

2027



Enrollment
Made Easy

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

Macomb, Wayne

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
129421 (7/2)



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 one of the following counties in Michigan: Macomb, Wayne.

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:

1-800-468-9449 (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!

1-800-468-9449 (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 a HMO D-SNP plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to members. 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

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

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

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(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®

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Any individual depicted is a model.

AmeriHealth Caritas VIP Care, (HMO D-SNP) 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by AmeriHealth Caritas VIP Care. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of AmeriHealth Caritas VIP Care. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (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. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

A. Disclaimers



This is a summary of health services covered by AmeriHealth Caritas VIP Care for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. An up-to-date copy of the 2027 *Member Handbook* is always available on our website at www.amerihealthcaritasvipcare.com/mi. You may also call Member Services at **1-844-964-4433 (TTY 711)** to ask us to mail you a 2027 *Member Handbook*. Hours of operation are 8 a.m. - 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.

- ❖ AmeriHealth Caritas VIP Care is an HMO D-SNP plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to members. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal.
- ❖ For more information about Medicare, you can read the *Medicare & You handbook*. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- ❖ For more information about AmeriHealth Caritas VIP Care, you can check the Michigan Medicaid website at www.michigan.gov/medicaid, the Beneficiary Help Line: 1-800-642-3195 or email at beneficiarysupport@michigan.gov, or the Michigan Healthcare Help Line: 1-855-789-5610 (TTY 1-866-501-5656) from 8:00 a.m. to 7:00 p.m., Monday through Friday (except holidays) <https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/support> or contact the MICH Office of the Ombudsman for free help. The MICH Ombudsman can help you with questions about or problems with the MICH program or our plan. The MICH Ombudsman is an independent program and isn't connected with this plan. The phone number is 1-888-746-6456. You can also visit the MICH Ombudsman's website at www.meji.org/mhlo.
- ❖ AmeriHealth Caritas VIP Care also has free language interpreter services available for non-English speakers. Call member services at 1-844-964-4433. Calls to this number are free 8 a.m. - 8 p.m., seven days a week. After hours, on weekends, and on federal holidays, you may be asked to leave a message.
- ❖ For questions about or problems with the MI Coordinated Health program or our plan, contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. MI CHHO is an independent program and isn't connected with this plan. Call 1-888-746-6456 or visit the MI CHHO website at meji.org/michho/mhlo. To schedule an appointment with a person-centered options counselor, please call MI Options at 1-800-803-7174 8 a.m. to 8 p.m., Monday through Friday.



If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (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. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

- ❖ **You can get this document for free in other formats, such as large print, braille or audio. Call 1-844-964-4433 (TTY 711), 8 a.m. - 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.**
- ❖ You can make a request to get this document, now and in the future, in other formats simply by calling Member Services at **1-844-964-4433 (TTY 711)**, 8 a.m. - 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. We'll also ask for your preference during our Welcome Call and later in the year, when you contact the plan. The plan will store your request and continue to send future documents in the requested format, unless you ask us to cancel or change the request. You can cancel or change your request at any time, simply by calling Member Services. The calls are free.



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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a highly integrated special needs plan called MI Coordinated Health (MICH)?	MI Coordinated Health (MICH) is a highly integrated dual eligible special needs plan (HIDE SNP) that provides benefits of both Medicare and Medicaid to enrollees. It's for people with both Medicare and Michigan Medicaid. A HIDE SNP Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage your providers and services. They all work together to provide the care you need.
Will I get the same Medicare and Medicaid benefits in AmeriHealth Caritas VIP Care that I get now? (continued on the next page)	You'll get most of your covered Medicare and Medicaid benefits directly from AmeriHealth Caritas VIP Care. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator, assessment. You may also get other benefits outside of your health plan the same way you do now, directly from State, specialty mental health, and substance use disorder services. When you enroll in AmeriHealth Caritas VIP Care, you and your, care coordinator will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that AmeriHealth Caritas VIP Care doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for AmeriHealth Caritas VIP Care to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page. If you're currently getting services for mental health, substance use, or intellectual/developmental disability needs, you'll continue to get these services the same way you do now.



