

Apple Health Medicare Connect plan comparison guide

This guide compares Apple Health Medicare Connect, Medicare Advantage (MA) Dual-Eligible Special Needs Plans (D-SNP). Below you can view:

- Centers for Medicare and Medicaid Services (CMS) star report ratings
- Covered services under Medicare Advantage plans
- Supplemental Benefits

Use this guide to help clients choose an Apple Health Medicare Connect MA plan that best fits their needs. Learn more about [Apple Health Medicare Connect](#).

Note: This document has not been approved for sharing with clients and should only be used by internal staff as a resource to assist clients in selecting a plan. Do not share this document with clients.

Contents

Apple Health Medicare Connect plan comparison guide	1
Legend: Medicare Advantage Contract Number.....	2
Medicare Advantage Plan Report Card	3
Covered services.....	4
Supplemental benefits (SB) and value-added items and services (VAIS)	5
SB and VAIS comparison chart.....	5

Legend: Medicare Advantage Contract Number

Contract number	Contract Name
H5008	UnitedHealthcare Dual Complete® (HMO-POS D-SNP)
H0271	UnitedHealthcare Dual Complete® Choice Select (PPO D-SNP)
H5826-014	Community HealthFirst™ MA Special Needs Plan (HMO SNP) – additional benefits
H5826-017	Community HealthFirst™ MA Special Needs Plan (HMO SNP)
H5619-136	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)
H5619-155	Humana Gold Plus SNP-DE H5619-155 (HMO D-SNP)
H5823-006	Molina Medicare Complete Care (HMO D-SNP)
H5823-010	Molina Medicare Complete Care Select (HMO D-SNP)
H1894	Amerivantage Classic (HMO)
H1353	Wellcare Dual Access (HMO D-SNP)
H5965	Wellcare Dual Access Open (PPO D-SNP)

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Medicare Advantage Plan Report Card

This report card shows how Medicare Advantage plans available under Apple Health Medicare Connect compare to each other based on [the 2023 CMS Medicare Advantage star ratings](#). Star ratings are out of five.

Performance area	Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
Contract number	H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
Overall rating	Three and a half stars		Two and a half stars	*	Four stars		Two and a half stars		Four stars		Three stars
Health plan rating	Three and a half stars		One star	*	Four stars		Three stars		Four stars		Three stars
Prescription drug rating	Four stars		Two stars	*	Three and a half stars		Two and a half stars		Three and a half stars		Three stars

* Not enough data available

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Covered services

All Apple Health Medicare Connect MA plans must cover the following services.

Service	Details
Hospitalization	A stay in a hospital, including inpatient surgery and recovery.
Emergency services	Visits to the emergency room, including ambulance services or treatment at an urgent care center.
Ambulatory services	Doctor visits when you're sick or injured, or outpatient clinic visits.
Laboratory services	X-rays, MRIs, flu shots, blood tests, etc.
Preventive and wellness services, including chronic disease management	Screening tests for things like osteoporosis and mammograms, help living with long-term illnesses like diabetes. Annual wellness exams.
Medication management	Reviewing and learning how to take your medications.
Rehabilitative services and devices	Physical therapy, speech therapy, and other medical equipment.
Mental health and substance use disorder services, including behavioral health	Depression screening, family counseling to help with treatment, diagnostic testing, and mental health screening.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Supplemental benefits and value-added items and services

Supplemental benefits (SB), include benefits that address social and environmental factors including dental, vision, or other non-medical needs.

Value-added items and services (VAIS) are not covered by Medicare and are offered to clients by their Medicare Advantage (MA) health plan. Common VAIS and SB are found in the table below, visit the plans webpages for a complete list.

SB and VAIS comparison chart

Note: The products and services described are neither offered nor guaranteed under our contract with Apple Health. They are not subject to the Apple Health appeals process. Any disputes regarding these products and services may be subject to the MCO grievance process.

Food security	6
Housing support	8
Life transition support/kit	9
Transportation	10
Fitness/healthy lifestyles (gym membership)	11
Senior activities/clubs	12
Hearing benefits	13
Vision benefits	14
Dental benefits	15
Pest control/clean up services	16
Over-the-counter medications	18
Cellular phone	20
Telehealth resources	22
Rewards programs	23
Additional services (acupuncture, LGBTQIA+, etc.)	24

