Washington | Medicaid • Medicare Advantage

Wellpoint

Wellpoint Dual Special Needs Plans 2027 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 **1-844-209-5407 (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)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Contract number		H8849-015-000	H8849-016-000	H8849-017-000
Apple Health (Medicaid) Coverage		FBDE, QMB+, SLMB+	SLMB, QDWI, QI	QMB
Ambulance (Ground/Water 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.	**$0.00** copay per trip	**20%** coinsurance per trip	**$0.00** copay per trip

Coverage provided by Wellpoint Washington, Inc.

Wellpoint Washington, Inc. profoundly acknowledges and respects the inherent sovereignty of the federally recognized Tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the Tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the Tribes, a bond reiterated by the Centennial Accord and established by RCW 43.376. We heartily commit to enhancing our coordination, collaboration, and recognition of the deeply rooted traditions and values of the Tribal communities.

WA-WP-CDCR-024683-26-S6879 October 2026

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
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 1-833-324-2088.	**$0.00** copay	Covered by Medicaid. May be based on your eligibility level.	**$0.00** copay
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	**$0.00** copay	Covered by Medicaid. May be based on your eligibility level.	**$0.00** copay

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Behavioral Health Services (continued)	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 • 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 **1-833-731-2167 (TTY 711)** for specific details. **Problem gambling disorder treatment interventions** Covered services include: • Assessment • Therapeutic individual, family and/or group services			

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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.	**$0.00** copay	**$0.00** copay	**$0.00** copay
Chiropractic Care	For children 20 years of age and younger with a referral from your primary care physician (PCP).	**Medicare-covered chiropractic services:** Providers in our plan: **$0.00** copay **Routine chiropractic services**: Providers in our plan: **$0.00** copay for 24 visits every year	**Medicare-covered chiropractic services:** Providers in our plan: **20%** coinsurance **Routine chiropractic services**: Providers in our plan: **$0.00** copay for 24 visits every year	**Medicare-covered chiropractic services:** Providers in our plan: **$0.00** copay **Routine chiropractic services**: Providers in our plan: **$0.00** copay for 24 visits every year

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (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 **1-800-562-3022**.
	To find a provider that accepts Washington Apple Health online: dentistlink.org fortress.wa.gov/hca/p1findaprovider
		Medicare-covered dental services
		(this does not include services for care, treatment, filling, removal or replacement of teeth)
		Doctors and dentists in our plan: **$0.00** 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.
		Any amount not used at the end of the plan year will expire.
		
		Preventive dental services:
		Dentists in our plan: **$0.00** copay
		
		This plan covers 2 oral exams, 2 cleanings, 2 fluoride treatments, and 2 dental X-rays every year.
		
		Comprehensive dental services:
		Doctors and dentists in our plan: **$0.00** copay
		
		Please refer to Chapter 4 in the plan's Evidence of Coverage for more details on prior authorizations, covered dental services, limitations, and exclusions.
			Medicare-covered dental services
			(this does not include services for care, treatment, filling, removal or replacement of teeth)
			Doctors and dentists in our plan: **20%** coinsurance
			
			Preventive and Comprehensive Dental Combined Allowance
			This plan covers up to a **$1,750** allowance for covered preventive and comprehensive dental services every year.
			Any amount not used at the end of the plan year will expire.
			
			Preventive dental services:
			Dentists in our plan: **$0.00** copay
			
			This plan covers 2 oral exams, 2 cleanings, 2 fluoride treatments, and 2 dental X-rays every year.
			
			Comprehensive dental services:
			Doctors and dentists in our plan: **$0.00** copay
			
			Please refer to Chapter 4 in the plan's Evidence of Coverage for more details on prior authorizations, covered dental services, limitations, and exclusions.
				Medicare-covered dental services
				(this does not include services for care, treatment, filling, removal or replacement of teeth)
				Doctors and dentists in our plan: **$0.00** copay
				
				Preventive and Comprehensive Dental Combined Allowance
				This plan covers up to a **$1,750** allowance for covered preventive and comprehensive dental services every year.
				Any amount not used at the end of the plan year will expire.
				
				Preventive dental services:
				Dentists in our plan: **$0.00** copay
				
				This plan covers 2 oral exams, 2 cleanings, 2 fluoride treatments, and 2 dental X-rays every year.
				
