



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

2024 Medicare Advantage Plans

- \$0 premium plan**
- \$0 Rx deductible options**
- \$0 select drugs**
- Dental benefits**
- Hearing benefits**
- Vision benefits**
- Alternative care**
- Veteran coverage**

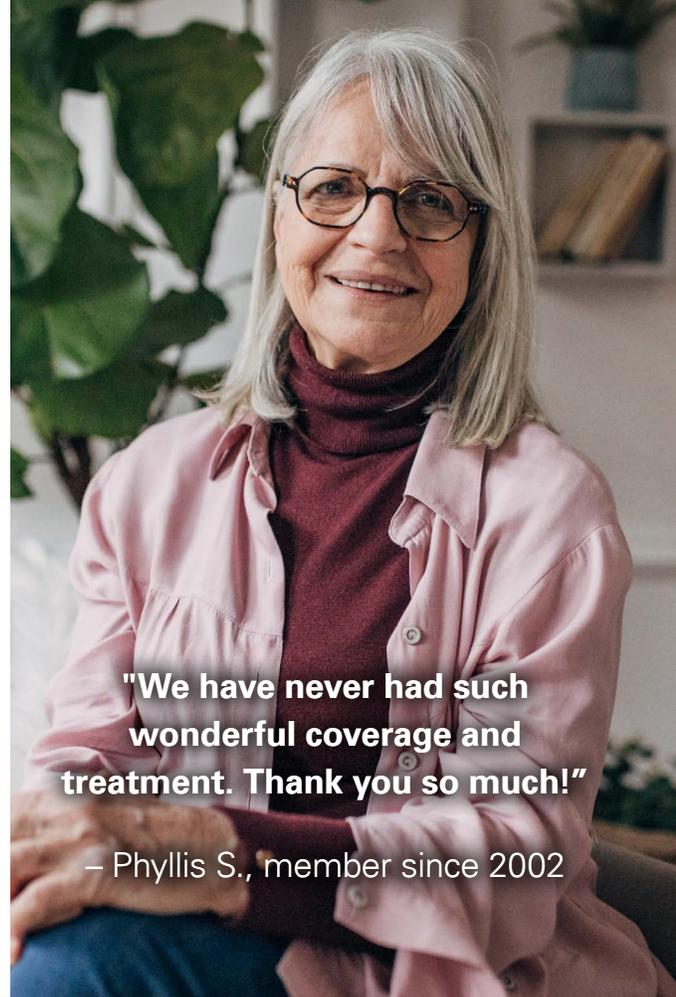
FEATURED PLAN

Explorer Rx 17

Low premium, big benefits

Highlights:

- Flexible dental benefits
- Out-of-network coverage: see any doctor who accepts Medicare nationwide, including dental and alternative care
- \$0 copay for annual check-ups
- \$0 for select drugs
- Hearing and vision benefits
- Over-the-counter purchase allowance
- Lots of valuable extras
- **Monthly premium: \$23**



"We have never had such wonderful coverage and treatment. Thank you so much!"

– Phyllis S., member since 2002

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 Explorer Rx 17. This is a summary. For complete details, see each plan's Summary of Benefits.

Medicare Advantage plans give you more.

PacificSource Medicare gives you...more than that.



**"Going beyond what's required" isn't just a slogan.
It's a company-wide commitment.**



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



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



Local human service, not automated phone trees or offshore call centers. When you call with questions, a friendly, local person is there to help you.

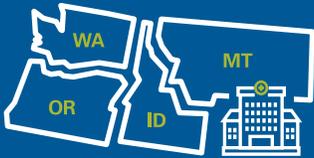


No referrals required. Some specialists may require them, but our plans won't make you see a primary care doctor for a referral.



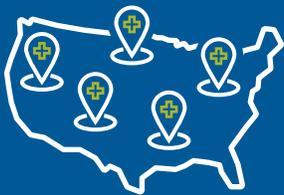
Support beyond healthcare. When members struggle with challenges, our Member Support Specialists get involved, enlisting local resources and finding ways to help.

