2027



Enrollment Made Easy

Welcome to AmeriHealth Caritas VIP Care (HMO D-SNP)

Michigan

Oakland

Better care, better coverage –
because you deserve to live like a VIP.

www.amerihealthcaritasvipcare.com/mi

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AmeriHealth Caritas®
VIP Care®

MED-MLT_266297800
129422 (7/26)

2027



Get More From Your Medicare and Medicaid Benefits

AmeriHealth Caritas VIP Care (HMO D-SNP)
Trusted care for dual-eligible members

We offer great medical and prescription drug coverage for people who have both Medicare and Medicaid and live in the following county in Michigan: Oakland.

We are available to answer your questions and provide the information you need. For enrollment assistance, or to schedule an in-person appointment, please call: **1-800-683-6116 (TTY 711)** October 1 to March 31: Seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.

www.amerihealthcaritasvipcare.com/mi

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AmeriHealth Caritas® VIP Care®

Choosing the right Medicare plan for your needs is an important decision. Let us walk you through some important information you need to know.

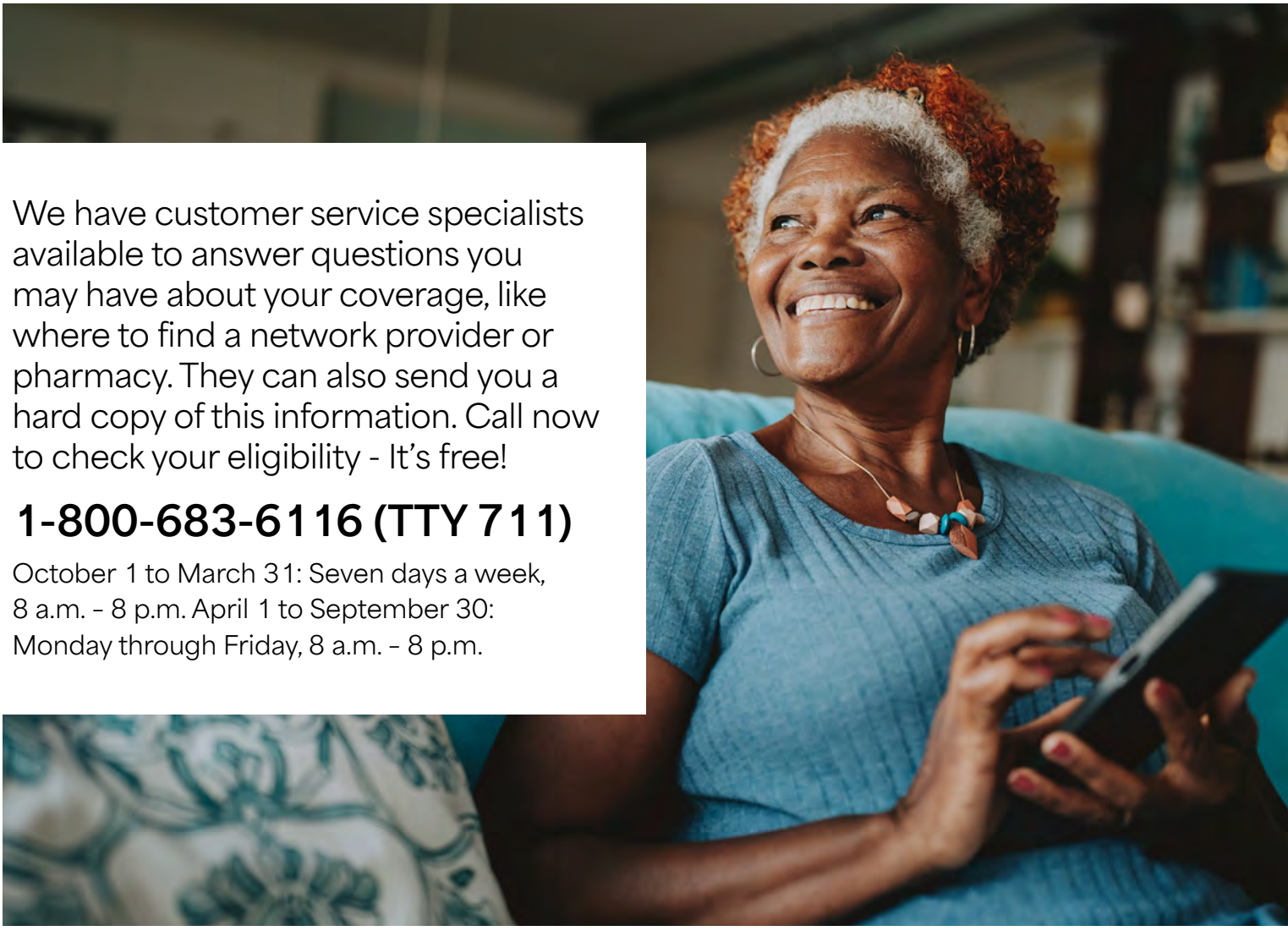
What does it mean to be dual-eligible?

You have both Medicare and Medicaid. That may help you save money and get more benefits.

What is a dual-eligible special needs plan (D-SNP)?

- These are health plans for people who are eligible for both Medicare and Medicaid.
- Your health care and support are combined in one plan
- You get extra benefits that you don't get with original Medicare, such as dental, vision, and hearing care, and you get to keep all of the same Medicaid benefits that you get now.

Get the care, benefits, and support you need in one health plan.



We have customer service specialists available to answer questions you may have about your coverage, like where to find a network provider or pharmacy. They can also send you a hard copy of this information. Call now to check your eligibility - It's free!

1-800-683-6116 (TTY 711)

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

The following pages will guide you through all you need to know to make an informed decision about your Medicare coverage.



Explain the benefits included with AmeriHealth Caritas VIP Care:

Summary of benefits

Extra benefits

AmeriHealth Caritas VIP Care is an HMO D-SNP Plan with a Medicare contract and a contract with the Michigan Medicaid program. Enrollment in AmeriHealth Caritas VIP Care 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 complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

www.amerihealthcaritasvipcare.com/mi

All images are used under license for illustrative purposes only.
Any individual depicted is a model.

