2026

Caring for Delaware, one resident at a time

AmeriHealth Caritas

VIP Care Choice

About AmeriHealth Caritas VIP Care Choice (HMO-SNP)

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

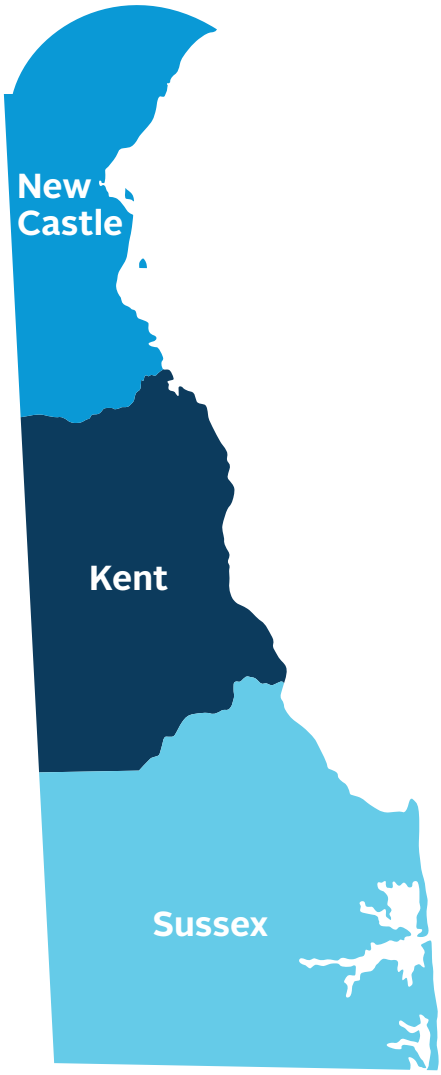
AmeriHealth Caritas VIP Care Choice provides more benefits and services than original Medicare, with fewer costs to members. It's a name our members trust and rely on for preventive care or if they are sick or injured.

Services and products

AmeriHealth Caritas VIP Care Choice (HMO-SNP) is a Medicare Advantage special needs plan for individuals enrolled in Medicare and Medicaid programs (dual-eligible individuals) in the state of Delaware.

Service areas

AmeriHealth Caritas VIP Care Choice serves all counties in Delaware.



Who can enroll?

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

2026 benefits

As a member, you have:

- **$0** copay for primary care provider (PCP) visits
- **20%** coinsurance for specialist visits
- **$0 – $31.20*** monthly premium
- An extensive network of providers
- Drug prescriptions:
  - Deductible: $0 or $615*
  - Tiers 1 to 5: $0 – $12.65** or 25%**
  - Tier 6: $0 copay
- Medication therapy management programs

*Deductibles and coinsurance may apply for members without "Extra Help."

**Cost-sharing is based on the level of "Extra Help" the member receives.

2026 extra benefits

Flex spending over-the-counter (OTC)

$45 per month may be spent for over-the-counter (OTC) items included in the OTC catalog and online ordering portal, and/or qualified items at participating retail settings via a restricted spend debit card. There is no limit on the total number of items or orders you may purchase. Unused amounts expire at the end of each month or upon disenrollment from the plan.

Hearing

- $0 copay for up to one supplemental routine hearing exam every year
- Up to a $1,200 allowance toward the cost of non-implantable standard hearing aid(s) from the applicable TruHearing Choice catalog every three years

Vision

- Up to one supplemental routine eye exam every year
- Up to a $200 allowance, per year, for eyewear

Dental

- $0 copay for preventive dental services:
  - Cleanings (up to one every six months)
  - Dental X-rays (varies by type)
  - Fluoride treatments (up to one every six months)
  - Oral exams (up to one every six months)
- Up to a $2,000 allowance each year for comprehensive dental, including, but not limited to, fillings, extractions, oral surgery, dentures, periodontics, and endodontics. Limitations apply.

Telemedicine

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

Podiatry

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

Education and wellness programs

- Fitness benefit through SilverSneakers
- Smoking and tobacco use cessation

Transportation

24 one-way trips per year for health care services. Limit of 50 miles per one-way trip.

Meal benefit

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

Referral is required.

Resources

Centers for Medicare & Medicaid Services (CMS)

www.cms.gov

Member Services

1-833-467-3302 (TTY 711)
October 1 to March 31: 8 a.m. – 8 p.m., seven days a week
April 1 to September 30: 8 a.m. – 8 p.m., Monday through Friday

Prospective Members

1-800-447-2739 (TTY 711)
October 1 to March 31: 8 a.m. – 8 p.m., seven days a week
April 1 to September 30: 8 a.m. – 8 p.m., Monday through Friday

www.amerihealthcaritasvipcare.com/de

Members may use their debit card to spend on eligible over-the-counter items, such as vitamins, pain relievers, cold remedies, and more. Funds are loaded to a plan-issued debit card each month.

For more information or to check eligibility, call us at **1-800-447-2739 (TTY 711)**.

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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.

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

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

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

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