



AmeriHealth Caritas VIP Care Plus
(Medicare-Medicaid Plan)

2017 Summary of Benefits



AmeriHealth Caritas VIP Care Plus (Medicare-Medicaid Plan): **Summary of Benefits**



This is a summary of health services covered by AmeriHealth Caritas VIP Care Plus for 2017. This is only a summary. Please read the Member Handbook for the full list of benefits.

- ❖ AmeriHealth Caritas VIP Care Plus is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- ❖ Under AmeriHealth Caritas VIP Care Plus you can get your Medicare and Michigan Medicaid services in one health plan. A Care Coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- ❖ Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have AmeriHealth Caritas VIP Care Plus pay for your services. For more information, call AmeriHealth Caritas VIP Care Plus Member Services or read the AmeriHealth Caritas VIP Care Plus Member Handbook.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can get this information for free in other languages. Call 1-888-667-0318, (TTY 711) 8am- 8pm- 7 days a week. The call is free.
- ❖ Usted puede obtener esta información sin cargo en otros idiomas. Llame al 1-888-667-0318 (TTY: 1-866-428-7583) los 7 días de la semana de 8 a.m. a 8 p.m. La llamada es sin cargo.
- ❖ على مدار 7 أيام من الساعة 8 صباحاً إلى الساعة 8 مساءً. 1-888-667-0318 (TTY 1-866-428-7583) يمكنك الحصول على هذه المعلومات بأي لغات أخرى مجاناً. اتصل على الرقم الاتصالي مجاني
- ❖ You can also get this information for free in other formats, such as large print, braille, or audio. Call 1-888-667-0318, (TTY 711) 8am- 8pm- 7 days a week. The call is free
- ❖ Members may make a standing request to get all of their future materials provided in a language other than English or in an alternative format by calling customer service at 1-888-978-0862 (TTY 711) 8 a.m.- 8 p.m. 7 days a week. The call is free.



If you have questions, please call AmeriHealth Caritas VIP Care Plus at 1-888-667-0318, (TTY 711) 8am- 8pm- 7 days a week. The call is free. **For more information**, visit www.amerihealthvipcareplus.com.

AmeriHealth Caritas VIP Care Plus: Summary of Benefits

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid 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 all your providers and services. They all work together to provide the care you need.
What is a Care Coordinator?	AmeriHealth Caritas VIP Care Plus' Care Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long term supports and services?	Long term supports and services are help for people who need assistance to do everyday tasks like taking a bath, 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.
Will you get the same Medicare and Michigan Medicaid benefits in AmeriHealth Caritas VIP Care Plus that you get now?	<p>You will get your covered Medicare and Michigan Medicaid benefits directly from AmeriHealth Caritas VIP Care Plus. You will 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. If you are currently getting services for mental health, substance use, or intellectual/developmental disability needs, you will continue to get these services the same way you do now.</p> <p>When you enroll in AmeriHealth Caritas VIP Care Plus, you and your care team will work together to develop an Individual Integrated Care and Supports Plan (IICSP) to address your health and support needs. You can keep seeing your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your IICSP is being completed. When you join our plan, if you are taking any Medicare Part D prescription drugs that AmeriHealth Caritas VIP Care Plus does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for AmeriHealth Caritas VIP Care Plus to cover your drug, if medically necessary.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with AmeriHealth Caritas VIP Care Plus and have a contract with us, you can keep going to them. Providers with an agreement with us are “in-network.” You must use the providers in AmeriHealth Caritas VIP Care Plus’ network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of AmeriHealth Caritas VIP Care Plus’ plan.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read AmeriHealth Caritas VIP Care Plus’ Provider and Pharmacy Directory.</p> <p>If AmeriHealth Caritas VIP Care Plus is new for you, you can continue seeing the doctors you go to now while your IICSP is being developed.</p>
<p>What happens if you need a service but no one in AmeriHealth Caritas VIP Care Plus’ network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, AmeriHealth Caritas VIP Care Plus will pay for the cost of an out-of-network provider.</p>
<p>Where is AmeriHealth Caritas VIP Care Plus available?</p>	<p>The service area for this plan includes: Macomb and Wayne Counties, Michigan. You must live in one of these areas to join the plan.</p>
<p>Do you pay a monthly amount (also called a premium) under AmeriHealth Caritas VIP Care Plus?</p>	<p>You will not pay any monthly premiums to AmeriHealth Caritas VIP Care Plus for your health coverage.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from AmeriHealth Caritas VIP Care Plus before you can get a specific service or drug or see an out-of-network provider. AmeriHealth Caritas VIP Care Plus may not cover the service or drug if you don’t get approval. If you need urgent or emergency care or out-of-area dialysis services, you don’t need to get approval first.</p>