				Comprehensive dental services:
				Doctors and dentists in our plan: **$0.00** copay
				
				Please refer to Chapter 4 in the plan's Evidence of Coverage for more details on prior authorizations, covered dental services, limitations, and exclusions.

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Diabetic Monitors, Supplies, and Services	Covered diabetes monitors & supplies (when medically necessary): • CGMs: Preferred options (e.g., Dexcom) including receivers, transmitters, and sensors. • Meters & test strips: Preferred brands True Metrix and Accu-Chek at $0 copay when obtained through a network retail pharmacy or mail order (not a DME supplier). Insulin pumps/devices: • Disposable insulin pumps and injection devices. • Injection supplies: Syringes, needles, pen needles, and alcohol swabs. • Additional testing supplies: Ketone and acetone urine/blood test strips. For quantity limits or brand approvals, contact Wellpoint Pharmacy Member Services: **1-833-207-3121.**	**Continuous glucose monitors (CGMs) and sensors** Suppliers in our plan: **$0.00** copay **Blood glucose monitors:** Suppliers in our plan: **$0.00** copay **Blood glucose test strips and lancets:** Suppliers in our plan: **$0.00** copay Coverage limitations may apply. Please refer to your Evidence of Coverage for complete coverage details.	**Continuous glucose monitors (CGMs) and sensors** Suppliers in our plan: **$0.00** copay **Blood glucose monitors:** Suppliers in our plan: **$0.00** copay **Blood glucose test strips and lancets:** Suppliers in our plan: **$0.00** copay Coverage limitations may apply. Please refer to your Evidence of Coverage for complete coverage details.	**Continuous glucose monitors (CGMs) and sensors** Suppliers in our plan: **$0.00** copay **Blood glucose monitors:** Suppliers in our plan: **$0.00** copay **Blood glucose test strips and lancets:** Suppliers in our plan: **$0.00** copay Coverage limitations may apply. Please refer to your Evidence of Coverage for complete coverage details.
Diagnostic Services (Labs and X-rays)	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. – As substance use disorder screening required to assess suitability for medical tests or treatment.	**$0.00** copay	**20%** coinsurance	**$0.00** copay

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Diagnostic Services (Labs and X-rays) (continued)	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 **1-833-731-2167 (TTY 711)** for specific details.	Suppliers in our plan: **$0.00** copay	Suppliers in our plan: **20%** coinsurance	Suppliers in our plan: **$0.00** copay
Emergency Care	Available 24 hours per day, seven days per week, anywhere in the United States.	**$0.00** copay	**$115.00** copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.	**$0.00** copay
Emergency and Urgent Care Worldwide Coverage	Not covered.	**$0.00** copay This plan covers urgent care and emergency services, including emergency transportation, when traveling outside of the United States for less than six months. This benefit is limited to **$100,000** per year.	**$0.00** copay This plan covers urgent care and emergency services, including emergency transportation, when traveling outside of the United States for less than six months. This benefit is limited to **$100,000** per year.	**$0.00** copay This plan covers urgent care and emergency services, including emergency transportation, when traveling outside of the United States for less than six months. This benefit is limited to **$100,000** per year.
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. Screening can help identify potential physical, behavioral health, or developmental healthcare needs that may require additional	**$0.00** copay	Covered by Medicaid.	**$0.00** copay

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	diagnostics and treatment.			
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.	**$0.00** copay	**20%** coinsurance	**$0.00** copay
Fitness program (SilverSneakers ®††)	Fitness coach program — online exercise classes, information about fitness and exercise topics, and extra resources for those with special needs.	**$0.00** copay for the SilverSneakers Fitness Program. When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 5 a.m. to 5 p.m. PT.	**$0.00** copay for the SilverSneakers Fitness Program. When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 5 a.m. to 5 p.m. PT.	**$0.00** copay for the SilverSneakers Fitness Program. When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 5 a.m. to 5 p.m. PT.
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 **1-833-731-2167 (TTY 711)** for specific details. Limitations may apply whether performed in any of the following settings: • Outpatient clinic • Outpatient hospital	**$0.00** copay	**20%** coinsurance	**$0.00** copay

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Habilitative Services (continued)	• 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).			
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**: PCPs in our plan: **$0.00** copay **Specialist visit**: Doctors in our plan: **$0.00** copay	**Primary care physician (PCP) visit**: PCPs in our plan: **$0.00** copay **Specialist visit**: Doctors in our plan: **$0.00** copay	**Primary care physician (PCP) visit**: PCPs in our plan: **$0.00** copay **Specialist visit**: Doctors in our plan: **$0.00** 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.	**$0.00** copay	**$0.00** copay	**$0.00** copay

