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2027 PACIFICSOURCE UPDATES

Central Oregon Only

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x x x x

MEET YOUR AGENT



Sage

Health Insurance Services



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2026 Plans At a Glance

Urgent and emergency care are covered worldwide at the in-network level.

Questions?
888-530-1426, TTY: 711



	Essentials Choice Rx 36 (HMO-POS)		Essentials Rx 27 (HMO)	Essentials Choice Rx 14 (HMO-POS)		Essentials Rx 6 (HMO)	Essentials Choice 2 (HMO-POS)	
	In-network	Out-of-network	In-network	In-network	Out-of-network	In-network	In-network	Out-of-network
Benefit highlights	You pay:		You pay:	You pay:		You pay:	You pay:	
Monthly premium	\$28		\$61	\$104		\$223	\$0	
Medical deductible	\$0		\$0	\$0		\$0	\$0	
Primary care office visit	\$15	\$45	\$20	\$15	\$45	\$0	\$10	\$45
Specialist office visit (referrals not required)	\$35	\$45	\$40	\$35	\$45	\$15	\$10	\$45
Inpatient hospital care	\$425/day (1-7) \$0/day (8+)	50%	\$425/day (1-7) \$0/day (8+)	\$375/day (1-7) \$0/day (8+)	50%	\$350/day (1-7) \$0/day (8+)	\$425/day (1-7) \$0/day (8+)	50%
Outpatient surgery	\$425	50%	\$425	\$375	50%	\$275	\$0	30%
Diagnostic colonoscopy, DEXA, and mammogram	\$0	50%	\$0	\$0	50%	\$0	\$0	30%
A1c and Protime / Other diagnostic lab	\$0 / \$0	50%	\$0 / \$0	\$0 / \$0	50%	\$0 / \$0	\$0 / \$0	30%
Advanced imaging: CT & Nuclear / MRI & PET	\$375 / \$375	50%	\$295 / \$295	\$250 / \$250	50%	\$325 / \$325	\$300 / \$300	30%
Physical therapy	\$45	\$45	\$40	\$45	\$45	\$15	\$10	\$45
Ambulance (ground and air, worldwide)	\$350	\$350	\$325	\$300	\$300	\$250	\$300	\$300
Emergency (worldwide)	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120
Urgent care (worldwide)	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Annual out-of-pocket maximum	\$6,500	\$8,950 (in/out combined)	\$6,700	\$5,950	\$8,950 (in/out combined)	\$5,950	\$5,950	\$8,950 (in/out combined)
Extra benefits	You pay:		You pay:	You pay:		You pay:	You pay:	
Dental yearly maximum benefit	\$1,000		\$500	\$1,500		\$1,500	\$1,500	
Included dental preventive/comprehensive	\$0 / 50%		\$0 / 50%	\$0 / 50%		\$0 / 50%	\$0 / 50%	
Routine vision exam	\$0 1 exam every year		\$0 1 exam every 2 years	\$0 1 exam every year		\$0 1 exam every year	\$0 1 exam every year	
Reimbursement for eyeglasses or contact lenses	\$200 reimbursement every 2 years		\$200 reimbursement every 2 years	\$200 reimbursement every 2 years		\$200 reimbursement every 2 years	\$200 reimbursement every 2 years	
Over-the-counter purchase allowance	\$15 per quarter	N/A	\$20 per quarter	\$25 per quarter	N/A	\$25 per quarter	\$75 per quarter	N/A
One Pass™ fitness program	\$0	N/A	\$0	\$0	N/A	\$0	\$0	N/A
Routine hearing exam	\$0	N/A	\$0	\$0	N/A	\$0	\$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	Starting at \$599	N/A
Alternative care (naturopathy, non-Medicare covered acupuncture, and chiropractic)	\$25 (12 visits/year, combined)		\$25 (12 visits/year, combined)	\$25 (12 visits/year, combined)		\$25 (18 visits/year, combined)	\$25 (24 visits/year, combined)	
Annual physical / transitional & chronic care	\$0	50% / \$45	\$0	\$0	50% / \$45	\$0	\$0 / \$10	30% / \$45
Part D prescription drugs	Included		Included	Included		Included	N/A*	



Urgent and emergency care are covered worldwide at the in-network level.

Teladoc
HEALTH

Teladoc is now available for virtual urgent care and mental health services.



Plans are available to residents of these Oregon counties:

Crook, Deschutes, Hood River, Jefferson, Sherman, Wasco, and Klamath zip codes: 97731, 97733, 97737 & 97739.

This is an overview. For full details, see each plans Summary of Benefits, or contact us.

*Up to \$3,000 annually for covered out-of-network services.

