



# 2025 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/reps](https://www.medicare.chpw.org/reps).



## By mail

Complete the enrollment application and return it in the postage-paid envelope to: Community Health Plan of Washington, Attn: Eligibility, Suite 400, 1111 3rd Ave, Seattle, WA 98101-3207



## 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?

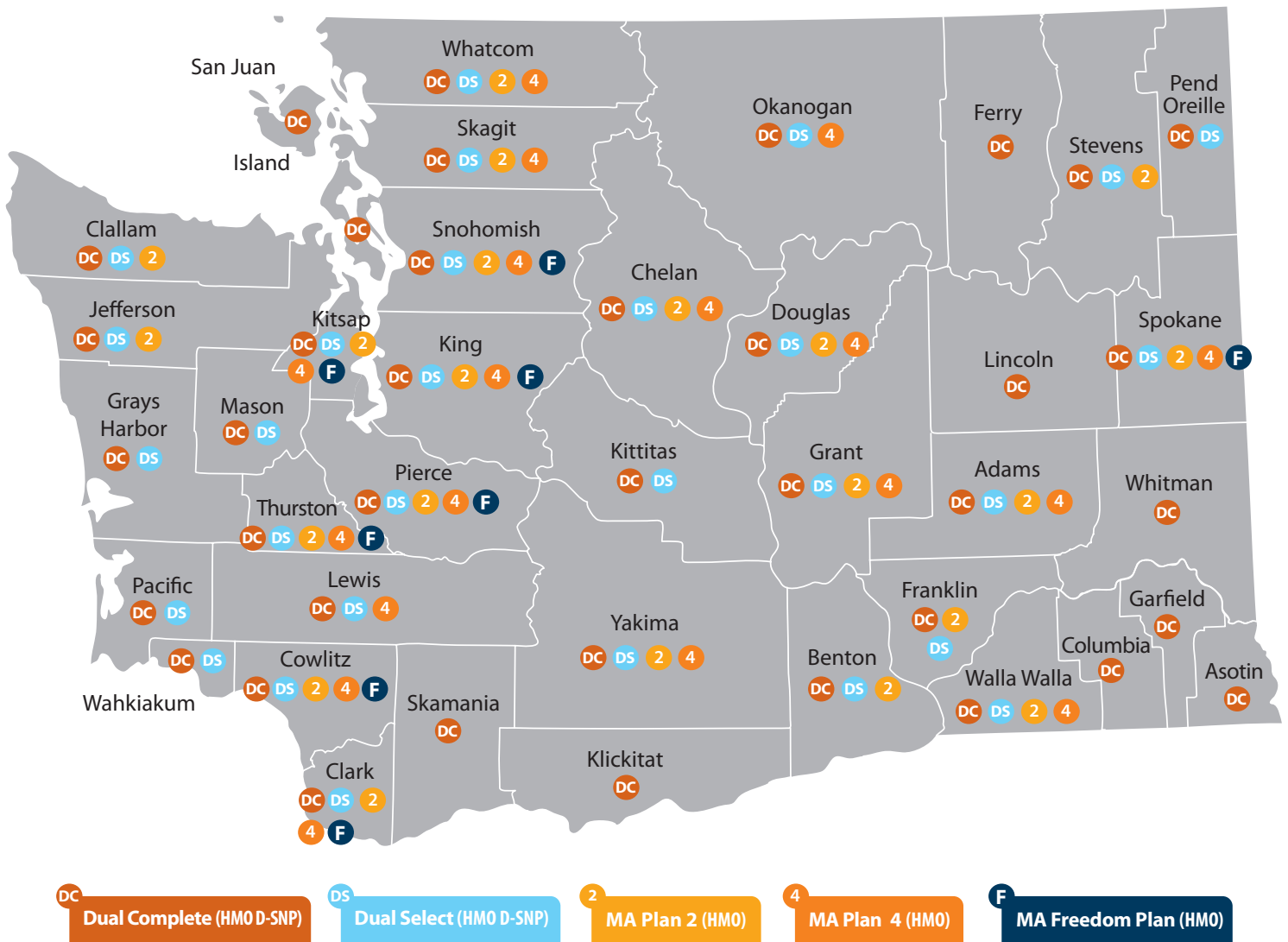
You'll want to know whether the doctor you want to see or the hospital you need to go to are in the plan's network. Call us or visit our website to view our network of providers at [medicare.chpw.org](https://www.medicare.chpw.org).

