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

Annual Notice of Changes for 2025

Introduction

You are currently enrolled as a member of AmeriHealth Caritas VIP Care Plus. Next year, there will be 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. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at **www.amerihealthcaritasvipcareplus.com**. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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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 Michigan 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. Refer to 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 (refer to section E2).
- If you do not want to enroll in a different Medicare-Medicaid Plan after you leave AmeriHealth Caritas VIP Care Plus, you will return to getting your Medicare and Michigan Medicaid services separately.

B1. Additional resources

- 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)**, seven days a week, 8 a.m. to 8 p.m. The call is free.
- This document is available for free in Spanish and Arabic.
- You can request to get this document, now and in the future, 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 the requested 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, Inc. When this *Annual Notice of Changes* says "we," "us," or "our," it means AmeriHealth Michigan, Inc. When it says "the plan" or "our plan," it means AmeriHealth Caritas VIP Care Plus.

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.

- Refer to 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? Will there be any changes such as prior authorization, step therapy, or quantity limits.
- It is important to review the changes to make sure our drug coverage will work for you next year.
- Refer to section D2 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
- Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
- Refer to 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 decide to change plans:
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 other coverage will better meet your needs, you may be able to switch plans (refer to 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. Refer to section E2, page 11, to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

Please review the 2025 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.amerihealthcaritasvipcareplus.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, refer to 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.

	2024 (this year)	2025 (next year)
Ambulance Services (Ground and Air)	Prior authorization **is not** required for Non-Emergency Medical Transportation Services	Prior authorization **is required** for Non-Emergency Medical Transportation Services.
Inpatient Hospital – Acute	Prior authorization **is not** required	Prior authorization **is** required
Diabetic Supplies and Services	Prior authorization **is not** required except for non-preferred diabetic supply brands.	Prior authorization **is** required
Diabetic Therapeutic Shoes/Inserts	Prior authorization **is not** required	Prior Authorization **is** required for all Continuous Glucose Monitors and their accompanying supplies and non-preferred diabetic supplies
Home Health Services	Prior authorization **is not** required	Prior authorization **is** required
Inpatient stay: skilled nursing facility (SNF)	Prior authorization **is not** required	Prior authorization **is** required
Outpatient substance Abuse services (individual and group)	Prior authorization **is not** required.	Prior authorization **is** required

	2024 (this year)	2025 (next year)
Prosthetics and Medical Supplies	Prior Authorization **is** required for all prosthetic and medical supplies. Prior authorization is required for prosthetics and medical supplies for rental.	Prior Authorization **is** required for all prosthetic and medical supplies.
Rehabilitation Services (Cardiac, Intensive Cardiac, Pulmonary Services)	Prior authorization **is not** required	Prior authorization **is** required
SET for PAD Services	Prior authorization **is not** required	Prior authorization **is** required
Occupational Therapy Services	Prior authorization **is not** required	Prior authorization **is** required
Other Health Care Professional Services (Acupuncture)	Prior authorization **is not** required	Prior authorization **is** required
PT and SP Services	Prior authorization **is not** required	Prior authorization **is** required
Diagnostic Procedures and Tests	Prior authorization **is not** required	Prior authorization **is** required
Lab Services	Prior authorization **is not** required	Prior authorization **is** required

	2024 (this year)	2025 (next year)
Radiological Services (Diagnostic, Therapeutic, and Outpatient X-Ray)	Prior authorization **is not** required	Prior authorization **is** required.
Ambulatory Surgical Center Services	Prior authorization **is not** required	Prior authorization **is** required
Outpatient Blood Services	Prior authorization **is not** required	Prior authorization **is** required
Medical Supplies	Prior authorization **is not** required	Prior authorization **is** required
Over the Counter (OTC)	**Is not** offering coverage for Naloxone.	**Is** offering coverage for Naloxone
Other Services (Maintenance Cost of Service Animals)	Qualification for and enrollment in the state-operated waiver program **is** required	Qualification for and enrollment in the state operated waiver program **is not** required
Medicare Part B Chemotherapy/Radiation	Prior authorization **is not** required	Prior authorization **is** required
Medicare Part B Drugs	Prior authorization **is not** required	Prior authorization **is** required

	2024 (this year)	2025 (next year)
Restorative Services	Prior authorization **is not** required	Prior authorization **is** required
Endodontics	Prior authorization **is not** required	Prior authorization **is** required
Periodontics	Prior authorization **is not** required	Prior authorization **is** required
Prosthodontics (removable and fixed)	Prior authorization **is not** required	Prior authorization **is** required
Oral and Maxillofacial Surgery	Prior authorization **is not** required	Prior authorization **is** required

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at www.amerihealthcaritasvipcareplus.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*.

The *List of Covered Drugs* is also called the “Drug List.”

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 find out if there will be any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

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 180 days of the calendar year.
    - This temporary supply will be for up 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to 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 2024 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 2025 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 2024, known as a coverage determination, in some instances, you can continue to use this drug in 2025. However, if you received a coverage determination for a non-maintenance drug in 2024, you or your provider will need to again file a coverage determination request to continue using that drug in 2025.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List,* but immediately add new rules.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Member Handbook.* The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2025. 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 know if your drugs will be in a different tier, find them in the *Drug List.*

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

	2024 (this year)	**2025 (next year)**
Drugs in Tier 1 Medicare Part D generic drugs Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is **$0 per prescription.**	Your copay for a one-month (30-day) supply is **$0 per prescription.**

	2024 (this year)	2025 (next year)
Drugs in Tier 2 Medicare Part D brand and some generic drugs Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is **$0 per prescription.**	Your copay for a one-month (30-day) supply is **$0 per prescription.**
Drugs in Tier 3 Michigan Medicaid (non-Part D) covered prescription and over-the-counter (OTC) drugs and products). Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is **$0 per prescription.**	Your copay for a one-month (30-day) supply is **$0 per prescription.**

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 2025.

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:

1. You can change to: **A different Medicare-Medicaid Plan**	**Here is what to do:** 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. Your coverage in our plan will end the last day of the month after you tell us you want to leave.
2. You can change to: **A Medicare health plan (such as a Medicare Advantage Plan or Program of All-inclusive Care for the Elderly (PACE))**	**Here is what to do:** 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. If you need help or more information: • 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). You will automatically be disenrolled from AmeriHealth Caritas VIP Care Plus when your new plan's coverage begins.

3. You can change to:	**Here is what to do:**
Original Medicare with a separate Medicare prescription drug plan	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. If you need help or more information: • 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, 8AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare Medicaid Assistance Program (MMAP). You will automatically be disenrolled from AmeriHealth Caritas VIP Care Plus when your Original Medicare coverage begins.

4. You can change to: **Original Medicare without a separate Medicare prescription drug plan** **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. 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.	**Here is what to do:** 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. If you need help or more information: • 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, 8AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare Medicaid Assistance Program (MMAP). You will automatically be disenrolled from AmeriHealth Caritas VIP Care Plus when your Original Medicare coverage begins.

F. How to get help

F1. Getting help from AmeriHealth Caritas VIP Care Plus

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

Your *2025 Member Handbook*

The *2025 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 *2025 Member Handbook* will be available by October 15. An up-to-date copy of the *2025 Member Handbook* is available on our website at www.amerihealthcaritasvipcareplus.com. You may also call Member Services at 1-888-667-0318 (TTY 711) to ask us to mail you a *2025 Member Handbook*.

Our website

You can also visit our website at www.amerihealthcaritasvipcareplus.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 *a*nd 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.

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, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2025

You can read the *Medicare & You 2025* 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/Pubs/pdf/10050-medicare-and-you.pdf) 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.