

As of 2027

Changes to Apple Health (Medicaid)

Federal work requirements and twice-yearly renewals



Take action to stay covered



Update contact information at wahealthplanfinder.org



Watch for renewal notices from the State of Washington



Ask for help early, renew on time

Changes could apply to people enrolled in Apple Health for Adults

- ✓ Age 19-64 years
- ✓ U.S. citizen or meet Medicaid immigration requirements
- ✓ Income within limit*



What are work requirements?

Complete 80 hours a month of work, school, volunteering, work program, any combination of those, or have a household income of \$580 per month or more.



When are renewals?

Every 6 months. Apple Health for Adults enrollees must show they met work requirements or qualify for an exemption or exclusion.

Get details about work requirements, exemptions, and exclusions at mychpw.info/AppleHealthWork



Who can help

Apple Health enrollees can talk to a Navigator at their clinic, a trusted community organization, or call their health plan for help.



Support for CHPW members

Action needed to stay covered for anyone with a CHPW member ID card that says:
Group IMC Apple Health – Adult

Questions about renewing?

Call 1-866-907-1904 (TTY: 711) or visit chpw.org/renewal:



COMMUNITY HEALTH PLAN
of Washington™

The power of community

*138% federal poverty level (FPL) is the income limit for Apple Health for Adults (\$2,433/month for a 2-person household as of August 2026, updated annually in April.) Income amounts vary by household size and limits by Apple Health program.

This is not a complete list of eligibility requirements for Apple Health (Medicaid) for Adults nor work requirement exemptions.

If you need an accommodation, or require documents in another format or language, please call toll-free 1-800-440-1561 (TTY: 711) 8 a.m. to 5 p.m., Monday to Friday. Community Health Plan of Washington (CHPW) complies with applicable federal, state, and local civil rights laws. CHPW does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, sex, sexual orientation, gender (including gender identity or expression), veteran or military status, or the presence of any sensory, mental or physical disability or the use of a service animal. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de Asistencia lingüística. Llame al 1-800-440-1561 (TTY: 711). ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-440-1561 (телетайп: 711). AH_MK1598_HR1PartnerFlyer_08_2026