# AmeriHealth Caritas VIP Care (HMO D-SNP) | 2027 Summary of Benefits

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## Introduction

This document is a brief summary of the benefits and services covered by AmeriHealth Caritas VIP Care. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of AmeriHealth Caritas VIP Care. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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**If you have questions,** please call AmeriHealth Caritas VIP Care 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. The call is free. **For more information**, visit www.amerihealthcaritasvipcare.com/de/care.

## A. Disclaimers

This is a summary of health services covered by AmeriHealth Caritas VIP Care for 2027. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. An up-to-date copy of the *2027 Evidence of Coverage* is always available on our website at **www.amerihealthcaritasvipcare.com/de/care** You may also call Member Services at **1-833-433-3767 (TTY 711)** to ask us to mail you a *2027 Evidence of Coverage*. Hours of operation are October 1 – March 31: 8 a.m. - 8 p.m., seven days a week and April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday.

- AmeriHealth Caritas VIP Care is an HMO D-SNP plan with a Medicare contract and a contract with the Delaware Medicaid program. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about AmeriHealth Caritas VIP Care, you can check the Division of Medicaid and Medical Assistance website at (https://dhss.delaware.gov/dmma/) or by phone at 1-302-255-9500, Monday-Friday 8 a.m.-4:30 p.m. You can also call the special Ombudsman for people who have both Medicare and Medicaid at 1-302-683-8836, Monday-Friday 8 a.m.-4:30 p.m.
- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-433-3767 (TTY 711) del 1.º de octubre al 31 de marzo: de 8 a. m. a 8 p. m., los siete días de la semana, y del 1.º de abril al 30 de septiembre: de 8 a. m. a 8 p. m., de lunes a viernes. La llamada es gratuita.

- **You can get this document for free in other formats, such as large print, braille, or audio. Call 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. The call is free.**
- This document is available for free in Spanish.
- You can make a request to get this document, now and in the future, in other formats simply by calling Member Services at 1-833-433-3767 (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. We'll also ask for your preference during our Welcome Call and later in the year, when you contact the plan. The plan will store your request and continue to send future documents in the requested format, unless you ask us to cancel or change the request. You can cancel or change your request at any time, simply by calling Member Services. The calls are free.

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## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions | Answers |
|---|---|
| **What's an AmeriHealth Caritas VIP Care (HMO D-SNP) plan?** | AmeriHealth Caritas VIP Care is a highly integrated dual eligible (HIDE) special needs plan (SNP) that provides benefits of both Medicare and Medicaid to enrollees. It's for people with both Medicare and Medicaid. A HIDE SNP Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage your providers and services. They all work together to provide the care you need. |
| **Will I get the same Medicare and Medicaid benefits in AmeriHealth Caritas VIP Care that I get now?** | You'll get most of your covered Medicare and Medicaid benefits directly from AmeriHealth Caritas VIP Care. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from the Division of Medicaid and Medical Assistance.<br><br>When you enroll in AmeriHealth Caritas VIP Care, you and your care coordinator will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.<br><br>If you're taking any Medicare Part D drugs that AmeriHealth Caritas VIP Care doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for AmeriHealth Caritas VIP Care to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page. |
| **Can I use the same doctors I use now? (continued on the next page)** | This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with AmeriHealth Caritas VIP Care and have a contract with us, you can keep going to them. |

| Frequently Asked Questions | Answers |
|---|---|
| **Can I use the same doctors I use now? (continued from previous page)** | • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in AmeriHealth Caritas VIP Care's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs.<br>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of AmeriHealth Caritas VIP Care's plan.<br>• If you're currently under treatment with a provider that's out of AmeriHealth Caritas VIP Care's network, or have an established relationship with a provider that's out of AmeriHealth Caritas VIP Care's network, call Member Services to check about staying connected.<br><br>To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read AmeriHealth Caritas VIP Care's *Provider Directory* on the plan's website at www.amerihealthcaritasvipcare.com/de/care.<br><br>If AmeriHealth Caritas VIP Care is new for you, we'll work with you to develop a care plan to address your needs. |
| **What's an AmeriHealth Caritas VIP Care care coordinator?** | An AmeriHealth Caritas VIP Care care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need. |
| **What are Long-term Services and Supports (LTSS)?** | Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, the Division of Developmental Disabilities Services may administer these services, and your care coordinator or care team will work with that agency. |

