



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

**2024 Medicare Advantage Plans**

- \$0 premium plans**
- \$0 Rx deductible options**
- \$0 select drugs**
- Dental benefits**
- Hearing benefits**
- Vision benefits**
- Alternative care**
- Veteran coverage**

## FEATURED PLAN

### Essentials Choice Rx 36

**\$0 premium, big benefits**

#### Highlights:

- Flexible dental benefits
- Out-of-network coverage: see any doctor who accepts Medicare nationwide, including dental and alternative care
- \$0 copay for annual check-ups
- \$0 for select drugs
- Alternative care coverage
- Hearing and vision benefits
- Over-the-counter purchase allowance
- Lots of valuable extras
- **Monthly premium: \$0**



**"We have never had such wonderful coverage and treatment. Thank you so much!"**

– Phyllis S., member since 2002

# Your dental coverage: Simple, flexible



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

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 and Explorer plans)
- **No deductible, no waiting period**

Dental is not part of Essentials Rx 41. This is a summary. For complete details, see each plan's Summary of Benefits.

Medicare Advantage plans give you more.

# PacificSource Medicare gives you...more than that.



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**"Going beyond what's required" isn't just a slogan.  
It's a company-wide commitment.**

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



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



**Local human service**, not automated phone trees or offshore call centers. When you call with questions, a friendly, local person is there to help you.

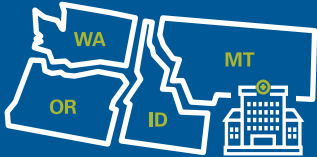


**No referrals required.** Some specialists may require them, but our plans won't make you see a primary care doctor for a referral.



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

# The doctors and hospitals you want, throughout the Northwest and around the country



Our provider network spans four states and includes 40,000+ practitioners and facilities—many of the best-known names in the region.

For extra peace of mind, all our plans include an annual "out-of-pocket maximum" (see chart).



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 and Explorer plans let you do just that. 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](http://Medicare.PacificSource.com).