**You cannot combine Medicare Part D prescription drug coverage from any other company with this plan.

	Oregon Basic (HMO-POS)		Cascade Classic Rx (HMO-POS)		Cascade Premier Rx (HMO-POS)	
	In-network	Out-of-network*	In-network	Out-of-network*	In-network	Out-of-network*
Benefit highlights	You pay:		You pay:		You pay:	
Monthly premium	\$0		\$98		\$198	
Medical deductible	No deductible		\$385		No deductible	
Annual maximum out-of-pocket	\$6,250	N/A	\$9,850	N/A	\$7,150	N/A
Doctor visits						
Primary care / Specialist	\$0 / \$20	\$45	\$5 / \$60	50%	\$0 / \$50	50%
Annual physical exam	\$0	50%	\$0	50%	\$0	50%
Urgent and emergency care						
Urgent care / Emergency care	\$50 / \$130		\$40 / \$115		\$50 / \$130	
Ambulance services (ground and air)	\$550		\$550		\$500	
Worldwide: Urgent care / Emergency care	\$130		Not covered		\$130	
Worldwide: Emergency transportation	\$300 w/ restrictions		Not covered		\$350 w/ restrictions	
Diagnostics						
Lab services	\$0	50%	\$20	50%	\$20	50%
Advanced imaging: CT & Nuclear / MRI & PET	20% / 20%	50%	20% / 20%	50%	20% / 20%	50%
Outpatient services						
Hospital / Ambulatory Surgical Center	\$425 / \$350	50%	\$450 / \$375	50%	\$425 / \$350	50%
Physical therapy	\$10	\$45	\$50	50%	\$35	50%
Hospital services						
Inpatient hospital care	\$450/day (1–5) \$0/day (6+)	50%	\$485/day (1–5) \$0/day (6+)	50%	\$475/day (1–5) \$0/day (6+)	50%
Additional benefits						
Dental yearly max benefit Included dental preventive/comprehensive	\$2,500 \$0 / 50%		\$500 \$0 / Not covered		\$1,000 \$0 / 50%	
Annual routine vision exam	\$0		\$0		\$0	
Reimbursement for eyeglasses or contacts	\$200 every year		\$145 every 2 years		\$150 every 2 years	
Routine hearing exam through TruHearing	\$0		\$0		\$0	
Hearing aid benefit through TruHearing	Starting at \$599		Starting at \$599		Starting at \$599	
Over-the-counter purchase allowance through Nations OTC	\$50 per quarter		Not included		\$15 per quarter	
One Pass™ Fitness Program	Included		Included		Included	
Alternative care (naturopathy and non-Medicare-covered acupuncture and chiropractic)	\$10 (24 visits per year, combined)		Not covered		Not covered	
Part D prescription drugs	Not covered**		Included		Included	

2027 Plans At a Glance

Was Essentials Choice 2

→ Oregon Basic
(HMO-POS)

Benefit highlights	In-network	Out-of-network*
	You pay:	
Monthly premium	\$0	
Medical deductible	No deductible	
Annual maximum out-of-pocket	\$6,250	N/A
Doctor visits		
Primary care / Specialist	\$0 / \$20	\$45
Annual physical exam	\$0	50%
Urgent and emergency care		
Urgent care / Emergency care	\$50 / \$130	
Ambulance services (ground and air)	\$550	
Worldwide: Urgent care / Emergency care	\$130	
Worldwide: Emergency transportation	\$300 w/ restrictions	
Diagnostics		
Lab services	\$0	50%
Advanced imaging: CT & Nuclear / MRI & PET	20% / 20%	50%
Outpatient services		
Hospital / Ambulatory Surgical Center	\$425 / \$350	50%
Physical therapy	\$10	\$45
Hospital services		
Inpatient hospital care	\$450/day (1–5) \$0/day (6+)	50%
Additional benefits		
Dental yearly max benefit	\$2,500	
Included dental preventive/comprehensive	\$0 / 50%	
Annual routine vision exam	\$0	
Reimbursement for eyeglasses or contacts	\$200 every year	
Routine hearing exam through TruHearing	\$0	
Hearing aid benefit through TruHearing	Starting at \$599	
Over-the-counter purchase allowance through Nations OTC	\$50 per quarter	
One Pass™ Fitness Program	Included	
Alternative care (naturopathy and non-Medicare-covered acupuncture and chiropractic)	\$10 (24 visits per year, combined)	
Part D prescription drugs	Not covered**	

2027 Plans At a Glance

NEW PLAN

Was Essentials Choice 2

Oregon Basic
(HMO-POS)

Cascade Classic Rx
(HMO-POS)