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Hearing Services	Exams are a covered benefit for all individuals.	**Medicare-covered hearing services**: (Exam to diagnose and treat hearing and balance issues) Doctors in our plan: **$0.00** copay **Routine hearing services**: Doctors in our plan: **$0.00** copay for 1 routine hearing exam every year	**Medicare-covered hearing services**: (Exam to diagnose and treat hearing and balance issues) Doctors in our plan: **20%** coinsurance **Routine hearing services**: Doctors in our plan: **$0.00** copay for 1 routine hearing exam every year	**Medicare-covered hearing services**: (Exam to diagnose and treat hearing and balance issues) Doctors in our plan: **$0.00** copay **Routine hearing services**: Doctors in our plan: **$0.00** copay for 1 routine hearing exam every year
Hearing Services (Hearing Aids)	Hearing aids are available for: • Children 20 and under. • Adults who meet program criteria. Monaural hearing aids including: • Fitting • Follow-up • Batteries	This plan covers 1 routine hearing exam 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.	This plan covers 1 routine hearing exam every year. **$300** maximum plan benefit for over-the-counter hearing aids OR 1 routine hearing aid fitting evaluation and a **$1,500** maximum plan benefit for prescribed hearing aids every year.	This plan covers 1 routine hearing exam every year. **$300** maximum plan benefit for over-the-counter hearing aids OR 1 routine hearing aid fitting evaluation and a **$1,500** maximum plan benefit for prescribed hearing aids every year.

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Home Health Services	Home health services are available for eligible members. Please call **1-833-731-2167** (TTY **711**) for specific coverage details. Services include: • Skilled nursing (intermittent RN/LPN visits) • Home health aide (as part of a skilled episode/plan of care) • Therapies: PT, OT, and speech therapy (SLP) • Medical social services (per plan of care) • Plan-related supplies (limited)Top of Form	**$0.00** copay	**$0.00** copay	**$0.00** copay
Home Infusion Therapy/ parenteral nutrition program	HCA's Home Infusion Therapy and Parenteral Nutrition program covers: • Parenteral nutrition, also known as total parenteral nutrition (TPN) • Home infusion supplies and equipment Please call **1-833-731-2167** (TTY **711**) for specific coverage details.	**$0.00** copay	**$0.00** 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 external infusion pump, the related supplies, and the infusion drug(s) by a contracted DME provider.	**$0.00** copay

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Hospice Services	A client, physician, or an authorized health care representative may initiate hospice care. The client's physician must provide certification that the client is terminally ill and certify that the client has a life expectancy of six months or less and is appropriate for hospice care. Hospice care is provided in the client's temporary or permanent place of residence. Hospice services include: • Short-term inpatient care (general or respite) • Adult day health • Care coordination (including communication with non-hospice providers for non-terminal care) • Medications (drugs/biologicals/ OTC) • Hospice aide services • Interpreter services • DME and supplies (including prosthetics/orthotics and related repairs) • Medical transportation (including ambulance) • Therapies (PT/OT/SLP for symptom management) • Skilled nursing care • Other medically necessary services/supplies related to hospice care Please call **1-833-731-2167** (TTY **711**) for specific coverage details.	**$0.00** copay if you get a hospice consultation by a primary care physician (PCP) before you elect hospice. **$0.00** copay if you get a hospice consultation by a specialist before you elect hospice.	**$0.00** copay if you get a hospice consultation by a primary care physician (PCP) before you elect hospice. **$0.00** copay if you get a hospice consultation by a specialist before you elect hospice.	**$0.00** copay if you get a hospice consultation by a primary care physician (PCP) before you elect hospice. **$0.00** copay if you get a hospice consultation by a specialist before you elect hospice.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Hospital Services: Inpatient/ Outpatient	Hospital Benefits (Inpatient/Outpatient) Medically necessary hospital services are provided for eligible members when provided by an in-network/contracted facility (unless otherwise authorized). Some services may require prior authorization and must meet medical-necessity criteria. • Inpatient (IP): Covered admissions including room/board, nursing, inpatient diagnostics (labs/imaging), medications/supplies during the stay, and inpatient procedures/surgery (including anesthesia billed by the hospital). • Outpatient (OP): ED/observation (as applicable), outpatient procedures/surgeries (including anesthesia billed by the hospital), diagnostics (labs/imaging/pathology), and hospital-based outpatient treatments (e.g., infusions/injections). Coverage may vary by the member's benefit package and specific service limits.	Facilities in our plan: **$0.00** copay per stay Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. **Outpatient hospital**: Doctors and facilities in our plan: **$0.00** copay	**Inpatient hospital**: Medicare-defined cost share: **$1,736** deductible for days 1 through 60. **$434** copay per day for days 61 through 90. **$868** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime. These amounts may change for 2027. We will provide updated cost share amounts on our website **shop.wellpoint.com/medicare** as soon as Medicare releases them. Your copays for inpatient benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or skilled nursing facility (SNF) and ends when you haven't had any inpatient hospital care or skilled nursing care for 90 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.	Facilities in our plan: **$0.00** copay per stay Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. **Outpatient hospital**: Doctors and facilities in our plan: **$0.00** copay

