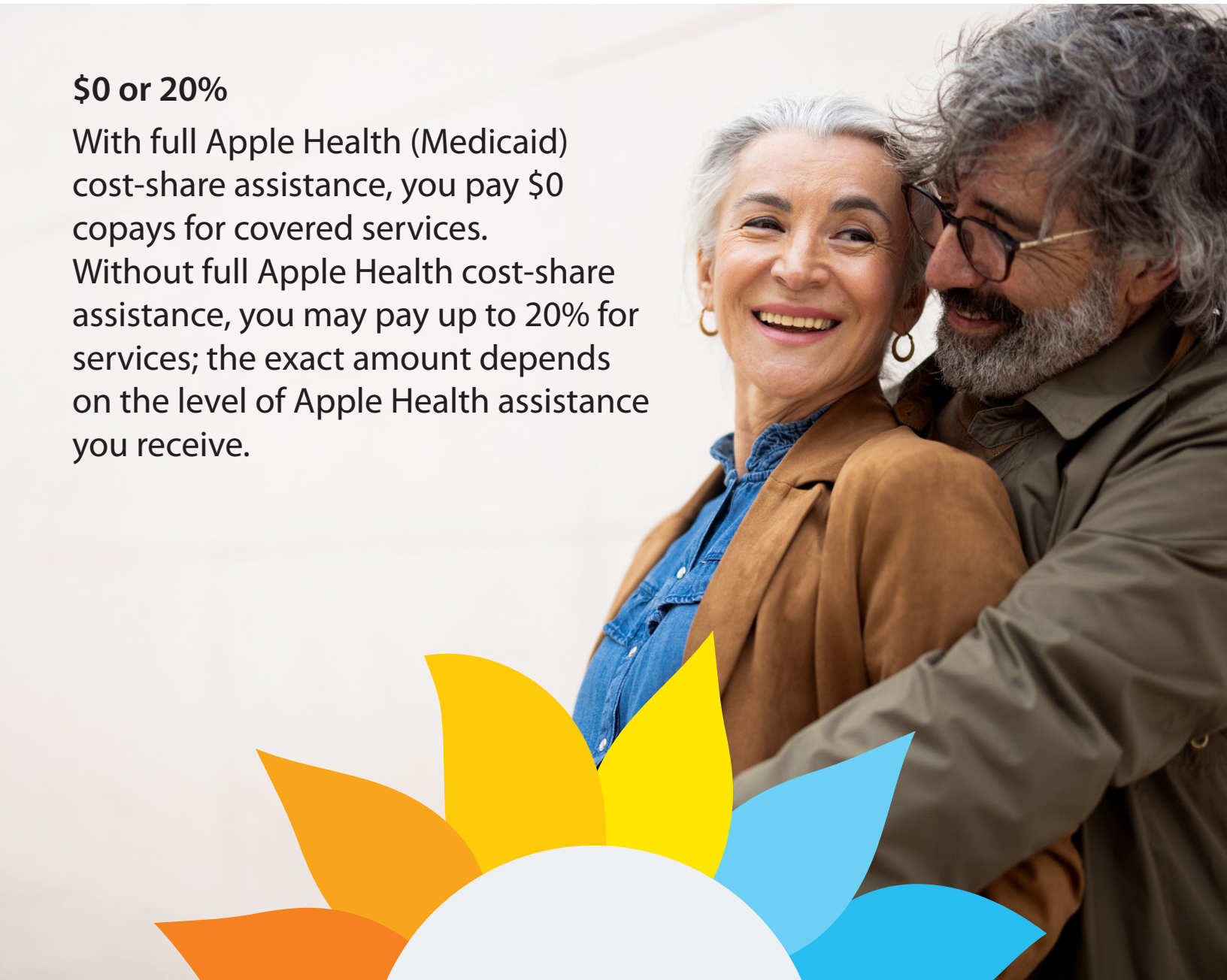
COMMUNITY HEALTH PLAN of Washington™ | MEDICARE ADVANTAGE

The power of community

Community Health Plan of Washington
Dual Complete (HMO D-SNP) | Dual Select (HMO D-SNP)

2026 Summary of Benefits



$0 or 20%

With full Apple Health (Medicaid) cost-share assistance, you pay $0 copays for covered services. Without full Apple Health cost-share assistance, you may pay up to 20% for services; the exact amount depends on the level of Apple Health assistance you receive.

CHPW Dual Complete (HMO D-SNP)

Service areas: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima.

