



Summary of Benefits 2026

Dual Care (HMO D-SNP)



Things to Know About PacificSource Medicare Dual Care (HMO D-SNP)



Who can join?

To join **PacificSource Dual Care (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), Lane, 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, www.Medicare.PacificSource.com/Search/Provider.

Our **pharmacy directory** is on our website, 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, 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, 2026–December 31, 2026



This is a summary of costs for drug and medical services covered by Medicare and Medicaid for the PacificSource Dual Care (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 Dual Care (HMO D-SNP) plan Evidence of Coverage (EOC) on our website, 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 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 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: www.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

DUAL CARE (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**

Prior authorization is required for some services.

\$0**Doctor's Office Visits****Primary Care Provider (PCP)/Specialty**

Prior authorization may be required for surgery or treatment services.

\$0**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****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

DUAL CARE (HMO D-SNP)**You Pay****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 per year.

Prior authorization requirements apply for hearing aids and batteries.

\$0**Dental Services**

Covered services include:

- Emergency Services,
- Preventive Services,
- Restorative Services, and
- Surgery and Endodontics.

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
- 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 \$190 benefit limit per year.
- 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

DUAL CARE (HMO D-SNP)

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

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

Tier 3 Preferred Brand

For generic drugs (including brand drugs treated as generic), either:

Tier 4 Non-preferred

- **\$0** copay; **\$1.60** copay; or **\$5.10** copay

Tier 5 Specialty

For all other drugs, either:

- **\$0** copay; **\$4.90** copay; or **\$12.65** copay

Catastrophic Coverage Stage

After your out-of-pocket costs reach **\$2,100**, 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



DUAL CARE (HMO D-SNP)	
You Pay	
Alternative Care	
<ul style="list-style-type: none"> 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
Over-the-Counter (OTC) Drug Coverage	
<ul style="list-style-type: none"> Up to \$130 benefit limit per quarter from your choice of OTC items (catalog provided). Services provided through NationsOTC 	\$0
Fitness Benefit	
Benefits offered through One Pass™ include: <ul style="list-style-type: none"> A nationwide network of gyms and fitness locations Live, digital fitness classes and on-demand workouts Online brain health subscription through CogniFit 	\$0
Telehealth Services	
Telehealth appointments are available by phone or video. To see if your doctor's office is set up for this, you can 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 services: <ul style="list-style-type: none"> Help with rent and utilities to keep your housing. Help with other services to support you as a tenant. Home changes for health such as air conditioners, heaters, air filtration devices, portable power supplies and mini-refrigerators. Nutrition Services: <ul style="list-style-type: none"> Help includes nutrition education, medically tailored meals, pantry stocking, and fruits and vegetables (This starts March 1, 2026.) Outreach and engagement services: <ul style="list-style-type: none"> 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



DUAL CARE (HMO D-SNP)	
You Pay	
Flexible Services	
Support for items or services to help members stay healthy or become healthier. Examples of flexible services are: <ul style="list-style-type: none">• Food help like grocery delivery, food vouchers, or special meals made for your health needs• Short-term housing help, such as help with moving costs, rent, or starting utility services• Temporary housing or shelter after a hospital stay• Items that support healthy habits—like athletic shoes or clothes for exercise• Fitness classes or punch cards to encourage movement• Mobile phones or tablets to use telehealth or health apps• Air conditioners during very hot weather or air filters for wildfire smoke Limitations apply. Please contact Customer Service for more information.	\$0

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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, 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. Other pharmacies and providers are available in our network.

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