If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (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. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in AmeriHealth Caritas VIP Care that I get now? (continued from previous page)	When you enroll in AmeriHealth Caritas VIP Care, you and your care coordinator will work together to develop a Care Plan to address your health and support needs.
Can I use the same doctors I use now? (continued on the next page)	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with AmeriHealth Caritas VIP Care and have a contract with us, you can keep going to them. • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in AmeriHealth Caritas VIP Care’s network. If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of AmeriHealth Caritas VIP Care’s plan. You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your Care Plan is being completed. If you’re currently under treatment with a provider that’s out of AmeriHealth Caritas VIP Care’s network, or have an established relationship with a provider that’s out of AmeriHealth Caritas VIP Care’s network, call Member Services to check about staying connected. To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read AmeriHealth Caritas VIP Care’s <i>Provider and Pharmacy Directory</i> on the plan’s website at www.amerihealthcaritasvipcare.com/mi.



If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (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. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	If AmeriHealth Caritas VIP Care is new for you, we'll work with you to develop a care plan to address your needs.
What's an AmeriHealth Caritas VIP Care care coordinator?	A Care Coordinator is a health professional who will help you get care and services that affect your health and well-being. You're assigned a Care Coordinator when you enroll with AmeriHealth Caritas VIP Care. Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you're getting from us, you can call your Care Coordinator. Your Care Coordinator is your "go-to" person for AmeriHealth Caritas VIP Care. Our goal in AmeriHealth Caritas VIP Care is to meet your needs in a way that works for you. This is why we call our program "person-centered." The person-centered planning process is when you work with your Care Coordinator to create a care plan that's about your goals, choices, and abilities. When you create your care plan, you're welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator will work with that agency.
What happens if I need a service but no one in AmeriHealth Caritas VIP Care's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, AmeriHealth Caritas VIP Care will pay for the cost of an out-of-network provider.



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Frequently Asked Questions	Answers
Where's AmeriHealth Caritas VIP Care available?	The service area for this plan includes: Macomb and Wayne Counties, Michigan. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means an approval from AmeriHealth Caritas VIP Care to seek services outside of our network or to get services not routinely covered by our network before you get the services. AmeriHealth Caritas VIP Care may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. AmeriHealth Caritas VIP Care can provide you or your provider with a list of services or procedures that require you to get prior authorization from AmeriHealth Caritas VIP Care before the service is provided. Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP or use a specific covered service. A referral is different than a prior authorization. If you don't get a referral from your PCP, AmeriHealth Caritas VIP Care may not cover the services. AmeriHealth Caritas VIP Care can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the <i>Member Handbook Chapter 4, Section D, Medical Benefits Chart: Meal Benefit</i> to learn more about when you'll need to get a referral from your PCP.



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Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under AmeriHealth Caritas VIP Care?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage. You'll be required to keep paying any monthly Freedom to Work program premium you have if applicable. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00.
Do I pay a deductible as a member of AmeriHealth Caritas VIP Care?	No. You don't pay deductibles in AmeriHealth Caritas VIP Care.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of AmeriHealth Caritas VIP Care?	There's no cost-sharing for medical services in AmeriHealth Caritas VIP Care, so your annual out-of-pocket costs will be \$0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care (continued on the next page)	Inpatient hospital stay	\$0 per stay	Except in an emergency, your health care provider must tell the plan of your hospital admission. <i>Prior authorization is required.</i>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care (continued)	Outpatient hospital services, including observation	\$0	<i>Not all outpatient preventive or diagnostic services will require authorization.</i>
	Ambulatory surgical center (ASC) services	\$0	<i>Prior authorization may be required.</i>
	Doctor or surgeon care	\$0	<i>Prior authorization is required.</i>
You want a doctor	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	
	Services to help manage your disease	\$0	
You need emergency care	Emergency room services	\$0	<i>Emergency room services are provided without prior authorization requirements, even if the services are provided out of network.</i>
	Urgent care	\$0	<i>Urgent care services are provided without prior authorization requirements, even if the services are provided out of network.</i>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	<i>Not all x-rays, outpatient diagnostic/therapeutic/radiological procedures, and tests will require authorization. Ask your provider to call the plan to confirm if an authorization is required.</i>
	Lab tests and diagnostic procedures, such as blood work	\$0	<i>Not all lab services will require authorization. Ask your provider to call the plan to confirm if an authorization is required.</i>
	Screening tests, such as tests to check for cancer	\$0	
You need hearing/auditory services (continued on the next page)	Hearing screenings	\$0	
	Hearing aid evaluation and fitting	\$0	
	Hearing aids	\$0	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



