



# Summary of Benefits 2025

## PacificSource Dual Care (HMO D-SNP)

---



# 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 eligible 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, Marion, Multnomah, Polk, 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](http://www.Medicare.PacificSource.com/Search/Provider).

Our plan's **pharmacy directory** is also on our website, [www.Medicare.PacificSource.com/Search/Pharmacy](http://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](http://www.Medicare.PacificSource.com/Search/Drug).

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

# Summary of Benefits:

January 1, 2025–December 31, 2025



**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](http://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](http://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](http://www.Medicare.PacificSource.com)**

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

**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 \$200 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****Mental Health Care****Inpatient Services****\$0****Outpatient Services**

Per group or individual therapy visit

**\$0**

<b>DUAL CARE (HMO D-SNP)</b>	
<b>You Pay</b>	
<b>Skilled Nursing Facility (SNF)</b>	
Limited up to 100 days per benefit period. No prior hospital stay is required.	<b>\$0</b>
<b>Physical Therapy</b>	
	<b>\$0</b>
<b>Ambulance</b>	
Per one-way transport. Prior authorization is required for nonemergency transportation.	<b>\$0</b>
<b>Transportation</b>	
Non-Emergent Medical Transportation (NEMT) to and from a covered health care appointment or other health related services.	<b>\$0</b>
<b>Part B Drug Coverage</b>	
Prior authorization or step therapy is required for some drugs.	<b>\$0</b>



## Prescription Drug Benefits

<b>Initial Coverage Stage</b>	
<b>Tier 1 Preferred Generic</b>	<b>\$0</b>
	Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either:
<b>Tiers 2, 3, 4 and 5</b>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay; <b>\$1.60</b> copay; or <b>\$4.90</b> copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• <b>\$0</b> copay; <b>\$4.80</b> copay; or <b>\$12.15</b> copay</li> </ul>
<b>Catastrophic Coverage Stage</b>	
After your out-of-pocket costs reach <b>\$2,000, you pay nothing for all drugs.</b>	

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

The **Medicare Prescription Payment Plan** is a new 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.

# This Plan Also Includes



<b>DUAL CARE (HMO D-SNP)</b>	
<b>You Pay</b>	
<b>Alternative Care</b>	
<ul style="list-style-type: none"> <li>• Non-Medicare covered acupuncture, naturopathy, and non-Medicare covered chiropractic care. Combined total of 10 visits.</li> <li>• 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.</li> </ul>	<b>\$0</b>
<b>Over-the-Counter (OTC) Drug Coverage</b>	
<ul style="list-style-type: none"> <li>• Up to \$200 benefit limit per quarter from your choice of OTC items (catalog provided). Services provided through Nations OTC.</li> </ul>	<b>\$0</b>
<b>Fitness Benefit</b>	
<p>Offered through One Pass, benefits include:</p> <ul style="list-style-type: none"> <li>• Access to a nationwide network of gyms and fitness locations</li> <li>• Live, digital fitness classes and on-demand workouts</li> <li>• Online brain training to help improve memory and focus</li> <li>• Groups, clubs and social events near you</li> </ul>	<b>\$0</b>
<b>Telehealth Services</b>	
<p>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.</p>	<b>\$0</b>
<b>Health-Related Social Needs (HRSN)</b>	
<p>Services covered by Medicaid to help members who are facing major life changes. Benefits include:</p> <ul style="list-style-type: none"> <li>• Housing Services: Help with rent and utilities, storage fees, home modifications and remediation services and services to support you as a tenant.</li> <li>• Climate Related Supports: Help to get health related air conditioners, heaters, air filtration devices, portable power supplies and mini-refrigerators.</li> <li>• Nutrition Services: Help for people to have a healthy diet including nutrition education, funds to buy groceries, hot meals, or fruits and vegetables, or delivery of medically tailored meals for people with specific health conditions.</li> </ul> <p>You must meet certain criteria to get these services. Please contact customer service for more information.</p>	<b>\$0</b>

# Additional Services



<b>DUAL CARE (HMO D-SNP)</b>	
<b>You Pay</b>	
<b>Flexible Services</b> 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.	<b>\$0</b>

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.

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