CHPW Dual Complete (HMO D-SNP)
Summary of Premiums & Benefits

Monthly Plan Premium	$0* *Your monthly plan premium of $10.50 is paid for as long as you qualify for 100% Low Income Subsidy ("Extra Help") You must continue to pay your Medicare Part B premium unless it is paid for you by Apple Health (Medicaid).
Deductible	$0. (Without Apple Health cost-share assistance, deductible of $257 applies for Medicare Part B services. This is the 2025 amount, and may change for 2026. Please contact Customer Service for updated amounts.)
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	Your yearly limit(s) in this plan: $9,250 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your share of the cost of your Part D prescription drugs.

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Inpatient Hospital Care[1,2]	$0 copay with full Apple Health cost-share assistance. Without full Apple Health cost-share assistance, Part A deductible and copays apply. These are 2025 cost sharing amounts and may change for 2026. Please contact Customer Service for updated amounts. · $1,676 deductible for days 1-60 · $419 copay for days 61 to 90 · $838 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Each new benefit period begins with a new day 1.
Outpatient Hospital[1,2]	$0 for Medicare-covered outpatient hospital surgery and other services.
Ambulatory Surgery Center[1,2]	You pay $0.
Doctor Visits[1,2] (Primary care and Specialists)	$0 for each Medicare-covered primary care provider or specialist visit (including telehealth). The most recent list of our primary care providers and specialists is available on our website at medicare.chpw.org/find-a-doctor.

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Preventive Care[2]	$0 for preventive services, such as flu shots, and yearly "Wellness" visits. Any additional preventive services approved by Medicare during the contract year will be covered. Eight counseling calls per year and Nicotine Replacement Therapy of up to 12 weeks are also available. Please call Customer Service for more details.
Emergency Care	$0 for each Medicare-covered emergency room visit.
Urgently Needed Services	$0; $40 limit, for Medicare-covered urgently-needed care visits. Urgently needed services are covered services that are not emergency services, provided when the network providers are temporarily unavailable or inaccessible or when the enrollee is out of the service area. For example, you need immediate care during the weekend. Services must be immediately needed and medically necessary. If additional services are provided, cost sharing may apply. For urgently needed services received outside of the U.S. and its territories, please see "Worldwide emergency/urgent care."

Diagnostic Services/ Labs/Imaging[1]	**Diagnostic radiology services** *(such as MRIs, CT scans)*: $0	**Diagnostic tests and procedures:** $0
	Lab services: $0	**Outpatient X-rays:** $0
	Therapeutic radiology services, such as radiation treatment for cancer: $0	
Hearing Services	**Hearing Services:** $0 for Medicare-covered diagnostic hearing exams.	
	Hearing Services (supplemental): $0 for one routine hearing exam per year and one hearing aid fitting/evaluation per year. You pay nothing for supplemental hearing aids and supplies, up to the $1,500 benefit limit every calendar year. Limit one per ear per year. You pay for any costs over the plan benefit limit.	

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Dental Services	$0 copay for supplemental preventive and comprehensive services combined, up to $2,250 per year. You pay nothing for supplemental preventive and comprehensive services up to $2,250 combined total benefit limit per year. You must use a dentist who is part of Delta Dental of Washington's dental network. To find the most current listing of Delta Dental PPO Plus Premier network dentists, visit DeltaDentalWA.com. Delta Dental Network Providers must submit claims for these dental services to Delta Dental of Washington. You will be responsible for all, or most, services provided by Out of Network dentists.
Vision Services	**Vision services:** $0 for the cost for Medicare-covered exams to diagnose and treat diseases and conditions of the eye **Vision services (supplemental):** *(Through the Vision Service Plan (VSP) Choice Network)* • $0 for one WellVision exam every year. • Up to the $500 plan benefit limit, every year for supplemental hardware. **Outside of the VSP Choice network:** • 100% of the cost over the plan benefit limit.

Mental Health Services in Acute Care Facility[1,2]	**Inpatient visit:** $0 copay with full Apple Health cost-share assistance. Without full Apple Health cost-share assistance, Part A deductible and copays apply. These are 2025 cost sharing amounts and may change for 2026. Please contact Customer Service for updated amounts. · $1,676 deductible for days 1 to 60 for each benefit period · $419 copay for days 61 to 90 for each benefit period · $838 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) **Outpatient group and/or individual therapy visit (including telehealth):** You pay $0 with full Apple Health cost-share assistance.
Skilled Nursing Facility (SNF)[1,2]	$0 copay with full Apple Health cost-share assistance. Without full Apple Health cost-share assistance, you pay the following. These are 2025 cost sharing amounts and may change for 2026. Please contact Customer Service for updated amounts. · Days 1 to 20: $0 copay per day for each benefit period · Days 21 to 100: $209.50 copay per day for each benefit period · Days 101 and beyond: all cost