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (continued)			• 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
You need dental care (continued on the next page)	Dental check-ups and preventive care Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planning, and other periodontal maintenance	\$0	<u>Preventive dental</u> • Oral exams: One every 6 months • Cleaning: One every 6 months • Fluoride treatment: One every 6 months • Dental x-rays: 1 full mouth radiograph and 1 panoramic radiograph every 5 years and up to 6 bitewing or periapical radiographs every year. <u>Comprehensive dental</u> up to a \$2,500 max benefit coverage limit every year for: • Minor restorations (fillings).* • Endodontics * • Periodontics * • Dentures (1 per arch every 5 years) *



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			• Dentures and repair and reline (1 per year) * • Mini-implants* • Prosthodontics * • Oral and Maxillofacial surgery * • Extractions (1 per tooth per lifetime) * Read the <i>Member Handbook</i> for more information on coverage and limitations at https://www.amerihealthcaritasvipcare.com/mi. 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. <i>* Prior authorization required for comprehensive dental services. Additional service limits may also apply. You are responsible for amounts beyond the benefit limit.</i>



If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (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. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	One exam per year.
	Glasses or contact lenses	\$0	Up to \$300 allowance towards vision services (eyeglasses or contact lenses) from an in-network provider.
	Other vision care	\$0	The plan will pay for one pair of glasses or contact lenses after each cataract surgery when the doctor inserts an intraocular lens.
You need behavioral health services	Behavioral health services	\$0	Individual, group, and family counseling is covered. Behavioral health services are provided through the plan or by a program other than AmeriHealth Caritas VIP Care. AmeriHealth Caritas VIP Care's Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. <i>Prior authorization may be required.</i>
	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	Specialty behavioral health care services may be provided by a program other than AmeriHealth Caritas VIP Care. Your AmeriHealth Caritas VIP Care's Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. <i>Prior authorization is required.</i>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	\$0	Substance use disorder services may be provided by a program other than AmeriHealth Caritas VIP Care. Your AmeriHealth Caritas VIP Care's Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs <i>Prior authorization may be required.</i>
You need a place to live with people available to help you	Skilled nursing care	\$0	<i>Prior authorization is required.</i>
	Nursing home care	\$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	<i>Prior authorization is required.</i>
You need help getting to health services (continued on the next page)	Ambulance services	\$0	<i>Prior authorization may be required.</i>
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	48 one-way trips, limit 50 miles per One-way trip, every year to plan-approved locations (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.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services (continued)			Transportation is authorized for plan-approved locations only (e.g., doctor's office, pharmacy, and hospital).
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	\$0 to 20%	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. 20% coinsurance will be applied to non-preferred chemotherapy/radiation drugs and non-preferred other Part B drugs. 0% coinsurance for preferred Part B drugs chemotherapy, and radiation drugs. 20% or \$35, whichever is less for non-preferred Part B drugs.
	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier 50: Non-Part D Drugs	\$0 for all Tier 1 drugs at a network retail or mail order pharmacy (up to a 90-day supply). Copays for other drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to AmeriHealth Caritas VIP Care's <i>List of Covered Drugs (Drug List)</i> for more information. Once you or others on your behalf pay \$2,400 you've reached the catastrophic coverage stage, and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage. Initial coverage stage cost sharing: Drug Tier 1 Preferred Generic: \$0 copay