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Hospital Services: Inpatient/ Outpatient (continued)			**Outpatient hospital**: Doctors and facilities in our plan: **20%** coinsurance	
Meal Benefit	Value-Added Benefits Coverage for Pregnant members: • Two-week meal delivery program for pregnant individuals and new parents. • Ten-week meal delivery program for pregnant individuals with gestational diabetes.	**Healthy Meals-Post Discharge**: **$0.00** copay for up to 2 meals a day for 7 days (maximum 14 meals) following your discharge from the hospital or skilled nursing facility (SNF). You must use network providers. **Healthy Meals-Chronic Condition**: **$0.00** copay for up to 2 meals a day for 90 days to support your chronic condition nutritional needs. You must use network providers.	**Healthy Meals-Post Discharge**: **$0.00** copay for up to 2 meals a day for 7 days (maximum 14 meals) following your discharge from the hospital or skilled nursing facility (SNF). You must use network providers. **Healthy Meals-Chronic Condition**: **$0.00** copay for up to 3 meals a day for 14 days to support your chronic condition nutritional needs. You must use network providers.	**Healthy Meals-Post Discharge**: **$0.00** $0 copay for up to 2 meals a day for 7 days (maximum 14 meals) following your discharge from the hospital or skilled nursing facility (SNF). You must use network providers. **Healthy Meals-Chronic Condition**: **$0.00** copay for up to 2 meals a day for 90 days to support your chronic condition nutritional needs. You must use network providers.
Medical Equipment / Supplies	Medical supplies covered include: • Antiseptics and germicides • Bandages, dressings, and tape • Replacement batteries (wheelchairs, speech-generating devices, and ventilators) • Blood monitoring/testing supplies (including blood glucose monitors) • Braces, belts, and supportive devices • Breast pumps	Suppliers in our plan: **$0.00** copay	Suppliers in our plan: **20%** coinsurance	Suppliers in our plan: **$0.00** copay

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Medical Equipment / Supplies (continued)	• Decubitus care products • Ostomy supplies • Syringes and needles • Urological supplies, including disposable incontinence products (briefs, diapers, pull-ups, bed under pads, liners, shields, guards, pads, and undergarments) – *Note:* Liners, shields, guards, pads, and undergarments are covered for incontinence only • Urological supplies for urinary retention • Bilirubin light therapy supplies • Other miscellaneous supplies Please call **1-833-731-2167** (TTY **711**) for specific coverage details.			
Medical Nutrition Therapy	Covered for clients 21 years of age and younger when medically necessary and referred by the provider following EPSDT screening. Includes medical nutrition therapy, nutrition assessment, and nutrition counseling for conditions within a registered dietitian (RD's) scope of practice to evaluate and treat.	**$0.00** copay	**$0.00** copay	**$0.00** copay

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Nursing Facility Services (SNF)	Covered for short-term, medically necessary services. Additional services may be available. Call us at **1-833-731-2167 (TTY 711)**.	Doctors and facilities in our plan: **$0.00** copay per stay Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).	Medicare-defined cost share: **$0.00** copay per day for days 1 through 20. **$217.00** copay per day for days 21 through 100. These amounts may change for 2027. We will provide updated cost share amounts on our website **shop.wellpoint.com/medicare** as soon as Medicare releases them. Our plan covers up to 100 days in a Skilled Nursing Facility (SNF). Your copays for SNF benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or SNF and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.	Doctors and facilities in our plan: **$0.00** copay per stay Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).

