PacificSource Medicare

PacificSource Medicare Cascade Premier Rx (HMO-POS) offered by PacificSource Medicare

Annual Notice of Change for 2027

You're enrolled as a member of Essentials Rx 6 (HMO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in PacificSource Medicare Cascade Premier Rx (HMO-POS).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at Medicare.PacificSource.com or call Customer Service at 888-863-3637 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 888-863-3637 (TTY users call 711) for more information. Hours are **October 1 to March 31:** 8:00 a.m. to 8:00 p.m. local time, seven days a week. **April 1 to September 30:** 8:00 a.m. to 8:00 p.m. local time, Monday – Friday. This call is free.
- This material is available for free in a different format such as braille, large print, audio, or other alternate formats, please call Customer Service.

About PacificSource Medicare Cascade Premier Rx (HMO-POS)

- 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.
- When this material says "we," "us," or "our", it means PacificSource Medicare. When it says "plan" or "our plan," it means PacificSource Medicare Cascade Premier Rx (HMO-POS).
- On January 1, 2027, our plan name will change from Essentials Rx 6 (HMO) to PacificSource Medicare Cascade Premier Rx (HMO-POS). We'll send you a new member ID card with our new name. From here on, our new name, PacificSource Medicare Cascade Premier Rx (HMO-POS), will be on all materials.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in PacificSource Medicare Cascade Premier Rx (HMO-POS).** Starting January 1, 2027, you'll get your medical and drug coverage through our plan. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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OMB Approval 0938-1051 (Expires: July 31, 2029)

Table of Contents

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. See Section 1.1 for details.	$223	**$198**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (See Section 1.2 for details.)	**In-Network** $5,500	**In-Network** **$7,150**
Primary care office visits	**In-Network** $0 copay per visit. **Out-of-Network** Not covered.	**In-Network** **$0 copay per visit.** **Out-of-Network** **50% of the total cost.**
Specialist office visits	**In-Network** $15 copay per visit. **Out-of-Network** Not covered.	**In-Network** **$50 copay per visit.** **Out-of-Network** **50% of the total cost.**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	**In-Network** Days 1-7: $350 per day. Days 8+: $0 per day. **Out-of-Network** Not covered.	**In-Network** **Days 1-5: $475 per day.** **Days 6+: $0 per day.** **Out-of-Network** **50% of the total cost.**

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible: $99 except for covered insulin products and most adult Part D vaccines Copay/Coinsurance during the Initial Coverage: Drug Tier 1: $0 Drug Tier 2: $12 Drug Tier 3: Retail: 24% Mail-Order: 15% You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 4: 28% You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 5: 31% You pay no more than $35 per month supply of each covered insulin product on this tier. Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.	**Part D drug coverage deductible: $700** **except for covered insulin products and most adult Part D vaccines** **Copay/Coinsurance during the Initial Coverage:** **Drug Tier 1: $0** **Drug Tier 2: $6** **Drug Tier 3:** **Retail: 20%** **Mail-Order: 15%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4: 26%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5: 25%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Catastrophic Coverage:** **During this payment stage, you pay nothing for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$223	**$198**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network providers **count** toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$5,500	**$7,150** **Once you have paid $7,150 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.**
Out-of-network maximum out-of-pocket amount	Out-of-network services are not covered.	**There is no maximum out-of-pocket amount for out-of-network services.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* Medicare.PacificSource.com/Search/Provider to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at Medicare.PacificSource.com/Search/Provider.
- Call Customer Service at 888-863-3637 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 888-863-3637 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* Medicare.PacificSource.com/Search/Pharmacy to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at Medicare.PacificSource.com/Search/Pharmacy.
- Call Customer Service at 888-863-3637 (TTY users call 711) to get current provider information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 888-863-3637 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Alternative care Naturopathic, non-Medicare covered acupuncture, and non-Medicare covered chiropractic care	$25 copay per visit up to a combined total of 18 visits.	**Alternative care is not covered.**
Ambulance services Ground and air	**In-Network** $250 per one way trip. **Out-of-Network** Not covered.	**In-Network & Out-of-Network** **$500 per one way trip.**
Ambulatory Surgical Center (ASC) services Except colonoscopies	**In-Network** $275 copay per visit.	**In-Network** **$350 copay per visit.**
Dental services (Medicare covered)	**In-Network** $25 copay per visit.	**In-Network** **$50 copay per visit.**