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Physical Therapy[1,2]	You pay $0 for Medicare-covered physical therapy services.
Ambulance[1]	You pay $0 for one-way, Medicare-covered ambulance services.
Transportation[1]	You pay nothing for up to 40 one-way trips (40-mile limit) to health-related appointments each calendar year. Prior authorization is required for trips over 40 miles.
Medicare Part B Drugs	You pay $0 for Medicare covered Part B drugs: · Part B drugs such as chemotherapy drugs[1] · Other Part B drugs[1]

Medicare Part D Drugs Deductible $0

You may get your drugs at network retail pharmacies and mail order pharmacies. To get the most complete and current information about which drugs are covered, visit medicare.chpw.org/formulary.

Retail Cost-Sharing and Preferred Mail Order Cost-Sharing

Tier	30 Day supply	60 Day supply	90 Day Supply
Tier 1	25% coinsurance	25% coinsurance	25% coinsurance
Tier 2	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3	25% coinsurance	N/A	N/A
Tier 3 Insulin Preferred Brand	The lesser of $35 or 25% coinsurance	N/A	N/A
Tier 4	45% coinsurance	N/A	N/A
Tier 4 Insulin Non-Preferred Brand	The lesser of $35 or 25% coinsurance	N/A	N/A
Tier 5	25% coinsurance	N/A	N/A
Tier 6	$0	$0	$0

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as at a standard retail pharmacy.

Health & Wellbeing	$0 copay for covered services which include acupuncture, naturopathy, routine chiropractic, massage therapy, and CHPW-recommended wellbeing programs with up to 25 sessions or visits on all service types combined per year. *These services must be performed by a state certified practitioner.*
Telehealth Services	**We cover telehealth services, including virtual visits with:** · Primary care provider · Specialist[1] · Urgent Care · Individual and group sessions for outpatient mental health, psychiatric, and substance abuse[1] You pay the same as you would for an in-person visit. To get the most complete and current information about telehealth services, visit medicare.chpw.org/virtualcare.
Diabetic Supplies/ Diabetes Supplies and Services[1,2]	$0 for the cost of Medicare-covered diabetic self-management, diabetes services and supplies. Diabetic medication, such as insulin, injected by syringe is typically covered by your Part D prescription drug coverage.

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Durable Medical Equipment [1]	$0 for Medicare-covered durable medical equipment.
Fitness Program	**$0 copay for the following:** · Home fitness kit (options include activity tracker, videos, and exercise equipment) · Membership at participating fitness center · Online and smartphone fitness app tools
Foot Care[2] (podiatry services)	**Podiatry Services:** $0 of the cost for each Medicare-covered podiatry visit. Covered services include: · Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) · Routine foot care for members with certain medical conditions affecting the lower limbs. **Podiatry Services (supplemental):** $0 of the cost for each supplemental podiatry visit. Our supplemental benefit includes up to four (4) visits per year for non-Medicare covered foot care from a Medicare-approved foot care provider.
Home Health Care[1,2]	$0 copay for Medicare-covered home health services.

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Hospice	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not Community Health Plan of Washington Medicare Advantage.	
Meals When You Need It Most	You pay nothing for covered meals up to the maximum benefit. Benefit includes 28 meals post discharge from each hospital or skilled nursing facility admission. Meal program limited to 6 instances per calendar year.	
Outpatient Substance Abuse[1,2]	**Group therapy visit:** $0	**Individual therapy visit:** $0
Grocery Benefit[†]	$85 per month for food at participating retailers. Available to members who meet chronic conditions and eligibility requirements outlined below.[†]	
Prosthetic Devices[1] (Braces, artificial limbs, etc.)	**Medicare-covered:** **Prosthetic Devices** You pay $0 for Medicare-covered prosthetic devices	**Medical Supplies** You pay $0 for Medicare-covered medical supplies
Renal Dialysis[1]	$0	

Worldwide Emergency/ Urgent Care	20% of the cost for Worldwide emergency/ urgent care up to the coverage limit of $25,000. This plan covers supplemental emergency services, urgent services, and emergency transportation received outside of the U.S. and its territories up to a plan coverage limit.

