

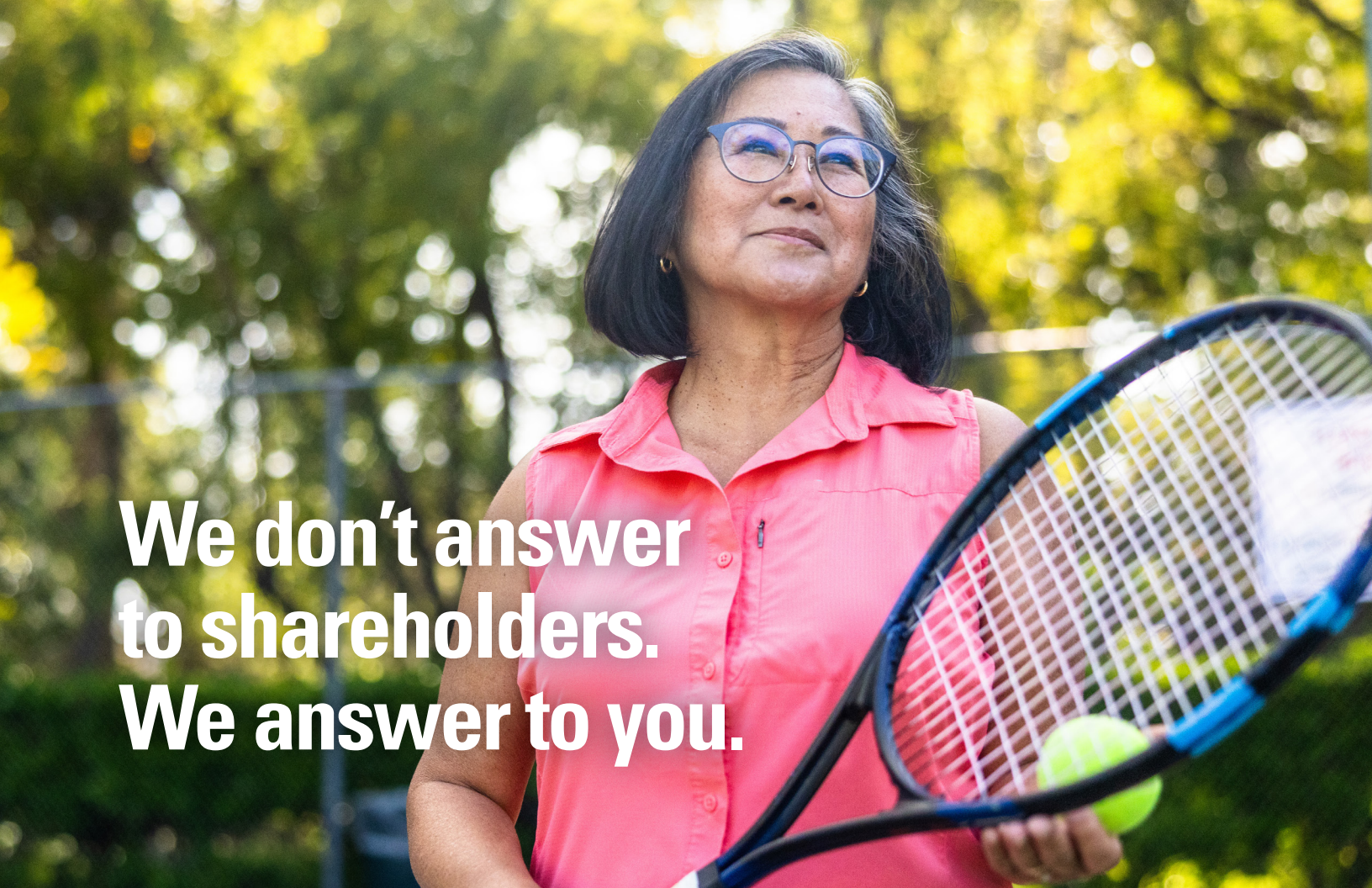


# Doing what's right, not just what's required

## 2025 Medicare Advantage Plans

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





**We don't answer  
to shareholders.  
We answer to you.**

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



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



**Local human service**, not automated phone trees or offshore call centers. Friendly, local people are here to assist you by phone, or in live one-on-one chat.




