

Addendum to the Member Handbook

Effective January 1, 2025

This is important information on how your coverage has changed, effective January 1, 2025, from that described in your earlier version of the AmeriHealth Caritas New Hampshire Member Handbook. 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 On page 34, under Section 4.2 (<i>Benefits Chart</i>)	
New benefit information:	Adult community reentry services The plan covers services to help adults ages 18 and older who are getting ready to leave certain New Hampshire correctional facilities. This program offers health care services for 45 days before release and continues to help after release if you qualify. Covered services include: Before release The program works with your health plan to provide: • Virtual health care visits and health screenings • Virtual and in-person peer support services • Treatment for substance use withdrawal • Scheduling health appointments for after release Upon release The program continues to help by providing: • A 30-day supply of medications at the time of release



	Extended Services for Those Who Qualify • Ongoing health care coverage – If you still qualify for Medicaid, you can keep receiving care. Check Chapter 4, Section 4.2: Benefits Chart in the Member Handbook for details. • Extra support – You can get 12 more months of health plan support after the month you are released. • Additional reentry services – If you were in foster care, you may also qualify for both adult and youth reentry services until age 26. (Youth community reentry services are explained separately.) For more information, please call Member Services.
What does this mean to you?	This is a new service covered by AmeriHealth Caritas New Hampshire.

Where you can find the changes in your Member Handbook <i>On page 62, under Section 4.2 (Benefits Chart)</i>	
New benefit information:	Youth community reentry services The plan covers services to help youth and young adults under age 21 who are getting ready to leave certain New Hampshire detention and correctional facilities. This program offers health care services for 30 days before release and continues to help after release if you qualify. Covered services include: Before release The program works with your health plan to provide: • A physical check-up with screenings to find out what care you may need after release • Virtual and/or in-person health care visits and screenings • Scheduling health appointments for after release Upon and after release The program continues to help by providing: • A 30-day supply of medications at the time of release • Additional tests and treatments based on screenings done before release • Help with health care needs for 30 more days after release



	Extended Services for Those Who Qualify • Ongoing health care coverage – If you still qualify for Medicaid, you can keep receiving care. Check Chapter 4: Benefits Chart in the Member Handbook for details. • Extra support – You can get 12 more months of health plan support after the month you are released. • Additional reentry services – Former foster youth and young adults up to age 26 may be able to get both youth and adult reentry services. (Adult reentry services are explained separately.) More Information and Resources • Want to know more? Check the Member Handbook under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services for more details. For more information, please call Member Services.
What does this mean to you?	This is a new service covered by AmeriHealth Caritas New Hampshire.

Where you can find the changes in your Member Handbook <i>Page 64, under Section 4.3 (Extra benefits provided by the plan)</i>	
Original information:	\$50 - By second birthday, baby has had at least six well visits, all 10 required shots, and a lead screening.
New or corrected information:	\$25 - By 15 months old, baby has had all six infant well visits.** \$25 - By second birthday, baby has had all 10 required shots.** \$25 - Complete a well visit with your PCP each calendar year for members age 22 and up. For more information, please call Member Services.
What does this mean to you?	The CARE Card rewards have changed.



	Instead of a \$50 CARE Card reward for both 10 shots and 6 well visits by second birthday, now there are two \$25 CARE Card rewards. You child can earn \$25 on their CARE Card when they complete six well-visits by the time they are 15 months old and another \$25 reward when they receive all 10 shots by their second birthday. Additionally, adults ages 22 and older can earn \$25 on their CARE Card when they complete a well-visit with their Primary Care Physician (PCP) each year.
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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, 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, 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
P.O. Box 7389
London, KY 40742-7389
1-833-704-1177 (TTY 1-855-534-6730)

- You can also file a grievance by phone at **1-833-704-1177 (TTY 1-855-534-6730)**.
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 habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-704-1177 (TTY 1-855-534-6730)**.

French — Attention : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-833-704-1177 (TTY 1-855-534-6730)**.

Chinese — 注意: 如果您使用中文, 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 नेपाली भाषा बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छन्। फोन गर्नुहोस्: **1-833-704-1177 (TTY 1-855-534-6730)**

Vietnamese — Chú ý: Nếu bạn nói Tiếng Việt, 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 fala português, serviços de assistência linguística estão disponíveis gratuitamente. Ligue para **1-833-704-1177 (TTY 1-855-534-6730)**.

Greek — Προσοχή: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-833-704-1177 (TTY 1-855-534-6730)**.

Arabic —

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-833-704-1177 (TTY 1-855-534-6730)**.

Serbo-Croatian — Pažnja: Ako govorite srpskohrvatski, besplatno su vam dostupne usluge jezičke pomoći. Nazovite **1-833-704-1177 (TTY 1-855-534-6730)**.

Indonesian — Perhatian: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi **1-833-704-1177 (TTY 1-855-534-6730)**.

Korean — 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-833-704-1177 (TTY 1-855-534-6730)**번으로 전화해 주십시오.

Russian — Внимание: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-833-704-1177 (TTY 1-855-534-6730)**.

French Creole — Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-833-704-1177 (TTY 1-855-534-6730)**.

Kirundi — Uragaba: Nimba uvuga Ikirundi, uzohabwa serivisi zigufasha mu ndimi ku buntu ata kiguzi. Terefona **1-833-704-1177 (TTY 1-855-534-6730)**.

Polish — Uwaga: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-833-704-1177 (TTY 1-855-534-6730)**.