†Special Supplemental Benefits for the Chronically Ill (SSBCI) are available to eligible enrollees. You may qualify for these benefits if you have been diagnosed with a chronic condition such as Diabetes, Cardiovascular Disease, Congestive Heart Failure (CHF), Mental Health Conditions, Cancer, or other qualifying conditions listed in your Evidence of Coverage. You must also meet all other eligibility criteria. To find out if you are eligible, please contact Community Health Plan of Washington's Care Management team at 1-866-418-7005 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

The Summary of Benefits (SB) will help you choose a health plan and is only a summary. The SB shows you how you and the health plan would share the cost for covered health care services. This document does not include every benefit and service that we cover or every limitation or exclusion. To get a complete list of services, please call Customer Service at 1-800-944-1247 (TTY: 711). For general definitions of common terms, such as maximum out-of-pocket amount, balance billing, coinsurance, copayment, deductible, network provider, or other terms, see Chapter 12 of the Evidence of Coverage for CHPW Dual Complete. You can view the Evidence of Coverage for CHPW Dual Complete at medicare.chpw.org/eoc2026 or call 1-800-944-1247 (TTY: 711) to request a copy.

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

What Apple Health (Medicaid) covers

The benefits described below are covered by Apple Health. The benefits described in Covered-Medical and Hospital Benefits Section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Apple Health covers. What you pay for covered services may depend on your level of Apple Health eligibility.

Benefit	CHPW Dual Complete	Apple Health (Medicaid)*
INPATIENT CARE		
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation)	✓ Covered	Covered
Inpatient Mental Health Care	✓ Covered	Covered
Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)	✓ Covered	Covered
Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	✓ Covered	Covered

** This list is provided for general information only and does not guarantee that the services will actually be covered.*

Benefit	CHPW Dual Complete	Apple Health (Medicaid)*
Hospice	✓ Covered	Covered
OUTPATIENT CARE		
Doctor Office Visits	✓ Covered	Covered
Chiropractic Services	✓ Covered	20 and under - Covered 21 and over - Not Covered
Podiatry Services	✓ Covered	Covered for medically necessary procedures
Outpatient Mental Health Care	✓ Covered	Covered
Outpatient Substance Abuse Care	✓ Covered	Covered with restrictions
Outpatient Services	✓ Covered	Covered
Ambulance Services (medically necessary ambulance services)	✓ Covered	Covered with restrictions
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	✓ Covered	Covered

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Benefit	CHPW Dual Complete	Apple Health (Medicaid)*
Urgently Needed Services (This is not emergency care, and in most cases, is out of the service area. See page 27 for more details.)	✓ Covered	Covered
Outpatient Rehabilitation Services (occupational therapy, physical therapy, speech and language therapy)	✓ Covered	Covered with limitations
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	✓ Covered	Covered
Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	✓ Covered	Covered
Diabetes Programs and Supplies	✓ Covered	Covered
Cardiac and Pulmonary Rehabilitation Services	✓ Covered	Covered

** This list is provided for general information only and does not guarantee that the services will actually be covered.*

Benefit	CHPW Dual Complete	Apple Health (Medicaid)*
PREVENTIVE SERVICES		
• Preventive Services: Abdominal aortic aneurysm • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening • Cardiovascular disease • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings • Depression Screening • Diabetes Screenings • HIV screening • Medicare Diabetes Prevention Program	✓ Covered plus Nicotine Replacement Therapy and counseling	Covered with limitations

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Benefit	CHPW Dual Complete	Apple Health (Medicaid)*
Preventive Services (continued): • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling • Vaccines including COVID-19, Flu, Hepatitis B and Pneumococal shots • "Welcome to Medicare" preventive visit • Yearly "Wellness" Visit	✓ Covered plus Nicotine Replacement Therapy and counseling	Covered with limitations
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	✓ Covered	Covered with restrictions

** This list is provided for general information only and does not guarantee that the services will actually be covered.*

Benefit	CHPW Dual Complete	Apple Health (Medicaid)*
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
Dental Services	✓ Covered	Covered
Hearing Services	✓ Covered - Hearing Exam and Hearing Aid device	Covered
Vision Services	✓ Covered plus additional hardware benefit	Covered
Fitness Program	✓ Covered	Not covered
Grocery Benefit†	✓ Covered	Not covered
Non-emergency Medical Transportation (NEMT)	✓ Covered	Covered
Health & Wellbeing	✓ Covered	Not covered

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

†Special Supplemental Benefits for the Chronically Ill (SSBCI) are available to eligible enrollees. You may qualify for these benefits if you have been diagnosed with a chronic condition such as Diabetes, Cardiovascular Disease, Congestive Heart Failure (CHF), Mental Health Conditions, Cancer, or other qualifying conditions listed in your Evidence of Coverage. You must also meet all other eligibility criteria. To find out if you are eligible, please contact Community Health Plan of Washington's Care Management team at 1-866-418-7005 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

You can get more information about Medicare in the *Medicare & You* handbook. It is mailed to people with Medicare every fall and is also available online at www.medicare.gov or by calling 1-800-MEDICARE.

