

# Annual Notice of Changes for **2018**

ACVIPCPMI-17214

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

## **Annual Notice of Changes for 2018**

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You are currently enrolled as a member of AmeriHealth Caritas VIP Care Plus. **Next year, there will be some changes to the plan's rules and benefits. This Annual Notice of Changes tells you about the changes.**

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**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](http://www.amerihealthcaritasvipcareplus.com)**.

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## **A. Think about 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 can leave the plan at any time.**

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 8 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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### Additional resources

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

إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجاناً. اتصل برقم **1-888-667-0318 (TTY 711)**، سبعة أيام في الأسبوع، من 8 ص إلى 8 م. 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 1-866-428-7583)**, 8 AM – 8 PM, seven days a week. The call is free.
- To make a request to get the Annual Notice of Change, now and in the future, in a language other than English or in an alternate format, call Member Services at **1-888-667-0318 (TTY 711)**, 8 AM – 8 PM, seven days a week. The call is free.

### 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 qualifies as minimum essential coverage (MEC). It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement for MEC.
- 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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## Disclaimers

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.

**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.

### 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 sections C and D 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 cost-sharing 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 C 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 in our network? What about your pharmacy? What about the hospitals or other providers you use? Look in section B 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 can switch plans at any time. If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 8, 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](http://www.amerihealthcaritasvipcareplus.com)**.

## B. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2018.

**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.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, see Chapter 3 of your *Member Handbook*.

## C. Changes to benefits for next year

### Changes to benefits for health care services

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

	2017 (this year)	2018 (next year)
<b>Comprehensive Dental</b>	Fluoride treatments not included	Fluoride treatments are covered with a maximum of six applications per lifetime.
<b>Respite – General Service</b>	Limited to 14 visits every year.	Limited to 336 hours per 365 day period
<b>Stipend for Maintenance Costs of a Service Animal</b>	A Stipend for Maintenance Costs of a Service Animal is not a benefit.	A Stipend for Maintenance Costs of a Service Animal is an included benefit for members who are receiving Personal Care Services and who are considered disabled due to a specific condition such as arthritis, blindness, cerebral palsy, polio, multiple sclerosis, deafness, stroke or spinal cord injury. The service animal must be trained to meet the specific needs of the client relative to their disability and must perform tasks for the client. The stipend is limited to \$20 per month.



**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**.

## 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](http://www.amerhealthcaritasvipcareplus.com). You may also call Member Services at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week, 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 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 **one-time**, temporary supply of the drug during the first 180 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 a permission from us in 2017** to use a maintenance drug that is not on our formulary, known as a formulary exception, you can continue to use that drug in 2018 as long as your doctor prescribes it for you and lets us know that its continued use is necessary. If you were prescribed a maintenance drug that had specific requirements that you met or were given permission from us to use in 2017, known as a coverage determination, you can continue to use this drug in 2018. However, if you received a coverage determination for a non-maintenance drug in 2017, you or your provider will need to again file a coverage determination request to continue using that drug in 2018. The plan will notify you if any of your drugs require you to make a new coverage determination request. There are safety precautions that will be in place for 2018 that differ from 2017 and may require an extra layer of review from the plan.



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**Changes to prescription drug costs**

There are no changes to the amount you pay for prescription drugs in 2018. Read below for more information about your prescription drug coverage.

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

	<b>2017 (this year)</b>	<b>2018 (next year)</b>
<p><b>Drugs in Tier 1</b> (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 <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 2</b> (Medicare Part D brand 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 <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 3</b> (Non-Medicare Part D prescription and OTC drugs)</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 <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>



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## D. Administrative changes

In 2018, we have changed some authorization requirements for certain services. Prescription drugs will also be available in two-month (60-day) supplies for all drug tiers in 2018.