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| Frequently Asked Questions | Answers |
|---|---|
| **What happens if I need a service but no one in AmeriHealth Caritas VIP Care's network can provide it?** | Most services will be provided by our network providers. If you need a service that can't be provided within our network, AmeriHealth Caritas VIP Care will pay for the cost of an out-of-network provider. |
| **Where's AmeriHealth Caritas VIP Care available?** | The service area for this plan includes Kent, New Castle, and Sussex Counties, Delaware. You must live in one of these areas to join the plan. |
| **What's prior authorization?** | Prior authorization means an approval from AmeriHealth Caritas VIP Care to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. AmeriHealth Caritas VIP Care may not cover the service, procedure, item, or drug if you don't get prior authorization.<br><br>**If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** AmeriHealth Caritas VIP Care can provide you or your provider with a list of services or procedures that require you to get prior authorization from AmeriHealth Caritas VIP Care before the service is provided.<br><br>Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization.<br><br>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help. |

| Frequently Asked Questions | Answers |
|---|---|
| **What's a referral?** | A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP or use a specific covered service. A referral is different than a prior authorization. If you don't get a referral from your PCP, AmeriHealth Caritas VIP Care may not cover the services. AmeriHealth Caritas VIP Care can provide you with a list of services that require you to get a referral from your PCP before the service is provided.<br><br>Refer to the *Evidence of Coverage* Chapter 4, Section 2, Medical Benefits Chart, Meal Benefit, to learn more about when you'll need to get a referral from your PCP. |
| **Do I pay a monthly amount (also called a premium) under AmeriHealth Caritas VIP Care?** | No. Because you have Medicaid, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage. |
| **Do I pay a deductible as a member of AmeriHealth Caritas VIP Care?** | No. You don't pay deductibles in AmeriHealth Caritas VIP Care. |
| **What's the maximum out-of-pocket amount that I'll pay for medical services as a member of AmeriHealth Caritas VIP Care?** | There's no cost-sharing for medical services in AmeriHealth Caritas VIP Care, so your annual out-of-pocket costs will be $0. |