	2026 (this year)	2027 (next year)
Dental services (Routine) Preventive and Comprehensive combined	**In-Network** Dental services are covered up to a combined $1,250 annual maximum. **Out-of-Network** Not covered.	**In-Network & Out-of-Network** **Dental services are covered up to a combined $1,000 annual maximum.** **Out-of-Network** **Preventive: $0** **Comprehensive: 50% of the total cost.**
Dental services (Routine) Implant services	50% of the total cost.	**Implant services are not covered.**
Emergency services For services outside the United States, see *Worldwide coverage*	$120 copay per visit.	**$130 copay per visit.**
Fitness benefit	You must use **One Pass™**. Benefits offered include: • A nationwide network of gyms and fitness locations • Live, digital fitness classes and on-demand workouts • Online brain health subscription through CogniFit	**You must use One Pass™. Benefits offered include:** **• A nationwide network of gyms and fitness locations** **• Live, digital fitness classes and on-demand workouts** **• Three at-home fitness kits** **• Online brain health subscription through CogniFit**
Inpatient hospital care	**In-Network** Days 1-7: $350 per day. Days 8+: $0 per day.	**In-Network** **Days 1-5: $475 per day.** **Days 6+: $0 per day.**
Inpatient services in a psychiatric hosptial	**In-Network** Days 1-5: $275 per day. Days 6+: $0 per day.	**In-Network** **Days 1-4: $475 per day.** **Days 5+: $0 per day.**

	2026 (this year)	2027 (next year)
Mental health specialty services Individual and group	**In-Network** $20 copay per visit.	**In-Network** **$40 copay per visit.**
Opioid treatment program services	**In-Network** $25 copay per visit.	**In-Network** **$50 copay per visit.**
Outpatient diagnostic procedures and tests and lab services	**In-Network** Diagnostic procedures and tests $15 per service. Lab services $25 per service, except A1c and Protime $0 per service.	**In-Network** **Diagnostic procedures and tests $30 per service.** **Lab services $20 per service, except A1c and Protime $0 per service.**
Outpatient diagnostic tests and therapeutic services Radiological services	**In-Network** CT Scan or Nuclear Test: $225 copay per visit. PET Scan or MRI: $325 copay per visit.	**In-Network** **20% of the total cost.**
Outpatient diagnostic tests and therapeutic services X-ray services, except DEXA scans	**In-Network** $10 copay per visit.	**In-Network** **$25 copay per visit.**
Outpatient hospital and observation services Except colonoscopies	**In-Network** $275 copay per visit.	**In-Network** **$425 copay per visit.**
Outpatient rehabilitation services Occupational therapy	**In-Network** $15 copay per visit.	**In-Network** **$45 copay per visit.**
Outpatient rehabilitation services Physical and speech therapy	**In-Network** $15 copay per visit.	**In-Network** **$35 copay per visit.**
Outpatient substance abuse services Individual and group	**In-Network** $25 copay per visit.	**In-Network** **$40 copay per visit.**

	2026 (this year)	2027 (next year)
Over-the-counter (OTC) medications	You must use **NationsOTC**. You get $25 per quarter to purchase OTC medications and health related items.	**You must use NationsOTC. You get $15 per quarter to purchase OTC medications and health related items.**
Part B prescription drugs	Rules for prior authorization and step therapy change each year. To see which drugs need approval or step therapy, call Customer Service or check our Formulary. Step therapy may require you to try a Part D or Part B drug first. **Out-of-Network** Not covered.	**Rules for prior authorization and step therapy change each year. To see which drugs need approval or step therapy, call Customer Service or check our Formulary. Step therapy may require you to try a Part D or Part B drug first.** **Out-of-Network** **50% of the total cost.** **You pay no more than $35 for a one-month supply of covered Part B insulin.**
Partial hospitalization services and intensive outpatient services	**In-Network** $30 copay per visit.	**In-Network** **$55 copay per visit.**
Physician/Practitioner services Specialists and other health care professional services	**In-Network** $15 copay per visit.	**In-Network** **$50 copay per visit.**
Podiatry services	**In-Network** $15 copay per visit.	**In-Network** **$50 copay per visit.**
Psychiatric services Individual and group	**In-Network** $20 copay per visit.	**In-Network** **$50 copay per visit.**
Rehabilitation services Cardiac, intensive cardiac, and pulmonary	**In-Network** Cardiac: $25 copay per visit. Intensive cardiac: $25 copay per visit. Pulmonary: $15 copay per visit.	**In-Network** **Cardiac: $40 copay per visit.** **Intensive cardiac: $55 copay per visit.** **Pulmonary: $20 copay per visit.**