We have enrollment specialists standing by to answer any questions you may have.

Call Now to Check Your Eligibility - It's Free!

1-800-683-6116 (TTY 711)

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

AmeriHealth Caritas®
VIP Care®

129609 (7/2)

2027 Summary of Benefits

Medicare Advantage Plan with Part D Prescription Drug Coverage

Look inside to learn more about this plan:

AmeriHealth Caritas VIP Care (HMO D-SNP)

January 1, 2027 – December 31, 2027

H6341_002_130138_M_Approved_09182026

1 SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

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/mi.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **AmeriHealth Caritas VIP Care (HMO D-SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **AmeriHealth Caritas VIP Care (HMO D-SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.
- 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), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **AmeriHealth Caritas VIP Care (HMO D-SNP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

Things to Know About AmeriHealth Caritas VIP Care (HMO D-SNP)

Hours of Operation & Contact Information

- Call 1-844-462-6402 (TTY: 711). We are available 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.
- **Not a member?** Call us at 1-800-683-6116, (TTY: 711), 8 a.m. – 8 p.m., Eastern Standard Time, 7 days a week (October 1 – March 31) and 8 a.m. – 8 p.m., Eastern Standard Time, Monday – Friday (April 1 – September 30). The call is free.
- Our website: www.amerihealthcaritasvipcare.com/mi.

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

To join **AmeriHealth Caritas VIP Care (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and be enrolled in the Michigan Medical Assistance Program (Medicaid). You must qualify for Medical Assistance in one of the following categories of aid:

- Qualified Medicare Beneficiary Plus **(QMB+)**.
- Specified Low-Income Medicare Beneficiary Plus **(SLMB+)**.
- Full Benefit Dual Eligible **(FBDE)**.

You must live in our service area. **Our service area includes this county in Michigan: Oakland.**

For prospective enrollees, if you have questions about your eligibility, call **1-800-683-6116, (TTY 711)**.

Which doctors, hospitals, and pharmacies can I use?

- AmeriHealth Caritas VIP Care (HMO D-SNP) 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 (HMO D-SNP) 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/mi.
- 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/mi.
    - 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 five tiers. The cost of your drugs will depend on the level of "Extra Help" you receive and what tier they are in.

If you have any questions about this plan's benefits or costs, please contact AmeriHealth Caritas VIP Care (HMO D-SNP)

2 SECTION II - SUMMARY OF BENEFITS

AmeriHealth Caritas VIP Care (HMO D-SNP)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Premiums and Benefits	AmeriHealth Caritas VIP Care (HMO D-SNP)
Monthly Plan Premium	You do not pay a separate monthly plan premium for AmeriHealth Caritas VIP Care (HMO D-SNP). You must continue to pay your Medicare Part B premium.
Deductible	Prescription Drug Deductible: $550. Your plan does not have a medical deductible.
Maximum Out-of-Pocket Responsibility	In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility. Your yearly limit(s) in this plan: • **$9,850** for Medicare-covered services you receive from in-network providers. 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.

COVERED MEDICAL AND HOSPITAL BENEFITS

Benefits/Services	AmeriHealth Caritas VIP Care (HMO D-SNP)
Inpatient Hospital Coverage	$0 copay per stay *Prior authorization is required.*
Outpatient Hospital Coverage	Outpatient hospital: $0 copay Outpatient Surgery: $0 copay *Not all outpatient preventive or diagnostic services will require prior authorization.*
Ambulatory Surgical Center (ASC) Services	Ambulatory Surgical Center: $0 copay *Prior authorization may be required.*
Doctor Visits (Primary Care Providers and Specialists)	Primary care provider (PCP) visit: $0 copay Annual Wellness visit: $0 copay Specialist visit: $0 copay
Preventive Care *(e.g., flu vaccine, diabetic screenings)*	$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	$0 copay Worldwide Emergency Coverage: $0 copay Annual maximum coverage amount of $50,000 applies for emergency services and urgent care visits outside the United States. This does not include planned procedures. Cost-sharing for necessary emergency services furnished out of network is the same as that for such services furnished in-network.
Urgently Needed Services	$0 copay Worldwide Urgent Coverage: $0 copay Annual maximum coverage amount of $50,000 applies for emergency services and urgent care visits outside the United States. This does not include planned procedures. This includes services needed to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.

Benefits/Services	AmeriHealth Caritas VIP Care (HMO D-SNP)
Urgently Needed Services (continued)	Cost-sharing for necessary urgently needed services furnished out of network is the same as that for such services furnished in-network.
Diagnostic Services / Labs/Imaging (including diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)	Covered services include, but are not limited to: Diagnostic tests and procedures: $0 copay Lab services: $0 copay Diagnostic Radiology Services (such as MRI, CAT Scan): $0 copay Outpatient X-rays: $0 copay Therapeutic radiology services (such as radiation treatment for cancer): $0 copay *Not all outpatient diagnostic procedures, tests, and lab services will require prior authorization. The majority of lab services do not require prior authorization. Some specialized lab services (for example, genetic testing lab services) may require prior authorization. Have your provider call the Plan to confirm if prior authorization is required.*
Hearing Services	Exam to diagnose and treat hearing and balance issues: $0 copay Routine hearing exam (up to 1 visit(s) every year): $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% 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
Dental Services	Preventive dental services: • Oral exam (up to 1 visit(s) every six months): $0 copay. • Cleaning (up to 1 visit(s) every six months): $0 copay.

Benefits/Services	AmeriHealth Caritas VIP Care (HMO D-SNP)
Dental Services (continued)	• Fluoride treatment (up to 1 visit(s) every six months): $0 copay. • Dental X-rays (1 full mouth radiograph and 1 panoramic radiograph every 5 years and up to 6 bitewing or periapical radiographs every year.): $0 copay. Comprehensive dental services: • 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. $2,500 plan coverage limit for comprehensive dental benefits every year. You may use nitrous oxide for certain covered dental services, including fillings, crowns, root canals, and extractions (not including Wisdom Teeth), and more. 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. *Prior authorization required for comprehensive dental services. Additional service limits may also apply. You are responsible for amounts beyond the benefit limit.*
Vision Services	Routine eye exam (up to 1 visit(s) every year): $0 copay. Eyewear after cataract surgery: $0 copay Contact lenses OR Eyeglasses: Our plan pays up to $300 every year for eyewear. *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 from an out-of-network provider. You also have to pay for costs over your benefit limit.*
Mental Health Services	$0 copay • Inpatient visit. • Outpatient group therapy visit. • Outpatient individual therapy visit.

