



# Summary of Benefits

2023

AmeriHealth Caritas VIP Care (HMO-SNP)  
Kent, New Castle, and Sussex  
counties, DE

This booklet provides you with a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage* (EOC) or visit us at <https://amerihealthcaritasvipcare.com/de>.

#### **AmeriHealth Caritas VIP Care (HMO-SNP) phone numbers and website:**

- If you are a member of this plan, call toll free at **1-833-433-3767 (TTY 711)**, October 1 – March 31, 8 a.m. – 8 p.m., seven days a week. From April 1 – September 30, call 8 a.m. – 8 p.m., Monday through Friday.
- If you are not a member of this plan, call toll free at **1-800-803-8931 (TTY 711)**, October 1 – March 31, 8 a.m. – 8 p.m., seven days a week. From April 1 – September 30, call 8 a.m. – 8 p.m., Monday through Friday.
- Visit our website at <https://amerihealthcaritasvipcare.com/de>.

#### **Who can join AmeriHealth Caritas VIP Care?**

To join AmeriHealth Caritas VIP Care, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and be enrolled in the Delaware Medical Assistance Program. You must qualify for Medical Assistance at one of the following categories of aid:

- Qualified Medicare Beneficiary Plus (QMB+).
- Qualified Medicare Beneficiaries (QMB).
- Specified Low-Income Medicare Beneficiary Plus (SLMB+).
- Full Benefit Dual Eligible (FBDE).

You must live in our service area. Our service area includes the following counties in Delaware:

**Kent, New Castle, Sussex.**

For prospective enrollees, if you have questions about your eligibility, call **1-800-803-8931 (TTY 711)**.

#### **Which doctors, hospitals, and pharmacies can I use?**

- AmeriHealth Caritas VIP Care has a network of doctors, hospitals, pharmacies, and other providers. If you use providers who are not in our network, the plan may not pay for these services.
- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can view our plan's Provider and Pharmacy Directories on our website, <https://amerihealthcaritasvipcare.com/de>.
- You can also call us, and we will send you a copy of the Provider and Pharmacy Directories.

You must receive your care from a network provider. We will only pay for covered services if you go to an in-network provider. In most cases, you will have to pay for care that you receive from an out-of-network provider. Out-of-network/non-contracted providers are under no obligation to treat AmeriHealth Caritas VIP Care members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

### **What do we cover?**

- Like all Medicare health plans, we cover everything that Original Medicare covers — and more.
  - Our plan members get all of the benefits covered by Original Medicare.
  - Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.
  - You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <https://amerihealthcaritasvipcare.com/de>.
  - You can also call us, and we will send you a copy of the formulary.

### **How will I determine my drug costs?**

- Our plan groups each medication into one of two tiers. You will need to use our formulary to see what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached.
- If you are in a program that helps pay for your drugs (Extra Help), you should receive a separate insert called the Low-Income Subsidy Rider or LIS Rider, which tells you about your drug costs.

# Summary of Benefits

JANUARY 1, 2023 – DECEMBER 31, 2023

Benefits	AmeriHealth Caritas VIP Care (HMO-SNP)
<p>Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive</p>	
<p><b>Monthly Plan Premium</b></p>	<p>You pay \$0.  (You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.)</p>
<p><b>Deductible</b></p>	<p>This plan does not have a deductible.</p>
<p><b>Maximum Out-of-Pocket Responsibility</b></p>	<p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility.</p> <p>Your yearly limit(s) in this plan: \$8,300 for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your cost sharing for your Part D prescription drugs.</p>
<p><b>Inpatient Hospital Coverage</b></p>	<p>\$0 copay per stay <i>Prior authorization is required.</i></p>
<p><b>Outpatient Hospital Coverage</b></p>	<p>\$0 copay This includes medically necessary services for diagnosis or treatment of an illness or injury <i>Not all outpatient preventive or diagnostic services will require authorization.</i></p>
<p><b>Ambulatory Surgical Center</b></p>	<p>\$0 copay <i>Prior authorization is required.</i></p>