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Frequently Asked Questions (FAQ)	Answers
What is a referral?	A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, AmeriHealth Caritas VIP Care Plus may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.
Whom should you contact if you have questions or need help? (continued)	If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call AmeriHealth Caritas VIP Care Plus Member Services: CALL 1-888-667-0318 Calls to this number are free. 8am-8pm- 7 days a week. After regular business hours, you may obtain plan information from the interactive voice response system and may leave a message for your care coordinator. Member Services also has free language interpreter services available for people who do not speak English. TTY 711 Calls to this number are free. 8am- 8pm- 7 days a week.



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AmeriHealth Caritas VIP Care Plus: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
Whom should you contact if you have questions or need help? (continued)	<p>If you have questions about your health, please call the 24 Hour Nurse Advice line:</p> <p>CALL 1-855-843-1145 Calls to this number are free 24 hours, 7 days a week. We have free interpreter services for people who do not speak English.</p> <p>TTY 711 Calls to this number are free 24 hours, 7 days a week.</p> <p>If you have questions about behavioral health services and resources, please call the PIHP General information Line. If you need immediate behavioral health services, please call the Behavioral Health Crisis Line for the local Prepaid Inpatient Health Plan (PIHP).</p> <p>CALL PIHP General Information Line for Macomb County 1-855-996-2264 Calls to this number are free. 24 hours a day, 7 days a week. After regular business hours, you may obtain information from the interactive voice response system.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p>



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AmeriHealth Caritas VIP Care Plus: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p>Whom should you contact if you have questions or need help?</p>	<p>CALL PIHP General Line for Wayne County 1-800-241-4949 Calls to this number are free. 24 hours a day, 7 days a week. After regular business hours, you may obtain information from the interactive voice response system.</p> <p>TTY 1-800-630-1044 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>CALL PIHP Crisis Line for Macomb County 1-800-273-8255 Calls to this number are free. 24 hours a day, 7 days a week. After regular business hours, you may obtain information from the interactive voice response system.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>CALL PIHP Crisis Line for Wayne County 1-800-241-4949 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 1-800-630-1044 Calls to this number are free. 24 hours a day, 7 days a week.</p>



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AmeriHealth Caritas VIP Care Plus: Summary of Benefits

The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	Rides must be scheduled at least 24 hours in advance except in special circumstances.
	Specialist care	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	There is no copayment for Medicare-approved clinical/diagnostic lab services. The majority of lab services do not require prior authorization. Some specialized lab services may require prior authorization.
	X-rays or other pictures, such as CAT scans	\$0	Not all outpatient diagnostic/therapeutic/radiological and x-ray services will require authorization.
	Screening tests, such as tests to check for cancer	\$0	



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AmeriHealth Caritas VIP Care Plus: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	Generic drugs (no brand name)	\$0 copay for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please see AmeriHealth Caritas VIP Care Plus' List of Covered Drugs (Drug List) for more information.</p> <p>Extended-day supplies are available at retail and mail order pharmacy locations. The cost sharing amount for these extended-day supplies is the same as for a one-month supply.</p>
	Brand name drugs	\$0 copay for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please see AmeriHealth Caritas VIP Care Plus' List of Covered Drugs (Drug List) for more information.</p> <p>Extended-day supplies are available at retail and mail order pharmacy locations. The cost sharing amount for these extended-day supplies is the same as for a one-month supply.</p>
	Over-the-counter drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see AmeriHealth Caritas VIP Care Plus' List of Covered Drugs (Drug List) for more information.</p>
	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior Authorization required.
You need emergency care	Emergency room services	\$0	Emergency room services are covered out of network (OON) and without prior authorization requirements.
	Ambulance services	\$0	Non-emergency ambulance requests to or from a facility do not require a prior authorization.
	Urgent care	\$0	Urgent care services are covered out of network (OON) and without prior authorization requirements.
You need hospital care	Hospital stay	\$0	Prior authorization required.
	Doctor or surgeon care	\$0	
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization required for cardiac and pulmonary rehabilitation services.
	Medical equipment for home care	\$0	Prior authorization required.
	Skilled nursing care	\$0	Prior authorization required.
You need eye care	Eye exams	\$0	Routine Examinations are covered once every year.