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## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need hospital care** | Inpatient hospital stay | $0 | Except in an emergency, your health care provider must tell the plan of your hospital admission.<br>*Prior authorization is required.* |
| | Outpatient hospital services, including observation | $0 | Not all outpatient preventive or diagnostic services will require authorization. |
| | Ambulatory surgical center (ASC) services | $0 | *Prior authorization may be required.* |
| | Doctor or surgeon care | $0 | *Prior authorization is required.* |
| **You want a doctor** | Visits to treat an injury or illness | $0 | |
| | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | $0 | |
| | Wellness visits, such as a physical | $0 | |
| | “Welcome to Medicare” (preventive visit one time only) | $0 | |
| | Specialist care | $0 | |
| **You need emergency care (continued on the next page)** | Emergency room services | $0 | Emergency room services are provided without prior authorization requirements, even if the services are provided out of network. |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need emergency care (continued)** | Urgent care | $0 | Urgent care services are provided without prior authorization requirements, even if the services are provided out of network. |
| **You need medical tests** | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | $0 | *Not all X-rays, outpatient diagnostic procedures, and tests will require authorization. Ask your provider to call the plan to confirm if an authorization is required.* |
| | Lab tests and diagnostic procedures, such as blood work | $0 | *Not all lab services will require authorization. Ask your provider to call the plan to confirm if an authorization is required.* |
| **You need hearing/ auditory services (continued on the next page)** | Hearing screenings | $0 | One routine hearing exam per year. |
| | Hearing aids | $0 | Each NationsHearing hearing aid purchase includes three [3] follow up visits for fitting and adjustments. The three [3] visits are available to be used within one-year following the initial fitting date of a NationsHearing hearing aid purchase while the member is enrolled in the plan.<br><br>The prescription hearing aid benefit includes up to two [2] hearing aids (1 aid per ear) every 3 years for Select hearing aid technology levels through NationsHearing at no cost to the member. All hearing aids offered through NationsHearing include: |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need hearing/ auditory services (continued)** | | | • 60-day evaluation period with a 100% money-back guarantee (no restocking fees)<br>• 1 Hearing aid fitting per hearing aid<br>• 3 follow-up appointments within one year of the fitting date<br>• 3-year supply of batteries (for non-rechargeable hearing aids, up to 60 cells per ear, per year)<br>• 3-year comprehensive manufacturer's warranty, including one time replacement for lost or damaged hearing aids<br>• Earmold(s) (first set, when needed)<br>• Unlimited ongoing member support via NationsHearing |
| **You need dental care (continued on the next page)** | Dental check-ups and preventive care | $0 | **Preventive dental**<br>• Oral exams: One every 6 months<br>• Cleaning: One every 6 months<br>• Fluoride treatment: One every 6 months<br>• Dental x-rays: 1 full mouth radiograph and 1 panoramic radiograph every 5 years and up to 6 bitewing or periapical radiographs every year.<br>**Comprehensive dental**<br>Up to a $2,500 max benefit coverage limit every year for: |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need dental care (continued)** | | | • Minor restorations (fillings).*<br>• Endodontics *<br>• Periodontics *<br>• Dentures (1 per arch every 5 years)<br>• Dentures and repair and reline (1 per year) *<br>• Mini-implants *<br>• Prosthodontics *<br>• Oral and Maxillofacial surgery *<br>• Extractions *<br>You may use nitrous oxide for certain covered dental services, including fillings, crowns, root canals, and extractions (not including Wisdom Teeth), and more.<br>We added coverage for services that allow a dentist to adjust your existing denture after dental mini-implant procedures, helping it fit properly without needing a new denture.<br>** Prior authorization is required for all comprehensive services. Additional service limits may apply. You are responsible for amounts beyond the benefit limit.*<br>See the *Evidence of Coverage* for more information on **coverage and limitations** at www.amerihealthcaritasvipcare.com/de/care |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need eye care** | Eye exams | $0 | One exam every year, excluding contact lens exam and fitting services. |
