



# 2026 Summary of Benefits

**Michigan (MI01)**

Service Area: Macomb and Wayne counties.

# AmeriHealth Caritas VIP Care, (HMO-DSNP) 2026 Summary of Benefits



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**If you have questions**, please call AmeriHealth Caritas VIP Care at 1-844-964-4433 (TTY 711), seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [www.amerihealthcaritasvipcare.com/mi](http://www.amerihealthcaritasvipcare.com/mi).

# 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*.

## Table of Contents

- A. Disclaimers .....3
- B. Frequently asked questions (FAQ) .....5
- C. List of covered services .....10
- D. Benefits covered outside of AmeriHealth Caritas VIP Care .....21
- E. Services that AmeriHealth Caritas VIP Care, Medicare, and Medicaid don’t cover .....22
- F. Your rights as a member of the plan.....22
- G. How to file a complaint or appeal a denied service .....25
- H. What to do if you suspect fraud .....26

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## A. Disclaimers



This is a summary of health services covered by AmeriHealth Caritas VIP Care for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. An up-to-date copy of the 2026 *Member Handbook* is always available on our website at [www.amerhealthcaritasvipcare.com/mi](http://www.amerhealthcaritasvipcare.com/mi).

You may also call Member Services at **1-844-964-4433 (TTY 711)** to ask us to mail you a 2026 *Member Handbook*.

❖ AmeriHealth Caritas VIP Care is an HMO-DSNP 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 (TTY 711) 1-844-964-4433.

❖ 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](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227). 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](http://www.michigan.gov/medicaid), the Beneficiary Help Line: 1-800-642-3195 or email at [beneficiarysupport@michigan.gov](mailto:beneficiarysupport@michigan.gov), or the Michigan Healthcare Help Line: 1-855-789-5610 (TTY 1-866-501-5656) from 8:00 AM to 7:00 PM, Monday through Friday (except holidays) [michigan.gov/mibridge](http://michigan.gov/mibridge) 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](http://www.meji.org/mhlo).

❖ **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.**

❖ **This document is available for free in Spanish and Arabic.**

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- ❖ 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
<b>What's a highly integrated special needs plan called MI Coordinated Health (MICH)?</b>	MI Coordinated Health is a highly integrated dual eligible (HIDE) special needs plan (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.
<b>Will I get the same Medicare and Medicaid benefits in AmeriHealth Caritas VIP Care that I get now? (continued on the next page)</b>	<p>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 team, 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.</p> <p>When you enroll in AmeriHealth Caritas VIP Care, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>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 in the footer of this document.</p> <p>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.</p>

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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 team will work together to develop a Care Plan to address your health and support needs.
Can I use the same doctors I use now?	<p>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.</p> <ul style="list-style-type: none"> <li>• 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. <b>You must use the providers in AmeriHealth Caritas VIP Care’s network.</b> If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p>To find out if your providers are in the plan’s network, call Member Services at the numbers in the footer of this document or read AmeriHealth Caritas VIP Care’s <i>Provider and Pharmacy Directory</i> on the plan’s website at <a href="http://www.amerihealthcaritasvipcare.com/mi">www.amerihealthcaritasvipcare.com/mi</a>.</p> <p>If AmeriHealth Caritas VIP Care is new for you, we’ll work with you to develop a care plan to address your needs.</p>



Frequently Asked Questions	Answers
What's an AmeriHealth Caritas VIP Care care coordinator?	<p>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. <b>Your Care Coordinator is your “go-to” person</b> for AmeriHealth Caritas VIP Care.</p> <p>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 <b>your</b> 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.</p>
What are Long-term Services and Supports (LTSS)?	<p>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 team will work with that agency.</p>
What happens if I need a service but no one in AmeriHealth Caritas VIP Care's network can provide it?	<p>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.</p>
Where's AmeriHealth Caritas VIP Care available?	<p>The service area for this plan includes: Macomb and Wayne Counties, in Michigan. You must live in one of these areas to join the plan.</p>

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Frequently Asked Questions	Answers
What's prior authorization?	<p>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 <b>before</b> you get the services. AmeriHealth Caritas VIP Care may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b></p> <p>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.</p> <p>Refer to <b>Chapter 3</b>, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the <i>Member Handbook</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers in the footer of this document for help.</p>
What's a referral?	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. 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. You don't need a referral for certain specialists, such as women's health specialists.</p> <p>Refer to the <i>Member Handbook</i> to learn more about when you'll need to get a referral from your PCP.</p>

Frequently Asked Questions	Answers
<b>Do I pay a monthly amount (also called a premium) under AmeriHealth Caritas VIP Care?</b>	<p>No. Because you have Medicaid, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p> <p>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 &amp; Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting <a href="http://www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00_">www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00_</a>.</p>
<b>Do I pay a deductible as a member of AmeriHealth Caritas VIP Care?</b>	No. You don't pay deductibles in AmeriHealth Caritas VIP Care.
<b>What's the maximum out-of-pocket amount that I'll pay for medical services as a member of AmeriHealth Caritas VIP Care?</b>	There's no cost sharing for medical services in AmeriHealth Caritas VIP Care, so your annual out-of-pocket costs will be \$0.