If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (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. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)		If you receive Extra Help from Medicare, you pay: \$0, \$1.65, or \$5.80 copay for generic drugs and \$0, \$5, or \$14.40 copay for all other drugs.	Drug Tier 2 Generic: \$4, \$8, or \$12 copayment. If you receive Extra Help from Medicare, you pay \$0, \$1.65, or \$5.80 copay for generic drugs and \$0, \$5, or \$14.40 copay for all other drugs. Drug Tier 3 Brand: 25% coinsurance. If you receive Extra Help from Medicare, you pay \$0, \$1.65, or \$5.80 copay for generic drugs and \$0, \$5, or \$14.40 copay for all other drugs. Drug Tier 4 Non-Preferred Drug: 25% coinsurance. If you receive Extra Help from Medicare, you pay \$0, \$1.65, or \$5.80 copay for generic drugs and \$0, \$5, or \$14.40 copay for all other drugs. Drug Tier 5 Specialty: 29% coinsurance. If you receive Extra Help from Medicare, you pay \$0, \$1.65, or \$5.80 copay for generic drugs and \$0, \$5, or \$14.40 copay for all other drugs. 60-day and 90-day supplies are available at retail and mail order pharmacy locations at the same cost sharing rate as a 30-day supply, except for Tier 2 drugs. Tier 2 drugs will cost \$8 for a 60-day supply and \$12 for a 90-day supply. 60-day and 90-day supplies are not available for Tier 5 drugs. Drug Tier 50 Non-Part D Drugs: \$0 copay.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help with everyday expenses (continued on the next page)	Over-the-counter (OTC) Items and Daily Living Supports Special Supplemental Benefits for the Chronically Ill (SSBCI) Home and Bathroom Safety Devices	\$0	Members are provided a combined allowance of \$105 per 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.



If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (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. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help with everyday expenses (continued)			Members can shop through the OTC catalog or at participating retail stores. Unused 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.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help with everyday expenses (continued)			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, 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



If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (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. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help with everyday expenses (continued)			in-exsufflation devices, or group 2 or group 3 mattresses.
You need help getting better or have special health needs	Rehabilitation services	\$0	<i>Prior authorization is required for cardiac and pulmonary services.</i>
	Medical equipment for home care	\$0	<i>Prior authorization is required for some medical equipment for home care.</i> <i>Have your provider call the plan to confirm if authorization is required</i>
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	Up to 3 routine podiatry visits per year.
	Orthotic services	\$0	<i>Prior authorization may be required.</i>
You need durable medical equipment (DME) (continued on the next page)	Wheelchairs, crutches, and walkers	\$0	<i>Prior authorization may be required for:</i> • Medicare-covered DME items over \$750 for purchase. • Rental and rent-to-purchase items. <i>Prior authorization is required for:</i> • The purchase of all wheelchairs (motorized and manual) and all wheelchair accessories (components) regardless of cost per item • Enteral Nutritional Supplements



If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (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. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) (continued) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .	Nebulizers	\$0	<i>Prior authorization may be required.</i>
	Oxygen equipment and supplies	\$0	<i>Prior authorization may be required.</i>
You need help living at home (continued on the next page)	Home health services	\$0	These services are provided by the plan. <i>Prior authorization is required.</i>
	Activities of Daily Living (ADLs): Eating, toileting, bathing, grooming, dressing, mobility, and transferring” and Instrumental Activities of Daily Living (IADLs): Personal laundry, light housekeeping, shopping, meal preparation and clean up, and medication administration.	\$0	In-home ADL and IADL services requiring hands-on assistance are provided by the plan through the MICH program. These services are called State Plan Personal Care Services. In-home ADL and IADL services requiring prompting, cueing, guiding, teaching, observing, or reminding to complete Activities of Daily Living (ADLs) are available to individuals who qualify and are enrolled in the MICH 1915(c) waiver. These services are called Expanded Community Living Supports.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	1915(c) Waiver Home and Community Based Services: Adaptive Medical Equipment and Supplies Adult Day Program Assistive Technology Chore Services Environmental Modifications Expanded Community Living Supports Fiscal Intermediary Home Delivered Meals Individual Directed Goods and Services Non-Medical Transportation Personal Emergency Response System Preventive Nursing Private Duty Nursing Respite Vehicle Modifications	\$0	These services are designed to help individuals remain in their homes as opposed to receiving nursing home care. They are provided by the plan and are only available to individuals who meet nursing facility level of care, who have qualifying service need, and who are enrolled in the MICH 1915 (c) waiver.
Additional services (continued on the next page)	Chiropractic services	\$0	Up to 12 routine chiropractic visits per year
	Diabetes supplies and services	\$0	Preferred brands have a \$0 copay.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			Non-preferred brands and all continuous glucose monitors will require prior authorization and have a 20% co-insurance (until you reach the maximum out-of-pocket limit).
	Prosthetic services	\$0	<i>Prior authorization is required for rental and purchased Medicare-covered prosthetics and medical supplies.</i>
	Radiation therapy	\$0	<i>Prior authorization is required.</i>
	Services to help manage your disease	\$0	
	Caregiver Support Services	\$0	
	Meal Benefit, post discharge	\$0	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. <i>A referral is required.</i>
	24/7 Nurse Call Line	\$0	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.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Telemedicine	\$0	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.
	SilverSneakers®	\$0	SilverSneakers® is a free fitness benefit which includes access to participating SilverSneakers® fitness facilities, and services.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the AmeriHealth Caritas VIP Care *Member Handbook*. If you don't have a *Member Handbook*, call AmeriHealth Caritas VIP Care Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit www.amerihealthcaritasvipcare.com/mi.

