

HealthyYou

Winter 2017



How Are We Doing?

Providing the best possible service to help you get the healthcare you need is a top priority for us. To help us keep track of how we're doing with this, we administer two large-scale member satisfaction surveys each year.

These surveys help us improve your member experience, our provider networks, and quality of care. We have partnered with Morpace, a survey vendor approved by the Centers for Medicare and Medicaid Services (CMS), to administer these surveys. Your feedback is anonymous, and we only receive overall results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey: This survey collects information about the members' experience and their satisfaction with the healthcare they receive. This survey is sent to a random sample of members from February through May. If you receive this survey, you'll answer questions such as:

- In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

Health Outcomes Survey (HOS): This survey measures the quality of care Medicare members receive by asking questions about their health during a certain period. This survey is sent between April and July to a random sample of members.

Based on member feedback we receive from these surveys in previous years, we've made several improvements to our Medicare plan offerings, such as:

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We're thrilled to be your partner in health and wellness. Cheers to a happy, healthy new year!

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- Added a hearing aid benefit through TruHearing™ to some plan options
- Added a 60-day supply co-pay to plans with prescription drug coverage
- Added an auto-refill program to plans with prescription drug coverage
- Doubled the vision hardware allowance to \$200 every two calendar years

Why does PacificSource Medicare conduct both the CAHPS and the HOS satisfaction survey?

Technically, the Centers for Medicare and Medicaid Services, the federal government agency that runs the Medicare program, requires all Medicare Advantage plans to conduct both surveys annually. For us, though, it's important to conduct both surveys because we get a broader picture of your experience, your needs, and how we help provide the best care possible.

Is it possible to be selected for both surveys?

Yes. Because members are randomly sampled, you might receive both of the surveys in the mail, around the same time. The CAHPS survey will come in a yellow envelope.

Although these surveys may look similar, they collect different kinds of information.

If you receive a survey (or both surveys) in the mail, please complete them at your earliest convenience.

Reduce Your Risk of Falls

Do you worry about falling? Do you have a family member who is concerned about your risk for falls? Maybe you've had some close calls or know someone who has fallen and been hurt. Gradual health changes as you age and some

medications can increase your risk for falls. It can be scary to think about, but the good news is that many falls can be prevented.

Here's a falls-free plan, based on a form developed by the Washington State Department of Health's Injury and Violence Prevention Program. Refer to this list on the next page to find out more about what you can do to prevent your risk of falls.



Check "Yes" if you experience this (even if only sometimes)	No	Yes	What to do if you checked "Yes"
Have you had any falls in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	Talk with your doctor(s) about your falls and/or concerns. Show this checklist to your doctor(s) to help understand and treat your risks, and protect yourself from falls.
Do you take 4 or more prescription or over-the-counter medications daily?	<input type="checkbox"/>	<input type="checkbox"/>	Review your medications with your doctor(s) and your pharmacist at each visit, and with each new prescription. Talk with your doctor about anything that could be a medication side effect or interaction, such as drowsiness, dizziness, or weakness.
Do you have any difficulty walking or standing?	<input type="checkbox"/>	<input type="checkbox"/>	Tell your doctor(s) if you have any pain, soreness, stiffness, weakness, or numbness in your legs or feet—don't ignore these types of health problems. Tell your doctor(s) about any difficulty walking so that you can discuss treatment.
Do you use a cane, walker, or crutches, or have to hold onto things when you walk?	<input type="checkbox"/>	<input type="checkbox"/>	Ask your doctor for training so you can use equipment safely.
Do you have to use your arms to be able to stand up from a chair?	<input type="checkbox"/>	<input type="checkbox"/>	Ask your doctor about exercises to strengthen your leg muscles. Exercise at least 2 or 3 times a week for 30 minutes.
Do you ever feel unsteady on your feet, weak, or dizzy?	<input type="checkbox"/>	<input type="checkbox"/>	Tell your doctor, and ask about treatment options. Review all of your medications with your doctor(s) or pharmacist if you notice any of these conditions.
Has it been more than 2 years since you had an eye exam?	<input type="checkbox"/>	<input type="checkbox"/>	Schedule an eye exam every 2 years to protect your eyesight and your balance.
Has your hearing gotten worse with age, or do your family or friends say you have a hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>	Schedule a hearing test every 2 years. If hearing aids are recommended, ask for training on their proper use.
Do you usually exercise less than 2 days a week (for 30 minutes total each of the days you exercise)?	<input type="checkbox"/>	<input type="checkbox"/>	Ask your doctor(s) what types of exercise would be good for improving your strength and balance. Find some activities that you enjoy and people to exercise with 2 or 3 days per week for 30 minutes.

