Community Health Plan of Washington (CHPW) Dual Select (HMO D-SNP) offered by Community Health Plan of Washington

Annual Notice of Change for 2026

You're enrolled as a member of CHPW Dual Select (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in CHPW Dual Select.
- To change to a **different plan**, visit medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage***.** Get a copy at medicare.chpw.org or call Customer Service at 1-800-942-0247 (TTY users call 711) to get a copy by mail.

OMB Approval 0938-1051 (Expires: August 31, 2026)

More Resources

- This material is available for free in Spanish.
- Our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Call Customer Service at 1-800-942-0247 (TTY users call 711) for more information. Hours are 8:00 a.m. to 8:00 p.m., 7 days a week. This call is free. You can ask for this information in alternate formats such as Braille, large print and audio free of charge.

About CHPW Dual Select

- Community Health Plan of Washington is an HMO plan with a Medicare contract. Our plan also has a written agreement with the Washington State Apple Health (Medicaid) program to coordinate your Apple Health (Medicaid) benefits. Enrollment in Community Health Plan of Washington depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Community Health Plan of Washington. When it says “plan” or “our plan,” it means CHPW Dual Select.
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in CHPW Dual Select.** Starting January 1, 2026, you’ll get your medical and drug coverage through CHPW Dual Select. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	**2026 (next year)**
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1 for details.	$26.20	**$10.50**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	$9,350 If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount	**$9,250** **If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount**

	2025 (this year)	2026 (next year)
	for covered Part A and Part B services.	**for covered Part A and Part B services.**
Primary care office visits	$0 copayment or 20% per visit. If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you pay $0 per visit.	**$0 copayment or 20% per visit per visit. If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you pay $0 per visit.**
Specialist office visits	$0 copayment or 20% per visit. If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you pay $0 per visit.	**$0 copayment or 20% per visit per visit. If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you pay $0 per visit.**

	2025 (this year)	2026 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is	With full Apple Health (Medicaid) cost share assistance, you pay a $0 copayment. Without Apple Health (Medicaid) cost share assistance, you are subject to the Original Medicare cost sharing amounts for 2025. $1,676 deductible for days 1 to 60; $419 copayment each day for days 61 to 90; $838 copay per "lifetime reserve day" after day 90	**With full Apple Health (Medicaid) cost share assistance, you pay a $0 copayment. Without Apple Health (Medicaid) cost share assistance, you are subject to the Original Medicare cost sharing amounts for 2026 which will be set by CMS in the fall of 2025.** **These are 2025 cost sharing amounts and may change for 2026. Please contact Customer Service for updated amounts.**

	2025 (this year)	**2026 (next year)**
your last inpatient day.	for each benefit period (up to 60 days over your lifetime).	**$1,676 deductible for days 1 to 60;** **$419 copayment each day 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).**
Part D drug coverage deductible (Go to Section 1 for details.)	Deductible: $590 except for covered insulin products and most adult Part D vaccines	**Deductible: $0-615 except for covered insulin products and most adult Part D vaccines**
Part D drug coverage (Go to Section 1 for details,	Cost sharing during the Initial Coverage Stage:	**Cost sharing as applicable during the Initial Coverage Stage:**

	2025 (this year)	**2026 (next year)**
including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Drug Tier 1: $0	**Drug Tier 1 (Preferred Generic):** You pay $5.10 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level. **Drug Tier 2 (Generic):** You pay $5.10 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level.

	2025 (this year)	2026 (next year)
		Drug Tier 3 (Preferred Brand): You pay $12.65 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level. You pay the lesser of $35 or 25% per month supply of each covered insulin product on this tier. **Drug Tier 4 (Non-preferred):** You pay $12.65 or 50% of the total cost, whichever is lower. Cost-share amounts may vary

	2025 (this year)	2026 (next year)
		based on income level. You pay the lesser of $35 or 25% per month supply of each covered insulin product on this tier. **Drug Tier 5 (Specialty):** You pay $12.65 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level.

	2025 (this year)	2026 (next year)
		Drug Tier 6 (Select): $0 cost sharing **Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Apple Health (Medicaid) .)	$26.20	**$10.50**

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services (and other health services not covered by Medicare) for the rest of the calendar year.

	2025 (this year)	**2026 (next year)**
Maximum out-of-pocket amount Because our members also get help from Apple Health (Medicaid), very few members ever reach this out-of-pocket maximum. If you are eligible for Apple Health (Medicaid) help with Part A and Part B copayments, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-	$9,350	**$9,250** **Once you've paid $9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.**

	2025 (this year)	2026 (next year)
pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* medicare.chpw.org/find-a-doctor to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at medicare.chpw.org.
- Call Customer Service at 1-800-942-0247 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-800-942-0247 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* at medicare.chpw.org/member-center/member-resources/prescription-drug-coverage to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at medicare.chpw.org.
- Call Customer Service at 1-800-942-0247 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-800-942-0247 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	**2026 (next year)**
Dental (Supplemental)	$750 annual limit for preventive and comprehensive supplemental dental services.	**$1,250 annual limit for preventive and comprehensive supplemental dental services.**
Emergency Care	$110 copayment. If you are eligible for Medicare cost sharing help under Apple Health (Medicaid), you pay $0.	**$115 copayment. If you are eligible for Medicare cost sharing help under Apple Health (Medicaid), you pay $0**.