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



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

## You should know:

# Medicare Advantage plans go beyond Original Medicare.

	<b>Original Medicare</b>	 <b>PacificSource Medicare Advantage</b>
<b>Routine dental, hearing, and vision coverage</b>	✗ Not covered / None	✓ Covered in many plans
<b>Prescription drug coverage</b>	✗ Not available	✓ Covered in many plans
<b>Doctor visits</b>	✗ You pay 20% after deductible	✓ Low or no copays for your doctor and specialist visits
<b>Hospital visits</b>	✗ You pay a deductible for each stay, plus a copay for long stays	✓ You pay copays for a set number of days. After that, your plan pays the rest.
<b>Provider network</b>	✓ You can use any doctor who accepts Medicare and do not need referrals	✓ You do not need referrals. Most plans let you see any doctor who accepts Medicare. Some plans require in-network doctors and facilities.
<b>\$0 Extras</b> (Fitness program, over-the-counter spending allowance)	✗ Not offered	✓ Yes
<b>Worldwide coverage for urgent/emergency care and ambulance</b>	✗ Not covered	✓ Yes
<b>Alternative care</b> (chiropractic, acupuncture, naturopathic care)	✗ Very limited coverage	✓ Covered in many plans
<b>Annual out-of-pocket limit</b>	✗ None	✓ Yes, both for medical and Rx coverage
<b>Human service</b>	✗ Plan likely uses automated phone trees	✓ Real people on the phone to assist you

# The doctors and hospitals you want, across Oregon and throughout the country



Our provider network includes 40,000+ practitioners and facilities—many of the best-known names in the region. We partner with 19 separate five-star hospitals, the highest quality designation.

*(Source: Centers for Medicare & Medicaid Services, Jan. 2024)*

For extra peace of mind, all our plans include an annual “out-of-pocket maximum” (see table on pages 4-5).



For ultimate freedom, pick a plan with out-of-network benefits

**Want to see any doctor, dentist, or alternative care provider who accepts Medicare, anywhere in the country?** Our **Essentials Choice** and **Explorer** plans let you do just that. These are great plans for people who enjoy travel—or just like keeping their options open.

## Oregon



...plus many more. Search for doctors and facilities at [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).

## Idaho



## Montana



## Washington







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**Freedom to see any doctor who accepts Medicare makes our Essentials Choice and Explorer plans a great choice.**

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## Plan types explained



### Essentials

See doctors in our extensive network and you'll save the most. Urgent and emergency services are covered at the in-network level, worldwide.

### Essentials Choice and Explorer

Great for snowbirds and frequent travelers, these plans let you see any doctor in the U.S. who accepts Medicare. Use in-network doctors and you'll save the most. Urgent and emergency services are covered at the in-network level,

### Rx

Plans with "Rx" in the name include prescription benefits. You'll likely want an Rx plan unless you have other drug coverage (for example, VA benefits).

