



# Get More Out of Medicare with PacificSource Medicare Advantage **2018 Plans**

**Northern Idaho**



# Why choose PacificSource Medicare?

Service Excellence | Community | Partnership

At PacificSource, we're proud to offer local customer service, community events, a broad network of providers, and more to suit the communities we serve. When you call, you don't get a phone tree—real people answer the phone, ready to help you. We're a not-for-profit community health plan with regional offices in Boise, Bend, Helena, Idaho Falls, Springfield, and Portland. Our Medicare Advantage plans cover many areas in Oregon, Montana, and Idaho, and we work hard to support our members. **We're here for you.**



## Enrolling in PacificSource Medicare

### Starting Fresh or Making Changes— What You Need to Know

Medicare has three enrollment periods during which you can enroll in or change Medicare Advantage plans.

#### When You Become Eligible for Medicare

**-3 mo.** 65th Birthday Month **+3 mo.**

- The best time to enroll is three months before your 65th birthday month, or
- During your 65th birthday month, or
- Three months after your 65th birthday month.
- If you're eligible to enroll before age 65 based on disability or other criteria, you also have a seven-month initial enrollment period.

#### 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 a Special Enrollment Period

There are many other circumstances for which you could be eligible to enroll, outside the October through December timeframe. Call us for details.

#### How to Enroll Today

- Enroll online at [www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com).
- Complete the enclosed application and mail it back.
- Call and talk to a live PacificSource representative who can walk you through the enrollment process.
- Visit a PacificSource office to enroll in person.



## Are you in our area?

To be eligible for a PacificSource Medicare Advantage plan, your main residence must be within our plan service area. Our plans are available in **Bonner, Boundary, and Kootenai.**



## Getting the Care You Need

We partner with local doctors, medical centers, and hospitals to ensure our members get the best care possible. With a PacificSource Medicare plan, you can choose from a broad network of doctors who accept Medicare in your area. This network extends to many in-network physicians and hospitals beyond the plan service area. When you travel in the U.S. and worldwide, you can rest easy knowing that your Medicare plan includes coverage for urgent care, emergency care, and ambulance.

With our preferred provider organization (PPO) plans, you can see any doctor who accepts Medicare with the out-of-network benefit.

### In-network Clinics

- Apple Family Care
- Bonners Ferry Family Medicine
- Coeur d'Alene Primary Care
- Family Health Associates
- Hayden Lake Family Physicians
- Heritage Health
- Ironwood Family Practice
- Kaniksu Health Services
- Northwest Family Medicine
- Post Falls Family Medicine
- Rockwood Clinic
- Sandpoint Family Health Center
- And more, including select clinics in Spokane, WA

### In-network Hospitals

- Bonner General Hospital
- Boundary Community Hospital
- Deaconess Medical Center
- Kootenai Medical Center
- Northwest Specialty Hospital
- Newport Community Hospital
- Valley Hospital & Medical Center
- And more

**In case of emergency, you can go to the hospital nearest to you for care.**

For more information about primary care physicians, specialists, hospitals, and more in your area, search our Provider Directory at [www.Medicare.PacificSource.com/Search/Provider](http://www.Medicare.PacificSource.com/Search/Provider), or call us at (888) 863-3637 or TTY (800) 735-2900.

# 2018 PacificSource

## Medicare Advantage Plans at a Glance

These plans are available to residents of Bonner, Boundary, and Kootenai counties.

This is a brief summary. Contact us for plan details or to see a plan's Summary of Benefits.