Benefits	AmeriHealth Caritas VIP Care (HMO-SNP)
<b>Doctor Visits (Primary Care Providers and Specialists)</b>	<ul style="list-style-type: none"> <li>● Primary care provider (PCP) visit: \$0 copay per visit.</li> <li>● Wellness visits: \$0 copay per visit.</li> <li>● Specialist care: \$0 copay per visit.</li> </ul>
<b>Preventive Care</b>	<p>\$0 copay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>● Abdominal aortic aneurysm screening.</li> <li>● Alcohol misuse counseling.</li> <li>● Bone mass measurement.</li> <li>● Breast cancer screening (mammogram).</li> <li>● Cardiovascular disease (behavioral therapy).</li> <li>● Cardiovascular screening.</li> <li>● Cervical and vaginal cancer screening.</li> <li>● Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy).</li> <li>● Depression screening.</li> <li>● Diabetes screening.</li> <li>● Diabetes self-management training.</li> <li>● Diabetic services and supplies.</li> <li>● Health and wellness education programs.</li> <li>● HIV screening.</li> <li>● Lung cancer screening.</li> <li>● Medical nutrition therapy.</li> <li>● Medicare Diabetes Prevention Program (MDPP).</li> <li>● Obesity screening and counseling.</li> <li>● Prostate cancer screening (PSA).</li> <li>● Sexually transmitted infections screening and counseling.</li> <li>● Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease): <ul style="list-style-type: none"> <li>– Four additional face-to-face PCP visits for smoking/tobacco cessation annually.</li> </ul> </li> <li>● Vaccines, including flu shots, hepatitis B shots, pneumococcal shots.</li> <li>● Vision care.</li> <li>● Welcome to Medicare preventive visit (one time).</li> <li>● Yearly wellness visit physical exam.</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>

Benefits	AmeriHealth Caritas VIP Care (HMO-SNP)
<b>Emergency Care</b>	\$0 copay  Cost sharing for necessary emergency services furnished out of network is the same as that for such services furnished in network.
<b>Urgently Needed Services</b>	\$0 copay  This includes services needed to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.  Cost sharing for necessary urgently needed services furnished out of network is the same as that for such services furnished in network.
<b>Diagnostic Services/ Labs/Imaging</b>  (including diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)	\$0 copay  Covered services include, but are not limited to: <ul style="list-style-type: none"> <li>● Diagnostic tests and procedures.</li> <li>● Laboratory tests.</li> <li>● Diagnostic radiology services (such as magnetic resonance imaging [MRI], magnetic resonance angiography [MRA], computed tomography [CT], and positron emission tomography [PET])</li> <li>● Outpatient X-rays.</li> </ul> <i>Prior authorization may be required.</i>
<b>Hearing Services</b>	<ul style="list-style-type: none"> <li>● \$0 copay for up to one routine hearing exam every year.</li> <li>● \$0 copay for up to three fittings for a hearing aid every three years.</li> <li>● \$0 copay for 80 batteries per aid for non-rechargeable models every three years.</li> <li>● \$1,500 allowance for hearing aids every three years (limit one hearing aid per ear).</li> </ul> Each TruHearing-branded hearing aid purchase includes one year of follow-up provider visits for fitting and adjustments. These visits are available for 12 months following TruHearing-branded hearing aid purchase and only with the purchase of a TruHearing-branded hearing aid.

Benefits	AmeriHealth Caritas VIP Care (HMO-SNP)
Dental Services	<p>We cover the following services:</p> <p><b>Preventive:</b></p> <ul style="list-style-type: none"> <li>● Oral exams – one every six months: \$0 copay.</li> <li>● Cleaning – one every six months: \$0 copay.</li> <li>● Fluoride treatment – one every six months: \$0 copay.</li> <li>● Dental X-rays – four every year: \$0 copay.</li> </ul> <p>Unlimited plan coverage limit for preventive dental benefits every year.</p> <p><b>Comprehensive:</b></p> <ul style="list-style-type: none"> <li>● Minor restorations (fillings).</li> <li>● Simple and Surgical extractions.</li> <li>● Dentures, Denture repair, and reline.</li> <li>● Oral surgery.</li> <li>● Periodontics/endodontics.</li> <li>● Crowns.</li> <li>● Mini-implants.</li> </ul> <p>\$3,000 plan coverage limit for comprehensive dental benefits every year.</p> <p><i>Prior authorization and limits may apply for some comprehensive dental services.</i></p>
Vision Services	<ul style="list-style-type: none"> <li>● \$0 copay for Medicare-covered diagnosis and treatment for diseases and conditions of the eye.</li> <li>● \$0 copay for up to one routine vision exam every year.</li> <li>● Up to \$350 every year towards one set of eyeglasses (lenses and frames) or contact lenses.</li> </ul>

