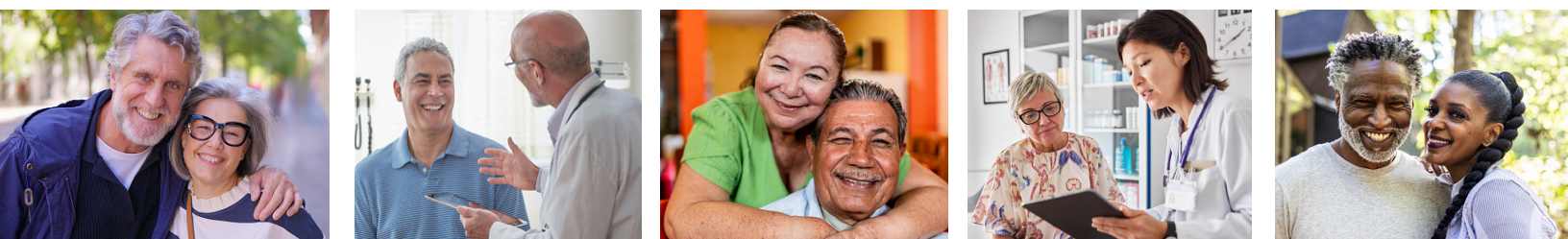


Community Health Plan of Washington



2027 Summary of Benefits

Medicare Advantage

Dual Complete (HMO D-SNP) | Dual Select (HMO D-SNP)

\$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 pay 20% cost-sharing for covered services; the exact amount depends on the level of Apple Health assistance you receive.



