COMMUNITY HEALTH PLAN of Washington™

The power of community

INDIVIDUAL & FAMILY PLANS

2024 Schedule of Benefits

Cascade Select Bronze
AI/AN Zero Cost Share Plan

Schedule of Benefits

Your Provider Network is: CHPW Cascade Care Affiliates Network

Community Health Plan of Washington Cascade Select Bronze Zero Cost Sharing

Deductible and Out-of-Pocket Maximums	For Network Providers, You Pay
Annual Medical and Pharmacy Integrated Deductible (per Calendar Year)	
Individual	$0
Family	$0
Annual Medical and Pharmacy Integrated Out-of-Pocket Maximum (per Calendar Year)	
Individual	$0
Family	$0

SCHEDULE OF MEDICAL BENEFITS

*Medical and Surgical Services, Behavioral Health Services, and Professionally Administered Medications have specific Pre-Authorization requirements which must be met. Pre-Authorization requirements can be found on the CHPW website. You may request a paper copy be mailed to you by calling Customer Service.

Community Health Plan of Washington Cascade Select Bronze Zero Cost Sharing	
Benefit	**For Network Provider, You Pay**
Acupuncture Limited to 12 visits per calendar year. (Unlimited visits for chemical dependency treatment.)	No Charge
Ambulance Services (Cost-sharing for Emergency Care Services is the same whether a member obtains services from an in-network or out-of-network provider in an emergency situation)	No Charge
Autologous Blood Donation/Blood Transfusion	No Charge

Community Health Plan of Washington Cascade Select Bronze Zero Cost Sharing	
Benefit	**For Network Provider, You Pay**
Chemotherapy and Radiation	No Charge
Chemical Dependency (Substance Use Disorder)	
• **Inpatient** (facility and professional)	No Charge
• **Office Visits**	No Charge
• **Other Outpatient Professional and Facility Services**	No Charge
Dental Anesthesia	No charge
Diabetes Care Management	No charge
Diabetic Education and Diabetic Nutrition Education	
• **In Office**	No charge
Dialysis Services	No charge
Durable Medical Equipment	
• **Durable Medical Equipment**	No Charge
Emergency Care Services (Cost-sharing for Emergency Care Services is the same whether a member obtains services from an in-network or out-of-network provider in an emergency situation)	
• **Emergency Care Services** (facility and professional)	No Charge
• **Urgent Care**	No Charge

Community Health Plan of Washington Cascade Select Bronze Zero Cost Sharing	
Benefit	**For Network Provider, You Pay**
Gender Affirming Care Gender Affirming Care includes health care services prescribed to treat any condition related to the individual's gender identity and may include primary care visits, specialty care, outpatient mental health services, prescription drug benefits, and surgical services (*see associated cost sharing)*.	
Genetic Services	
• **Genetic Services** (Testing and associated services)	No Charge
Habilitation Services Speech therapy, occupational therapy, physical therapy and aural therapy, and FDA-approved habilitative devices.	
• **Inpatient** (facility and professional). 30 days per Calendar Year.	No Charge
• **Outpatient** (facility and professional) Includes physical, speech, and occupational therapies. 25-visit maximum for all habilitation therapy services combined per Calendar Year.	No Charge
Hearing	
• **Cochlear Implants**	No Charge
Home Health Care Limited to 130 visits per Calendar Year.	
• **Home Health Care**	No Charge
Hospice	
• **Hospice Care**	No Charge
• **Respite Care** 14 days lifetime maximum	No Charge

Community Health Plan of Washington Cascade Select Bronze Zero Cost Sharing	
Benefit	**For Network Provider, You Pay**
Hospital Inpatient Medical and Surgical Care	
• **Inpatient (facility and professional)**	No Charge
• **Inpatient professional** (surgeon)	No Charge
• **Inpatient professional services** (assistant surgeon, radiologist, pathologist)	No Charge
Hospital Outpatient Surgery and Services	
• **Outpatient surgery professional services** (surgeon)	No Charge
• **Outpatient surgery professional services** (assistant surgeon, radiologist, pathologist)	No Charge
• **Outpatient Facility Fee** (e.g. Ambulatory Surgery Center)	No Charge
Infertility Diagnostic Services Limited benefit, see *Infertility Diagnostic Services* section of the Policy for details.	No Charge
Infusion Therapy Includes infusion therapy provided in the home.	Coverage is based on place of service. Infusion therapies provided as part of an inpatient Hospital stay or Office Visit are covered under those benefits (*see associated cost sharing).* Services performed at-home or at a freestanding infusion site are covered under Office Visit (*see associated cost sharing).*
Inherited Metabolic Disorder - PKU Services	No Charge
Lab and Radiology Services (non-routine, facility and professional services)	
• **Laboratory outpatient and Professional Services**	No Charge
• **X-Rays and Diagnostic Imaging**	No Charge
• **Complex Imaging** (Such as MRI, CT, PET)	No Charge