The more "Yes" answers you have, the greater your chance of having a fall. Be aware of what can cause falls, and take care of yourself to stay independent and falls-free.

Take Advantage of Our 90-day Prescription Program

If you have a PacificSource prescription drug plan, our 90-day prescription program can make your life a little easier. This program allows coverage of up to a 90-day supply for medications. This includes your maintenance drugs that help to keep you on track for your health goals, such as:

- Blood pressure medications
- Diabetes medications
- Cholesterol medications

If your provider authorizes a 90-day supply, you can fill your prescriptions at your local in-network pharmacy and mail-order pharmacies, including CVS Caremark mail order. Talk with your doctor to decide if a 90-day supply of your medications is right for you.

How much will my prescription cost?

Typically, the charge for a 90-day supply (3-month supply) of medications is included in the Medicare Maintenance Drug List. Your cost is the 3-month supply co-pay.

How do I participate in the program?

To participate in the program, follow these steps:

1. Make sure the medication you're requesting is a maintenance medication for a chronic condition, such as diabetes, high blood pressure, or high cholesterol.
2. Make sure the medication qualifies for coverage of a 90-day supply of medication.
3. Ask your doctor to write your maintenance prescription for a 90-day supply.
4. Take your prescription to your local, in-network pharmacy, or send the prescription to CVS Caremark mail order.

Please note that not all medications will qualify for a 90-day supply. You may call our Customer Service team to find out if your medication qualifies.

Most Medicare drug plans have a coverage gap. This means you may experience a change in what you pay for your drugs. If you have a coverage gap and you have questions about your maintenance generic medications for diabetes, hypertension, or high cholesterol, you may call our Customer Service team. A representative can help you find out if there are alternative medications available for you.

View our pharmacy directory online at Medicare. PacificSource.com/Tools/PharmacySearch.aspx.

Remember: This information only applies if your plan includes prescription drug coverage.

Other pharmacies are available in our network. The pharmacy network may change at any time. You will receive notice when necessary.

You can get prescription drugs shipped to your home through our in-network, mail-order delivery service. To refill your mail-order prescriptions, please contact your pharmacy 10 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time. Typically, you should expect to receive your prescription drugs within 10–14 days from the time that the mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us toll-free at (888) 863-3637. TTY users call 711.

Pharmacy Deductible for Tier 3, 4, and 5 Drugs in 2017

If you have prescription drug coverage with your 2017 Medicare plan, you'll want to find out what tiers your prescription drugs are on. In 2017, depending on the type of prescription drug coverage you have, you'll have either a \$150, a \$300, or a \$400 deductible for tier 3, 4, and 5 prescription drugs.

This deductible is the amount you will have to pay in addition to the drug's co-pay before your PacificSource plan will begin to pay. The deductible is an annual cost, not per prescription. Co-pays for medications don't apply toward your deductible.

Once you meet your deductible, your PacificSource prescription drug plan pays its share of the costs, and you pay yours.

Remember, the deductible only applies for tier 3, 4, and 5 drugs. That means there's no deductible for tier 1, 2, or 6 prescription drugs.

If you get Extra Help paying for your prescription drug coverage, this deductible may not apply to you.

How do I find out what tiers my prescription drugs are on?

There are a few ways you can find out which tiers your prescriptions drugs are on:

1. Look at the 2017 Formulary (list of covered drugs) we sent you in late September.
2. Check out our website at Medicare.PacificSource.com/Search/Drug.
3. Contact a Customer Service Representative.

Are there more affordable prescription drug options?

To find out if there are more affordable alternatives for your medication, we recommend you talk with your doctor or pharmacist. Our Customer Service Representatives can also talk with you about other potential options.

Enjoy Convenience and Lower Costs with Mail Order

The easiest way to get the medications you take regularly is by using mail order. Our preferred mail-order service delivers medications to your home.

You also have the option to enroll in the **Automatic Refill program** through CVS Caremark mail-order pharmacy. Under this program, Caremark will process your next refill automatically. They will contact you prior to shipping to make sure you only get the prescriptions you need. If you have questions or are interested in signing up, contact our Customer Service team for assistance.



