

Addendum to the Member Handbook

Effective October 1, 2025

This is important information on how your coverage has changed from that described in your earlier version of the AmeriHealth Caritas New Hampshire Member Handbook. Some changes are effective October 1, 2025 and some are effective October 20, 2025.

You are not required to take any action in response to this document, but we recommend you keep this information for future reference.

This notice is to let you know there are changes in your Member Handbook. Below you will find information describing these changes. Please keep this information for your reference.

The Member Handbook can be found at **www.amerihealthcaritasnh.com/handbook**. If you need a physical copy of the Member Handbook or this Addendum to the Member Handbook, please call Member Services to have a copy mailed to you at no cost.

If you have any questions, call Member Services at **1-833-704-1177 (TTY 1-855-534-6730)** **24 hours a day, seven days a week.**

Changes to your Member Handbook:

Where you can find the changes in your Member Handbook <i>On page 64, under Section 4.3 (Extra benefits provided by the plan)</i>	
New benefit information:	New CARE Card reward - \$25 Cervical cancer screening (PAP test) for women ages 21-64 as recommended by your provider
What does this mean to you?	This is a new reward available to earn by completing routine check-ups and recommended care. Please visit www.amerihealthcaritasnh.com/carecard to see the full list of possible rewards.
Where you can find the changes in your Member Handbook <i>On page 65, under Section 4.3 (Extra benefits provided by the plan)</i>	
Original information	Transportation for social trips — twelve one-way rides to or and from places in your community, such as events at our Wellness and Opportunity Center or to job interviews, exams, food banks, and more (30-mile limit each way).
New benefit information:	Transportation for social trips — fourteen one-way rides to or and from places in your community, such as events at our Wellness and Opportunity Center or to job interviews, exams, food banks, laundromats and more (30-mile limit each way).



What does this mean to you?	The number of rides covered for non-medical trips increased from 12 each way to 14 each way and laundromats have been added as a qualified destination.
Where you can find the changes in your Member Handbook On page 65, under Section 4.3 (<i>Extra benefits provided by the plan</i>)	
Original information	<p>Flexible benefit to support recovery — Members may receive up to a \$500 credit to access alternative peer recovery support services available after completing a nonhospital substance use disorder residential treatment program.</p> <p>Services available are subject to a \$500 lifetime limit, and some are also subject to the \$250 annual incentive limit. Services include chiropractic care, acupuncture, and transportation. For more information, please contact member services at 1-833-704-1177 (TTY 1-855-534-6730 or refer to the website.</p>
New benefit information:	<p>Flexible benefit to support recovery- Members who have completed a non-hospital substance use disorder residential treatment program may receive the following services (valued up to a lifetime maximum of \$500):</p> <ul style="list-style-type: none"> • Chiropractic, acupuncture, and massage therapy available at the residential facility or other in-network provider. • Support services such as home maintenance counseling, budgeting, and lease understanding. • Home delivered meals • Transportation benefits for a family visit at the inpatient treatment facility and to access recovery services in the community.
What does this mean to you?	This expands on the services already available such as home delivered meals and support services and now includes massage under this benefit up to a lifetime max of \$500.
Where you can find the changes in your Member Handbook Page 65, under Section 4.3 (<i>Extra benefits provided by the plan</i>)	
Original information:	(*Some restrictions and limitations may apply. Earn up to \$250 in cash and non-cash goods and services each state fiscal year ending June 30.)
New or corrected information:	(*Some restrictions and limitations may apply. On services not related to annual preventive care earn up to \$250 in cash and non-cash goods and services each state fiscal year ending June 30.)



