



Summary of Benefits 2027

PacificSource Oregon Dual Rx (HMO D-SNP)



Things to know about PacificSource Medicare

PacificSource Oregon Dual Rx (HMO D-SNP)



Who can join?

To join **PacificSource Oregon Dual Rx (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible for full Medicaid benefits, and live in our service area. Our service area includes the following counties in **Oregon**: Crook, Deschutes, Hood River, Jefferson, Klamath (zip codes 97731, 97733, 97737, 97739), Marion, Polk, and Wasco.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. Generally, you pay nothing except for Part D prescription drug copays.

You can enroll in this plan if you are in one of these Medicaid categories:

- Qualified Medicare Beneficiary Plus (QMB+)
- Specified Low-Income Medicare Beneficiary (SLMB+)
- Full Benefits Dual Eligible (FBDE)

Which doctors, hospitals, and pharmacies can I use?

Our **provider directory** is on our website, [Medicare.PacificSource.com/Search/Provider](https://www.Medicare.PacificSource.com/Search/Provider).

Our **pharmacy directory** is on our website, [Medicare.PacificSource.com/Search/Pharmacy](https://www.Medicare.PacificSource.com/Search/Pharmacy).

What prescription drugs are covered?

Our **formulary** (list of covered Part D prescription drugs), and any restrictions, is on our website, [Medicare.PacificSource.com/Search/Drug](https://www.Medicare.PacificSource.com/Search/Drug).

If you would like a provider directory, pharmacy directory, or formulary mailed to you, please contact us.

Summary of Benefits:

January 1, 2027–December 31, 2027



This is a summary of costs for drug and medical services covered by Medicare and Medicaid for the PacificSource Oregon Dual Rx (HMO D-SNP) 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. For a complete list of services we cover, check the PacificSource Oregon Dual Rx (HMO D-SNP) plan Evidence of Coverage (EOC) on our website, [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com) or get a copy by contacting us.

Cost shares, benefits, premiums, and deductibles listed reflect Medicare and Medicaid coverage. Your costs may vary if your Medicaid eligibility category and/or the level of Extra Help you receive changes.

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

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 [Medicare.gov](https://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



Email: MedicareCS@PacificSource.com

Website: Medicare.PacificSource.com

Call toll-free: 888-530-1428, TTY: 711. We accept all relay calls.

- October 1 to March 31: 7 days a week | 8 a.m. to 8 p.m. local time
- April 1 to September 30: Monday through Friday | 8 a.m. to 8 p.m. local time

PACIFICSOURCE OREGON DUAL RX (HMO D-SNP)	
	You pay
Monthly Premium	
	\$0
Medical Deductible	
	\$0
Pharmacy Deductible	
	\$0
Out-of-pocket Maximum	
The most you pay during the calendar year for covered services.	You pay nothing
Inpatient Hospital Care	
Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	\$0
Outpatient Surgery	
Outpatient hospital or Ambulatory Surgical Center	\$0
Prior authorization is required for some services.	
Doctor's Office Visits	
Primary Care Provider (PCP) and Specialty Services	\$0
Prior authorization may be required for surgery or treatment services.	
Preventive Care	
Examples include an annual physical exam, flu shots, and various cancer screenings.	\$0
Emergency Care	
	\$0
Urgently Needed Services	
	\$0
Diagnostic Radiology Services	
Prior authorization is required for advanced/complex, imaging such as: CT Scan, MRI, PET Scan, Nuclear Test.	\$0
Diagnostic Tests and Procedures	
	\$0

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You pay
Lab Services

Prior authorization is required for genetic testing and analysis.

\$0
Outpatient X-rays
\$0
Therapeutic Radiology Services

Prior authorization is required for some radiation services.

\$0
Hearing Services

In a 12-month period, you are eligible for:

- One basic hearing test.
- One comprehensive hearing test.
- One hearing aid evaluation and selection.
- One electroacoustic evaluation for hearing aid for one or both ears.
- One pure tone hearing (threshold) test; air bone.

\$0
Hearing Aids

- Adults: One hearing aid for each ear every 5 years.
- Children through age 20: One hearing aid for each ear every 3 years.
- 60 batteries every 12 months per covered hearing aid.

Prior authorization requirements apply for hearing aids and batteries.

\$0
Dental Services

Covered services include:

- Emergency and urgent dental care,
- Preventive Services,
- Restorative Services, and
- Surgery and Endodontics (like root canals).

Prior authorization may be required for some services. Dental services must be dentally necessary to be covered. Some limitation apply.

\$0
Vision Services
Exams:

- Routine eye exam, one per year, through your Medicaid plan.
- Medicare-covered eye exam to diagnose and treat glaucoma and diabetic retinopathy.
- Additional eye exams may be covered through your Medicaid coverage if you have an eye injury or are diagnosed with certain conditions.