Benefits/Services	AmeriHealth Caritas VIP Care (HMO D-SNP)
Mental Health Services (continued)	*Prior authorization is required for inpatient services.*
Skilled Nursing Facility (SNF)	$0 copay per stay *Prior authorization is required.*
Physical Therapy	Physical therapy, occupational therapy, and speech and language therapy visit: $0 copay *Prior authorization is required.*
Ambulance	Ground Ambulance: $0 copay Air Ambulance: $0 copay *Prior authorization may be required.*
Transportation	$0 copay. 48 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.) *Rides must be scheduled at least one business day in advance except in special circumstances. Limit of 50 miles per one-way trip.*
Medicare Part B Drugs	20% coinsurance will be applied to non-preferred chemotherapy and non-preferred other Part B drugs. 0% coinsurance for preferred Part B drugs. 20% coinsurance or $35, whichever is less for Part B insulin drugs. *Prior authorization may be required.*

<table>
<tr><th colspan="2">PRESCRIPTION DRUG BENEFITS</th></tr>
<tr><td>Yearly Deductible stage</td><td>Prescription Drug Deductible: $550 for tiers 3, 4 and 5. If you receive "Extra Help" from Medicare, your deductible is $0. If your category of Medicaid eligibility or level of Extra Help changes, your cost share may increase or decrease. Please refer to the Evidence of Coverage for additional benefit details.</td></tr>
<tr><td>Initial Coverage stage</td><td>You stay in the Initial Coverage Stage until your total out-of-pocket costs reach $2,400. You then move on to the Catastrophic Coverage Stage.
<table>
<tr><th colspan="4">Standard Retail Cost-Sharing</th></tr>
<tr><th>Tier</th><th>One-month supply</th><th>Two-month supply</th><th>Three-month supply</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>$0 copay</td><td>$0 copay</td><td>$0 copay</td></tr>
<tr><td>Tier 2 (Generic)</td><td>$7 copay</td><td>$14 copay</td><td>$21 copay</td></tr>
<tr><td>Tier 3 (Preferred Brand)</td><td>25% coinsurance</td><td>25% coinsurance</td><td>25% coinsurance</td></tr>
<tr><td>Tier 4 (Non-Preferred Drug)</td><td>25% coinsurance</td><td>25% coinsurance</td><td>25% coinsurance</td></tr>
<tr><td>Tier 5 (Specialty Tier)</td><td>27% coinsurance</td><td>N/A</td><td>N/A</td></tr>
</table>
<table>
<tr><th colspan="4">Standard Mail Order</th></tr>
<tr><th>Tier</th><th>One-month supply</th><th>Two-month supply</th><th>Three-month supply</th></tr>
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PRESCRIPTION DRUG BENEFITS				
	Tier 3 (Preferred Brand)	25% coinsurance	25% coinsurance	25% coinsurance
	Tier 4 (Non-Preferred Drug)	25% coinsurance	25% coinsurance	25% coinsurance
	Tier 5 (Specialty Tier)	27% coinsurance	N/A	N/A
	Please call us or see the plan's **"Evidence of Coverage"** on our website www.amerihealthcaritasvipcare.com/mi for complete information about your costs for covered drugs.			
Catastrophic Coverage stage	$0 copay			

Additional Benefits/Services	AmeriHealth Caritas VIP Care (HMO D-SNP)
Additional Smoking and Tobacco Use Cessation	$0 copay per visit Four additional face-to-face primary care provider visits for smoking/tobacco cessation annually. This is in addition to Medicare's eight covered visits, for a total of 12 visits in a 12-month period.
Chiropractic Care	$0 copay per visit Up to 12 routine Chiropractic Care (Non-Medicare) visits per year.
Fitness Benefit	$0 copay per visit SilverSneakers® is a free fitness benefit which includes access to participating SilverSneakers® fitness facilities, online wellness resources, and classes.
Home Health Care	$0 copay Covered services include, but are not limited to: • Home Health Services *Prior authorization is required.*
Meal Benefit, post-discharge	$0 copay The post-discharge meal benefit covers 14 meals over the course of one week for qualified homebound members within 30 days of each discharge from an inpatient facility or a skilled nursing facility, up to four times per year. *A referral is required.*
Medical Equipment /Supplies	$0 copay 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 (components) regardless of cost per item.

Medical Equipment/Supplies (continued)	• Enteral Nutritional Supplements. Prosthetics/Medical Supply: Prior authorization is required for rental and purchased Medicare-covered prosthetics and medical supplies. Diabetic Supplies Non-preferred brands and all continuous glucose monitors will require prior authorization and have a 20% coinsurance. Preferred brands have a $0 copay.
Opioid Treatment Program Services	$0 copay • Substance use counseling. • Individual and group therapy.
Outpatient Rehabilitation	$0 copay • Cardiac (heart) rehabilitation services • Pulmonary Rehab • SET *Prior authorization is required.*
Over-the-counter Items (OTC) and Daily Living Supports	Members are provided a combined allowance of $120 each quarter to spend on the following benefits: **Over-the-counter (OTC)** All members may use the combined allowance towards eligible OTC items. OTC items include vitamins, pain relievers, cold remedies, and more. Funds are loaded to a plan-issued debit card each quarter. • 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 quarter or upon disenrollment from the plan. Naloxone is covered as a Part C OTC benefit. The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs. **Home and Bathroom Safety Devices** All members may use the combined allowance 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