D. Benefits covered outside of AmeriHealth Caritas VIP Care

There are some services that you can get that aren't covered by AmeriHealth Caritas VIP Care but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services. If you live in <i>Macomb</i> or <i>Wayne</i> County these benefits are provided by the PIHP. Contact the PIHP for more information.	\$0



If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (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. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Specialty behavioral health services may be provided by Michigan's Prepaid Insurance Health Plans (PIHPs).	\$0
Community Transition Services (CTS) are provided through MDHHS.	\$0
Certain hospice care services covered outside of AmeriHealth Caritas VIP Care	\$0

E. Services that AmeriHealth Caritas VIP Care, Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services AmeriHealth Caritas VIP Care Complete, Medicare, and Medicaid don't cover	
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for the reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Not Covered
Naturopath services (the use of natural or alternative services).	Not Covered
Vision procedures such as radial keratotomy and LASIK surgery.	Not Covered

F. Your rights as a member of the plan

As a member of AmeriHealth Caritas VIP Care, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:



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- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. AmeriHealth Caritas VIP Care will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan



If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (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. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call AmeriHealth Caritas VIP Care Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsperson for people who have Medicare and Medicaid/Medicaid Office of the Ombudsman at 1-888-746-6456 (TTY 711), Monday through Friday, 9 a.m. to 5 p.m.

G. How to file a complaint or appeal a denied service

If you have a complaint or think AmeriHealth Caritas VIP Care should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call AmeriHealth Caritas VIP Care Member Services at the numbers listed at the bottom of this page.

If you would like to contact AmeriHealth Caritas VIP Care about a complaint, grievance, or appeal, mail or call us at:

AmeriHealth Caritas VIP Care
 Attn: Appeals Department
 P.O. Box 80109
 London, KY 40742-0109



If you have questions, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (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. **For more information**, visit www.amerihealthcaritasvipcare.com/mi.

AmeriHealth Caritas VIP Care
Attn: Customer Experience, Grievances, and Complaints
P.O. Box 7140
London, KY 40742-7140

Phone number: **1-844-964-4433 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m. 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.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at AmeriHealth Caritas VIP Care Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Medicaid Customer Service Center at 1-800-975-7630. TTY users may call 1-866-501-5656.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE [800-242-2873], by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at secure.ag.state.mi.us/complaints/medicaid.aspx.



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If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call AmeriHealth Caritas VIP Care Member Services:

1-844-964-4433

Calls to this number are free. 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.

Member Services also has free language interpreter services available for non-English speakers.

711

Calls to this number are free. 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.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call the 24-hour Nurse Call Line. A nurse will listen to your problem and tell you how to get care (Example: urgent care or emergency room). The numbers for the 24/7 Nurse Call Line are:

1-855-843-1145

Calls to this number are free. 24 hours a day, seven days a week.

AmeriHealth Caritas VIP Care also has free language interpreter services available for non-English speakers.

711

Calls to this number are free. 24 hours a day, seven days a week.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

Macomb County: 1-586-307-9100 (TTY 711)

Wayne County: 1-800-241-4949 (TTY 711)

Calls to this number are free 24 hours a day, seven days a week. AmeriHealth Caritas VIP Care also has free language interpreter services available for non-English speakers.

711

Calls to this number are free. 24 hours a day, 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.

2027



Extra Benefits

Michigan

Available in the following counties:
Macomb and Wayne

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AmeriHealth Caritas
VIP Care[®]

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 available 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 1-800-468-9449 (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 Care¹ — \$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

¹Up 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

\$105 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 Benefits 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**

²The 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, 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.

