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 *Member Handbook*.

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If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (TTY 711), We are available 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

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 *Member Handbook* for the full list of benefits. An up-to-date copy of the 2027 *Member Handbook* is always available on our website at www.amerihealthcaritasvipcare.com/mi. You may also call Member Services at **1-844-964-4433 (TTY 711)** to ask us to mail you a 2027 *Member Handbook*. Hours of operation are 8 a.m. - 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

- AmeriHealth Caritas VIP Care is an HMO D-SNP plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to members. 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 Michigan Medicaid website at www.michigan.gov/medicaid, the Beneficiary Help Line: 1-800-642-3195 or email at beneficiarysupport@michigan.gov, or the Michigan Healthcare Help Line: 1-855-789-5610 (TTY 1-866-501-5656) from 8:00 a.m. to 7:00 p.m., Monday through Friday (except holidays) https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/support or contact the MICH Office of the Ombudsman for free help. The MICH Ombudsman can help you with questions about or problems with the MICH program or our plan. The MICH Ombudsman is an independent program and isn't connected with this plan. The phone number is 1-888-746-6456. You can also visit the MICH Ombudsman's website at www.meji.org/mhlo.

- AmeriHealth Caritas VIP Care also has free language interpreter services available for non-English speakers. Call member services at 1-844-964-4433. Calls to this number are free 8 a.m. - 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message.

- For questions about or problems with the MI Coordinated Health program or our plan, contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. MI CHHO is an independent program and isn't connected with this plan. Call 1-888-746-6456 or visit the MI CHHO website at meji.org/michho/mhlo. To schedule an appointment with a person-centered options counselor, please call MI Options at 1-800-803-7174 8 a.m. to 8 p.m., Monday through Friday.

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❖ **You can get this document for free in other formats, such as large print, braille or audio. Call 1-844-964-4433 (TTY 711), 8 a.m. - 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.**

❖ You can make a request to get this document, now and in the future, in other formats simply by calling Member Services at **1-844-964-4433 (TTY 711)**, 8 a.m. - 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. 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 a highly integrated special needs plan called MI Coordinated Health (MICH)?	MI Coordinated Health (MICH) is a highly integrated dual eligible special needs plan (HIDE SNP) that provides benefits of both Medicare and Medicaid to enrollees. It's for people with both Medicare and Michigan 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? (continued on the next page)	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, assessment. You may also get other benefits outside of your health plan the same way you do now, directly from State, specialty mental health, and substance use disorder services. When you enroll in AmeriHealth Caritas VIP Care, you and your, care coordinator will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. 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. If you're currently getting services for mental health, substance use, or intellectual/developmental disability needs, you'll continue to get these services the same way you do now.

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Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in AmeriHealth Caritas VIP Care that I get now? (continued from previous page)	When you enroll in AmeriHealth Caritas VIP Care, you and your care coordinator will work together to develop a Care Plan to address your health and support needs.
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. • 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. • 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. You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your Care Plan is being completed. 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. 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 and Pharmacy Directory* on the plan's website at www.amerihealthcaritasvipcare.com/mi.



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Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	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?	A Care Coordinator is a health professional who will help you get care and services that affect your health and well-being. You're assigned a Care Coordinator when you enroll with AmeriHealth Caritas VIP Care. Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you're getting from us, you can call your Care Coordinator. **Your Care Coordinator is your "go-to" person** for AmeriHealth Caritas VIP Care. Our goal in AmeriHealth Caritas VIP Care is to meet your needs in a way that works for you. This is why we call our program "person-centered." The person-centered planning process is when you work with your Care Coordinator to create a care plan that's about **your** goals, choices, and abilities. When you create your care plan, you're welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.
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, a county or other agency may administer these services, and your care coordinator will work with that agency.
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.

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Frequently Asked Questions	Answers
Where's AmeriHealth Caritas VIP Care available?	The service area for this plan includes: Macomb and Wayne Counties, Michigan. 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. **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. Refer to **Chapter 3**, of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Member Handbook* to learn which services require a prior authorization. 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.
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. Refer to the *Member Handbook Chapter 4, Section D, Medical Benefits Chart: Meal Benefit* to learn more about when you'll need to get a referral from your PCP.



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Frequently Asked Questions	Answers
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. You'll be required to keep paying any monthly Freedom to Work program premium you have if applicable. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00.
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.

