

# 2025 Summary of Benefits

**Florida**

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](http://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.amerihealthcaritasvipcare.com/fl](http://www.amerihealthcaritasvipcare.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.amerihealthcaritasvipcare.com/fl](http://www.amerihealthcaritasvipcare.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 tier. The cost for all drugs has a **\$0 copay per prescription**.

## 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	<p><b>You pay \$0</b></p> <p>(You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.)</p>
Deductible	<p><b>This plan does not have a deductible.</b></p>
Maximum Out-of-Pocket Responsibility	<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:  <b>\$9,350</b> 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

Inpatient Hospital Coverage	<p><b>\$0 copay per stay</b></p> <p><i>Prior authorization is required.</i></p>
Outpatient Hospital Coverage	<p><b>\$0 copay</b></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>
Ambulatory Surgical Center	<p><b>\$0 copay</b></p> <p><i>Prior authorization is required.</i></p>



### Doctor Visits

Doctor Visits (Primary Care Providers and Specialists)	<ul style="list-style-type: none"> <li>• Primary care provider (PCP) visit: <b>\$0 copay per visit</b></li> <li>• Annual Wellness visit: <b>\$0 copay per visit</b></li> <li>• Specialist care: <b>\$0 copay per visit</b></li> </ul>
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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"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screening</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer Screening (colonoscopy, fecal occult blood test flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training</li> <li>• Diabetic services and supplies</li> <li>• Health and wellness education programs</li> <li>• HIV screening</li> <li>• Lung cancer screening</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screening (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• 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</li> <li>• Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, COVID-19 vaccines</li> <li>• Vision care</li> <li>• Welcome to Medicare preventive visit (one time)</li> </ul>



## Emergency and Urgent Care

Emergency Care	<p><b>\$0 copay</b></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><b>\$0 copay</b></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><b>Diagnostic Services/ Labs/Imaging</b> (including diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)</p>	<p><b>\$0 copay</b></p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures.</li> <li>• Laboratory tests.</li> <li>• Diagnostic radiology services (such as magnetic resonance imaging [MRI], magnetic resonance angiography [MRA], computed tomography [CT], and positron emission tomography [PET])</li> <li>• Outpatient X-rays.</li> </ul> <p><i>Prior authorization may be required.</i></p>
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## Hearing Services

Hearing Services	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for up to one routine hearing exam every year.</li> <li>• <b>\$0 copay</b> for up to three fittings for a hearing aid every three years.</li> <li>• <b>\$0 copay</b> for 80 batteries per aid for non-rechargeable models every three years.</li> <li>• <b>\$2,000 allowance</b> for hearing aids every year (limit one hearing aid per ear).</li> </ul> <p>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 TruHearing®-branded hearing aid purchase and only with the purchase of a TruHearing®-branded hearing aid.</p>
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## Dental Services

Dental Services	<p>We cover the following services:</p> <p><b>Preventive:</b></p> <ul style="list-style-type: none"> <li>• Oral exams – one every six months: <b>\$0 copay</b></li> <li>• Cleaning – one every six months: <b>\$0 copay</b></li> <li>• Fluoride treatment – one every six months: <b>\$0 copay</b></li> <li>• Dental X-rays – four every year: <b>\$0 copay</b></li> </ul>
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<p>Dental Services (continued)</p>	<p><b>Comprehensive:</b></p> <ul style="list-style-type: none"> <li>• Minor restorations (fillings).</li> <li>• Simple and Surgical extractions.</li> <li>• Dentures (1 per arch every 5 years).</li> <li>• Denture repair and reline.</li> <li>• Oral surgery.</li> <li>• Periodontics/endodontics.</li> <li>• Crowns.</li> <li>• Mini-implants.</li> </ul> <p><b>Unlimited plan coverage limit</b> for comprehensive dental benefits every year.</p> <p><i>Prior authorization and limits may apply for some comprehensive dental services.</i></p>
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 Vision Services

<p>Vision Services</p>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for Medicare-covered diagnosis and treatment for diseases and conditions of the eye.</li> <li>• <b>\$0 copay</b> for up to one routine vision exam every year.</li> <li>• Up to <b>\$400</b> every year towards eyeglasses or contact lenses.</li> </ul>
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## Mental Health Services

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

Skilled Nursing Facility (SNF)	<b>\$0 copay</b> Our plan covers up to 100 days in an SNF per admission. <i>Prior authorization is required.</i>
Physical Therapy	<b>\$0 copay</b> <i>Prior authorization is required.</i>



## Ambulance and Non-Emergency Transportation

Ambulance	<b>\$0 copay</b> <i>Prior authorization is required for non-emergency ambulance services.</i>
Transportation	<b>\$0 copay</b> <ul style="list-style-type: none"> <li>• Unlimited one-way trips to plan-approved locations every year (e.g., doctor's office, pharmacy, and hospital).</li> </ul> <i>Prior authorization is required for trips that exceed 50 miles for a one-way ride. Other prior authorization and scheduling rules apply.</i>



## Medicare Part B Drugs

Medicare Part B Drugs	<p><b>\$0 copay</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy drugs.</li> <li>• Other Part B drugs.</li> </ul> <p><i>Prior authorization is required.</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.