<p>What does this mean to you?</p>	<p>CARE Card rewards earned when preventive care is completed (ex. Mammogram, immunizations, yearly check-ups) do not count towards the \$250 maximum each year. You could potentially earn more than \$250 in cash and non-cash services each state fiscal year ending June 30.</p> <p>Other rewards such as continuing to take a prescribed medication or attending a Member Advisory Board meeting still count towards the maximum of \$250 in cash and non-cash services each state fiscal year ending June 30.</p>
<p>Where you can find the changes in your Member Handbook <i>Page 54, under Section 4.2 (Benefits Chart)</i></p>	
<p>Original information:</p>	<p>Prescription drugs</p> <p>The plan covers prescription drugs (and over the counter drugs with a prescription) included on the plan’s list of covered drugs approved by NH DHHS. Drug coverage rules and restrictions may apply.</p> <p>Retail Pharmacy Copayment</p> <ul style="list-style-type: none"> • \$1 copayment for each preferred or approved non-preferred prescription drug – up to a 34-day supply • \$1 copayment for a prescription drug that is not identified as either a preferred or non-preferred prescription drug • \$2 copayment for each non-preferred prescription drug (if the prescribing provider determines that a preferred drug will be less effective and/or will have adverse effects for the member, the non-preferred drug will be \$1.00) <p>For information on prescription drug coverage, refer to Chapter 7 (<i>Getting covered prescription drugs</i>).</p>
<p>New or corrected information:</p>	<p>Prescription drugs</p> <p>The plan covers prescription drugs (and over the counter drugs with a prescription) included on the plan’s list of covered drugs approved by NH DHHS. Drug coverage rules and restrictions may apply.</p> <p>Retail Pharmacy Copayment</p> <ul style="list-style-type: none"> • \$4 copayment – up to a 34-day supply



	For information on prescription drug coverage, refer to Chapter 7 (<i>Getting covered prescription drugs</i>).
What does this mean to you?	<p>Beginning October 20, 2025, you will be charged a \$4 copayment at the pharmacy for your covered prescription drugs unless the prescription category is exempted, or you are in one of the member exempt categories.</p> <p>For information on who is exempt from copayments, refer to Section 7.7 (<i>Prescription drug copayments: Members who are exempt from copayments</i>) below.</p>
Where you can find the changes in your Member Handbook <i>Page 78, under Section 7.1 (Drug coverage rules and restrictions)</i>	
Original information:	<p>Drug coverage restrictions</p> <p>Drug list rule restrictions described in this section include:</p> <ul style="list-style-type: none"> • Restricting access to brand name drugs when a generic version of the drug is available • Requiring prior authorization from the plan • Requiring you try a different but similar drug first (“step therapy”) • Imposing quantity limits on prescription drugs
New or corrected information:	<p>Drug coverage restrictions</p> <p>Drug list rule restrictions described in this section include:</p> <ul style="list-style-type: none"> • Restricting access to non-preferred generic drugs when the brand name version of the drug is preferred • Requiring prior authorization from the plan • Requiring you try a different but similar drug first (“step therapy”) • Imposing quantity limits on prescription drugs
What does this mean to you?	Beginning October 1, 2025 , for new and renewed covered prescriptions, dispensing of a preferred brand name drug may be required instead of dispensing a non-preferred generic drug.



Where you can find the changes in your Member Handbook <i>Page 78, under Section 7.1 (Drug coverage rules and restrictions)</i>	
Original information:	Restricting access to brand name drugs when a generic version is available Generally, a “generic” drug works the same as a brand name drug and usually costs less. In most cases, when a generic version of a brand name drug is available and has been proven effective for most people with your condition, network pharmacies will provide you the generic version. We usually will not cover the brand name drug when a generic version is available. However, if your provider has told us the medical reason that the generic drug will not work for you, then the plan will cover the brand name drug.
New or corrected information:	Restricting access to non-preferred brand name drugs when a preferred generic version is available Generally, a “generic” drug works the same as a brand name drug and usually costs less. In most cases, when a generic version of a brand name drug is available and has been proven effective for most people with your condition, network pharmacies will provide you with the generic version. We sometimes will not cover the brand name drug when a generic version is available. For coverage information, refer to the plan’s Preferred Drug List. However, if your provider has told us the medical reason that the generic drug will not work for you, then the plan will cover the brand name drug.
What does this mean to you?	Beginning October 1, 2025, for new and renewed covered prescriptions, dispensing of a preferred brand name drug may be required instead of dispensing a non-preferred generic drug.



