



AmeriHealth Caritas

VIP Care

2026 Summary of Benefits



Florida (FL01)

Service Area: Palm Beach, Broward,
and Miami-Dade counties.

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/fl.

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 Florida Medicaid Program. You must qualify for Medical Assistance in one of the following categories of aid:

- Qualified Medicare Beneficiary Plus (QMB+).
- Qualified Medicare Beneficiaries (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 Florida: **Palm Beach, Broward or Miami-Dade.**

For prospective enrollees, if you have questions about your eligibility, call **1-800-858-1487 (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.amerhealthcaritasvipcare.com/fl.
- 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.amerhealthcaritasvipcare.com/fl.
 - 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 on.

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.

<p>Monthly Plan Premium</p>	<p>You pay \$0</p> <p>(You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.)</p>
<p>Deductible</p>	<p>This plan does not have a deductible.</p>
<p>Maximum Out-of-Pocket Responsibility</p>	<p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility.</p> <p>Your yearly limit(s) in this plan: \$9,250 for services you receive from in-network providers.</p> <p>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.</p>

Covered Medical and Hospital Benefits



Hospital coverage

<p>Inpatient Hospital Coverage</p>	<p>\$0 copay per stay</p> <p><i>Prior authorization is required.</i></p>
<p>Outpatient Hospital Coverage</p>	<p>\$0 copay</p> <p>This includes medically necessary services for diagnosis or treatment of an illness or injury.</p> <p><i>Not all outpatient preventive or diagnostic services will require authorization.</i></p>
<p>Ambulatory Surgical Center (ASC) Services</p>	<p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p>



Doctor Visits

<p>Doctor Visits (Primary Care Providers and Specialists)</p>	<ul style="list-style-type: none"> • Primary care provider (PCP) visit: \$0 copay per visit • Annual Wellness visit: \$0 copay per visit • Specialist care: \$0 copay per visit
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Preventive

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

Preventive Care	\$0 copay
	<ul style="list-style-type: none"> • 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 self-management training • Diabetic services and supplies • 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	<p>\$0 copay</p> <p>Cost-sharing for necessary emergency services furnished out of network is the same as that for such services furnished in-network.</p>
Urgently Needed Services	<p>\$0 copay</p> <p>This includes services needed to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.</p> <p>Cost sharing for necessary urgently needed services furnished out of network is the same as that for such services furnished in-network.</p>



Diagnostic Services, Labs and Imaging

<p>Diagnostic Services/ Labs/Imaging (including diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)</p>	<p>\$0 copay</p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> • 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. <p><i>Prior authorization may be required.</i></p>
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Hearing Services

<p>Hearing Services</p>	<ul style="list-style-type: none"> • \$0 copay for up to one routine hearing exam every year. • \$2,000 allowance for two non-implantable TruHearing branded Advanced hearing aids every year (limit one hearing aid per ear). <p>The allowance covers the cost of two [2] non-implantable TruHearing branded Advanced hearing aid[s] every year (limit 1 hearing aid per ear). After plan-paid benefit, you are responsible for the remaining costs. * You must see a TruHearing provider to use this benefit.</p> <p>Hearing aid purchase includes:</p> <ul style="list-style-type: none"> - First 12 months of follow-up provider visits - 60-day trial period - 3-year extended warranty - 80 batteries per aid for non-rechargeable models <p>Benefit does not include or cover any of the following: Over the counter (OTC) hearing aids, ear molds, hearing aid accessories, additional provider visits, additional batteries, batteries when a rechargeable hearing aid is purchased, hearing aids that are not TruHearing-branded Advanced Aids, costs associated with loss & damage warranty claims.</p> <p>Costs associated with excluded items are the responsibility of the member and not covered by the plan.</p> <p>* Remaining costs refers to any amount more than your allowance</p> <p>Services not covered under any condition: Hearing aids and provider visits to service hearing aids (except as specifically described in the Covered Benefits), over the counter (OTC) hearing aids, ear molds, hearing aid accessories, warranty claim fees, and hearing aid batteries (beyond the 80 free batteries per non-rechargeable aid purchased).</p>
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Dental Services

