: 50% \$500	Preventive: \$0 Comprehensive: 50% \$1,000	
Routine vision exam	\$0 1 exam every year		\$0 1 exam every 2 years	\$0 1 exam every year		\$0 1 exam every 2 years	\$0 1 exam every year	
Reimbursement for eyeglasses	\$200 reimbursement every 2 years		\$200 reimbursement every 2 years	\$200 reimbursement every 2 years		\$200 reimbursement every 2 years	\$200 reimbursement every 2 years	
Over-the-counter purchase allowance	\$15 per quarter	N/A	\$20 per quarter	\$25 per quarter	N/A	\$25 per quarter	\$50 per quarter	N/A
One Pass™ fitness program	\$0	N/A	\$0	\$0	N/A	\$0	\$0	N/A
Routine hearing exam	\$0	N/A	\$0	\$0	N/A	\$0	\$0	N/A
Hearing aid benefit (includes low-cost option)	Starting at \$599		Starting at \$599	Starting at \$599		Starting at \$599	Starting at \$599	
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)		\$25 (18 visits/year, combined)	\$10 (24 visits/year, combined)	
Annual physical / transitional & chronic care	\$0	50% / \$45	\$0	\$0	50% / \$45	\$0	\$0 / \$10	30% / \$45
Part D prescription drugs	Included		Included	Included		Included	N/A*	

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

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

SAVE!



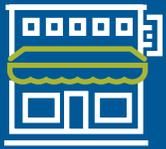
with Preferred Mail Order

	Essentials Choice Rx 36 (HMO-POS)	Essentials Rx 27 (HMO)	Essentials Choice Rx 14 (HMO-POS)	Essentials Rx 6 (HMO)
	You pay:	You pay:	You pay:	You pay:
Deductible				
Tiers 1, 2, insulin, and most vaccines	\$0	\$0	\$0	\$0
Tiers 3, 4, and 5	\$499	\$399	\$199	\$0
30-day supply. When the total drug costs are between \$0 and \$2,000, you pay:				
Most vaccines	\$0	\$0	\$0	\$0
SAVE! Tier 1 Preferred Generic				
Preferred Pharmacy:	\$0	\$0	\$0	\$0
Standard Pharmacy:	\$8	\$8	\$8	\$8
Tier 2 Generic				
Preferred Pharmacy:	\$12	\$12	\$12	\$12
Standard Pharmacy:	\$17	\$17	\$17	\$17
Insulin	\$35	\$35	\$35	\$35
Tier 3 Preferred Brand				
Preferred Pharmacy:	\$47	\$47	\$47	\$47
Standard Pharmacy:	\$47	\$47	\$47	\$47
Tier 4 Nonpreferred Brand				
Preferred Pharmacy:	31%	31%	31%	31%
Standard Pharmacy:	33%	32%	33%	33%
Tier 5 Specialty	26%	28%	30%	33%
After your out-of-pockets costs reach \$2,000, 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.

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 **your way**



Preferred retail pharmacies

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

Take advantage of lower copays at more than 60,000 in-network 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 drugs (Tier 1)
- 90-day supply for 60-day cost for generic (Tier 2) and preferred brand (Tier 3)
- Free shipping and optional auto-refills

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.



\$0 Tier 1 preferred generic medications

You'll pay \$0 for up to a 90-day supply of Tier 1 preferred generics at preferred pharmacies, and through CVS Caremark mail order.

Here are some of the most common Tier 1 drugs. See the full list at [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).

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
Ibandronate

Your plan also includes:



No-cost fitness program

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

- Access to the largest nationwide network of gyms and fitness locations, including many YMCAs
- Freedom to choose: Visit multiple facilities in the same month
- Live digital fitness classes and on-demand workouts
- Online brain training made just for you to help improve your memory and focus



Eyeglass and vision benefits

All our Medicare Advantage plans include:

- Routine vision exams
- Eyeglasses or contacts: reimbursement of \$200 or more, depending on plan. See benefit grid for details.
- Freedom to choose glasses or contacts you like, from any licensed provider



Over-the-counter purchase allowance

Savings and convenience: You get a quarterly allowance, from \$15 to \$50 depending on plan, with hundreds of popular products to choose from.

Your orders come with free two-day shipping, and are an easy way to save on health and wellness products you use every day.



Worry-free travel

Essentials Choice plans let you see out-of-network providers who accept Medicare, including dental and alternative care. And all plans include:

- In-network copays for emergency or urgent care (at any facility)
- Worldwide coverage for ambulance, emergency, and urgent care



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



\$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



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

Your plan covers alternative care not covered by Original Medicare. The benefit includes 12, 18, or 24 office visits each year (combined) for chiropractic, acupuncture, and naturopathic services, where available.

Essentials Choice plans: See any provider.

Your dental coverage: Simple, flexible



There's nothing complicated about the dental benefits included with every plan.

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

\$0 copay ✓ **Cleanings**
✓ **Exams**
✓ **Bitewing and full-mouth x-rays**
✓ **Fluoride treatments**

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

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

Enrolling in PacificSource Medicare

Dual Special Needs Plan

for those eligible for both
Medicare and Medicaid

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

- \$0 premium plan
- \$200/year for eyewear
- \$200 per quarter over-the-counter purchase allowance
- 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. Accessibility help: For assistance reading this document, please call us at 888-863-3637, TTY: 711. We accept all relay calls.



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

2965 NE Conners Avenue, Bend, Oregon



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.



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.