Yearly Deductible stage	<b>No deductible</b> for Part D covered drugs
Initial Coverage stage	<p><b>-\$0 copay</b> per prescription for all covered Part D drugs</p> <p>-You can get a 30, 60 or 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	<b>\$0 copay</b> per prescription

To find which pharmacies are available in your network, go to [www.amerihealthcaritasvipcare.com/fl](http://www.amerihealthcaritasvipcare.com/fl)

## Additional Covered Benefits



Acupuncture	<p><b>\$0 copay</b></p> <p>Up to a combined total of 20 medically necessary Acupuncture and Routine Chiropractic Care (Non-Medicare) visits per year.</p> <p><i>Prior authorization is required for the Medicare-covered acupuncture benefit.</i></p>
Additional Smoking and Tobacco Use Cessation	<p><b>\$0 copay</b></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><b>\$0 copay</b></p> <p>Up to a combined total of 20 medically necessary Acupuncture and Routine Chiropractic Care (Non-Medicare) visits per year.</p>
Gym Benefit	<p><b>\$0 copay</b></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...

Home Health Care	<p><b>\$0 copay</b></p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• Physical therapy, occupational therapy, and speech therapy</li> <li>• Medical and social services</li> <li>• Medical equipment and supplies</li> </ul> <p><i>Prior authorization is required.</i></p>
Meal Benefit, post-discharge	<p><b>\$0 copay</b></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>
Medical Equipment/Supplies	<p><b>\$0 copay</b></p> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs and oxygen).</li> <li>• Prosthetics (e.g., braces, artificial limbs, and breast prostheses).</li> </ul> <p><i>Prior authorization may be required.</i></p>
Opioid Treatment Program Services	<p><b>\$0 copay</b></p> <ul style="list-style-type: none"> <li>• Substance use counseling.</li> <li>• Individual and group therapy.</li> <li>• Toxicology testing.</li> </ul>



## Additional Covered Benefits continued...

Outpatient Rehabilitation	<p><b>\$0 copay</b></p> <ul style="list-style-type: none"> <li>• Cardiac (heart) rehabilitation services.</li> <li>• Occupational therapy visit.</li> <li>• Physical therapy and speech and language therapy visit.</li> </ul> <p><i>Prior authorization is required.</i></p>
Over-the-counter Items (OTC)	<p><b>\$0 copay</b></p> <p><b>\$225</b> per month to use for Over-the-Counter (OTC) items included in the OTC catalog, online ordering portal and/or qualified items at participating retail settings via a restricted spend debit card. Members who qualify based on socioeconomic (LIS) status may use <b>\$225</b> of the monthly allowance towards qualifying food &amp; produce at participating retail locations and/or mail-order (item limits may apply), qualifying rent, utility services (including internet), pest control, and/or pet supplies.</p> <p>There is no limit on the total number of items or orders a member may purchase. Any unused balance will automatically expire at the end of each month or upon disenrollment from the plan.</p>
Personal Emergency Response System (PERS)	<p><b>\$0 copay</b></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. One device per year.</p>



## Additional Covered Benefits continued...

Podiatry Services	<p><b>\$0 copay</b></p> <p>12 routine foot care visits every year.</p>
Telemedicine	<p><b>\$0 copay</b></p> <p>MDLIVE offers 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>
Worldwide Emergency/ Urgent Coverage	<p><b>\$0 copay</b></p> <p><b>\$50,000</b> combined annual maximum plan benefit amount for worldwide emergency coverage, worldwide urgent coverage, and worldwide transportation services.</p>
24/7 Nurse Call Line	<p><b>\$0 copay</b></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>

## For more information, please contact:

AmeriHealth Caritas VIP Care  
11631 Kew Gardens Ave, Suite 200  
Palm Beach Garden, FL 33410

- **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](http://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](http://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.amerihealthcaritasvipcare.com/fl](http://www.amerihealthcaritasvipcare.com/fl)

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