The doctors and hospitals you want, throughout the Northwest and around the country



Our provider network spans four states and includes 40,000+ practitioners and facilities—many of the best-known names in the region.

For extra peace of mind, all our plans include an annual "out-of-pocket maximum" (see chart).



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 plans let you do just that. These are great plans for people who enjoy travel—or just like keeping their options open.



Even more peace of mind: all our plans feature in-network copays for urgent care, ambulances, and emergency services worldwide.

Montana



...plus many more. Search for doctors and facilities at Medicare.PacificSource.com.

Idaho

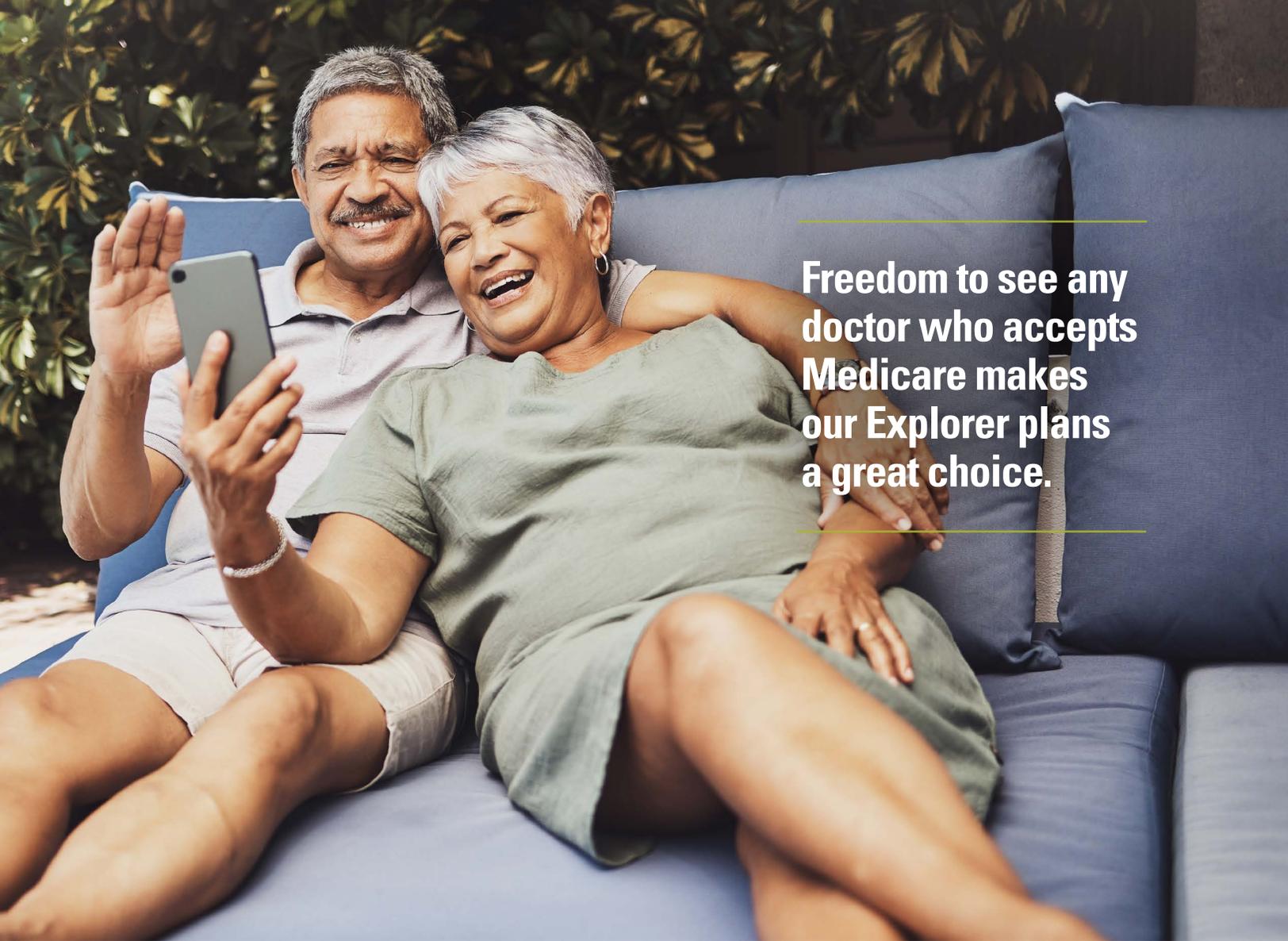


Oregon



Washington





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

Plan types explained



Explorer

Great for snowbirds and frequent travelers, these plans let you see any provider in the U.S. who accepts Medicare, in or out of network. Use in-network doctors and you'll save the most.

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).

2024 PacificSource Medicare Advantage plans at a glance

Questions?
888-530-1426, TTY: 711



	FEATURED PLAN		Explorer 6 (PPO)	
	Explorer Rx 17 (PPO)		Explorer 6 (PPO)	
	In-network	Out-of-network	In-network	Out-of-network
Benefit highlights	You pay:		You pay:	
Monthly premium	\$23		\$0	
Medical deductible	\$0		\$0	
Primary care office visit	\$0	50%	\$0	35%
Specialist office visit (referrals not required)	\$35	50%	\$0	35%
Inpatient hospital care	\$350/day (1-5) \$0/day (6+)	20%	\$250/day (1-5) \$0/day (6+)	35%
Outpatient surgery	\$350	50%	\$100	35%
Diagnostic colonoscopy, DEXA, and mammogram	\$0	50%	\$0	35%
A1c and Protine / Other diagnostic lab	\$0 / \$15	50%	\$0 / \$0	35%
Advanced imaging: CT & Nuclear / MRI & PET	\$225 / \$310	50%	\$190 / \$310	35%
Physical therapy	\$35	50%	\$0	35%
Ambulance (ground and air, worldwide)	\$300		\$250	
Emergency (worldwide)	\$120		\$120	
Urgent care (worldwide)	\$60		\$60	
Annual out-of-pocket maximum	\$5,900	\$8,950 (in/out combined)	\$3,950	\$8,950 (in/out combined)
Extra benefits	You pay:		You pay:	
Included dental / yearly maximum benefit	N/A		Preventive: \$0 Comprehensive: 50% \$1,000	
Routine vision exam	\$35, 1 exam every 2 years		\$0, 1 exam every year	
Reimbursement for eyeglasses	\$200 reimbursement every 2 years		\$250 reimbursement every year	
Over-the-counter purchase allowance	\$100 per year		\$100 per quarter	
Silver&Fit® program with fitness tracker option	\$0	N/A	\$0	N/A
Routine hearing exam	\$0	N/A	\$0	N/A
Hearing aid benefit (includes low-cost option)	Starting at \$599	N/A	Starting at \$599	N/A
Alternative care (non-Medicare-covered acupuncture and chiropractic)	N/A		\$0 (24 visits/year, combined)	
Telehealth, including primary care and specialists	Same cost as in-person	N/A	Same cost as in-person	N/A
Annual physical, transitional & chronic care	\$0	50%	\$0	35%
Post-hospital meal delivery	\$0	N/A	\$0	N/A
Part D prescription drugs	Included		N/A*	

These plans are available to residents of Missoula County, Montana.

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.

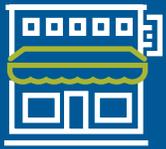
Part D prescription drug benefits

Explorer Rx 17 (PPO)			
Stage 1			
Pharmacy Deductible Tiers 1, 2, and 6	\$0		
Pharmacy Deductible Tiers 3, 4, and 5	\$225		
Stage 2 When the total drug costs are between \$0 and \$5,030 , you pay:			
Pharmacy Supply	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
Tier 2 Generic	\$12/\$36	\$17/\$51	\$24
Tier 3 Preferred Brand	\$42/\$126	\$47/\$141	\$84
Tier 3 Insulin	\$35/\$105		\$70
Tier 4 Nonpreferred	31%	32%	31%
Tier 5 Specialty (30-day supply only)	29%	29%	30-day supply only; retail cost applies
Tier 6 Select Care	\$0	\$0	\$0
Stage 3 ("coverage gap") After total drug costs reach \$5,030 , 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 \$8,000 , the maximum you pay until the end of the calendar year is:			
All Covered Drugs	\$0		