<p>Dental Services</p>	<p>We cover the following services:</p> <p>Preventive:</p> <ul style="list-style-type: none"> • 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 <p>Comprehensive:</p> <ul style="list-style-type: none"> • Minor restorations (fillings). • Simple and Surgical extractions. • Dentures (1 per arch every 5 years). • Denture repair and reline. • Oral surgery. • Periodontics/endodontics. • Crowns. • Mini-implants. <p>\$2,500 plan coverage limit for comprehensive dental benefits every year.</p> <p><i>Prior authorization and limits may apply for some comprehensive dental services. You are responsible for amounts beyond the benefit limit.</i></p>
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 Vision Services

Vision Services	<ul style="list-style-type: none"> • \$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 \$415 every year towards eyeglasses or contact lenses.
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 Mental Health Services

Mental Health Services	<p>\$0 copay</p> <ul style="list-style-type: none"> • Inpatient visit. • Outpatient group therapy visit. • Outpatient individual therapy visit.
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 Skilled Nursing Facility (SNF) and Therapy

Skilled Nursing Facility (SNF)	<p>\$0 copay</p> <p>Our plan covers up to 100 days in an SNF per admission. <i>Prior authorization is required.</i></p>
Physical Therapy	<p>\$0 copay</p> <ul style="list-style-type: none"> • Occupational therapy • Speech therapy <p><i>Prior authorization is required.</i></p>



Ambulance and Non-Emergency Transportation

<p>Ambulance</p>	<p>\$0 copay</p> <p><i>Prior authorization is required for non-emergency ambulance services.</i></p>
<p>Transportation</p>	<p>\$0 copay</p> <p>Unlimited 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.)</p> <p><i>Rides must be scheduled at least one business day in advance except in special circumstances. Mileage limits may apply.</i></p>



Medicare Part B Drugs

<p>Medicare Part B Drugs</p>	<p>\$0 copay</p> <ul style="list-style-type: none"> • Preferred Chemotherapy drugs. • Preferred Other Part B drugs. <p><i>Prior authorization is required.</i></p> <p><i>20% coinsurance will be applied to non-preferred chemotherapy and non-preferred other Part B drugs.</i></p>
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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.

<p>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 <i>Evidence of Coverage</i> for additional benefit details.</p>	
Yearly Deductible stage	<p>\$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.</p>
Initial Coverage stage	<p>-Tiers 1-5: 0-25% coinsurance -Tier 6: \$0 copay -You can get a 30, 60 or up to 100-day supply of drugs at a retail pharmacy and 61 to 100-day supply of drugs using a mail-order prescription.</p>
Catastrophic Coverage stage	<p>\$0 copay per prescription</p>

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

Additional Covered Benefits



Acupuncture	<p>\$0 copay</p> <p>Up to a combined total of 20 medically necessary Acupuncture and Routine Chiropractic Care (Non-Medicare) visits per year.</p>
Additional Smoking and Tobacco Use Cessation	<p>\$0 copay</p> <p>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.</p>
Chiropractic Care	<p>\$0 copay</p> <p>Up to a combined total of 20 medically necessary Acupuncture and Routine Chiropractic Care (Non-Medicare) visits per year.</p>
Fitness Benefit	<p>\$0 copay</p> <p>SilverSneakers® is a free fitness benefit which includes access to participating SilverSneakers® fitness facilities, online wellness resources, and classes.</p>



Additional Covered Benefits continued...

<p>Home Health Care</p>	<p>\$0 copay</p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> • Part-time or intermittent skilled nursing and home health aide services (To be covered under the home health care benefit, your skilled nursing and home health aide services combined must total fewer than 8 hours per day and 35 hours per week) • Physical therapy, occupational therapy, and speech therapy • Medical and social services • Medical equipment and supplies <p><i>Prior authorization is required.</i></p>
<p>Meal Benefit, post-discharge</p>	<p>\$0 copay</p> <p>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.</p> <p><i>A referral is required.</i></p>



Additional Covered Benefits continued...

<p>Medical Equipment/Supplies</p>	<p>\$0 copay</p> <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs and oxygen). • Prosthetics (e.g., braces, artificial limbs, and breast prostheses). <p><i>Prior Authorization is required for:</i></p> <ul style="list-style-type: none"> • 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)
<p>Opioid Treatment Program Services</p>	<p>\$0 copay</p> <ul style="list-style-type: none"> • Substance use counseling. • Individual and group therapy. • Toxicology testing.
<p>Outpatient Rehabilitation</p>	<p>\$0 copay</p> <ul style="list-style-type: none"> • Cardiac (heart) rehabilitation services. • Physical therapy. <p><i>Prior authorization is required.</i></p>



Additional Covered Benefits continued...

