



Get *More Than*
Original Medicare

2024 Benefit Highlights



COMMUNITY HEALTH PLAN
of Washington™

MEDICARE ADVANTAGE

How can you enroll?



By phone

A licensed Community Health Plan of Washington (CHPW) Medicare Enrollment Specialist will be happy to help you apply. Call **1-800-944-1247** (TTY: 711) between 8 a.m. and 8 p.m., 7 days a week.



In person

Call 1-800-944-1247 (TTY: 711) to set up a time that's convenient for you to meet with one of our local Medicare Enrollment Specialists. Or schedule an appointment via our website at [medicare.chpw.org/rebs](https://www.medicare.chpw.org/rebs).



By mail

Complete the enrollment application and return it in the postage-paid envelope.



Online

Visit [medicare.chpw.org/enrollnow](https://www.medicare.chpw.org/enrollnow). We make it easy to enroll online with a 6-step application.

Important questions to ask when choosing your Medicare Advantage plan

What costs should I expect for my coverage?

It's important to know how much you will pay out of your own pocket for things such as monthly premiums, cost-sharing on health care services, and prescription drugs.

Will I be able to keep my doctors?

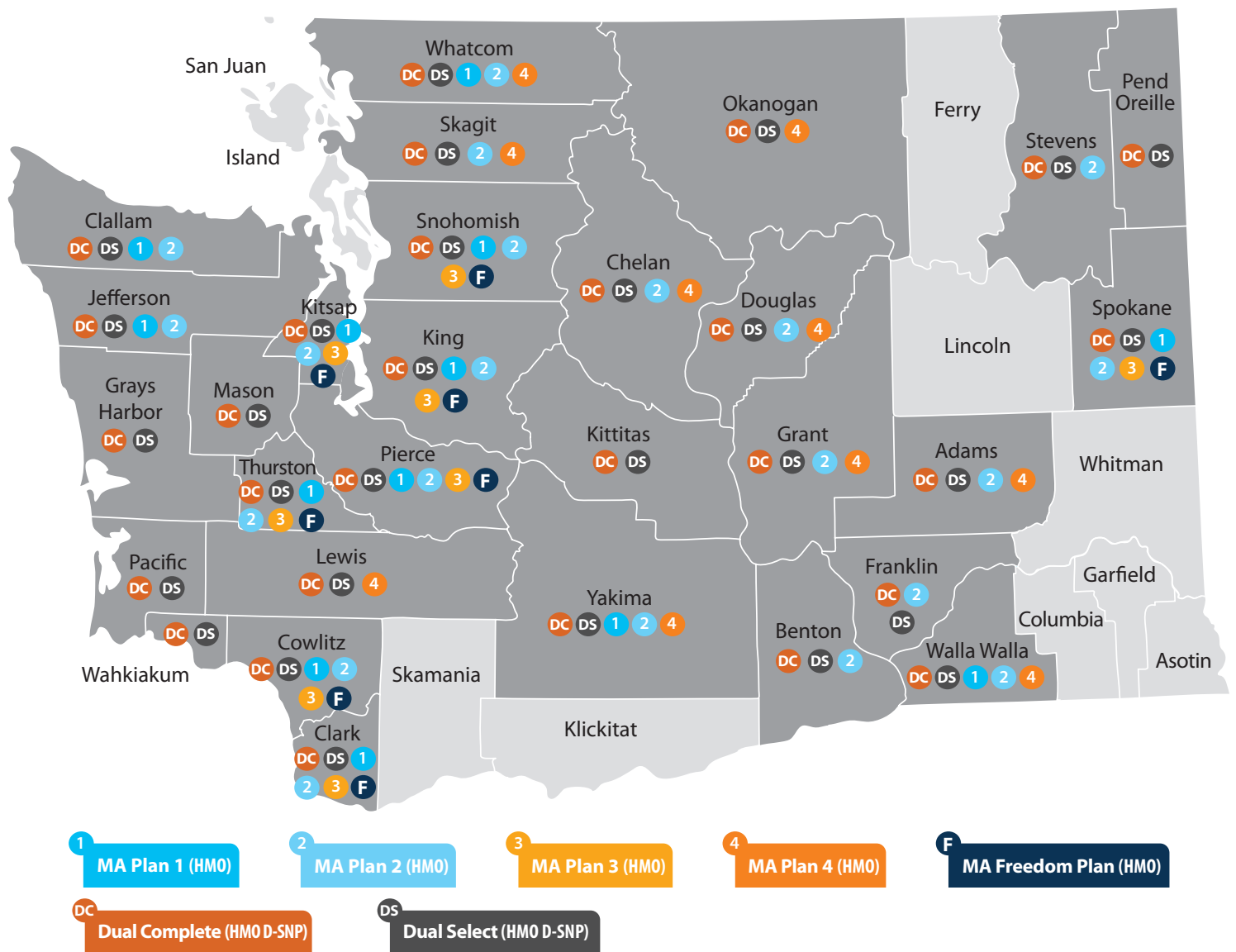
You'll want to know whether the doctor you want to see or the hospital you need to go to are in the plan's network. Call us or visit our website to view our network of providers at [medicare.chpw.org](https://www.medicare.chpw.org).