Over-the-counter Items (OTC) and Daily Living Supports (continued)	amounts expire at the end of each quarter or upon disenrollment from the plan. **Special Supplemental Benefits for the Chronically Ill (SSBCI)** If you qualify for SSBCI, you may also use the combined allowance towards everyday living expenses. The allowance can be used for: • Healthy foods • General supports for living (e.g., rent, mortgage, utilities) • Pest control Not all members qualify. Only SSBCI eligible members may use their allowance towards rent, utilities, internet, healthy foods, and pest control. 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), Congestive heart failure, Chronic lung disorders (limited to chronic obstructive pulmonary disease), Connective Tissue Disease, Dementia, Diabetes mellitus, Stroke, and/or Overweight, obesity, and metabolic syndrome. In addition: The condition must be life threatening or greatly limit 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, members should contact the plan. Limitations apply. **In addition, you must satisfy at least one of the following:** • Had one or more inpatient admissions (inclusive of behavioral health) related to the chronic condition in the last 12 months. • Had one or more urgent care or emergency room visits related to the chronic condition in the last 12 months. • Had two or more outpatient visits related to the chronic condition (including primary care or specialty care visits) in the last 12 months. • Are a patient who requires home health visits related to the chronic condition. • Are a patient with one or more chronic conditions and a need for one or more pieces of durable medical equipment (DME) in the outpatient setting, limited to: group 3 power/manual wheelchair, noninvasive ventilation (NIV), BiPAP machines, mechanical in-exsufflation devices, or group 2 or group 3 mattresses.

Podiatry Services	$0 copay per visit 3 routine foot care visits every year.
Telemedicine	$0 copay per visit Telemedicine services are available 24 hours a day, 7 days a week via telephone, desktop, or mobile device. Members can immediately have a medical, counseling, or psychiatry consultation with a physician. Members can also schedule a telemedicine appointment for a later time.
24/7 Nurse Call Line	$0 copay The 24/7 Nurse Call Line is a service available to all members 24 hours a day, seven days a week. The service is designed to provide members with a resource to answer health-related questions and to recommend the appropriate level of care.

Medicaid

Covered Services Under State Medicaid	What you pay
Ambulance and other emergency medical transportation	$0
Breast pumps; personal use, double-electric	$0
Outpatient mental health services consistent with Appendix 7	$0
Blood lead testing in accordance with Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) policy	$0
Certified nurse midwife services	$0
Certified pediatric and family nurse practitioner services	$0
Chiropractic services	$0
Diagnostic laboratory, x-ray and other imaging services	$0
Durable medical equipment (DME) and supplies, including those that may be supplied by a pharmacy	$0
Emergency services	$0
End Stage Renal Disease (ESRD) services	$0
Family planning services (e.g., examination, sterilization procedures, limited infertility screening, and diagnosis)	$0
Health education	$0
Hearing and speech services	$0
Hearing aids	$0
Home Health services	$0

Covered Services Under State Medicaid	What you pay
Hospice services (if requested by the Enrollee)	$0
Immunizations	$0
Inpatient and outpatient hospital services	$0
Intermittent or short-term restorative or rehabilitative services, in a nursing facility, up to 45 Days	$0
Maternal and Infant Health Program (MIHP) services	$0
Medically Necessary weight reduction services	$0
Non-emergent medical transportation (NEMT) to medically necessary Covered Services	$0
Out-of-state services authorized by the Contractor	$0
Parenting and birthing classes	$0
Pharmacy services	$0
Podiatry services	$0
Practitioners' services	$0
Preventive services required by the Patient Protection and Affordable Care Act as outlined by MDHHS	$0
Prosthetics and orthotics	$0
Restorative or rehabilitative services in a place of service other than a nursing facility	$0
Sexually transmitted infections (STI) treatment	$0

Covered Services Under State Medicaid	What you pay
Tobacco cessation treatment, including pharmaceutical and behavioral support	$0
Therapies (speech, language, physical, occupational and therapies to support activities of daily living), excluding services provided to persons with development disabilities which are billed through Community Mental Health Services Program (CMHSP) providers or Intermediate School Districts	$0
Transplant services	$0
Vision services	$0
Well-child/EPSDT for persons under age 21	$0
Long-term care acute hospital services (LTACH)	$0
Dental services for all MA Health Plan beneficiaries	$0
Doula services	$0
COVID-19 home test kits	$0

DISCLAIMERS

You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-844-462-6402 (TTY: 711). We are available 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

AmeriHealth Caritas VIP Care is an HMO D-SNP plan with a Medicare Contract and a contract with the Michigan Medicaid Program. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

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

Out-of-network/non-contracted providers are under no obligation to treat AmeriHealth Caritas VIP Care 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.

Health coverage is offered by AmeriHealth Michigan, Inc.

THANK YOU

Connect with us

Contact Information: 1-844-462-6402, TTY: 711, 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Organization Name: AmeriHealth Michigan, Inc.

Organization website: www.amerihealthcaritasvipcare.com/mi

H6341_002_130138_M_Approved_09182026

2027



Extra Benefits

Michigan

Available in the following county:
Oakland

AmeriHealth Caritas®
VIP Care®

H6341_002_129059-2_M _Accepted_10142026

When you enroll in AmeriHealth Caritas VIP Care (HMO D-SNP), you get all of these extra benefits at **no additional cost.**

Many of these benefits are not covered by original Medicare and may not be avialable with other health plans.

Your health and well-being go beyond doctor visits. That's why AmeriHealth Caritas VIP Care offers benefits that can help support your everyday health needs.



Explore the benefits available to you, and if you have questions or would like more information, we're here to help.

Call us at 1-800-683-6116 (TTY 711):

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

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

Dental services

Preventive Dental Care[1] — $0 Copay

You pay nothing for covered preventive services, in

- Oral exams
- Dental cleanings
- Fluoride treatments
- X-rays

Comprehensive Dental Services — You get a $2,500 annual allowance* each calendar year to help pay for covered comprehensive dental services, such as:

- Fillings and other restorative care
- Gum disease treatment (periodontics)
- Tooth extractions
- Prosthodontic services
- Endodontic services
- Oral surgery
- Dentures
- Other non-routine dental services

[1]Up to one visit every six months for oral exams, cleanings, fluoride treatments, and one X-ray every five years (frequency varies by service). Some services may require prior authorization.

