



AmeriHealth *Caritas*

VIP Care Choice

2026 Summary of Benefits



Delaware (DE02)

Service Area: Kent, New Castle,
and Sussex counties.

This booklet provides you with a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage* (EOC) or visit us at www.amerihealthcaritasvipcare.com/de.

Who can join AmeriHealth Caritas VIP Care Choice (HMO-SNP)?

To join AmeriHealth Caritas VIP Care Choice, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and be enrolled in the Delaware Medical Assistance Program. You must qualify for Medical Assistance in one of the following categories of aid:

- Qualified Medicare Beneficiaries (QMB).
- Specified Low-Income Medicare Beneficiary (SLMB).
- Qualifying Individual (QI).
- Qualified Disabled & Working Individuals (QDWI).

You must live in our service area. Our service area includes the following counties in Delaware: **Kent, New Castle, or Sussex.**

For prospective enrollees, if you have questions about your eligibility, call **1-800-447-2739 (TTY 711).**

Which doctors, hospitals, and pharmacies can I use?

- AmeriHealth Caritas VIP Care Choice has a network of doctors, hospitals, pharmacies, and other providers. You must receive your care from a network provider. We will only pay for covered services if you go to an in-network provider. In most cases, you will have to pay for care that you receive from an out-of-network provider. Out-of-network/non-contracted providers are under no obligation to treat AmeriHealth Caritas VIP Care Choice members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can view our plan’s Provider and Pharmacy Directories on our website, www.amerihealthcaritasvipcare.com/de.
- You can also call us, and we will send you a copy of the Provider and Pharmacy Directories.

What we cover

- Like all Medicare health plans, we cover everything that Original Medicare covers — and more.
 - Our plan members get all the benefits covered by Original Medicare.
 - Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.
 - You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.amerihealthcaritasvipcare.com/de.
 - You can also call us, and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups all medications into one of six tiers. The cost of your drugs will depend on the level of “Extra Help” you receive and on what tier they are in.

Plan Premium, Deductible, and Maximum Out-of-Pocket (MOOP)



Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive.

<p>* IMPORTANT: If you receive assistance from Medicaid or "Extra Help," you may pay less than the cost-sharing amounts and premium listed in this document. If your category of Medicaid eligibility or level of Extra Help changes, your cost share may increase or decrease. Please refer to the <i>Evidence of Coverage</i> for additional benefit details</p>	
<p>Monthly Plan Premium</p>	<p>You pay \$0-\$31.20 *</p> <p>(You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.)</p>
<p>Deductible</p>	<p>This plan does not have a deductible.</p>
<p>Maximum Out-of-Pocket Responsibility</p>	<p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility.</p> <p>Your yearly limit(s) in this plan: \$7,550 for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year.</p>

Covered Medical and Hospital Benefits



Hospital coverage

Inpatient Hospital Coverage	<p>\$0-\$1,500 copay* per admission</p> <p><i>Prior authorization is required.</i></p>
Outpatient Hospital Coverage	<p>0-20% coinsurance*</p> <p>This includes medically necessary services for diagnosis or treatment of an illness or injury.</p> <p><i>Prior authorization is required.</i></p>
Ambulatory Surgical Center (ASC) Services	<p>0-20% coinsurance*</p> <p><i>Prior authorization may be required.</i></p>



Doctor Visits

Doctor Visits (Primary Care Providers and Specialists)	<ul style="list-style-type: none"> • Primary care provider (PCP) visit: 0% coinsurance per visit • Annual Wellness visit: \$0 copay per visit • Specialist care: 0-20% coinsurance*
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Preventive

Any additional preventive services approved by Medicare during the contract year will be covered.

Preventive Care	0% coinsurance
	<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer Screening (colonoscopy, fecal occult blood test flexible sigmoidoscopy) • Depression screening • Diabetes screening • Diabetes self-management training • Health and wellness education programs • HIV screening • Lung cancer screening • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and counseling • Prostate cancer screening (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease): -Four additional face-to-face PCP visits for smoking/tobacco cessation annually • Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, COVID-19 vaccines • Vision care • Welcome to Medicare preventive visit (one time)



Emergency and Urgent Care

<p>Emergency Care</p>	<p>\$0-\$115 copay*</p> <p>Cost-sharing for necessary emergency services furnished out of network is the same as that for such services furnished in-network.</p>
<p>Urgently Needed Services</p>	<p>\$0-\$40 copay*</p> <p>This includes services needed to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.</p> <p>Cost sharing for necessary urgently needed services furnished out of network is the same as that for such services furnished in-network.</p>



Diagnostic Services, Labs and Imaging

<p>Diagnostic Services/ Labs/Imaging (including diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)</p>	<p>0-20% coinsurance*</p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures. • Laboratory tests. • Diagnostic radiology services (such as magnetic resonance imaging [MRI], magnetic resonance angiography [MRA], computed tomography [CT], and positron emission tomography [PET]) • Outpatient X-rays. <p><i>Prior authorization may be required.</i></p>
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Hearing Services