Community Health Plan of Washington is an HMO plan with a Medicare contract and a contract with the Washington State Medicaid program. Enrollment in Community Health Plan of Washington depends on contract renewal.

** This list is provided for general information only and does not guarantee that the services will actually be covered.*

CHPW Dual Select (HMO D-SNP)

Service areas: Adams, Benton, Chelan, Clallam, Clark, Cowlitz, Douglas, Franklin, Grant, Grays Harbor, Jefferson, King, Kitsap, Kittitas, Lewis, Mason, Okanogan, Pacific, Pend Oreille, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, and Yakima.

Monthly Plan Premium	$0 - $10.50 (exact amount depends on level of Extra Help) You must continue to pay your Medicare Part B premium unless it is paid for you by Apple Health (Medicaid).
Deductible	Without Apple Health (Medicaid) cost-share assistance, deductible of $257 applies for Medicare Part B services. This is the 2025 amount, and may change for 2026. Please contact Customer Service for updated amounts.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	Your yearly limit(s) in this plan: $9,250 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your share of the cost of your Part D prescription drugs.

Inpatient Hospital Care[1,2]	Without full Apple Health cost-share assistance, Part A deductible and copays apply. These are 2025 cost sharing amounts and may change for 2026. Please contact Customer Service for updated amounts. · $1,676 deductible for days 1-60 · $419 copay for days 61 to 90 · $838 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Each new benefit period begins with a new day 1.
Outpatient Hospital[1,2]	$0 or 20% for Medicare-covered outpatient hospital surgery and other services.
Ambulatory Surgery Center[1,2]	You pay $0 or 20%.

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Doctor Visits[1,2] (Primary care and Specialists) 	$0 or 20% for each Medicare-covered primary care provider or specialist visit (including telehealth). The most recent list of our primary care providers and specialists is available on our website at medicare.chpw.org/find-a-doctor.
Preventive Care[2] 	$0 for preventive services, such as flu shots, and yearly "Wellness" visits. Any additional preventive services approved by Medicare during the contract year will be covered. Eight counseling calls per year and Nicotine Replacement Therapy of up to 12 weeks are also available. Please call Customer Service for more details.
Emergency Care 	$0 or 20%; $115 limit, for each Medicare-covered emergency room visit.

Urgently Needed Services	$0 or 20%; $40 limit, for Medicare-covered urgently-neededcare visits. Urgently needed services are covered services that are not emergency services, provided when the network providers are temporarily unavailable or inaccessible or when the enrollee is out of the service area. For example, you need immediate care during the weekend. Services must be immediately needed and medically necessary. If additional services are provided, cost sharing may apply. For urgently needed services received outside of the U.S. and its territories, please see "Worldwide emergency/urgent care."
Diagnostic Services/ Labs/Imaging[1]	**Diagnostic radiology services** *(such as MRIs, CT scans)*: $0 or 20% **Diagnostic tests and procedures:** $0 or 20% **Lab services:** $0 or 20% **Outpatient X-rays:** $0 or 20% **Therapeutic radiology services, such as radiation treatment for cancer:** $0 or 20%

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Hearing Services	**Hearing Services:** $0 or 20% for Medicare-covered diagnostic hearing exams. **Hearing Services (supplemental):** $0 for one routine hearing exam per year and one hearing aid fitting/evaluation per year. You pay nothing for supplemental hearing aids and supplies, up to the $1,500 benefit limit every calendar year. Limit one per ear per year. You pay for any costs over the plan benefit limit.
Dental Services	$0 copay for supplemental preventive and comprehensive services combined, up to $1,250 per year. You pay nothing for supplemental preventive and comprehensive services up to $1,250 combined total benefit limit per year. You must use a dentist who is part of Delta Dental of Washington's dental network. To find the most current listing of Delta Dental PPO Plus Premier network dentists, visit DeltaDentalWA.com. Delta Dental Network Providers must submit claims for these dental services to Delta Dental of Washington. You will be responsible for all, or most, services provided by Out of Network dentists.

Vision Services	**Vision services:** $0 or 20% for the cost for Medicare-covered exams to diagnose and treat diseases and conditions of the eye **Vision services (supplemental):** *(Through the Vision Service Plan (VSP) Choice Network)* • $0 for one WellVision exam every year. • Up to the $500 plan benefit limit, every year for supplemental hardware. **Outside of the VSP Choice network:** • 100% of the cost over the plan benefit limit.