## Idaho

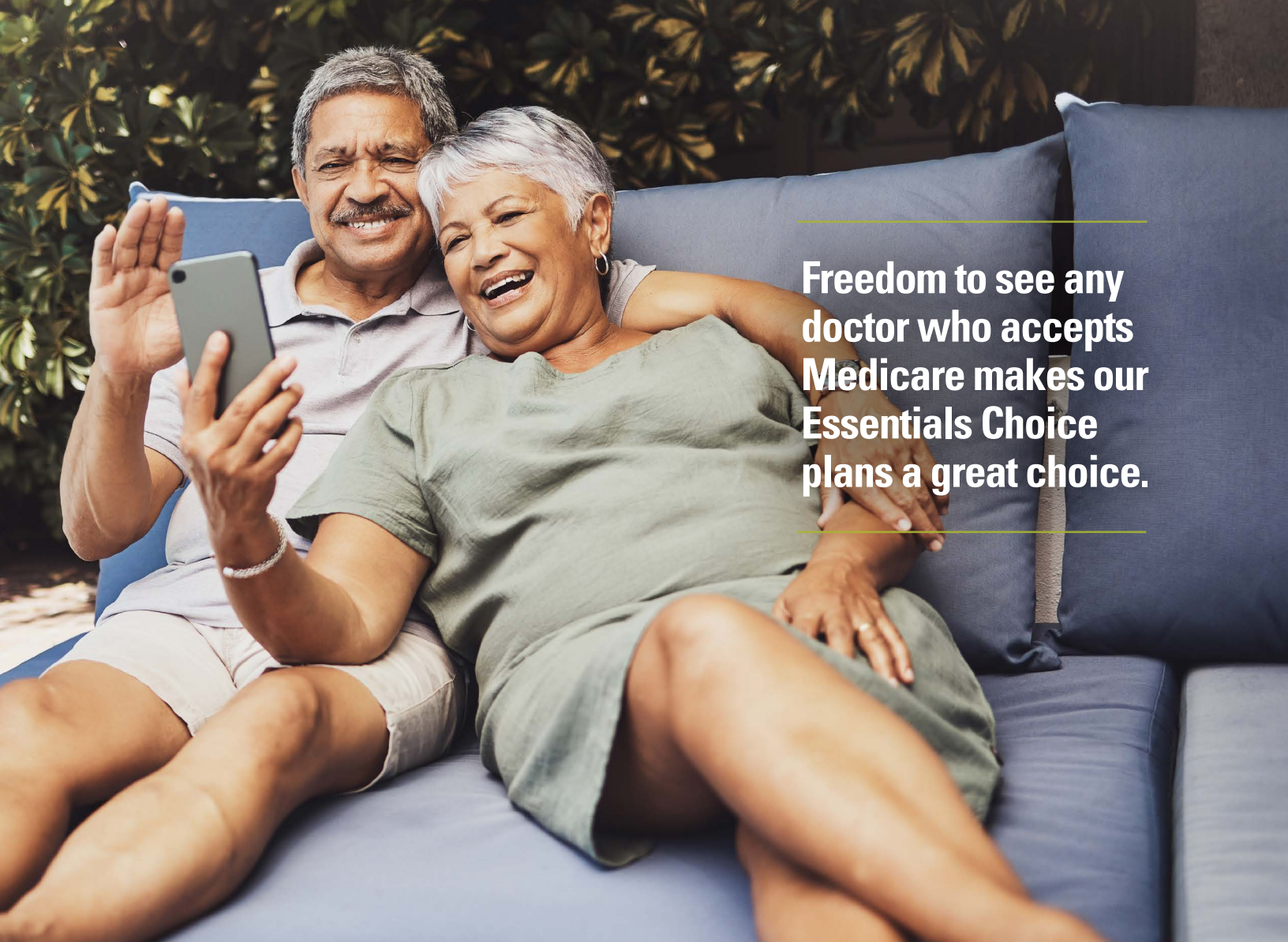


## Montana



## Washington





**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 and Explorer

Great for snowbirds and frequent travelers, these plans let you see any provider in the U.S. who accepts Medicare, in or out of network. Use in-network doctors and you'll save the most.

### 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).

# 2024 PacificSource Medicare Advantage plans at a glance

Questions?  
888-530-1426, TTY: 711



|  | FEATURED PLAN                                    |                | 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                           | In-network                                       | In-network                           |
|  | You pay:   |                | You pay:                          |                                      | You pay:   |                                      |
| <b>Benefit Highlights</b>  |  |                |                                   |                                      |  |                                      |
| <b>Monthly premium</b>   | \$0  |                | \$70                              |                                      | \$0  |                                      |
| <b>Medical deductible</b>  | \$0  |                | \$0                               |                                      | \$0  |                                      |
| Primary care office visit  | \$0  |                | \$10                              | \$10                                 | \$0  | \$0                                  |
| Specialist office visit (referrals not required)                                     | \$35   | \$45           | \$35                              | \$35                                 | \$0  | \$0                                  |
| Inpatient hospital care  | \$405/day (1-4)<br>\$0/day (5+)                  | 50%            | \$360/day (1-5)<br>\$0/day (6+)   | \$360/day (1-5)<br>\$0/day (6+)      | \$250/day (1-5)<br>\$0/day (6+)                  | \$250/day (1-5)<br>\$0/day (6+)      |
| Outpatient surgery   | \$405  | 50%            | \$360                             | \$360                                | \$100  | \$285                                |
| Diagnostic colonoscopy, DEXA, and mammogram  | \$0  | 50%            | \$0                               | \$0                                  | \$0  | \$0                                  |
| A1c and Protime / Other diagnostic lab   | \$0 / \$0  | 50%            | \$0 / \$15                        | \$0 / \$15                           | \$0 / \$0  | \$0 / \$0                            |
| Advanced imaging: CT & Nuclear / MRI & PET   | \$375 / \$450                                    | 50%            | \$225 / \$310                     | \$225 / \$310                        | \$190 / \$310                                    | \$100 / \$200                        |
| Physical therapy   | \$40   | \$45           | \$35                              | \$35                                 | \$0  | \$0                                  |
| Ambulance (ground and air, worldwide)  | \$350  |                | \$300                             |                                      | \$300  |                                      |
| Emergency (worldwide)  | \$120  |                | \$120                             |                                      | \$120  |                                      |
| Urgent care (worldwide)  | \$60   |                | \$60                              |                                      | \$60   |                                      |
| Annual out-of-pocket maximum   | \$6,200  | \$8,950        | \$5,500                           | \$5,500<br>\$8,950 (in/out combined) | \$3,950<br>\$8,950 (in/out combined)             | \$3,950<br>\$8,950 (in/out combined) |
| <b>Extra Benefits</b>  | You pay:   |                | You pay:                          |                                      | You pay:   |                                      |
| Included dental / yearly maximum benefit   | Preventive: \$0<br>Comprehensive: 50%<br>\$1,500 |                | N/A                               |                                      | Preventive: \$0<br>Comprehensive: 50%<br>\$1,000 |                                      |
| Routine vision exam  | \$0, 1 exam every year                           |                | \$35, 1 exam every 2 years        |                                      | \$0, 1 exam every year                           |                                      |
| Reimbursement for eyeglasses   | \$200 reimbursement every year                   |                | \$200 reimbursement every 2 years |                                      | \$250 reimbursement every year                   |                                      |
| Over-the-counter purchase allowance  | \$45 per quarter                                 |                | \$100 per year                    |                                      | \$100 per quarter                                |                                      |
| Silver&Fit® program with fitness tracker option                                      | \$0  |                | \$0                               |                                      | \$0  |                                      |
| Routine hearing exam   | \$0  | N/A            | \$0                               | \$0                                  | \$0  | \$0                                  |
| Hearing aid benefit (includes low-cost option)                                       | 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)   |                                      | \$0 (24 visits/year, combined)                   |                                      |
| Telehealth, including primary care and specialists                                   | Same cost as in-person                           | N/A            | Same cost as in-person            | Same cost as in-person               | Same cost as in-person                           | Same cost as in-person               |
| Annual physical, transitional & chronic care   | \$0  | 50% / \$45     | \$0                               | \$0                                  | \$0  | \$0                                  |
| Post-hospital meal delivery  | \$0  | N/A            | \$0                               | \$0                                  | \$0  | \$0                                  |
| <b>Part D Prescription Drugs</b>   | Included   |                | Included                          |                                      | 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.