\$0
Eyewear:

- Routine prescription eyeglasses or contact lenses up to \$95 benefit limit every two years.
- Eyeglasses or contact lenses after cataract surgery. This is a limited benefit and only includes basic frames, lenses, or contact lenses.
- Additional coverage for basic glasses may be covered through your Medicaid coverage, for certain diagnoses and conditions.

\$0

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You pay

Mental Health Care

Inpatient Services - Prior authorization may be required.

\$0

Outpatient Services - Per group or individual therapy visit.

\$0

Skilled Nursing Facility (SNF)

Limited up to 100 days per benefit period. No prior hospital stay is required. Prior authorization is required.

\$0

Physical Therapy

Prior authorization is required after 10 visits.

\$0

Ambulance

Per one-way transport. Prior authorization is required for non-emergency transportation.

\$0

Transportation

Non-Emergent Medical Transportation (NEMT) to and from a covered health care appointment or other health related services.

\$0

Part B Drug Coverage

Prior authorization or step therapy is required for some drugs.

\$0

Prescription drug benefits



Initial Coverage Stage

Tier 1 Preferred Generic

\$0

Tier 2 Generic

\$0

Tier 3 Preferred Brand

Depending on your income and institutional status, you pay the following:

Tier 4 Non-preferred

Tier 5 Specialty

For generic drugs (including brand drugs treated as generic), either: **\$0** copay; **\$1.65** copay; or **\$5.80** copay

For all other drugs, either: **\$0** copay; **\$5.00** copay; or **\$14.40** copay

Catastrophic Coverage Stage

After your out-of-pocket costs reach **\$2,400**, you pay nothing for all drugs.

Most adult Part D vaccines are covered at no cost to you.

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.** To learn more about this payment option, please contact us at 888-863-3637 or visit [Medicare.gov](https://www.Medicare.gov).

This plan also includes



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Alternative Care	
- Acupuncture, chiropractic care, and massage are covered for treatment of a covered illness or injury through your Medicaid coverage. - Limited to a combined total of 30 visits. - Visits in excess of 20 require prior authorization and are subject to medical necessity review.	\$0
Telehealth Services	
Get care by phone or video with Teladoc® and other in-network providers. To see if your doctor's office is set up for telehealth, call them or check their website.	\$0
Health-Related Social Needs (HRSN)	
Services covered by Medicaid to help members who are facing major life changes. Benefits include: Housing and Climate Services: - Help with rent and utilities to keep your housing. - Help with other services to support you as a renter. - Home changes for health and safety. Nutrition Services: - Help with nutrition education, medically tailored meals, and pantry stocking including fruits and vegetables. Outreach and engagement services: - Get help connecting to other resources and supports. You must meet certain criteria to get these services. Please contact Customer Service to learn more.	\$0

Additional services



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You pay

Flexible Services

Support for items or services to help members stay healthy or become healthier. We offer these flexible services:

- Fitness classes or punch cards.
- Air conditioners during very hot weather.
- Emergency housing after hospital discharge.

Examples of other flexible services we may offer:

- Food supports, such as grocery delivery, food vouchers, or medically tailored meals.
- Short-term housing supports, such as rental deposits to support moving costs, rent support for a short period of time, or utility set-up fees.
- Temporary housing or shelter while recovering from hospitalization.
- Items that support healthy behaviors, such as athletic shoes or clothing.
- Mobile phones or devices for accessing telehealth or health apps.
- Other items that keep you healthy, such as an air conditioner or air filtration device.

Limitations apply. Learn more by visiting:
<https://www.oregon.gov/oha/OHP/Members/Pages/Flexible-Services.aspx> or contact Customer Service.

\$0

You can get this document in another language, large print, or another way that's best for you. You can also request an interpreter. This help is free. Call 888-863-3637 or TTY 711. We accept all relay calls.

Usted puede recibir este documento en otro idioma, impreso en una letra más grande o de otra manera que sea mejor para usted. También puede solicitar un intérprete. Esta ayuda es sin costo. Llame al 888-863-3637 o por TTY al 711. Aceptamos llamadas del servicio de retransmisión.

PacificSource Community Health Plans is an HMO and HMO D-SNP plan with a Medicare contract and a contract with Oregon Health Plan (Medicaid). Enrollment in PacificSource Medicare depends on contract renewal.

Other providers are available in our network.

PacificSource Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Free language assistance services for people whose primary language is not English, and free aids and services for people with disabilities, are available, including interpreters and information in other formats. If you need any of these services, please call 888-863-3637, TTY: 711.