Plans	Original Medicare (2017)	Explorer Rx 11 (PPO)	
Monthly Premium	\$134	<b>\$76</b>	
Network	In-network	In-network	Out-of-network
Annual Out-of-Pocket Maximum (this is not a deductible)	None	<b>\$6,700</b>	<b>\$10,000</b> (in/out combined)
<b>Benefit Highlights</b>	<b>You pay:</b>	<b>You pay:</b>	
Medical Deductible	\$183	<b>\$0</b>	
Primary Care Office Visit	20%	<b>\$10</b> co-pay	<b>50%</b> co-insurance
Specialist Office Visit	20%	<b>\$35</b> co-pay	
Inpatient Hospital Care	\$1,316 deductible and 20% for physician services	<b>\$400/day</b> (days 1-4) <b>\$0/day</b> (days 5+)	<b>20%</b> co-insurance
Outpatient Surgery	20%	<b>\$400</b> co-pay	<b>50%</b> co-insurance
Skilled Nursing Facility (SNF)	\$0/day (days 1-20) \$164.50/day (days 21-100)	<b>\$0/day</b> (days 1-20) <b>\$160/day</b> (days 21-100)	<b>50%</b> co-insurance
Diagnostic Tests, Lab, and X-Rays	\$0 for lab, 20% for X-ray, 20% for advanced diagnostics	<b>\$0-\$15</b> for lab, <b>\$15</b> for X-ray, <b>\$190-\$310</b> for advanced diagnostics	<b>50%</b> co-insurance
Physical Therapy	20%	<b>\$35</b> co-pay	<b>50%</b> co-insurance
Durable Medical Equipment (DME)	20%	<b>20%</b> co-insurance	<b>50%</b> co-insurance
Ambulance (ground and air, worldwide coverage)	20% (U.S. only)	<b>\$200</b> co-pay	
Emergency (worldwide coverage)	20% (U.S. only)	<b>\$80</b> co-pay	
Urgent Care (worldwide coverage)	20% (U.S. only)	<b>\$40</b> co-pay	
Part B Drugs (e.g. chemotherapy)	20%	<b>20%</b> co-insurance	<b>50%</b> co-insurance
<b>Extra Benefits</b>			
Annual Physical	Not covered	<b>\$0</b>	<b>50%</b> co-insurance
Routine Vision Exam, Hardware (eyeglasses or contact lenses)	Not covered	<b>\$35</b> co-pay for exam <b>\$200</b> allowance every 2 calendar years	<b>50%</b> co-insurance for exam <b>\$200</b> allowance every 2 calendar years
Hearing Aid Benefit	Not covered	<b>Included</b> (see page 7 for details)	<b>Not covered</b>
Fitness Program	Not covered	Silver&Fit® <b>\$50/year</b>	<b>Not covered</b>
<b>Part D Prescription Drugs</b>	Not covered	<b>Included</b> (see page 5 for details)	



Plans	Original Medicare (2017)	Explorer 12 (PPO)	
Monthly Premium	\$134	<b>\$37</b>	
Network	In-network	In-network	Out-of-network
Annual Out-of-Pocket Maximum (this is not a deductible)	None	<b>\$6,700</b>	<b>\$10,000</b> (in/out combined)
<b>Benefit Highlights</b>	<b>You pay:</b>	<b>You pay:</b>	
Medical Deductible	\$183	<b>\$0</b>	
Primary Care Office Visit Specialist Office Visit	20% 20%	<b>\$10</b> co-pay <b>\$35</b> co-pay	<b>50%</b> co-insurance
Inpatient Hospital Care	\$1,316 deductible and 20% for physician services	<b>\$285/day</b> (days 1-7) <b>\$0/day</b> (days 8+)	<b>35%</b> co-insurance
Outpatient Surgery	20%	<b>\$285</b> co-pay	<b>50%</b> co-insurance
Skilled Nursing Facility (SNF)	\$0/day (days 1-20) \$164.50/day (days 21-100)	<b>\$0/day</b> (days 1-20) <b>\$167/day</b> (days 21-100)	<b>50%</b> co-insurance
Diagnostic Tests, Lab, and X-Rays	\$0 for lab, 20% for X-ray, 20% for advanced diagnostics	<b>\$0-\$15</b> for lab, <b>\$15</b> for X-ray, <b>\$190-\$310</b> for advanced diagnostics	<b>50%</b> co-insurance
Physical Therapy	20%	<b>\$35</b> co-pay	<b>50%</b> co-insurance
Durable Medical Equipment (DME)	20%	<b>20%</b> co-insurance	<b>50%</b> co-insurance
Ambulance (ground and air, worldwide coverage)	20% (U.S. only)	<b>\$250</b> co-pay	
Emergency (worldwide coverage)	20% (U.S. only)	<b>\$80</b> co-pay	
Urgent Care (worldwide coverage)	20% (U.S. only)	<b>\$40</b> co-pay	
Part B Drugs (e.g. chemotherapy)	20%	<b>20%</b> co-insurance	<b>50%</b> co-insurance
<b>Extra Benefits</b>			
Annual Physical	Not covered	<b>\$0</b>	<b>50%</b> co-insurance
Routine Vision Exam, Hardware (eyeglasses or contact lenses)	Not covered	<b>\$35</b> co-pay for exam <b>\$200</b> allowance every 2 calendar years	<b>50%</b> co-insurance for exam <b>\$200</b> allowance every 2 calendar years
Hearing Aid Benefit	Not covered	<b>Included</b> (see page 7 for details)	<b>Not covered</b>
Fitness Program	Not covered	Silver&Fit® <b>\$50/year</b>	<b>Not covered</b>
<b>Part D Prescription Drugs</b>	Not covered	<b>Not covered.</b> 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

Below is what you pay<sup>1</sup>.

Explorer Rx 11 (PPO)		
<b>Stage One</b>		
<b>Deductible</b>	\$0 deductible on Tiers 1, 2, and 6 drugs \$300 deductible on Tiers 3, 4, and 5 drugs	
<b>Stage Two</b>		
	<b>Preferred Pharmacies</b>	<b>Standard Pharmacies</b>
<b>Tier</b>	<b>Co-pay for 30 / 60 / 90 days</b>	<b>Co-pay for 30 / 60 / 90 days</b>
Tier 1 (Preferred Generic)	\$3 / \$6 / \$9	\$8 / \$16 / \$24
Tier 2 (Generic)	\$12 / \$24 / \$36	\$17 / \$34 / \$51
Tier 3 (Preferred Brand)	\$37 / \$74 / \$111	\$47 / \$94 / \$141
Tier 4 (Non-preferred)	31% co-insurance	33% co-insurance
Tier 5 (Specialty Tier)	27% co-insurance (30-day supply only)	27% co-insurance (30-day supply only)
Tier 6 (Select Care Drugs)	\$0 / \$0 / \$0	\$0 / \$0 / \$0
<b>Stage Three</b>		
What you pay after total drug costs <sup>2</sup> reach \$3,750		
Most Generic	44% co-insurance	
Most Brand	35% co-insurance	
Select Drugs in Tier 3 All Drugs in Tier 6	All Tier 6 drugs and a select group of Tier 3 drugs have additional coverage during Stage Three (coverage gap). Your cost will not increase from Stage Two to Stage Three. See the list of covered drugs to determine which drugs are included.	
<b>Stage Four</b>		
After your deductible is met and out-of-pocket costs <sup>3</sup> reach \$5,000, the maximum you pay until the end of the calendar year		
You pay whichever is the larger amount:		
All Covered Drugs	5% of the cost OR \$3.35 for generic drugs \$8.35 all other drugs	

All formulary drugs may be supplied through in-network mail-order or retail pharmacies. If you're receiving Extra Help (low-income subsidy), your prescription drug deductible and co-pays may be lower.

<sup>1</sup> If you have low-income co-pay subsidies, you will have varying out-of-pocket expenses.

<sup>2</sup> Total drug costs: what you and others on your behalf pay, and what PacificSource Medicare pays for your prescriptions.

<sup>3</sup> Out-of-pocket costs: everything you and others have paid on your behalf during stages one, two, and three.

# Take Charge of Your Health

## With these Extra Benefits



### Save Money at Our Preferred Pharmacies

**Albertsons, Costco, Fred Meyer/Kroger, Safeway, Shopko, CVS/Target, Walmart, and other select local independent pharmacies**

- Freedom to choose from more than 68,000 network pharmacies throughout the U.S.
- Mail order available
- Lower co-pays at preferred pharmacies, listed above

You'll save money when you fill your prescriptions with a preferred pharmacy, because you'll pay less for your prescriptions. For a current and complete list of preferred pharmacies, please call us or go to [www.Medicare.PacificSource.com/Search/Pharmacy](http://www.Medicare.PacificSource.com/Search/Pharmacy).



### Pay \$0 for These Prescription Drugs

Below is a partial list of the most common Select Care (Tier 6) drugs. These are included in all plans that offer prescription drug benefits. When filled at an in-network pharmacy, you pay a \$0 co-pay for up to a 90-day supply. **For a complete list of all our drugs, call Customer Service or visit our website at [www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com).**

#### **Cholesterol**

Atorvastatin Calcium  
 Lovastatin  
 Pravastatin Sodium  
 Rosuvastatin Calcium  
 Simvastatin

#### **Blood Pressure**

Amlodipine Besylate-  
 Benazepril HCL  
 Amlodipine Besylate-  
 Valsartan HCL  
 Amlodipine Besylate-  
 Valsartan HCL-HCTZ  
 Benazepril HCL  
 Benazepril-HCL-HCTZ  
 Candesartan Cilexetil  
 Candesartan Cilexetil-  
 HCTZ  
 Captopril  
 Captopril-HCTZ

Enalapril Maleate  
 Enalapril Maleate-HCTZ  
 Eprosartan Mesylate  
 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  
 Telmisartan-Amlodipine  
 Telmisartan-HCTZ  
 Trandolapril

