PacificSource Medicare

Explorer 12 (PPO) *offered by* PacificSource Medicare

Annual Notice of Changes for 2024

You are currently enrolled as a member of Explorer 12 (PPO). Next year, there will be some changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage,* which is located on our website at www.Medicare.PacificSource.com. You may also call Customer Services to ask us to mail you an *Evidence of Coverage.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.

☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Explorer 12 (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with your current plan.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Service number toll-free at 888-863-3637 for additional information (TTY: 711. We accept all relay calls.). Hours are: **October 1 - March 31:** 8:00 a.m. to 8:00 p.m. local time zone, seven days a week. **April 1 - September 30:** 8:00 a.m. to 8:00 p.m. local time zone, Monday-Friday. This call is free.
- If you have a visual impairment and need this material in a different format such as braille, large print, or other alternate formats, please call Customer Service.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Explorer 12 (PPO)

- 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).
- When this booklet says "we," "us," or "our", it means PacificSource Medicare. When it says "plan" or "our plan," it means Explorer 12 (PPO).

Annual Notice of Changes for 2024 Table of Contents

Summary of Important Costs for 2024 4

SECTION 1 Changes to Benefits and Costs for Next Year 5

Section 1.1 – Changes to the Monthly Premium 5

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts 5

Section 1.3 – Changes to the Provider Network 6

Section 1.4 – Changes to Benefits and Costs for Medical Services 6

SECTION 2 Deciding Which Plan to Choose 10

Section 2.1 – If you want to stay in our plan 10

Section 2.2 – If you want to change plans 10

SECTION 3 Deadline for Changing Plans 11

SECTION 4 Programs That Offer Free Counseling about Medicare 11

SECTION 5 Programs That Help Pay for Prescription Drugs 12

SECTION 6 Questions? 13

Section 6.1 – Getting Help from Our Plan 13

Section 6.2 – Getting Help from Medicare 13

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for our plan in several important areas. **Please note this is only a summary of costs**.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium (See Section 1.1 for details.)	$0	$0
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From in-network providers: $3,950 From in-network and out-of-network providers combined: $8,950	From in-network providers: $3,950 From in-network and out-of-network providers combined: $8,950
Doctor office visits	**In-Network** Primary care visits: $0 per visit Specialist visits: $0 per visit **Out-of-Network** Primary care visits: 35% co-insurance per visit Specialist visits: 35% coinsurance per visit	**In-Network** Primary care visits: $0 per visit Specialist visits: $0 per visit **Out-of-Network** Primary care visits: 35% co-insurance per visit Specialist visits: 35% coinsurance per visit
Inpatient hospital stays	**In-Network** Days 1-5: $250 per day Days 6+: $0 per day **Out-of-Network** 35% of the total cost	**In-Network** Days 1-5: $250 per day Days 6+: $0 per day **Out-of-Network** 35% of the total cost

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Monthly optional Comprehensive Dental premium (This is an optional supplemental benefit. This premium is paid in addition to the monthly premium above.)	$57	Not Applicable Optional Comprehensive Dental is not offered. Please see below for dental benefits covered on your plan.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket during the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.	$3,950 Once you have paid $3,950 out-of-pocket for covered Part A and Part B services from in-network providers, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.	$3,950 Once you have paid $3,950 out-of-pocket for covered Part A and Part B services from in-network providers, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.

Cost	2023 (this year)	2024 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	$8,950 Once you have paid $8,950 combined maximum out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	$8,950 Once you have paid $8,950 combined maximum out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

Updated directores are located on our website at www.Medicare.PacificSource.com. You may also call Customer Service for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
24-Hour NurseLine	You pay a $0 copay per visit.	24-Hour NurseLine is not covered.

Cost	2023 (this year)	2024 (next year)
Dental Services: Routine	The following services are covered up to a combined $2,000 annual maximum. You pay $0 for: • Routine Exams - 2 per year • Cleanings - 3 per year • Bitewing x-rays - 2 per year • Full mouth x-rays, Conebeam, and/or Panorex – 1 per 5 years You pay a 30% coinsurance for: • Pulpotomy • Tooth Desensitization • Pulp Capping • Oral Surgery (simple) • Stainless Steel Crowns • Core Build Up • Bone Grafting (Only covered at time of extraction or implant placement) • Fillings – 1 every 2 years • Root Planing/Perio Scaling – 1 every 2 years per quad • Debridement – 1 every 3 years not within 3 years of other prophy • Analgesia/Sedation Major Services are not covered.	The following services are covered up to a combined $2,000 annual maximum. You pay $0 for: • Routine and Problem-focused Exams • Cleanings • Bitewing x-rays • Full mouth x-rays, Conebeam and/or Panorex • Periapical X-ray • Brush biopsy • Fluoride and Fluoride Varnish • Pulpotomy • Tooth Desensitization • Pulp Capping • Oral Surgery (simple) • Core build up • Bone Grafting (Only covered at time of extraction or covered implant placement) • Fillings • Root Planing/Perio Scaling • Debridement • Analgesia/Sedation Stainless Steel Crowns are not covered. Major Services: You pay a $0 copay for: • Crowns • Inlays and Onlays • Dentures • Bridges • Denture Relines • Implants • Veneers • Oral Surgery (complicated) • Periodontic Surgery • Root Canal Therapy
Emergency Care Post-Stabilization care, including Worldwide coverage	You pay a $110 copay per visit.	You pay a $120 copay per visit.