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Food security

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
Over-the-Counter & Grocery (OTC) \$100 each month on a prepaid card to spend on healthy foods (and over-the-counter products) Post-Discharge Meals 2 meals per day for 14 days for those leaving an inpatient hospital or Skilled Nursing Facility (SNF) stay Meal program limited to 6	OTC Grocery benefit not included Post-Discharge Meals 2 meals per day for 14 days for those leaving an inpatient hospital or Skilled Nursing Facility (SNF) stay Meal program limited to 6 instances per calendar year	Supplemental grocery benefit, accessible via Debit Card, provided a rolling monthly allowance to purchase healthy food items through a national retailer network Special populations* The Plan offers home-delivered meals immediately following an inpatient hospital stay to aid in a member's recovery. The total benefit offers 3 meals per day with a duration of 14 days, a maximum of 42 meals per occurrence for an unlimited number of occurrences per year. Note: H5965 has an additional service for special populations offering home-delivered meals as part of a supervised program designed to transition members with		Healthy Options Card: \$125 automatically loaded on a prepaid card every month to use toward the purchase of food, over-the-counter (OTC) products, and home supplies. WellDine: 2 meals per day for 7 days, up to 14 meals, delivered to member's home following inpatient stay in hospital or nursing facility Shipping discount on meal delivery	Healthy Options Card: \$185 automatically loaded on a prepaid card every month to use toward the purchase of food, over-the-counter (OTC) products, and home supplies. WellDine: 2 meals per day for 7 days, up to 14 meals, delivered to member's home following inpatient stay in hospital or nursing facility Shipping discount on meal delivery	Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan. Special populations* Members who have the following chronic conditions are eligible: Chronic alcohol and other drug dependence, autoimmune disorders, cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes, end-stage liver disease, end-stage renal disease, HIV/AIDS, chronic lung disorders, chronic and disabling mental health, neurologic disorders, Stroke		\$159 per month OTC, food allowance, and utilities combined credit, amount expires monthly Special population s* Meals - \$0, Up to 28 meals for 14 days, unlimited times per year	\$159 per month OTC, food allowance, and utilities combined credit, amount expires monthly	\$75 combined monthly spending allowance Special populations* Chronic condition meals of up to 2 meals per day for 90 days to support nutritional needs - \$0 copay Post-discharge meals of up to 2 meals a day for 7 days - \$0 copay

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

instances per calendar year		chronic conditions to the total chronic meals benefit is 3 meals per day for up to 28 days for a maximum of 84 meals per month for up to 3 months	<p>Special populations* Flexible Care Assistance: Eligible members may receive medical expenses assistance, primarily health related, and non-primarily health related additional benefits to address specific needs based on the individual's unique situations. Benefits are limited up to \$1,000 per year and must be coordinated and authorized by a care manager</p> <p>Flexible Care Assistance in all counties except Snohomish, Clark/Cowlitz, Whatcom/Skagit- refer to Humana website for more details.</p>					
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***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Housing support

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
N/A		<p>Special populations*</p> <p>Assistance with chores in 2-hour increments. Visit limits apply based on plan offerings ranging from 6 to 24 visits per year.</p> <p>Personal Care Services: 4-hour increments. Visit limits apply based on plan offerings ranging from 6 to 24 visits per year.</p>	N/A	See Food security	N/A	N/A		N/A		N/A

*Special populations: See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Life transition support/kit

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
N/A		N/A		N/A		N/A		N/A		N/A

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Transportation

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
N/A		N/A		<p>Special populations*</p> <p>Flexible Care Assistance: Eligible members may receive medical expenses assistance, primarily health related, and non-primarily health related additional benefits to address specific needs based on the individual's unique situations. Benefits are limited up to \$1,000 per year and must be coordinated and authorized by a care manager</p> <p>Flexible Care Assistance in all counties except Snohomish, Clark/Cowlitz, Whatcom/Skagit- refer to Humana website for more details.</p>	N/A	\$450 quarterly allowance (3 months) for OTC (combines with transportation)	\$200 quarterly allowance (3 months) for OTC (combines with transportation)	<p>*Special populations</p> <p>\$0 up to 24 one-way trips via van per year, for plan approved locations</p>	N/A	N/A

*Special populations: See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Fitness/healthy lifestyles (gym membership)

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
N/A		N/A		<p>Special populations*</p> <p>Flexible Care Assistance: Eligible members may receive medical expenses assistance, primarily health related, and non-primarily health related additional benefits to address specific needs based on the individual's unique situations. Benefits are limited up to \$1,000 per year and must be coordinated and authorized by a care manager</p> <p>Flexible Care Assistance in all counties except Snohomish, Clark/Cowlitz, Whatcom/Skagit- refer to Humana website for more details.</p>	N/A	N/A		<p>Special populations*</p> <p>\$0, Renew Active</p>	N/A	N/A

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Senior activities/clubs

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
N/A		N/A		N/A		N/A		0\$, Renew Active	N/A	N/A

