

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

Annual Notice of Change for 2027

You're enrolled as a member of CHPW Dual Select (HMO D-SNP).

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, 2026, you'll stay in CHPW Dual Select.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2027* 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.

More Resources

- This material is available for free in Spanish.
- 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 alternative formats, such as Braille, audio, or large print, or ask for auxiliary aids and services, free of charge.

About CHPW Dual Select

- Community Health Plan of Washington is an HMO plan with a Medicare contract and a contract with the Washington State Medicaid program. 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, 2026, you'll automatically be enrolled in CHPW Dual Select.** Starting January 1, 2027, 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.

Table of Contents

Summary of Important Costs for 2027	3
SECTION 1 Changes to Benefits & Costs for Next Year	6
Section 1.1 Changes to the Monthly Plan Premium	6
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount	6
Section 1.3 Changes to the Provider Network.....	7
Section 1.4 Changes to the Pharmacy Network	8
Section 1.5 Changes to Benefits & Costs for Medical Services.....	8
Section 1.6 Changes to Part D Drug Coverage.....	9
Section 1.7 Changes to Prescription Drug Benefits & Costs	10
SECTION 2 Administrative Changes	13
SECTION 3 How to Change Plans	13
Section 3.1 Deadlines for Changing Plans.....	14
Section 3.2 Are there other times of the year to make a change?.....	14
SECTION 4 Get Help Paying for Prescription Drugs	15
SECTION 5 Questions?	16
Get Help from CHPW Dual Select	16
Get Free Counseling about Medicare	17
Get Help from Medicare	17
Get Help from Medicaid.....	17

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be lower than this amount. Go to Section 1 for details.	\$10.50	\$6.30
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	\$9,250 If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$9,850 If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	\$0 copayment or 20% Coinsurance per visit If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you most likely pay \$0 per visit.	\$0 copayment or 20% Coinsurance per visit If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you most likely pay \$0 per visit.
Specialist office visits	\$0 copayment or 20% Coinsurance per visit If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you most likely pay \$0 per visit.	\$0 copayment or 20% Coinsurance per visit If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you most likely pay \$0 per visit.

	2026 (this year)	2027 (next year)
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	\$1,736 deductible for days 1 to 60; \$434 copayment each day 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). If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you most likely pay \$0.	These are 2026 cost-sharing amounts and can change for 2027. \$1,736 deductible for days 1 to 60; \$434 copayment each day 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). If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you most likely pay \$0.
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$0-\$615 except for covered insulin products and most adult Part D vaccines. Cost sharing during the Initial Coverage Stage: 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	Part D drug coverage deductible \$0-\$700 except for covered insulin products and most adult Part D vaccines Cost Share during the Initial Coverage Stage: Drug Tier 1 (Preferred Generic): You pay \$5.80 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level. Drug Tier 2 (Generic): You pay \$5.80 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level. Drug Tier 3 (Preferred Brand): You pay \$14.40 or 25% of the total cost, whichever is lower. Cost-

	2026 (this year)	2027 (next year)
Part D drug coverage (continued)	may vary based on income level. 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 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.	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 \$14.40 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 5 (Specialty): You pay \$14.40 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level. Drug Tier 6 (Select Care): \$0 cost sharing Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

	2026 (this year)	2027 (next year)
Part D drug coverage (continued)	Drug Tier 6 (Select Care): \$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

	2026 (this year)	2027 (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).)	\$10.50	\$6.30
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$.20	None

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 Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Apple Health (Medicaid), and other secondary	\$9,250 Once you've paid \$9,250 out of	\$9,850 Once you've paid \$9,850 out of pocket

	2026 (this year)	2027 (next year)
insurance contributes toward this out-of-pocket maximum. Because our members get most cost sharing paid by 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-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. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	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.	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.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* www.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 www.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. You may have a special enrollment period if your provider leaves the plan network. 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.

There are no changes to our network of pharmacies for next year.

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.