Community Health Plan of Washington Cascade Select Bronze Zero Cost Sharing		
Benefit	**For Network Provider, You Pay**	
Maternity and Newborn Care		
• **Delivery and All Inpatient Services for Maternity Care**	No Charge	
• **Prenatal Diagnosis of Congenital Anomalies**	No Charge	
• **Maternity specialty care** (global professional fee and all prenatal and postnatal care, except for Preventive Services)	No Charge	
• **Termination of Pregnancy** (Voluntary termination of pregnancy services)	No Charge	
• **Newborn care**	No Charge	
Mental/Behavioral Health Care		
• **Inpatient** (facility and professional)	No Charge	
• **Outpatient Services:** Office visit	No Charge	
• **Outpatient Services:** Other Outpatient Professional and Facility Services	No Charge	
Prescription Drugs	Administered by Express Scripts, Inc.	
• **Generic Drugs**	No Charge per 30-day supply No Charge per 90-day supply	No Charge Prescription drugs are provided up to a 90-day supply at participating retail pharmacies or through mail order.
• **Preferred Brand Drugs**	No Charge per 30-day supply No Charge per 90-day supply	No Charge Prescription drugs are provided up to a 90-day supply at participating retail pharmacies or through mail order.

Community Health Plan of Washington Cascade Select Bronze Zero Cost Sharing		
Benefit	**For Network Provider, You Pay**	
• **Non-Preferred Brand Drugs**	No Charge per 30-day supply	No Charge Coverage is limited to a 30-day supply.
• **Specialty Drugs (exception: Insulin)**	No Charge per 30-day supply	No Charge Coverage is limited to a 30-day supply at specialty pharmacy.
• **Contraceptive Drugs & Devices** (including OTC oral contraceptive drugs and devices, products, and barrier methods, including condoms)	No Charge	
Podiatric Care *Podiatric Care* includes *Routine Foot Care,* which is covered for diabetics only.	No Charge	
Preventive Care Limits listed below are a guideline only. These limits are not meant to be benefit limitations. Preventive Care Services are covered in accordance with the recommendations set forth by the US Preventive Services Task Force ("USPSTF") and the Health Resources and Services Administration ("HRSA"). Below is a summary of the most commonly obtained preventive screening services (this is not meant to be an all-inclusive list). See *Preventive Care* for more details.		
Immunizations Immunizations for children and adults are covered in accordance with the recommendations set forth by the Centers for Disease Control and Prevention. See *Preventive Care* for details.	No Charge	
Preventive Care Limits listed below are a guideline only. These limits are not meant to be benefit limitations.		No Charge
Periodic Exams (adult and child)	No Charge	
Nutritional Counseling	No Charge	

Community Health Plan of Washington Cascade Select Bronze Zero Cost Sharing	
Benefit	**For Network Provider, You Pay**
Professional/Physician Services (office visits)	
• **Primary Care Provider** (including naturopaths, nurse practitioners, and physician assistants); includes Telehealth visits	No Charge
• **Specialist** • Specialist Visit performed by a naturopath, nurse practitioner, or physician assistant that is not your PCP	No Charge
• **Mental/Behavioral Health and Substance Use Disorder Providers**	No Charge
Reconstructive Surgery	No Charge
Rehabilitation Therapy	
• **Inpatient** (facility and professional). **30 days per Calendar Year.**	No Charge
• **Outpatient** (facility and professional) Includes physical, speech, and occupational therapies. **25-visit maximum for all rehabilitation therapy services combined per Calendar Year.**	No Charge
Skilled Nursing Facility 60 days per Calendar Year	No Charge
Spinal Manipulations 10 visits per Calendar Year. *Applies to Chiropractors only. Other providers e.g. D.O., not subject to the 10 visit limit.	No Charge
Temporomandibular Joint Disorder Services	No Charge

Community Health Plan of Washington Cascade Select Bronze Zero Cost Sharing	
Benefit	**For Network Provider, You Pay**
Pediatric Vision (under age 19)	**Administered by Vision Service Plan (VSP)**
• **Routine Vision Screening** 1 exam per Calendar Year.	No Charge
• **Low Vision Evaluation** (Comprehensive low vision evaluation every five years)	No Charge
• **Comprehensive Eye Exam (**including dilation as professionally indicated and with refraction) 1 exam per Calendar Year.	No Charge
• **Vision Hardware** Limited to children under age 19. One pair of prescription lenses or contacts every Calendar Year, including polycarbonate lenses and scratch resistant coating. One pair of frames per Calendar Year, or contact lenses (in lieu of lenses and frames). Includes fitting fee.	No Charge

COMMUNITY HEALTH PLAN of Washington™

The power of community

INDIVIDUAL & FAMILY PLANS

Contact us

Prospective Members
1-833-993-0181

Current Members
1-866-907-1906

TTY: 711

8 a.m. to 5 p.m.
Monday through Friday

1111 3rd Ave, Suite 400
Seattle, WA 98101-3207

individualandfamily.chpw.org