Benefit highlights	In-network	Out-of-network*	In-network	Out-of-network*
	You pay:		You pay:	
Monthly premium	\$0		\$98	
Medical deductible	No deductible		\$385	
Annual maximum out-of-pocket	\$6,250	N/A	\$9,850	N/A
Doctor visits				
Primary care / Specialist	\$0 / \$20	\$45	\$5 / \$60	50%
Annual physical exam	\$0	50%	\$0	50%
Urgent and emergency care				
Urgent care / Emergency care	\$50 / \$130		\$40 / \$115	
Ambulance services (ground and air)	\$550		\$550	
Worldwide: Urgent care / Emergency care	\$130		Not covered	
Worldwide: Emergency transportation	\$300 w/ restrictions		Not covered	
Diagnostics				
Lab services	\$0	50%	\$20	50%
Advanced imaging: CT & Nuclear / MRI & PET	20% / 20%	50%	20% / 20%	50%
Outpatient services				
Hospital / Ambulatory Surgical Center	\$425 / \$350	50%	\$450 / \$375	50%
Physical therapy	\$10	\$45	\$50	50%
Hospital services				
Inpatient hospital care	\$450/day (1–5) \$0/day (6+)	50%	\$485/day (1–5) \$0/day (6+)	50%
Additional benefits				
Dental yearly max benefit Included dental preventive/comprehensive	\$2,500 \$0 / 50%		\$500 \$0 / Not covered	
Annual routine vision exam	\$0		\$0	
Reimbursement for eyeglasses or contacts	\$200 every year		\$145 every 2 years	
Routine hearing exam through TruHearing	\$0		\$0	
Hearing aid benefit through TruHearing	Starting at \$599		Starting at \$599	
Over-the-counter purchase allowance through Nations OTC	\$50 per quarter		Not included	
One Pass™ Fitness Program	Included		Included	
Alternative care (naturopathy and non-Medicare-covered acupuncture and chiropractic)	\$10 (24 visits per year, combined)		Not covered	
Part D prescription drugs	Not covered**		Included	

2027 Plans At a Glance

NEW PLAN

Questions?
888-530-1426, TTY: 711



Was Essentials Choice 2

Oregon Basic
(HMO-POS)

Cascade Classic Rx
(HMO-POS)

Cascade Premier Rx
(HMO-POS)

Was Essentials Rx 6

Benefit highlights	
Monthly premium	
Medical deductible	
Annual maximum out-of-pocket	
Doctor visits	
Primary care / Specialist	
Annual physical exam	
Urgent and emergency care	
Urgent care / Emergency care	
Ambulance services (ground and air)	
Worldwide: Urgent care / Emergency care	
Worldwide: Emergency transportation	
Diagnostics	
Lab services	
Advanced imaging: CT & Nuclear / MRI & PET	
Outpatient services	
Hospital / Ambulatory Surgical Center	
Physical therapy	
Hospital services	
Inpatient hospital care	
Additional benefits	
Dental yearly max benefit	
Included dental preventive/comprehensive	
Annual routine vision exam	
Reimbursement for eyeglasses or contacts	
Routine hearing exam through TruHearing	
Hearing aid benefit through TruHearing	
Over-the-counter purchase allowance through Nations OTC	
One Pass™ Fitness Program	
Alternative care (naturopathy and non-Medicare-covered acupuncture and chiropractic)	
Part D prescription drugs	

In-network	Out-of-network*
You pay:	
\$0	
No deductible	
\$6,250	N/A
\$0 / \$20	\$45
\$0	50%
\$50 / \$130	
\$550	
\$130	
\$300 w/ restrictions	
\$0	50%
20% / 20%	50%
\$425 / \$350	50%
\$10	\$45
\$450/day (1-5) \$0/day (6+)	
50%	
\$2,500 \$0 / 50%	
\$0	
\$200 every year	
\$0	
Starting at \$599	
\$50 per quarter	
Included	
\$10 (24 visits per year, combined)	
Not covered**	

In-network	Out-of-network*
You pay:	
\$98	
\$385	
\$9,850	N/A
\$5 / \$60	50%
\$0	50%
\$40 / \$115	
\$550	
Not covered	
Not covered	
\$20	50%
20% / 20%	50%
\$450 / \$375	50%
\$50	50%
\$485/day (1-5) \$0/day (6+)	
50%	
\$500 \$0 / Not covered	
\$0	
\$145 every 2 years	
\$0	
Starting at \$599	
Not included	
Included	
Not covered	
Included	

In-network	Out-of-network*
You pay:	
\$198	
No deductible	
\$7,150	N/A
\$0 / \$50	50%
\$0	50%
\$50 / \$130	
\$500	
\$130	
\$350 w/ restrictions	
\$20	50%
20% / 20%	50%
\$425 / \$350	50%
\$35	50%
\$475/day (1-5) \$0/day (6+)	
50%	
\$1,000 \$0 / 50%	
\$0	
\$150 every 2 years	
\$0	
Starting at \$599	
\$15 per quarter	
Included	
Not covered	
Included	



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Teladoc
HEALTH

Teladoc is now available for virtual urgent care and mental health services.



