AmeriHealth Caritas VIP Care (HMO D-SNP) offered by AmeriHealth Caritas VIP Next, Inc.

Annual Notice of Change for 2027

You're enrolled as a member of AmeriHealth Caritas VIP Care (HMO D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in AmeriHealth Caritas VIP Care.
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage.* Get a copy at www.amerihealthcaritasvipcare.com/de/care or call Member Services at 1-833-433-3767 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-433-3767 (TTY 711) del 1.º de octubre al 31 de marzo: de 8 a. m. a 8 p. m., los siete días de la semana, y del 1.º de abril al 30 de septiembre: de 8 a. m. a 8 p. m., de lunes a viernes. La llamada es gratuita.
- Call Member Services at 1-833-433-3767 (TTY users call 711) for more information. Hours are October 1 – March 31: 8 a.m. - 8 p.m., seven days a week April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. This call is free.
- Please contact Member Services if you require this document in an alternative format such as large font, Braille, or audio.

About AmeriHealth Caritas VIP Care

- AmeriHealth Caritas VIP Care is an HMO D-SNP plan with a Medicare contract and a contract with the Delaware Medicaid program. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal. Our plan also has a written agreement with the Delaware Medicaid program to coordinate your Medicaid benefits.

OMB Approval 0938-1051 (Expires: July 31, 2029)

- When this material says “we,” “us,” or “our,” it means AmeriHealth Caritas VIP Next, Inc. When it says “plan” or “our plan,” it means AmeriHealth Caritas VIP Care.
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in AmeriHealth Caritas VIP Care.** Starting January 1, 2027, you’ll get your medical and drug coverage through AmeriHealth Caritas VIP Care. Go to Section 2 for more information about how to change plans and deadlines for making a change.

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Table of Contents

Summary of Important Costs for 2027 4

SECTION 1 Changes to Benefits & Costs for Next Year 7
Section 1.1 Changes to the Monthly Plan Premium 7
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount 7
Section 1.3 Changes to the Provider Network 8
Section 1.4 Changes to the Pharmacy Network 8
Section 1.5 Changes to Benefits & Costs for Medical Services 9
Section 1.6 Changes to Part D Drug Coverage 15
Section 1.7 Changes to Prescription Drug Benefits & Costs 16

SECTION 2 How to Change Plans 20
Section 2.1 Deadlines for Changing Plans 20
Section 2.2 Are there other times of the year to make a change? 20

SECTION 3 Get Help Paying for Prescription Drugs 21

SECTION 4 Questions? 22
Get Help from AmeriHealth Caritas VIP Care 22
Get Free Counseling about Medicare 23
Get Help from Medicare 23
Get Help from Medicaid 24

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$9,250 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	**$9,850 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.**
Primary care office visits	$0 per visit	**$0 per visit**
Specialist office visits	$0 per visit	**$0 per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	$0 copay per admission	**$0 copay per admission**

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $615 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1 - Preferred Generic: You pay 25% of the total cost. Drug Tier 2 - Generic: You pay 25% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 3 - Preferred Brand: You pay 25% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 4 - Non-Preferred Drug: You pay 26% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier.	**Part D drug coverage deductible** **$700** **except for Tier 1 drugs, covered insulin products and most adult Part D vaccines** **Copayment/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1 - Preferred Generic: You pay $0 of the total cost.** **Drug Tier 2 - Generic: You pay 25% of the total cost.** **Drug Tier 3 - Preferred Brand: You pay 25% of the total cost.** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4 - Non-Preferred Drug: You pay 26% of the total cost.** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5 - Specialty: You pay 25% of the total cost.** **You pay no more than $35 per month supply of each**

	2026 (this year)	2027 (next year)
	Drug Tier 5 - Specialty: You pay 25% of the total cost. Drug Tier 6 - Select Care Drugs: You pay $0 of the total cost. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**covered insulin product on this tier.** **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	$0	**$0**

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum	$9,250	**$9,850** **Once you've paid $9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.**

	2026 (this year)	2027 (next year)
out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* www.amerihealthcaritasvipcare.com/de/care to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.amerihealthcaritasvipcare.com/de/care.
- Call Member Services at 1-833-433-3767 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-833-433-3767 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* www.amerihealthcaritasvipcare.com/de/care to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.amerihealthcaritasvipcare.com/de/care.
- Call Member Services at 1-833-433-3767 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-833-433-3767 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2026 (this year)	2027 (next year)
Dental Service	$3,600 allowance every year. Maxillofacial prosthetics covered. Removable prostheses services not covered. Anesthesia not covered. Nitrous oxide not covered.	**$2,500 allowance every year.** **Maxillofacial prosthetics not covered.** **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.** **Anesthesia covered under the following conditions:** • **Extractions of wisdom teeth** • **2 or more surgical extractions in 2 or more quadrants**