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Organ Transplants	Some organ transplants are covered by Apple Health. Call us at 1-833-731-2167 (TTY 711) for specific details.	**$0.00** copay	Inpatient hospital: Medicare-defined cost share: **$1,736** deductible for days 1 through 60. **$434** copay per day for days 61 through 90. **$868** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.	**$0.00** copay
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech Therapy)	Coverage includes: • Physical Therapy (PT): Mobility, strength, balance/fall prevention, gait training, post-op rehab, and pain/function interventions. • Occupational Therapy (OT): Self-care (ADLs), upper-extremity function, adaptive equipment training, and cognition/visual-perceptual rehab (when covered). • Speech-Language Pathology (SLP): Speech/language, voice, cognitive-communication therapy, and swallowing (dysphagia) therapy. Member eligibility restrictions and benefit limitations apply. For specific coverage details, call 833-731-2167 (TTY 711).	Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **20%** coinsurance	Doctors and facilities in our plan: **$0.00** copay

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Over-the- Counter (Everyday Options Allowance)	Coverage includes family planning drugs, devices, and related supplies for eligible members when medically necessary. For specific coverage of additional OTC items. Call 1-833-731-2167 (TTY 711) for specific coverage of OTC items.	**Everyday Options Allowance**: This plan offers a spending allowance of **$85** every month for: ● **Assistive Devices:** ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more. ● **Over-the-Counter (OTC) products:** Health and wellness items like vitamins, first aid supplies, pain-relievers, and more. If you qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), you may also be able to use this allowance on: ● **Healthy Foods[1]:** Healthy food items that assist in meeting your nutritional needs such as dairy products, fresh fruits, vegetables, meat, seafood, and other healthy pantry staples.	**Everyday Options Allowance**: This plan offers a spending allowance of **$40** every month for: ● **Assistive Devices:** ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more. ● **Over-the-Counter (OTC) products:** Health and wellness items like vitamins, first aid supplies, pain-relievers, and more. If you qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), you may also be able to use this allowance on: ● **Healthy Foods[1]:** Healthy food items that assist in meeting your nutritional needs such as dairy products, fresh fruits, vegetables, meat, seafood, and other healthy pantry staples.	**Everyday Options Allowance**: This plan offers a spending allowance of **$40** every month for: ● **Assistive Devices:** ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more. ● **Over-the-Counter (OTC) products:** Health and wellness items like vitamins, first aid supplies, pain-relievers, and more. If you qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), you may also be able to use this allowance on: ● **Healthy Foods[1]:** Healthy food items that assist in meeting your nutritional needs such as dairy products, fresh fruits, vegetables, meat, seafood, and other healthy pantry staples.

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Over-the- Counter (Everyday Options Allowance) **(continued)**		• **Utilities[1]:** Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services. Unused amounts expire at the end of each month.	• **Utilities[1]:** Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services. Unused amounts expire at the end of each month.	• **Utilities[1]:** Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services. Unused amounts expire at the end of each month.
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.	**Stage 1: Yearly Deductible Stage** If you receive Extra Help from Medicare, the Part D deductible does not apply to you. If you do not qualify for Extra Help, the deductible is **$700.00** per year for Part D prescription drugs. Drugs listed on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible. The Part D deductible does not apply to Insulin drugs. **Stage 2: Initial Coverage Stage** After you pay your yearly deductible (if your plan has one), you pay the amounts listed below, until your total year-to-date out-of-pocket costs reach **$2,400**. If you receive Extra Help, the amount you pay is determined by your Extra	**Stage 1: Yearly Deductible Stage** If you receive Extra Help from Medicare, the Part D deductible does not apply to you. If you do not qualify for Extra Help, the deductible is **$700.00** per year for Part D prescription drugs. Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible. The Part D deductible does not apply to Insulin drugs. **Stage 2: Initial Coverage Stage** After you pay your yearly deductible (if your plan has one), you pay the amounts listed below, until your total year-to-date out-of-pocket costs reach **$2,400**. If you receive Extra Help, the amount you pay is determined by your Extra	**Stage 1: Yearly Deductible Stage** If you receive Extra Help from Medicare, the Part D deductible does not apply to you. If you do not qualify for Extra Help, the deductible is **$700.00** per year for Part D prescription drugs. Drugs listed on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible. The Part D deductible does not apply to Insulin drugs. **Stage 2: Initial Coverage Stage** After you pay your yearly deductible (if your plan has one), you pay the amounts listed below, until your total year-to-date out-of-pocket costs reach **$2,400**. If you receive Extra Help, the amount you pay is determined by your Extra