<p>Hearing Services</p>	<ul style="list-style-type: none">• \$0 copay for up to one routine hearing exam every year.• \$0 copay for up to one year of follow-up provider visits for fitting and adjustments, every three years. <p>\$1,200 allowance toward the cost of two non-implantable TruHearing branded Standard hearing aids every three years.</p> <ul style="list-style-type: none">• Up to 80 batteries per aid for non-rechargeable models every three years up to the \$1200 allowance amount, combined with hearing aids. <p>Each TruHearing®-branded hearing aid purchase includes one year of follow-up provider visits for fitting and adjustments. These visits are available for 12 months following the purchase of a TruHearing®-branded hearing aid purchase while enrolled in the plan.</p>
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Dental Services

<p>Dental Services</p>	<p>We cover the following services:</p> <p>Preventive:</p> <ul style="list-style-type: none"> • Oral exams – one every six months: \$0 copay • Cleaning – one every six months: \$0 copay • Fluoride treatment – one every six months: \$0 copay • Dental X-rays – One every five years (frequency varies by services): \$0 copay
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<p>Dental Services</p>	<p>Comprehensive:</p> <ul style="list-style-type: none"> • Minor restorations (fillings). • Simple and Surgical extractions. • Dentures (1 per arch every 5 years). • Denture repair and reline. • Oral surgery. • Periodontics/endodontics. • Crowns. • Mini-implants. <p>\$2,000 plan coverage limit for comprehensive dental benefits every year.</p> <p><i>Prior authorization and limits may apply for some comprehensive dental services. You are responsible for amounts beyond the benefit limit.</i></p>
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 Vision Services

<p>Vision Services</p>	<ul style="list-style-type: none">• 0-20% coinsurance for Medicare-covered diagnosis and treatment for diseases and conditions of the eye.• \$0 copay for up to one routine vision exam every year.• Up to \$200 every year towards eyeglasses or contact lenses. <p>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 that you receive from an out-of-network provider. You are responsible for amounts beyond the benefit limit.</p>
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Mental Health Services

<p>Mental Health Services</p>	<ul style="list-style-type: none"> • Inpatient visit. Days 1-5: \$350 copay* per admission Days 6-90: \$0 copay • Outpatient group therapy visit- 0% coinsurance • Outpatient individual therapy visit \$0 coinsurance <p><i>Prior authorization is required.</i></p>
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Skilled Nursing Facility (SNF) and Therapy

<p>Skilled Nursing Facility (SNF)</p>	<p>Days 1-20: \$0 copay Days 21-100: 0-\$218 copay *</p> <p>Our plan covers up to 100 days in an SNF per admission.</p> <p><i>Prior authorization is required.</i></p>
<p>Physical Therapy, Occupational Therapy, Speech Therapy</p>	<p>0-20% coinsurance*</p> <p><i>Prior authorization is required.</i></p>



Ambulance and Non-Emergency Transportation

Ambulance	<p>0-20% coinsurance</p> <p><i>Prior authorization may be required.</i></p>
Transportation	<p>\$0 copay</p> <ul style="list-style-type: none"> • 24 one-way trips to plan-approved locations every year (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.). <p>Limit of 50 miles per one-way trip.</p>



Medicare Part B Drugs

Medicare Part B Drugs	<p>0-20% coinsurance</p> <ul style="list-style-type: none"> • Chemotherapy drugs. • Other Part B drugs. <p><i>Non-preferred brands and all continuous glucose monitors will require prior authorization and have a 20% co-insurance (until you reach the MOOP limit). Preferred brands have a \$0 copay.</i></p>
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Part D Prescription Drugs



AmeriHealth Caritas VIP Care Choice covers a wide range of prescription drugs. They can include medicines you take every day to improve your health and well-being.

<p>*IMPORTANT: If you receive assistance from Medicaid or "Extra Help," you may pay less than the cost-sharing amounts listed in this document. If your category of Medicaid eligibility or level of Extra Help changes, your cost share may increase or decrease. Please refer to the <i>Evidence of Coverage</i> for additional benefit details</p>	
Yearly Deductible stage	<p>\$615 for Tiers 1-5. -If you receive "Extra Help" from Medicare, your deductible is \$0. -The deductible does not apply to tier 6.</p>
Initial Coverage stage	<p>-Tiers 1-5: 0-25% coinsurance -Tier 6: \$0 copay -You can get up to a 100-day supply of drugs at a retail pharmacy and 61 to 100-day supply of drugs using a mail-order prescription.</p>
Catastrophic Coverage stage	<p>\$0 copay per prescription</p>

To find which pharmacies are available in your network, go to www.amerihealthcaritasvipcare.com/de



Additional Covered Benefits

<p>Fitness Benefit</p>	<p>\$0 copay</p> <p>SilverSneakers® is a free fitness benefit which includes access to participating SilverSneakers® fitness facilities, online wellness resources, and classes.</p>
<p>Home Health Care</p>	<p>\$0 copay</p> <p><i>Prior authorization is required.</i></p>
<p>Meal Benefit, post-discharge</p>	<p>\$0 copay</p> <p>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.</p> <p><i>A referral is required.</i></p>



Additional Covered Benefits continued...

