



Wellpoint Dual Special Needs Plans 2026 Comparison Chart

For questions or if you speak a language other than English, translation and alternate format services are available to you on a standing basis, free of charge. Just call **844-209-5407 (TTY: 711)**. Hours are from 8 a.m. to 8 p.m. PT, seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Ambulance (ground and air)	All air ambulance transportation services provided to Apple Health clients, including those enrolled in a managed care organization (MCO). All ground ambulance transportation services, emergency, and nonemergency are provided to Apple Health clients, including those enrolled in an MCO.	\$0 copay	20% coinsurance
Applied behavior analysis (ABA)	Assists individuals with autism spectrum disorders and other developmental disabilities in improving their communication, social and behavioral skills. If you need assistance accessing ABA services, you can contact 833-324-2088 .	\$0 copay	Covered by Medicaid. May be based on your eligibility level.

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Behavioral health services	Substance use disorder (SUD) treatment services SUD treatment services may include: • Assessment • Brief intervention and referral to treatment • Individual, family, and group therapy • Outpatient, residential, and inpatient opiate substitution treatment services • Case management • Peer support • Crisis services • Withdrawal management (detoxification) Mental health treatment Mental health services are covered when provided in a Behavioral Health Agency or provided by a psychiatrist, psychologist, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist. Mental health services may include: • Intake evaluation, assessment, and screening • Peer support • Mental health treatment interventions such as: ○ Individual, family, and group therapy ○ Outpatient, residential, and inpatient ○ Intensive and brief treatment models • Crisis services • Medication management and monitoring	\$0 copay	Covered by Medicaid. May be based on your eligibility level.

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Behavioral health services (continued)	- Care coordination and community integration Medications for opioid use disorder (MOUD) Previously referred to as medication assisted treatment (MAT). Medications used to treat certain substance use disorders. Call us at 833-731-2167 (TTY 711) for specific details. Problem gambling disorder treatment interventions Covered services include: - Assessment - Therapeutic individual, family and/or group services		
Blood/blood products/ related services	- Blood and blood products are covered. - Whole blood or blood derivatives from a blood bank are covered only when they are not available to the patient from other sources. - Service charges necessary in handling and processing blood, plasma, or blood derivatives are covered. If the patient is hospitalized, all charges must be included in the hospital's charges. - Administration of blood or blood derivatives on an outpatient basis in a hospital are covered when added to the total billing for outpatient services.	\$0 copay	\$0 copay

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Chiropractic care	For children 20 years of age and younger with a referral from your primary care physician (PCP).	Medicare-covered chiropractic services: \$0 copay Routine chiropractic services: \$0 copay for 24 visits each year	Medicare-covered chiropractic services: 20% coinsurance Routine chiropractic services: \$0 copay for 24 visits each year
Dialysis	1. Clients with end-stage renal disease (ESRD) or acute renal failure are covered for the following services: • Dialysis in a Medicare-certified ESRD facility. • Kidney transplant treatment in a Medicare-certified ESRD facility when medically indicated. • Treatment for conditions directly related to ESRD. • Training and supervision of supporting personnel and clients for home dialysis, medical care, and treatment, including home dialysis helpers (see #2 below). • Supplies and equipment for home dialysis. • Diagnostic lab work. • Treatment for anemia. • Intravenous drugs. 2. Home dialysis helpers may assist a client living in the client's home or in a skilled nursing facility (when the skilled nursing facility is their home) with home dialysis.	\$0 copay	20% coinsurance

