



This booklet provides you with a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage* (EOC) or visit us at www.amerihealthcaritasvipcare.com/nc.

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

To join AmeriHealth Caritas VIP Care, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and be enrolled in the North Carolina Division of Health Benefits (Medicaid). You must qualify for Medical Assistance in one of the following categories of aid:

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

You must live in our service area. Our service area includes the following counties in North Carolina: Buncombe, Haywood, and McDowell.

For prospective enrollees, if you have questions about your eligibility, call 1-800-448-6116 (TTY 711).



Which doctors, hospitals, and pharmacies can I use?

- AmeriHealth Caritas VIP Care has a network of doctors, hospitals, pharmacies, and other providers. You must receive your care from a network provider. We will only pay for covered services if you go to an in-network provider. In most cases, you will have to pay for care that you receive from an out-of-network provider. Out-of-network/non-contracted providers are under no obligation to treat AmeriHealth Caritas VIP Care members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.
- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can view our plan's Provider and Pharmacy Directories on our website, www.amerihealthcaritasvipcare.com/nc.
- You can also call us, and we will send you a copy of the Provider and Pharmacy Directories.

What we cover

- Like all Medicare health plans, we cover everything that Original Medicare covers and more.
 - Our plan members get all the benefits covered by Original Medicare.
 - Our plan members also get more than what is covered by Original Medicare. Some
 of the extra benefits are outlined in this booklet.
- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.
 - You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.amerihealthcaritasvipcare.com/nc.
 - You can also call us, and we will send you a copy of the formulary.

How will I determine my drug costs?

• Our plan groups all medications into one of six tiers. The cost of your drugs will depend on the level of "Extra Help" you receive, and what tier they are in.



Plan Premium, Deductible, and Maximum Out-of-Pocket (MOOP)



Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive.

Monthly Plan Premium	You pay \$0 (You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.)
Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility	In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility. Your yearly limit(s) in this plan: \$9,250 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year.



Covered Medical and Hospital Benefits



Hospital coverage

Inpatient Hospital Coverage	\$0 copay per stay Prior authorization is required.
Outpatient Hospital Coverage	\$0 copay This includes medically necessary services for diagnosis or treatment of an illness or injury. Prior authorization is required for outpatient hospital care
Ambulatory Surgical Center (ASC) Services	\$0 copay Prior authorization may be required.



Doctor Visits

Doctor Visits	• Primary care provider (PCP) visit: \$0 copay per visit
(Primary Care Providers and Specialists)	 Annual Wellness visit: \$0 copay per visit Specialist care: \$0 copay per visit





Preventive

Any additional preventive services approved by Medicare during the contract year will be covered.

Preventive Care	\$0 copay	
	 Abdominal aortic aneurysm screening Alcohol misuse counseling Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer Screening (colonoscopy, fecal occult blood test flexible sigmoidoscopy) Depression screening Diabetes screening Diabetes selfmanagement training Health and wellness education programs HIV screening Lung cancer screening 	 Medical nutrition therapy Medicare Diabetes Prevention Program (MDPP) Obesity screening and counseling Prostate cancer screening (PSA) Sexually transmitted infections screening and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease): -Four additional face-to-face PCP visits for smoking/tobacco cessation annually Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, COVID-19 vaccines Vision care Welcome to Medicare preventive visit (one time)





Emergency and Urgent Care

Emergency Care	\$0 copay
	Cost-sharing for necessary emergency services furnished out of network is the same as that for such services furnished in-network.
Urgently Needed	\$0 copay
Services	
	This includes services needed to treat a non-
	emergency, unforeseen medical illness, injury, or
	condition that requires immediate medical care.
	Cost sharing for necessary, urgently needed services
	furnished out of network is the same as that for such services furnished in-network.



Diagnostic Services, Labs and Imaging

Diagnostic Services/	\$0 copay
Labs/Imaging (including diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)	 Covered services include, but are not limited to: Diagnostic tests and procedures. Laboratory tests. Diagnostic radiology services (such as magnetic resonance imaging [MRI], magnetic resonance angiography [MRA], computed tomography [CT], and positron emission tomography [PET]) Outpatient X-rays. Prior authorization may be required.





Hearing Services

Hearing Services	 \$0 copay for up to one routine hearing exam every year. \$0 copay for up to one year of follow-up provider visits for fitting and adjustments, every three years. \$2,000 allowance for two non-implantable
	TruHearing-branded Advanced hearing aids every
	 three years (limit one hearing aid per ear). Up to 80 batteries per aid for non-rechargeable models every three years up to the \$2,000 allowance amount, combined with hearing aids.
	Each TruHearing®-branded hearing aid purchase includes one year of follow-up provider visits for fitting and adjustments. These visits are available for 12 months following the purchase of a TruHearing®-branded hearing aid while the member is enrolled in the plan.





