

Community Health Plan of Washington Apple Health Medicare Connect - 2026 Supplemental Benefits

This guide shares an overview of Community Health Plan of Washington's (CHPW) supplemental benefits (SB) and value-added items and services (VAIS) for their Apple Health Medicare Connect, Medicare Advantage (MA) Dual Eligible Special Needs Plan (D-SNP).

CHPW is one out of six Apple Health Medicare Connect (D-SNP) plan options. View the full [Apple Health Medicare Connect supplemental benefits guide](#) for links to the other plan's guides.

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 as a resource to assist clients in selecting a plan. Do not share this document with clients.

Legend: CHPW Medicare Advantage Contract Numbers

Contract number	Contract Name	Apple Health (Medicaid Coverage)
H5826-014	Community Health Plan of Washington Dual Complete (HMO D-SNP)	Qualified Medicare Beneficiary (QMB)+, Specified Low-Income Medicare Beneficiary (SLMB)+
H5826-017	Community Health Plan of Washington Dual Select (HMO D-SNP)	QMB, SLMB, Qualified Disabled and Working Individuals (QDWI), Qualifying Individuals (QI)

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

CHPW - 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 managed care organization (MCO) grievance process.

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

Food security

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete	H5826-014	Special Supplemental Benefits for the Chronically Ill (SSBCI) eligible members will receive \$85 a month allowance to spend on food and produce. Eligible members receive a prepaid card in the mail. Members can use the monthly funds at approved retail locations including Fred Meyer, Safeway, Haggens, Albertons, QFC, and Walmart.	A member must be enrolled in CHPW Dual Complete plan and must be diagnosed with any of the chronic condition(s) listed below and meet certain criteria. • Autoimmune diseases ○ Polyarteritis nodosa ○ Polymyalgia rheumatica ○ Polymyositis ○ Rheumatoid arthritis ○ Systemic lupus erythematosus • Cancer • Cardiovascular disorders ○ Cardiac arrhythmias ○ Coronary artery disease ○ Peripheral vascular disease ○ Chronic venous thromboembolic disorders • Chronic alcohol and substance use disorders • Chronic lung disease ○ Asthma ○ Chronic bronchitis ○ Emphysema ○ Pulmonary fibrosis ○ Pulmonary hypertension • Chronic and disabling mental health disorders ○ Bipolar disorders ○ Major depressive disorders ○ Paranoid disorder ○ Schizophrenia ○ Schizoaffective disorder • Dementia • Diabetes mellitus • Heart failure • HIV/AIDS

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			• End stage liver disease • End stage renal disease • Neurologic disorders ○ Amyotrophic lateral sclerosis (ALS) ○ Epilepsy ○ Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia) ○ Huntington's disease ○ Multiple sclerosis ○ Parkinson's disease ○ Polyneuropathy ○ Spinal stenosis ○ Stroke-related neurologic deficit • Severe hematologic disorders ○ Aplastic anemia ○ Hemophilia ○ Immune thrombocytopenic purpura ○ Myelodysplastic syndrome ○ Sickle-cell disease (excluding sickle-cell trait) • Stroke • In addition to a diagnosis of one of the above-listed chronic conditions, a Dual Complete member must have experienced one or more of the following: • Have a pattern of multiple hospital stays or emergency room visits over the past year • Frequent use of emergency services, especially when combined with behavioral health needs • Regular visits to multiple specialists, indicating complex care needs
CHPW Dual Complete, CHPW Dual Select	H5826-014, H5826-017	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.	Members must be enrolled in CHPW Dual Complete plan and must be discharged from inpatient hospital or SNF to receive the benefit.

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

Housing support

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete, CHPW Dual Select	H5826-014, H5826-017	CHPW Community Support Services team provides support and connects members to community resources including: • Help finding low-income transitional, and other types of housing. • Peer support services and referrals to treatment and recovery options in their community. • Eligibility help for housing assistance, in-home care giving services, or aging and long-term care support. Learn more at medicare.chpw.com/member-center/health-services/care-coordination-linkages/.	Contact the plan for details.

Life transition support/kit

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete, CHPW Dual Select	H5826-014, H5826-017	CHPW Community Support Services team provides support and connects members to community resources including: • Help finding low-income transitional, and other types of housing. • Peer support services and referrals to treatment and recovery options in their community. Learn more at medicare.chpw.com/member-center/health-services/care-coordination-linkages/.	Contact the plan for details.