Recipe: Easy Slow Cooker Chili

Yield: About 10 one-cup servings.

Ingredients

1 pound ground chicken	1 15–16 ounce can “no salt added” diced tomatoes, with juice
6 cloves minced garlic	1 7-ounce can chilies, with juice
1 large white onion, chopped	1 large green pepper, chopped
1 tablespoon olive oil	1.5 teaspoons ground cumin
1 15–16-ounce can pinto beans, no juice	4 tablespoons chili powder
1 15–16-ounce can kidney beans, no juice	0.5 teaspoon dried oregano
1 15-ounce can “no salt added” tomato sauce	Ground pepper to taste

Instructions

1. Sauté onion and garlic in olive oil. Add meat, and cook thoroughly. Set aside.
2. Rinse and drain beans and place in slow cooker. (Rinsing the beans decreases sodium content by 41%.*)
3. Add chilies, tomato sauce, diced tomatoes, and green pepper to the beans.
4. Add meat and spices, and mix thoroughly.
5. Slow cook at 200°F for 8 to 10 hours.

Nutrients (per serving): 190 calories, 6g fat (1.5g saturated fat), 23g carbohydrates, 13g protein, 40mg cholesterol, 370mg sodium

*From Chef Kyle Shadix, MS, RD; *Today's Dietician*, vol. 12, no. 1, p. 62

Our friendly, knowledgeable staff will be happy to assist you if you have any questions

Bend: (541) 385-5315

Springfield: (541) 225-3771

Boise: (208) 433-4612

Toll-free: (888) 863-3637

TTY: (800) 735-2900

MedicareCS@pacificsource.com

October 1 to February 14:
8:00 a.m. to 8:00 p.m., local time zone, seven days a week

February 15 to September 30:
8:00 a.m. to 8:00 p.m., local time zone, Monday through Friday



Silver&Fit[®] Exercise & Healthy Aging Program

With the Silver&Fit[®] program, you can improve your health and stay fit with our home fitness kits or membership to a participating fitness club near you. Some benefits include:

- Low-cost access to a fitness club or exercise center near you. There is a \$50 annual membership fee.
- The option to work out at home instead of going to the gym. There is a \$10 yearly fee for up to two home fitness kits.
- Silver&Fit Connected![™] is a fun and easy way to earn rewards by tracking your exercise at a fitness center and/or through a wearable fitness device or smartphone app.

To find a gym near you, go to SilverandFit.com.

This benefit is not included on the Essentials Rx 27 (HMO) plan.

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



New TruHearing[™] Hearing Aid Benefit Added to Your Coverage This Year

Hearing loss affects more than 48 million Americans, and it can have an adverse effect on relationships and long-term health. At PacificSource, we feel hearing loss is an often overlooked, yet treatable health condition. That's why we've added new coverage for hearing aids this year through the **TruHearing Select** program.

Your new benefit covers up to two Flyte model hearing aids per year for a low co-pay of \$699 or \$999 per aid

depending on the hearing aid needed. Flyte hearing aids from TruHearing are some of the most advanced hearing aids available today. They connect wirelessly with your Apple[®] or Android[™] smartphone to give you more control and flexibility over your hearing experience.

If you struggle with hearing loss, we hope you'll take advantage of this benefit so you can enjoy a better, healthier life that hearing aids can offer.

This hearing aid benefit is not included on the Essentials Rx 27 (HMO) plan.

To use your benefit and schedule a hearing exam with a provider near you, call TruHearing: (844) 319-3625 or (800) 975-2674 (TTY).

Coverage When You Travel

Rest assured, your PacificSource Medicare plan protects you from the unexpected medical needs and emergencies when you travel. For emergency room, urgent care visits, and medically necessary ground or air ambulance service, you pay the same co-pays wherever you travel as you would when you're at home. This coverage extends to wherever you travel, anywhere in the United States and the world. The Essentials Rx 27 (HMO) plan provides coverage for urgent and emergency care within the United States only.

If you have a medical emergency, get help as quickly as possible. Call 911, or go to the nearest hospital. If your need is not an emergency,

but it is urgent, go to the nearest urgent care center or call your primary care provider's office for advice.

Keep in mind that it's not uncommon for you to have to pay up front if you go to an urgent care center, and have your Medicare plan reimburse you. If you go to urgent care and are told it doesn't accept your insurance, you can still receive services. Just be sure to collect all of the information from your visit, including a receipt or invoice that itemizes the services you received and were charged for so that we can process your reimbursement claim quickly.