	2026 (this year)	2027 (next year)
Skilled nursing facility	**In-Network** Days 1-20: $0 per day. Days 21-100: $203 per day.	**In-Network** **Days 1-20: $0 per day.** **Days 21-100: $221 per day.**
Vision care Eye exams (routine)	**In-Network** $0 per eye exam, limited to one exam every 2 calendar years. **Out-of-Network** Not covered.	**In-Network & Out-of-Network** **$0 per eye exam, limited to one exam every calendar year.**
Vision care Eye wear (routine)	$200 reimbursement every two calendar years.	**$150 reimbursement every two calendar years.**
Vision Care Eye wear (Medicare-covered)	**Out-of-Network** Not covered.	**Out-of-Network** $0.
Worldwide coverage Ambulance, emergency care, and urgently needed care outside of the United States	Ambulance: $250 per one way trip. Emergency care: $120 copay per visit. Urgently needed care: $50 copay per visit. There is no annual maximum plan coverage limit.	**Ambulance: $350 per one way trip.** **Emergency and urgently needed care: $130 copay per visit.** **There is a $25,000 combined annual maximum coverage limit.**
Point-of-Service (POS) benefit limit	Out-of-network services are not covered.	**The plan covers up to $3,000 per plan year for covered services you receive from out-of-network providers.**

	2026 (this year)	2027 (next year)
Point-of-Service (POS) coverage Ambulatory Surgical Center (ASC) Services; Annual Wellness Visit and Physical Exam; Dental Services (Medicare-covered); Diabetic Supplies, Therapeutic Shoes/Inserts, Monitors, and Self-Management Training; Diagnostic Procedures, Tests, and Lab Services; Durable Medical Equipment (DME), Prosthetic Devices, and Medical Supplies; Eye Exams (Medicare-covered), including For Glaucoma and Diabetic Retinopathy; Hearing Exams (Medicare-covered); Home Health; Inpatient Hospital (Acute and Psychiatric); Kidney Disease Education and Dialysis Services; Medicare-covered Acupuncture and Chiropractic Services; Medicare-covered Zero Dollar Preventive Services including Digital Rectal Exams, Electrocardiogram (EKG) Following Welcome Visit, and Glaucoma Screening; Mental Health, Psychiatric, and Outpatient Substance Abuse Services: Individual and Group; Opioid Treatment Program Services; Outpatient Blood Services; Outpatient Hospital Services including Observation and Intensive Outpatient Program Services; Partial Hospitalization Program; Physician Specialist and Other Health Care Professional Services; Podiatry Services;	**Out-of-Network** Not covered.	**Out-of-Network** **50% of the total cost.**

	2026 (this year)	2027 (next year)
Point-of-Service coverage (Continued) Radiological Services: Diagnostic, Therapeutic, including Outpatient X-Ray; Rehabilitation Services: Cardiac, Intensive Cardiac, Pulmonary, and Supervised Exercise Therapy (Set) For Peripheral Artery Disease (Pad); Skilled Nursing Facility (SNF); Therapy Services: Occupational, Physical, and Speech-Language.	**Out-of-Network** Not covered.	**Out-of-Network** **50% of the total cost.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is posted online at Medicare.Pacificsource.com/Search/Drug.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at 888-863-3637 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30th, call Customer Service at 888-863-3637 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 Preferred Brand, Tier 4 Non-Preferred, and Tier 5 Specialty drugs until you've reached the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	$99 During this stage, you pay $0 for drugs on Tier 1 Preferred Generic; $12 for drugs on Tier 2 Generic; and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred, and Tier 5 Specialty until you have reached the yearly deductible.	**$700** **During this stage, you pay $0 for drugs on Tier 1 Preferred Generic; $6 for drugs on Tier 2 Generic; and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred, and Tier 5 Specialty until you have reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3, your cost sharing in the Initial Coverage Stage is changing from a copay to coinsurance. Go to the following table for the changes from 2026 to 2027.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 Preferred Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$0	**$0**
Tier 2 Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$12	**$6**
Tier 3 Preferred Brand We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	24% of the total cost.	**20% of the total cost.** **You pay no more than $35 per month supply of each covered insulin product on this tier.**
Tier 4 Non-Preferred We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	28% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier.	**26% of the total cost.** **You pay no more than $35 per month supply of each covered insulin product on this tier.**
Tier 5 Specialty We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	31% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier.	**25% of the total cost.** **You pay no more than $35 per month supply of each covered insulin product on this tier.**