# 2025 PacificSource Medicare Advantage plans at a glance

Questions?  
888-530-1426, TTY: 711



	Essentials Choice Rx 36 (HMO-POS)		Essentials Rx 41 (HMO)		Explorer Rx 4 (PPO)		Essentials Choice 2 (HMO-POS)		Explorer 6 (PPO)	
	In-network	Out-of-network	In-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	
<b>Benefit Highlights</b>	<b>You pay:</b>		<b>You pay:</b>		<b>You pay:</b>		<b>You pay:</b>		<b>You pay:</b>	
<b>Monthly premium</b>	\$15		\$89		\$123		\$0		\$0	
<b>Medical deductible</b>	\$0		\$0		\$0		\$0		\$0	
Primary care office visit	\$0		\$10		\$10		\$10		\$0	
Specialist office visit (referrals not required)	\$35	\$45	\$35		\$40	50%	\$10	\$45	\$0	35%
Inpatient hospital care	\$425/day (1-7) \$0/day (8+)	50%	\$395/day (1-7) \$0/day (8+)		\$425/day (1-7) \$0/day (8+)	50%	\$425/day (1-7) \$0/day (8+)	30%	\$250/day (1-5) \$0/day (6+)	35%
Outpatient surgery	\$425	50%	\$360		\$425	50%	\$425	30%	\$250	35%
Diagnostic colonoscopy, DEXA, and mammogram	\$0	50%	\$0		\$0	50%	\$0	30%	\$0	35%
A1c and Protime / Other diagnostic lab	\$0 / \$0	50%	\$0 / \$20		\$0 / \$15	50%	\$0 / \$0	30%	\$0 / \$0	35%
Advanced imaging: CT & Nuclear / MRI & PET	\$375 / \$450	50%	\$225 / \$310		\$225 / \$310	50%	\$300 / \$400	30%	\$190 / \$310	35%
Physical therapy	\$40	\$45	\$35		\$35	50%	\$10	\$45	\$0	35%
Ambulance (ground and air, worldwide)	\$350		\$325		\$275		\$300		\$250	
Emergency (worldwide)	\$120		\$120		\$120		\$120		\$120	
Urgent care (worldwide)	\$55		\$55		\$55		\$55		\$55	
Annual out-of-pocket maximum	\$6,200	\$8,950 (in/out combined)	\$5,950		\$5,950	\$8,950 (in/out combined)	\$5,950	\$8,950 (in/out combined)	\$4,200	\$8,950 (in/out combined)
<b>Extra Benefits</b>	<b>You pay:</b>		<b>You pay:</b>		<b>You pay:</b>		<b>You pay:</b>		<b>You pay:</b>	
Included dental / yearly maximum benefit See next page for details.	Preventive: \$0 Comprehensive: 50% \$1,500		N/A		Preventive: \$0 Comprehensive: 50% \$500		Preventive: \$0 Comprehensive: 50% \$1,000		Preventive: \$0 Comprehensive: 50% \$1,000	
Routine vision exam	\$0, 1 exam every year		\$35, 1 exam every 2 years		\$35, 1 exam every 2 years		\$0, 1 exam every year		\$0, 1 exam every year	
Reimbursement for eyeglasses	\$200 reimbursement every 2 years		\$200 reimbursement every 2 years		\$200 reimbursement every 2 years		\$200 reimbursement every 2 years		\$250 reimbursement every year	
Over-the-counter purchase allowance	\$15 per quarter	N/A	\$100 per year (reimbursement)		\$100 per year (reimbursement)		\$50 per quarter	N/A	\$50 per quarter	N/A
One Pass™ fitness program	\$0	N/A	\$0		\$0	N/A	\$0	N/A	\$0	N/A
Routine hearing exam	\$0	N/A	\$0		\$0	N/A	\$0	N/A	\$0	N/A
Hearing aid benefit (includes low-cost option)	Starting at \$599	N/A	Starting at \$599		Starting at \$599	N/A	Starting at \$599	N/A	Starting at \$599	N/A
Alternative care (naturopathy and non-Medicare-covered acupuncture and chiropractic)	\$25 (12 visits/year, combined)		\$25 (12 visits/year, combined)		\$25 (12 visits/year, combined)		\$10 (24 visits/year, combined)		\$0 (24 visits/year, combined)	
Annual physical / transitional & chronic care	\$0	50% / \$45	\$0		\$0	50%	\$0/\$10	30% / \$45	\$0	35%
<b>Part D Prescription Drugs</b>	<b>Included</b>		<b>Included</b>		<b>Included</b>		<b>N/A*</b>		<b>N/A*</b>	

These plans are available to residents of Lane County, Oregon.

This is an overview. For full details, see each plan's Summary of Benefits, or contact us. \*You cannot combine Medicare Part D prescription drug coverage from any other company with this plan.