*You are responsible for amounts beyond the benefit limits.

Over-the-counter (OTC) benefit

$120 per quarter to spend on eligible OTC health and wellness items, and home safety devices. You can shop 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.

Members who qualify for Special Supplemental Benfefits for the Chronically Ill (SSBCI)[2] can also use this benefit allowance for everyday living expenses, such as:

- **Healthy foods**
- **General supports for living (e.g., rent, mortgage, utilities)**
- **Pest control**

[2]The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify. Only Special Supplemental Benefits for the Chronically Ill (SSBCI) eligible members may use their allowance towards rent, utilities, internet, and healthy foods and pest control.

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), congestive heart failure, chronic lung disorders (limited to chronic obstructive pulmonary disease), connective tissue disease, dementia, diabetes mellitus, stroke, and/or overweight, obesity, and metabolic syndrome.

In addition, member must satisfy at least one of the following: Had one or more inpatient admissions (inclusive of behavioral health) related to the chronic condition in the last 12 months. Had one or more urgent care or emergency room visits related to the chronic condition in the last 12 months. Had two or more outpatient visits related to the chronic condition (including primary care or specialty care visits) in the last 12 months. Are a patient who requires home health visits related to the chronic condition. Are a patient with one or more chronic conditions and a need for one or more pieces of durable medical equipment (DME) in the outpatient setting, limited to: group 3 power/manual wheelchair, noninvasive ventilation (NIV), bipap machines, mechanical in-exsufflation devices, or group 2 or group 3 mattresses.

Transportation services

$0 copay for nonemergency medical transportation trips to plan-approved health-related locations. Benefits include:

- 48 one-way trips to plan-approved health-related locations per 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.



Vision services

$0 copay for one routine vision exam and **$300 for eyeglasses or contact lenses** every year.*

*You are responsible for amounts above the benefit limit.

Hearing services

$0 copay for the following hearing services through our vendor:

- One routine hearing exam per year
- Up to two hearing aids (one per ear), every three years

Included in your Select hearing aids purchase:

- Professional fitting
- Three follow up visits for adjustments and fitting support
- Three year warranty
- Batteries included for non-rechargeable models
- Unlimited support from our vendor

Limitations apply.



Chiropractic services

$0 copay

Up to 12 routine chiropractic (non-Medicare) visits per year.

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™.

SilverSneakers®, SilverSneakers FLEX®, SilverSneakers LIVE™, SilverSneakers On-Demand™, and SilverSneakers GO™ are trademarks of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

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.

24/7 Nurse Call Line

$0 copay when you need to reach a nurse for questions about your health or need health information. A nurse can work with you to:

- Manage a chronic condition.
- Determine if you need to see a doctor.
- Address everyday health questions, including how to manage symptoms at home, and more.

Telehealth benefit

Get care from the comfort of your home — **at no cost to you**.

With telehealth, you can talk to a health care provider 24 hours a day, seven days a week using your:

- Phone
- Tablet
- Computer

Telehealth is a convenient option when:

- Your doctor is not available
- Your doctor does not offer telehealth visits
- You need care for a non-emergency health concern

The telehealth service is only for routine medical care. If you are having an emergency, call **911**.

Caregiver support

$0 copay

This program offers training, education, and resources for our members' caregivers.

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

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

AmeriHealth Caritas VIP Care is an HMO D-SNP Plan with a Medicare contract and a contract with the Michigan Medicaid program. Enrollment in AmeriHealth Caritas VIP care 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 complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

You can get this document for free in other formats, such as large print, Braille, or audio. Call 1-844-462-6402 (TTY 711). 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

www.amerihealthcaritasvipcare.com/mi

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Any individual depicted is a model.

AmeriHealth Caritas® VIP Care®

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2027



Enrollment Made Easy

AmeriHealth Caritas VIP Care (HMO D-SNP)

Oakland County

AmeriHealth Caritas®

VIP Care®

H6341_002_129633_C

Ready **to get started?**

At AmeriHealth Caritas VIP Care (HMO D-SNP), your health comes first. We know that understanding Medicare can be a challenge. So when you're ready to choose a Medicare Advantage special needs plan – for yourself or a loved one – we're here to help.

You may qualify if you:

- Have Medicare
- Have Medicaid
- Live in Oakland County

We offer extra benefits and services to help you get well and stay healthy.

Questions?
Call **1-800-683-6116 (TTY 711)**, October 1 to March 31: seven days a week, 8 a.m. - 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. - 8 p.m.

AmeriHealth Caritas VIP Care understands the needs of people who receive both Medicare and Medicaid benefits, people just like you. We're here to help make enrollment easy.



Learn more about plan benefits

It's easy to enroll in AmeriHealth Caritas VIP Care.

First, check out important information. Then, visit us at **www.amerihealthcaritasvipcare.com/mi** to:

- Search for a doctor in your area using our provider directory.
- Use our pharmacy directory to see what pharmacies are in your area.
- Find out what drugs are covered in our formulary (list of covered drugs).
- If you don't speak English, see our list of multi-language interpreter services.

One call connects you to the care you need - enroll now! 1-800-683-6116 (TTY 711)
October 1 to March 31: seven days a week, 8 a.m. - 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. - 8 p.m.



When to enroll? **Timing is important!**

Things like age, current Medicare coverage, and enrollment periods can impact when you are able to enroll in our Medicare Advantage plan. Let us walk you through each enrollment period, and how it may apply to you.

- The Medicare **Annual Enrollment Period (AEP)**, also known as the Medicare Open Enrollment Period, is a specific time each year when individuals with Medicare can review and make changes to their Medicare coverage for the following year. It runs from October 15 to December 7. Changes made during AEP go into effect on January 1 of the following year.
- The **Initial Enrollment Period (IEP)** for Medicare is a seven-month period during which you can first sign up for Medicare. It begins three months before the month you turn 65, includes your birthday month, and ends three months after the month you turn 65. If you're eligible for Medicare due to a disability, your IEP begins three months before your 25th month of disability payments and ends three months after.
- The Centers for Medicare & Medicaid Services' (CMS) **"lock-in" enrollment period** for Medicare Advantage and Part D plans is generally from April 1 to December 31 of each year. During this period, you cannot change your Medicare plan unless you qualify for a Special Enrollment Period (SEP).