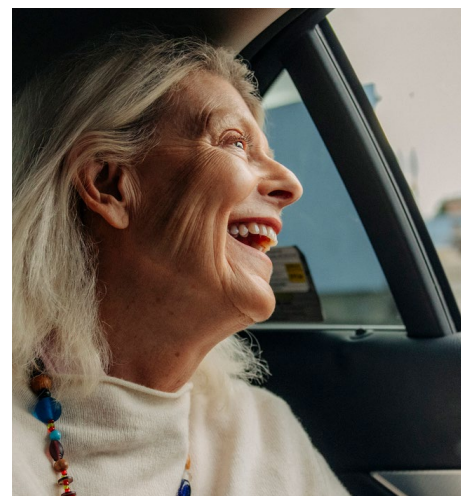
In addition, member must satisfy at least one of the following: Had one or more inpatient admissions (inclusive of behavioral health) related to the chronic condition in the last 12 months. Had one or more urgent care or emergency room visits related to the chronic condition in the last 12 months. Had 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 calendar 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 medically necessary (non-Medicare) visits per year.



Fitness benefit

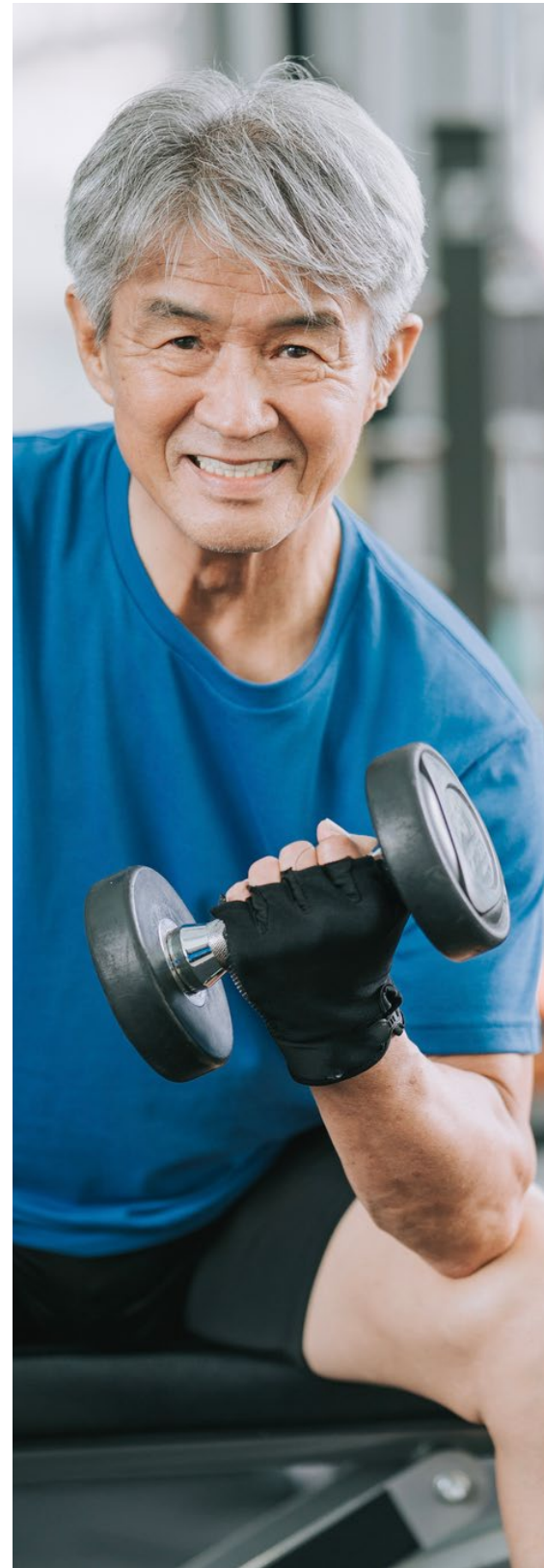
\$0 copay for a fitness benefit through SilverSneakers®. You have access to instructors who lead specially designed group exercise classes. You can take classes plus use exercise equipment and other amenities at participating locations nationwide.

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.

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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 that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to members. 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 1-844-964-4433 (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.