Dental Services

Dental Services	We cover the following services:
	Preventive:
	◆Oral exams – one every six months: \$0 copay
	• Cleaning – one every six months: \$0 copay
	• Fluoride treatment – one every six months: \$0 copay
	Dental X-rays – One every five years (frequency
	varies by service): \$0 copay

Dental Services
(continued)

Comprehensive:

- Minor restorations (fillings).
- Simple and Surgical extractions.
- Dentures (1 per arch every 5 years).
- Denture repair and reline. (1 per year).
- Oral surgery.
- Periodontics/endodontics.
- Crowns.
- Mini-implants.

\$3,000 plan coverage limit for comprehensive dental benefits every year. You are responsible for amounts beyond the benefit limit.

Prior authorization and limits may apply for some comprehensive dental services. You are responsible for amounts beyond the benefit limit.





Vision Services	\$0 copay for Medicare-covered diagnosis and
	treatment for diseases and conditions of the eye.
	• \$0 copay for up to one routine vision exam every
	year.
	• Up to \$300 every year towards eyeglasses or contact
	lenses.
	The benefit amount (allowance) must be used to pay
	for vision services from an in-network provider. In
	most cases, you will have to pay for care that you

receive from an out-of-network provider. You are responsible for amounts beyond the benefit limit.





Mental Health Services	\$0 copay
	Inpatient visit.
	Outpatient group therapy visit.
	Outpatient individual therapy visit.
	Substance abuse services
	•
	Prior authorization is required.



Skilled Nursing Facility (SNF) and Therapy

Skilled Nursing Facility (SNF)	\$0 copay
	Our plan covers up to 100 days in an SNF per admission.
	Prior authorization is required.
Physical, Occupational, and	\$0 copay
Speech Therapy	
	Prior authorization is required.





Ambulance and Non-Emergency Transportation

Ambulance	\$0 copay	
	Prior authorization may be required.	
Transportation	\$0 copay	
	24 one-way trips to plan-approved locations every year (e.g., doctor's office, pharmacy, and hospital). May consist of a car, shuttle, or van service, depending on appropriateness for the situation and the member's needs.)	
	Limit of 50 miles per one-way trip.	



Medicare Part B Drugs

Medicare Part B Drugs	0-20% coinsurance
	Chemotherapy drugs.
	Other Part B drugs.
	Non-preferred brands and all continuous glucose monitors will require a prior authorization and have a 20% co-insurance (until you reach the MOOP limit). Preferred brands have a \$0 copay.



Part D Prescription Drugs



AmeriHealth Caritas VIP Care covers a wide range of prescription drugs. They can include medicines you take every day to improve your health and well-being.

IMPORTANT: If you receive assistance from Medicaid or "Extra Help," you may pay less			
than the cost-sharing amounts listed in this document. If your category of Medicaid			
eligibility or level of Extra Help changes, your cost share may increase or decrease. Please			
refer to the Evidence of Coverage for additional benefit details			
Yearly Deductible stage	\$615 for Tiers 1-5. Only if you receive "Extra Help"		
	from Medicare, your deductible is \$0.		
	The deductible does not apply to tier 6.		
Initial Coverage stage	Tier 1 - 5: 25% coinsurance		
	Tier 6: \$0 copay		
	-You can get up to a 100-day supply of drugs at a		
	retail pharmacy and 61 to 100-day supply of drugs		
	using a mail-order prescription. You pay for one		
	month's cost share.		
Catastrophic Coverage stage	\$0 copay per prescription		

To find which pharmacies are available in your network, go to www.amerihealthcaritasvipcare.com/nc





Additional Covered Benefits

Additional Smoking and Tobacco Use Cessation	\$0 copay Four additional face-to-face primary care provider visits for smoking/tobacco cessation annually. This is in addition to Medicare's eight covered visits, for a total of 12 visits in a 12-month period.
Chiropractic Care	\$0 copay The plan covers manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).
Fitness Benefit	\$0 copay SilverSneakers® is a free fitness benefit which includes access to participating SilverSneakers® fitness facilities, online wellness resources, and classes.
Home Health Care	\$0 copay Prior authorization is required.