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Federal Privacy Rules	New federal rules were introduced to protect information about Substance Use Disorder (SUD) treatment under 42 CFR Part 2. When we receive SUD records from a Part 2 program, we only use or share them as the law allows and with the proper consent. We will not share these records for legal or administrative actions against you unless you give written permission or a court issues a valid order. You also have additional rights related to these records. You can ask us to place limits on how your information is used or shared, and you can request a report that shows certain times your information was disclosed.	**See Chapter 8 of your *Evidence of Coverage* to view our full Notice of Privacy Practices.**

SECTION 3 How to Change Plans

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

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from our plan. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from our plan.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 888-863-3637 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
    - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the CAREAssist

Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled how to continue getting help, call 971-673-0144. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 888-863-3637 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Our Plan

- **Call Customer Service at 888-863-3637. (TTY users call 711.)**

  We're available for phone calls **October 1 to March 31:** 8:00 a.m. to 8:00 p.m. local time, seven days a week. **April 1 to September 30:** 8:00 a.m. to 8:00 p.m. local time, Monday – Friday. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for PacificSource Medicare Cascade Premier Rx (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at Medicare.PacificSource.com or call Customer Service at 888-863-3637 (TTY users call 711) to ask us to mail you a copy.

- **Visit Medicare.PacificSource.com**

  Our website has the most up-to-date information about our provider network (*Provider Directory/ Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

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

Call SHIBA to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call SHIBA at 800-722-4134. Learn more about SHIBA by visiting shiba.oregon.gov.

Get Help 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 can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Discrimination is Against the Law
PacificSource Community Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), age, or disability.

PacificSource Community Health Plans does not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

PacificSource Community Health Plans:

- Provides free reasonable modifications and appropriate auxiliary aids and services to people with disabilities to help them 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, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate aids and services, or language assistance services, contact our Section 1557 Coordinator.

If you believe that PacificSource Community Health Plans has failed to provide these services or has discriminated based on race, color, national origin, sex, age, or disability you can file a complaint with:

Section 1557 Coordinator
Mailing address – PO Box 7068, Springfield, OR 97475-0068
Phone – 888-863-3637, TTY: 711. We accept all relay calls.
Fax – 541-322-6424
Email – 1557Coordinator@pacificsource.com

You may file a complaint in person, by mail, fax, or email. If you need help filing a complaint, our Section 1557 Coordinator is available to assist you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the OCR Complaint Portal, available 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
1-800-368-1019,
1-800-537-7697 (TDD)

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

This notice is available on the website of PacificSource Community Health Plans: www.Medicare.PacificSource.com.

PacificSource Community Health Plans
2965 NE Conners Avenue, Bend OR 97701
541.385.5315 888.863.3637
Medicare.PacificSource.com

Notice of Availability

English

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 888-863-3637 (TTY: 711) or speak to your provider.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 888-863-3637 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese)

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 888-863-3637（文本电话：711）或咨询您的服务提供商。

Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 888-863-3637 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 888-863-3637 (TTY: 711) или обратитесь к своему поставщику услуг.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 888-863-3637 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Français (French)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 888-863-3637 (TTY : 711) ou parlez à votre fournisseur.

日本語 (Japanese)

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。888-863-3637（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

Tagalog (Tagalog)

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 888-863-3637 (TTY: 711) o makipag-usap sa iyong provider.

한국어 (Korean)

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 888-863-3637 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 888-863-3637 (711) أو تحدث إلى مقدم الخدمة".

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 888-863-3637 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

українська мова (Ukrainian)

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 888-863-3637 (TTY: 711) або зверніться до свого постачальника.

Limba Română (Romanian)

Puteți obține această scrisoare în alte limbi, cu scris cu litere majuscule, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Puteți obține ajutor din partea unui interpret de îngrijire medicală certificat sau calificat. Sunați la 888-863-3637 sau TTY 711. Acceptăm apeluri adaptate persoanelor surdomute.

台語 (Traditional Chinese)

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 888-863-3637（TTY：711）或與您的提供者討論。

Kiswahili (Swahili)

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 888-863-3637 (TTY: 711) au zungumza na mtoa huduma wako.