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Dental services	Contracted services include: - Prescriptions written by a dentist. - Access to Baby and Child Dentistry (ABCD) services provided by an ABCD-certified provider. - Medical/surgical services provided by a dentist. - Hospital/ambulatory surgery center facility charges. All other dental services are covered by Apple Health without a managed care plan. You must see a dental provider who has agreed to bill Apple Health without a managed care plan using your ProviderOne services card. Learn more: - Online at: hca.wa.gov/dental-services. - Call HCA at 800-562-3022. To find a provider that accepts Washington Apple Health online: dentistlink.org fortress.wa.gov/hca/p1findaprovider	Medicare-covered dental services: \$0 copay Preventive and comprehensive dental combined allowance: This plan covers up to a \$3,500 allowance for covered preventive and comprehensive dental services every year. We cover more dental care than what original Medicare covers. You can use our coverage for these services and more: exams, cleanings, fluoride treatments, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges, and dentures. Please note that dental crowns and pontics (bridges) require preapproval.	Medicare-covered dental services: 20% coinsurance Preventive and comprehensive dental combined allowance: This plan covers up to a \$2,400 allowance for covered preventive and comprehensive dental services every year. We cover more dental care than what original Medicare covers. You can use our coverage for these services and more: exams, cleanings, fluoride treatments, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges, and dentures. Please note that dental crowns and pontics (bridges) require preapproval.
Diabetic supplies	Limited supplies available without preapproval. Additional supplies are available with preapproval.	\$0 copay This plan covers only Freestyle (made by Abbott) and Accu-Chek® (made by Roche Diagnostics) blood glucose test strips and glucometers. We will not cover other brands unless your provider tells us it is	\$0 copay This plan covers only Freestyle (made by Abbott) and Accu-Chek® (made by Roche Diagnostics) blood glucose test strips and glucometers. We will not cover other brands unless

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Diabetic supplies (continued)		medically necessary. Blood glucose test strips and glucometers MUST be purchased at a network retail or our mail-order pharmacy to be covered. If you purchase these supplies through a Durable Medical Equipment (DME) provider, these items will NOT be covered. Lancets may be purchased at either a network retail pharmacy or our mail order pharmacy. However, lancets are limited to the following manufacturers: Freestyle, Trividia, Accu-Chek®, HTL- Strefa, Kroger and its affiliates which include Fred Meyer, King Soopers, City Market, Fry's Food Stores, Smith's Food and Drug Centers, Dillon Companies, Ralphs, Quality Food Centers, Baker, Scott's, Owen, Payless, Gerbes, Jay-C, Prodigy, and Good Neighbor.	your provider tells us it is medically necessary. Blood glucose test strips and glucometers MUST be purchased at a network retail or our mail-order pharmacy to be covered. If you purchase these supplies through a Durable Medical Equipment (DME) provider, these items will NOT be covered. Lancets may be purchased at either a network retail pharmacy or our mail order pharmacy. However, lancets are limited to the following manufacturers: Freestyle, Trividia, Accu-Chek®, HTL-Strefa, Kroger and its affiliates which include Fred Meyer, King Soopers, City Market, Fry's Food Stores, Smith's Food and Drug Centers, Dillon Companies, Ralphs, Quality Food Centers, Baker, Scott's, Owen, Payless, Gerbes, Jay-C, Prodigy, and Good Neighbor.
Diagnostic services (lab and X-ray)	Some services may require preapproval. Limitations shown below are for outpatient diagnostic services only: • Drug screens only when medically necessary and: – Ordered by a physician as part of a medical evaluation.	\$0 copay	20% coinsurance

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Diagnostic services (lab and X-ray) (continued)	– As substance use disorder screening required to assess suitability for medical tests or treatment. Portable X-ray services furnished in the enrollee's home or a nursing facility are limited to films that do not involve the use of contrast media.		
Durable medical equipment	Most equipment must get preapproval. Call us at 833-731-2167 (TTY 711) for specific details.	\$0 copay	20% coinsurance
Emergency services	Available 24 hours per day, seven days per week, anywhere in the United States.	\$0 copay	\$115 copay
Early and periodic screening, diagnosis, and treatment (EPSDT) services	Children and youth under age 21 have a healthcare benefit called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). EPSDT includes a full range of screening, diagnostic, and treatment services. Screenings can help identify potential physical, behavioral health, or developmental healthcare needs that may require additional diagnostics and treatment.	\$0 copay	Covered by Medicaid. May be based on your eligibility level.
Enteral nutrition program	Enteral nutrition products and supplies for all ages for tube-fed enrollees. Oral enteral nutrition products for clients 20 years of age and younger for a limited time to address acute illness.	\$0 copay	20% coinsurance
Fitness benefit	Fitness coach program — online exercise classes, information about fitness and exercise topics, and extra resources for those with special needs.	SilverSneakers® fitness program: Covered for a fitness benefit through SilverSneakers at participating location.	SilverSneakers® fitness program: Covered for a fitness benefit through SilverSneakers at participating location.