*Special populations: See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Hearing benefits

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
<ul style="list-style-type: none"> • \$0 for 1 routine hearing exam per year and 1 hearing aid fitting/evaluation per year • \$2,250 benefit limit every calendar year. • Limit 1 per ear, per year • Member pays for any costs over the plan benefit limit 		<ul style="list-style-type: none"> • \$700 per year (\$350 per year) up to \$2,000 per year (\$1,000 per year) • Diagnostic hearing and balance evaluations 		No cost hearing aids		Covers a routine hearing exam/ year and up to 2 pre-selected hearing aids every 24 months.		<ul style="list-style-type: none"> • Exam: \$0 copay, 1 per year • Hearing Aid: \$2,000 allowance for hearing aids every year <p>Hearing: \$0 copay, 1 per year, \$1,100 allowance for hearing aids every year</p>	<ul style="list-style-type: none"> • Exam: \$0 copay, 1 per year • Hearing Aid: \$1,100 allowance for hearing aids every year 	<ul style="list-style-type: none"> • Hearing exam each year - \$0 copay and \$3,000 for prescribed hearing aids OR \$300 for OTC hearing aids. • Member can choose one or the other, not both, each calendar year

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Vision benefits

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
Through the Vision Service Plan (VSP) Choice Network \$0 for 1 WellVision exam every year Up to the \$500 plan benefit limit, every year for prescription eyes glasses or contacts		Routine exam only to routine exam plus an eyewear (glasses/contacts) allowance depending on plan Eyewear allowances range from \$100 to \$200 Members can get unlimited contacts and glasses with upgrades, up to the allowance maximum on their plan		\$0 copay for routine exam up to 1 per year. \$300 maximum benefit coverage amount/ year \$350 maximum benefit coverage amount per year at PLUS Provider for contact lenses or glasses Lenses and frames, fitting for eyeglasses	\$0 copay for routine exam up to 1 per year. \$250 maximum benefit coverage amount/ year \$300 maximum benefit coverage amount per year at PLUS Provider for contact lenses or glasses Lenses and frames, fitting for eyeglasses	One routine eye exam every calendar year (\$0) An eyewear allowance of \$350 to purchase contact lenses, eyeglasses (lenses and frames), eyeglass lenses and / or frames Upgrades (such as, tinted, U-V, polarized or photochromatic lenses).	One routine eye exam every calendar year (\$0) An eyewear allowance of \$330 to purchase: <ul style="list-style-type: none"> • Contact lenses • Eyeglasses (lenses and frames) • Eyeglass lenses and / or frames Upgrades (such as, tinted, U-V, polarized or photochromatic lenses).	Exam: \$0 copay, 1 per year Eyewear: \$0 copay for standard lenses and \$350 credit for frames or contact lenses every year	Exam: \$0 copay, 1 per year Eyewear: \$0 copay for standard lenses and \$300 credit for frames or contact lenses every year	Routine vision exam each year - \$0 copay and \$350 per year for glasses

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Dental benefits

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
\$0 copay preventive and comprehensive services combined, up to \$5,000 per year Delta Dental of Washington's dental network. Member will be responsible for all, or most, services provided by Out of Network dentists	\$0 copay for supplemental preventive and comprehensive services combined, up to \$500 per year Delta Dental of Washington's dental network. Member will be responsible for all, or most, services provided by Out of Network dentists	No max preventative, diagnostic, restorative, endodontics, periodontics, extractions, and fix and removable prosthodontics depending on plan Dual Liberty provides \$4,000 allowance Dual Access provides \$3,000 allowance	No max preventative, diagnostic, restorative, endodontics, periodontics, extractions, and fix and removable prosthodontics depending on plan Dual Access Open PPO has \$2,000 allowance	\$4,000 annually		In-network: Preventive Dental Services of Oral Exams, Cleanings, Fluoride Treatments, and X-Rays at no cost to you. \$1,200 on your MyChoice card for any additional services at this provider. Out-of-network: only covered when you use your MyChoice card and only up to the benefit allowance of \$1,200.	In-network: Preventive Dental Services of Oral Exams, Cleanings, Fluoride Treatments, and X-Rays at no cost to you. \$800 on your MyChoice card for any additional services at this provider. Out-of-network: only covered when you use your MyChoice card and only up to the benefit allowance of \$800.	\$0 Preventive & Diagnostic \$0 Comp, for up to \$3500 per year for covered preventive and comprehensive dental services Special populations* \$0 Preventive & Diagnostic. \$0-50% Comp, for up to \$1500 per year for covered preventive and comprehensive dental services	\$0 Preventive & Diagnostic \$0 Comp, for up to \$3000 per year for covered preventive and comprehensive dental services	Allowance of \$3,500 which can be used on covered preventative and comprehensive dental services.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Pest control/clean up services