COMMUNITY HEALTH PLAN
of Washington™

MEDICARE ADVANTAGE

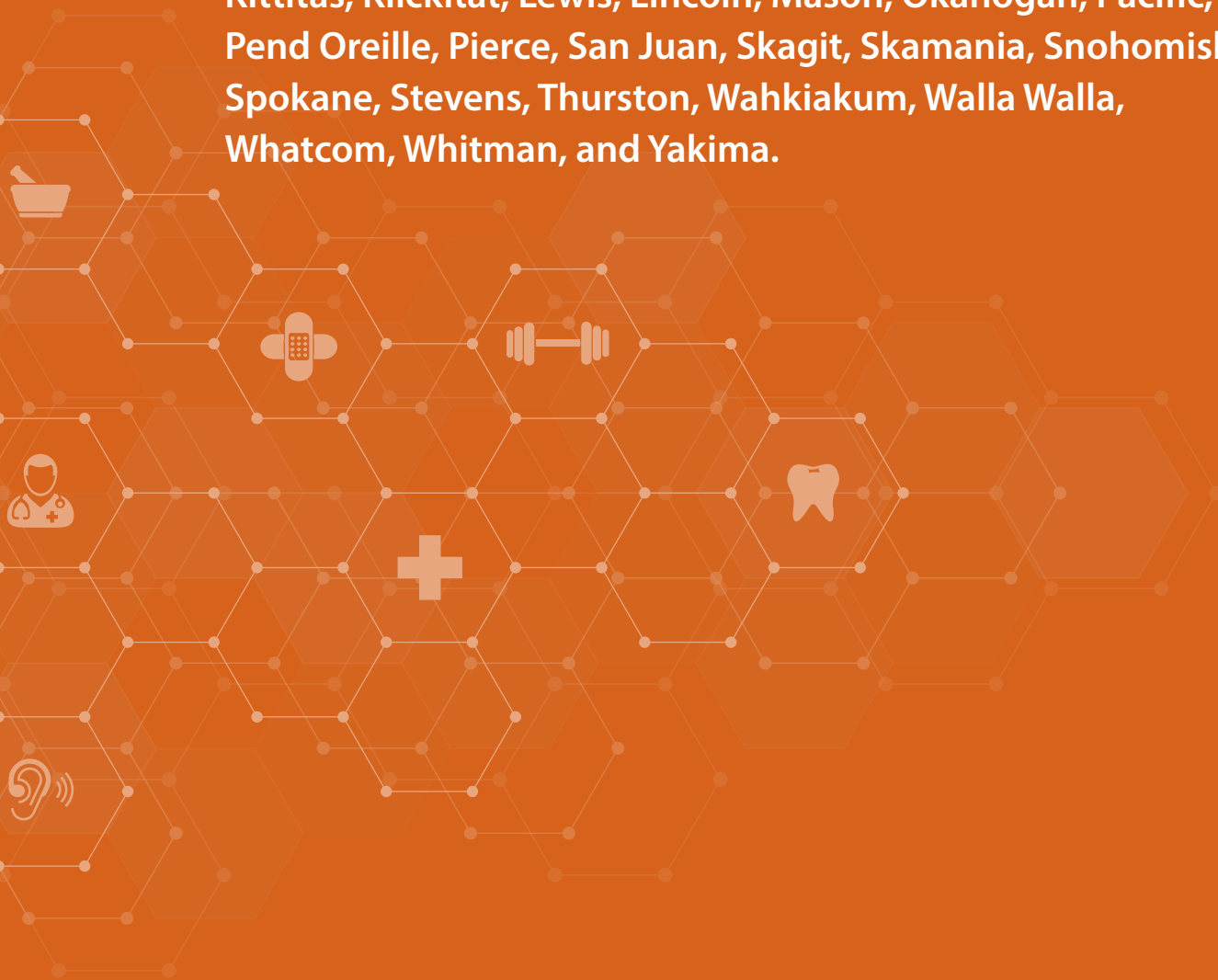
Summary of Benefits

\$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 pay 20% cost-sharing for covered services; the exact amount depends on the level of Apple Health assistance you receive.

CHPW Medicare Advantage 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 Medicare Advantage Dual Complete (HMO D-SNP)

Summary of Premiums & Benefits

Monthly Plan Premium

\$0*



*Your monthly plan premium of \$6.30 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 \$283 applies for Medicare Part B services. This is the 2026 amount, and may change for 2027. Please contact Customer Service for updated amounts.)

Maximum Out-of-Pocket Responsibility

(does not include prescription drugs)



Your yearly limit(s) in this plan: \$9,850 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}



\$0 copay with full Apple Health cost-share assistance. Without full Apple Health cost-share assistance, Part A deductible and copays apply. These are 2026 cost sharing amounts and may change for 2027. Please contact Customer Service for updated amounts.

- \$1,736 deductible for days 1-60
- \$434 copay for days 61 to 90
- \$868 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.



CHPW Medicare Advantage Dual Complete (HMO D-SNP)

Summary of Premiums & Benefits

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 .	
Preventive Care²	\$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.	
Diagnostic Services/ Labs/Imaging¹	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 hearing aids, over-the-counter hearing aids and related 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. For more information on how to purchase OTC hearing aids, go to medicare.chpw.org/hearing.

Dental Services



\$0 copay for supplemental preventive and comprehensive services combined, up to \$2,000 per year.

You pay nothing for supplemental preventive and comprehensive services up to \$2,000 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:

If you see a provider outside the VSP Choice Network, VSP will reimburse you for:

- One routine eye exam each year, up to the out-of-network allowance.
- Vision hardware at a reduced rate.

CHPW Medicare Advantage Dual Complete (HMO D-SNP)

Summary of Premiums & Benefits

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 2026 cost sharing amounts and may change for 2027. Please contact Customer Service for updated amounts.

- \$1,736 deductible for days 1 to 60 for each benefit period
- \$434 copay for days 61 to 90 for each benefit period
- \$868 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 2026 cost sharing amounts and may change for 2027. Please contact Customer Service for updated amounts.

Days 1 to 20: \$0 copay per day for each benefit period

Days 21 to 100: \$217 copay per day for each benefit period

Days 101 and beyond: all cost

Physical Therapy^{1,2}



You pay \$0 for Medicare-covered physical therapy services.

Ambulance¹



You pay \$0 for one-way, Medicare-covered ambulance services.

Transportation¹



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 drugs¹
- Other Part B drugs¹

CHPW Medicare Advantage Dual Complete (HMO D-SNP)

Summary of Drug Coverage

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	25% 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.

Coverage Stages	
Stage 1: Yearly Deductible Stage	If you don't get Extra Help, this stage begins when you fill your first prescription in the year. You pay the full cost of your drugs until you reach the plan's deductible amount (\$0-\$700 for 2027).
Stage 2: Initial Coverage Stage	You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,400 in 2027. Once you reach that limit, you move to the Catastrophic Coverage Stage.
Stage 3: Catastrophic Coverage Stage	In the Catastrophic Stage, you pay nothing for covered Part D drugs. You enter this stage when your out-of-pocket costs reach \$2,400 for the calendar year. Once you reach this stage, you stay in it for the rest of the calendar year.