<p>Medical Equipment/Supplies</p>	<p>0-20% coinsurance*</p> <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs and oxygen). • Prosthetics (e.g., braces, artificial limbs, and breast prostheses). <p><i>Prior Authorization is required for:</i></p> <ul style="list-style-type: none"> • Medicare-covered DME items over \$750 for purchase. • Rental and rent-to-purchase items. • The purchase of all wheelchairs (motorized and manual) and all wheelchair accessories (components) regardless of cost per item • Enteral Nutritional Supplements • Non-Preferred Diabetic Supplies and Continuous Glucose Monitors (20% coinsurance will apply)
<p>Opioid Treatment Program Services</p>	<p>0-20% coinsurance</p> <ul style="list-style-type: none"> • Substance use counseling. • Individual and group therapy. • Toxicology testing.
<p>Outpatient Rehabilitation</p>	<p>0-20% coinsurance</p> <ul style="list-style-type: none"> • Cardiac (heart) rehabilitation services. • Occupational therapy visit. • Physical therapy and speech and language therapy visit. <p><i>Prior authorization is required.</i></p>



Additional Covered Benefits continued...

<p>Over-the-counter Items (OTC)</p>	<p>\$0 cost</p> <p>\$45 per month to spend on eligible OTC items such as vitamins, pain relievers, cold remedies, and more. Funds are loaded to a plan-issued debit card each month.</p> <ul style="list-style-type: none"> • You can shop through the OTC catalog or at participating retail stores • No limit on the number of items or orders • Unused amounts expire at the end of each month or upon disenrollment from the plan
<p>Podiatry Services</p>	<p>\$0 copay</p> <p>Nine routine foot care visits every year.</p>
<p>Worldwide Emergency/ Urgent Coverage</p>	<p>\$0 copay</p> <p>\$50,000 combined annual maximum plan benefit amount for worldwide emergency coverage, worldwide urgent coverage, and worldwide emergency transportation services.</p>

The DMAP pays for the following services for categorically eligible Medicaid members. Some of these services have limitations.

Benefits
Inpatient hospital services
Outpatient hospital and clinic services
Federal health center services, including community, urban, and migrant health centers
Laboratory and X-ray services
Home Health services
Long term care facility services
Periodic preventive health screens and other necessary diagnostic and treatment services for children under age twenty-one (Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program).
Family planning services (including voluntary sterilization if consent form is signed after patient turns age twenty-one).
Physician, nurse-midwife, and certified nurse practitioner services.
Pharmaceutical services
Podiatry services
Optometry/optician services
Transportation services
Private duty nursing
Hospice services
Extended services for pregnant women to assure that they receive the necessary medical and social support that will positively impact on the outcome of their pregnancies.

Benefits
Community support services for aged, disabled, intellectual developmental disabled and HIV/AIDS individuals focused on providing alternatives to institutionalization.
Durable medical equipment and supplies
Rehabilitation Agency services Ambulatory Surgical Center services
Dialysis Center services Prescribed Pediatric Extended Care services
Preventive Services
The DMAP will cover U.S. Preventive Services Task Force (USPSTF) recommendations for preventive services that have been assigned a grade of A or B
Telemedicine Services
Tobacco cessation- counseling and pharmacotherapy
Chiropractic services
Lactation Counseling Services
Gender Dysphoria Disorder, refer to Practitioner Provider Policy Manual
Nutrition assessment, counseling, education and intensive behavioral therapy for obesity treatment
Intensive behavioral therapy recommendations for adult members with a qualifying diagnosis and a BMI greater than (>) 30, no less than 12 visits
Intensive behavioral therapy recommendations for adults with one or more risk factors for cardiovascular disease and a BMI of greater than (>) 25, no less than 6 contact hours.

For more information, please contact AmeriHealth Caritas VIP Care Choice:

- **Not a member yet?**
Contact us at 1-800-447-2739 (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.
- **Already a member?**
Contact us at 1-833-467-3302 (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.
- Visit our website at www.amerihealthcaritasvipcare.com/de.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048), 24 hours a day, seven days a week.

This information is not a complete description of benefits. Call 1-833-467-3302 (TTY 711) at the hours listed above for more information.

AmeriHealth Caritas VIP Care Choice is an HMO-DSNP plan with a Medicare contract and a contract with the Delaware Medicaid program. Enrollment in AmeriHealth Caritas VIP Care Choice depends on contract renewal.

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-833-467-3302 (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.

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