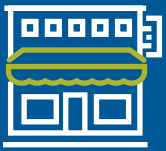
# Part D prescription drug benefits

|  | Essentials Choice Rx 36 (HMO-POS)   |                                      |   |
|--|---|--------------------------------------|---|
|  | Essentials Rx 41 (HMO)  |                                      |   |
|  | Explorer Rx 4 (PPO)   |                                      |   |
| <b>Stage 1</b>                                   |   |                                      |   |
| <b>Pharmacy Deductible</b><br>Tiers 1, 2, and 6  | <b>\$0</b>  |                                      |   |
| <b>Pharmacy Deductible</b><br>Tiers 3, 4, and 5  | Essentials Choice Rx 36: <b>\$200</b><br>Explorer Rx 4 and Essentials Rx 41: <b>\$0</b>                             |                                      |   |
| <b>Stage 2</b>                                   | When the total drug costs are between <b>\$0 and \$5,030</b> , you pay:   |                                      |   |
| <b>Pharmacy Supply</b>                           | <b>Preferred Retail<br/>30/90-day</b>   | <b>Standard Retail<br/>30/90-day</b> | <b>Preferred Mail Order<br/>90-day <b>SAVE!</b></b> |
| <b>Tier 1 Preferred Generic</b>                  | <b>\$3/\$9</b>  | <b>\$8/\$24</b>                      | <b>\$0</b>  |
| <b>Tier 2 Generic</b>                            | <b>\$12/\$36</b>  | <b>\$17/\$51</b>                     | <b>\$24</b>   |
| <b>Tier 3 Preferred Brand</b>                    | <b>\$42/\$126</b>   | <b>\$47/\$141</b>                    | <b>\$84</b>   |
| <b>Tier 3 Insulin</b>                            | <b>\$35/\$105</b>   |                                      | <b>\$70</b>   |
| <b>Tier 4 Nonpreferred</b>                       | <b>31%</b>  | <b>33%</b>                           | <b>31%</b>  |
| <b>Tier 5 Specialty<br/>(30-day supply only)</b> | Essentials Choice Rx 36: <b>30%</b><br>Explorer Rx 4 and Essentials Rx 41: <b>33%</b>                               |                                      | 30-day supply only;<br>retail cost applies          |
| <b>Tier 6 Select Care</b>                        | <b>\$0</b>  | <b>\$0</b>                           | <b>\$0</b>  |
| <b>Stage 3 ("coverage gap")</b>                  | After total drug costs reach <b>\$5,030</b> , you pay:  |                                      |   |
| <b>Most Generic</b>                              | <b>25%</b>  |                                      |   |
| <b>Most Brand</b>                                | <b>25%</b>  |                                      |   |
| <b>All Drugs in Tier 6</b>                       | <b>\$0</b> during coverage gap  |                                      |   |
| <b>Stage 4</b>                                   | After your out-of-pocket costs reach <b>\$8,000</b> ,<br>the maximum you pay until the end of the calendar year is: |                                      |   |
| <b>All Covered Drugs</b>                         | <b>0%</b>   |                                      |   |

To find out your medication's tier, visit [Medicare.PacificSource.com](http://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 **for less**



## Preferred retail 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 Care medications

**Tier 6 (Select Care)** 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  
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



# Your plan also includes:



## 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
- 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 \$45 to \$200, with hundreds of popular products to choose from, and free 2-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 any provider who accepts 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
- Global emergency medical assistance through Assist America®



## No-cost fitness program

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

- No-cost fitness center membership (premium clubs available at an additional monthly cost)
- Thousands of on-demand workout videos
- FitnessCoach® virtual personal fitness training
- Customized workout plans and one-on-one coaching by phone, video, or chat



## \$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 or 24 office visits each year (combined) for chiropractic, acupuncture, and naturopathic services, where available.

Explorer and Essentials Choice plans: See any provider.



## 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



## 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
- \$0 alternative care
- \$0 post-hospital meal delivery
- \$500 per year over-the-counter purchase allowance
- \$200 per year grocery allowance for those with certain chronic conditions
- 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 and FitnessCoach are trademarks of ASH and used with permission herein. Fitness center participation may vary by location and is 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

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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](mailto: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](https://HHS.gov/ocr/office/file/index.html).

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**Arabic:** مقرب ل صرتا . ن اجم اب لك رفاوتت ةي وغلل ا دع اس م لا تامدخ ن ا ف ، ةغلل ا ركذا ثدحتت تنك اذا : ةظوح لم (888) 863-3637 :م ك ب ل او م ص ل ا فتاه م قر (800) 735-2900 .

**Cambodian-Mon-Khmer:** ប្រយ័ត្ន: បរិស័នជាអ្នកនិយាយ ភាសាខ្មែរ, សំរាប់ន្ទយជនកែភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បរិស័នក៏។ 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 تروصب ی نابز تالی هست ،دی نک 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.