To find out your medication's tier, visit 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 **for less**



Preferred retail pharmacies

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

Take advantage of lower copays at more than 68,000 preferred 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 (Tier 1) and select care drugs (Tier 6)
- 90-day supply for 60-day cost for generic (Tier 2) and preferred brand (Tier 3)
- Free shipping and optional auto-refills



\$0 Select Care medications

Tier 6 (Select Care) drugs are included in all prescription plans. You'll pay \$0 for up to a 90-day supply at preferred pharmacies

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

Blood pressure

Amlodipine Besylate-
Benazepril HCL
Amlodipine Besylate-
Valsartan HCL
Benazepril HCL
Candesartan
Candesartan-HCTZ
Captopril
Enalapril Maleate
Enalapril Maleate-HCTZ
Fosinopril Sodium
Fosinopril Sodium-HCTZ
Irbesartan
Irbesartan-HCTZ
Lisinopril
Lisinopril-HCTZ
Losartan Potassium
Losartan Potassium-HCTZ

Moexipril HCL
Perindopril Erbumine
Quinapril HCL
Quinapril HCL-HCTZ
Ramipril
Telmisartan
Telmisartan-Amlodipine
Telmisartan-HCTZ
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
Pioglitazone-Metformin
Repaglinide

Osteoporosis

Alendronate
Ibandronate

Your plan also includes:



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



Eyeglass and vision benefits

All our Medicare Advantage plans include:

- Routine vision exams with \$0 copay
- 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



Over-the-counter purchase allowance

Here's savings and convenience in one: With Explorer 6 you get a \$100 credit each quarter to spend on hundreds of popular items. Orders come with free two-day shipping.

With Explorer Rx 17, the over-the-counter benefit is \$100 reimbursement per year for aspirin, calcium, and calcium/vitamin D combinations.



Worry-free travel

Explorer plans let you see any provider who accepts 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
- Global emergency medical assistance through Assist America®



No-cost fitness program

The Silver&Fit® Healthy Aging and Exercise program includes:

- No-cost fitness center membership (premium clubs available at an additional monthly cost)
- Thousands of on-demand workout videos
- FitnessCoach® virtual personal fitness training
- Customized workout plans and one-on-one coaching by phone, video, or chat



\$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

Explorer 6 covers alternative care not covered by Original Medicare. The benefit includes 24 office visits each year (combined), in or out of network, for chiropractic, acupuncture, and naturopathic services, where available.

(Alternative care, beyond what Original Medicare covers, is not part of Explorer Rx 17.)



Post-hospital meal delivery

Your coverage includes 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





Enrolling in PacificSource Medicare



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.

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. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit and FitnessCoach are trademarks of ASH and used with permission herein. Fitness center participation may vary by location and is 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.

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.



Online

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



Contact a broker

We partner with a select group of local insurance agents (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.

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](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, DC 20201
- (800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at HHS.gov/ocr/office/file/index.html.

Arabic: مقرب ل صرتا . ن ا ج م ل اب لك رفاوتت ة ي و غ ل ل ا د ع ا س م ل ا ت ا م د خ ن ا ف ، ة غ ل ل ا ر ك ذ ا ث د ح ت ت ت ن ك ا ذ ا : ة ظ و ح ل م (888) 863-3637 م ق ر : م ك ب ل ا و م ص ل ا ف ت ا ه م ق ر (800) 735-2900.

Cambodian-Mon-Khmer: ប្រយ័ត្ន: បរិស័ទជានុកនិយាយ ភាសាខ្មែរ, សរោជន្តយជនកែភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បរិស័ទ។ 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: امش یارب ناگیار ترو صبب ینابز تالی هست ،دی نک یم وگت فگ یسراف 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.