



# Beyond what's required

**PacificSource Dual Care (HMO D-SNP)**  
**2023 Dual Eligible Special Needs Plan**

**\$0 select drugs**  
**\$0 dental care**  
**\$0 alternative care**  
**\$0 eyewear**  
**\$0 meal benefit**  
**\$0 fitness program**





# PacificSource Dual Care means extra benefits for people who qualify



## What is Dual Care?

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PacificSource Dual Care is a Dual Eligible Special Needs Plan (HMO D-SNP). It gives extra benefits for no additional cost to people who qualify for both Medicare and Medicaid (Oregon Health Plan). Dual Care combines your Original Medicare benefits, your Part D prescription drug coverage, and your Medicaid benefits.



## Am I eligible for extra benefits?

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PacificSource Dual Care is available to you if:

- You qualify for Medicare Parts A and B
- You're eligible for full Medicaid benefits
- You live in our service area: Clackamas, Crook, Deschutes, Hood River, Jefferson, Lane, Multnomah, Wasco, or Washington Counties, as well as North Klamath zip codes 97731, 97733, 97737, and 97739



## Will enrolling in Dual Care reduce my Medicaid benefits?

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No, in fact, a D-SNP plan adds **more coverage to your current medical and drug benefits.**

# Get all the benefits of Medicaid and Original Medicare, plus much more – **at no cost to you**



**\$0** comprehensive dental care



**\$0** routine eye exams



**\$250** per year for eyeglasses or contacts of your choice



**\$0** preferred generics (Tier 1) and select care drugs (Tier 6)



**\$0** alternative care



**\$0** for 28 meals delivered after a hospital or nursing facility stay



**\$0** fitness program with free fitness tracker option



**\$0** rides to and from your healthcare appointments



Up to **\$205** per year in gift card rewards for healthy behaviors



**\$800** for hundreds of over-the-counter items (\$200 per quarter)



**\$240** in groceries for those with certain chronic conditions (\$60 per quarter)

Your costs may vary if your Medicaid eligibility category changes.

# The kind of help you'd expect from a friend



At PacificSource, member service is more than professional—it's personal. Best of all, it's local. The people who help you are right here in Oregon.

We answer your calls with humans—not automated phone trees. And we're committed to going beyond what's required to make sure you're satisfied.

For members struggling with challenges such as food insecurity, housing, transportation, or veteran's services, our Member Support Specialists and Care Management team work with providers and community organizations to help.

PacificSource is a **not-for-profit community health plan**. Our duty is to members, healthcare providers, and brokers—not shareholders.



## ✓ The doctors and hospitals you want

Our provider network is more than a list of approved doctors. It's a unique, local partnership with a shared commitment to serving you.

Providers focus on proven, cost-effective treatments, and their compensation is based on value, outcomes, and patient experience—not volume. And our plans don't require referrals.



## ✓ Part of your community

PacificSource was founded right here in Oregon, and it continues to be our home. We have many years of experience as a Coordinated Care Organization, providing Medicaid services with a local, human touch.



# 2023 PacificSource Dual Care at a glance

Benefit highlights	In-network
<b>Monthly premium</b>	<b>\$0</b>
<b>Medical deductible</b>	<b>You pay nothing</b>
Primary care office visit / Specialist office visit (referrals not required)	<b>You pay nothing</b>
Inpatient hospital care	<b>You pay nothing</b>
Outpatient surgery	<b>You pay nothing</b>
Labs, x-rays, and imaging	<b>You pay nothing</b>
Physical therapy and occupational therapy	<b>You pay nothing</b>
Telehealth, including primary care and specialists	<b>You pay nothing</b>
Preventive care	<b>You pay nothing</b>
Alternative care – limit of 42 visits per year (see page 4)	<b>You pay nothing</b>
Routine vision exam, once per year	<b>You pay nothing</b>
Eyeglasses and contact lenses	<b>\$250 allowance per year</b>
Comprehensive dental	<b>Covered with limitations</b>
Transportation services (see page 4)	<b>You pay nothing</b>
Over-the-counter health and wellness allowance	<b>\$800 allowance per year</b> (\$200 per quarter)
Groceries for those with certain chronic conditions	<b>\$240 allowance per year</b> (\$60 per quarter)
Hearing exams and hearing aids	<b>Covered with limitations</b>
Silver&Fit® fitness benefit with fitness tracker option	<b>You pay nothing</b>
Meals as Medicine (see page 5)	<b>You pay nothing</b>
Rewards: Earn gift cards (see page 5)	<b>Get up to \$205 in gift cards per year</b>
Annual out-of-pocket maximum	<b>You pay nothing</b>

## Prescription drug benefits

<b>Initial coverage stage</b>	
Depending on your income and institutional status, you pay the following:	
For Preferred Generic (Tier 1)	<b>\$0</b>
For Select Care Drugs (Tier 6 – see page 5)	<b>\$0</b>
For Non-Preferred Generic	<b>\$0, \$1.45, or \$4.15</b>
All Other Drugs	<b>\$0, \$4.30, or \$10.35</b>
<b>Catastrophic coverage stage</b>	
After your yearly out-of-pocket drug costs reach \$7,400	<b>\$0</b>

This is a brief summary. Cost shares, benefits, premiums, and deductibles in this brochure reflect Medicare and full Medicaid coverage. Your costs may vary if your Medicaid eligibility category and/or the level of Extra Help you receive changes. Contact us or your broker for more information.



