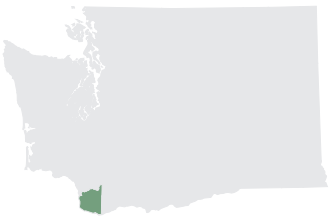
PacificSource Medicare





Clark County

Your Health Safeguard

2021 Medicare Advantage Enrollment Guide

$0 premium plan | $0 select drugs | $0 Rx deductible | Telehealth | Vision



"PacificSource Medicare was a great advocate for my husband's medical treatment. They were prompt, clear, concise, and always courteous. I give them 6 stars out of 5!"

—Janice B.

NEW!

Earn rewards for healthy actions!

We think healthy behaviors should be rewarded. So we're pleased to offer members incentives for completing important preventive care activities.

Just complete one or more of the activities below and you'll receive a gift card redeemable at over 100 popular retailers, such as Macy's, Starbucks, Target, Sony, Walmart, and more.

Earn one or all of the following rewards per calendar year:

$0 Copay Services	Reward
Routine physical or annual wellness visit	**$50**
Mammogram	**$25**
A1c (blood glucose test)	First test **$15** Second test **$25**
Diabetic eye exam	**$25**

Your health is everything. We protect it.

We know good health is the highest form of wealth—and we help you guard that treasure by connecting you to affordable care, wellness programs, and extra support when you need it.

Why choose PacificSource Medicare?

Real people, not phone trees

We are a not-for-profit, regional health insurance company with local offices to serve you. When you call or stop by, expect friendly, knowledgeable people ready to help you. We've been putting members first since 1933.

Quality, affordable care

- **$0 copay preventive care, including annual routine physicals, colonoscopies, and mammograms**
- **$0 hearing exam, plus low-cost premium hearing aids**
- **Vision benefits—routine exams and eyeglasses or contacts**
- **Dental coverage options**
- **$0 select drugs and mail-order discount (on Rx plans)**
- **And much more**

Support beyond healthcare

Our Member Support Specialists can connect you to community resources to support your health needs. Examples include assistance finding transportation to doctor visits, meal delivery, and help with care plans after a hospital stay.

Giving back to our communities

PacificSource is proud to support local charities and other organizations—financially and through volunteer efforts. One example: The PacificSource Foundation for Health Improvement provides resources and funds for the health and welfare of underserved and vulnerable populations, with an emphasis on children and youth.



Getting the Care You Need

Telehealth: Phone- or video-based healthcare

Telehealth services are a way you can receive healthcare "virtually"—via phone or video consultation, and your cost is the same as a regular doctor visit.

Many in-network healthcare providers, such as primary care doctors, specialists, and mental health professionals, offer these in-depth phone or video appointments. Availability varies by provider and region, and some limitations apply.

24-Hour NurseLine: Advice when you need it

Sometimes you just need to talk with a healthcare professional about an issue. Determining whether or not urgent care is needed can be difficult, especially in those after-hours moments.

If you find yourself, or someone you care about, in a non-life-threatening medical situation, and you want professional advice, you can call our 24-Hour NurseLine. This service is included at no extra cost with PacificSource Medicare plans.

Broad Network of Providers

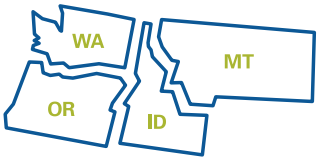
Plus, worldwide coverage for urgent care, emergency care, and ambulance.

We partner with doctors, medical centers, and hospitals to ensure our members get the best care possible. With a PacificSource Medicare plan, you can choose from a network of doctors who accept Medicare in your area.

In addition to the facilities listed below, our plans let you access in-network providers in each of our four states: **Oregon, Washington, Idaho, and Montana.** In case of emergency, any hospital will be covered as in-network.

Find providers in your area: **www.Medicare.PacificSource.com**

Our plans let you access in-network providers in each of our four states.



Legacy Health, OHSU, and other providers working for you

We've recently added more than 2,000 new healthcare providers for our members in this area, bringing our total network to more than **7,500** providers.

Legacy Health offers:

- 6 hospitals
- 70+ primary care clinics and specialty practices
- Nearly 3,000 providers in the Legacy Health Partners network

OHSU Health offers:

- OHSU Hospital
- Adventist Health Portland
- Hillsboro Medical Center (formerly Tuality Healthcare)
- 12 clinics offering primary, specialty, and immediate care

