PacificSource Community Health Plans
2965 NE Conners Avenue, Bend OR 97701
541.385.5315 888.863.3637
Medicare.PacificSource.com

Addendum to the 2023 Evidence of Coverage, Annual Notice of Change, and Summary of Benefits

This is important information regarding changes to your 2023 coverage.

This notice is regarding two cost-saving changes to 2023 Medicare Advantage benefits. These cost-saving benefit changes are part of the Inflation Reduction Act (IRA).

Beginning April 1, 2023, PacificSource Medicare members may pay less for certain drugs covered under Medicare Part B. If a drug had a price increase greater than the rate of inflation, your cost for those Part B drugs may be reduced.

Beginning July 1, 2023, you will pay **no more than** $35 for a one-month supply of Part B insulin that is delivered through a pump covered under Medicare Part B as durable medical equipment.

You are **not** required to take any action in response to this document, but we recommend you keep this information for future reference. For more information regarding your benefits, the EOC can be found here: www.Medicare.PacificSource.com. If you have any questions, please call us at **888-863-3637** toll-free. TTY users should call **711.** We accept all relay calls. We are open:

- **Oct. 1 – Mar. 31:** 8:00 a.m. to 8:00 p.m. local time zone, seven days a week.
- **Apr. 1 – Sept. 30:** 8:00 a.m. to 8:00 p.m. local time zone, Monday – Friday.

Sincerely,

Customer Service
PacificSource Community Health Plans

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).

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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **888-863-3637,** TTY: **711.** Aceptamos todas las llamadas de retransmisión.

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: **711.** 我们会接听所有的转接来电。

PacificSource Medicare

Summary of Benefits 2023

PacificSource Dual Care (HMO D-SNP)

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Things to Know About PacificSource Medicare

PacificSource 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 eligibile for full Medicaid benefits, and live in our service area. Our service area includes the following counties in Oregon: Clackamas, Crook, Deschutes, Hood River, Jefferson, Klamath (97731, 97733, 97737, 97739), Lane, Multnomah, Wasco, Washington.

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?

You can see our plan's **provider directory** on our website, www.Medicare.PacificSource.com/Search/Provider.

Our plan's **pharmacy directory** is also on our website, www.Medicare.PacificSource.com/Search/Pharmacy.

If you would like a copy mailed to you, please call us.

What prescription drugs are covered?

You can see the complete plan **formulary** (list of Part D prescription drugs) and any restrictions on our website, www.Medicare.PacificSource.com/Search/Drug.

If you would like a copy mailed to you, please call us.

Summary of Benefits:

January 1, 2023–December 31, 2023

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. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage (EOC)."

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, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on www.Medicare.gov.

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

Toll-free: 888-530-1428 | TTY: 711. We accept all relay calls.

Oct. 1 to Mar. 31: 7 days a week | 8 a.m. to 8 p.m. Local time
Apr. 1 to Sept. 30: Mon. to Fri. | 8 a.m. to 8 p.m. Local time

www.Medicare.PacificSource.com

	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 in-network 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 depending on the procedure, except in urgent or emergent situations. Notification from your provider is required upon admission.	**$0**
Outpatient Surgery	
Outpatient hospital or Ambulatory Surgical Center Prior authorization is required for some services.	**$0**
Doctor's Office Visits	
Primary Care Physician (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 (such as MRIs and CT scans)	
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**

	DUAL CARE (HMO D-SNP)
	You Pay
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 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 $250 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 if you have an eye injury or are diagnosed with certain conditions.	**$0**

	DUAL CARE (HMO D-SNP)
	You Pay
Mental Health Care	
Inpatient Services Prior authorization is required for inpatient mental health care, except in an emergency. Notification from your provider is required upon admission.	**$0**
Outpatient Services Per group or individual therapy visit	**$0**
Skilled Nursing Facility (SNF)	
Prior authorization is required. Limited up to 100 days per benefit period. No prior hospital stay is required.	**$0**
Physical Therapy	
Prior authorization is required for services beyond $3,000 for physical therapy and speech therapy combined.	**$0**
Ambulance	
Per one-way transport. Prior authorization is required for nonemergency 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**
Tiers 2, 3, 4 and 5	Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: • **$0** copay; **$1.45** copay; or **$4.15** copay For all other drugs, either: • **$0** copay; **$4.30** copay; or **$10.35** copay
Tier 6 Select Care	**$0**
Catastrophic Coverage Stage	After your out-of-pocket costs reach **$7,400, you pay nothing for all drugs**.

Additional Benefits not included above

	DUAL CARE (HMO D-SNP)
	You Pay
Alternative Care	
• Non-medicare covered acupuncture, naturopathy, and non-Medicare covered chiropractic care. Combined total of 24 visits. • Additional visits for acupuncture, chiropractic care, massage, and yoga are covered for treatment of a covered illness or injury through your Medicaid coverage. Prior authorization is required.	**$0**
Groceries	
• Up to $60 benefit limit per quarter for groceries for members with Chronic Heart Failure, Diabetes, Cardiovascular disorders, and Chronic Lung disorders. Services provided through NationsOTC Food and Produce.	**$0**
Meal Benefit	
• Up to 2 meals per day for 14 days after a recent inpatient stay in a hospital or nursing facility.	**$0**
Over-the-Counter (OTC) Drug Coverage	
• Up to $200 benefit limit per quarter from your choice of OTC items (catalog provided). Services provided through Nations OTC.	**$0**
Silver&Fit® Healthy Aging and Exercise Program	
Including but not limited to the folllowing options: • A fitness center membership at participating exercise centers, • A Home Fitness kit including options like a wearable fitness tracker or a strength kit. • On-demand videos through the website and mobile app, • Healthy Aging Coaching sessions by telephone, • The Silver&Fit Connected™ tool for tracking your activity	**$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**
24-Hour Nurse Line	
	$0

Additional Programs and Services

	DUAL CARE (HMO D-SNP)
	You Pay
Flexible Services	
Health related services provided to improve your health. Examples may include equipment, appliances, classes, or special clothing or footwear. Limitations apply. Please contact Customer Service for more information.	**$0**

Rewards and Incentives

When you complete one or more of the activities listed in the calendar year, you will receive a certificate by mail redeemable for a gift card at a variety of popular retailers. Limit one reward per eligible activity completed in the calendar year unless otherwise specified.

- Routine physical or annual wellness visit: **$50**
- Mammogram: **$25**
- Diabetic A1c (blood glucose test): **First test: $15; Second test: $25**
- Diabetic eye exam: **$25**
- Flu Shot: **$10**
- Dexa Scan: **$20**
- Colonoscopy or Fit kit: **$20**
- Health Risk Assessment: **$15**

PacificSource Community Health Plan 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.

Accessibility help: For assistance reading this document, please call us at 888-863-3637, TTY: 711. We accept all relay calls.