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	Glasses	\$0	<p>The plan will pay for an initial pair of eye glasses. Replacement glasses are offered once every year.</p> <p>The plan will pay for 1 pair of contact lenses for people with certain conditions.</p> <p>The plan will pay for basic and essential low vision aids (such as telescopes, microscopes, and certain other low vision aides).</p>
You need dental care	Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures	\$0	<p>Root canals and crowns are not covered.</p> <p>Exams and evaluations are covered once every six months.</p> <p>Cleaning is a covered benefit once every six months.</p> <p>X-rays</p> <ul style="list-style-type: none"> • Bitewing x-rays are a covered benefit only once in a 12-month period. • A panoramic x-ray is a covered benefit once every five years. • A full mouth or complete series of x-rays is a covered benefit once every five years. <p>Tooth extractions, one visit every year under limited circumstances.</p> <p>Complete or partial dentures are covered once every five years.</p>



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You need hearing/auditory services	Hearing screenings	\$0	The plan pays for Medicare-covered hearing and balance tests. These tests tell you whether you need medical treatment. They are covered as outpatient care when you get them from a physician audiologist, or other qualified provider.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	
	Diabetes supplies and services	\$0	Non-preferred brands will require an authorization from the health plan.
You have a mental health condition	Behavioral health services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP). The PIHP must approve admission for Outpatient Substance Abuse Services.
You have concerns related to substance use	Substance use services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP). The PIHP must approve admission for Outpatient Substance Abuse Services.
You need durable medical equipment (DME)	Wheelchairs	\$0	Authorization is required for Medicare-covered DME items over \$500 for purchase. Authorization is required for all Medicare-covered DME rental items.
	Canes	\$0	Authorization is required for Medicare-covered DME items over \$500 for purchase. Authorization is required for all Medicare-covered DME rental items.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Crutches	\$0	Authorization is required for Medicare-covered DME items over \$500 for purchase. Authorization is required for all Medicare-covered DME rental items.
	Walkers	\$0	Authorization is required for Medicare-covered DME items over \$500 for purchase. Authorization is required for all Medicare-covered DME rental items.
	Oxygen	\$0	Authorization is required for Medicare-covered DME items over \$500 for purchase. Authorization is required for all Medicare-covered DME rental items.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Meals brought to your home	\$0	Prior authorization required Limited to 2 meals per day. Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization required.
	Changes to your home, such as ramps and wheelchair access	\$0	Prior authorization required. Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Personal care services (You may be able to choose your own personal care assistant. Call Member Services for more information.)	\$0	Prior authorization required.
	Home health care services	\$0	Prior authorization required. Medicaid home health services must be ordered, in writing, by your physician as part of a written plan of care (POC) and reviewed by this physician every 60 days.



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AmeriHealth Caritas VIP Care Plus: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Adult day services or other support services	\$0	<p>Prior authorization required.</p> <p>Services are only available to individuals on the MI Health Link 1915(c) waiver.</p> <p>Adult Day Program services are furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, or as specified in the plan of care in a non-institutional, community based setting, encompassing both health and social services needed to ensure the optimal functioning of the enrollee.</p>
You need a place to live with people available to help you	Nursing home care	A patient pay amount may be required for non-skilled days of service.	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards.
Your caregiver needs some time off	Respite care	\$0	<p>Prior authorization required.</p> <p>General respite services are limited to 14 overnight stays in a 365 day period.</p> <p>Waiver respite services are unlimited.</p>



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AmeriHealth Caritas VIP Care Plus: Summary of Benefits

Other services that AmeriHealth Caritas VIP Care Plus covers

This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.