# Part D prescription drug benefits

**SAVE!**



with Preferred Mail Order

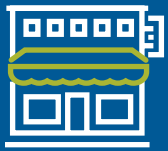
	Essentials Choice Rx 36 (HMO-POS)	Essentials Rx 41 (HMO)	Explorer Rx 4 (PPO)
	You pay:	You pay:	You pay:
<b>Deductible</b>			
Tiers 1, 2, insulin, and most vaccines	\$0	\$0	\$0
Tiers 3, 4, and 5	\$499	\$299	\$250
<b>30-day supply.</b> When the total drug costs are between \$0 and \$2,000, you pay:			
<b>Most vaccines</b>	\$0	\$0	\$0
<b>SAVE! Tier 1 Preferred Generic</b>			
Preferred Pharmacy:	\$0	\$0	\$0
Standard Pharmacy:	\$8	\$8	\$8
<b>Tier 2 Generic</b>			
Preferred Pharmacy:	\$12	\$12	\$12
Standard Pharmacy:	\$17	\$17	\$17
<b>Insulin</b>	\$35	\$35	\$35
<b>Tier 3 Preferred Brand</b>			
Preferred Pharmacy:	\$47	\$47	\$47
Standard Pharmacy:	\$47	\$47	\$47
<b>Tier 4 Nonpreferred Brand</b>			
Preferred Pharmacy:	31%	31%	31%
Standard Pharmacy:	33%	33%	32%
<b>Tier 5 Specialty</b>			
Retail & Mail Order:	26%	29%	30%
<b>After your out-of-pockets costs reach \$2,000, you pay \$0 until the end of the calendar year.</b>			

To find out your medication's tier, visit [Medicare.PacificSource.com](http://Medicare.PacificSource.com) or call **888-863-3637**, TTY: 711.

Your cost may differ from those above based on the pharmacy's status as preferred or standard, mail order, long-term care, home infusion, or quantity.



# Get your medications **your way**



## Preferred retail pharmacies

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

Take advantage of lower copays at more than 60,000 in-network pharmacies throughout the U.S. Find one near you at [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).



## Home delivery

Save money with CVS Caremark mail order

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

## Medicare Prescription Payment Plan

This optional program may benefit some members with high drug costs by spreading payments throughout the year. We can help you determine whether you'd benefit.



## \$0 Tier 1 preferred generic medications

You'll pay \$0 for up to a 90-day supply of Tier 1 preferred generics at preferred pharmacies, and through CVS Caremark mail order.

Here are some of the most common Tier 1 drugs. See the full list at [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).

### Blood pressure

Atenolol  
Benazepril HCL  
Carvedilol  
Clonidine  
Enalapril Maleate  
Fosinopril Sodium  
Furosemide  
Hydrochlorothiazide  
Irbesartan  
Lisinopril  
Lisinopril-HCTZ  
Losartan Potassium  
Losartan Potassium-HCTZ  
Quinapril HCL  
Ramipril  
Valsartan-HCTZ  
Verapamil

### Cholesterol

Atorvastatin Calcium  
Lovastatin  
Pravastatin Sodium  
Rosuvastatin Calcium  
Simvastatin

### Diabetes

Glimepiride  
Glipizide ER/IR  
Metformin HCL ER/IR  
Pioglitazone

### Osteoporosis

Alendronate  
Ibandronate



# Your plan also includes:



## No-cost fitness program

One Pass™ delivers flexible fitness for all, whether you work out at home or at the gym, and includes:

- Access to the largest nationwide network of gyms and fitness locations, including many YMCAs
- Freedom to choose: Visit multiple facilities in the same month
- Live digital fitness classes and on-demand workouts
- Online brain training made just for you to help improve your memory and focus



## Over-the-counter purchase allowance

Savings and convenience: You get a quarterly allowance, from \$15 to \$50, depending on plan, with hundreds of popular products to choose from, and free 2-day shipping.

With Essentials Rx 41 and Explorer Rx 4, the over-the-counter benefit is \$100 reimbursement per year for aspirin, calcium, and calcium/vitamin D combinations.