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
CHPW Community Support Services team provides support and connects members to community resources		N/A	N/A	\$125 automatically loaded on a prepaid card every month to use toward the purchase of food, over-the-counter (OTC) products, home supplies, and pest control.	\$185 automatically loaded on a prepaid card every month to use toward the purchase of food, over-the-counter (OTC) products, home supplies, and pest control. Special populations* Flexible Care Assistance: Available to chronically ill members who are participating in care management services and meet program criteria. Eligible members may receive medical expenses assistance, primarily health related, and non-primarily health related additional benefits to address specific needs based on the individual's unique situations. Benefits are limited	Special populations* \$150 quarterly allowance combined with Mental Health and wellness applications, service animal supplies, and non-Medicare covered genetic test kits.		N/A		N/A

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

				<p>up to \$1,000 per year and must be coordinated and authorized by a care manager.</p> <p>Flexible Care Assistance in all counties except: Clark, Cowlitz, Snohomish, Whatcom, Skagit.</p>			
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***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Over-the-counter medications

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
<p>\$100 each month on a prepaid card good for over-the-counter medications (combined with the Food Security benefit) at thousands of retail locations</p> <p>The benefit includes a mail-order option, and members can “mix and match” retail and mail-order options</p>	<p>OTC Medications not covered</p>	<p>Dual Access HMO: \$80 Dual Liberty HMO: \$90</p>	<p>Dual Liberty PPO: \$70</p>	<p>\$125 automatically loaded on a prepaid card every month to use toward the purchase of food, over-the-counter (OTC) products, home supplies, and pest control.</p> <p>Special populations*</p> <p>Flexible Care Assistance: Available to chronically ill members who are participating in care management services and meet program criteria. Eligible members may receive medical expenses assistance, primarily health</p>	<p>\$185 automatically loaded on a prepaid card every month to use toward the purchase of food, over-the-counter (OTC) products, home supplies, and pest control.</p>	<p>\$450 quarterly allowance (3 months) for OTC (combines with transportation)</p>	<p>\$200 quarterly allowance (3 months) for OTC (combines with transportation)</p>	<p>\$159 per month OTC allowance (combines with food and utilities that expires monthly)</p> <p>Special populations*</p> <p>\$60 per month OTC</p>	<p>\$159 per month OTC allowance (combines with food and utilities that expires monthly)</p>	<p>\$75 combined monthly spending allowance which can be used to purchase OTC (combined with groceries, assistive devices, or utilities).</p>

*Special populations: See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

				<p>related, and non-primarily health related additional benefits to address specific needs based on the individual's unique situations. Benefits are limited up to \$1,000 per year and must be coordinated and authorized by a care manager</p> <p>Flexible Care Assistance in all counties except: Clark, Cowlitz, Snohomish, Whatcom, Skagit.</p>						
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***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Cellular phone

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
Determine eligibility for a free cellphone and data plan through the federal Lifeline program		N/A		\$125 automatically loaded on a prepaid card every month to use toward the purchase of food, over-the-counter (OTC) products, home supplies, and pest control.	\$185 automatically loaded on a prepaid card every month to use toward the purchase of food, over-the-counter (OTC) products, home supplies, and pest control	N/A		N/A		A \$75 combined monthly spending allowance which can be used to purchase groceries, OTC assistive devices or utilities
Set up phones and laptops										
Connect members to federal programs for reducing broadband costs										
				Special populations* Flexible Care Assistance: Available to chronically ill members who are participating in care management services and meet program criteria. Eligible members may receive medical						

*Special populations: See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

		<p>expenses assistance, primarily health related, and non-primarily health related additional benefits to address specific needs based on the individual's unique situations. Benefits are limited up to \$1,000 per year and must be coordinated and authorized by a care manager</p> <p>Flexible Care Assistance in all counties <u>except:</u> Clark, Cowlitz, Snohomish, Whatcom, Skagit</p>				
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***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Telehealth resources

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
<p>Covers telehealth services, including virtual visits with primary care providers, specialists, urgent care, and individual and group sessions for outpatient mental health, psychiatric, and substance abuse</p> <p>Members pay the same as they would for an in-person visit. Includes access to 24/7 telehealth care through our CHPW Virtual Care service</p>		<p>In-Network providers: Telehealth-based service coverage enables more ready access and improved compliance to care</p>		<p>Medical and behavioral health</p>		<p>24/7 Nurse line and virtual visits available to all members with \$0 copay</p>		<p>N/A</p>		<p>24/7 Nurse line and virtual visits available to all members with \$0 copay</p>