In-network hospitals and clinics in your area

LEGACY HEALTH

OHSU Health

Northwest PRIMARY CARE

VANCOUVER CLINIC

The Portland Clinic

Find more at www.Medicare.PacificSource.com

In-network providers across our region

St. Luke's Health Partners
Idaho

Billings Clinic
Montana

MultiCare Connected Care
Washington

2021 PacificSource Medicare Advantage Plans at a Glance

Benefit Highlights	MyCare™ Rx 37 (HMO) In-network You pay:	MyCare™ Rx 38 (HMO) In-network You pay:
Monthly Premium	**$0**	**$36**
Medical Deductible	**$0**	**$0**
Primary Care Office Visit Specialist Office Visit (referrals not required)	**$0** **$35**	**$0** **$25**
Inpatient Hospital Care	**$350/day** (1–5) **$0/day** (6+)	**$295/day** (1–5) **$0/day** (6+)
Outpatient Surgery	**$225**	**$225**
Diagnostic Lab Diagnostic X-ray Advanced Diagnostics (e.g., MRI, CT, PET)	**$0–$20** **$15** **$235–$320**	**$0–$15** **$15** **$225–$310**
Physical Therapy	**$30**	**$25**
Ambulance (ground and air, worldwide)	**$325**	**$250**
Emergency (worldwide)	**$90**	**$90**
Urgent Care (worldwide)	**$40**	**$25**
Part B Drugs (for example, chemotherapy)	**20%**	**20%**
Annual Out-of-pocket Maximum	**$5,400**	**$4,950**
Extra Benefits	**You pay:**	**You pay:**
Telehealth Visits & Services for most Medicare-covered benefits	**Included**	**Included**
Annual Physical	**$0**	**$0**
Alternative Care (naturopathy and non-Medicare-covered acupuncture and chiropractic)	**$25** (limit 12 visits/year, combined)	**$25** (limit 12 visits/year, combined)
Routine Vision Exam, once every 2 years	**$20**	**$25**
Reimbursement for eyeglasses every 2 years	**$200** reimbursement	**$200** reimbursement
Routine Hearing Exam	**$0**	**$0**
Hearing Aid Benefit (see page 8 for details)	**Included**	**Included**
The Silver&Fit Program	**$0**	**$0**
Meals as Medicine	**$0**	**$0**
Part D Prescription Drugs	**Included**	**Included**

These plans are available to residents of Clark County, Washington.

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

Part D Prescription Drug Benefits
Included in the Following Plans

	MyCare™ Rx 37 (HMO)			MyCare™ Rx 38 (HMO)		
Stage 1						
Pharmacy Deductible Tiers 1, 2, and 6	**$0**					
Pharmacy Deductible Tiers 3, 4, and 5	**$0**					
Stage 2	When the total drug costs* are between **$0 and $4,130,** you pay:					
Pharmacy* Supply	**Preferred Retail 30/90-day**	**Standard Retail 30/90-day**	**Preferred Mail Order 90-day SAVE!**	**Preferred Retail 30/90-day**	**Standard Retail 30/90-day**	**Preferred Mail Order 90-day SAVE!**
Tier 1 Preferred Generic	**$3/$9**	**$8/$24**	**$0**	**$2/$6**	**$7/$21**	**$0**
Tier 2 Generic	**$12/$36**	**$17/$51**	**$24**	**$12/$36**	**$17/$51**	**$24**
Tier 3 Preferred Brand	**$37/$111**	**$47/$141**	**$74**	**$37/$111**	**$47/$141**	**$74**
Tier 4 Nonpreferred	**31%**	**33%**	**31%**	**31%**	**33%**	**31%**
Tier 5 Specialty **(30-day supply only)**	**33%**		**N/A**	**33%**		**N/A**
Tier 6 Select Care	**$0**					
Stage 3 ("coverage gap")	After total drug costs* reach **$4,130**, you pay:					
Most Generic	**25%**					
Most Brand	**25%**					
All Drugs in Tier 6	**$0** during coverage gap					
Stage 4	After your out-of-pocket costs reach **$6,550,** the maximum you pay until the end of the calendar year is:					
All Covered Drugs	Whichever is the larger amount: **5%** of the cost OR **$3.70** for generic drugs **$9.20** all other drugs					

To find out your medication's tier, visit **www.Medicare.PacificSource.com or call (888) 530-1427.**

*Your cost may differ relative to the pharmacy's status as preferred or standard, mail order, long-term care, home infusion, or quantity.

Spend Less on Medications You Need

Preferred Pharmacies

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

Freedom to choose from more than 68,000 network pharmacies throughout the U.S.

- **Save money with CVS Caremark mail order**
- Lower copays at preferred pharmacies

For a complete list of preferred pharmacies, go to **www.Medicare.PacificSource.com.**

Over-the-counter (OTC) Drug Benefit

Take aspirin or calcium? They're on us! All our Medicare plans include reimbursement for up to $100 per year for OTC aspirin, calcium, and calcium-vitamin D combinations.

Home Delivery

Save money with CVS Caremark mail order

- **$0 copay** on all preferred generic (Tier 1) and select care drugs (Tier 6)
- **90-day supply for 60-day cost** generic (Tier 2) and preferred brand (Tier 3)
- **Free shipping** and optional auto-refills

$0 Select Medications

Select care (Tier 6) drugs are included in all Rx plans. Benefit includes:

- **$0 copay for up to a 90-day supply** (at in-network pharmacies)
- Includes many medications for blood pressure, cholesterol, and diabetes

Below is a partial list of the most common select care (Tier 6) drugs. For a complete list of covered drugs, go to **www.Medicare.PacificSource.com.**

Blood Pressure

Amlodipine Besylate-Benazepril HCL
Amlodipine Besylate-Valsartan HCL
Amlodipine Besylate-Valsartan HCL-HCTZ
Benazepril HCL
Enalapril Maleate
Enalapril Maleate-HCTZ
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
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
Repaglinide

Osteoporosis

Alendronate
Ibandronate

Benefits and Extras at a Glance

Hearing Aid Benefits

PacificSource Medicare partners with TruHearing® to offer a hearing aid benefit.