Where you can find the changes in your Member Handbook

Page 83, under Section 7.7 (*Prescription drug copayments*)

Original information:	<p>A copayment may be required for each prescription</p> <p>You will be charged a copayment at the pharmacy for your covered prescription drugs unless the prescription category is exempted or you are in one of the member exempt categories, as described below (see <i>Members who are exempt from copayments</i>).</p> <p>A “copayment” or “copay” is the fixed amount you may pay each time you fill and refill a prescription. Prescription drug copayment amounts are subject to change.</p> <p>For prescription drug copayment amounts refer to Section 4.2 (Benefits Chart, see <i>Prescription drugs</i>).</p>
New or corrected information:	<p>A copayment may be required for each prescription</p> <p>You will be charged a copayment at the pharmacy for your covered prescription drugs unless the prescription category is exempted or you are in one of the member exempt categories, as described below (see <i>Members who are exempt from copayments</i>).</p> <p>A “copayment” or “copay” is the fixed amount you may pay each time you fill and refill a prescription. Prescription drug copayment amounts are subject to change.</p> <p>For prescription drug copayment amounts refer to Section 4.2 (Benefits Chart, see <i>Prescription drugs</i>).</p> <p>When subject to Medicaid copayments and other out-of-pocket costs for covered services including prescription drugs, you pay no more than five percent (5%) of your household income every quarter (January-March, April-June, etc.).</p> <p>For example: If your household earns \$6,000 each quarter:</p>



	<ul style="list-style-type: none">• 5% of that is \$300.• Once you have paid \$300 out-of-pocket in that quarter, you pay nothing for prescriptions until the next quarter. <p>Keep track of your receipts. If you find you have met your household income limit for the quarter, call the New Hampshire Medicaid Customer Service Center toll-free at 1-844-ASK-DHHS (1-844-275-3447) (TDD Access Relay: 1-800-735-2964), Monday through Friday, 8:00 a.m. to 4:00 p.m. ET.</p>
What does this mean to you?	<p>You will be charged a \$4 copayment at the pharmacy for your covered prescription drugs unless the prescription category is exempted, or you are in one of the member exempt categories.</p> <p>If you are required to pay a Medicaid copayment or other out-of-pocket costs for covered services, keep track of your receipts. When you have met your 5% household income limit for the quarter, call the New Hampshire Medicaid Customer Service Center toll-free at 1-844-ASK-DHHS (1-844-275-3447) (TDD Access Relay: 1-800-735-2964), Monday through Friday, 8:00 a.m. to 4:00 p.m. ET.</p> <p>For information on who is exempt from copayments, refer to Section 7.7 (Prescription drug copayments: <i>Members who are exempt from copayments</i>) below.</p>
Where you can find the changes in your Member Handbook <i>Page 84, under Section 7.7 (Prescription drug copayments)</i>	
Original information:	<p>Members who are exempt from copayments</p> <p>NH DHHS determines whether you are exempt from prescription copayments.</p> <p>You do not have to pay a copayment if:</p> <ul style="list-style-type: none">• You fall under the designated income threshold (100% or below the federal poverty level);• You are younger than age 18 years of age;



	<ul style="list-style-type: none">• You are in a nursing facility or in an intermediate care facility for individuals with intellectual disabilities;• You participate in one of the Home and Community Based Care (HCBC) waiver programs;• You are pregnant and receiving services related to your pregnancy or any other medical condition that might complicate your pregnancy;• You are receiving services for conditions related to your pregnancy and your prescription is filled or refilled within 60 days after the month your pregnancy ended;• You are in the Breast and Cervical Cancer Program;• You are receiving hospice care; or• You are a Native American or Alaskan Native.
New or corrected information:	<p>Members who are exempt from copayments</p> <p>NH DHHS determines whether you are exempt from prescription copayments.</p> <p>You do not have to pay a copayment if:</p> <ul style="list-style-type: none">• You fall under the designated income threshold (100% or below the federal poverty level);• You are younger than age 18 years of age;• You are in a nursing facility or in an intermediate care facility for individuals with intellectual disabilities;• You participate in one of the Home and Community Based Care (HCBC) waiver programs;• You are pregnant and receiving services related to your pregnancy or any other medical condition that might complicate your pregnancy;• You are receiving services for conditions related to your pregnancy and your prescription is filled or refilled within 12 months after the month your pregnancy ended;• You are in the Breast and Cervical Cancer Program;• You are receiving hospice care; or• You are a Native American or Alaskan Native.



