

2025 Mid-Year Evidence of Coverage Notice

Updated May 2025

You are a valued member of AmeriHealth Caritas VIP Care (HMO-SNP) so we want to let you know about an important change to your 2025 Evidence of Coverage (EOC).

TRICARE was removed from *Chapter 5 Section 11 Using the plan’s coverage for Part D prescription drugs*. Tricare payments do not count toward an enrollee’s out-of-pocket costs.

Current Language	Revised Language
<p>Chapter 5</p> <p><i>Section 11.1 We send you a monthly summary called the Part D Explanation of Benefits (the Part D EOB).</i></p> <p>We keep track of how much you have paid. This is called your Out-of-Pocket Costs. This includes what you paid when you get a covered Part D drug, any payments for your drugs made by family or friends, and any payments made for your drugs by “Extra Help” from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs).</p>	<p>Chapter 5</p> <p><i>Section 11.1 We send you a monthly summary called the Part D Explanation of Benefits (the Part D EOB).</i></p> <p>We keep track of how much you have paid. This is called your Out-of-Pocket Costs. This includes what you paid when you get a covered Part D drug, any payments for your drugs made by family or friends, and any payments made for your drugs by “Extra Help” from Medicare, employer or union health plans, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs).</p>

For more information or to view the updated Evidence of Coverage, visit www.amerhealthcaritasvipcare.com/fl or you can call Member Services to ask about your covered benefits or find out anything else you want to know about your health plan.

Call us at 1-833-535-3767 (TTY 711), Monday through Friday, 8 a.m. – 8 p.m., from April 1 to September 30; or seven days a week, 8 a.m. – 8 p.m., from October 1 to March 31.

Sincerely,

AmeriHealth Caritas VIP Care

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.

ATANSYON: Si w pale kreyòl, ou ka resevwa sèvis pou ede w nan lang pa w san w pa peye pou sa. Rele nan 1-833-535-3767 (TTY 711) lendi pou vandredi, soti 8 à nan maten rive 8 è diswa, ant 1ye avril ak 30 septanm, oswa sèt jou sou sèt, soti 8 è nan maten rive 8 è diswa, ant 1ye oktòb ak 31 mas. Apèl la gratis.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-535-3767 (TTY 711) de lunes a viernes, de 8 a. m. a 8 p. m., del 1 de abril al 30 de septiembre; o los siete días de la semana, de 8 a. m. a 8 p. m., del 1 de octubre al 31 de marzo. La llamada es gratuita.

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