| | Glasses or contact lenses | $0 | Up to $325 allowance towards vision services (eyeglasses or contact lenses) from an in-network provider.<br><br>The benefit amount (allowance) must be used to pay for vision services from an in-network provider. In most cases, you will have to pay for care from an out-of-network provider. You also have to pay for costs over your benefit limit. |
| | Other vision care | $0 | One routine eye exam every year, excluding contact lens exam and fitting services. |
| **You need behavioral health services** | Behavioral health services | $0 | Individual, group, and family counseling is covered. |
| | Inpatient and outpatient care and community-based services for people who need mental health services | $0 | Inpatient acute psychiatric hospitalization and emergency services are covered.<br><br>*Prior authorization is required for inpatient psychiatric services.* |
| **You need substance use disorder services** | Substance use disorder services | $0 | Individual and group therapy sessions are covered.<br><br>*Prior authorization may be required.* |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need a place to live with people available to help you** | Skilled nursing care | $0 | *Prior authorization is required.* |
| **You need therapy after a stroke or accident** | Occupational, physical, or speech therapy | $0 | *Prior authorization is required.* |
| **You need help getting to health services** | Ambulance services | $0 | *Prior authorization may be required.* |
| | Emergency transportation | $0 | *Prior authorization may be required.* |
| | Transportation to medical appointments and services | $0 | 20 one-way trips every year to plan-approved locations (e.g. doctor's office, pharmacy, and hospital). May consist of a car, shuttle, or van service, depending on appropriateness for the situation and the member's needs. Rides must be scheduled at least one business day in advance expect in special circumstances.<br><br>Limit of 50 miles per one-way trip. |
| **You need drugs to treat your illness or condition (continued on the next page)** | Medicare Part B drugs | $0 to 20% coinsurance | Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Evidence of Coverage* for more information on these drugs. |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need drugs to treat your illness or condition (continued)** | | | 0% coinsurance for preferred Part B insulin drugs. 20% coinsurance or $35, whichever is less for non-preferred Part B insulin drugs.<br><br>0% coinsurance for preferred Part B chemotherapy/radiation drugs. 20% for non-preferred Part B chemotherapy/radiation drugs.<br><br>0% coinsurance for preferred Other Medicare Part B drugs. 20% for non-preferred Other Medicare Part B drugs.<br><br>The 20% coinsurance will be billed to Medicaid, if the member is eligible. |
| | Medicare Part D drugs<br><br>Tier 1: Preferred Generic<br><br>Tier 2: Generic<br><br>Tier 3: Preferred Brand<br><br>Tier 4: Non-Preferred Drug<br><br>Tier 5: Specialty | **Retail Pharmacy for up to 90-day supply: ***<br><br>Deductible– $0 or $700**<br><br>Tier 1: $0<br><br>Tier 2 and 3: 25% coinsurance**<br><br>Tier 4: 26% coinsurance**<br><br>**Retail Pharmacy for up to 30-day supply:**<br><br>Tier 5: 25% coinsurance**<br><br>**Mail Order for up to 90-day supply: ***<br><br>Tier 1: $0 | There may be limitations on the types of drugs covered. Please refer to AmeriHealth Caritas VIP Care's List of Covered Drugs (Drug List) for more information.<br><br>Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage, and you pay $0 for all your Medicare drugs. Read the *Evidence of Coverage* for more information on this stage.<br><br>Mail order is available for up to a 90-day supply. You will pay the same cost you would pay at a retail pharmacy for mail order. Tier 5 drugs are limited to a 30-day supply. |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
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| **You need drugs to treat your illness or condition (continued)** | | Tier 2 and 3: 25% coinsurance**<br>Tier 4: 26% coinsurance**<br>**Mail Order for up to 30-day supply: ***<br>Tier 5: 25% coinsurance**<br>*Copays for drugs may vary based on the level of "Extra Help" you get. Please contact the plan for more details.<br>**Deductible and coinsurance may apply for members without "Extra Help" | |
| **You need help on every day items/ expenses (continued on the next page)** | Over-the-Counter (OTC) drugs<br>Special Supplemental Benefits for the Chronically Ill (SSBCI)<br>Home and Bathroom Safety Devices | $0 | Members are provided a combined allowance of $152 per month to spend on eligible OTC items such as vitamins, pain relievers, cold remedies; home and bathroom safety devices, and more. Funds are loaded to a plan-issued debit card each month.<br>Unused amounts expire at the end of each month or upon disenrollment from the plan.<br>Naloxone is covered as a Part C OTC benefit. The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs. |