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Habilitative services	Healthcare services that help you keep, learn, or improve skills and functioning for daily living that were not acquired due to congenital, genetic, or early-acquired health conditions. This is a limited benefit. Call us at 833-731-2167 (TTY 711) for specific details. Limitations may apply whether performed in any of the following settings: • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home infusion agency When provided to children 20 years of age and younger in an approved neurodevelopmental center. See: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf (PDF).	\$0 copay	20% coinsurance
Healthcare professional services	Routine care is planned and includes regular provider visits for medical problems that are not urgent or emergencies. Preventive care: • Annual physicals (also called checkups) • Well-child visits • Annual women's healthcare • Immunizations (shots)	Primary care physician (PCP) visit: \$0 copay Specialist visit: \$0 copay	Primary care physician (PCP) visit: \$0 copay Specialist visit: \$0 copay
Health homes	You may be eligible for additional services through our Health Home program or care coordination services if you have special healthcare needs or a long-term illness. This may include direct access to specialists. In some cases, you may be able to use your specialist as your PCP. Call us for more information about care coordination and care management.	\$0 copay	\$0 copay

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Hearing evaluations	Exams are a covered benefit for all individuals.	Medicare-covered hearing services: \$0 copay Routine hearing services: \$0 copay for 1 routine hearing exam every year	Medicare-covered hearing services: 20% coinsurance Routine hearing services: \$0 copay for 1 routine hearing exam every year
Hearing aids	Hearing aids are available for: - Children 20 and under. - Adults who meet program criteria. Monaural hearing aids including: - Fitting - Follow-up - Batteries	\$300 maximum plan benefit for over-the-counter hearing aids or 1 routine hearing aid fitting evaluation and a \$3,000 maximum plan benefit for prescribed hearing aids every year.	\$300 maximum plan benefit for over-the-counter hearing aids or 1 routine hearing aid fitting evaluation and a \$3,000 maximum plan benefit for prescribed hearing aids every year.
Home health services	1. Continuous glucose monitoring is covered for clients: 18 and younger. - Adults with type 1 diabetes. - Adults with type 2 diabetes who are unable to achieve target HbA1C; suffering from one or more severe episodes of hypoglycemia; unable to recognize, or communicate hypoglycemia symptoms. 2. Rental of continuous glucose monitors (CGMs) is covered for clients younger than 19 years of age with all of the following criteria: - Client has diabetes mellitus (DM). - Is insulin dependent. - Has had one or more severe episodes of hypoglycemia (blood glucose less than or equal to	\$0 copay	\$0 copay

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Home health services (continued)	50 mg/dl) requiring assistance from another person, or complicated by a hypoglycemia-induced seizure ("Requiring assistance" means that the client does not recognize the symptoms of hypoglycemia and/or is unable to respond appropriately).Is ordered by a pediatrician. • The CGM monitor is FDA approved. • Verification with self-monitoring of blood glucose (SMBG) is needed prior to adjusting insulin. 3. Rental of continuous glucose monitors (CGMs) is covered for pregnant women of any age with any of the following criteria: • Type 1 diabetes. • Type 2 diabetes and on insulin prior to pregnancy. • Gestational diabetes whose blood glucose is not well controlled (HbA1C above target or experiencing episodes of hyperglycemia or hypoglycemia) during pregnancy and require insulin. 4. A client's infusion pump, parenteral nutrition pump, insulin pump, solutions, and/or insulin infusion supplies are covered separately when the client resides in a nursing facility and meets the specified criteria. 5. Implantable Infusion Pumps or Implantable Drug Delivery Systems (IDDS) are covered when medically necessary and only for cancer pain and spasticity. 6. Medicaid will cover infusion therapy in the home when the client meets the following criteria. The client must: • Have a written physician order for all solutions		

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Home health services (continued)	and medications to be administered. • Be able to manage their infusion in one of the following ways: – Independently. – With a volunteer caregiver who can manage the infusion. – By choosing to self-direct the infusion with a paid caregiver. • Be clinically stable and have a condition that does not warrant hospitalization. • Agree to comply with the protocol established by the infusion therapy provider for home infusions. If the client is not able to comply, the client's caregiver may comply. • Consent, if necessary, to receive solutions and medications administered in the home through intravenous, enteral, epidural, subcutaneous, or intrathecal routes. If the client is not able to consent, the client's legal representative may consent. • Reside in a residence that has adequate accommodations for administering infusion therapy, including: – Running water. – Electricity. – Telephone access. – Receptacles for proper storage and disposal of drugs and drug products. 7. To receive parenteral nutrition, a client must: • Meet all of the conditions in #4 above.		