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Transportation

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete, CHPW Dual Select	H5826-014, H5826-017	Members pay nothing for up to 40 one-way rides (40-mile limit) to health-related appointments each calendar year. Use these rides to get to and from provider offices, medical centers, pharmacies, and other places where they receive covered benefits.	Members must be enrolled in the associated plan.

Fitness/healthy lifestyles (gym membership)

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete, CHPW Dual Select	H5826-014, H5826-017	Free membership at a participating fitness center, health club, or fitness classes through Silver & Fit. Also includes Home Fitness Kit (options include activity tracker, videos, and exercise equipment), access to fitness tools and videos, online and via smartphone app, and personalized lifestyle health coaching. Learn more at medicare.chpw.com/member-center/medicare-plan-benefits/gym-membership/ .	Members must be enrolled in the associated plan.

Senior activities/clubs

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete, CHPW Dual Select	H5826-014, H5826-017	See “Fitness” benefit above, which includes fitness center membership.	Contact the plan for details.

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Hearing benefits

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete	H5826-014	\$0 for Medicare-covered diagnostic hearing exams. \$0 for one routine hearing exam per year and one hearing aid fitting/evaluation per year. Member pays nothing for supplemental hearing aids and supplies, up to \$1,500 benefit limit every calendar year. Limit one per ear, per year. Member pays for any costs over the plan benefit limit. Learn more at medicare.chpw.com/member-center/medicare-plan-benefits/hearing-aid/.	Contact the plan for details.
CHPW Dual Select	H5826-017	\$0 or 20% for Medicare-covered diagnostic hearing exams. \$0 for one routine hearing exam per year and one hearing aid fitting/evaluation per year. Member pays nothing for supplemental hearing aids and supplies, up to \$1,500 benefit limit every calendar year. Limit one per ear, per year. Member pays for any costs over the plan benefit limit. Learn more at medicare.chpw.com/member-center/medicare-plan-benefits/hearing-aid/.	Contact the plan for details.

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Vision benefits

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete, CHPW Dual Select	H5826-014, H5826-017	\$0 or 20% for the cost for Medicare-covered exams to diagnose and treat diseases and conditions of the eye. 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 prescription eyes glasses or contacts. Outside of the VSP Choice network: 100% of the cost over the plan benefit limit. Learn more at medicare.chpw.com/member-center/medicare-plan-benefits/vision/.	Member must be enrolled in the associated plan.

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Dental benefits

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete	H5826-014	\$0 copay for supplemental preventive and comprehensive services combined, up to \$2,250 per year. Member pays nothing for supplemental preventive and comprehensive services up to \$5,000 combined total benefit limit per year. Member 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. Member will be responsible for all, or most, services provided by Out of Network dentists. Learn more at medicare.chpw.com/member-center/medicare-plan-benefits/dental/.	Member must be enrolled in CHPW Dual Complete plan.
CHPW Dual Select	H5826-017	\$0 copay for supplemental preventive and comprehensive services combined, up to \$1,250 per year. Member pays nothing for supplemental preventive and comprehensive services up to \$5,000 combined total benefit limit per year. Member 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. Member will be responsible for all, or most, services provided by Out of Network dentists. Learn more at medicare.chpw.com/member-center/medicare-plan-benefits/dental/.	Member must be enrolled in CHPW Dual Complete plan.

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Pest control/clean up services

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete, CHPW Dual Select	H5826-014, H5826-017	CHPW Community Support Services team provides support and connects members to community resources. Learn more at medicare.chpw.com/member-center/health-services/care-coordination-linkages/ .	Member must be enrolled in the associated plan.

Over-the-counter medications

Plan Name	Contract Number	Benefit Description.	Eligibility Criteria
CHPW Dual Complete, CHPW Dual Select	H5826-014, H5826-017	CHPW does not cover over-the-counter medications.	N/A

Cellular phone

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete, CHPW Dual Select	H5826-014, H5826-017	CHPW Community Support Services team provides support and connects members to community resources. Our team is ready to: • Determine eligibility for a free cellphone and data plan through the federal Lifeline program. • Set up phones and laptops. • Connect members to federal programs to reduce broadband costs. Learn more at medicare.chpw.com/member-center/health-services/care-coordination-linkages/ .	Member must be enrolled in the associated plan.

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Telehealth resources

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete, CHPW Dual Select	H5826-014, H5826-017	CHPW 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 use disorder. 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. Members can consult with an urgent care provider, therapist, psychiatrist, or dermatologist by phone or video 24 hours a day, 7 days a week. Available when their clinic or regular doctor's office is closed. Learn more at medicare.chpw.com/member-center/medicare-plan-benefits/chpw-virtual-care/.	Contact the plan for details.