Does the plan cover any services that Original Medicare does not?

Many Medicare Advantage plans offer extra benefits like hearing, vision, dental, fitness, prescription drug coverage, and over-the-counter products.

What about drug coverage?

Remember, Original Medicare does not cover prescription drugs. You can get drug coverage either through a Medicare Advantage plan or through a separate Part D plan.



When you choose a CHPW Medicare Advantage Plan, you choose a statewide network of thousands of primary care doctors and specialists and 100+ hospitals. You get access to the services you need when and where you need them. Our plans vary by county. To enroll you must reside in our service area.

- † Benefits shown are in-network and administered by VSP. You have a number of options for frames and basic lenses within this benefit amount.
- ‡ Dental benefits are administered by Delta Dental of Washington. You must see a Delta Dental network dentist to receive coverage. To find the most current listing of Delta Dental PPO Plus Premier network dentists, visit deltadentalwa.com.
- * Dual Complete and Dual Select plans offer added support for individuals who qualify for both Medicare Parts A and B and Apple Health (Medicaid) benefits. All cost sharing on these plans, including premiums, medical, and prescription drug costs, is based upon your level of Medicaid eligibility. If you are enrolled with the State or another plan for Medicaid benefits, Community Health Plan of Washington (CHPW) will help you resolve any billing issues. Under the Dual Complete plan, if you have full Dual status your doctor cannot bill you for cost sharing covered under your Medicaid benefits. Your doctor must accept our plan payment as payment-in-full or bill the correct Medicaid source.

** Your monthly plan premium of \$40.60 is paid for as long as you qualify for 100% Low Income Subsidy ("Extra Help").

CHPW MA Plan/Benefit	Dual Complete* (HMO D-SNP)
Monthly Premium	\$0**
Out-of-Pocket Maximum	\$8,850
Part A Inpatient Hospital	\$0
Outpatient Hospital Observation	\$0
Part B Deductible	\$0
Primary Care/Telehealth (per visit)	\$0
Mental Health (per visit)	\$0
Specialist Care/Telehealth (per visit)	\$0
Urgent Care (per visit)	\$0
Emergency Care (per visit)	\$0
Ambulance (per service)	\$0
Diabetic Supplies	\$0
Vision Exams and Hardware [†]	\$0 copay – 1 routine eye exam per year, \$500 plan coverage limit every year for eyewear
Dental Services [†]	\$5,000 for preventive and comprehensive services
Health & Wellbeing	Combined total of 25 visits a year for acupuncture, naturopathy, chiropractic, and massage
Fitness Program	Fitness kit, gym membership
Meals When You Need It Most	28 meals upon hospital discharge or positive COVID-19 diagnosis
Over-the-Counter (OTC) & Grocery	\$100 every month to spend on covered grocery and OTC items
Hearing Aids, Exams and Fittings	\$2,250 every year; \$0 copay for exam & fitting
Transportation	40 one-way trips (50-mile limit) per year
Family on Demand	60 hours a year of personalized support and assistance
Part D Deductible	\$0
Part D Prescription	Generic Drugs: \$0 Brand Drugs: \$0

Dual Select* (HMO D-SNP)	Plan 1 (HMO)
\$0 - \$40.60 (exact amount depends on level of Extra Help)	\$0
\$8,850	\$8,850
\$0 or 20%	\$500/day for days 1-4; \$0/day for days 5-90
\$0 or 20%	\$370 copay
Without full Medicaid cost-share assistance, deductible of \$226 applies. This amount changes every year	No Deductible
\$0 or 20%	\$0 copay
\$0 or 20%	\$40 copay
\$0 or 20%	\$50 copay
\$0 or 20%; \$55 limit	\$40 copay
\$0 or 20%; \$100 limit	\$100 copay, \$0 if admitted
\$0 or 20%	\$350 copay
\$0 or 20%	\$0 copay
\$0 copay – 1 routine eye exam per year, \$500 plan coverage limit every year for eyewear	Not Covered
\$500 for preventive and comprehensive services	Two preventive visits per year
Combined total of 25 visits a year for acupuncture, naturopathy, chiropractic, and massage	Combined total of 12 visits a year for acupuncture, naturopathy, and chiropractic
Fitness kit, gym membership	Fitness kit, gym membership
28 meals upon hospital discharge or positive COVID-19 diagnosis	28 meals upon hospital discharge or positive COVID-19 diagnosis
Not covered	Not covered
\$2,250 every year; \$0 copay for exam & fitting	Not covered
Not covered	Not covered
60 hours a year of personalized support and assistance	60 hours a year of personalized support and assistance
\$0 - \$545 (exact amount depends on level of Extra Help)	\$230 - Tier 5 only
Generic Drugs: \$0 Brand Drugs: \$0	5 Tiers (1/2/3/4/5) Preferred: \$0/\$10/\$37/50%/29% Standard: \$10/\$20/\$47/50%/29%