## Eyeglass and vision benefits

All our Medicare Advantage plans include:

- Routine vision exams
- Eyeglasses or contacts: reimbursement of \$200 or more, depending on plan. See benefit grid for details.
- Freedom to choose glasses or contacts you like, from any licensed provider



## Worry-free travel

Essentials Choice and Explorer plans let you see out-of-network providers who accept Medicare, including dental and alternative care. And all plans include:

- In-network copays for emergency or urgent care (at any facility)
- Worldwide coverage for ambulance, emergency, and urgent care



## Hearing aid benefits

Together with our partner, TruHearing®, we're pleased to offer:

- \$0 copay for hearing exam
- Up to two hearing aids per year (\$599, \$799, or \$999 copay per aid), batteries included
- One year of unlimited follow-up visits with hearing aid purchase



## \$0 preventive care services

Visit in-network providers and pay nothing for:

- Routine physical exams
- Flu and pneumonia vaccines
- Bone-mass measurement
- Medical nutrition therapy
- Tobacco-use cessation counseling
- Screenings, including mammograms and colonoscopies



## Care coordination

Our local Health Services teams assist when you need help managing your healthcare. Nurse Case Managers collaborate with you and your doctor, providing resources and support in navigating the healthcare system.



## Alternative care

Your plan covers alternative care not covered by Original Medicare. The benefit includes 12 or 24 office visits each year (combined) for chiropractic, acupuncture, and naturopathic services, where available.

Essentials Choice and Explorer plans: See any provider.

# Your dental coverage: Simple, flexible



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

Spend up to the plan's maximum on any combination of preventive, diagnostic, and restorative work—your choice.

**\$0**

**copay**

- ✓ **Cleanings**
- ✓ **Exams**
- ✓ **Bitewing and full-mouth x-rays**
- ✓ **Fluoride treatments**

- **Coverage for dentures**, bridges, crowns, root canals, inlays, and much more
- **See any licensed dentist**, in or out of network
- **No deductible, no waiting period**

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

# Enrolling in PacificSource Medicare

## Dual Special Needs Plan

for those eligible for both  
Medicare and Medicaid

Our **PacificSource Dual Care  
(HMO D-SNP)** plan offers:

- \$0 premium plan
- \$200/year for eyewear
- \$200 per quarter over-the-counter purchase allowance
- And much more

Your premium may vary if your Medicaid status changes. See our D-SNP brochure or contact us for more information.

PacificSource Community Health Plans is an HMO, HMO D-SNP, and PPO plan with a Medicare contract and a contract with Oregon Health Plan (Medicaid). Enrollment in PacificSource Medicare depends on contract renewal. Other pharmacies and providers are available in our network. Out-of-network/noncontracted providers are under no obligation to treat PacificSource Medicare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. TruHearing® is a registered trademark of TruHearing, Inc. Accessibility help: For assistance reading this document, please call us at 888-863-3637, TTY: 711. We accept all relay calls.



### When you become eligible for Medicare

The three months before your 65th birthday, the month of your 65th birthday, and the three months following your 65th birthday.



### During the Annual Enrollment Period

**October 15 – December 7:** Every year at this time, you can also change plans or add or drop Part D prescription drug coverage.



### During the Open Enrollment Period

**January 1 – March 31:** If you are already enrolled in a Medicare Advantage plan, you can change your plan or Part D prescription drug coverage during this time.

**Special Enrollment Period:** There are many other circumstances for which you could be eligible to enroll, outside these three periods. Call us for details.

## Have questions? Ready to sign up? Here's how:



### Phone

**888-530-1426**, TTY: 711. We accept all relay calls.

**Hours:** October 1 – March 31: 7 days a week, 8:00 a.m. to 8:00 p.m.  
April 1 – September 30: Monday – Friday, 8:00 a.m. to 8:00 p.m.



### In person

**555 International Way, Springfield, Oregon**



### Online

[Medicare.PacificSource.com](https://www.Medicare.PacificSource.com)



### Contact a broker

We partner with a select group of local insurance brokers. Call us for assistance.



### Attend a free seminar

Learn more about Medicare and Medicare Advantage plans at [Medicare.PacificSource.com/Events](https://www.Medicare.PacificSource.com/Events).

For accommodation of special needs at seminars, please call **888-530-1426**, TTY: 711.