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Home health services (continued)	• Have hyperemesis gravidarum or an impairment involving the gastrointestinal tract that lasts three months or longer, where either of these conditions prevents oral or enteral intake to meet the client's nutritional needs. • Be unresponsive to medical interventions other than parenteral nutrition. • Be unable to maintain weight or strength. 8. Medicaid covers parenteral nutrition for a client whose gastrointestinal impairment is expected to last less than three months when: • The criteria in #4 above are met. • The client has a written physician order that documents the client is unable to receive oral or tube feedings. • It is medically necessary for the gastrointestinal tract to be totally nonfunctional for a period of time. 9. Medicaid covers intradialytic parenteral nutrition (IDPN) solutions when: • The parenteral nutrition is not solely supplemental to deficiencies caused by dialysis. • The client meets the criteria in #5 and #6 above.		
Home infusion therapy/parenteral nutrition program	Home infusion therapy/parenteral nutrition program	\$0 copay	\$0 copay for home infusion therapy (HIT) professional services furnished by a qualified HIT supplier in the patient's home. Durable medical equipment (DME): 20% coinsurance — includes the

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Home infusion therapy/ parenteral nutrition program (continued)			external infusion pump, the related supplies, and the infusion drug(s) by a contracted DME provider.
Hospice services	1. Hospice care is covered for eligible clients certified by a physician as terminally ill with a life expectancy of six months or less. 2. Covered services include the following core services and supplies: • A brief period of inpatient care, for general or respite care provided in a Medicare-certified hospice care center, hospital, or nursing facility. • Adult day health. • Communication with non-hospice providers about care not related to the client's terminal illness to ensure the client's plan of care (POC) needs are met and not compromised. • Coordination of care, including coordination of medically necessary care not related to the client's terminal illness. Drugs, biologicals, and over-the-counter medications used for the relief of pain and symptom control of a client's terminal illness and related conditions. • Home health aide, homemaker, and/or personal care services that are ordered by a client's physician and documented in the POC. • Interpreter services as necessary for the POC. • Medical equipment and supplies that are medically necessary for the palliation and	\$0 copay if you get a hospice consultation by a primary care physician (PCP) before you elect hospice. \$0 copay if you get a hospice consultation by a specialist before you elect hospice.	\$0 copay if you get a hospice consultation by a primary care physician (PCP) before you elect hospice. \$0 copay if you get a hospice consultation by a specialist before you elect hospice.

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Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Hospice services (continued)	management of a client's terminal illness and related conditions. • Medical transportation services as required by POC related to the terminal illness. • Physical therapy, occupational therapy, and speech-language therapy to manage symptoms or enable the client to safely perform activities of daily living (ADLs) and basic functional skills. • Skilled nursing care. • Other services or supplies that are documented as necessary for the palliation and management of the client's terminal illness and related conditions. 3. Pediatric palliative care case management/coordination services are available to covered clients 20 years of age or younger who have a life-limiting medical condition with a complex set of needs requiring case management and coordination of medical services due to at least three of the following six circumstances: • An immediate medical need during a time of crises. • Coordination with family member(s) and providers required in more than one setting (for example, school, home, and multiple medical offices or clinics). • A life-limiting medical condition that impacts cognitive, social, and physical development. • A medical condition with which the family is unable to cope. • A family member(s) and/or caregiver who needs additional knowledge or assistance with the client's medical needs. • Therapeutic goals focused on quality of life, comfort, and family stability.		