Plan 2 (HMO)	Plan 3 (HMO)	Plan 4 (HMO)
\$0 - \$38.40 (exact amount depends on level of Extra Help)	\$79	\$105
\$8,850	\$8,850	
\$500/day for days 1-4; \$0/day for days 5-90	\$500/day for days 1-4; \$0/day for days 5-90	
\$365 copay	\$325 copay	
No Deductible	No Deductible	
\$0 copay	\$0 copay	
\$40 copay	\$30 copay	
\$50 copay	\$40 copay	
\$40 copay	\$0 copay	
\$100 copay, \$0 if admitted	\$100 copay, \$0 if admitted	
\$350 copay	\$325 copay	
\$0 copay	\$0 copay	
Not Covered	\$0 copay – 1 routine eye exam per year, \$150 plan coverage limit every 2 years for eyewear	
Unlimited preventive services plus \$500 limit for comprehensive services	Unlimited preventive services plus \$500 limit for comprehensive services	
Combined total of 25 visits a year for acupuncture, naturopathy, chiropractic, and massage	Combined total of 12 visits a year for acupuncture, naturopathy, and chiropractic	
Fitness kit, gym membership	Fitness kit, gym membership	
28 meals upon hospital discharge or positive COVID-19 diagnosis	28 meals upon hospital discharge or positive COVID-19 diagnosis	
Not covered	Not covered	
Not covered	Not covered	
Not covered	Not covered	
60 hours a year of personalized support and assistance	Not covered	
\$0	\$0	
5 Tiers (1/2/3/4/5) Preferred: \$0/\$10/\$37/50%/33% Standard: \$10/\$20/\$47/50%/33%	5 Tiers (1/2/3/4/5) Preferred: \$0/\$10/\$37/50%/33% Standard: \$10/\$20/\$47/50%/33%	

Freedom Plan (HMO)

\$0
\$8,850
\$500/day for days 1-4; \$0/day for days 5-90
\$250 copay
No Deductible
\$0 copay
\$30 copay
\$40 copay
\$0 copay
\$100 copay, \$0 if admitted
\$300 copay
\$0 copay
\$0 copay - 1 routine eye exam per year, \$150 plan coverage limit every 2 years for eyewear
Unlimited preventive services plus \$500 limit for comprehensive services
Combined total of 12 visits a year for acupuncture, naturopathy, and chiropractic
Fitness kit, gym membership
28 meals upon hospital discharge or positive COVID-19 diagnosis
Not covered
Not covered
Not covered
Not covered
This plan does not include coverage for prescription drugs
This plan does not include coverage for prescription drugs

Know which plan you want?

Easily enroll online
with a 6-step
application by
scanning the
QR code below.



Having trouble choosing? Let us help.

We are your Medicare Enrollment Specialists.
Contact us at: **1-800-944-1247** (TTY: 711)
between 8 a.m. and 8 p.m., 7 days a week.



Enrollment questions:
1-800-944-1247

Customer Service questions:
1-800-942-0247

TTY: 711
8 a.m. to 8 p.m. 7 days a week

Web:
medicare.chpw.org

Mailing Address:
**Community Health Plan
of Washington**

**1111 3rd Ave, Suite 400
Seattle, WA 98101-3207**

Community Health Plan of Washington (CHPW) 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. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2025. Limitations, copayments, and restrictions may apply. Individuals must have both Part A and Part B to enroll. You must continue to pay your Medicare Part B premium unless covered by Washington DSHS. The benefit information provided herein is a brief summary, not a complete description of benefits.

*Attention: This information is also available for free in alternative formats such as Braille, or large print.
Call 1-800-942-0247 (TTY: 711).*

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-942-0247 (TTY: 711).

注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-800-942-0247 (TTY: 711)。