Meal Benefit, post-discharge	\$0 copay The post-discharge meal benefit covers 14 meals over the course of two weeks for qualified homebound members after each discharge from an inpatient facility or a skilled nursing facility. Up to four times per year. A referral is required.
Medical Equipment/Supplies	 \$0 copay Durable Medical Equipment (e.g., wheelchairs and oxygen). Prosthetics (e.g., braces, artificial limbs, and breast prostheses). Prior Authorization is required for: Medicare-covered DME items over \$750 for purchase. Rental and rent-to-purchase items. The purchase of all wheelchairs (motorized and manual) and all wheelchair accessories (components) regardless of cost per item Enteral Nutritional Supplements Non-Preferred Diabetic Supplies and Continuous Glucose Monitors (20% coinsurance will apply)
Opioid Treatment Program Services	 \$0 copay Substance use counseling. Individual and group therapy. Toxicology testing.





Outpatient Rehabilitation	 \$0 copay Cardiac (heart) rehabilitation services. Occupational therapy visit. Physical therapy and speech and language therapy visit.
	Prior authorization is required.
Over-the-counter Items (OTC)	\$0 cost
	\$75 per month to spend on eligible OTC items such as vitamins, pain relievers, cold remedies and more. Funds are loaded to a plan-issued debit card each month. • You can shop through the OTC catalog or at participating retail stores • No limit on the number of items or orders • Unused amounts expire at the end of each month or upon disenrollment from the plan
Personal Emergency Response	\$0 copay
System (PERS)	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.
Podiatry Services	\$0 copay Four routine foot care visits every year.





Special Supplemental Benefits for the Chronically III (SSBCI)

If you qualify for SSBCI will receive a \$125 monthly credit on your plan-issued debit card to help with everyday living expenses. This credit can be used for:

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

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





Telemedicine	\$0 copay	
	All members have access 24 hours a day, 7 days a week, throughout the year to a participating doctor 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.	
Worldwide Emergency/	\$0 copay	
Urgent Coverage		
	\$50,000 combined annual maximum plan benefit	
	amount for worldwide emergency coverage,	
	worldwide urgent coverage, and worldwide	
	emergency transportation services.	
24/7 Nurse Call Line	\$0 copay	
	The 24/7 Nurse Call Line is a service available to all members 24 hours a day, seven days a week. The service is designed to provide members with a resource to answer health-related questions and to recommend the appropriate level of care.	



Medicaid Benefit Comparison

All Medicaid benefits are subject to North Carolina, Division of Health Benefits (Medicaid) eligibility guidelines and requirements and are available only to full dual-eligible individuals. If you have questions about your Medicaid eligibility and what benefits you are entitled to, review your member handbook or contact North Carolina Division of Health Benefits (Medicaid) at 1-888-245-0179 (TTY 711).

Benefit Category	Medicaid	DSNP
Medicare-covered services		
Inpatient Hospital Care	Medicaid covers Medicare	In-Network
	deductibles, copays, and	\$0 copay
	coinsurances	
Inpatient Mental	Medicaid covers Medicare	In-Network
Health Care	deductibles, copays, and	\$0 copay
	coinsurances	
Skilled Nursing Facility	Medicaid covers Medicare	In-Network
(SNF)	deductibles, copays, and	\$0 copay
	coinsurances	Plan covers up to 100
	Medicaid covers additional days	days each benefit period
	beyond Medicare - 100-day limit	
Home Health Care	Medicaid covers Medicare	In-Network
	deductibles, copays, and	\$0 copay
	coinsurances	
Hospice	Medicaid covers Medicare	You must get care from
	deductibles, copays, and	Medicare-certified
	coinsurances	hospice
Doctor Office Visits	Medicaid covers Medicare	In-Network
	deductibles, copays, and	\$0 copay
	coinsurances	
	\$4 copay for Medicaid doctor	
	office visits	
Chiropractic Services	Medicaid covers Medicare	In-Network
	deductibles, copays, and	\$0 copay
	coinsurances	
	\$4 copay for Medicaid chiropractic	
	services	



Benefit Category	Medicaid	DSNP
Medicare-covered services		
Podiatry Services	Medicaid covers Medicare deductibles, copays, and coinsurances \$4 copay for Medicaid podiatry	In-Network \$0 copay
	services	
Outpatient Mental Health Care	Medicaid covers Medicare deductibles, copays, and coinsurances \$4 copay for Medicaid Outpatient Mental Health Care	In-Network \$0 copay
Outpatient Substance Abuse Care	Medicaid covers Medicare deductibles, copays, and coinsurances \$0 copay for Medicaid Outpatient Substance Abuse	In-Network \$0 copay
Outpatient Services/Surgery	Medicaid covers Medicare deductibles, copays, and coinsurances \$4 copay for Medicaid Outpatient Services/Surgery	In-Network \$0 copay
Ambulance Services	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Emergency Care	Medicaid covers Medicare deductibles, copays, and coinsurances	\$0 copay
Urgently Needed Care	Medicaid covers Medicare deductibles, copays, and coinsurances	\$0 copay
Outpatient Rehabilitation Services	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay



Benefit Category	Medicaid	DSNP
Medicare-covered services		
Durable Medical	Medicaid covers Medicare deductibles, copays, and	In-Network \$0 copay
Equipment	coinsurances	30 сорау
Prosthetic Devices	Medicaid covers Medicare	In-Network
	deductibles, copays, and coinsurances	\$0 copay
Diabetes Programs and	Medicaid covers Medicare	In-Network
Supplies	deductibles, copays, and coinsurances	\$0 copay
Bone Mass	Medicaid covers Medicare	In-Network
Measurement	deductibles, copays, and coinsurances	\$0 copay
Colorectal Screening	Medicaid covers Medicare	In-Network
Exams	deductibles, copays, and coinsurances	\$0 copay
Immunizations	Medicaid covers Medicare	In-Network
	deductibles, copays, and coinsurances	\$0 copay
Mammograms	Medicaid covers Medicare	In-Network
	deductibles, copays, and coinsurances	\$0 copay
Pap Smears and Pelvic	Medicaid covers Medicare	In-Network
Exams	deductibles, copays, and	\$0 copay
	coinsurances \$0 copay for Medicaid pap smears	
	and pelvic exams	
Prostate Cancer	Medicaid covers Medicare	In-Network
Screening Exams	deductibles, copays, and coinsurances	\$0 copay
End-Stage Renal	Medicaid covers Medicare	In-Network
Disease	deductibles, copays, and coinsurances	\$0 copay



Benefit Category	Medicaid	DSNP
Medicare-covered services		
Prescription Drugs	Medicaid does not cover Part D covered drugs \$4 for Medicaid prescription drugs	Depending on your income and institutional status, you pay the following: For Part D generic drugs (including brand drugs treated as generic), either: A \$0 copay or A \$1.10 copay or A \$2.50 copay For all other Part D drugs: either A \$0 copay or A \$3.30 copay or A \$3.30 copay or A \$6.30 copay or
Dental Services Hearing Services	Medicaid covers Medicare deductibles, copays, and coinsurances \$4 copay Medicaid dental services Medicaid covers Medicare	In-Network \$0 copay In-Network
	deductibles, copays, and coinsurances	\$0 copay
Vision Services	Medicaid covers Medicare deductibles, copays, and coinsurances \$4 copay for Medicaid vision services	In-Network \$0 copay
Welcome to Medicare and Annual Wellness Visit	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay



Benefit Category	Medicaid	DSNP
	Medicare-covered services	
Health/Wellness Education	No coverage	In-Network Written education materials including newsletters Health club Membership/fitness classes 24 Hour nursing hotline
Acupuncture	No coverage	No coverage

Medicaid only services The services listed below are available under Medicaid for people who qualify for full Medicaid coverage.		
Benefit Category	Medicaid	DSNP
Targeted Case Management	\$0 copay	No coverage beyond Original Medicare
Personal Care Services	\$0 copay	No coverage beyond Original Medicare
Private Duty Nursing	\$0 copay	No coverage beyond Original Medicare
Inpatient/SNF/ICF for Mental Diseases	\$0 copay	No coverage beyond Original Medicare
Inpatient copay Psychiatric Services (under 21)	\$0 copay	No coverage beyond Original Medicare
Intermediate Care Facilities for the Mentally Retarded	\$0 copay	No coverage beyond Original Medicare



For more information, please contact AmeriHealth Caritas VIP Care:

Not a member yet?

Contact us at 1-800-448-6116 (TTY 711), October 1 - March 31, 8 a.m. - 8 p.m., seven days a week. From April 1 - September 30, call 8 a.m. - 8 p.m., Monday through Friday.

Already a member?

Contact us at 1-866-562-4433 (TTY 711), October 1 - March 31, 8 a.m. - 8 p.m., seven days a week. From April 1 - September 30, call 8 a.m. - 8 p.m., Monday through Friday.

• Visit our website at www.amerihealthcaritasvipcare.com/nc.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048), 24 hours a day, seven days a week.

This information is not a complete description of benefits. Call 1-866-562-4433 (TTY 711) at the hours listed above for more information.

AmeriHealth Caritas VIP Care is an HMO-DSNP plan with a Medicare contract and a contract with the North Carolina Medicaid program. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal.

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-562-4433 (TTY 711), October 1 – March 31, 8 a.m. – 8 p.m., seven days a week. From April 1 – September 30, call 8 a.m. – 8 p.m., Monday through Friday. The call is free.

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www.amerihealthcaritasvipcare.com/nc

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