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Hospice services (continued)	4. Pediatric concurrent care for medically necessary services delivered at the same time as hospice services is covered for eligible clients 20 years of age and younger.		
Hospital services: inpatient/ outpatient	Must be approved by us for all nonemergency care.	\$0 copay	Inpatient hospital: Medicare-defined cost share: • \$1,676 deductible for days 1 through 60. • \$419 copay per day for days 61 through 90. • \$838 copay per day for 60 lifetime reserve days. These are “extra” days we cover once in your lifetime. These are the 2025 cost-sharing amounts and may change for 2026. Outpatient hospital: 20% coinsurance
Meal benefit	For pregnant individuals and new parents: • Two weeks of home-delivered meals for members on bed rest or postpartum members recently discharged. • Ten weeks of home-delivered meals for pregnant members with gestational diabetes.	Healthy meals-post discharge: \$0 copay for up to 2 meals a day for 7 days following your discharge from the hospital or skilled nursing facility (SNF). Healthy meals-chronic condition: \$0 copay for up to	Healthy meals-post discharge: \$0 copay for up to 2 meals a day for 7 days following your discharge from the hospital or skilled nursing facility (SNF). Healthy meals-chronic condition: \$0 copay for up to

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Meal benefit (continued)		2 meals a day for 90 days to support your chronic condition nutritional needs.	to 2 meals a day for 90 days to support your chronic condition nutritional needs.
Medical equipment, supplies, and appliances	Covered medical supplies include: • Antiseptics and germicides. • Bandages, dressings, and tapes. • Batteries — replacement batteries for wheelchairs, speech generating devices (SGDs), and ventilators. • Blood monitoring/testing supplies, including blood glucose monitors. • Braces, belts, and supportive devices. • Breast pumps. • Decubitus care products. • Ostomy supplies. • Syringes and needles. • Urological supplies, including diapers and related supplies (disposable incontinent products include briefs, diapers, pull-up pants, underpads for beds, liners, shields, guards, pads, and undergarments); liners, shields, guards, pads, and undergarments are covered for incontinence only. • Urological supplies for urinary retention. • Bilirubin light therapy supplies. • Other miscellaneous supplies as noted in Limitations.	\$0 copay	20% coinsurance

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Medical nutrition therapy	Covered for clients 21 years of age and younger when medically necessary and referred by the provider after an EPSDT screening. Includes medical nutrition therapy, nutrition assessment, and counseling for conditions that are within the scope of practice for a registered dietitian (RD) to evaluate and treat.	\$0 copay	\$0 copay
Nursing facility services	Covered for short-term, medically necessary services. Additional services may be available. Call us at 833-731-2167 (TTY 711).	\$0 copay	Medicare-defined cost share: \$0 copay per day for days 1 through 20. \$209.50 copay per day for days 21 through 100. These are the 2025 cost-sharing amounts and may change for 2026.

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Organ transplants	Some organ transplants are covered by Apple Health without a managed care plan. Call us at 833-731-2167 (TTY 711) for specific details.	\$0 copay	Inpatient hospital: Medicare-defined cost share: • \$1,676 deductible for days 1 through 60. • \$419 copay per day for days 61 through 90. • \$838 copay per day for 60 lifetime reserve days. These are “extra” days we cover once in your lifetime. These are the 2025 cost-sharing amounts and may change for 2026.
Outpatient rehabilitation services (occupational therapy, physical therapy, speech therapy)	This is a limited benefit. Call us at 833-731-2167 (TTY 711) for specific details. Limitations may apply whether performed in any of the following settings: • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home health agency When provided to children 20 years of age and younger in an approved neurodevelopmental center. See: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf (PDF).	\$0 copay	20% coinsurance

