2026

# Extra Benefits

**Delaware**

**Available in the following counties:**

Kent, New Castle, and Sussex counties

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AmeriHealth Caritas
VIP Care Choice

# When you enroll in AmeriHealth Caritas VIP Care Choice (HMO-SNP), you get all of these extra benefits included with your plan for no additional cost.

**Most of these benefits are not covered by original Medicare and are not always offered by other health plans.**

## Getting and staying healthy goes beyond the doctor's office, learn more about these great benefits!

You can also contact us with questions or for more information about these services.

**Call us at 1-800-447-2739 (TTY 711):**

- October 1 through March 31 – 8 a.m. to 8 p.m., seven days a week.
- April 1 through September 30 – 8 a.m. to 8 p.m., Monday through Friday.

Or you can visit us online at **www.amerihealthcaritasvipcare.com/de**.

## Over-the-counter (OTC) benefit

**$45 per month to spend on eligible OTC health and wellness items** online, through the OTC catalog, and at participating retail locations.

There is no limit on the total number of items or orders you may purchase. Any unused balance will automatically expire at the end of each month or upon disenrollment from the plan.

## Dental services

Robust dental coverage, including **$0 copays** for preventive services and a **$2,000 allowance** for comprehensive services every calendar year.

- **$0 copay** for preventive services, such as:
  - Oral exams
  - Cleanings
  - Fluoride treatments
  - X-rays
- **$2,000 allowance** for comprehensive services, such as:
  - Non-routine services
  - Restorative services
  - Endodontics
  - Periodontics
  - Extractions
  - Prosthodontics
  - Oral surgeries
  - Dentures

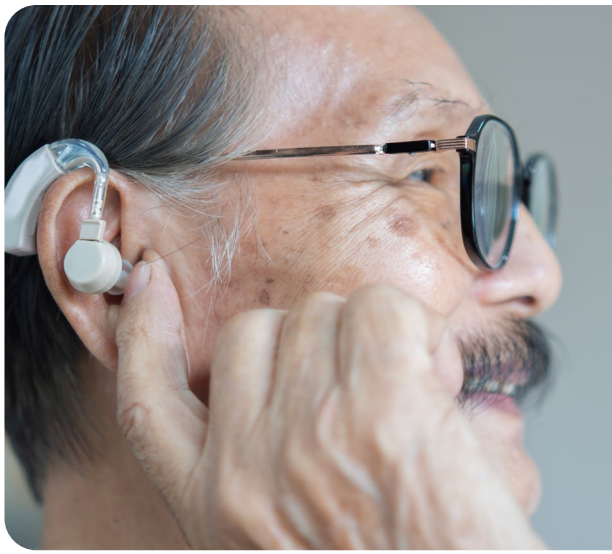
*Up to one visit every six months for oral exams, cleanings, fluoride treatments, and one X-ray every five years (frequency varies by service). You are responsible for amounts beyond the benefit limits. Some services may require prior authorization.

## Vision services

**$0 copay** for one routine vision exam and **$200 for eyeglasses or contact lenses** every year.*

*You are responsible for amounts above the benefit limit.

## Hearing services



**$1,200 toward the cost of two non-implantable TruHearing-branded Standard hearing aid(s) every three years (limit one hearing aid per ear).**

- Hearing exam with TruHearing provider (one every year).*
- Hearing aid batteries (80 batteries per hearing aid for non-rechargeable models every three years).

*All appointments must be scheduled directly through TruHearing. After plan-paid benefit, you are responsible for the remaining costs.

## Transportation services

**$0 copay** for nonemergency medical transportation services to health care providers' offices and other approved health-related locations. Benefits include:

- 24 one-way trips to plan-approved health-related locations per calendar year. Limit of 50 miles per one-way trip.
- Taxi, passenger car, wheelchair van, rideshare, and other types of transportation services are available to meet members' needs.

## Fitness benefit

**$0 copay** for a fitness benefit through SilverSneakers.® You have access to instructors who lead specially designed group exercise classes. You can take classes plus use exercise equipment and other amenities at participating locations nationwide.

In addition, SilverSneakers FLEX® gives you options to get active outside of traditional gyms (like at recreation centers, malls, and parks). SilverSneakers also connects you to a support network and virtual resources through SilverSneakers LIVE™; SilverSneakers On-Demand™; and a mobile app, SilverSneakers GO™.



Please check with your health care provider before beginning any new exercise programs.

## Meals

Have meals delivered to your home immediately following an inpatient stay in a hospital or nursing facility.

The meal benefit includes up to 14 meals over the course of one week (up to four times per year) for qualified homebound members after each discharge from an inpatient or skilled nursing facility. High-quality meals crafted by chefs and dietitians are tailored to meet your unique nutritional needs and shipped to your home.

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

Referral and/or prior authorization may be required for some of the benefits listed in this booklet.

You must receive your care from network providers. In most cases, you will have to pay for care that you receive from an out-of-network provider.

Refer to the Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.

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AmeriHealth Caritas VIP Care Choice is an HMO-SNP plan with a Medicare contract and a contract with the Delaware Medicaid program. Enrollment in AmeriHealth Caritas VIP Care Choice depends on contract renewal. The pharmacy network and provider network may change at any time. You will receive notice when necessary. AmeriHealth Caritas VIP Care Choice complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**www.amerihealthcaritasvipcare.com/de**



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