



Quality Care for Pennsylvania Residents in 2025


AmeriHealth Caritas[™]
VIP Care[®]

About AmeriHealth Caritas VIP Care (HMO-SNP)

Headquartered in Philadelphia, AmeriHealth Caritas VIP Care is part of a mission-driven and local organization that has been dedicated to helping people get care, stay well, and build healthy communities for more than 40 years.

AmeriHealth Caritas VIP Care provides more benefits and services than Original Medicare, with fewer costs to members. It's a name our members trust and rely on for preventive care or if they are sick or injured.

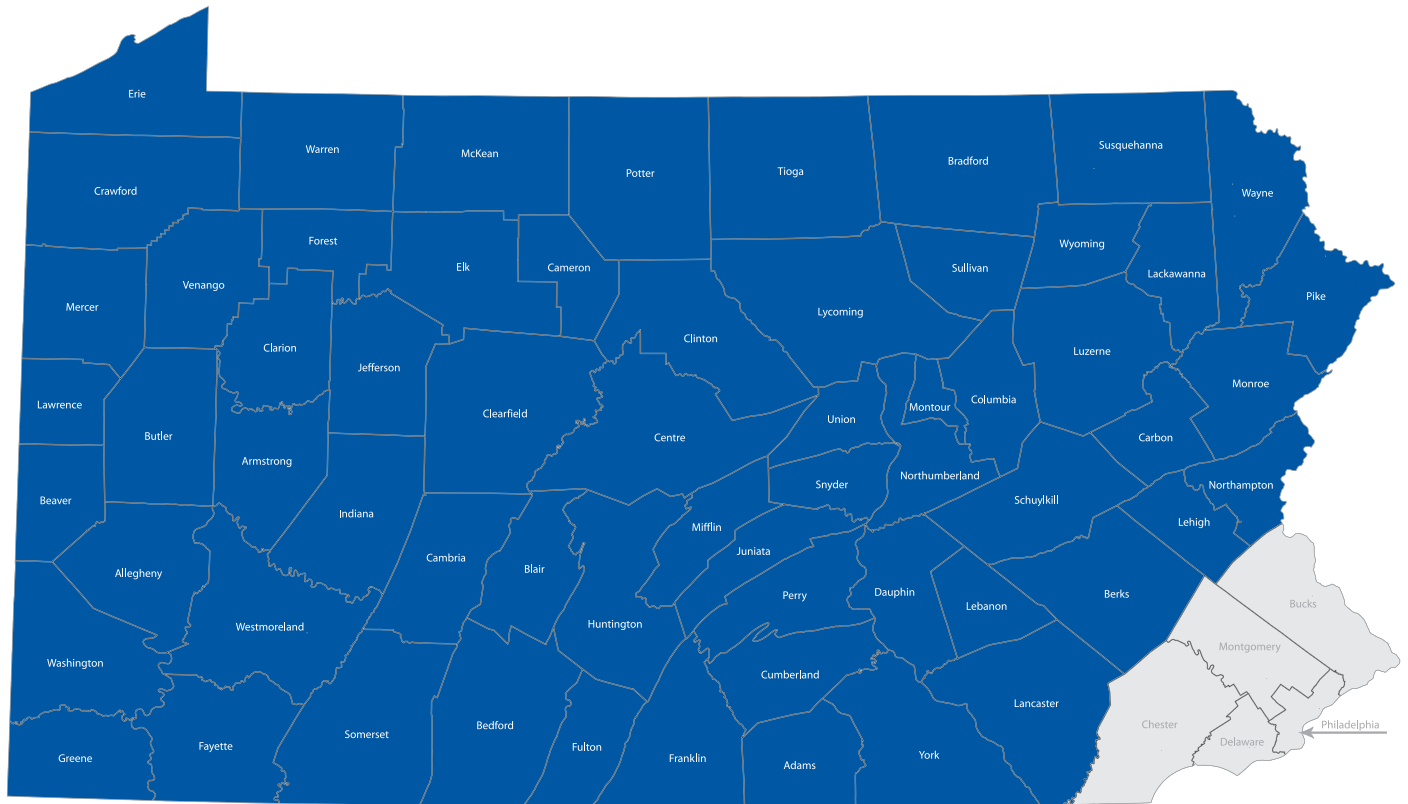
Services and products

AmeriHealth Caritas VIP Care (HMO-SNP) is a Medicare Advantage special needs plan for individuals enrolled in Medicare and Medicaid programs (dual eligibles) in selected counties of Pennsylvania, as outlined on the following pages.



