

# 2019 PacificSource Medicare Advantage Plan Information

Thank you for your interest in applying for the PacificSource Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Call" from PacificSource within 7 days of the application receipt.

## Enrollment Packet – click links below to view the information

Plan Rating: [HMO](#) / [PPO](#)

[Apply Online](#)

PPO Application: [Portland Metro](#) / [Central OR](#) / [Coos & Curry](#) / [Lane County](#)

Summary of Benefits: [Essentials 2](#) / [Essentials Rx 6 & Rx 27](#) / [Essentials 26 \(Coos Curry\)](#) / [Essentials Rx 26 & Rx 36 \(Lane\)](#) / [Essentials Choice RX 14](#) / [Explorer Rx 4](#) / [Explorer Rx 7](#) / [Explorer 8](#) / [MyCare Rx 39 & Rx 40](#)

[Provider Directory](#)

[Pharmacy Directory](#)

[Formulary](#)

## Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15<sup>th</sup> to December 7<sup>th</sup>. This will give you a January 1<sup>st</sup> effective date for your new plan.

## Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15<sup>th</sup> and December 7<sup>th</sup>. ***If they are signed prior to October 15<sup>th</sup> they will be returned to you with a new application.*** If they are received after December 7<sup>th</sup>, you will not be able to change plans until the next AEP for January of the following year.

## Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

**CDA Insurance LLC**

PO Box 26540

Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470

Secure File Upload: [Click here](#)

Email: [cs@cda-insurance.com](mailto:cs@cda-insurance.com)

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613.

Our website: <https://medicare-oregon.com/>

Y0062\_MULTIPLAN\_CDA INSURANCE Oregon 2019



# Summary of Benefits 2019

## Essentials 2 (HMO)

Lane County, Central Oregon, Eastern Oregon, and Mid-Columbia Gorge

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# Things to Know About PacificSource Medicare Essentials 2 (HMO)



## Who can join?

To join **PacificSource Medicare Essentials 2 (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Oregon: Crook, Deschutes, Grant, Hood River, Jefferson, Lane, Sherman, Wasco, and Wheeler.

## Which doctors, hospitals, and pharmacies can I use?

**PacificSource Medicare Essentials 2 (HMO)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. Exceptions are emergencies, urgent care, and out-of-area dialysis services.

You can see our plan's **provider directory** on our website, [www.Medicare.PacificSource.com/Search/Provider](http://www.Medicare.PacificSource.com/Search/Provider).

Or, call us and we will send you a copy of the provider directory.

## What do we cover?

- **Our plan members get all of the benefits covered by Original Medicare.** For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

## Summary of Benefits: January 1, 2019–December 31, 2019



### This is a summary of drug and medical services and costs covered by PacificSource Medicare for the Essentials 2 (HMO) plan.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on [www.Medicare.gov](http://www.Medicare.gov).

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.Medicare.gov](http://www.Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## Contact Us



**Oct. 1 to Mar. 31:** 7 days a week | 8 a.m. to 8 p.m. Local time

**Apr. 1 to Sept. 30:** Mon. to Fri. | 8 a.m. to 8 p.m. Local time

**Toll-free: (888) 530-1428 | TTY: (800) 735-2900 | [www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com)**

**ESSENTIALS 2 (HMO)****You Pay****Monthly Premium**

You must continue to pay your Medicare Part B premium.

**\$0****Medical Deductible****\$0****Out-of-pocket Maximum**

Yearly limit on your out-of-pocket costs for medical and hospital care with in-network providers.

**\$5,500****Inpatient Hospital Care**

Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization is required, except in urgent or emergent situations.

**\$325** per day for days 1–5**\$0** for days 6 and beyond**Outpatient Surgery****Ambulatory surgical center****\$325****Outpatient hospital****\$325**

Prior authorization is required for some services.

**Doctor's Office Visits****Primary Care Physician (PCP)/Specialty**

Prior authorization may be required for surgery or treatment services.

PCP - **\$10**Specialist - **\$40****Preventive Care**

For Medicare-approved preventive care. Examples include an annual physical exam, flu shots, and various cancer screenings.

**\$0****Emergency Care**

Waived if admitted to hospital within 72 hours

**\$90****Urgently Needed Services****\$40****Diagnostic Radiology Services (such as MRIs and CT scans)**

Prior authorization is required for advanced/complex, imaging such as: CT scan, MRI, PET scan, Nuclear Test.

CT Scan - **\$190**MRI - **\$310**PET Scan - **\$310**Nuclear Test - **\$190****Diagnostic Tests and Procedures****\$15****Lab Services**

Prior authorization is required for genetic testing and analysis.

A1c and Prottime Testing - **\$0**Genetic Testing - **20%**All other Lab Services - **\$15****Outpatient X-rays****\$15****Therapeutic Radiology Services**

Prior authorization is required for some radiation services.