	2026 (this year)	2027 (next year)
		• **4 or more surgical extractions in 1 quadrant** • **Documentation of situational anxiety** • **Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy, or other condition that would render patient noncompliant).** **You may use nitrous oxide for certain covered dental services, including fillings, crowns, root canals, and extractions (not including Wisdom Teeth), and more.**
Durable Medical Equipment (DME)	Prior Authorization is required for: • 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)	**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**

	2026 (this year)	2027 (next year)
	regardless of cost per item • Enteral Nutritional Supplements	**(components) regardless of cost per item.** • **Enteral Nutritional Supplements.**
Eyewear Services	$430 allowance every year.	**$325 allowance every year.**
Fitting Evaluation for Hearing Aid	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 the member is enrolled in the plan.	**Each NationsHearing hearing aid purchase includes three [3] follow-up visits for fitting and adjustments. The three [3] visits are available to be used within one-year following the initial fitting date of a NationsHearing hearing aid purchase while the member is enrolled in the plan.**
Hearing Aids	There is $1,600 allowance every three years. The allowance covers the cost of two [2] non-implantable TruHearing branded Standard hearing aid[s] every three [3] years (limit 1 hearing aid per ear). After plan-paid benefit, you are responsible for the remaining costs.* You must see a TruHearing	**$0 copay** **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%**

	2026 (this year)	2027 (next year)
	provider to use this benefit. Hearing aid purchase includes: • First year of follow-up provider visits • 60-day trial period • 3-year extended warranty • 80 batteries per aid for non-rechargeable models Benefit does not include or cover any of the following: • Over the counter (OTC) hearing aids • Ear molds • Hearing aid accessories • Additional provider visits • Additional batteries, batteries when a rechargeable hearing aid is purchased • Hearing aids that are not TruHearing-branded Standard Aids • Costs associated with loss & damage warranty claims Costs associated with excluded items are the responsibility of the member and not covered by the plan. * Remaining costs refers to	**money-back guarantee (no restocking fees)** • **1 Hearing aid fitting per hearing aid** • **3 follow-up appointments within one year of the fitting date** • **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**

	2026 (this year)	2027 (next year)
	any amount in excess of your allowance	
Home and Bathroom Safety Devices and Modifications	Benefit not offered	**Members may use the combined flexible spending debit card allowance of $152/month towards eligible home and bathroom safety devices such as grab bars or doorknobs, non-slip floor coverings, safety chairs, bathroom modification aids. Members can shop through the OTC catalog or at participating retail stores. Unused amounts expire at the end of each month or upon disenrollment from the plan.**
Medicare Part B Rx Drugs and Home Infusion Drugs	Step therapy not required.	**Part B step therapy may be required.**
Over the counter (OTC) Items	$85 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. • Members can shop through the OTC catalog or at	**Members may use the combined flexible spending debit card allowance of $152/month towards eligible OTC items.** **OTC items include vitamins, pain relievers, cold remedies, and more. Funds are loaded to a plan-**

	2026 (this year)	2027 (next year)
	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	**issued debit card each month.** • **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 month or upon disenrollment from the plan.**
Podiatry Services-Routine Foot Care Non-Medicare	6 visits every year.	**4 visits every year.**
Skilled Nursing Facility (SNF) Medicare-covered stay	**In-Network:** $0 Copay per day for days 1-20. $218 Copay per day for days 21-100.	**In-Network:** **$0 Copay per day for days 1-20.** **$221 Copay per day for days 21-100.**
Special Supplemental Benefits for the Chronically Ill (SSBCI)	Members who qualify may use the flexible spending debit card allowance of $104/month 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	**Members who qualify may use the combined flexible spending debit card allowance of $152/month to help with everyday living expenses. This credit can be used for:** • **Healthy foods** • **General supports for living (e.g., rent, mortgage, utilities)**

	2026 (this year)	2027 (next year)
		• **Pest Control**
Transportation Services - Plan approved Health-Related Location	28 trips every year to plan-approved locations (e.g. doctor's office, pharmacy, and hospital).	**20 trips every year to plan-approved locations (e.g. doctor's office, pharmacy, and hospital).**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically and posted online at www.amerihealthcaritasvipcare.com/de/care.