Valsartan  
 Valsartan-HCTZ

#### **Diabetes**

Acarbose  
 Glimepiride  
 Glipizide ER/IR  
 Glipizide-Metformin HCL  
 Metformin HCL ER/IR  
 Nateglinide  
 Pioglitazone  
 Pioglitazone-Metformin  
 HCL  
 Repaglinide  
 Repaglinide-Metformin  
 HCL

#### **Osteoporosis**

Alendronate Sodium  
 Ibandronate Sodium



## Programs and Services to Stay Well

included in all plans

### Preventive Care

Preventive services are covered at no cost when you get care from in-network providers. Examples of covered preventive services include:

- Annual physical exam
- Bone-mass measurement
- Breast cancer screenings (mammogram)
- Cardiovascular screenings
- Colorectal cancer screenings
- Depression screenings
- Diabetes screenings
- Medical nutrition therapy services
- Pap and pelvic exams
- Prostate cancer screenings (PSA)
- Tobacco-use cessation counseling
- Flu shots and pneumococcal shots

### Hearing Benefits

Good hearing is essential to living a fuller life. That's why PacificSource Medicare partners with TruHearing® to offer a hearing hardware benefit.

- \$45 co-pay for hearing exam
- Purchase up to 2 hearing aids per year (\$699 or \$999 co-pay per aid), batteries included

For information about available TruHearing providers, go to [www.truhearing.com](http://www.truhearing.com) or call them at (844) 247-6313 or TTY (800) 975-2674.

*TruHearing® is a registered trademark of TruHearing, Inc.*

### Coverage When You Travel

With PacificSource Medicare, you're covered for medically necessary **urgent** and **emergency** care, and **ambulance** (ground and air), when you travel—worldwide.

### Staying Active with Silver&Fit®

Our Medicare Advantage plans give you access to the Silver&Fit Exercise and Healthy Aging Program.

- \$50 fee for annual gym membership, or exercise at home with a home fitness kit (\$10 fee)

*The Silver&Fit Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services may not be available in all areas. Silver&Fit is a registered trademark of ASH and used with permission herein.*

### 24-Hour NurseLine

Have health-related question? Call our 24-Hour NurseLine. Staffed around the clock, seven days a week, you'll never be without a registered nurse to talk to. To talk to a nurse, call (855) 834-6150.

### InTouch for Members

You can access coverage and benefit information through InTouch, our secure web portal at [www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com). It allows you to easily and conveniently manage your insurance coverage and health, 24/7.

### myPacificSource Mobile App

With our free mobile app, you have on-the-go access to your coverage information, no matter where you are. Securely access your InTouch account to view your ID card or check your out-of-pocket totals.

The myPacificSource app is available for both iPhone® and Android™. Visit [www.PacificSource.com/mobile](http://www.PacificSource.com/mobile) for more information.





## Smile More with a Preventive Dental Plan

### Add Preventive Dental for \$22 a Month

Good dental health and regular preventive dental care are important to your overall well-being. Our optional preventive dental plan offers:

#### **No deductible | No waiting period | Freedom to see any licensed dentist**

You pay \$0 for covered services from dentists in the Advantage Dental Network or from a dentist who accepts our payment as payment in full. About 85 percent of dentists will accept our payment as payment in full. There are more than 435 Advantage dentists in Idaho. Contact us or visit our website for a list of in-network dentists.

Preventive dental covers:

- Two annual cleanings (one every six months)
- Two routine exams (one every six months)
- Bitewing X-rays (one set every six months)
- Full-mouth X-rays and/or panorex (one series every five calendar years)

If you choose a dentist who charges more than our maximum allowable rate, you will need to pay for the difference.



## Questions? Need help choosing a plan?

**Call Your Local Insurance Agent** PacificSource Medicare partners with a select group of local insurance agents. Call us for an agent near you.

**Call Us** **Toll-free (855) 265-5969 | TTY (800) 735-2900**  
October 1 – February 14: 7 days a week, 8:00 a.m. – 8:00 p.m.  
February 15 – September 30: Monday – Friday, 8:00 a.m. – 8:00 p.m.

**Visit Us Online** **[www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com)**

**Visit Our Office** **408 E. Parkcenter Blvd., Suite 100, Boise**  
We're here Monday through Friday from 8:00 a.m. to 5:00 p.m., no appointment necessary.



## Learn More at Our Free Medicare Plan Seminars

Attend one of our free seminars to learn more about which Medicare Advantage and Medicare Advantage Prescription Drug plan is right for you.