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|---|---|---|---|
| **You need help on every day items/ expenses (continued)** | | | If you qualify for SSBCI you can use your combined allowance to help with everyday living expenses. This allowance can be used for:<br><br>• Healthy foods<br>• General supports for living (e.g., rent, mortgage, utilities)<br>• Pest Control<br><br>In order to qualify for SSBCI, members must have at least one of the following chronic health conditions:<br>Cardiovascular disorders, chronic and disabling mental health conditions, chronic gastrointestinal disease (limited to end stage liver disease), chronic lung disorders (limited to chronic obstructive pulmonary disease), congestive heart failure, connective tissue disease, dementia, diabetes mellitus, stroke, overweight, obesity, & metabolic syndrome.<br>In addition: The condition must be life threatening or greatly limit overall health or function of the member; the member must be at high risk of hospitalization or other adverse health outcomes; and the member must require intensive care coordination. The plan will review objective criteria to determine a member's eligibility. For more information or to check eligibility, members should contact the plan.<br><br>**In addition, you must satisfy at least one of the following:** |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need help on every day items/ expenses (continued)** | | | • Had one or more inpatient admissions (inclusive of behavioral health) related to the chronic condition in the last 12 months.<br>• Had one or more urgent care or emergency room visits related to the chronic condition in the last 12 months.<br>• Had two or more outpatient visits related to the chronic condition (including primary care or specialty care visits) in the last 12 months.<br>• Are a patient who requires home health visits related to the chronic condition.<br>• Are a patient with one or more chronic conditions and a need for one or more pieces of durable medical equipment (DME) in the outpatient setting, limited to: group 3 power/manual wheelchair, noninvasive ventilation (NIV), biPAP machines, mechanical in-exsufflation devices, or group 2 or group 3 mattresses. |
| **You need help getting better or have special health needs (continued on the next page)** | Rehabilitation services | $0 | *Prior authorization is required for cardiac and pulmonary services.* |
| | Medical equipment for home care | $0 | *Prior authorization is required for some medical equipment for home care.*<br><br>*Have your provider call the plan to confirm if authorization is required.* |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need help getting better or have special health needs (continued)** | Dialysis services | $0 | Outpatient and inpatient (when medically necessary) treatments are covered. |
| **You need foot care** | Podiatry services | $0 | 4 routine foot care visits every year. |
| **You need durable medical equipment (DME)**<br><br>**Note**: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Evidence of Coverage*. | Wheelchairs, crutches, and walkers | $0 | Prior Authorization may be required for:<br>• Medicare-covered DME items over $750 for purchase.<br>• Rental and rent-to-purchase items.<br>Prior authorization is required for:<br>• The purchase of all wheelchairs (motorized and manual) and all wheelchair accessories (components) regardless of cost per item<br>• Enteral Nutritional Supplements |
| | Nebulizers | $0 | *Prior authorization may be required.* |
| **You need help living at home (continued on the next page)** | Home health services | $0 | *Prior authorization is required.* |
| | Home services: home modifications such as grab bars | $0 | *Prior authorization is required.* |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need help living at home (continued)** | Adult day health, Home and Community Based Services (HCBS), or other support services | $0 | Services are provided in a non-institutional, community-based setting<br><br>*Prior authorization may be required.* |
| | Day habilitation services | $0 | *Prior authorization may be required.* |
| | Services to help you live on your own (home health care services or personal care attendant services) | $0 | *Prior authorization may be required.* |
| **Additional services (continued on the next page)** | Chiropractic services | $0 | 12 routine chiropractic visits per year (non-Medicare) |
| | Diabetes supplies and services | $0 | Non-preferred brands and all continuous glucose monitors will require prior authorization and have a 20% coinsurance (until the beneficiary reaches the MOOP limit). Preferred brands have a $0 copay. The 20% coinsurance can be billed to Medicaid.<br><br>*Prior authorization may be required.* |
| | Prosthetic services | $0 | *Prior authorization is required for rental and purchased Medicare-covered prosthetics and medical supplies.* |
| | Radiation therapy | $0 | *Prior authorization is required* |
| | Services to help manage your disease | $0 | |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Additional services (continued)** | Personal Emergency Response Systems (PERS) | $0 | Personal Emergency Response System (PERS) is a medical alert monitoring system that provides 24/7 access to help at the push of a button. We offer multiple styles, including a mobile-enabled wearable device. Benefit limited to one device per year. |
| | Acupuncture | $0 | 6 routine acupuncture visits (non-Medicare) every year |
| | Silver Sneakers | $0 | SilverSneakers® is a free fitness benefit which includes access to participating SilverSneakers® fitness facilities, online wellness resources, and classes. |
| | Meal Benefit, post discharge | $0 | The post-discharge meal benefit covers 14 meals over the course of one week for qualified homebound members within 30 days of each discharge from an inpatient facility or a skilled nursing facility, up to four times per year.<br>*A referral is required.* |
| | Telemedicine | $0 | $0 copay per visit<br>Telemedicine services are available 24 hours a day, 7 days a week via telephone. |
| | 24/7 Nurse Call Line | $0 | The 24/7 Nurse Call Line is a service available to all members 24 hours a day, seven 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. |