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Over-the-counter	- Coverage includes prescription drug products according to the Health Care Authority–approved formulary, which includes both legend and over-the-counter (OTC) products. Medically necessary nutritional supplements for infants are covered. - Only orthopedic surgeons, rheumatologists, and physiatrists are reimbursed for Hyalgan, Synvisc, Euflexxa, Orthovisc, or Gel-One. - Alpha hydroxyprogesterone (17P) is covered for pregnant women as one strategy to reduce the incidence of premature births. - Only physicians, psychiatrists, advanced registered nurse practitioners (ARNPs), and pharmacists are reimbursed for Clozaril case management. The applicable E/M code for drug monitoring should be billed (HCPCS code M0064 should not be billed for Clozaril case management). - Botulism injection is only covered for the treatment of: - Cervical dystonia. - Blepharospasm, associated with dystonia. - Lower-limb spasticity associated with cerebral palsy in children. - Nonsurgical treatment for Dupuytren’s contracture (J0775 only). - Headache, prophylaxis — migraine. - Hyperhidrosis of axilla (severe), in cases of primary disease inadequately managed by topical agents. - Upper-limb spasticity. - Botulism injection is covered as an alternative to	Everyday options allowance: This benefit provides a combined spending allowance of \$75 each month on your Benefits Mastercard® Prepaid Card for assistive devices, eligible food items, over-the-counter (OTC) health and wellness products, and utilities. Unused amounts expire at the end of each month.	Everyday options allowance: This benefit provides a combined spending allowance of \$50 each month on your Benefits Mastercard® Prepaid Card for assistive devices, eligible food items, over-the-counter (OTC) health and wellness products, and utilities. Unused amounts expire at the end of each month.

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Over-the-counter (continued)	surgery in patients with infantile esotropia or concomitant strabismus when interference with normal visual system development is likely to occur and spontaneous recovery is unlikely. 6. Blood factors VII, VIII, and IX and the anti-inhibitor for treatment of hemophilia and von Willebrand disease are covered when a client is receiving services in an inpatient setting.		
Prescription drugs	Members must use participating pharmacies. We use the Apple Health preferred drug list. Call us at 833-731-2167 (TTY 711) for a list of pharmacies.	Deductible: If you receive Extra Help, this payment stage doesn't apply to you. If you do not qualify for Extra Help, the deductible is \$615 (Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier) except for covered insulin products and most adult Part D vaccines. If you receive Extra Help, Copayment during the Initial Coverage Stage: • Drug Tier 1 - Preferred Generic: \$0.00 per prescription. • Drug Tier 2 - Generic: \$0.00 per prescription. • Drug Tier 3 - Preferred Brand: \$0.00 - \$12.65 per prescription.	Deductible: If you receive Extra Help, this payment stage doesn't apply to you. If you do not qualify for Extra Help, the deductible is \$615 (Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier) except for covered insulin products and most adult Part D vaccines. If you receive Extra Help, Copayment during the Initial Coverage Stage: • Drug Tier 1 - Preferred Generic: \$0.00 per prescription. • Drug Tier 2 - Generic: \$0.00 - \$12.65 per prescription.

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Prescription drugs (continued)		You pay \$0.00 - \$12.65 per month supply of each covered insulin product on this tier. • Drug Tier 4 - Non-Preferred Drug: \$0.00 - \$12.65 per prescription. • Drug Tier 5 - Specialty Tier: \$0.00 - \$12.65 per prescription. • Drug Tier 6 - Select Care Drugs: \$0.00 per prescription. If you do not qualify for Extra Help, Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: Preferred Generic: \$0.00 • Drug Tier 2: Generic: \$0.00 • Drug Tier 3: Preferred Brand: 25% You won't pay more than \$35.00 per month supply of each covered insulin product on this tier. • Drug Tier 4: Non-Preferred Drug: 25%	• Drug Tier 3 - Preferred Brand: \$0.00 - \$12.65 per prescription. You pay \$0.00 - \$12.65 per month supply of each covered insulin product on this tier. • Drug Tier 4 - Non-Preferred Drug: \$0.00 - \$12.65 per prescription. • Drug Tier 5 - Specialty Tier: \$0.00 - \$12.65 per prescription. • Drug Tier 6 - Select Care Drugs: \$0.00 per prescription. If you do not qualify for Extra Help, Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: Preferred Generic: \$0.00 • Drug Tier 2: Generic: 25% • Drug Tier 3: Preferred Brand: 25% You won't pay more than \$35.00 per month supply of each covered insulin