# More benefits of **your Dual Care plan**

## **\$800 spending allowance for over-the-counter items**

Each quarter you can order up to \$200 worth of over-the-counter health and wellness items through NationsOTC. Their catalog includes vitamins, supplements, and hundreds of popular items. From dental floss to cough drops to blood pressure cuffs, there's a huge array to choose from—all with free two-day shipping.

## **\$240 grocery benefit**

Members with certain chronic conditions can order up to \$60 of nonperishable groceries per quarter through NationsOTC. You're eligible for this benefit if you have diabetes; congestive heart failure; a cardiovascular disorder, such as coronary artery disease; or a lung disorder, such as asthma.

- Broad range of choices
- Free two-day shipping
- Order online or by phone

## **\$0 fitness benefit**

The Silver&Fit® Healthy Aging and Exercise Program includes, all at no cost to you:

- Thousands of on-demand workout videos
- Home Fitness Kits, including a fitness tracker option at no cost
- Fitness center membership
- One-on-one coaching by phone, and more

You'll also receive substantial discounts on membership fees at premium fitness centers.

## **\$0 alternative care**

PacificSource Dual Care covers alternative care not covered by Original Medicare (\$0 copay at in-network providers). The benefit includes up to 42 office visits per year (combined):

- 24 combined visits for chiropractic, acupuncture, and naturopathy
- 18 additional covered visits, including massage, for certain conditions

## **\$0 dental benefits**

We know dental care is an important part of your overall health. So your plan covers dental exams, cleanings, fluoride, and x-rays. You're also covered for needed services such as fillings, crowns, surgery, dentures, and bridges. Limits apply.

## **Rides to health visits**

We help members get rides to covered healthcare services. This benefit is called Non-Emergent Medical Transportation (or NEMT). The NEMT provider will work with you to get you the best ride type for your needs. There is no cost to you for this service.

## \$0 select medications



Select care (Tier 6) 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-HCTZ  
Benazepril HCL  
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  
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  
Repaglinide

### Osteoporosis

Alendronate  
Ibandronate

## Care coordination



Our local Health Services teams provide direct assistance when you need help managing your healthcare. Nurse Case Managers and Member Support Specialists will:

- Work collaboratively with you and your providers
- Offer resources and support in navigating the healthcare system
- All at no extra cost to you

## Staying healthy is rewarding—in more ways than one



Here's a win-win: complete one or more of the preventive measures below and you'll receive gift cards good at more than 100 popular stores and restaurants. (Total gift card value: up to \$205 per year.)

\$0 copay services	Gift card reward
<b>Routine physical or annual wellness visit</b>	<b>\$50</b>
<b>Mammogram</b>	<b>\$25</b>
<b>A1c</b> (blood glucose test)	First test <b>\$15</b> Second test <b>\$25</b>
<b>Diabetic eye exam</b>	<b>\$25</b>
<b>DEXA bone density scan</b>	<b>\$20</b>
<b>At-home colon cancer test or colonoscopy</b>	<b>\$20</b>
<b>Health risk questionnaire</b>	<b>\$15</b>
<b>Flu shot</b>	<b>\$10</b>

## Post-hospital meal delivery



Your plan includes 28 home-delivered meals after a recent hospital or nursing facility stay.

- Two meals per day for 14 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 Dual Care

**We make it easy to join our D-SNP.  
Here are the times you can enroll:**



If you are newly eligible for Medicare and full Medicaid benefits:

- You can enroll in a D-SNP at any time, year-round

If you currently have both Medicare and Medicaid, or are already enrolled in a D-SNP:

You can enroll in or switch to our Dual Care plan:

- Once per calendar quarter:  
**January 1 – March 31 | April 1 – June 30 | July 1 – September 30**
- Or any time during the Annual Enrollment Period (AEP):  
**October 15 – December 7**

## Questions? Ready to enroll?

### Phone

**888-992-9215**, 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.

### Contact a community partner

Trained community partners across the state can help you fill out an application. It's free. Visit [OregonHealthCare.gov](https://OregonHealthCare.gov) to find community partners in your area.

### Attend a free seminar

Learn more about D-SNP plans at [Medicare.PacificSource.com/Events](https://www.Medicare.PacificSource.com/Events).

For accommodation of special needs at seminars, please call

**888-992-9215**, TTY: 711.

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. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and used with permission herein. Other names may be trademarks of their perspective owners. Participating fitness centers and fitness chains may vary by location and are subject to change. If you speak Spanish, language assistance services, free of charge, are available to you. Call 888-863-3637, TTY: 711. Accessibility help: For assistance reading this document, please call us at 888-863-3637, TTY: 711.



# Discrimination Is Against the Law

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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](mailto: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](https://HHS.gov/ocr/office/file/index.html).

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

**Cambodian-Mon-Khmer:** ប្រយ័ត្ន: បរិស្ថានជាអនុករនីយាយ ភាសាខ្មែរ, សរោជន្តយជនកែភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បរិស្ថានក្រុម 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 صبی ی نابز تالی هست، دینک یم وگت فگ 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.