

Annual Notice of Changes for **2021**



AmeriHealth Caritas VIP Care Plus (Medicare-Medicaid Plan) offered by AmeriHealth Michigan Inc.

Annual Notice of Changes for 2021

You are currently enrolled as a member of AmeriHealth Caritas VIP Care Plus. **Next year, there will be some changes to the plan's benefits, coverage and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.**



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

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A. Disclaimers

- 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 AmeriHealth Caritas VIP Care Plus *Member Handbook*.

B. Reviewing Your Medicare and Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section E2 for more information.

If you leave our plan, you will still be in the Medicare and Michigan Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 11 to see your choices).
- If you do not want to enroll in a different Medicare-Medicaid Plan after you leave AmeriHealth Caritas VIP Care Plus, you will go back to getting your Medicare and Michigan Medicaid services separately.



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B1. Additional resources

- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-667-0318 (TTY 711)** de 8 a.m. a 8 p.m., los siete días de la semana. La llamada es gratuita.

تنويه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجاناً. يُرجى الاتصال بالرقم (1-888-667-0318 (TTY 711)، من 8 صباحاً إلى 8 مساءً، سبعة أيام في الأسبوع. المكالمات مجانية.

- You can also get this document for free in other formats, such as large print, braille, or audio. Call **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free.
- You can make a request to get this document, now and in the future, in a language other than English or in another format simply by calling Member Services at **1-888-667-0318 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m. We'll also ask for your preference during our Welcome Call and later in the year, when you contact the plan. The plan will store your request and continue to send future documents in this requested language or format, unless you ask us to cancel or change the request. You can cancel or change your request at any time, simply by calling member Services. The calls are free.

B2. Information about AmeriHealth Caritas VIP Care Plus

- 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.
- Coverage under AmeriHealth Caritas VIP Care Plus is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- AmeriHealth Caritas VIP Care Plus is offered by AmeriHealth Michigan. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means AmeriHealth Michigan. When it says “the plan” or “our plan,” it means AmeriHealth Caritas VIP Care Plus.



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B3. Important things to do:

Check if there are any changes to our benefits that may affect you.

- Are there any changes that affect the services you use?
- It is important to review benefit changes to make sure they will work for you next year.
- Look in section D1 for information about benefit changes for our plan.

Check if there are any changes to our prescription drug coverage that may affect you.

- Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
- It is important to review the changes to make sure our drug coverage will work for you next year.
- Look in section D2 for information about changes to our drug coverage.

Check to see if your providers and pharmacies will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network? What about your pharmacy? What about the hospitals or other providers you use?
- Look in section C for information about our *Provider and Pharmacy Directory*.

Think about your overall costs in the plan.

- How do the total costs compare to other coverage options?

Think about whether you are happy with our plan.

If you decide to stay with AmeriHealth Caritas VIP Care Plus:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (see section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E2, page 12 to learn more about your choices.



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

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2021.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.amerhealthcaritasvipcareplus.com. You may also call Member Services at **1-888-667-0318 (TTY 711)** for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain health care services next year. The table below describes these changes.

	2020 (this year)	2021 (next year)
<i>Fitness benefit</i>	Fitness benefit is not covered.	SilverSneakers® is a free fitness benefit which includes access to participating SilverSneakers® fitness facilities, online wellness resources, and classes.
<i>Meal benefit for COVID-19 patients</i>	Meal benefit for COVID-19 patients is not covered.	The COVID-19 meal benefit offers a maximum of 28 meals (28 meals is two week's worth of meals at 2 meals/day for 14 days) to any qualified member who is ordered to in home-isolation/quarantine or has tested positive to COVID-19 and is in need of food services. This meal benefit only applies to affected enrollees during a public health emergency for COVID-19. <i>Referral is required.</i>
<i>Opioid Treatment Program Services</i>	<i>Referral is required.</i> Prior authorization is not required.	<i>Referral is not required.</i> <i>Prior authorization is required.</i>



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<p>Acupuncture for chronic low back pain</p>	<p><i>Acupuncture</i> is not covered.</p>	<p>Up to 12 visits in 90 days are covered for Medicare beneficiaries experiencing chronic low back pain, defined as:</p> <ul style="list-style-type: none"> • Lasting 12 weeks or longer; • not specific (having no systemic cause that can be identified, such as not associated with metastatic, inflammatory, or infectious disease); • not associated with surgery; and • not associated with pregnancy. <p>The plan will pay for an additional 8 sessions if you show improvement. You may not get more than 20 acupuncture treatments each year.</p> <p>Acupuncture treatments must be stopped if you don't get better or if you get worse.</p> <p>Prior authorization is required for the Medicare-covered acupuncture benefit.</p>
<p>Over the Counter (OTC) Drugs</p>	<p>Over the Counter Medications are not covered.</p>	<p>Up to \$75 per quarter may be spent for specific over-the-counter drugs. Monies not spent in a quarter do not roll over into the next quarter.</p>
<p>Telemedicine</p>	<p>Telemedicine is not covered.</p>	<p>MDLive offers all members 24/7 access throughout the year to a participating doctor via telephone, desktop, or mobile device. Members have the ability to immediately have a medical, counseling, or psychiatry consultation with a physician. Members can also schedule a telemedicine appointment for a later time.</p> <p>During the COVID-19 pandemic emergency declaration period, the Plan will cover Medicare-covered telehealth services to affected enrollees in accordance with the relaxed Medicare standards that enable improved access to Medicare-covered telehealth services.</p>
<p>Transportation</p>	<p>Prior authorization is not required for trips that exceed 50 miles for a one-way ride.</p>	<p>Prior authorization is required for trips that exceed 50 miles for a one-way ride.</p>