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Some life changes may let you enroll at a different time.

You change where you live:

- You move to a new address outside or within your plan's service area with new options.
- You move back to the U.S. from being abroad.
- You leave or enter a facility (like a nursing home or rehab center).
- You're released from incarceration.

You lose your current coverage:

- You lose employer or union coverage (including COBRA).
- You lose other creditable drug coverage.
- You drop coverage from a Medicare Cost Plan or PACE plan.

Other special situations:

- You have Medicare and Medicaid or get Extra Help paying for Medicare drug coverage.
- You have Medicare and get full Medicaid benefits.
- You found out that you won't be eligible for Extra Help next year.
- You can't get premium-free Part A (hospital insurance) coverage, and you signed up for Medicare Part B (medical insurance) during AEP (January 1 – March 31).
- You qualify for Extra Help paying for Medicare prescription drug coverage.
- You are enrolled in a State Pharmaceutical Assistance Program (SPAP).
- You are enrolled in a SPAP and lost SPAP eligibility.
- You dropped a Medigap policy the first time you joined a Medicare Advantage plan and are still in a "trial period" and eligible for the guaranteed issue of a Medigap policy.
- You have a severe or disabling condition, and there's a Medicare Chronic Care Special Needs Plan (SNP) available that serves people with your qualifying condition.
- You joined a plan, or chose not to join a plan, due to an error by a federal employee.
- You weren't properly told that your other private drug coverage wasn't as good as Medicare drug coverage (creditable coverage).
- You weren't properly told that you were losing private drug coverage that was as good as Medicare drug coverage (creditable coverage).

Other exceptional circumstances. Want to learn more?

Call **1-800-683-6116 (TTY 711)**

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

Or visit
www.amerihealthcaritasvipcare.com/mi



One call connects you to the care you need - enroll now! 1-800-683-6116 (TTY 711)
October 1 to March 31: seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.



How to enroll in AmeriHealth Caritas VIP Care in the way that is **best for you**

Pick the way you prefer

- **By phone** - Call and enroll over the phone with one of our representatives at our toll-free number: **1-800-683-6116 (TTY 711)** October 1 to March 31: seven days a week, 8 a.m. - 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. - 8 p.m..

- **Home visit** - Call and schedule an appointment for a home visit with one of our representatives at our toll-free number: **1-800-683-6116 (TTY 711)** October 1 to March 31: Seven days a week, 8 a.m. - 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. - 8 p.m.

- **Online** - Complete the online enrollment form located on our website at **www.amerihealthcaritasvipcare.com/mi**

One call connects you to the care you need - enroll now! 1-800-683-6116 (TTY 711)
October 1 to March 31: seven days a week, 8 a.m. - 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. - 8 p.m.

Listed below are some things that you can expect **after you have enrolled in AmeriHealth Caritas VIP Care**

Before your coverage starts

Verification and approval letters – The acknowledgment letter confirms that you want to enroll in our plan. The confirmation letter lets you know that your enrollment was approved by Medicare.

Welcome kit – After your enrollment has been confirmed, we will send you a welcome kit. The kit has helpful information on how to get the most from your health plan. It includes a Health Risk Assessment (HRA) for you to complete. We use this information to help you get the care you need. You will also find helpful information about your plan's Extra Benefits, such as over-the-counter medications, dental, vision, and hearing benefits.

Member ID card – Your member ID card will arrive in a separate mailing. Put it in your wallet or other safe place so you have your ID card with you when you go to a provider, hospital, or pharmacy.

After your coverage starts

Welcome call – AmeriHealth Caritas VIP Care will reach out to make sure you have everything you need. We will answer any questions you may have about your new benefits.

Set up your online account – This is a great way to access information about your benefits and claims.

Schedule your annual wellness visit with your PCP. Be sure to make your appointment in advance to avoid long waits, and don't forget your new member ID card.

Sign up for mail order services – We offer a mail-order pharmacy service that lets you get your prescription medicines delivered to your home. Call us to learn more: **1-800-683-6116 (TTY 711)** October 1 to March 31: seven days a week, 8 a.m. - 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. - 8 p.m.

One call connects you to the care you need - enroll now! 1-800-683-6116 (TTY 711)
October 1 to March 31: seven days a week, 8 a.m. - 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. - 8 p.m.

AmeriHealth Caritas VIP Care is an HMO D-SNP Plan with a Medicare contract and a contract with the Michigan Medicaid program. Enrollment in AmeriHealth Caritas VIP care 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 complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

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www.amerihealthcaritasvipcare.com/mi

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Pre-Enrollment Checklist

AmeriHealth Caritas VIP Care®

Before making an enrollment decision, you should fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-683-6116** (**TTY 711**), October 1 to March 31: Seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m..

Understanding the benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **www.amerihealthcaritasvipcare.com/mi** or call **1-800-683-6116** (**TTY 711**), October 1 to March 31: Seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m., to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2028.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and Medical Assistance from a state plan under Medicaid and at one of the following categories of aid:
  - ✓ Qualified Medicare Beneficiary Plus (QMB+).
  - ✓ Specified Low-Income Medicare Beneficiary Plus (SLMB+).
  - ✓ Full Benefit Dual Eligible (FBDE).
- ☐ If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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Important Plan Documents

Evidence of Coverage (EOC)

This document provides you with the full details on your plan, including what it covers, how it works, plan costs, your Rights and Responsibilities as a member, advance directives, family planning services, how to get provider second opinions, out-of-network benefit explanations, transition of care support, details on access to new medical technology, grievance and appeals information, what happens when you disenroll or leave our plan, and answers to many other questions you may have. If you don't want to read the entire Evidence of Coverage, you can find a lot of the information you need in the Summary of Benefits.

Summary of Benefits

The Summary of Benefits highlights your health plan benefits. It is a quick reference used to find covered benefits and services, copays, and other out-of-pocket costs.