### 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](http://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 Apple Health eligibility. If you are enrolled with the State or another plan for Apple Health 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 Apple Health benefits. Your doctor must accept our plan payment as payment-in-full or bill the correct Apple Health source.
- \*\* Your monthly plan premium of \$26.20 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, although that too may be paid for depending on your level of Apple Health.

CHPW MA Plan/Benefit	Dual Complete* (HMO D-SNP)
Monthly Premium	\$0**
Out-of-Pocket Maximum	\$9,350
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 <sup>†</sup>	\$0 copay – 1 routine eye exam per year, \$500 plan coverage limit every year for eyewear
Dental Services <sup>†</sup>	\$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	20 one-way trips (40-mile limit) per year
Part D   Deductible	\$0
Part D Prescription	Generic Drugs: \$0   Brand Drugs: \$0

Dual Select* (HMO D-SNP)	Plan 2 (HMO)	
\$0 - \$26.20 (exact amount depends on level of Extra Help)	\$0 - \$23.10 (exact amount depends on level of Extra Help)	
\$9,350	\$9,350	
\$0 or 20%	\$500/day for days 1-4; \$0/day for days 5-90	
\$0 or 20%	\$365 copay	
Without full Apple Health (Medicaid) cost-share assistance, deductible of \$240 applies. This is the 2024 amount, and may change for 2025.	No Deductible	
\$0 or 20%	\$0 copay	
\$0 or 20%	\$40 copay	
\$0 or 20%	\$50 copay	
\$0 or 20%; \$45 limit	\$40 copay	
\$0 or 20%; \$110 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	
\$750 for preventive and 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 25 visits a year for acupuncture, naturopathy, chiropractic, and massage	
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	
32 one-way trips (40-mile limit) per year	20 one-way trips (40-mile limit) per year	
\$0 - \$590 (exact amount depends on level of Extra Help)	\$0	
Generic Drugs: \$0   Brand Drugs: \$0	5 Tiers (1/2/3/4/5)	Preferred: \$0/\$10/\$37/50%/33% Standard: \$10/\$20/\$47/50%/33%

Plan 4 (HMO)		Freedom Plan (HMO)
\$107		\$0
\$9,350		\$9,350
\$500/day for days 1-4; \$0/day for days 5-90		\$500/day for days 1-4; \$0/day for days 5-90
\$325 copay		\$250 copay
No Deductible		No Deductible
\$0 copay		\$0 copay
\$30 copay		\$30 copay
\$40 copay		\$40 copay
\$0 copay		\$0 copay
\$100 copay, \$0 if admitted		\$100 copay, \$0 if admitted
\$325 copay		\$300 copay
\$0 copay		\$0 copay
\$0 copay – 1 routine eye exam per year, \$150 plan coverage limit every 2 years for eyewear		\$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 12 visits a year for acupuncture, naturopathy, and chiropractic		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
\$0		This plan does not include coverage for prescription drugs
5 Tiers (1/2/3/4/5)	Preferred: \$0/\$10/\$37/50%/33% Standard: \$10/\$20/\$47/50%/33%	This plan does not include coverage for prescription drugs

## CHPW MA Plan/Benefit

Monthly Premium

Out-of-Pocket Maximum

Part A | Inpatient Hospital

Outpatient Hospital Observation

Part B | Deductible

Primary Care/Telehealth (per visit)

Mental Health (per visit)

Specialist Care/Telehealth (per visit)

Urgent Care (per visit)

Emergency Care (per visit)

Ambulance (per service)

Diabetic Supplies

Vision Exams and Hardware<sup>†</sup>

Dental Services<sup>‡</sup>

Health & Wellbeing

Fitness Program

Meals When You Need It Most

Over-the-Counter (OTC) & Grocery

Hearing Aids, Exams and Fittings

Transportation

Part D | Deductible

Part D Prescription

## 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](https://www.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. Community Health Plan of Washington complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 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, 2026. 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)。**