Please note:
For HMO plan members, scheduled follow-up care after an emergency room visit may require approval in advance to be covered.

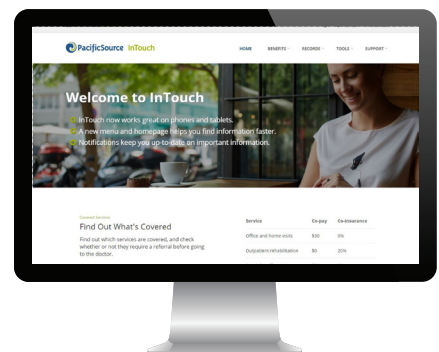
Save Time and Go Paper-free with InTouch

Choosing to receive your annual plan materials through InTouch, our secure online website for members, reduces reliance on paper and helps you stay organized. InTouch gives you access to all your healthcare materials, 24 hours a day. You can even safely pay your premium online through InTouch. Here's how:

1. Go to **Medicare.PacificSource.com** and click on the **InTouch**

button at the top of the page.

2. Click the **Member Login** button in the InTouch for Members box.
3. Click the **Sign Up for an Account** link on the Sign In page.
4. Follow the 5-step registration process; click the **Next** button to move through each step.
5. On the final step, Preferences, select



which materials you want to receive electronically by selecting the **Email** button next to each item.

6. Click **Complete**.

Phishing Scams

As people get craftier about protecting their personal information, hackers and scammers get creative about getting to that information. Scammers may pose as Medicare or health insurers to get your personal information online. And because they're getting better at it, it can be tough to tell if an email is a legitimate message about your benefits, or if it's someone running a scam.

Here are a few ways you can protect yourself from scammers:

- **Delete or ignore suspicious emails.** If you're at all iffy about the email, avoid clicking any links or downloading files. Better safe than sorry.
- **Check the email address.** The email address should match a company's web address. Watch out for emails that don't end in .com, .gov, or .org.
- **Look for errors.** While mistakes can happen, be extra cautious of emails with misspelled words and grammatical errors.



- **Click with caution.** Many scammers will try to get to you by saying there's a problem with your account or to update your information, and they'll tell you to click on a link. When in doubt, call the company to verify they sent the email.
- **Keep your personal info hush-hush.** Medicare and health insurers will never ask you to respond with your personal or financial information in an email. This includes usernames, passwords, Social Security numbers, bank account numbers, and other personal information.
- **Keep antivirus and spam blockers current.** While some scammers may still get through, this will help filter out a good amount of harmful messages.

If you're ever unsure about an email about your PacificSource Medicare health plan, please call our Customer Service Department, or call (800) MEDICARE. To report suspected Medicare Part C or D fraud, call (877) 7SAFERX ([877] 772-3379).

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–February 14:** 8:00 a.m. to 8:00 p.m., seven days a week
- **February 15–September 30:** 8:00 a.m. to 8:00 p.m. Monday–Friday

If you believe that PacificSource Community Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Kristi Kernutt, PO Box 7068, Springfield, OR 97475-0068, (541) 225-1967, fax (541) 684-5475, or email Kristi.Kernutt@pacificsource.com. 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: مقرب لصلتا. ن اجمال اب لكل رفاوتت ةيوغللا ةدعاسملا تامدخ نإف، ةغلل ركذا ثدحتت تنك اذا! ةظوحلم
(888) 863-3637 مقرر: مكبل او مصلا فتاه مقر (800) 735-2900.

Cambodian-Mon-Khmer: បុរយ័តុន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ រឺ សំរោងស្នូលជូនកែភាសា
ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់ប្រើអ្នក។ 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 agama. 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
Hilfsmöglichkeiten 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: امش یارب ناگیار تروصب ی نابز تالی هست، دینک یم وگتفگ ی سراف نابز هب رگا: هجوت
ف یم دش اب. اب (888) 863-3637, TTY: (800) 735-2900 سامت دیری گب.

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică,
gratuit. Sunați 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.



HealthyYou **Winter**
2965 NE Conners Avenue
Bend, Oregon 97701

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-pays, and restrictions may apply. Benefits may change on January 1 of each year.

Health-and-wellness or prevention information

Medicare.PacificSource.com

HealthyYou

Winter 2017