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D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at www.amerhealthcaritasvipcareplus.com. You may also call Member Services at **1-888-667-0318 (TTY 711)** for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to see if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at **1-888-667-0318 (TTY 711)** to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*.)
 - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you received permission from us in 2020 to use a drug that is not on our formulary, known as a formulary exception, in some instances you can continue to use that drug in 2021 as long as your doctor prescribes it for you. Maintenance drugs are drugs that you take on a regular basis for a chronic or long-term medical condition. Non-maintenance drugs are those taken for a shorter period of time, for example antibiotics. If you were prescribed a maintenance drug that had specific requirements that you met or were given permission from us to use in 2020, known as a coverage determination, in some instances you can continue to use this drug in 2021. However, if you received a coverage determination for a non-maintenance drug in 2020, you or your provider will need to again file a coverage determination request to continue using that drug in 2021.



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

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2021. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the Drug List to a lower or higher drug tier. To see if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our three drug tiers.

	2020 (this year)	2021 (next year)
<p>Drugs in Tier 1 (Medicare Part D generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2 (Medicare Part D brand and some generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 3 (Michigan Medicaid (non-Part D) covered prescription and over-the-counter (OTC) drugs and products)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>



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E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2021



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E2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

<p>1. You can change to:</p> <p>A different Medicare-Medicaid Plan</p>	<p>Here is what to do:</p> <p>Call Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.</p> <p>Your coverage in our plan will end the last day of the month after you tell us you want to leave.</p>
<p>2. You can change to:</p> <p>A Medicare health plan (such as a Medicare Advantage Plan or Program of All-inclusive Care for the Elderly (PACE))</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). <p>You will automatically be disenrolled from AmeriHealth Caritas VIP Care Plus when your new plan's coverage begins.</p>



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

<p>3. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). <p>You will automatically be disenrolled from AmeriHealth Caritas VIP Care Plus when your Original Medicare coverage begins.</p>
<p>4. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call MMAP at 1-800-803-7174.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). <p>You will automatically be disenrolled from AmeriHealth Caritas VIP Care Plus when your Original Medicare coverage begins.</p>



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

F. How to get help

F1. Getting help from AmeriHealth Caritas VIP Care Plus

Questions? We're here to help. Please call Member Services at **1-888-667-0318 (TTY 711)**. We are available for phone calls 8 a.m. – 8 p.m., seven days a week. Calls to these numbers are free.

Your 2021 Member Handbook

The *2021 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2021 Member Handbook* will be available by October 15. An up-to-date copy of the *2021 Member Handbook* is always available on our website at **www.amerhealthcaritasvipcareplus.com**. You may also call Member Services at **1-888-667-0318 (TTY 711)** to ask us to mail you a *2021 Member Handbook*.

Our website

You can also visit our website at **www.amerhealthcaritasvipcareplus.com**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

F2. Getting help from Michigan ENROLLS

For questions about your enrollment, call **Michigan ENROLLS** toll-free at **1-800-975-7630**. Persons with hearing and speech disabilities may call the TTY number at **1-888-263-5897**. Office hours are Monday through Friday, 8 AM to 7 PM.

F3. Getting help from the MI Health Link Ombudsman Program

The MI Health Link Ombudsman Program can help you if you are having a problem with AmeriHealth Caritas VIP Care Plus. The ombudsman's services are free.

- The MI Health Link Ombudsman Program works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The MI Health Link Ombudsman Program makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MI Health Link Ombudsman Program is not connected with us or with any insurance company or health plan. Call **1-888-746-MHLO (1-888-746-6456)**. Office hours are Monday through Friday, 8 AM to 5 PM EST.



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

F4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP has trained counselors in every state, and services are free. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). MMAP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. MMAP is not connected with us or with any insurance company or health plan.

Call MMAP at **1-800-803-7174**. Persons with hearing and speech disabilities may call **711**. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM.

F5. Getting help from Medicare

To get information directly from Medicare, you can call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Medicare's website

You can visit the Medicare website (**www.medicare.gov**). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to **www.medicare.gov** and click on "Find plans.")

Medicare & You 2021

You can read the *Medicare & You 2021 Handbook*. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (**www.medicare.gov**) or by calling **1-800-MEDICARE (1 800 633 4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

F6. Getting help from Michigan Medicaid

Call the Beneficiary Help Line at **1-800-642-3195**. Persons with hearing and speech disabilities may call the TTY number at **1-866-501-5656**. Office hours are Monday through Friday, 8 AM to 7 PM.



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