Service area

AmeriHealth Caritas VIP Care serves Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, and York counties.



Who can enroll

- Beneficiaries of Medicare with Part A and Part B.
- Residents of our service area.
- Beneficiaries of the state Medicaid program.



2025 benefits

As a member, you have:

- **\$0** copay for primary care provider (PCP) and specialist visits.
- **\$0** monthly premium.
- An extensive network of providers.
- Drug prescriptions:
 - \$0 copay.
 - \$0 yearly deductible.
- Medication therapy management programs

2025 extra benefits

Hearing

- \$0 copay for up to one supplemental routine hearing exam every year.
- Up to \$2,000 toward the cost of non-implantable hearing aid(s) from the applicable TruHearing® Choice catalog every three years.

Vision

- Up to one supplemental routine eye exam every year.
- \$575 plan coverage limit on eyewear every year.

Dental

- \$0 copay for preventive dental services:
 - Cleanings (every six months).
 - Dental X-rays (four visits for x-rays every year).
 - Fluoride treatments (one every six months).
 - Oral exams (one every six months).
- \$6,000 allowance each year for comprehensive dental, including, but not limited to, fillings, extractions, oral surgery, dentures, periodontics and endodontics. Limitations apply.

Podiatry

- Routine podiatry benefit gives members access to six routine foot care visits every year.

Over-the-counter (OTC)

- Up to \$320 per month may be spent for over-the-counter (OTC) items included in the OTC catalog, online ordering portal and/or qualified items at participating retail settings via a restricted spend debit card. There is no limit on the total number of items or orders a member may purchase.
- Members who qualify based on socioeconomic (LIS) status may use \$320 of the monthly allowance towards qualifying food & produce at participating retail locations and/or FarmBox mail-order, item limits may apply and/or qualifying rent, utility services, internet, transportation for non-medical needs, pest control and pet supplies.
- Any unused balance will automatically expire at the end of each month or upon disenrollment from the plan.

Education and wellness programs

- Health club and fitness classes.
- Smoking and tobacco use cessation.
- 24/7 Nurse Call Line.

Transportation

- 40 one-way trips per year for health care services.

Meal benefit

The post-discharge meal benefit covers 14 meals over the course of one week for qualified homebound members after each discharge from an inpatient facility or a skilled nursing facility. Up to four times per year.

Referral is required.

Telemedicine (MDLIVE®)

- Offers all members access 24 hours a day, seven days a week, to a participating doctor via telephone, desktop, or mobile device.

Resources

Centers for Medicare & Medicaid Services (CMS)

www.cms.gov

Member Services

1-866-533-5490

TTY 711

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

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

Prospective members

1-855-241-3648

TTY 711

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

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

www.amerihealthcaritasvipcare.com/pa



A special thank you: Free \$15 gift card without obligation to enroll when you schedule a meeting to learn more about AmeriHealth Caritas VIP Care (HMO-SNP). Gift card limited to one per person per year. Must meet full dual-eligibility under Medicare and Medicaid.



Coverage by AmeriHealth First.

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www.amerhealthcaritasvipcare.com/pa

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

This information is not a complete description of benefits or limitations. Please reference the Evidence of Coverage document or call Member Services for more information.

The formulary, pharmacy network, and provider network may change at any time. You will receive notice when necessary.

Please contact Member Services if you require this document in an alternate format such as large font, Braille, or audio.