Other services covered by AmeriHealth Caritas VIP Care Plus	Your costs for <u>in-network</u> providers
Abdominal Aortic aneurysm screening	\$0
Alcohol misuse screening and counseling	\$0
Bone mass measurement	\$0
Cardiovascular disease screenings	\$0
Cardiovascular (heart) disease risk reduction visit (therapy for heart disease)	\$0
Chiropractic services, Medicare coverage	\$0
Counseling to stop smoking or tobacco use	\$0
Diabetes Screening	\$0
Depression Screening	\$0
Family Planning	\$0
HIV Screening	\$0
Immunizations	\$0
Kidney disease services and supplies	\$0
Medical Nutrition Therapy	\$0
Obesity Screening and therapy to keep weight down	\$0
Outpatient Surgery	\$0
Partial Hospitalization services	\$0
Podiatry Services, Medicare services	\$0



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AmeriHealth Caritas VIP Care Plus: **Summary of Benefits**

Benefits covered outside of AmeriHealth Caritas VIP Care Plus

This is not a complete list. Call Member Services to find out about other services not covered by AmeriHealth Caritas VIP Care Plus but available through Medicare or Michigan Medicaid.

Other services covered by Medicare or Michigan Medicaid	Your costs
Prosthetic Services, Medicare coverage	\$0
Sexually Transmitted Infections (STIs) screening and counseling	\$0
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services	\$0
Some hospice care services	\$0



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AmeriHealth Caritas VIP Care Plus: **Summary of Benefits**

Services that AmeriHealth Caritas VIP Care Plus, Medicare, and Michigan Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services <u>not</u> covered by AmeriHealth Caritas VIP Care Plus, Medicare, or Michigan Medicaid
Acupuncture
Chiropractic Care other than what is covered by Medicare
Elective Abortions and related services
Elective Cosmetic Surgery
Experimental Medical and Surgical Treatments, Items, and Drugs unless covered by Medicare or Michigan Medicaid
Hospice Services
Naturopath Services (the use of natural or alternative services).
Non-emergency services provided to veterans in the Veterans Affairs (VA) facilities.
Personal Items in your room at a hospital or a nursing facility, such as a telephone or television
Orthopedic shoes
Private room in hospital
Radial Keratotomy, LASIK surgery and vision therapy
Reversal of Sterilization Procedure, Sex Change Operations, and Non-prescription supplies
Routine Foot Care, except for the limited coverage provided by Medicare
Routine Hearing exams
Supportive Devices for the feet
Surgical Treatment for Morbid obesity
Services for Treatment of Infertility



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AmeriHealth Caritas VIP Care Plus: Summary of Benefits

Your rights as a member of the plan

As a member of AmeriHealth Caritas VIP Care Plus, 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 will 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 are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print, braille, audio)
 - Be free from any form of restraint or seclusion
 - Not be billed by network providers
- **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 format you can understand. These rights include getting 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 managers
- **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
 - See 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 are covered
 - Refuse treatment, even if your doctor advises against it
 - Stop taking medicine
 - Ask for a second opinion. AmeriHealth Caritas VIP Care Plus will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get medical care timely
 - 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 doctors and your health plan.



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AmeriHealth Caritas VIP Care Plus: **Summary of Benefits**

- **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 approval in an emergency
 - See an out of network urgent or emergency care provider, when necessary
- **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.
- **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 fair hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the AmeriHealth Caritas VIP Care Plus' Member Handbook. If you have questions, you can also call AmeriHealth Caritas VIP Care Plus' Member Services.



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If you have a complaint or think we should cover something we denied

If you have a complaint or think AmeriHealth Caritas VIP Care Plus should cover something we denied, call AmeriHealth Caritas VIP Care Plus at 1-888-667-0318 (TTY 711). You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the AmeriHealth Caritas VIP Care Plus Member Handbook. You can also call AmeriHealth Caritas VIP Care Plus' Member Services.

You can also file a grievance, complaint or appeal by mailing it to:

AmeriHealth Caritas VIP Care Plus
Attn: Appeals and Grievances Department
P.O. Box 337
Essington, PA 19029

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 Plus' Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- 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 or use the on-line Michigan Medicaid Fraud Complaint Form found at <http://www.michigan.gov/ag/0,1607,7-164-17331-46928--,00.html>.



If you have questions, please call AmeriHealth Caritas VIP Care Plus at 1-888-667-0318, (TTY711), 8am-8pm- 7 days a week. The call is free. **For more information**, visit www.amerihealthcaritasvipcareplus.com.



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