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## 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)
<b>You need hospital care</b>	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.  Prior authorization is required
	Outpatient hospital services, including observation	\$0	Prior authorization is required
	Ambulatory surgical center (ASC) services	\$0	Prior authorization is required
	Doctor or surgeon care	\$0	Prior authorization is required for surgery in an inpatient or outpatient hospital setting.
<b>You want a doctor</b>	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	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care</b>	Emergency room services	\$0	Emergency room services are covered in-network, out-of-network (OON), and without prior authorization requirements.
	Urgent care	\$0	Urgent care services are covered in-network, out-of-network (OON), and without prior authorization requirements.
<b>You need medical tests</b>	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	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.
	Lab tests and diagnostic procedures, such as blood work	\$0	Not all lab services will require authorization. Ask your provider to call the plan to confirm if an authorization is required.
	Screening tests, such as tests to check for cancer	\$0	

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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)
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	
	Hearing aid evaluation and fitting	\$0	
	Hearing aids	\$0	<p>Up to \$2,500 toward the cost of two non-implantable TruHearing-branded Advanced hearing aids every three years (limit 1 hearing aid per ear). After the plan-paid benefit, you are responsible for the remaining costs. You must see a TruHearing provider to use this benefit.</p> <p><b>Hearing aid purchase includes:</b></p> <ul style="list-style-type: none"> <li>• First 12 months of follow-up provider visits</li> <li>• 60-day trial period</li> <li>• 3-year extended warranty</li> <li>• 80 batteries per aid for non-rechargeable models</li> </ul>

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	Dental check-ups and preventive care	\$0	<p><b><u>Preventive dental</u></b>  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.</p> <p><b><u>Comprehensive dental</u></b>  up to a \$5,000 max benefit coverage limit every year for:  Minor restorations (fillings).  Endodontics *  Periodontics *  Dentures (1 per arch every 5 years) *  Dentures and repair and reline (1 per year) *  Mini implant *  Prosthodontics*  Oral and Maxillofacial surgery*  Extractions (1 per tooth per lifetime) *</p> <p>Read the <i>Evidence of Coverage</i> for more information on <b>coverage and limitations</b> at <a href="http://www.amerihealthcaritas.vipcare.com/mi">www.amerihealthcaritas.vipcare.com/mi</a></p> <p>*Prior authorization may be required. Other service limitations apply.</p>
	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		
You need eye care	Eye exams	\$0	One exam per year.
	Glasses or contact lenses	\$0	Up to \$520 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.

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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)
<b>You need behavioral health services</b>	Behavioral health services	\$0	Individual, group, and family counseling is covered.  Prior authorization is required.
	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 care coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs.  Prior authorization is required.
<b>You need substance use disorder services</b>	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 care coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs.  Prior authorization is required.
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	Prior authorization is required
	Nursing home care	\$0	
	Adult Foster Care and Group Adult Foster Care	\$0	
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Prior authorization is required



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting to health services</b>	Ambulance services	\$0	Prior authorization may be required
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	<p>Unlimited one-way trips 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.</p> <p>Transportation is authorized for plan-approved locations only (e.g., doctor's office, pharmacy, and hospital).</p>
<b>You need drugs to treat your illness or condition (continued on the next page)</b>	Medicare Part B drugs	\$0	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.
	Medicare Part D drugs  Tier 1: Preferred Generic  Tier 2: Generic  Tier 3: Preferred Brand  Tier 4: Non-Preferred Drug	<p><b><u>Retail Pharmacy</u></b> for up to a 100-day supply.</p> <p>Deductible- \$0 or \$615**</p> <p>Tier 1-5: \$0 - \$12.65 copay* or 25% coinsurance**</p> <p>Tier 6: \$0 copay</p> <p>*Cost sharing is based on the level</p>	<p>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.</p> <p>Once you or others on your behalf pay \$2,100, 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.</p> <p>Mail order (up to a 100-day) supplies are available for many drugs at all network retail</p>