You can get the complete Drug list by calling Member Services at 1-833-433-3767 (TTY users call 711) or visiting our website at www.amerihealthcaritasvipcare.com/de/care.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-833-433-3767 (TTY users call 711) for more information.

Starting in 2027, we may immediately remove brand name drugs or original biological products on our Drug List, if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: if you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Member Services at 1-833-433-3767 (TTY users call 711) or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by October 1, 2026, call Member Services at 1-833-433-3767 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 2 through Tier 5 drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	**2027 (next year)**
Yearly Deductible	$615 During this stage, you pay $0 cost sharing for drugs on tier 6 and the full cost of drugs on tier 1 through tier 5 until you've reached the yearly deductible.	**$700** **During this stage, you pay $0 cost sharing for drugs on tier 1 and the full cost of drugs on tier 2 through tier 5 until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

For drugs on tiers 1 your cost sharing in the Initial Coverage Stage is changing from a coinsurance to copayment. Go to the following table for the changes from 2026 to 2027.

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 – Preferred Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 25% of the total cost. One-month (30-day supply) mail order prescription not offered.	**You pay $0 per prescription.** **Your cost for a one-month (30-day supply) mail-order prescription is $0.**
Tier 2 – Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 25% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier. One-month (30-day supply) mail order prescription not offered.	**You pay 25% of the total cost.** **Insulin products not covered on this tier.** **Your cost for a one-month (30-day supply) mail-order prescription is 25% coinsurance.**
Tier 3 – Preferred Brand We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 25% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier. One-month (30-day supply) mail order prescription not offered.	**You pay 25% of the total cost.** **You pay no more than $35 per month supply for each covered insulin product on this tier.** **Your cost for a one-month (30-day supply) mail-order prescription is 25% coinsurance.**

	2026 (this year)	2027 (next year)
Tier 4 – Non-Preferred Drug We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 26% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier. One-month (30-day supply) mail order prescription not offered.	**You pay 26% of the total cost.** **You pay no more than $35 per month supply for each covered insulin product on this tier.** **Your cost for a one-month (30-day supply) mail-order prescription is 26% coinsurance.**
Tier 5 – Specialty Tier We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 25% of the total cost. Insulin products not covered on this tier. One-month (30-day supply) mail order prescription not offered.	**You pay 25% of the total cost.** **You pay no more than $35 per month supply for each covered insulin product on this tier.** **Your cost for a one-month (30-day supply) mail-order prescription is 25% coinsurance.**
Tier 6 – Select Care Drugs	You pay $0 per prescription. Insulin products not covered on this tier. One-month (30-day supply) mail order prescription not offered.	**Tier 6 is not offered**

SECTION 2 How to Change Plans

To stay in AmeriHealth Caritas VIP Care, you don't need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our AmeriHealth Caritas VIP Care.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from AmeriHealth Caritas VIP Care. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from AmeriHealth Caritas VIP Care.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll: or visit our website to disenroll online at www.amerihealthcaritasvipcare.com/de/care. Call Member Services at 1-833-433-3767 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 6), or call 1-800-MEDICARE (1-800-633-4227).

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

  - Original Medicare *with* a separate Medicare prescription drug plan,
  - Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
  - If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
  - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP)**. Delaware has a program called Delaware Prescription Assistance Program (DPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP) by calling 1-800-336-9500 or 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the AIDS Drug Assistance Program (ADAP) at 1-302-744-1050. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the AIDS Drug Assistance Program (ADAP) at 1-302-744-1050. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-833-433-3767 (TTY users call 711) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from AmeriHealth Caritas VIP Care

- **Call Member Services at 1-833-433-3767 (TTY users call 711.)**

  We're available for phone calls October 1 – March 31: 8 a.m. - 8 p.m., seven days a week April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for AmeriHealth Caritas VIP Care. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.amerihealthcaritasvipcare.com/de/care or call Member Services at 1-833-433-3767 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.amerihealthcaritasvipcare.com/de/care**

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Delaware, the SHIP is called Delaware Medicare Assistance Bureau.

Call Delaware Medicare Assistance Bureau to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call Delaware Medicare Assistance Bureau at 1-800-336-9500. Learn more about Delaware Medicare Assistance Bureau by visiting https://insurance.delaware.gov/divisions/dmab/

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2027**

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call Delaware Division of Medicaid & Medical Assistance (DMMA) at 1-302-255-9500 or 1-800-372-2022. TTY users 711 for help with Medicaid enrollment or benefit questions.

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