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 (continued on the next page)	Inpatient hospital stay	$0 per stay	Except in an emergency, your health care provider must tell the plan of your hospital admission. *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 hospital care (continued)	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	
	Services to help manage your disease	$0	
You need emergency care	Emergency room services	$0	*Emergency room services are provided without prior authorization requirements, even if the services are provided out of network.*
	Urgent care	$0	*Urgent care 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 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/therapeutic/ radiological 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.*
	Screening tests, such as tests to check for cancer	$0	
You need hearing/ auditory services (continued on the next page)	Hearing screenings	$0	
	Hearing aid evaluation and fitting	$0	
	Hearing aids	$0	The prescription hearing aid benefit includes up to two [2] hearings 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: • 60-day evaluation period with a 100% money-back guarantee (no restocking fees) • 1 Hearing aid fitting per hearing aid • 3 follow-up appointments within one year of the fitting date



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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)			• 3-year supply of batteries (for non-rechargeable hearing aids, up to 60 cells per ear, per year) • 3-year comprehensive manufacturer's warranty, including one time replacement for lost or damaged hearing aids • Earmold(s) (first set, when needed) • Unlimited ongoing member support via NationsHearing
You need dental care (continued on the next page)	Dental check-ups and preventive care Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planning, and other periodontal maintenance	$0	**Preventive dental** • Oral exams: One every 6 months • Cleaning: One every 6 months • Fluoride treatment: One every 6 months • Dental x-rays: 1 full mouth radiograph and 1 panoramic radiograph every 5 years and up to 6 bitewing or periapical radiographs every year. **Comprehensive dental** up to a $2,500 max benefit coverage limit every year for: • Minor restorations (fillings).* • Endodontics * • Periodontics * • Dentures (1 per arch every 5 years) *

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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)			• Dentures and repair and reline (1 per year) * • Mini-implants* • Prosthodontics * • Oral and Maxillofacial surgery * • Extractions (1 per tooth per lifetime) * Read the *Member Handbook* for more information on **coverage and limitations** at https://www.amerihealthcaritasvipcare.com/mi. You may use nitrous oxide for certain covered dental services, including fillings, crowns, root canals, and extractions (not including Wisdom Teeth), and more. 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. ** Prior authorization required for comprehensive dental services. Additional service limits may also apply. You are responsible for amounts beyond the benefit limit.*

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 per year.
	Glasses or contact lenses	$0	Up to $300 allowance towards vision services (eyeglasses or contact lenses) from an in-network provider.
	Other vision care	$0	The plan will pay for one pair of glasses or contact lenses after each cataract surgery when the doctor inserts an intraocular lens.
You need behavioral health services	Behavioral health services	$0	Individual, group, and family counseling is covered. Behavioral health services are provided through the plan or by a program other than AmeriHealth Caritas VIP Care. AmeriHealth Caritas VIP Care's Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. *Prior authorization may be required.*
	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	Specialty behavioral health care services may be provided by a program other than AmeriHealth Caritas VIP Care. Your AmeriHealth Caritas VIP Care's Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. *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 substance use disorder services	Substance use disorder services	$0	Substance use disorder services may be provided by a program other than AmeriHealth Caritas VIP Care. Your AmeriHealth Caritas VIP Care's Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs *Prior authorization may be required.*
You need a place to live with people available to help you	Skilled nursing care	$0	*Prior authorization is required.*
	Nursing home care	$0	
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 (continued on the next page)	Ambulance services	$0	*Prior authorization may be required.*
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	48 one-way trips, limit 50 miles per One-way trip, 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, except in special circumstances.



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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 getting to health services (continued)			Transportation is authorized for plan-approved locations only (e.g., doctor's office, pharmacy, and hospital).
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0 to 20%	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 *Member Handbook* for more information on these drugs. 20% coinsurance will be applied to non-preferred chemotherapy/radiation drugs and non-preferred other Part B drugs. 0% coinsurance for preferred Part B drugs chemotherapy, and radiation drugs. 20% or $35, whichever is less for non-preferred Part B drugs.
	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier 50: Non-Part D Drugs	$0 for all Tier 1 drugs at a network retail or mail order pharmacy (up to a 90-day supply). Copays for other drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	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. 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 *Member Handbook* for more information on this stage. Initial coverage stage cost sharing: **Drug Tier 1 Preferred Generic:** $0 copay