Benefits	AmeriHealth Caritas VIP Care (HMO-SNP)
Mental Health Services	\$0 copay <ul style="list-style-type: none"> <li>● Inpatient visit.</li> <li>● Outpatient group therapy visit.</li> <li>● Outpatient individual therapy visit.</li> </ul>
Skilled Nursing Facility (SNF)	\$0 copay  Our plan covers up to 100 days in an SNF per benefit period.  <i>Prior authorization is required.</i>
Physical Therapy	\$0 copay  <i>Prior authorization is required.</i>
Ambulance	\$0 copay  <i>Prior authorization is required for non-emergency ambulance services.</i>
Transportation	\$0 copay  <ul style="list-style-type: none"> <li>● Unlimited trips to plan-approved locations every year (e.g., doctor’s office, pharmacy, and hospital).</li> </ul> <i>Prior authorization is required for trips that exceed 50 miles for a one-way ride. Other prior authorization and scheduling rules apply.</i>
Medicare Part B Drugs	\$0 copay  <ul style="list-style-type: none"> <li>● Chemotherapy drugs.</li> <li>● Other Part B drugs.</li> </ul> <i>Prior authorization is required.</i>



Part D Prescription Drugs Standard Retail Cost-Sharing	
Tier	<b>One-month (30-day) supply, two-month (60-day) supply, and 100-day supply</b> (If you reach the catastrophic coverage stage, then you pay \$0 copay for all tiers.)
Tier 1 (Generic)	\$0, \$1.45, or \$4.15 per prescription
Tier 2 (Generic and Brand)	\$0, \$4.30, or \$10.35 per prescription
Part D Prescription Drugs Standard Mail-Order Cost-Sharing	
Tier	<b>100-day supply</b> (If you reach the catastrophic coverage stage, then you pay \$0 copay for all tiers.)
Tier 1 (Generic)	\$0, \$1.45, or \$4.15 per prescription
Tier 2 (Generic and Brand)	\$0, \$4.30, or \$10.35 per prescription
<b>Catastrophic Coverage Stage</b>	When you (or those paying on your behalf) have spent a total of \$7,400 in out-of-pocket costs within the calendar year, you will move from the Initial Coverage Stage to the Catastrophic Coverage Stage. You pay nothing.

Cost sharing may change depending on the level of help you receive and the pharmacy you choose (such as Standard Retail, Mail Order, Long-Term Care, or Home Infusion).

For more information about the costs for Long-Term Supply, Home Infusion, or additional pharmacy-specific cost sharing and the stages of the benefit, please call us or access our EOC online.

Low-Income Subsidy is extra help you receive from Medicare. To find out if you qualify, call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048), 24 hours a day, 7 days a week, or visit [www.medicare.gov](http://www.medicare.gov) or call Member Services at 1-833-433-3767 (TTY 711).