What does this mean to you?	For conditions related to pregnancy, members are now exempt from a prescription copayment up to 12 months after the month the pregnancy ended. Previously, it was 60 days.
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Where you can find the changes in your Member Handbook <i>Pages 19, 99, 101, 102, 108, under Sections 2.10, 10.4, 10.5, 10.6 (Filing an appeal/grievance), 12 (Legal notices)</i>	
Original information:	Contact the NH DHHS Ombudsman/Administrative Appeals Unit (AAU) office 1-800-852-3345, ext. 16941
New or corrected information:	Contact the NH DHHS Ombudsman/ Administrative Appeals Unit (AAU) office 1-800-852-3345, option 1
What does this mean to you?	There is no extension for this number, you would now select option 1 to reach the Ombudsman or AAU office

Where you can find the changes in your Member Handbook <i>Page 48, under Section 4.2 (Benefits Chart)</i>	
Original information:	Additional maternity-related services are also available through the Home Visiting NH and Comprehensive Family Support Services programs. For more information about these programs, please call the NH Division of Public Health Services at 1-800-852-3345, ext. 14501
New or corrected information:	Additional maternity-related services are also available through the Home Visiting NH and Comprehensive Family Support Services programs. For more information about these programs, please call the NH Division of Public Health Services at 1-800-852-3345, option 2
What does this mean to you?	There is no extension for this number, you would now select option 2 to reach the NH Division of Public Health Services

Discrimination is against the law

AmeriHealth Caritas New Hampshire complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of age; race; color; ethnicity; national origin or ancestry; mental or physical disability; sexual or affection orientation or preference; gender identity; marital status; genetic information; source of payment; sex, including sex stereotypes, sex characteristics including intersex traits; pregnancy or related conditions; creed, religion; health or mental health status or history; need for health care services; amount payable to AmeriHealth Caritas New Hampshire on the basis of an eligible person's or member's actuarial class or pre-existing medical/health conditions; whether or not the member has executed an advance directive; or any other status protected by federal or state law.

AmeriHealth Caritas New Hampshire provides free aids and services to people with disabilities. Examples of these aids and services include qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats, other formats). We provide free language services, such as qualified interpreters and information written in other languages, to people with limited English proficiency or whose primary language is not English.

If you need these services, contact AmeriHealth Caritas New Hampshire 24 hours a day, seven days a week, at 1-833-704-1177 (TTY 1-855-534-6730).

If you believe that AmeriHealth Caritas New Hampshire has failed to provide these services or has discriminated against you in another way, you or your authorized representative (if we have your written authorization on file) can file a grievance with:

AmeriHealth Caritas New Hampshire Grievances
1557 / Civil Rights Coordinator
P.O. Box 7389
London, KY 40742-7389
Phone: 1-833-704-1177 (TTY 1-855-534-6730)
Email: acfcgrievances@amerihealthcaritas.com

- You can also file a grievance by phone. If you need help filing a grievance, AmeriHealth Caritas New Hampshire Member Services is available to help you. You can contact Member Services 24 hours a day, seven days a week, at 1-833-704-1177 (TTY 1-855-534-6730).

You may also file a discrimination complaint through the Department of Health and Human Services (DHHS) Office of the Ombudsman who has been designated to coordinate the efforts of NH DHHS's civil rights compliance for the Department:

State of New Hampshire, Department of Health and Human Services, Office of the Ombudsman
129 Pleasant Street
Concord, NH 03301-3857
1-603-271-6941 or 1-800-852-3345 ext. 16941
Fax: 1-603-271-4632, (TTY 1-800-735-2964)
E-mail: ombudsman@dhhs.nh.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019 (TTY 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-833-704-1177 (TTY 1-855-534-6730).