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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)		If you receive Extra Help from Medicare, you pay: $0, $1.65, or $5.80 copay for generic drugs and $0, $5, or $14.40 copay for all other drugs.	**Drug Tier 2 Generic:** $4, $8, or $12 copayment. If you receive Extra Help from Medicare, you pay $0, $1.65, or $5.80 copay for generic drugs and $0, $5, or $14.40 copay for all other drugs. **Drug Tier 3 Brand:** 25% coinsurance. If you receive Extra Help from Medicare, you pay $0, $1.65, or $5.80 copay for generic drugs and $0, $5, or $14.40 copay for all other drugs. **Drug Tier 4 Non-Preferred Drug:** 25% coinsurance. If you receive Extra Help from Medicare, you pay $0, $1.65, or $5.80 copay for generic drugs and $0, $5, or $14.40 copay for all other drugs. **Drug Tier 5 Specialty:** 29% coinsurance. If you receive Extra Help from Medicare, you pay $0, $1.65, or $5.80 copay for generic drugs and $0, $5, or $14.40 copay for all other drugs. 60-day and 90-day supplies are available at retail and mail order pharmacy locations at the same cost sharing rate as a 30-day supply, except for Tier 2 drugs. Tier 2 drugs will cost $8 for a 60-day supply and $12 for a 90-day supply. 60-day and 90-day supplies are not available for Tier 5 drugs. **Drug Tier 50 Non-Part D Drugs:** $0 copay.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help with everyday expenses (continued on the next page)	Over-the-counter (OTC) Items and Daily Living Supports Special Supplemental Benefits for the Chronically Ill (SSBCI) Home and Bathroom Safety Devices	$0	Members are provided a combined allowance of $105 per quarter to spend on the following benefits: **Over-the-counter (OTC)** All members may use the combined allowance towards eligible OTC items. OTC items include vitamins, pain relievers, cold remedies, and more. Funds are loaded to a plan-issued debit card each quarter. Members can shop through the OTC catalog or at participating retail stores. No limit on the number of items or orders. Any unused funds will expire at the end of the quarter or upon disenrollment from the plan. 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. **Home and Bathroom Safety Devices** All members may use the combined allowance towards eligible home and bathroom safety devices such as grab bars or doorknobs, non-slip floor coverings, safety chairs, bathroom modification aids.



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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 with everyday expenses (continued)			Members can shop through the OTC catalog or at participating retail stores. Unused amounts expire at the end of each quarter or upon disenrollment from the plan. **Special Supplemental Benefits for the Chronically Ill (SSBCI)** If you qualify for SSBCI, you may also use the combined allowance towards everyday living expenses. The allowance can be used for: • Healthy foods • General supports for living (e.g., rent, mortgage, utilities) • Pest control Not all members qualify. Only SSBCI eligible members may use their allowance towards rent, utilities, internet, healthy foods, and pest control. In order to qualify for SSBCI, members must have at least one of the following chronic health conditions: Cardiovascular disorders, Chronic and disabling mental health conditions, Chronic gastrointestinal disease (limited to end-stage liver disease), Congestive heart failure, Chronic lung disorders (limited to chronic obstructive pulmonary disease), Connective Tissue Disease, Dementia, Diabetes mellitus, Stroke, and/or Overweight, obesity, and metabolic syndrome.



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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 with everyday expenses (continued)			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. Limitations apply. **In addition, member must satisfy at least one of the following:** • Had one or more inpatient admissions (inclusive of behavioral health) related to the chronic condition in the last 12 months. • Had one or more urgent care or emergency room visits related to the chronic condition in the last 12 months. • Had two or more outpatient visits related to the chronic condition (including primary care or specialty care visits) in the last 12 months. • Are a patient who requires home health visits related to the chronic condition. • 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



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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 with everyday expenses (continued)			in-exsufflation devices, or group 2 or group 3 mattresses.
You need help getting better or have special health needs	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.* *Have your provider call the plan to confirm if authorization is required*
	Dialysis services	$0	
You need foot care	Podiatry services	$0	Up to 3 routine podiatry visits per year.
	Orthotic services	$0	*Prior authorization may be required.*
You need durable medical equipment (DME) (continued on the next page)	Wheelchairs, crutches, and walkers	$0	*Prior authorization may be required for:* • Medicare-covered DME items over $750 for purchase. • Rental and rent-to-purchase items. *Prior authorization is required for:* • The purchase of all wheelchairs (motorized and manual) and all wheelchair accessories (components) regardless of cost per item • Enteral Nutritional Supplements