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Prescription Drugs (continued)		Help low-income subsidy (LIS) coverage and whether you use a generic or brand drug. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance. Important message about what you pay for vaccines and insulin: This plan covers most Part D vaccines at no cost to you. If you receive Extra Help, you pay **$0.00 - $14.40** for a one-month supply of any covered insulin. If you do not qualify for Extra Help, you will not pay more than **$35** for a one-month supply of any covered insulin. **Tier 1:** Preferred Generic Standard retail one-month supply **$0.00 100 Day Supply** Mail order three-month supply **$0.00 100 Day Supply** **Tier 2:** Generic Standard retail one-month supply **$0.00 - $14.40 OR 25%** Mail order three-month supply **$0.00 - $14.40 OR 25%** **Tier 3:** Preferred Brand Standard retail one-month supply **$0.00 - $14.40 OR 25%** Mail order three-month supply **$0.00 - $14.40 OR 25%** **Tier 4:** Non-Preferred Drug Standard retail one-month supply **$0.00 - $14.40 OR 25%**	Help low-income subsidy (LIS) coverage and whether you use a generic or brand drug. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance. Important message about what you pay for vaccines and insulin: This plan covers most Part D vaccines at no cost to you. If you receive Extra Help, you pay **$0.00 - $14.40** for a one-month supply of any covered insulin. If you do not qualify for Extra Help, you will not pay more than **$35** for a one-month supply of any covered insulin. **Tier 1:** Preferred Generic Standard retail one-month supply **$0.00 100 Day Supply** Mail order three-month supply **$0.00 100 Day Supply** **Tier 2:** Generic Standard retail one-month supply **$0.00 - $14.40 OR 25%** Mail order three-month supply **$0.00 - $14.40 OR 25%** **Tier 3:** Preferred Brand Standard retail one-month supply **$0.00 - $14.40 OR 25%** Mail order three-month supply **$0.00 - $14.40 OR 25%** **Tier 4:** Non-Preferred Drug Standard retail one-month supply **$0.00 - $14.40 OR 25%**	Help low-income subsidy (LIS) coverage and whether you use a generic or brand drug. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance. Important message about what you pay for vaccines and insulin: This plan covers most Part D vaccines at no cost to you. If you receive Extra Help, you pay **$0.00 - $14.40** for a one-month supply of any covered insulin. If you do not qualify for Extra Help, you will not pay more than **$35** for a one-month supply of any covered insulin. **Tier 1:** Preferred Generic Standard retail one-month supply **$0.00 100 Day Supply** Mail order three-month supply **$0.00 100 Day Supply** **Tier 2:** Generic Standard retail one-month supply **$0.00 - $14.40 OR 25%** Mail order three-month supply **$0.00 - $14.40 OR 25%** **Tier 3:** Preferred Brand Standard retail one-month supply **$0.00 - $14.40 OR 25%** Mail order three-month supply **$0.00 - $14.40 OR 25%** **Tier 4:** Non-Preferred Drug Standard retail one-month supply **$0.00 - $14.40 OR 25%**

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Prescription Drugs (continued)		Mail order three-month supply **$0.00 - $14.40 OR 25%** **Tier 5:** Specialty Tier Standard retail one-month supply **$0.00 - $14.40 OR 25%** Mail order three-month supply **Not available**. **Stage 3: Catastrophic Coverage Stage** During this stage, you pay nothing for your covered Part D drugs. There may be limitations on the type of drugs covered. See list of covered drugs (formulary) for more information.	Mail order three-month supply **$0.00 - $14.40 OR 25%** **Tier 5:** Specialty Tier Standard retail one-month supply **$0.00 - $14.40 OR 25%** Mail order three-month supply **Not available**. **Stage 3: Catastrophic Coverage Stage** During this stage, you pay nothing for your covered Part D drugs. There may be limitations on the type of drugs covered. See list of covered drugs (formulary) for more information.	Mail order three-month supply **$0.00 - $14.40 OR 25%** **Tier 5:** Specialty Tier Standard retail one-month supply **$0.00 - $14.40 OR 25%** Mail order three-month supply **Not available**. **Stage 3: Catastrophic Coverage Stage** During this stage, you pay nothing for your covered Part D drugs. There may be limitations on the type of drugs covered. See list of covered drugs (formulary) for more information.
Prosthetic/ Orthotic Devices	Coverage includes: • Prosthetics (replacement/ corrective/supportive) and orthotics (corrective/ supportive) are covered when prescribed by a licensed provider to replace a missing body part, prevent/correct deformity or malfunction, or support a weak/deformed body part. • Repairs/modifications to an existing prosthesis are covered; replacement is covered only when it is more cost-effective than repair/modification. • Custom-fitted/custom-molded lower-extremity orthotics are covered for qualifying acute conditions (per the "Acute Conditions of the Lower Extremities by Diagnosis" table).	Suppliers in our plan: **$0.00** copay	Suppliers in our plan: **20%** coinsurance	Suppliers in our plan: **$0.00** copay