- $0 copay for hearing exam
- Up to 2 premium hearing aids per year ($699 or $999 copay per aid), batteries included
- 3 follow-up visits within 12 months

Eyeglass and Vision Benefits

All our Medicare Advantage plans cover:

- Routine vision exams
- Eyeglasses or contacts: $200 reimbursement every two calendar years
- Freedom to choose the frame style you like best, from any licensed provider

$0 Fitness Program

The Silver&Fit® Healthy Aging and Exercise Program includes, all at no cost to you:

- Access to 15,000+ participating fitness centers
- The Silver&Fit Home Fitness Program
- Digital workout videos, online classes, fitness tracking, and other tools
- One-on-one coaching by phone, and more

Alternative Care

It's good to have choices in the kind of care you receive. That's why our Medicare plans cover alternative care not covered by Original Medicare ($25 copay, at in-network providers). The benefit includes 12 office visits per year (combined) for:

- Chiropractic
- Acupuncture
- Naturopathy

Optional Dental Coverage

Choose from two plan options for an additional premium. Both plans include:

- Freedom to see any licensed dentist in the United States.
- $0 copay for covered preventive services (at in-network dentists, or any dentist who accepts our payment as payment in full).

Preventive Dental

With this plan, you have no deductible or waiting period. You're covered for important preventive services, such as routine exams, cleanings, and x-rays.

Comprehensive Dental

Enjoy all the benefits of preventive dental, plus:

- **Expanded Class I (preventive) services,** such as problem-focused exams, brush biopsy, and fluoride.
- **Class II and III services,** such as fillings, simple extractions, complex oral surgery, crowns, bridges, and dentures.

$0 Preventive Care Services

Preventive services are covered at no cost to you when you get care from in-network providers. Benefits include:

- Routine physical exam
- Flu and pneumonia vaccines
- Bone-mass measurement
- Medical nutrition therapy services
- Tobacco-use cessation counseling
- Preventive screenings, such as mammograms and colonoscopies

Meals as Medicine

When you're recovering from a hospital stay, the last thing you need to worry about is cooking. Our plans include 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

Nurse Assistant

Our Health Services team provides direct assistance when you need help managing your healthcare. Nurse Case Managers will:

- Work collaboratively with you and your providers
- Offer resources and support in navigating the healthcare system
- All at no extra cost to you

Travel Assistance Program

If you experience a medical emergency while traveling 100 or more miles from home—within in the U.S. or abroad—you can call Assist America® for help. Services include:

- Medical consultation and evaluation
- Critical care monitoring
- Medically necessary evacuation to a facility that can provide treatment

	Comprehensive	Preventive
Premium (monthly)	**$50**	**$33**
Deductible (annual)	**$100**	**$0**
Annual maximum benefit	**$1,000**	**N/A**
Diagnostic services (Preventive Class I)	**$0**	**$0**
Restorative & extraction services (Basic Class II)	**20%**	**Not covered**
Endodontics, periodontics, etc. (Major Class III)	**50%**	**Not covered**

Some waiting periods may apply for Class II and III services.
Contact us, or your insurance broker, for more details about our dental plans.

Enrolling in PacificSource Medicare

Medicare has **3** main enrollment periods during which you can enroll in or change Medicare Advantage plans:



When You Become Eligible for Medicare

Your initial enrollment period lasts seven months: 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.

*If you're eligible to enroll before age 65 based on disability or other criteria, you also have a seven-month initial enrollment period.

Questions?

Call Us	**Toll-free (888) 530-1427; TTY 711** October 1 – March 31: 7 days a week, 8:00 a.m. – 8:00 p.m. April 1 – September 30: Monday – Friday, 8:00 a.m. – 8:00 p.m.
Call Your Local Insurance Broker	PacificSource Medicare partners with a select group of local insurance producers (brokers). Call us for assistance.
Visit Us Online	**www.Medicare.PacificSource.com**
Attend a Free Seminar	Learn more about Medicare and Medicare Advantage plans. **www.Medicare.PacificSource.com** *For accommodation of persons with special needs at meetings, call (888) 530-1427; TTY 711*

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. Other pharmacies and providers are available in our network. 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 is a registered trademark of ASH and used with permission herein. Other names may be trademarks of their perspective owners. Participating fitness centers and fitness chains may vary by location and are 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.
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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, 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. 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, 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.

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (888) 863-3637 رقم هاتف الصم والبكم: (800) 735-2900.

Cambodian-Mon-Khmer: បរយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សវោជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ 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: توجه: اگر هب زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (888) 863-3637, TTY: (800) 735-2900 تماس بگیرید.

Romanian: ATENŢIE: Dacă vorbiţi limba română, vă stau la dispoziţie servicii de asistenţă lingvistică, gratuit. Sunaţi 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.