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Crook, Deschutes, Hood River, Jefferson, Sherman, Wasco, and Klamath zip codes: 97731, 97733, 97737 & 97739.

This is an overview. For full details, see each plans Summary of Benefits, or contact us.

*Up to \$3,000 annually for covered out-of-network services.

**You cannot combine Medicare Part D prescription drug coverage from any other company with this plan.

Part D prescription drug benefits



SAVE!

**With convenient
mail-order
service**

What's great about mail-order

- Get a 60- or 90-day supply for the cost of 30 days (Tiers 1 and 2), including insulin
- Save on Tier 3 preferred brand mail order
- Enjoy fast, free delivery

	Cascade Classic Rx (HMO-POS)	Cascade Premier Rx (HMO-POS)
	You pay:	You pay:
Deductible		
Tiers 1, 2, insulin, and most vaccines	\$0	\$0
Tiers 3, 4, and 5	\$700	\$700
30-day supply. When the total drug costs are between \$0 and \$2,400, you pay:		
Most vaccines	\$0	\$0
SAVE! Tier 1 Preferred Generic	\$0	\$0
Tier 2 Generic	\$6	\$6
Insulin	\$35	\$35
Tier 3 Preferred Brand	20%	20%
Tier 3 Preferred Brand Mail Order	15%	15%
Tier 4 Nonpreferred Brand	26%	26%
Tier 5 Specialty	25%	25%



**After your out-of-pockets costs reach \$2,400,
you pay \$0 until the end of the calendar year.**



YOUR OPTIONS

Explained on the letter received by PacificSource

1. Move from cancelling plan to different PacificSource Plan
2. Stay on existing PacificSource Medicare Advantage Plan
3. Drop Medicare Advantage for Original Medicare + Medicare Supplement + Drug Plan*

***IMPORTANT**

Option 3 is **ONLY** available if you're on one of the below plans:

- **Essentials Choice Rx 36**
- **Essentials Rx 27**
- **Essentials Choice Rx 14**

Original Medicare

80% / 20% Payment Split

Part A
Hospital

Part B
Doctor

Medicare Advantage

Medical

+(Prescriptions)
+(Dental)
+(Vision)
+(Hearing)
+(Gym Membership)

- Combines Parts A&B
- Has Copayments/Cost Shares
- Has Network of Providers
- Usually Includes Additional Benefits
- Different carriers have different plans
- Change plans 10/15-12/7 annually
- Can be challenging to move from MA to Medicare Supplement

Medicare Supplement

Medical

- Different Plans: A, N, F, G etc
- Plan G is most popular
- All plans the same despite carrier
- No Network of providers
- Small deductible (plan dependent)
- Change plans annually on your birthday
- No coverage out of US.

+

Part D (Drugs)

+

Dental

+

Vision

+

Hearing

MEDICARE SUPPLEMENT SAMPLE RATES

Age	65-70	71-75	76-80	81-85
Plan G	\$205-\$235	\$230-\$280	\$270-\$325	\$315-\$380
Plan N	\$150-\$175	\$175-\$210	\$200-\$245	\$235-\$290
High Deductible Plan G	\$55-\$75	\$65-\$95	\$80-\$110	\$100-\$140

Rates are intended to be an example of what you may pay for comparison purposes only. Actual rates may vary from carrier-to-carrier and person-to-person.

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PRESCRIPTION DRUG PLANS

1. Rates start at under \$10/month
2. Important to check that your specific pharmacy and prescriptions are covered

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EXAMPLE MONTHLY COST BREAKDOWN

65 Female, No Tobacco, Household Discount

Medicare Part B	\$203
Medigap Plan G	\$205
Drug Plan	\$10
Dental	\$65
Vision	\$25
Total	\$508

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NEXT STEPS

1. Pick a direction
2. Decide on Plan
3. Apply for Plan



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UPCOMING

- Watch for Review Email from me
- Open your mail!!!!
- Attend Application Workshop
- Schedule Meeting (Phone/Virtual/In Person)

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x x x x

o o o o

THANK YOU!



Sabrina Stout

Sage Health Insurance Services

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Sage

Health Insurance Services