<p>Over-the-counter Items (OTC)</p>	<p>\$80 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.</p> <ul style="list-style-type: none"> •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
<p>Personal Emergency Response System (PERS)</p>	<p>\$0 copay</p> <p>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.</p>
<p>Podiatry Services</p>	<p>\$0 copay</p> <p>12 routine foot care visits every year.</p>



Additional Covered Benefits continued...

<p>SSBCI</p>	<p><u>SSBCI</u></p> <p>If you qualify for SSBCI, you receive a \$105 monthly credit to help with everyday living expenses. This credit can be used for:</p> <ul style="list-style-type: none"> • Healthy foods • General supports for living (e.g., rent, mortgage, utilities) <p>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.</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. 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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Additional Covered Benefits continued...

<p>Telemedicine</p>	<p>\$0 copay</p> <p>We offer all members 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.</p>
<p>Worldwide Emergency/ Urgent Coverage</p>	<p>\$0 copay</p> <p>\$50,000 combined annual maximum plan benefit amount for worldwide emergency coverage, worldwide urgent coverage, and worldwide emergency transportation services.</p>
<p>24/7 Nurse Call Line</p>	<p>\$0 copay</p> <p>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.</p>

Florida Medicaid's Covered Services and HCBS Waivers

The list below provides a general overview of what is covered. For more information, please visit this link:

<https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/florida-medicaid-s-covered-services-and-hcbs-waivers>

Covered Services

- Allergy Services
- Ambulatory Surgical Center
- Anesthesia Services
- Assistive Care Services
- Behavioral Analysis
- Behavioral Health Overlay Services
- Birth Center and Midwife Services
- Cardiovascular Services
- Certified School Match Program
- Certified Substance Abuse County Match
- Chiropractic Services
- Community Behavioral Health Services
- County Health Department (CHD) Services
- Dental Services
- Dialysis Services
- Durable Medical Equipment (DME) and Medical Supplies
- Early Intervention Services
- Evaluation and Management Services
- Family Planning Waiver Services

- Federally Qualified Health Center Clinic Services
- Gastrointestinal Services
- Genitourinary Services
- Hearing Services
- Home Health Services
- Hospice Services
- Hospital - Inpatient
- Hospital - Outpatient
- Hospital - State Mental Health
- Integumentary Services
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Services
- Laboratory Services
- Medical Foster Care (MFC) Services
- Neurology
- Nursing Facility
- Oral and Maxillofacial Surgery Services
- Orthopedic Services
- Pain Management Services
- Podiatry Services
- Prescribed Drug Services
- Prescribed Pediatric Extended Care (PPEC) Services
- Program of All-Inclusive Care for the Elderly (PACE)
- Radiology and Nuclear Medicine Services
- Redirections
- Reproductive Services
- Respiratory Services

- Rural Health Clinic Services
- School-Based Services Programs – County Health Department (CHD) Program
- Specialized Therapeutic Foster Care
- Statewide Inpatient Psychiatric Program Services
- Targeted Case Management - Child Health
- Targeted Case Management - Children at Risk of Abuse and Neglect
- Targeted Case Management - Mental Health
- Therapy Services – Occupational
- Therapy Services – Physical
- Therapy Services – Respiratory
- Therapy Services – Speech-Language Pathology
- Transplant Services
- Transportation - Emergency
- Transportation - Non-Emergency
- Visual Aid Services
- Visual Care Services

Home and Community-Based Services (HCBS) Waivers

- Familial Dysautonomia
- iBudget
- Long-Term Care
- Model

For more information, please contact AmeriHealth Caritas VIP Care:

- **Not a member yet?**
Contact us at 1-800-858-1487 (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 1-833-535-3767 (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/fl

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 1-833-535-3767 (TTY 711) at the hours listed above for more information.

AmeriHealth Caritas VIP Care is an HMO-SNP plan with a Medicare contract and a contract with the Florida 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 1-833-535-3767 (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.



www.amerhealthcaritasvipcare.com/fl

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