

2026



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


AmeriHealth Caritas
VIP Care

About AmeriHealth Caritas VIP Care (HMO-SNP)

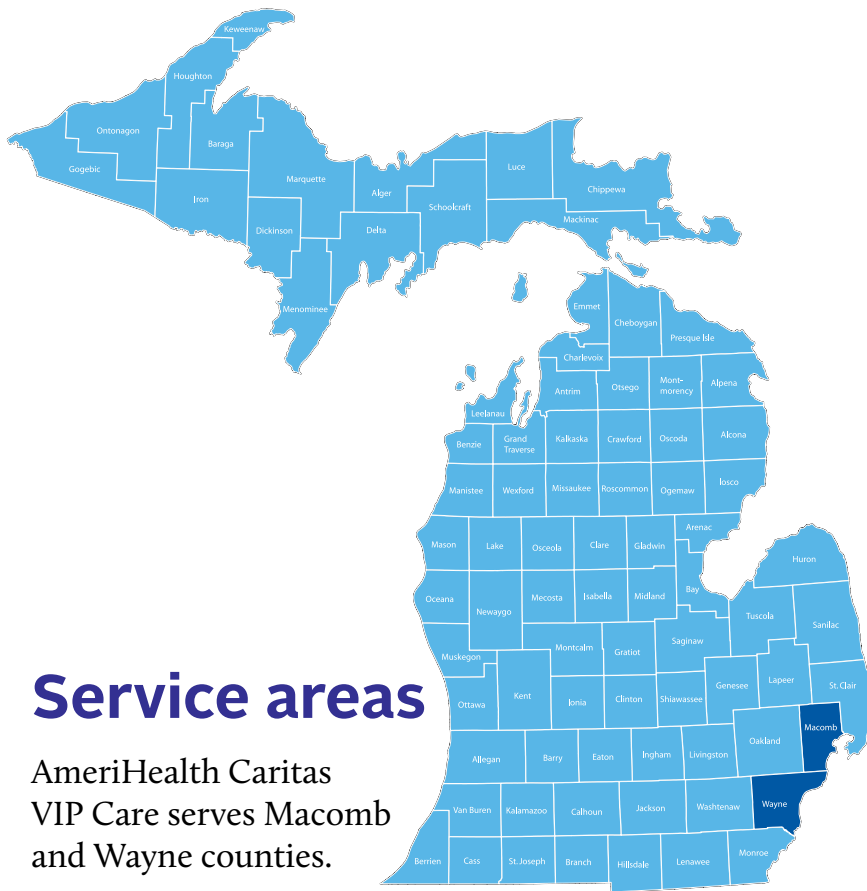
Headquartered in Pennsylvania, AmeriHealth Caritas VIP Care is part of a mission-driven and local organization that has been dedicated to helping people get care, stay well, and build healthy communities for more than 40 years.

AmeriHealth Caritas VIP Care provides more benefits and services than original Medicare, with fewer costs to members. It's a name our members trust and rely on for preventive care or if they are sick or injured.

Services and products

AmeriHealth Caritas VIP Care (HMO-SNP) is a Medicare Advantage special needs plan for individuals enrolled in Medicare and Medicaid programs (dual-eligible individuals) in selected counties of Michigan.





2026 benefits

As a member, you have:

- **\$0** copay for primary care provider (PCP) and specialist visits
- **\$0** monthly premium
- An extensive network of providers
- Drug prescriptions:
 - Deductible: \$0 or \$615*
 - Tiers 1 to 5: \$0 – \$12.65** or 25%**
 - Tier 6: \$0 copay
- Medication therapy management programs

*Deductibles and coinsurance may apply for members without “Extra Help.”

**Cost-sharing is based on the level of “Extra Help” the member receives.

2026 extra benefits

Flex spending over-the-counter (OTC)

Members will receive \$80 per quarter on a plan-issued debit card to help cover a wide range of everyday items and services.

The quarterly benefit can be used to pay for eligible OTC items, such as vitamins, pain relievers, cold remedies, and more:

- Members can shop through the OTC catalog or at participating retail stores.
- No limit on the number of items or orders

Members who qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) can also use this

Who can enroll?

- Beneficiaries of Medicare with Part A and Part B
- Residents of our service areas
- Beneficiaries of the state Medicaid program



quarterly benefit to help with everyday living expenses, such as:

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

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

Unused amounts expire at the end of each quarter or upon disenrollment from the plan.

Hearing

- \$0 copay for up to one supplemental routine hearing exam every year
- Up to a \$2,500 allowance toward the cost of non-implantable advanced hearing aid(s) from the applicable TruHearing Choice catalog every three years

Vision

- Up to one supplemental routine eye exam every year
- Up to a \$520 allowance, per year, for eyewear

Telemedicine

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

Dental

- \$0 copay for preventive dental services:
 - Cleanings (up to one every six months)
 - Dental X-rays (varies by type)
 - Fluoride treatments (up to one every six months)
 - Oral exams (up to one every six months)
- Up to a \$5,000 allowance each year for

comprehensive dental coverage, including, but not limited to, fillings, extractions, oral surgery, dentures, periodontics, and endodontics. Limitations apply.

Podiatry

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

Education and wellness programs

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

Transportation

Unlimited one-way trips per year for health care services

Meal benefit

The post-discharge meal benefit covers 14 meals over the course of one week for qualified homebound members after each discharge from an inpatient facility or a skilled nursing facility. Up to four times per year. Referral is required.

Personal emergency response system (PERS)

Medical alert monitoring system that provides 24/7 access to help at the push of a button. We offer multiple styles, including a mobile-enabled wearable device. One device per year.

Home and bathroom safety devices and modifications

Up to a \$150 annual allowance for bathroom safety devices and modifications. Members can shop through the OTC catalog or at participating retail stores.

Support for caregivers of enrollees

\$0 copay

Routine chiropractic care

12 visits per year

Resources

Centers for Medicare & Medicaid Services (CMS)

www.cms.gov

Member Services

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.

Prospective Members

1-800-468-9449 (TTY 711)

October 1 to March 31: 8 a.m. – 8 p.m., seven days a week

April 1 to September 30: 8 a.m. – 8 p.m., Monday through Friday

www.amerithealthcaritasvipcare.com/mi



In order to qualify for SSBCI, members must have at least one of the following chronic health conditions: cardiovascular disorders, chronic and disabling mental health conditions, chronic gastrointestinal disease (limited to end-stage liver disease), chronic lung disorders (limited to chronic obstructive pulmonary disorder), congestive heart failure, connective tissue disease, dementia, diabetes mellitus, overweight, obesity, metabolic syndrome, and stroke. In addition, the condition must be life threatening or greatly limit the overall health or function of the member; the member must be at high risk of hospitalization or other adverse health outcomes; and the member must require intensive care coordination. The plan will review objective criteria to determine a member's eligibility.

For more information or to check eligibility, call us at **1-800-468-9449 (TTY 711)**.



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www.amerihealthcaritasvipcare.com/mi

AmeriHealth Caritas VIP Care is an HMO-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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-964-4433 (TTY 711)** de 8 a.m. a 8 p.m., los siete días de la semana. La llamada es gratuita.

تنويه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجانًا. يُرجى الاتصال بالرقم **1-844-964-4433 (TTY 711)**، من 8 صباحًا إلى 8 مساءً، سبعة أيام في الأسبوع. المكالمات مجانية.

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. – 8 p.m., seven days a week. The call is free.

This information is not a complete description of benefits or limitations. Please reference the Evidence of Coverage document or call Member Services for more information.

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

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