	2017 (this year)	2018 (next year)
<b>Chiropractic Services</b>	Authorization required	No authorization required
<b>Outpatient Blood Services</b>	Referral required	Referral required and authorization required
<b>Personal Care Services</b>	Authorization is required from your PCP to receive Personal Care Services.	Authorization is required from the plan to receive Personal Care Services.
<b>Stipend for Maintenance Costs of a Service Animal</b>	Not a covered benefit	Authorization is required from the plan to receive a stipend for maintenance costs of a service animal.
<b>Drugs in Tier 1</b>	Two-month (60-day) supply not available	Two-month (60-day) supply available*
<b>Drugs in Tier 2</b>	Two-month (60-day) supply not available	Two-month (60-day) supply available*
<b>Drugs in Tier 3</b>	Two-month (60-day) supply not available	Two-month (60-day) supply available*

\*Subject to drug list requirements and applicable state law

## E. Deciding which plan to choose

### If you want to stay in AmeriHealth Caritas VIP Care Plus

We hope to keep you as a member next year.

**To stay in our plan you don't need to do anything.** 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 2018.



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## If you want to change plans

You can end your membership at any time 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><b>1. You can change to:</b></p> <p><b>A different Medicare-Medicaid Plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call <b>Michigan ENROLLS toll-free at 1-800-975-7630</b>. Persons with hearing and speech disabilities may call the TTY number at <b>1-888-263-5897</b>. 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><b>2. You can change to:</b></p> <p><b>A Medicare health plan (such as a Medicare Advantage Plan or Programs of All-inclusive Care for the Elderly (PACE))</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at <b>1-800-MEDICARE (1-800-633-4227)</b>, 24 hours a day, seven days a week. TTY users should call <b>1-877-486-2048</b>.</p> <ul style="list-style-type: none"> <li>• If you need help or more information: Call the State Health Insurance Assistance Program (SHIP) at <b>1-800-803-7174</b>. Persons with hearing and speech disabilities may call <b>711</b>. 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).</li> </ul> <p>You will automatically be disenrolled from AmeriHealth Caritas VIP Care Plus when your new plan's coverage begins.</p>



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<p><b>3. You can change to:</b></p> <p><b>Original Medicare <i>with</i> a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at <b>1-800-MEDICARE (1-800-633-4227)</b>, 24 hours a day, seven days a week. TTY users should call <b>1-877-486-2048</b>.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at <b>1-800-803-7174</b>. Persons with hearing and speech disabilities may call <b>711</b>. 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 Original Medicare coverage begins.</li> </ul>
<p><b>4. You can change to:</b></p> <p><b>Original Medicare <i>without</i> a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> 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 get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call MMAP at <b>1-800-803-7174</b>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at <b>1-800-MEDICARE (1-800-633-4227)</b>, 24 hours a day, seven days a week. TTY users should call <b>1-877-486-2048</b>.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at <b>1-800-803-7174</b>. Persons with hearing and speech disabilities may call <b>711</b>. 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 Original Medicare coverage begins.</li> </ul>



**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](http://www.amerihealthcaritasvipcareplus.com)**.

## F. Getting help

### Getting help from AmeriHealth Caritas VIP Care Plus

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

*Calls to these numbers are free.*

### Read your 2018 Member Handbook

The *2018 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.

We will send you a copy of the *2018 Member Handbook* by December 31. An up-to date copy of the *2018 Member Handbook* is always 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 *2018 Member Handbook*.

### Visit 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*).

### 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.

### 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 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. The services are free.



**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**.

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

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans.

The SHIP is not connected with us or with any insurance company or health plan. 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). 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.

## Getting help from Medicare

To get information directly from Medicare:

Call **1-800-MEDICARE (1-800-633-4227)**.

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**.

## Visit the Medicare website

You can visit the Medicare website (<http://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 <http://www.medicare.gov> and click on “Find health & drug plans.”)

## Read *Medicare & You 2018*

You can read the *Medicare & You 2018 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 (<http://www.medicare.gov>) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

## 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.



**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](http://www.amerihealthcaritasvipcareplus.com).



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