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Mental Health Services in Acute Care Facility [1,2]	**Inpatient visit:** Without full Apple Health cost-share assistance, Part A deductible and copays apply. These are 2025 cost sharing amounts and may change for 2026. Please contact Customer Service for updated amounts. · $1,676 deductible for days 1 to 60 for each benefit period · $419 copay for days 61 to 90 for each benefit period · $838 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) **Outpatient group and/or individual therapy visit (including telehealth):** You pay $0 or 20% with full Apple Health cost-share assistance.
Skilled Nursing Facility (SNF)[1,2]	Without full Apple Health cost-share assistance, you pay the following. This is the 2025 amount, which changes every year. Please contact Customer Service for updated amounts. Days 1 to 20: $0 copay per day for each benefit period Days 21 to 100: $209.50 copay per day for each benefit period Days 101 and beyond: all cost

Transportation[1]	You pay nothing for up to 40 one-way trips (40-mile limit) to health-related appointments each calendar year. Prior authorization is required for trips over 40 miles.
Physical Therapy[1,2]	You pay $0 or 20% for Medicare-covered physical therapy services.
Ambulance[1]	You pay $0 or 20% for one-way, Medicare-covered ambulance services.
Medicare Part B Drugs	You pay $0 or 20% for Medicare covered Part B drugs: · Part B drugs such as chemotherapy drugs[1] · Other Part B drugs[1]

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Medicare Part D Drugs Deductible $0 to $615 Depending on "Extra Help"

You may get your drugs at network retail pharmacies and mail order pharmacies. To get the most complete and current information about which drugs are covered, visit medicare.chpw.org/formulary.

Retail Cost-Sharing and Preferred Mail Order Cost-Sharing

Tier	30 Day supply	60 Day supply	90 Day Supply
Tier 1	25% coinsurance	25% coinsurance	25% coinsurance
Tier 2	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3	25% coinsurance	N/A	N/A
Tier 3 Insulin Preferred Brand	The lesser of $35 or 25% coinsurance	N/A	N/A
Tier 4	50% coinsurance	N/A	N/A
Tier 4 Insulin Non-Preferred Brand	The lesser of $35 or 25% coinsurance	N/A	N/A
Tier 5	25% coinsurance	N/A	N/A
Tier 6	$0	$0	$0

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as at a standard retail pharmacy.

Health & Wellbeing	$0 copay for covered services which include acupuncture, naturopathy, routine chiropractic, massage therapy, and CHPW-recommended wellbeing programs with up to 25 sessions or visits on all service types combined per year. *These services must be performed by a state certified practitioner.*
Telehealth Services	**We cover telehealth services, including virtual visits with:** · Primary care provider · Specialist[1] · Urgent Care · Individual and group sessions for outpatient mental health, psychiatric, and substance abuse[1] You pay the same as you would for an in-person visit. To get the most complete and current information about telehealth services, visit medicare.chpw.org/virtualcare.
Diabetic Supplies/ Diabetes Supplies and Services[1,2]	$0 or 20% for the cost of Medicare-covered diabetic self-management, diabetes services and supplies. Diabetic medication, such as insulin, injected by syringe is typically covered by your Part D prescription drug coverage.

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Durable Medical Equipment [1]	$0 or 20% for Medicare-covered durable medical equipment.
Fitness Program	**$0 copay for the following:** · Home fitness kit (options include activity tracker, videos, and exercise equipment) · Membership at participating fitness center · Online and smartphone fitness app tools
Foot Care[2] (podiatry services)	**Podiatry Services:** $0 or 20% of the cost for each Medicare-covered podiatry visit. Covered services include: · Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) · Routine foot care for members with certain medical conditions affecting the lower limbs. **Podiatry Services (supplemental):** $0 of the cost for each supplemental podiatry visit. Our supplemental benefit includes up to four (4) visits per year for non-Medicare covered foot care from a Medicare-approved foot care provider.

Home Health Care[1,2]	$0 copay for Medicare-covered home health services.	
Hospice	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not Community Health Plan of Washington Medicare Advantage.	
Meals When You Need It Most	You pay nothing for covered meals up to the maximum benefit. Benefit includes 28 meals post discharge from each hospital or skilled nursing facility admission. Meal program limited to 6 instances per calendar year.	
Outpatient Substance Abuse[1,2]	**Group therapy visit:** $0 or 20%	**Individual therapy visit:** $0 or 20%

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Prosthetic Devices[1] (Braces, artificial limbs, etc.)	**Medicare-covered:** **Prosthetic Devices** You pay $0 or 20% for Medicare-covered prosthetic devices	**Medical Supplies** You pay $0 or 20% for Medicare-covered medical supplies
Renal Dialysis[1]	$0 or 20%	
Worldwide Emergency/ Urgent Care	20% of the cost for Worldwide emergency/ urgent care up to the coverage limit of $25,000. This plan covers supplemental emergency services, urgent services, and emergency transportation received outside of the U.S. and its territories up to a plan coverage limit.	