	2026 (this year)	2027 (next year)
Bone Mass Measurement	Prior authorization required.	Prior authorization not required.
Dental (Supplemental)	\$1,250 annual limit for preventive and comprehensive supplemental dental services.	\$500 annual limit for preventive and comprehensive supplemental dental services.
Fitness Benefit (Supplemental)	The fitness program includes a basic membership at a participating fitness center. You can change fitness centers once per month. The change is effective the first of the following month. Members who prefer to exercise at home or while traveling may choose to receive 1 home fitness kit per calendar year instead of, or in addition to, signing up for a fitness center membership. Members can also access	Not covered.

Fitness Benefit (Supplemental) (continued)	other fitness program features, including thousands of on-demand workout videos, virtual events and online resources through the Well-Being Club, and coaching sessions.	
Hearing Services (Supplemental)	\$1,500 annual limit for hearing aids and related supplies. Limit of one per ear, per year.	\$1,000 annual limit for hearing aids, over-the-counter (OTC) hearing aids and related supplies. Limit of one per ear, per year. For information on how to purchase OTC hearing aids, visit www.medicare.chpw.org/hearing.
Health and Wellbeing	Benefit includes acupuncture, naturopathy, routine chiropractic, massage therapy, with up to a total of 25 services/programs combined per year.	Not covered.
Podiatry (Supplemental)	Prior authorization required.	Prior authorization not required.

Skilled Nursing Facility	If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you most likely pay \$0. \$0 for the first 20 days of each benefit period; \$217 per day for days 21-100 of each benefit period. All costs for each day after day 100 of the benefit period.	If you are eligible for Medicare cost-sharing help under Apple Health (Medicaid), you most likely pay \$0. \$0 for the first 20 days of each benefit period; \$217 per day for days 21-100 of each benefit period. All costs for each day after day 100 of the benefit period. These are 2026 cost-sharing amounts and can change for 2027. CHPW Dual Select will provide updated rates as soon as they're released.
Vision (Supplemental)	\$500 annual limit for contacts, eyeglass lenses and frames, and upgrades.	\$250 annual limit for contacts, eyeglass lenses and frames, and upgrades.
Worldwide emergency/urgent care (supplemental)	The plan covers supplemental emergency services, urgent services, and emergency transportation received outside the U.S. and its territories up to a plan coverage limit of \$25,000 every year.	Not covered.

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 by 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 you about your drug costs. If you get Extra Help and you don't get this material by October 1st, 2026, 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.

- **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 \$2,400.

- 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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	\$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.	\$0-700 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

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; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,400 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Drug Tier 1 (Preferred Generic) 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.	You pay \$5.10 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level.	You pay \$5.80 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.	You pay \$5.80 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level.
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 \$35 or 25%, whichever is lower, per month supply of each covered insulin product on this tier.	You pay \$14.40 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.
Drug Tier 4 (Non-Preferred)	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.	You pay \$14.40 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.

	2026 (this year)	2027 (next year)
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.	You pay \$14.40 or 25% of the total cost, whichever is lower. Cost-share amounts may vary based on income level.
Drug Tier 6 (Select Care)	\$0 cost sharing	\$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.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Plan address change	Community Health Plan of Washington 1111 3 rd Ave, Suite 400 Seattle, WA 98101	Community Health Plan of Washington 1700 7th Ave, Suite 900 Seattle, WA 98101

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 Medicare health 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 2027, 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. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be 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.

- To learn more about Original Medicare and the different types of Medicare plans, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 6), 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, 2027, 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, 2027.

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 Medicare drug coverage) or switch to Original Medicare (with or without separate 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 1-800-942-0247 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from CHPW Dual Select

- **Call Customer Service 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 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *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 www.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, Monday through Friday, 8:30 a.m. to 4:30 p.m. Learn more about SHIBA by visiting (www.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 www.Medicare.gov**
You can chat live at www.Medicare.gov/talk-to-someone.
- **Write to Medicare**
You can write to Medicare at PO Box 1270, Lawrence, KS 66044
- **Visit www.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 2027***
The *Medicare & You 2027* 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 www.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 (HCA) at 1-800-562-3022. TTY users 1-800-848-5429 for help with Apple Health (Medicaid) enrollment or benefit questions.