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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)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>	<p>Tier 5: Specialty</p> <p>Tier 6: Select Care Drugs</p> <p>Tier 9: Non-Medicare Rx/OTC Drugs</p>	<p>of "Extra Help" the member receives. **Deductible and coinsurance may apply for members without "Extra Help."</p> <p><b>Mail Order</b> for a 61 to 100-day supply:</p> <p>Tier 1-5: \$0 \$12.65 copay* or 25% coinsurance (not to exceed what the member pays for one month). *</p> <p>Tier 6: \$0 copay Tier 9: \$0 copay</p> <p>tcCopays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>locations for the same \$0 cost as a 30-day supply. Mail-order pharmacy allows fills of a 61–100-day supply at the same cost for a 30-day supply.</p>
<p><b>You need drugs to treat your illness or condition</b></p>	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>UP to a \$80 allowance per quarter to spend on eligible OTC items such as vitamins, pain relievers, cold remedies, and more. Funds are loaded to a plan-issued debit card each quarter.</p> <p>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</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help with everyday expenses</b></p>	<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p>	<p>\$0</p>	<p>If a member qualifies, the OTC credit will be combined with the SSBCI credit. Any unused funds will expire at the end of the quarter or upon disenrollment from the plan.</p> <p>This credit can be used for:</p> <ul style="list-style-type: none"> <li>• Healthy foods</li> <li>• General supports for living (e.g., rent, mortgage, utilities)</li> <li>• Pest control</li> </ul> <p>In order to qualify for SSBCI, members must have at least one of the following chronic health conditions:</p> <p>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, &amp; metabolic syndrome, and stroke.</p> <p>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.</p> <p>The plan will review objective criteria to determine a member's eligibility. For more information or to check eligibility, members should contact the plan.</p>



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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)
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	Prior authorization is required
	Medical equipment for home care	\$0	Prior authorization is required.
	Dialysis services	\$0	
<b>You need foot care</b>	Podiatry services	\$0	Up to 6 routine podiatry visits per year.
	Orthotic services	\$0	
<b>You need durable medical equipment (DME)</b>  <b>Note:</b> This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to <b>Chapter 4</b> of the <i>Member Handbook</i> .	Wheelchairs, crutches, and walkers	\$0	Prior authorization is required for: <ul style="list-style-type: none"> <li>• Medicare-covered DME items over \$750 for purchase.</li> <li>• Rental and rent-to-purchase items.</li> <li>• The purchase of all wheelchairs (motorized and manual) and all wheelchair accessories (components) regardless of cost per item</li> <li>• Enteral Nutritional Supplements</li> </ul>
	Nebulizers	\$0	Prior authorization is required
	Oxygen equipment and supplies	\$0	Prior authorization is required.
<b>You need help living at home (continued on next page)</b>	Home health services	\$0	Prior authorization is required
	Home and bathroom safety items such as grab bars or doorknobs, non-slip floor coverings, safety chairs, and	\$0	\$150 allowance, per year, for home and bathroom safety devices, and Modifications added to the flex spending benefit card. Approved items include grab bars or doorknobs, non-slip floor coverings, safety chairs, and bathroom modification aids. These

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home (continued)</b>	bathroom modifications to aid with home safety.		products must be ordered through the OTC catalog or at participating retail stores. Unused amounts expire at the end of each year or upon disenrollment from the plan
	Adult day health, Community-Based Adult Services (CBAS), or other support services	\$0	These services are provided by the plan and are only available to individuals on the MICH 1915(c) waiver
	Day habilitation services	\$0	
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	These services are provided by the plan and are only available to individuals on the MICH 1915(c) waiver.



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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)
<b>Additional services</b>	Chiropractic services	\$0	Up to 12 routine chiropractic visits per year.
	Diabetes supplies and services	\$0	Preferred brands have a \$0 copay.  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	Prior authorization may be required.
	Radiation therapy	\$0	Prior authorization may be required.
	Services to help manage your disease	\$0	
	Caregiver Support Services	\$0	
	Personal Emergency Response System (PERS)	\$0	Personal Emergency Response System (PERS) is a 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. Benefit limited to one device per year.
	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 in the footer of this document to get one. If you have questions, you can also call Member Services or visit [www.amerihhealthcaritasvipcare.com/mi](http://www.amerihhealthcaritasvipcare.com/mi).

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## 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 in the footer of this document 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 or Wayne county</i> these benefits are provided by the PIHP. Contact the PIHP for more information.	\$0
Specialty behavioral health services may be provided by Michigan's Prepaid Insurance Health Plans (PIHPs). These include but aren't limited to inpatient behavioral health care, outpatient substance use disorder services and partial hospitalization services.	\$0
Community Transition Services (CTS) are provided through MDHHS.	\$0
Certain hospice care services covered outside of AmeriHealth Caritas VIP Care	\$0

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

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

Services AmeriHealth Caritas VIP Care, 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

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## 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:

- **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 (including sex stereotypes and gender identity) 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
- **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

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- **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 in the footer of this document.

You can also call the special Ombudsperson for people who have Medicare and Medicaid at 1-888-746-6456 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. or the Medicaid Office of the Ombudsperson at 1-888-746-6456 (TTY 711) , Monday through Friday 8 a.m. to 5 p.m.

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## 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 in the footer of this document. 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 in the footer of this document.

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

AmeriHealth Caritas VIP Care  
Attention: Grievances and Complaints Department  
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.

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## 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 in the footer of this document.
- 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](mailto:hcf@michigan.gov) or use the on-line Michigan Medicaid Fraud Complaint Form found at [secure.ag.state.mi.us/complaints/medicaid.aspx](https://secure.ag.state.mi.us/complaints/medicaid.aspx).

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

**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.

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[www.amerihealthcaritasvipcare.com/mi](http://www.amerihealthcaritasvipcare.com/mi)

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