What Apple Health (Medicaid) covers

The benefits described below are covered by Apple Health. The benefits described in Covered-Medical and Hospital Benefits Section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Apple Health covers. What you pay for covered services may depend on your level of Apple Health eligibility.

Benefit	CHPW Dual Select	Apple Health (Medicaid)*
INPATIENT CARE		
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation)	✓ Covered	Covered
Inpatient Mental Health Care	✓ Covered	Covered
Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)	✓ Covered	Covered
Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	✓ Covered	Covered

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Benefit	CHPW Dual Select	Apple Health (Medicaid)*
Hospice	✓ Covered	Covered
OUTPATIENT CARE		
Doctor Office Visits	✓ Covered	Covered
Chiropractic Services	✓ Covered	20 and under - Covered 21 and over - Not Covered
Podiatry Services	✓ Covered	Covered for medically necessary procedures
Outpatient Mental Health Care	✓ Covered	Covered
Outpatient Substance Abuse Care	✓ Covered	Covered with restrictions
Outpatient Services	✓ Covered	Covered
Ambulance Services (medically necessary ambulance services)	✓ Covered	Covered with restrictions
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	✓ Covered	Covered

** This list is provided for general information only and does not guarantee that the services will actually be covered.*

Benefit	CHPW Dual Select	Apple Health (Medicaid)*
Urgently Needed Services (This is not emergency care, and in most cases, is out of the service area. See page 41 for more details.)	✓ Covered	Covered
Outpatient Rehabilitation Services (occupational therapy, physical therapy, speech and language therapy)	✓ Covered	Covered with limitations
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	✓ Covered	Covered
Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	✓ Covered	Covered
Diabetes Programs and Supplies	✓ Covered	Covered

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Benefit	CHPW Dual Select	Apple Health (Medicaid)*
Cardiac and Pulmonary Rehabilitation Services	✓ Covered	Covered
PREVENTIVE SERVICES		
Preventive Services: • Abdominal aortic aneurysm • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening • Cardiovascular disease • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings • Depression Screening • Diabetes Screenings	✓ Covered plus Nicotine Replacement Therapy and counseling	Covered with limitations

** This list is provided for general information only and does not guarantee that the services will actually be covered.*

Benefit	CHPW Dual Select	Apple Health (Medicaid)*
Preventive Services (continued): • HIV screening • Medicare Diabetes Prevention Program • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling • Vaccines including COVID-19, Flu, Hepatitis B and Pneumococcal shots • "Welcome to Medicare" preventive visit • Yearly "Wellness" Visit	✓ Covered plus Nicotine Replacement Therapy and counseling	Covered with limitations

Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.

Benefit	CHPW Dual Select	Apple Health (Medicaid)*
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	✓ Covered	Covered with restrictions
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
Dental Services	✓ Covered	Covered
Hearing Services	✓ Covered - Hearing Exam and Hearing Aid device	Covered
Vision Services	✓ Covered plus additional hardware benefit	Covered
Fitness Program	✓ Covered	Not covered
Non-emergency Medical Transportation (NEMT)	✓ Covered	Covered
Health & Wellbeing	✓ Covered	Not covered

** This list is provided for general information only and does not guarantee that the services will actually be covered.*

Non-Discrimination Notice

Community Health Plan of Washington (CHPW) complies with applicable federal, state, and local civil rights laws. Community Health Plan of Washington does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, sex, sexual orientation, gender (including gender identity or expression), veteran or military status, or the presence of any sensory, mental or physical disability or the use of a service animal.

To ensure access and to help people with disabilities communicate effectively with us, Community Health Plan of Washington:

- Provides free and timely reasonable modifications
- Provides free auxiliary aids and services, such as information in large print, audio, and accessible electronic formats

Community Health Plan of Washington also provides free and timely language assistance services to people whose primary language is not English, such as:

- Qualified interpreters, and
- Information written in other languages

If you need these services, contact CHPW Customer Service at 1-800-942-0247 (TTY: 711) 8 a.m. to 8 p.m.

If you believe that Community Health Plan of Washington has failed to provide these services or discriminated in another way prohibited by law, you can file a grievance with: Civil Rights Coordinator, by mail at 1111 3rd Ave, Suite 400, Seattle WA 98101; by phone at 1-800-942-0247 (TTY: 711), 8 a.m. to 5 p.m., Monday through Friday; by fax at 206-652-7010; or by email at civil.rights@chpw.org. If you need help filing a grievance, the Appeals and Grievances Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at hhs.gov/ocr/complaints/index.html.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

For free language assistance services and auxiliary aids and services, call 1-800-942-0247 (TTY: 711).