*If you have any questions about this plan's benefits or costs, please contact one of our
CHPW Medicare Representatives at 1-800-944-1247 (TTY: 711)*

CHPW Medicare Advantage Dual Complete (HMO D-SNP)

Summary of Other Benefits

Telehealth Services



We cover telehealth services, including virtual visits with:

- Primary care provider
- Specialist²
- Urgent Care
- Individual and group sessions for outpatient mental health, psychiatric, and substance abuse¹

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



\$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.

Durable Medical Equipment ¹



\$0 for Medicare-covered durable medical equipment.

Foot Care (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.	
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[†] 	\$45 per month on a prepaid debit card for healthy food at participating retailers. Available to members who meet chronic conditions and eligibility requirements outlined below.[†] Special Supplemental Benefits for the Chronically Ill (SSBCI)	
Over-the-Counter 	\$50 every month on a prepaid debit card to spend on OTC items.	

CHPW Medicare Advantage Dual Complete (HMO D-SNP)

Summary of Other Benefits

Prosthetic Devices¹ (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 Dialysis² 	\$0	

[†]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/eoc2027](https://www.medicare.chpw.org/eoc2027) or call 1-800-944-1247 (TTY: 711) to request a copy.

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
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 plus supplemental benefit	Covered
Outpatient Mental Health Care	✓ Covered	Covered

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

CHPW Medicare Advantage Dual Complete (HMO D-SNP)

Summary of Other Benefits

Benefit	CHPW Dual Complete	Apple Health (Medicaid)*
OUTPATIENT CARE <i>(continued)</i>		
Outpatient Substance Abuse Care	✓ Covered with restrictions	Covered with restrictions
Outpatient Services	✓ Covered	Covered
Ambulance Services (medically necessary ambulance services)	✓ Covered	Covered
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	✓ Covered	Covered
Urgently Needed Services (This is not emergency care, and in most cases, is out of the service area. See page 23 for more details.)	✓ Covered	Covered
Outpatient Rehabilitation Services (occupational therapy, physical therapy, speech and language therapy)	✓ Covered with limitations	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

Benefit	CHPW Dual Complete	Apple Health (Medicaid)*
PREVENTIVE SERVICES		
Preventive Services:	✓ Covered	Covered
• 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 • Diabetes Prevention Program • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling, 8 visits • Vaccines including COVID-19, Flu, Hepatitis B and Pneumococcal shots		

CHPW Medicare Advantage Dual Complete (HMO D-SNP)

Summary of Other Benefits

Benefit	CHPW Dual Complete	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
Grocery Benefit†	✓ Covered	Not covered
Over-the-Counter	✓ Covered	Covered
Non-emergency Medical Transportation (NEMT)	✓ Covered	Covered

†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, 24 hours a day, 7 days a week.

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.

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CHPW Medicare Advantage 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.



CHPW Medicare Advantage Dual Select (HMO D-SNP)

Summary of Premiums & Benefits

Monthly Plan Premium



\$0 - \$6.30 (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 \$283 applies for Medicare Part B services. This is the 2026 amount, and may change for 2027. Please contact Customer Service for updated amounts.

Maximum Out-of-Pocket Responsibility

(does not include prescription drugs)



Your yearly limit(s) in this plan: \$9,850 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 2026 cost sharing amounts and may change for 2027. Please contact Customer Service for updated amounts.

- \$1,736 deductible for days 1-60
- \$434 copay for days 61 to 90
- \$868 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%.

CHPW Medicare Advantage Dual Select (HMO D-SNP)

Summary of Premiums & Benefits

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 Care²	\$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-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.	
Diagnostic Services/ Labs/Imaging¹	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%	

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 hearing aids, over-the-counter hearing aids and related supplies, up to the \$1,000 benefit limit every calendar year. Limit one per ear per year. You pay for any costs over the plan benefit limit. For more information on how to purchase OTC hearing aids, go to medicare.chpw.org/hearing.

Dental Services



\$0 copay for supplemental preventive and comprehensive services combined, up to \$500 per year.

You pay nothing for supplemental preventive and comprehensive services up to \$500 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 \$250 plan benefit limit, every year for supplemental hardware.