Formulary

This is a list of medicines (drugs) that a plan covers. It is also called the drug list. Use this document to see if your medicines are covered, which drug tier they are in, and what your copay or coinsurance will be. The formulary is available online and is updated throughout the year.

Provider Directory

This document helps AmeriHealth Caritas VIP Care (HMO D-SNP)members find health care providers, hospitals, or other health care facilities in our network. Use this document to find out more about choosing a provider and what to do in a medical emergency. You can also use the Self Service Tools to find a provider near you.

Pharmacy Directory

This makes it easy for you to find a pharmacy in our network. Even when you travel out of state, you can find a pharmacy in our nationwide network by using the pharmacy directory. We work with our network pharmacies to provide prescription drugs to plan members. You can also use the Self Service Tools to find a pharmacy near you.

Health Risk Assessment (HRA)

There is nothing more personal than your health. We will use this document to help you get the best care. The assessment usually takes about 30 minutes to complete. You can complete the questions over the phone with your Care Manager by contacting member services at the number below. They will connect you with your assigned Care Manager who will help you. If you have questions, please call Member Services at **1-844-462-6402** (**TTY 711**). We are available 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Scan QR Code

AmeriHealth Caritas® VIP Care®

www.amerihealthcaritasvipcare.com/mi

Notice of Privacy Practices (NOPP)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Physician Incentive Plan (PIP)

Physicians may be paid an incentive to provide specific quality screenings or for high-quality services provided to Medicare or Medicaid beneficiaries enrolled in the plan.

Clinical Practice Guidelines

Clinical Practice Guidelines are accessible on our plan website at www.amerihealthcaritasvipcare.com/mi. AmeriHealth Caritas VIP Care will mail clinical practice guidelines upon request to members who don't have access to a fax machine, email, or the internet.

Over The Counter (OTC)

There are three easy ways to place an OTC order: in-store, online, or by phone.

In-store: For example you can shop at Kroger, Safeway, Albertsons and other participating retailers like Walmart, CVS*, and Walgreens. To see a full list of participating retailers, please go to: https://www.andmorehealth.com, download the andmore mobile app, or call 1-855-ANDMORE (1-855-263-6673; TTY 711).

*Excluding CVS in Target stores

By phone: If you'd prefer to place an order over the phone, we are here to help. Call 1-855-AND-MORE (1-855-263-6673; TTY 711). We're here Monday – Friday, 8 a.m. – 8.pm., local time, excluding holidays.

Online: You can shop online at https://www.andmorehealth.com or on the andmore mobile app. On the OTC benefits page, click Shop OTC and you'll be redirected to an online store with items available to purchase.

Privacy forms

- HIPAA (Authorization to Disclose Personal Health Information) Form
- Privacy Complaint Form
- Personal Representative Form
- Request to Amend Protected Health Information
- Request for Alternative Means of Confidential Communications
- Revocation of Alternate Means of Confidential Communications
- Request for List of Disclosures of Protected Health Information
- Request to Restrict the Use and/or Disclosure of Protected Health Information
- Request to Access and/or Inspect Protected Health Information

You can access the Privacy forms from the following URL **https://www.amerihealthcaritasvipcare.com/mi/member-2027/forms**

Easy ways to find what you're looking for.

Online

Visit w**ww.amerihealthcaritasvipcare.com/mi** to find useful information about your plan in just a few clicks. It's the fastest way to view various documents forms such as the Summary of Benefits (SB), Notice of Privacy Practices (NOPP), and the Evidence of Coverage; access the formulary; and search for doctors, pharmacies, hospitals, urgent care centers, and emergency facilities within our network.

You can also set up an online account.

On the phone

Call Member Services to ask about your covered benefits; get help finding a provider, changing your provider, or finding a specialist; or find out anything else you want to know about your health plan. **1-844-462-6402 (TTY 711)**. We are available 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

You can also get a paper copy of your documents sent directly to your home. To request a mailed copy you can either call Member Services, or visit us online. Please see member services phone number and plan website address listed above. 2027 plan documents will be available for order on October 15, 2026.

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You can get this document for free in other formats, such as large print, Braille, or audio. Call 1-844-462-6402 (TTY 711). 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

&more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard, Incorportated. Use of this card is subject to the terms and conditions of the Cardholder Agreement. The &More Card cannot be used to purchase alcohol, firearms, tobacco, lottery tickets, gift cards, explosives, or cannabis.

Discrimination is Against the Law

AmeriHealth Caritas VIP Care (HMO D-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). AmeriHealth Caritas VIP Care does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas VIP Care

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - qualified sign language interpreters
    - written information in other formats (large print, audio, accessible electronic formats, etc.).
- Provides free language assistance services to people whose primary language is not English, which may include:
    - qualified interpreters
    - information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact AmeriHealth Caritas VIP Care Member Services at **1-844-462-6402 (TTY 711)**. We are available 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned the next business day.

If you believe that AmeriHealth Caritas VIP Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by mail, phone, or online.

Mail: AmeriHealth Caritas VIP Care
Attn: Civil Rights Coordinator
P.O. Box 7140
London, KY 40742-7140
Phone: **1-844-462-6402** (TTY 711)
Email: dlacfcmcrgrievance@amerihealthcaritas.com

If you need help filing the grievance, the AmeriHealth Caritas VIP Care Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S.

Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, (TDD 1-800-537-7697)
Online: https://www.hhs.gov/ocr/complaints/index.html

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You can also get this information for free in other formats, such as large print, braille, or audio. Call 1-844-462-6402 (TTY 711), 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned the next business day. The call is free.

This notice is also available at the AmeriHealth Caritas VIP Care website www.amerihealthcaritasvipcare.com/mi.

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AmeriHealth Caritas VIP Care (HMO D-SNP)

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-462-6402 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week or speak to your provider. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Albanian: VËMENDJE: Nëse flisni shqip, keni në dispozicion shërbime falas të asistencës gjuhësore. Gjithashtu, mjete dhe shërbime ndihmëse të përshtatshme për ofrimin e informacionit në formate të aksesueshme janë gjithashtu në dispozicion pa pagesë. Telefononi në numrin 1-844-462-6402 (TTY: 711), nga ora 8:00 deri në 20:00, 7 ditë në javë, ose kontaktoni ofruesin tuaj të kujdesit shëndetësor. Pas orarit të punës, gjatë fundjavave dhe në ditët e festave kombëtare, mund t'ju kërkohet të lini një mesazh. Telefonata juaj do të kthehet brenda ditës së ardhshme të punës.