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Prosthetic/ Orthotic Devices (continued)	• Ocular prosthetics are covered for eligible clients when provided by an ophthalmologist, ocularist, or prosthetics-specialized optometrist.			
Renal Dialysis	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. 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.	Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **20%** coinsurance	Doctors and facilities in our plan: **$0.00** copay

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Respiratory Care (Oxygen)	Medically necessary oxygen and/or respiratory therapy equipment, supplies, and services to eligible enrollees.	**$0.00** copay	**20%** coinsurance	**$0.00** copay
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.	**$0.00** copay This plan offers coverage for 60, one-way, routine transportation services every year. Trips are limited to 60 miles. Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).	**$0.00** copay This plan offers coverage for 24, one-way, routine transportation services every year. Trips are limited to 60 miles. Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).	**$0.00** copay This plan offers coverage for 24, one-way, routine transportation services every year. Trips are limited to 60 miles. Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).
Urgently Needed Services	Use urgent care when you have a health problem that needs care right away, but your life is not in danger.	**$0.00** copay	**$40.00** copay	**$0.00** copay
Vision Services (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.	**Medicare-covered vision services**: Exam to diagnose and treat diseases and conditions of the eye: Doctors in our plan: **$0.00** copay	**Medicare-covered vision services**: Exam to diagnose and treat diseases and conditions of the eye: Doctors in our plan: **20%** coinsurance	**Medicare-covered vision services**: Exam to diagnose and treat diseases and conditions of the eye: Doctors in our plan: **$0.00** copay

Coverage Category	Wellpoint Medicaid	Wellpoint Full Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage (HMO D-SNP)	Wellpoint Dual Advantage Plus (HMO D-SNP)
Vision Services (exams, refractions, and fittings) (continued)	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).	**Routine vision exam**: Doctors in our plan: **$0.00** copay This plan covers 1 routine eye exam(s) every year.	**Routine vision exam**: Doctors in our plan: **$0.00** copay This plan covers 1 routine eye exam(s) every year.	**Routine vision exam**: Doctors in our plan: **$0.00** copay This plan covers 1 routine eye exam(s) every year.
Vision Services (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: Doctors in our plan: **$0.00** 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: Doctors in our plan: **20%** coinsurance **Routine eyewear**: This plan covers up to **$200** for eyeglasses or contact lenses every year.	**Medicare-covered vision services**: Eyeglasses or contact lenses after cataract surgery: Doctors in our plan: **$0.00** copay **Routine eyewear**: This plan covers up to **$350** for eyeglasses or contact lenses every year.

[1] The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

†† SilverSneakers is a registered trademark of Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.

If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to receive covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available, or dialysis services when you are out of the service area. If you receive routine care from doctors outside our plan, neither Medicare nor Wellpoint will pay for it.

Discrimination is against the law. That's why we comply with applicable Federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, sex, age or disability.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Wellpoint Insurance Company is an HMO D-SNP plan with a Medicare contract and a contract with the Washington Apple Health (Medicaid) program. Enrollment in Wellpoint Insurance Company depends on contract renewal. Services provided by Wellpoint Insurance Company. Wellpoint Insurance Company profoundly acknowledges and respects the inherent sovereignty of the federally recognized Tribes in Washington state. In our efforts to promote high quality healthcare, we honor the Tribal right of self governance, holding in deep esteem the government to government relationship existing between the state and the Tribes, a bond reiterated by the Centennial Accord and established by RCW 43.376. We heartily commit to enhancing our coordination, collaboration, and recognition of the deeply rooted traditions and values of the Tribal communities

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