



Doing what's right. Not just what's required.

PacificSource Dual Care (HMO D-SNP)
2024 Dual Eligible Special Needs Plan

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

PLUS

\$500 yearly spending allowance for OTC

Your costs may vary if your Medicaid eligibility category changes.



PacificSource Dual Care means extra benefits



What is Dual Care?

PacificSource Dual Care is a Dual Eligible Special Needs plan. 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?

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, Marion, Multnomah, Polk, Wasco, or Washington Counties, as well as Klamath zip codes 97731, 97733, 97737, and 97739



Will enrolling in Dual Care reduce my Medicaid benefits?

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 Medicaid-covered dental care—many routine procedures



\$0 annual routine eye exam



\$200 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



\$0 rides to and from your healthcare appointments



\$500 for hundreds of over-the-counter items



\$200 in groceries for people with certain chronic conditions

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 the Northwest.

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

We answer Customer Service 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, or transportation, our Member Support Specialists and Care Management team work with providers and community organizations to help.



✓ 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.

The thousands of doctors and facilities who care for our members are consistently rated among the best in the region. 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 and Medicare services with a local, human touch.



2024 PacificSource Dual Care at a glance

Benefit highlights	In-network
Monthly premium	\$0
Medical deductible	You pay nothing
Primary care office visit / Specialist office visit (referrals not required)	You pay nothing
Inpatient hospital care	You pay nothing
Outpatient surgery	You pay nothing
Labs, x-rays, and imaging	You pay nothing
Physical therapy and occupational therapy	You pay nothing
Telehealth, including primary care and specialists	You pay nothing
Preventive care	You pay nothing
Alternative care – up to 42 visits per year (see page 4)	You pay nothing
Routine vision exam, once per year	You pay nothing
Eyeglasses and contact lenses	\$200 allowance per year
Comprehensive dental	Covered with limitations
Transportation services (see page 4)	You pay nothing
Over-the-counter health and wellness allowance	\$500 allowance per year
Groceries for members with certain chronic conditions	\$200 allowance per year
Hearing exams and hearing aids	Covered with limitations
Silver&Fit® fitness benefit	You pay nothing
Meals as Medicine (see page 5)	You pay nothing
Annual out-of-pocket maximum	You pay nothing

Prescription drug benefits

Initial coverage stage	
Depending on your income and institutional status, you pay the following:	
For Preferred Generic (Tier 1)	\$0
For Select Care Drugs (Tier 6 – see page 5)	\$0
For Non-Preferred Generic	\$0, \$1.55, or \$4.50
All Other Drugs	\$0, \$4.60, or \$11.20
Catastrophic coverage stage	
After your yearly out-of-pocket drug costs reach \$8,000	\$0

This is a 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 if you have questions.

More benefits of your Dual Care plan

\$500 spending allowance for over-the-counter items

Each year, you can order up to \$500 worth of over-the-counter health and wellness items. Options include vitamins, supplements, and hundreds of popular products. From dental floss to cough drops to blood pressure cuffs, there's a huge array to choose from—all with free two-day shipping.

\$200 grocery benefit

Members with certain chronic conditions can order up to \$200 of nonperishable groceries per year. 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

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 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

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.

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
- Connect you with local resources, and offer support in navigating the healthcare system
- All at no cost to you

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 cost to you, and no limit per calendar year



\$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. Most vaccines are also covered at no cost.

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



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.



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 and FitnessCoach are trademarks of ASH and used with permission herein. Fitness center participation may vary by location and is subject to change. 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

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: បរិស័ទជាអ្នកនិយាយភាសាខ្មែរ, សំរេងន្ទយផ្សនកែភាសាដោយមិនគិតឈ្នួល 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.