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-462-6402 (TTY: 711)، طوال أيام الأسبوع، من الساعة 8 صباحًا حتى 8 مساءً أو تحدث إلى مقدم الرعاية الخاص بك. قد يُطلب منك ترك رسالة خارج أوقات العمل الرسمية، وفي عطلات نهاية الأسبوع، والعطلات الفيدرالية الرسمية، وسيتم الرد على مكالمتك خلال يوم العمل التالي.

Bengali: দৃষ্টি আকর্ষণ: আপনি যদি বাংলায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলভ্য রয়েছে। সহজবোধ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক উপকরণ এবং পরিষেবাও বিনামূল্যে উপলব্ধ রয়েছে। সপ্তাহের 7 দিন, সকাল 8টা থেকে রাত 8টা পর্যন্ত 1-844-462-6402 (TTY: 711) নম্বরে কল করুন অথবা আপনার সেবা প্রদানকারীর সাথে কথা বলুন। অফিস সময়ের পরে, সাপ্তাহিক ছুটির দিনে এবং সরকারি ছুটির দিনে আপনাকে একটি মেসেজ রেখে যেতে বলা হতে পারে। পরবর্তী কার্যদিবসের মধ্যে আপনাকে ফিরতি কল করা হবে।

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。您可以每周 7 天、每天上午 8 時到晚上 8 時致電 1-844-462-6402 (TTY: 711)，或諮詢您的醫療保健提供者。在辦公時間以外、週末同聯邦假期，您可能需要留言，您嘅來電會喺下一個工作日回覆。

French: ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont mis à votre disposition. Des aides et services auxiliaires appropriés sont également disponibles gratuitement pour fournir des informations dans des formats accessibles. Appelez au 1-844-462-6402 (TTY : 711), de 8 h à 20 h, 7 jours sur 7, ou adressez-vous à votre professionnel de santé. En dehors des heures d'ouverture, les fins de semaine et les jours fériés fédéraux, il se peut que vous soyez invité à laisser un message. Votre appel vous sera retourné au cours du prochain jour ouvrable.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglicher Form sind ebenfalls kostenlos erhältlich. Rufen Sie 1-844-462-6402 (TTY: 711) an, von 8:00 bis 20:00 Uhr, 7 Tage die Woche, oder sprechen Sie mit Ihrem Anbieter. Außerhalb der Geschäftszeiten, an Wochenenden und an bundesweiten Feiertagen werden Sie möglicherweise gebeten, eine Nachricht zu hinterlassen. Sie erhalten am nächsten Werktag einen Rückruf.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-844-462-6402 (TTY: 711) पर सप्ताह में 7 दिन सुबह 8 बजे से शाम 8 बजे तक कॉल करें या अपने प्रदाता से बात करें। कार्यालय समय के बाद, सप्ताहांत तथा संघीय अवकाशों के दौरान आपसे संदेश छोड़ने के लिए कहा जा सकता है। आपकी कॉल का उत्तर अगले कार्यदिवस के भीतर दिया जाएगा।

Korean:
주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 주 7 일 오전 8 시에서 오후 8 시 사이에 1-844-462-6402 (TTY: 711)번으로 전화하거나 본인의 서비스 제공자에 문의하십시오. 업무 시간 외, 주말 및 연방 공휴일에는 메시지를 남겨달라는 요청을 받을 수 있습니다. 메시지를 남기시면 다음 영업일 이내에 연락드리겠습니다.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-462-6402 (TTY: 711), de 8 a.m. a 8 p.m., los 7 días de la semana o hable con su proveedor. Fuera del horario de atención, los fines de semana y los días festivos federales, es posible que se le pida que deje un mensaje. Lo volveremos a llamar durante el siguiente día hábil.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các dịch vụ và hỗ trợ bổ sung thích hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-462-6402 (TTY: 711) từ 8 giờ sáng đến 8 giờ tối, 7 ngày một tuần hoặc trao đổi với bên cung cấp dịch vụ của bạn. Ngoài giờ làm việc, vào cuối tuần và các ngày lễ liên bang, quý khách có thể để lại lời nhắn. Chúng tôi sẽ phản hồi cuộc gọi của quý khách vào ngày làm việc kế tiếp.

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-844-462-6402 (TTY: 711), dalle 8:00 alle 20:00, 7 giorni la settimana o parla con il tuo fornitore. Al di fuori dell'orario lavorativo, nei fine settimana e nei giorni festivi, potrebbe esservi richiesto di lasciare un messaggio. Sarete ricontattati entro il giorno lavorativo successivo.

Polish: UWAGA: Osoby posługujące się językiem polskim mogą skorzystać z bezpłatnej pomocy językowej. Odpowiednia pomoc i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Należy zadzwonić pod numer 1-844-462-6402 (TTY: 711), od 8:00 do 20:00, siedem dni w tygodniu, lub porozmawiać ze swoim dostawcą usług zdrowotnych. Po godzinach pracy, w weekendy oraz w święta federalne należy zostawić wiadomość. Oddzwonimy w ciągu następnego dnia roboczego.

Chaldean Neo-Aramaic: ܫܝ ܐܢ ܚܫܒܐ ܕܡܬܝܠܝܬ ܠܗ ܕܡܬܦܩ ܚܒܪ ܠܗ ܕܡܫܠܡ ܕܥܠܕ ܚܒܝܠܝܬ ܕܡܬܩ ܒܠܫܢ ܕܡܬܚܫܒ ܐܦ ܐܢ ܫܝ ܠܟ ܕܡܬܐ

You can also get this information for free in other formats, such as large print, braille, or audio. Call 1-844-462-6402 (TTY 711), 8 a.m. to 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message. Your call will be returned the next business day. The call is free.

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