Atención: se habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-704-1177 (TTY 1-855-534-6730).

Multi-language interpreter services

English – Attention: If you do not speak English, language assistance services, free of charge, are available to you. **Call 1-833-704-1177 (TTY 1-855-534-6730).**

Spanish – Atención: si no habla inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. **Llame al 1-833-704-1177 (TTY 1-855-534-6730).**

French – Attention: Si vous ne parlez pas l'anglais, des services d'aide linguistique vous sont proposés gratuitement. **Appelez au 1-833-704-1177 (TTY 1-855-534-6730).**

Chinese (Mandarin) – 注意: 如果您不会说英语, 我们可为您提供免费语言援助服务。 **请致电 1-833-704-1177 (TTY 1-855-534-6730)。**

Nepali – ध्यान दिनुहोस्: यदि तपाईं अंग्रेजी बोल्नुहुँदैन भने, भाषा सहायता सेवाहरू तपाईंको लागि नि:शुल्क उपलब्ध छन्। **निम्नमा फोन गर्नुहोस्: 1-833-704-1177 (TTY 1-855-534-6730)।**

Vietnamese – Chú ý: Nếu bạn không nói tiếng Anh, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. **Gọi số 1-833-704-1177 (TTY 1-855-534-6730).**

Portuguese – Atenção: se você não fala inglês, serviços de assistência linguística estão disponíveis gratuitamente. **Ligue para 1-833-704-1177 (TTY 1-855-534-6730).**

Dari – توجه: اگر به لسان انگلیسی گپ نمیزنید، خدمات مساعدت لسانی به صورت رایگان به شما ارائه میشود. **با نمبر 1-833-704-1177 (TTY 1-855-534-6730) به تماس شوید.**

Arabic – ملحوظة: إذا كنت لا تتحدث الإنجليزية، تتوفر خدمات المساعدة اللغوية لك مجانًا. **اتصل بالرقم 1-833-704-1177 (TTY 1-855-534-6730).**

Braille or large print – Attention: If you need materials in large print or Braille, they can be sent to you at no cost. Please **call 1-833-704-1177 (TTY 1-855-534-6730).**

Ukrainian – Увага: Якщо ви не розмовляєте англійською мовою, вам доступні безкоштовні послуги мовної підтримки. **Зателефонуйте за номером 1-833-704-1177 (TTY 1-855-534-6730).**

Swahili – Onyo: Kama hauzungumuzi lugha ya Kingereza, unaweza pata huduma ya kutafsiri lugha bila kulipa. **Piga simu ku 1-833-704-1177 (TTY 1-855-534-6730).**

Kinyarwanda – icyitonderwa: Niba utavugaga icyongereza, uhabwa serivise z'ubufasha bw'indimi nta kiguzi utanze. **Hamagara kuri 1-833-704-1177 (TTY 1-855-534-6730).**

Russian – Внимание: если вы не говорите по-английски, то вам доступны бесплатные услуги перевода. **Звоните 1-833-704-1177 (TTY 1-855-534-6730).**

Haitian Creole – Atansyon: Si w pa pale anglè, gen sèvis ki gratis ki disponib pou ede w nan lang pa w. **Rele nan 1-833-704-1177 (TTY 1-855-534-6730).**

Urdu – متوجہ ہوں: اگر آپ انگریزی زبان نہیں بولتے تو آپ کے لئے زبان کی معاونت کی خدمات بلا معاوضہ دستیاب ہیں۔ **1-833-704-1177 (TTY 1-855-534-6730) پر کال کریں۔**

Pashto – توجه وکړئ: که تاسو په انګلیسي نه پوهیږئ، تاسو لپاره د ژبي د مرستې وړیا خدمتونه شتون لري. **1-833-704-1177 (TTY 1-855-534-6730) ته زنگ ووهئ.**