2022 Dual Eligible Special Needs Plan PacificSource Dual Care (HMO D-SNP)





Going beyond what's required

to give you peace of mind



Central Oregon and Columbia Gorge Lane County Portland Area

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

See pages 3–5 for details



An introduction to Dual Care (HMO D-SNP)



What is a **D-SNP**?

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

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Am I eligible to enroll?

PacificSource Dual Care (HMO D-SNP) is available to you, if:

- You qualify for Medicare Parts A and B
- You're eligible or enrolled in full Medicaid benefits (The Oregon Health Plan)
- 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 enrollment in a D-SNP reduce my Medicaid benefits?

No, nothing is taken away. In fact, a D-SNP plan adds more coverage to your current medical and drug benefits.

The advantages of a PacificSource D-SNP over Medicaid or Medicare alone



With our Dual Care (HMO D-SNP), you get all the benefits of Medicaid and Original Medicare, plus much more – all at no cost to you.*



Solution routine eye exam*



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



^{\$} preferred generics (tier 1) and select care drugs (tier 6)*



^{\$} alternative care



^{\$} for 28 meals delivered after a hospital or nursing facility stay



^S fitness program with free fitness tracker option



\$10 to \$205 per year in gift card rewards for completing \$0 preventive services



\$400 for hundreds of over-the-counter items (\$100 per quarter)



***200** for groceries for those with certain chronic conditions (\$50 per quarter)

Why PacificSource?

As a local not-for-profit since 1933, PacificSource goes beyond what's required to put our members first.

W Unique partnerships a with local providers



- Working closely together to deliver the best possible care, experience, and cost
- Improved coordination of care helps you prevent and manage chronic conditions
- Focus on high-value, effective treatments
- Use of data and technology to support high-quality, personalized care
- Providers rewarded based on value, quality outcomes, and patient experience, not volume

A broad, highly rated provider network



With PacificSource Dual Care (HMO D-SNP), you can use doctors, hospitals, pharmacies, and other providers that are within our network. No referrals required.

Human service

Real, local people ready to help when you call no automated phone trees or offshore call centers.

And if you're struggling with everyday challenges, such as food insecurity, housing, transportation, or veteran's services, our Member Support Specialists work with providers and community organizations to help.

We give back to our communities

PacificSource is right here in the community where we live and work. We offer support through financial aid and access to healthcare for diverse populations and those most in need.



2022 PacificSource D-SNP 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 Limit of 30 visits per year (see page 5 for details)	You pay nothing
Routine vision exam, once per year	You pay nothing
Eyeglasses and contact lenses	You get \$250 per year
Comprehensive dental	Covered with limitations
Transportation services (see page 4 for details)	You pay nothing
\$400 for hundreds of over-the-counter items (\$100 per quarter)	Included
\$200 for groceries for those with certain chronic conditions (\$50 per quarter)	Included
Hearing exams and hearing aids	Covered with limitations
Silver&Fit® fitness benefit with fitness tracker option	You pay nothing
Meals as Medicine (see page 5 for details)	You pay nothing
Rewards: Earn up to \$205 in gift cards (see page 4 for details)	Included
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 for details)	\$0	
For Non-Preferred Generic	\$0, \$1.35, or \$3.95	
All Other Drugs	\$0, \$4.00, or \$9.85	
Catastrophic coverage stage		
After your yearly out-of-pocket drug costs reach \$7,050	\$0	

*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.

Additional benefits & programs to ensure peace of mind

\$400 over-the-counter benefit



Your plan lets you order up to \$100 worth of over-the-counter (OTC) items per quarter through NationsOTC. Shop their catalog of health and wellness products. You'll receive home delivery in two business days.

- Hundreds of OTC drugs and personal items
- Brand names and generics
- Free two-day shipping
- Order online or by phone

\$200 grocery benefit

Members with certain chronic conditions can order up to \$50 worth 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 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

Getting to your doctor's office shouldn't cause stress. We help members get free rides to their 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 individual needs. There is no cost to you for this service.

Rewards for healthy actions!



Earn up to \$205 per year!

We think healthy behaviors should be rewarded. So we're pleased to offer members incentives for completing important preventive care activities.

Just complete one or more of the activities (right) and you'll receive a gift card redeemable at more than 100 popular retailers, such as Barnes & Noble, Starbucks, The Home Depot, Best Buy, Petco, Chipotle, IHop, AMC Theatres, and many more.

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

\$0 preferred generics & select care drugs

Below is a partial list of the most common select care (Tier 6) drugs. For a complete list of covered drugs, go to Medicare.PacificSource.com.

Blood pressure

Amlodipine Besylate-Benazepril HCL Amlodipine Besylate-Valsartan 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 Moexipril HCL-HCTZ Perindopril Erbumine Quinapril HCL Quinapril HCL-HCTZ Ramipril Telmisartan

Trandolapril Valsartan Valsartan-HCTZ

Cholesterol

Atorvastatin Calcium l ovastatin Pravastatin Sodium Rosuvastatin Calcium Simvastatin

Diabetes

Acarbose Glimepiride Glipizide ER/IR Glipizide-Metformin HCI Metformin HCL ER/IR Nateglinide Pioglitazone Repaglinide

Osteoporosis

Alendronate Ibandronate

\$0 fitness benefit

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

- Thousands of digital workout videos
- Home Fitness Kits including a free fitness tracker option
- Fitness center membership
- One-on-one coaching by phone, and more

Substantial discounts on membership fees at premium fitness centers.

\$0 Alternative care

It's good to have choices in the kind of care vou receive. That's why we cover alternative care not covered by Original Medicare (\$0 copay, at in-network providers). The benefit includes 30 office visits per vear (combined):

- 12 combined visits (chiropractic, acupunture, and naturopathy)
- 18 additional covered visits, including massage, for certain conditions

Care coordination

Our Health Services team provides direct assistance when you need help managing your healthcare. Nurse Case Managers will:

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

Meals as medicine



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



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.

Enrolling in PacificSource Dual Care (HMO D-SNP)

We make it easy to enroll in our D-SNP plan, but there are rules for when you can enroll. It will depend on your current situation.



If you have just become eligible for Medicare and full Medicaid benefits:

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

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

You can enroll in or switch D-SNP plans:

- Once per special enrollment period (SEP): 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 or ready to enroll?

Contact us 888-992-9215, TTY 711

October 1 – March 31: 7 days a week, 8 a.m. – 8 p.m. April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.

Medicare.PacificSource.com | 2965 NE Conners Avenue, Bend, Oregon

Contact a broker

PacificSource Medicare partners with select local insurance producers (brokers) who can help. Or 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 <u>OregonHealthCare.gov</u> to find community partners in your area.

Attend a free seminar

Learn more about D-SNP plans. For more info: Medicare.PacificSource.com.

For accommodation of persons with special needs at meetings, call 888-992-9215, TTY 711.