

## Addendum to the Member Handbook

Effective February 2026

**This is important information on how your coverage has changed, effective February 2026, 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.

We previously sent you a Member Handbook that includes information about your coverage. 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.amerhealthcaritasnh.com/handbook](http://www.amerhealthcaritasnh.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:

<b>Where you can find the changes in your Member Handbook</b> On page 58, under Section 4.2 ( <i>Benefits Chart</i> )	
<b>New information</b>	<b>The reimbursement rate is \$0.72 per mile for the Family and Friends Mileage Reimbursement program.</b>  For more information, call Member Services.
<b>What does this mean to you?</b>	This is a new mileage reimbursement rate covered by AmeriHealth Caritas New Hampshire.

<b>Where you can find the changes in your Member Handbook</b> On page 63, under Section 4.3 ( <i>Extra benefits provided by the plan</i> )	
<b>New information</b>	<b>Pulsewrx Lifeline program</b> — Need help getting a smartphone? AmeriHealth Caritas New Hampshire members may qualify for the Lifeline wireless program that includes a no-cost smartphone with talk, text, and 4.5GB data.  To learn more or apply, go to <a href="http://mybenefitphone.com">mybenefitphone.com</a> . If you have questions, please contact Member Services at 1-833-704-1177 (TTY 1-855-534-6730), 24 hours a day, seven days a week. Pulsewrx, Inc. is an authorized provider through a qualified telecommunications carrier of its choosing, based on



	<p>coverage availability, device compatibility, and eligible telecommunications carrier (ETC) designation in the service area. This is a Lifeline-supported service. Lifeline is a non-transferable government assistance program limited to one discount per household.</p> <p>Only eligible consumers may enroll. Proof of income or program participation is required. Eligibility is determined by the National Verifier. Plans include a minimum of 1,000 talk minutes, unlimited text, and 4.5GB of data. Additional plans are available. Visit <a href="http://mybenefitphone.com">mybenefitphone.com</a> for additional plan details, Lifeline eligibility criteria, and applicable terms and conditions.</p> <p>For more information, call Member Services.</p>
<b>What does this mean to you?</b>	This is a new service covered by AmeriHealth Caritas New Hampshire.

## 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](mailto: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](mailto: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>.

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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 مجاناً. **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 utavuga 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 – متوجه 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 ژبې د مرستې وړیا خدمتونه شتون لري. **1-833-704-1177 (TTY 1-855-534-6730) ته زنگ ووهئ.**