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Prescription drugs (continued)		• Drug Tier 5: Specialty Tier: 25% • Drug Tier 6: Select Care Drugs: \$0.00 Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	product on this tier. • Drug Tier 4: Non-Preferred Drug: 25% • Drug Tier 5: Specialty Tier: 25% • Drug Tier 6: Select Care Drugs: \$0.00 Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.
Prosthetic/ orthotic devices	1. Covered prosthetics or prosthetic devices include replacement, corrective, or supportive devices prescribed by a physician or other licensed practitioner to artificially replace a missing portion of the body, prevent or correct physical deformity or malfunction, or support a weak or deformed portion of the body. 2. Covered orthotics or orthotic devices include corrective or supportive devices that prevent or correct physical deformity or malfunction, or support a weak or deformed portion of the body. 3. Only prosthetics or orthotics that meet the criteria above and are listed as such by the Centers for Medicare & Medicaid Services (CMS) are covered. 4. Repair or modification of a client's current prosthesis is covered. A replacement prosthesis is covered only when the purchase of a replacement is less costly than repairing or modifying a client's current	\$0 copay	20% coinsurance

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Prosthetic/ orthotic devices (continued)	prosthesis. 5. Custom-fitted and/or custom-molded orthotic devices to treat one of the conditions in the table entitled “Acute Conditions of the Lower Extremities by Diagnosis” are covered. 6. Ocular prosthetics are covered for eligible clients when provided by an ophthalmologist, an ocularist, or an optometrist who specializes in prosthetics. 7. Metacarpal phalangeal joint replacement (L8631) is covered as inpatient or ambulatory surgery center only. 8. Joint implants and replacements and radiofrequency transmitters for pulse generators (L8630, L8641, L8642, L8658, L8659, L8670, L8680-L8684) are covered as inpatient only.		
Respiratory care (oxygen)	Medically necessary oxygen and/or respiratory therapy equipment, supplies, and services to eligible enrollees.	\$0 copay	20% coinsurance
Transportation	Apple Health pays for transportation services to and from needed nonemergency healthcare appointments. Call the transportation provider (broker) in your area to learn about services and limitations. Your regional broker will arrange the most appropriate, least costly transportation for you. A list of brokers can be found at: hca.wa.gov/transportation-help.	\$0 copay This plan offers coverage for 60, one-way, routine transportation services every year. All transportation benefits are limited to our contracted vendor. 48-hour advanced notice is required. Each trip is limited to 60 miles.	\$0 copay This plan offers coverage for 34, one-way, routine transportation services every year. All transportation benefits are limited to our contracted vendor. 48-hour advanced notice is required. Each trip is limited to 60 miles.
Urgent care	Use urgent care when you have a health problem that needs care right away, but your life is not in danger.	\$0 copay	\$40 copay

Benefit chart continued on next page.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)
Vision care: exams, refractions, and fittings	You must use our provider network. Call us for benefit information. For children 20 years of age and under, eyeglasses and hardware fittings are covered. You can find eyewear suppliers at: fortress.wa.gov/hca/p1findaprovider. For adults in need of eyeglasses at a reduced cost, you can purchase eyeglass frames and lenses through participating optical providers. Find a list of participating providers at: hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf (PDF).	Medicare-covered vision services: Exam to diagnose and treat diseases and conditions of the eye: \$0 copay Routine vision exam: \$0 copay for one routine eye exam every year.	Medicare-covered vision services: Exam to diagnose and treat diseases and conditions of the eye: 20% coinsurance Routine vision exam: \$0 copay for one routine eye exam every year.
Vision hardware: frames and lenses	You must use our provider network. Call us for benefit information. For children 20 years of age and under, eyeglasses and hardware fittings are covered. You can find eyewear suppliers at: fortress.wa.gov/hca/p1findaprovider. For adults in need of eyeglasses at a reduced cost, you can purchase eyeglass frames and lenses through participating optical providers. Find a list of participating providers at: hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf (PDF).	Medicare-covered vision services: Eyeglasses or contact lenses after cataract surgery: \$0 copay Routine eyewear: This plan covers up to \$350 for eyeglasses or contact lenses every year.	Medicare-covered vision services: Eyeglasses or contact lenses after cataract surgery: 20% coinsurance Routine eyewear: This plan covers up to \$200 for eyeglasses or contact lenses every year.
Worldwide emergency / urgent coverage	Not covered.	This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$100,000 per year.	This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$100,000 per year.

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