Rewards programs

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete, CHPW Dual Select	H5826-014, H5826-017	Medicare members can participate in MemberFirst™, a reward program for completing recommended preventive screenings including: • Breast cancer screening (Mammogram): \$50 gift card • Colorectal cancer screening (At-home stool test or in-clinic colonoscopy): \$25 gift card Gift cards are eligible for Amazon, Safeway/ Albertsons, or Target.	Member must be enrolled in the associated plan.

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Additional services (acupuncture, LGBTQIA+, etc.)

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
CHPW Dual Complete	H5826-014	Health and Wellbeing Services: \$0 copay for up to 25 covered services combined per year, including: • Acupuncture, • Naturopathy, • Routine chiropractic, and • Massage therapy. These services must be performed by a state-certified practitioner. Learn more at medicare.chpw.com/member-center/medicare-plan-benefits/health-and-wellbeing/.	Member must be enrolled in Dual Complete plan.
CHPW Dual Select	H5826-017	Health and Wellbeing Services: \$0 copay for up to 25 covered services combined per year, including: • Acupuncture, • Naturopathy, • Routine chiropractic, and • Massage therapy. These services must be performed by a state-certified practitioner. Learn more at medicare.chpw.com/member-center/medicare-plan-benefits/health-and-wellbeing/.	Member must be enrolled in Dual Select plan.
CHPW Dual Complete	H5826-014	Podiatry/foot visits: Eligible members receive 8 visits per calendar for non-Medicare covered foot care from a Medicare approved foot care provider.	Member must be enrolled with CHPW Dual Complete and diagnosed with Diabetes.

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CHPW Dual Select	H5826-017	Podiatry/foot visits: Eligible members receive 8 visits per calendar for non-Medicare covered foot care from a Medicare approved foot care provider.	Member must be enrolled with CHPW Dual Select and diagnosed with Diabetes.
CHPW Dual Complete	H5826-014	Weight Scale: Eligible members may receive one weight scale per year.	Member must be enrolled with CHPW Dual Complete, diagnosed with congestive heart failure (CHF); morbid obesity; or obesity with co-occurring disorders and engaged with Care Management.
CHPW Dual Select	H5826-017	Weight Scale: Eligible members may receive one weight scale per year at no cost.	Member must be enrolled with CHPW Dual Select, diagnosed with congestive heart failure (CHF); morbid obesity; or obesity with co-occurring disorders and engaged with Care Management.
CHPW Dual Complete	H5826-014	Blood Pressure Monitoring Device: Eligible members may receive one blood pressure monitoring device per year at no cost.	Member must be enrolled in CHPW Dual Complete, diagnosed with pre-hypertension, hypertension with at least one other chronic condition, or refractory hypertension and engaged with Care Management.
CHPW Dual Select	H5826-017	Blood Pressure Monitoring Device: Eligible members may receive one blood pressure monitoring device per year at no cost.	Member must be enrolled in CHPW Dual Select, diagnosed with pre-hypertension, hypertension with at least one other chronic condition, or refractory hypertension and engaged with Care Management.
CHPW Dual Complete	H5826-014	Personal Emergency Response Device: Eligible members may receive one personal emergency response device per year at no cost.	Member must be enrolled in CHPW Dual Complete, diagnosed with fall risk; frailty; osteoporosis; history of acute myocardial infarction; angina; seizures; Parkinson's; stroke; dementia; chronic obstructive pulmonary disease (COPD); or congestive heart failure (CHF) and engaged in Care Management.

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CHPW Dual Select	H5826-017	Personal Emergency Response Device: Eligible members may receive one personal emergency response device per year at no cost.	Member must enrolled in CHPW Dual Select, diagnosed with fall risk; frailty; osteoporosis; history of acute myocardial infarction; angina; seizures; Parkinson's; stroke; dementia; chronic obstructive pulmonary disease (COPD); or congestive heart failure (CHF) and engaged in Care Management.
CHPW Dual Complete	H5826-014	\$0 Co-Pay for certain Part D Drugs: Members will have a \$0 copay for certain adherence medications.	Members must be enrolled in Dual Complete.
CHPW Dual Select	H5826-017	\$0 Co-Pay for certain Part D Drugs: Members will have a \$0 copay for certain adherence medications.	Members must be enrolled in Dual Select.

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