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Rewards programs

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894
CHPW Cares: <ul style="list-style-type: none"> • Annual Wellness Visit: \$25 gift card • Mammogram: \$25 gift card • Retinal Eye Exam: \$25 gift card • A1c Test: \$25 gift card • Controlled Blood Pressure: \$25 gift card • In-home FIT test: \$15 gift card 		N/A		N/A		N/A		Special populations* Get Moving (up to \$120, \$10 per month) Annual Physical or Wellness \$15 Provider Check-In \$5 Flu Shot \$5 Paperless Opt-In \$5 Text Messaging Opt-In \$5 HRA \$10 Q4 Surprise \$10 Housecalls visit \$75		N/A

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Additional services (acupuncture, LGBTQIA+, etc.)

Community Health Plan of Washington		Coordinated Care of Washington (Wellcare)		Humana Arcadian Health Plan		Molina Healthcare of Washington		UnitedHealthcare Community Plan of Washington		Wellpoint Washington (Amerivantage Dual Coordination)		
H5826-014	H5826-017	H1353	H5965	H5619-136	H5619-155	H5823-006	H5823-010	H5008	H0271	H1894		
<p>\$0 copay for up to 25 covered services combined per year, including Acupuncture, Naturopathy, Routine chiropractic, massage therapy, Other CHPW-recommended wellbeing programs.</p> <p>60 hours per year of “Family on Demand” (through Papa Pals), which pairs people with members of their community who offer:</p> <ul style="list-style-type: none"> • Companionship such as playing board games and having conversations, watching a movie, and taking a walk. • Assistance around the house with light cleaning, laundry, and cooking/meal prep. • Assistance with everyday tasks such as grocery shopping, taking them to and from the store, and picking up prescription refills. 		<p>Pay-At-The Pump Gas Benefit accessible through unified debit card</p> <p>Monthly dollar allowances shared with OTC, DVH Cost-Share assistance, and Pay at Pump benefit.</p> <p>CAM Benefit: Members who meet certain clinical criteria access to medically-approved combined non-opioid pain treatment therapies of massage therapy furnished by a state-licensed provider, supplemental chiropractic, or acupuncture benefits.</p>		<p>Acupuncture</p> <p>Smoking cessation</p> <p>Wigs</p> <p>Bill Management, Medical alert system, Acupuncture, massage, chiropractic, prescription drug discounts, Sam’s Clubs membership discount</p>		<p>Acupuncture</p> <p>Smoking cessation</p>		<p>12 naturopathic visits a year</p> <p>12 individual or group Nutritional/dietary sessions every year</p> <p>Health Education programs to help you learn to manage your health conditions</p> <p>8 smoking and tobacco use cessation counseling visits per year</p> <p>Annual physical exam.</p> <p>Worldwide Emergency and Urgent care services up to \$10,000</p> <p>Special populations*</p> <p>\$150 quarterly allowance combined with Mental Health and wellness applications, service animal supplies, and non-Medicare covered genetic test kits</p>		<p>12 acupuncture visits per year with a \$0 copay</p> <p>Post acute meal \$0, Up to 28 meals for 14 days, unlimited times per year</p> <p>Routine Foot Care: Any Contr Prov in Mbrs Div/Panel - \$0, 4 visits per year</p> <p>Chiropractic: \$0, 12 visits per year for Chiropractic</p>		<p>Unlimited routine acupuncture visits with a \$0 copay</p>

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

<p>CHPW Cares- Members can earn rewards for taking healthy actions and getting the care they need. Earn rewards ranging from \$10 to \$50 for completing a health activity.</p> <p>Signify/Matrix – CHPW partners with Signify Health and Matrix Medical Network to provide Medicare members with an in-home or telehealth evaluation visit – at no extra cost.</p> <p>Special populations*</p> <p>Body Weight Scale for members diagnosed with congestive heart failure (CHF); morbid obesity; or obesity with co-occurring disorders and who are engaged in care management.</p> <p>Blood pressure monitoring device for members diagnosed with pre-hypertension, hypertension with at least one other chronic condition, or refractory hypertension and who are engaged in care management.</p> <p>Personal Emergency Response System (PERS) for members diagnosed with fall risk; frailty; osteoporosis; history of acute</p>						
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***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

myocardial infarction; angina; seizures; Parkinson's; stroke; dementia; chronic obstructive pulmonary disease (COPD); or congestive heart failure (CHF) and who are engaged in care management						
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***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)