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) (continued) **Note**: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*.	Nebulizers	$0	*Prior authorization may be required.*
	Oxygen equipment and supplies	$0	*Prior authorization may be required.*
You need help living at home (continued on the next page)	Home health services	$0	These services are provided by the plan. *Prior authorization is required.*
	Activities of Daily Living (ADLs): Eating, toileting, bathing, grooming, dressing, mobility, and transferring" and Instrumental Activities of Daily Living (IADLs): Personal laundry, light housekeeping, shopping, meal preparation and clean up, and medication administration.	$0	In-home ADL and IADL services requiring hands-on assistance are provided by the plan through the MICH program. These services are called State Plan Personal Care Services. In-home ADL and IADL services requiring prompting, cueing, guiding, teaching, observing, or reminding to complete Activities of Daily Living (ADLs) are available to individuals who qualify and are enrolled in the MICH 1915(c) waiver. These services are called Expanded Community Living Supports.

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)	1915(c) Waiver Home and Community Based Services: Adaptive Medical Equipment and Supplies Adult Day Program Assistive Technology Chore Services Environmental Modifications Expanded Community Living Supports Fiscal Intermediary Home Delivered Meals Individual Directed Goods and Services Non-Medical Transportation Personal Emergency Response System Preventive Nursing Private Duty Nursing Respite Vehicle Modifications	$0	These services are designed to help individuals remain in their homes as opposed to receiving nursing home care. They are provided by the plan and are only available to individuals who meet nursing facility level of care, who have qualifying service need, and who are enrolled in the MICH 1915 (c) waiver.
Additional services (continued on the next page)	Chiropractic services	$0	Up to 12 routine chiropractic visits per year
	Diabetes supplies and services	$0	Preferred brands have a $0 copay.

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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)			Non-preferred brands and all continuous glucose monitors will require prior authorization and have a 20% co-insurance (until you reach the maximum out-of-pocket limit).
	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	
	Caregiver Support Services	$0	
	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. *A referral is required.*
	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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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Telemedicine	$0	Telemedicine services are available 24 hours a day, 7 days a week 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.
	SilverSneakers®	$0	SilverSneakers® is a free fitness benefit which includes access to participating SilverSneakers® fitness facilities, and services.

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 *Member Handbook*. If you don't have a *Member Handbook*, call AmeriHealth Caritas VIP Care Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit www.amerihealthcaritasvipcare.com/mi.

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 listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services. If you live in *Macomb or Wayne* County these benefits are provided by the PIHP. Contact the PIHP for more information.	$0

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Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Specialty behavioral health services may be provided by Michigan's Prepaid Insurance Health Plans (PIHPs).	$0
Community Transition Services (CTS) are provided through MDHHS.	$0
Certain hospice care services covered outside of AmeriHealth Caritas VIP Care	$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 listed at the bottom of this page to find out about other excluded services.

Services AmeriHealth Caritas VIP Care Complete, Medicare, and Medicaid don't cover	
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for the reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Not Covered
Naturopath services (the use of natural or alternative services).	Not Covered
Vision procedures such as radial keratotomy and LASIK surgery.	Not Covered

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 *Member Handbook*. Your rights include, but aren't limited to, the following:

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- **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:
  - 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



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- **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:
  - File a complaint or grievance against us or 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 *Member Handbook*. If you have questions, you can call AmeriHealth Caritas VIP Care Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsperson for people who have Medicare and Medicaid/Medicaid Office of the Ombudsman at 1-888-746-6456 (TTY 711), Monday through Friday, 9 a.m. to 5 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 listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call AmeriHealth Caritas VIP Care Member Services at the numbers listed at the bottom of this page.

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



If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (TTY 711), We are available 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

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

Phone number: **1-844-964-4433 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

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 1-800-975-7630. TTY users may call 1-866-501-5656.
- 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, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE [800-242-2873], by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at secure.ag.state.mi.us/complaints/medicaid.aspx.



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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:
1-844-964-4433
Calls to this number are free. 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.
Member Services also has free language interpreter services available for non-English speakers.

711
Calls to this number are free. 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

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 the 24-hour Nurse Call Line. A nurse will listen to your problem and tell you how to get care (Example: urgent care or emergency room). The numbers for the 24/7 Nurse Call Line are:

1-855-843-1145

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 Behavioral Health Crisis Line:
Macomb County: 1-586-307-9100 (TTY 711)
Wayne County: 1-800-241-4949 (TTY 711)
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. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.