PacificSource representatives present these seminars and are available to answer questions and provide information about plans and applications.

For more information about upcoming plan seminars near you, visit **[www.Medicare.PacificSource.com/Events](http://www.Medicare.PacificSource.com/Events)**, or contact a Customer Service representative toll-free at (855) 265-5969, TTY (800) 735-2900.

*A sales person will be present with information and applications. For accommodation of persons with special needs at sales meeting, call (888) 863-3637 or (800) 735-2900 TTY.*

Arabic	كيدلاف قحلايف لوصحلا دلع دط سملات امولا عملاو ثدحتلال عمجرتة مل ص تالب (888) 863-3637. نذناك كيدل وأدبل صخش هعاستة نسا صوصخب ضلا رورةي ك تغلب نمودة ياة اف لكت.
Cambodian-Mon-Khmer	ប្រសិនបើអ្នក ឬនរណាម្នាក់ កំពុងជួយដល់អ្នកកំពុងជំងឺ ឬមនុស្សចាស់ PacificSource Community Health Plans ចេរ, អ្នកមានសិទ្ធិទទួលបានជំនួយសិទ្ធិអំពីចំនួន បេតិកភណ្ឌភាសា អស្ត្រាលី បេតិកភណ្ឌអង្គប្រឹក្សា ។ បេតិកភណ្ឌចិញ្ចឹមជាមួយអ្នកអរម្យ សូម (888) 863-3637.
Chinese	如果您，或是您正在協助的對象，有關於[插入 SBM 項目的名稱 PacificSource Community Health Plans 方面的問題，您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話[在此插入數字(888) 863-3637.
Cushite-Oromo	Isin yookan namni biraa isin deeggartan PacificSource Community Health Plans irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa (888) 863-3637 tiin bilbilaa.
French	Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de PacificSource Community Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (888) 863-3637.
German	Falls Sie oder jemand, dem Sie helfen, Fragen zum PacificSource Community Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (888) 863-3637 an.
Japanese	ご本人様、またはお客様の身の回りの方でもPacificSource Community Health Plans sについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳とお話される場合、(888) 863-3637 までお電話ください。
Korean	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 PacificSource Community Health Plans에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (888) 863-3637로 전화하십시오.
Persian-Farsi	، لاوسرددروم PacificSource Community Health Plans ، هت شاددي شاب قح ن يار دي رادهك ك مك ، ت فاي رد امني دي. (888) 863-3637 سامت لصاح دي يامن. گار شما، اي بي سكه امش هبواك مك دي نك يم و تا اعلاطاه بنا ب زدوخ ار هب وطنانگ يار
Romanian	Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind PacificSource Community Health Plans, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la (888) 863-3637.
Russian	.Если у вас или лица, которому вы помогаете, имеются вопросы по поводу PacificSource Community Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (888) 863-3637.
Spanish	Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de PacificSource Community Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (888) 863-3637.
Thai	หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ PacificSource Community Health Plans คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย อดคคญ กบลาม โทร (888) 863-3637.
Ukrainian	Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про PacificSource Community Health Plans, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на (888) 863-3637.
Vietnamese	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về PacificSource Community Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (888) 863-3637.

# 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 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 to people whose primary language is not English, free language services such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at (888) 863-3637, or for TTY users, (800) 735-2900.

**October 1 – February 14:**

8:00 a.m. to 8:00 p.m., seven days a week

**February 15 – 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: Kristi Kernutt, PO Box 7068, Springfield, OR 97475-0068, (541) 225-1967, Fax (541) 684-5475, or email [Kristi.Kernutt@pacificsource.com](mailto:Kristi.Kernutt@pacificsource.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, 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 at <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, D.C. 20201

(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. You must continue to pay your Medicare Part B premium. Limitations, co-pays, and restrictions may apply. Benefits, premiums, co-pays, and/or co-insurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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. Other pharmacies and providers are available in our network. The formulary, pharmacy network, and provider network may change at any time. Members will receive notice when necessary. PacificSource Medicare's pharmacy network offers limited access to pharmacies with preferred cost sharing in Idaho. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call (855) 265-5969, TTY (800) 735-2900, or consult the online pharmacy directory at [www.Medicare.PacificSource.com/Search/Pharmacy](http://www.Medicare.PacificSource.com/Search/Pharmacy). You can get prescription drugs shipped to your home through our in-network mail-order delivery service. To refill your mail-order prescriptions, please contact your pharmacy 10 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time. Typically, you should expect to receive your prescription drugs within 14 days from the time that the mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us toll-free at (855) 265-5969, TTY users call 711.