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The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the AmeriHealth Caritas VIP Care *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call AmeriHealth Caritas VIP Care Member Services at the numbers in the footer of this document to get one. If you have questions, you can also call Member Services or visit www.amerihealthcaritasvipcare.com/de/care

## D. Benefits covered outside of AmeriHealth Caritas VIP Care

There are some services that you can get that aren't covered by AmeriHealth Caritas VIP Care but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about these services.

| **Other services covered by Medicare, Medicaid, or a State Agency** | **Your costs** |
|---|---|
| DDDS Life Span Waiver Benefits will continue to be covered through the state, such as:<br><br>Assistive Technology<br>Behavioral Consultation<br>Community Participation<br>Community Transition<br>Day Habilitation<br>Home or Vehicle Accessibility Adaptations | $0<br><br>*Prior authorization may be required.* |
| Certain hospice care services covered outside of AmeriHealth Caritas VIP Care | $0 |
| Non-Emergency Medical Transportation | $0 |

## E. Services that AmeriHealth Caritas VIP Care, Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers in the footer of the document to find out about other excluded services.

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| Services AmeriHealth Caritas VIP Care, Medicare, and Medicaid don't cover | |
|---|---|
| Cosmetic surgery or procedures | Covered in cases of an accidental injury or for the improvement of the functioning of a malformed body member.<br><br>Covered for all stages of reconstruction for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance. |
| Fees charged for care by your immediate relatives or members of your household. | Not covered under any condition |
| Naturopath services (uses natural or alternative treatments). | Not covered under any condition |
| Reversal of sterilization procedures and/or nonprescription contraceptive supplies. | Not covered under any condition |
| Radial keratotomy, LASIK surgery, and other low vision aids | Not covered under any condition |

## F. Your rights as a member of the plan

As a member of AmeriHealth Caritas VIP Care, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:

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- Description of the services we cover
- How to get services
- How much services will cost you
- Names of health care providers and care coordinator

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. AmeriHealth Caritas VIP Care will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:

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- File a complaint or grievance against us or our providers
- File a complaint with the Division of Medicaid and Medical Assistance at 1-302-255-9500. The AmeriHealth Caritas VIP Care website www.amerihealthcaritasvipcare.com/de/care has compliant forms and instructions available online.
- Appeal certain decisions made by our providers.
- Ask for a State Hearing.
- Get a detailed reason for why services were denied.

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call AmeriHealth Caritas VIP Care Member Services at the numbers in the footer of this document.

You can also call the Medicaid Office of the Ombudsperson at 1-302-683-8836, Monday-Friday 8 a.m.-4:30 p.m.

## G. How to file a complaint or appeal a denied service

If you have a complaint or think AmeriHealth Caritas VIP Care should cover something we denied, call Member Services at the numbers in the footer of this document. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call AmeriHealth Caritas VIP Care Member Services at the numbers in the footer of this document.

If you would like to contact AmeriHealth Caritas VIP Care about a complaint, grievance, or appeal, mail or call us at:

AmeriHealth Caritas VIP Care
Attn: Appeals Department
P.O. Box 80109
London, KY 40742-0109

AmeriHealth Caritas VIP Care
Attn: Customer Experience, Grievances and Complaints
P.O. Box 7140
London, KY 40742-7140

Phone number: **1-833-433-3767 (TTY 711)**. We are available October 1 – March 31: 8 a.m. - 8 p.m., seven days a week and April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday.

You may also contact the Division of Medicaid and Medical Assistance at 1-302-255-9500. Monday - Friday 8 a.m. - 4:30 p.m.



**If you have questions,** please call AmeriHealth Caritas VIP Care 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. The call is free. **For more information**, visit www.amerihealthcaritasvipcare.com/de/care.

## H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at AmeriHealth Caritas VIP Care Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Medicaid Customer Service Center at 1-866-843-7212. TTY users may call 1-800-451-5886.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call Delaware Medicaid's Fraud Reporting line at 1-800-372-2002 or email SURreferrals@delaware.gov.



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**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call AmeriHealth Caritas VIP Care Member Services:**

**1-833-433-3767**
Calls to this number are free. 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.
Member Services also has free language interpreter services available for non-English speakers.

**711**
Calls to this number are free. 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 have questions about your health:**

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call plan's 24/7 Nurse Call Line. A nurse will listen to your problem and tell you how to get care. (Example urgent care, emergency room). The numbers for the 24/7 Nurse Call Line are:

**1-833-933-6251**
Calls to this number are free, 24 hours a day, seven days a week.

AmeriHealth Caritas VIP Care also has free language interpreter services available for non-English speakers.

**711**
Calls to this number are free, 24 hours a day, seven days a week.

**If you need immediate behavioral health care, please call the Suicide & Crisis Lifeline:**

**988**
Calls to this number are free. 24 hours a day, seven days a week.
The Suicide & Crisis Lifeline also has free language interpreter services available for non-English speakers.

**711**
Calls to this number are free.24 hours a day, seven days a week.