	2025 (this year)	2026 (next year)
Hearing services (Supplemental)	$2,250 annual limit for hearing aids and related supplies. Limit of one per year, per ear.	**$1,500 annual limit for hearing aids and related supplies. Limit of one per year, per ear.**
Transportation (Supplemental)	You pay nothing for up to 32 one-way trips to plan approved healthcare locations each calendar year.	**You pay nothing for up to 40 one-way trips to plan approved healthcare locations each calendar year.**

	2025 (this year)	2026 (next year)
Urgently Needed Services	$45 copayment. If you are eligible for Medicare cost sharing help under Apple Health (Medicaid), you pay $0.	**$40 copayment. If you are eligible for Medicare cost sharing help under Apple Health (Medicaid), you pay $0.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically. **You can get the *complete* Drug List** by calling Customer Service at 1-800-942-0247 (TTY users call 711) or visiting our website at (medicare.chpw.org/member-center/member-resources/prescription-drug-coverage).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at 1-800-942-0247 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by October 1st, 2025, call Customer Service at 1-800-942-0247 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***
  You start in this payment stage each calendar year. During this stage, you pay the full cost of your tier 1-6 drugs until you reach the yearly deductible.
- ***Stage 2: Initial Coverage***
  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,100.
- ***Stage 3: Catastrophic Coverage***
  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

	2025 (this year)	**2026 (next year)**
Yearly Deductible	$0-$590 During this stage, you pay $0 cost sharing for drugs on tier 1.	**$0-615** **During this stage, you pay $0 cost sharing for drugs on Tier 6 and the full cost of drugs on Tiers 1-5) until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

For drugs on Tiers 1-5, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions], go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Drug Tier 1 (Preferred Generic)	$0 cost share	**You pay $5.10 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level.**
Drug Tier 2 (Generic)	$0 cost share	**You pay $5.10 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level.**
Drug Tier 3 (Preferred Brand)	$0 cost share	**You pay $12.65 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level.** **You pay $35 or 25%, whichever is lower, per month supply of each covered insulin product on this tier.**

	2025 (this year)	2026 (next year)
Drug Tier 4 (Non-Preferred)	$0 cost share	**You pay $12.65 or 50% of the total cost, whichever is lower. Cost-share amounts may vary based on income level.** **You pay $35 or 25%, whichever is lower, per month supply of each covered insulin product on this tier**
Drug Tier 5 (Specialty)	$0 cost share	**You pay $12.65 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level.**
Drug Tier 6 (Select)	Not offered in 2025.	**$0 cost sharing**

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

Changes to your VBID Part D Benefit

Part D cost sharing in 2025 was $0 for Tiers 1-5. The VBID Part D benefit is not offered in 2026. See the table above for 2026 changes to Part D cost sharing.

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	**If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.** **To learn more about this payment option, call us at 1-800-942-0247 (TTY users call 711) or visit medicare.gov.**

SECTION 3 How to Change Plans

To stay in CHPW Dual Select, you don't need to do anything.
Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our CHPW Dual Select.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from CHPW Dual Select
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from CHPW Dual Select.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-800-942-0247 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).

- **To learn more about Original Medicare and the different types of Medicare plans,** visit medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Apple Health (Medicaid), you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan
  (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Apple Health (Medicaid) benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without separate Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
  - Your State Medicaid office.

- **Help from your state's pharmaceutical assistance program (SPAP).** Washington has a program called Washington State Health Insurance Pool (WSHIP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Washington State Early Intervention Program (EIP). For

information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-877-376-9316. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-800-942-0247 (TTY users call 711) or visit medicare.gov.

SECTION 5 Questions?

Get Help from CHPW Dual Select

- **Call Member Services at 1-800-942-0247. (TTY users call 711)**
  We're available for phone calls 8:00 a.m. to 8:00 p.m., 7 days a week. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***
  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for CHPW Dual Select *.* The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at *medicare.chpw.org* or call Customer Service at 1-800-942-0247 (TTY users call 711) to ask us to mail you a copy.

- **Visit medicare.chpw.org**
  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List)*.*

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Washington, the SHIP is called Statewide Health insurance Benefits Advisors (SHIBA).

Call SHIBA to get free personalized health insurance counseling. They can help you understand your Medicare and Apple Health (Medicaid) plan choices and answer questions about switching plans. Call SHIBA at 1-800-562-6900. Learn more about SHIBA by visiting (insurance.wa.gov/statewide-health-insurance-benefits-advisors-shiba).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270,
  Lawrence, KS 66044

- **Visit medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2026**

  The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call Washington State Health Care Authority at 1-800-562-3022. TTY users 1-800-848-5429 for help with Apple Health (Medicaid) enrollment or benefit questions.

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