Cost	2023 (this year)	2024 (next year)
Medicare Part B prescription drugs Part B Insulin	**In-Network** You pay 20% of the total cost. Beginning July 2023, you pay 20% up to a $35 copay per insulin per month. **Out-of-Network** You pay 35% of the total cost. Beginning July 2023, you pay 35% up to a $35 copay per insulin per month.	**In-Network** You pay 20% up to a $35 copay per insulin per month. **Out-of-Network** You pay 35% up to a $35 copay per insulin per month.
Outpatient diagnostic tests and therapeutic services Radiological services	**In-Network** CT Scan or Nuclear Test: You pay a $190 copay per visit. PET Scan or MRI: You pay a $310 copay per visit.	**In-Network** CT Scan or Nuclear Test: You pay a $100 copay per visit. PET Scan or MRI: You pay a $200 copay per visit.
Outpatient mental health care: Additional Mental Health Counselors	What you pay for services does not apply to your yearly maximum out-of-pocket amount.	What you pay for services applies to your yearly maximum out-of-pocket amount.
Over-the-counter (OTC) medications NationsOTC	You get up to $150 per quarter to purchase OTC medications, and health related items.	You get up to $200 per quarter to purchase OTC medications, and health related items.
Part B Prescription Drugs: Prior Authorization and Step Therapy requirements	Requirements change yearly. Please contact Customer Service or see our Formulary to verify which drugs require prior authorization or step therapy.	Requirements change yearly. Please contact Customer Service or see our Formulary to verify which drugs require prior authorization or step therapy.

Cost	2023 (this year)	2024 (next year)
Prior Authorization Requirements: Inpatient Hospital Care; Inpatient Psychiatric Care; Outpatient Rehabilitation (Physical, Occupational, and Speech Therapy); Partial Hospitalization; Skilled Nursing Facility	**In-Network** Prior authorization is required.	**In-Network** Prior authorization is not required.
Pulmonary Rehabilitation Services	**In-Network** You pay a $20 copay per visit.	**In-Network** You pay a $15 copay per visit.
Skilled Nursing Facility	**In-Network** Days 1-20: You pay a $0 copay per visit. Days 21-100: You pay a $196 copay per visit.	**In-Network** Days 1-20: You pay a $0 copay per visit. Days 21-100: You pay a $203 copay per visit.
Supervised Exercise Therapy	**In-Network** You pay a $30 copay per visit.	**In-Network** You pay a $25 copay per visit.
Urgently needed services Urgent care, including Worldwide coverage	You pay a $40 copay per visit.	You pay a $60 copay per visit.
Vision Care (Routine): Eye Wear	Up to a $250 reimbursement every calendar year.	Up to a $400 reimbursement every calendar year.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in our plan

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our plan.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, PacificSource Medicare offers other Medicare health plans AND/OR Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from our plan.
    - To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from our plan.
- To **change to Original Medicare without a prescription drug plan,** you must either:
    - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Idaho, the SHIP is called the Senior Health Insurance Benefits Advisors (SHIBA). In Washington, the SHIP is called the Statewide Health Insurance Benefits Advisors (SHIBA).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIBA counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIBA at:

State:	Phone:
Idaho	800-247-4422
Washington	800-562-6900

You can learn more about SHIBA by visiting their website at:

State:	Phone:
Idaho	www.DOI.Idaho.gov/shiba
Washington	www.insurance.wa.gov/statewide-health-insurance-benefits-advisors-shiba

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SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:

  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).

- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Idaho AIDS Drug Assistance Program. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

State:	Program:	Phone:
Idaho	Idaho AIDS Drug Assistance Program	208-334-5612
Washington	Early Intervention Program	360-236-3426

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call:

State:	Program:	Phone:
Idaho	Idaho AIDS Drug Assistance Program	208-334-5612
Washington	Early Intervention Program	360-236-3426

SECTION 6 Questions?

Section 6.1 – Getting Help from Our Plan

Questions? We're here to help. Please call Customer Service at 888-863-3637, TTY: 711. We accept all relay calls. We are available for phone calls: **October 1 - March 31:** 8:00 a.m. to 8:00 p.m. local time zone, seven days a week. **April 1 - September 30:** 8:00 a.m. to 8:00 p.m. local time zone, Monday - Friday. Calls to these numbers are free.

Read your *2024 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for our plan. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.Medicare.PacificSource.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage.*

Visit our Website

You can also visit our website at www.Medicare.PacificSource.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.