**20%**

## ESSENTIALS 2 (HMO)

### You Pay

#### Hearing Services

Exam to diagnose and treat hearing and balance issues	\$40
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Routine hearing exam (up to one per year)	\$45
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#### TruHearing™ Flyte Hearing Aids

<b>Flyte Advanced:</b> Per aid, up to two per year	\$699
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<b>Flyte Premium:</b> Per aid, up to two per year	\$999
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Routine hearing exam and hearing aid co-payments do not count toward out-of-pocket maximum.

#### Dental Services

For Medicare-covered dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).	\$40
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Prior authorization is required for nonroutine dental care.

#### Vision Services

Medicare-covered eye exam to diagnose and treat glaucoma and diabetic retinopathy.	\$0
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Routine eye exam, one every two years	\$40
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Eyeglasses or contact lenses after cataract surgery <i>There is a limit to how much our plan will pay.</i>	\$0
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Reimbursement every 2 years for routine prescription eyeglasses or contact lenses.	\$200 reimbursement
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#### Mental Health Care

##### Inpatient Services

Prior authorization is required for inpatient mental health care, except in an emergency.	\$325 per day for days 1–5
	\$0 for days 6 and beyond

190-day lifetime limit for inpatient care not provided in a general hospital.

##### Outpatient Services

Per group or individual therapy visit	\$20
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#### Skilled Nursing Facility (SNF)

Prior authorization is required. Limited up to 100 days per benefit period. No prior hospital stay is required.	\$0 per day for days 1–20
	\$160 per day for days 21–100

#### Physical Therapy

Prior authorization is required for services beyond the Medicare therapy cap limits.	\$35
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#### Ambulance

Per one-way transport. Prior authorization is required for nonemergency transportation.	\$300
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#### Transportation

Not covered

**ESSENTIALS 2 (HMO)****You Pay****Part B Drug Coverage**

Prior authorization is required for some drugs.

**20%**

**Durable Medical Equipment (wheelchairs, oxygen, etc.)**

Prior authorization may be required for some durable medical equipment (DME).

**20%**

**Foot Care (podiatry services)**

Foot exams and treatment if you have diabetic foot disease and/or meet certain conditions

**\$40**

**Medicare-covered Chiropractic Care**

Spinal manipulation to correct a subluxation

**\$20**

**Diabetes Supplies and Services**

Diabetes monitoring supplies, self-management training, and therapeutic shoes or inserts

**\$0**

**Home Health Care**

**\$0**

**Hospice**

Hospice is covered outside of our plan. Please contact us for more details.

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care.

**Outpatient Substance Abuse**

Group and individual therapy

**\$40**

**Prosthetic Devices (braces, artificial limbs, etc.)**

Prior authorization may be required.

**\$0 internally implanted**

**20% all other**

**Renal Dialysis**

**20%**

**Outpatient Rehabilitation**

Prior authorization is required for services beyond the Medicare therapy cap limits.

**Cardiac rehab services**

**\$35**

**Pulmonary rehab services, per visit**

**\$30**

**Occupational therapy, Speech and Language therapy, per visit**

**\$35**

# Additional Benefits



## ESSENTIALS 2 (HMO)

### You Pay

#### Fitness Programs (Silver&Fit® Exercise and Healthy Aging Program)

Gym membership:	\$0/year
Home kits, up to two:	\$0/year

#### Alternative Care

Acupuncture, naturopathy, and non-Medicare covered chiropractic care	\$20 (up to \$450 combined benefit limit for these services per calendar year.)
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#### Office Visits for \$0 Co-pay

\$0 co-pay for Primary Care Provider (PCP) office visits for new or existing conditions when included with an annual wellness visit or annual routine physical visit. This means there are no surprise office visit co-pays when you receive your annual wellness visit or annual routine physical.	\$0 when received in conjunction with annual wellness or annual routine physical exam with primary care provider
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#### Dexa Scan

Bone density diagnostic screenings	\$0
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#### Colonoscopy Diagnostic Screenings

\$0

#### Chronic Care Management

PCP or Specialist visit focusing on complex chronic care management services	\$0
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#### Transitional Care Management

PCP or Specialist visit following discharge from an inpatient hospital setting	\$0
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# Optional Benefits



You must pay an extra premium each month for these benefits.

## ESSENTIALS 2 (HMO)

### You Pay

#### Preventive Dental

**\$0** for the following:

- Two annual cleanings (one every six months)
- Two routine exams (one every six months)
- Bitewing x-rays (one set every six months)
- Full-mouth x-rays and/or panorex (one series every five calendar years)

#### Additional Monthly Premium

**\$28 per month.** This premium is in addition to your monthly plan premium of \$0.

#### Deductible

This package does not have a deductible.

#### Out-of-network Dental Services

We will cover 100% up to our maximum allowable charges for covered services. This maximum allowable is based on the 85th percentile of Usual, Customary, and Reasonable (UCR) charges. If your dentist is out of our network and the charges are more than the maximum allowable amount, you will have to pay for the excess charges.



This document is available in other formats, such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at (888) 863-3637. TTY users call (800) 735-2900.

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. Call (888) 863-3637 or 711 for TTY users, for more information. Other pharmacies and providers are available in our network.