

2026



**Caring for Delaware,
one resident at a time**


AmeriHealth Caritas
VIP Care®

About AmeriHealth Caritas VIP Care (HMO-SNP)

Headquartered in Pennsylvania, AmeriHealth Caritas VIP Care 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 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 (HMO-SNP) is a Medicare Advantage special needs plan for individuals enrolled in Medicare and Medicaid programs (dual-eligible individuals) in Delaware.



Service areas

AmeriHealth Caritas VIP Care 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) and specialist visits
- **\$0** monthly premium
- An extensive network of providers
- Drug prescriptions:
 - Deductible: \$0 or \$615*
 - Tiers 1, 2, 3, and 5: \$0 – \$12.65** or 25%**
 - Tier 4: \$0 – \$12.65** or 26%**
 - 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)

- \$85 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.
- **Special Supplemental Benefits for the Chronically Ill (SSBCI):** Members who qualify for SSBCI will receive a \$104 monthly credit on a plan-issued debit card to help with everyday living expenses. This credit can be used for:
 - Healthy foods
 - General supports for living (e.g., rent, mortgage, utilities)
 - Pest control services

- In order to qualify for SSBCI, members must have at least one qualifying chronic medical condition, the condition must be life-threatening or greatly limit overall health or function, and the member must satisfy objective plan criteria. For more information or to check eligibility, contact the plan.

Hearing

- \$0 copay for up to one supplemental routine hearing exam every year
- Up to a \$1,600 allowance toward the cost of non-implantable advanced 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 \$430 allowance, per year, for eyewear

Telemedicine

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

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 \$3,600 allowance each year for comprehensive dental services, including, but not limited to, fillings, extractions, oral surgery, dentures, periodontics, and endodontics. Limitations apply.

Podiatry

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

Education and wellness programs

- Fitness benefit through SilverSneakers
- Smoking and tobacco use cessation
- 24/7 Nurse Call Line

Transportation

- 28 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.

Routine chiropractic

- 12 visits per year

Acupuncture

- Six visits per year

Personal emergency response system (PERS)

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. One device per year.



Resources

Centers for Medicare & Medicaid Services (CMS)

www.cms.gov

Member Services

1-833-433-3767 (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

1-800-803-8931 (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



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), chronic lung disorders (limited to chronic obstructive pulmonary disorder), congestive heart failure, connective tissue disease, dementia, diabetes mellitus, overweight, obesity, metabolic syndrome, and stroke. In addition, the condition must be life threatening or greatly limit the 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, call us at **1-800-803-8931 (TTY 711)**.



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AmeriHealth Caritas VIP Care is an HMO-SNP plan with a Medicare contract and a contract with the Delaware Medicaid program. Enrollment in AmeriHealth Caritas VIP Care 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.