Outside of the VSP Choice network:

If you see a provider outside the VSP Choice Network, VSP will reimburse you for:

- One routine eye exam each year, up to the out-of-network allowance.
- Vision hardware at a reduced rate.

CHPW Medicare Advantage Dual Select (HMO D-SNP)

Summary of Premiums & Benefits

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 2026 cost sharing amounts and may change for 2027. Please contact Customer Service for updated amounts.

- \$1,736 deductible for days 1 to 60 for each benefit period
- \$434 copay for days 61 to 90 for each benefit period
- \$868 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. These are 2026 cost sharing amounts and may change for 2027. Please contact Customer Service for updated amounts.

Days 1 to 20: \$0 copay per day for each benefit period

Days 21 to 100: \$217 copay per day for each benefit period

Days 101 and beyond: all cost

Transportation¹



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.

Ambulance¹



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 drugs¹
- Other Part B drugs¹

CHPW Medicare Advantage Dual Select (HMO D-SNP)

Summary of Drug Coverage

Medicare Part D Drugs Deductible \$0 to \$700 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	25% 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.

Coverage Stages	
Stage 1: Yearly Deductible Stage	If you don't get Extra Help, this stage begins when you fill your first prescription in the year. You pay the full cost of your drugs until you reach the plan's deductible amount (\$0-\$700 for 2027).
Stage 2: Initial Coverage Stage	You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,400 in 2027. Once you reach that limit, you move to the Catastrophic Coverage Stage.
Stage 3: Catastrophic Coverage Stage	In the Catastrophic Stage, you pay nothing for covered Part D drugs. You enter this stage when your out-of-pocket costs reach \$2,400 for the calendar year. Once you reach this stage, you stay in it for the rest of the calendar year.

*If you have any questions about this plan's benefits or costs, please contact one of our
CHPW Medicare Representatives at 1-800-944-1247 (TTY: 711)*

CHPW Medicare Advantage Dual Select (HMO D-SNP)

Summary of Other Benefits

Telehealth Services



We cover telehealth services, including virtual visits with:

- Primary care provider
- Specialist^{1,2}
- Urgent Care
- Individual and group sessions for outpatient mental health, psychiatric, and substance abuse¹

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



\$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.

Durable Medical Equipment ¹



\$0 or 20% for Medicare-covered durable medical equipment.

Foot Care (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%
Prosthetic Devices¹ (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 Dialysis² 	\$0 or 20%	

CHPW Medicare Advantage Dual Select (HMO D-SNP) Summary of Other Benefits

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 Select. You can view the Evidence of Coverage for CHPW Dual Select at medicare.chpw.org/eoc2027 or call 1-800-944-1247 (TTY: 711) to request a copy.

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
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 plus supplemental benefit	Covered with limitations
Outpatient Mental Health Care	✓ Covered	Covered

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

CHPW Medicare Advantage Dual Select (HMO D-SNP)

Summary of Other Benefits

Benefit	CHPW Dual Select	Apple Health (Medicaid)*
OUTPATIENT CARE <i>(continued)</i>		
Outpatient Substance Abuse Care	✓ Covered with restrictions	Covered with restrictions
Outpatient Services	✓ Covered	Covered
Ambulance Services (medically necessary ambulance services)	✓ Covered	Covered
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	✓ Covered	Covered
Urgently Needed Services (This is not emergency care, and in most cases, is out of the service area. See page 37 for more details.)	✓ Covered	Covered
Outpatient Rehabilitation Services (occupational therapy, physical therapy, speech and language therapy)	✓ Covered with limitations	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

Benefit	CHPW Dual Select	Apple Health (Medicaid)*
PREVENTIVE SERVICES		
Preventive Services:	✓ Covered	Covered
• 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 • Diabetes Prevention Program • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling, 8 visits • Vaccines including COVID-19, Flu, Hepatitis B and Pneumococcal shots		

CHPW Medicare Advantage Dual Select (HMO D-SNP)

Summary of Other Benefits

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
Non-emergency Medical Transportation (NEMT)	✓ Covered	Covered

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, 24 hours a day, 7 days a week.

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.

Web:

medicare.chpw.org

Prospective Members:

1-800-944-1247 (TTY: 711)

Current Members:

1-800-942-0247 (TTY: 711)

Hours:

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



COMMUNITY HEALTH PLAN
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MEDICARE ADVANTAGE