Español (Spanish)
Para obtener servicios gratuitos de asistencia lingüística así como ayudas y servicios auxiliares, llame al 1-800-942-0247 (TTY: 711).

中文（简体) (Chinese)
如需免费的语言协助服务以及辅助工具和服务，请致电1-800-942-0247 (听障人士请拨打 TTY：711）。

Tiếng Việt (Vietnamese)
Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi 1-800-942-0247 (TTY: 711).

한국인 (Korean)
무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면 1-800-942-0247 (TTY: 711)로 문의해 주시기 바랍니다.

Русский (Russian)
Для получения бесплатных услуг языковой помощи а также вспомогательных средств и услуг, звоните по номеру 1-800-942-0247 (TTY: 711).

Tagalog
Para sa mga libreng serbisyo sa tulong sa wika at mga pantulong na kagamitan at serbisyo, tumawag sa 1-800-942-0247 (TTY: 711).

Українська (Ukrainian)
Для отримання безкоштовної мовної допомоги, допоміжних засобів та послуг телефонуйте за номером 1-800-942-0247 (TTY: 711).

ខ្មែរ (Mon-Khmer Cambodian)
សម្រាប់សេវាកម្មជំនួយផ្នែកភាសា និងឧបករណ៍ និងសេវាកម្មជំនួយដោយឥតគិតថ្លៃ សូមទូរសព្ទទៅលេខ 1-800-942-0247 (TTY: 711)។

日本語 (Japanese)
言語サポートサービス（無料）および補助的な器具やサービスをご希望の方は、
1-800-942-0247（TTY: 711）までお電話ください。

አማርኛ (Amharic)
ለ ለነጻ የቋንቋ እርዳታ አገልግሎቶች እንዲሁም ለአካል ጉዳተኞች እርዳታ እና አገልግሎቶች፣ ወደ 1-800-942-0247 (TTY: 711) ይደውሉ።

العربية (Arabic)
لتلقي خدمات المساعدة اللغوية المجانية والأدوات المساعدة والخدمات الإضافية، يرجى الاتصال على الرقم 1-800-942-0247 (الهاتف النصي TTY: اتصل على الرقم 711).

ਪੰਜਾਬੀ (Punjabi)
ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਸਹਾਇਕ ਸਾਧਨਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਲਈ, 1-800-942-0247 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Deutsch (German)
Kostenlose Sprachassistenzdienste, Hilfsmittel und Dienstleistungen erhalten Sie unter 1-800-942-0247 (TTY: 711).

ພາສາລາວ (Laotian)
ສໍາລັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນ ແລະ ການບໍລິການເສີມແບບບໍ່ເສຍຄ່າ, ໃຫ້ໂທ 1-800-942-0247 (TTY: 711).

Cushite Afaan Oromoo
Tajaajiloota hiikkaa afaanii, fi namoota hanqina dubbachuu, arguu fi dhagahuu qabaniif deeggarsa dubbii, argaa fi dhageettii meeshaatiinii bilisaan argachuuf, gara 1-800-942-0247 (TTY: 711) tti bilbilaa.

ትግርኛ (Tigrinya)
ብነጻ ናይ ቋንቋ ሓገዝ ኣገልግሎት፣ ከምኡ'ውን ናይ ረድኤት ሓገዝን ኣገልግሎትን ንምርካብ ናብ 1-800-942-0247 (TTY፡- 711) ደውሉ።

Soomaali (Somali)
Si aad u hesho adeegyada caawinta luqadda bilaashka ah iyo qalabka iyo adeegyada kaalmada ah, wac 1-800-942-0247 (TTY: 711).

Français (French)
Pour bénéficier d'une assistance linguistique gratuite et d'aides et services auxiliaires, appelez le 1-800-942-0247 (TTY : 711).

دری (Dari)
برای درخواست خدمات ترجمه رایگان، و کمک ها و خدمات پشتیبان مخصوص افراد ناتوان یا کم توان، با 1-800-942-0247 (TTY: 711)به تماس شوید.

Notes

Web:
medicare.chpw.org

Mailing Address:
Community Health Plan
of Washington
1111 3rd Ave, Suite 400
Seattle, WA 98101-3207

Prospective Members:
1-800-944-1247

Current Members:
1-800-942-0247

TTY: 711

8:00 a.m. to 8:00 p.m.
7 days a week

COMMUNITY HEALTH PLAN
of Washington™
MEDICARE ADVANTAGE

H5826_MK193_SB_Dual_01_2026_M 18pt HCA: 53684