2027



Enrollment
Made Easy

AmeriHealth Caritas VIP Care (HMO D-SNP)

Macomb and Wayne counties


AmeriHealth Caritas[®]
VIP Care[®]

H6341_001_129634_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 Macomb or Wayne County

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

Questions?

Call **1-800-468-9449 (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.amerhealthcaritasvipcare.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! 1-800-468-9449 (TTY 711)

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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 **1-800-468-9449 (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! 1-800-468-9449 (TTY 711)

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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: **1-800-468-9449 (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: **1-800-468-9449 (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! 1-800-468-9449 (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: **1-800-468-9449 (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! 1-800-468-9449 (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.



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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.

Pre-Enrollment Checklist

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 **1-800-468-9449 (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 **1-800-468-9449 (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

Member Handbook

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 Member Handbook, 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.

Annual Notice of Change (ANOC)

The document will include any changes to the plan's coverage, such as additions of new benefits or exclusions of benefits from the previous year. For Part D plans, specifically, the ANOC may list any tier reclassification of certain prescription medications. The ANOC may also list any changes to doctors, hospitals, or pharmacies included in the plan's network.

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



Scan QR Code

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 **1-844-964-4433 (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.



AmeriHealth Caritas

VIP Care



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-ANDMORE (1-855-263-6673; TTY 711). We're here Monday – Friday, 8 a.m. – 8 p.m., 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 www.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), Annual Notice of Change (ANOC) and the Member Handbook; 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. **1-844-964-4433 (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 1-844-964-4433 (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, Incorporated. 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 **1-844-964-4433 (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: 1-844-964-4433 (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 1-844-964-4433 (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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VIP Care

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 1-844-964-4433 (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 1-844-964-4433 (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 1-844-964-4433 (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 ৪টা থেকে রাত ৪টা পর্যন্ত 1-844-964-4433 (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 1-844-964-4433 (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 1-844-964-4433 (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 Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglicher Form sind ebenfalls kostenlos erhältlich. Rufen Sie 1-844-964-4433 (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। 1-844-964-4433 (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 7일 오전 8 시에서 오후 8 시 사이에 1-844-964-4433 (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 1-844-964-4433 (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 1-844-964-4433 (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.

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 1-844-964-4433 (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.

[illegible]

Telugu: ముఖ్యగమనిక: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయగల ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక ఉపకరణాలు మరియు సేవలు కూడా ఎలాంటి ఖర్చు లేకుండా ఉచితంగా అందుబాటులో ఉన్నాయి. వారంలో ఏడు రోజులు, 8 a.m. నుండి 8 p.m. వరకు, 1-844-964-4433 (TTY: 711) కు కాల్ చేయండి; లేదా మీ ప్రొవైడర్ తో మాట్లాడండి. పనివేళలు కాని సమయంలో, వారంతాలలో మరియు ఫెడరల్ సెలవు దినాలలో, ఒక మెసేజ్ పెట్టమని మిమ్మల్ని అడగవచ్చు. తదుపరి పని దినం లోపు మీకు తిరిగి కాల్ చేయబడుతుంది.

Urdu: توجہ فرمائیں: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان سے متعلقہ معاون خدمات مفت فراہم کی جا رہی ہیں۔ اس کے علاوہ معلومات کو قابل رسائی شکل میں فراہم کرنے کے لیے موزوں معاون آلات و خدمات بھی بلا معاوضہ فراہم کی جا رہی ہیں۔ مزید تفصیلات کے لیے آپ ہفتے کے 7 دن، صبح 8 بجے سے رات 8 بجے تک (TTY: 711) 1-844-964-4433 پر کال کر سکتے ہیں یا اپنے فراہم کنندہ سے بھی بات کر سکتے ہیں۔ ان اوقات کے بعد، اختتام ہفتہ اور وفاقی تعطیلات پر، آپ سے اپنا پیغام چھوڑنے کے لیے کہا جا سکتا ہے۔ آپ کی کال اگلے کاروباری دن کے لیے واپس کر دی جائے گی۔

AmeriHealth Caritas VIP Care is an HMO D-SNP plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to members. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal.

You can also get this information for free in other formats, such as large print, braille, or audio. Call 1-844-964-4433 (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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