## Additional Plan Covered Benefits

### AmeriHealth Caritas VIP Care (HMO-SNP)

<b>Acupuncture</b>	<p>\$0 copay</p> <p>The plan covers acupuncture for chronic low back pain for a specified number of visits when reasonable and necessary for treatment of chronic low back pain.</p> <p><i>Prior authorization is required for the Medicare-covered acupuncture benefit.</i></p>
<b>Chiropractic Care</b>	<p>\$0 copay</p> <p>Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).</p>
<b>Medical Equipment/Supplies</b>	<p>\$0 copay</p> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs and oxygen).</li> <li>• Prosthetics (e.g., braces, artificial limbs, and breast prostheses).</li> </ul> <p><i>Prior authorization may be required.</i></p>
<b>Home Health Care</b>	<p>\$0 copay</p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Part-time or intermittent skilled nursing and home health aide services (To be covered under the home health care benefit, your skilled nursing and home health aide services combined must total fewer than 8 hours per day and 35 hours per week)</li> <li>• Physical therapy, occupational therapy, and speech therapy</li> <li>• Medical and social services</li> <li>• Medical equipment and supplies</li> </ul> <p><i>Prior authorization is required.</i></p>

Additional Plan Covered Benefits	
Benefits	AmeriHealth Caritas VIP Care (HMO-SNP)
Meal Benefit, post-discharge	<p>\$0 copay</p> <ul style="list-style-type: none"> <li>• The post-discharge meal benefit covers 14 meals per week for four weeks for qualified homebound members after discharge from an inpatient facility or a skilled nursing facility.</li> </ul> <p><i>Referral is required.</i></p>
Opioid Treatment Program Services	<p>\$0 copay</p> <ul style="list-style-type: none"> <li>• Substance use counseling.</li> <li>• Individual and group therapy.</li> <li>• Toxicology testing.</li> </ul>
Outpatient Rehabilitation	<p>\$0 copay</p> <ul style="list-style-type: none"> <li>• Cardiac (heart) rehabilitation services.</li> <li>• Occupational therapy visit.</li> <li>• Physical therapy and speech and language therapy visit.</li> </ul> <p><i>Prior authorization is required.</i></p>
Telemedicine	<p>\$0 copay</p> <p>MDLIVE offers all members access 24 hours a day, 7 days a week, throughout the year to a participating doctor via telephone, desktop, or mobile device. Members can immediately have a medical, counseling, or psychiatry consultation with a physician. Members can also schedule a telemedicine appointment for a later time.</p>
Additional Smoking and Tobacco Use Cessation	<p>\$0 copay</p> <p>Four additional face-to-face PCP visits for smoking/tobacco cessation annually. This is in addition to Medicare's eight covered visits, for a total of 12 visits in a 12 month period.</p>

## Additional Plan Covered Benefits

Benefits	AmeriHealth Caritas VIP Care (HMO-SNP)
<b>Gym Benefit</b>	\$0 copay  SilverSneakers® is a free fitness benefit, which includes access to participating SilverSneakers® fitness facilities, online wellness resources, and classes.
<b>24/7 Nurse Call Line</b>	\$0 copay  The Nurse Call Line is a service available to all members 24 hours a day, 7 days a week. The service is designed to provide members with a resource to answer health-related questions and to recommend the appropriate level of care.
<b>Over-the-counter Items (OTC)</b>	\$0 copay  Up to \$275 allowance per quarter may be spent for OTC items. Members may order up to 6 products per category per quarter. There is no limit on the number of total items in your order. Money not spent in a quarter does not roll over into the next quarter. Please visit our website to see our list of covered over-the-counter items.
<b>Podiatry Services</b>	\$0 copay  Six Routine Foot Care visits every year.
<b>Worldwide Emergency/Urgent Coverage</b>	\$0 copay  \$50,000 combined annual maximum plan benefit amount for worldwide emergency coverage, worldwide urgent coverage and worldwide transportation services.

## For more information, please contact:

AmeriHealth Caritas VIP Care  
220 Continental Drive, Suite 300  
Newark, DE 19713

Current members should call: **1-833-433-3767 (TTY 711)**

Prospective members should call: **1-800-803-8931 (TTY 711)**

October 1 – March 31: 8 a.m. – 8 p.m., seven days a week

April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048)**, 24 hours a day, seven days a week.

This information is not a complete description of benefits. Call **1-833-433-3767 (TTY 711)** at the hours listed above for more information.

AmeriHealth Caritas VIP Care is an HMO-SNP plan with a Medicare contract and a contract with the Delaware Medicaid program. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal.