

FirstCare[™]
HEALTH PLANS

October
2017



FirstCare Individual Marketplace HMO

member *news*

FirstCare.com



FirstCare Member ID Cards have a *New Look!*

FirstCare member ID cards look different because they *are* different. The new durable plastic cards enable doctors and other health care providers to quickly and easily access members' eligibility and benefit information.

Members will receive the new ID card upon renewal through the end of 2018. The new cards can be used immediately and any old cards should be discarded. Members should present their ID card at each office visit. For questions about the new ID card, please contact FirstCare Customer Service at the phone number located on the back of the card.

SAMPLE ID CARD

(Front)

		
Group: XYZ Inc Group #: 000000 Network: FirstCare Network Name Benefit Effective Date: 01/01/2017		
SUBSCRIBER John Sample DOB: 00/00/0000	MEMBER ID 00000000000	IN-NETWORK PLAN BENEFITS Adult PCP/Spec: 00% Pediatric PCP/Spec: 00% Emergency Room: 00% Coinsurance: N/A Deductible: I/\$0000 F/\$0000 Rx: 00%
DEPENDENTS Jane Sample Jack Sample Jill Sample James Sample Julie Sample Joe Sample Jackie Sample	00000000000 00000000000 00000000000 00000000000 00000000000 00000000000 00000000000	PHARMACISTS ONLY Navitus: 1-855-673-6504 BIN: 610602 PCN: NVT GRP: FCC
		

(Back)

FOR PROVIDERS Electronic Claims: • Availity: 94999 • CareVu: 94999 • Change Healthcare/Emdeon P: TH003 I: 12T03 Paper Claims: FirstCare PO Box 853935 Richardson, TX 75085 Prior Authorization: 1-800-884-4905 Card Issue Date: 05/01/2017	FOR MEMBERS This card is for identification only and does not guarantee current membership or coverage. Important Information: • In a medical emergency, call 9-1-1 or go to the nearest emergency facility. • Customer Service: 1-800-884-4901 (TTY/TDD: 1-800-562-5259) • 24/7 Nurse Line: 1-855-828-1013 • Self-Service Portal: my.FirstCare.com • To avoid out-of-network costs and provider balance billing, find a provider at FirstCare.com/FindAProvider. Before accessing an out-of-area provider, call 1-800-214-0108. 
CUSTOMER SERVICE: FirstCare.com • 1-800-884-4901	

Note: Information on the card may vary based on plan benefits.

NEW FEATURES

- Durable plastic cards
- Layout that is easier to read and understand
- Provider network name printed on front of card
- Important reminders and contact information on back of card

Thank you for being a FirstCare Health Plans member.

Keeping you informed is important to us. Please take a few minutes to read this newsletter and get the most out of your coverage. Questions? Contact us at 1-855-572-7238 (TTY/TDD: 1-800-562-5259), Monday through Friday, 8 a.m. to 5 p.m. CT.

Our Mission

To provide our customers access to high quality, affordable health care through strong partnerships in the communities we serve.

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Quality Improvement Program

Background

FirstCare Health Plans cares about you. No matter your age or health plan, we want you to be happy with your coverage and the care you receive. FirstCare is always reviewing the care that our contracted providers give you and working to improve it. Our goal is for you to stay healthy, illness-free, and satisfied with your care. We try to meet this goal by working closely with our staff and doctors to get you the best care possible.

Quality Improvement Program Methods

FirstCare's Quality Improvement program uses many ways to measure the quality of your care and satisfaction. We set goals to improve our care and services—checking our progress toward those goals in areas such as:

- Making sure you get the care you need
- How easily and quickly you're able to get care
- Your health and ability to do daily living tasks
- Your views about your health care
- How well you and your doctor talk about your health care

FirstCare uses quality scores, report cards, and surveys to assess our progress towards our goals.

What We Do Well

We're happy to say that we improved, or did very well, in several areas in 2016:

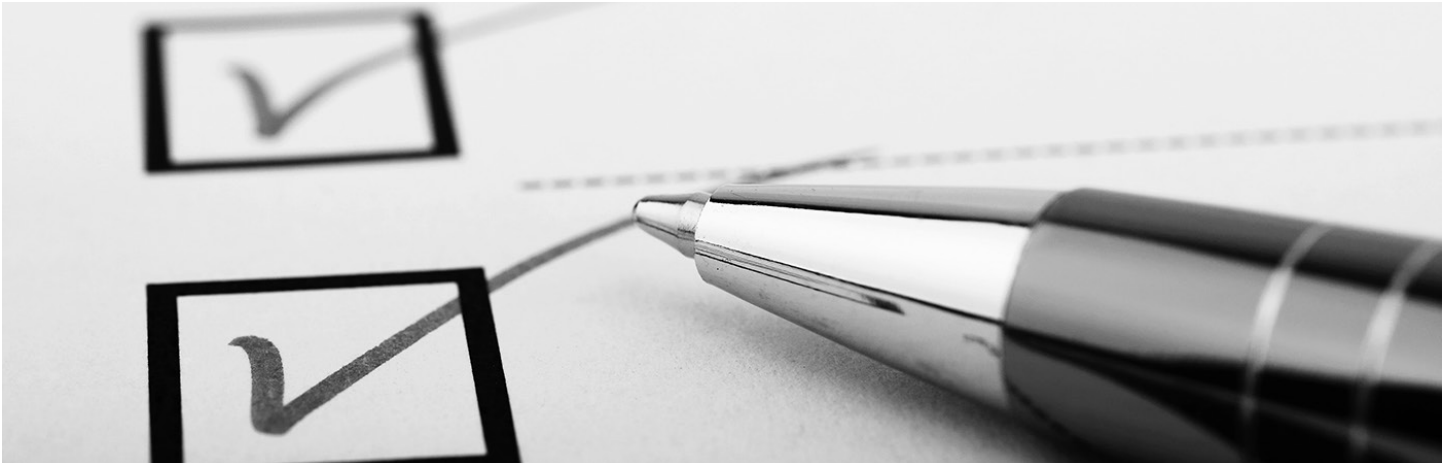
- Adult members had their Body Mass Index (BMI) measured in the last one to two years. BMI is an estimate of body fat based on a weight to height measure.

- Members prescribed anti-depressant medicines remained on their medicines in the first twelve weeks and six months.
- Members with diabetes had an HbA1c test in the last year. An HbA1c test shows how well blood sugar levels are controlled.
- Members with diabetes had a kidney disease test or attention in the last year.
- Members with asthma were prescribed a controller medicine at least 75% of the year.

How We're Improving

Though we did well in a number of areas for 2016, we're working to improve in several other areas for 2017:

- Female members had a Pap smear in the last three years or a Pap smear with a Human Papillomavirus (HPV) test in the last five years. A Pap test screens for cancer of the cervix. An HPV test screens for a viral infection of the cervix.
- Child and adolescent members had their weight checked and counseling in nutrition and physical activity in the last year.
- Members with diabetes had a dilated eye exam in the last one to two years. A dilated eye exam screens for damage to the retina from diabetes.
- Adolescent members had two HPV vaccinations between ages 9 and 13. The HPV vaccine prevents HPV infection of the cervix and other areas.



Services Needing Approval

Do you want to know how to get care approved? For those services that must be approved before they are received, FirstCare’s Utilization Management team is here to help you. We are here Monday through Friday, 8 a.m. to 5 p.m. CT and weekends/holidays 9 a.m. to noon. Call FirstCare at **1-855-572-7238** (TTY/TDD 1-800-562-5259). If you need help with getting information on this topic in your language, see “Interpretation Services” on page 12.

FirstCare utilization decision-making is based only on the appropriateness of care and service and the existence of coverage. Financial incentives for utilization do not encourage decisions that result in underutilization. We do not specifically reward practitioners or other individuals for issuing denials of coverage.

If you, or your doctor, would like a copy of the criteria used to make a decision about services, call FirstCare Customer Service at the phone number listed above, and we will mail a copy to you.

November Prior Authorization List Update

Effective November 1st, 2017, your plan will have a revised list of services requiring authorization. We are removing these services from needing prior authorization: adenoidectomy, Cologuard, telemetry, and tonsillectomy. We are adding a prior authorization requirement for cardioverter-defibrillators (heart devices), intraoperative Neuromonitoring (monitoring of the nerves during surgery), gender reassignment surgery (sex change operation), and certain services that are normally pre-authorized, but performed during an observation stay. FirstCare maintains an online code lookup tool for your doctor or other providers to check specific billing codes to see if the services need an authorization. We have also notified all FirstCare providers about this change.



Filing an Appeal

If you disagree with a decision FirstCare has made for a service you think you need, you may appeal our decision. A physician who was not involved in the initial decision, and is of the same or similar specialty that manages your condition, will review our decision.

Independent Review Organization

If you disagree with our decision on your appeal, or if the situation is an emergency, you have the option to appeal to an Independent Review Organization (IRO). If your appeal is denied, we will provide you with information on how to appeal to an IRO, along with the prescribed form that needs to be completed and returned to us in order to begin the independent review process. In life-threatening situations, you may contact us by phone to request the review and provide the required information.

If you need help with getting information on this topic in your language, see “Interpretation Services” on page 12.

Advance Directives

By law, you have the right to make decisions about your care. If you are very sick or hurt, you may not be able to say what care you want. Advance directives are legal documents that allow you to spell out your end-of-life care wishes ahead of time. Advance directives provide a way for you to communicate your wishes to family, friends and health care professionals, and avoid confusion if/when you are not able to speak for yourself.

To find out more and get the forms, visit www.caringinfo.org.

Learn more at www.FirstCare.com/Important-Information or call FirstCare Customer Service.



FirstCare Plus Programs

Wellness & Condition Management

Our wellness programs offer:

- Online surveys to check your risk for disease
- Wellness trackers
- *Expecting the Best*[®] maternity program

Long-term conditions

Other programs help you with long-term conditions, such as:

- Asthma
- Heart and artery disease
- Breathing trouble (Bronchitis, Emphysema)
- Diabetes

You receive:

- Mailed flyers that explain how to take care of your condition
- Access to a nurse to answer questions and educate you
- Tracking tools
- Online health news
- Online health education seminars

These are all free of charge.

Signing Up

You can sign up online at my.FirstCare.com or by calling **1-855-828-1013** (Monday - Thursday, 9 a.m. - 7 p.m. CT; Friday - Sunday, 9 a.m. - 6 p.m. CT). We also provide services to meet special language needs. TTY users can call 7-1-1 or 1-800-955-8771. Voice communication is available at 1-800-955-8770.

Case Management Services

FirstCare has Case Managers available to help you if you have been diagnosed with complex health problems. Case Managers can assist you with managing your condition and help you find medical or behavioral health providers, including if you are a child transitioning to adult care.

There is also help with getting community resources, even if you have reached the limits of what is covered in your plan.

To enroll in FirstCare's Case Management program, email CaseMgmt@FirstCare.com or call FirstCare Customer Service at **1-855-572-7238**. (TTY/TDD 1-800-562-5259). You can also refer yourself to this program. Find out more at my.FirstCare.com. If you need help with getting information on this topic in your language, see "Interpretation Services" on page 12. Please note that we are not here on holidays.



Expecting the Best[®] Maternity Program

Expecting the Best is a free maternity program offered to our pregnant members to help you have a healthy pregnancy. There is no cost to enroll. With the Expecting the Best maternity program, you get:

- Access to a nurse 24 hours a day, seven days a week, for questions about being pregnant, having a baby, and infant care
- Personal support during and after your pregnancy
- Maternity reading materials
- *Your Journey through Pregnancy*—a book about pregnancy
- Tools to help you track your pregnancy

To enroll in this free program, please call **1-800-840-9629**. TTY users can call 7-1-1 or 1-800-955-8771. Voice communication is available at 1-800-955-8770.

Nurse24[™] 1-855-828-1013

Do you have health or medication questions? Not sure if you should see a doctor? For non-emergency symptoms and health or treatment questions, you have access to talk with a nurse 24 hours a day, seven days a week. This is one of your valuable health plan benefits. By calling the Nurse24 line, you can talk one-on-one with a registered nurse about ailments, conditions, treatment options, and prescription drugs for you and your family. You can make an informed decision about your health needs and gain peace of mind.

Call **1-855-828-1013** to get the answers you need 24 hours a day, seven days a week! TTY users can call 7-1-1 or 1-800-955-8771. Voice communication is available at 1-800-955-8770.

Medicine and You

Learning About your Medicine

FirstCare pharmacists and doctors review new and existing drugs on a monthly basis to ensure you get the most appropriate and cost-effective care. You can find any changes to the drug list on our website at FirstCare.com under the pharmacy page for your plan. You can also find the most up-to-date drug list on our member portal at my.FirstCare.com.

Our member portal has many useful tools. They include the following:

- the drug list
- drug interactions
- pharmacy network search
- pharmacy copayment, etc

If you haven't already done so, learn about the member portal so you can know more about your medicine(s).

Medicine and Cold/Flu

The cold/flu season is right around the corner. Many of us don't think about the drugs that help us control the symptoms of these viruses. Here are a few drug groups that you may find helpful during this season.

Antihistamines: *Diphenhydramine* and *doxylamine* are the most common antihistamines used in over-the-counter cough/cold agents for night time relief. They control runny nose and sneezing. They can make you sleepy.

Decongestants: *Pseudoephedrine* and *brompheniramine* are two common decongestants used. There are also many others that are being used over-the-counter. These drugs help you with overall congestion.

Antipyretics: *Acetaminophen* and *ibuprofen* are the most common drugs used to control fever and body aches.

Cough Suppressants: *Dextromethorphan* (DM) is a common over-the-counter drug used to help with cough. Coughing is our body's natural way to rid itself of debris in our breathing tubes. So, it serves a purpose. But, there may be times when you are coughing too much. You may have dry coughs, but not be able to get mucous up. These drugs will stop the cough and help you get the rest you need. Cough drops that contain menthol may also help with coughs that cause a ticklish sensation.

Expectorants: *Guaifenesin*, the active drug in most cold/flu drugs, is often overlooked as helpful. When you are sick, drinking a lot of water will help you stay hydrated. It will also help loosen the mucous in your breathing tubes. When you need more help, your doctor may suggest using these drugs. They will help loosen the mucous and make it easier to cough it out of your system.

Flu prevention includes getting the flu vaccine, washing your hands, and keeping a distance from those with the flu. These steps are the best way to stay healthy during the cold/flu season. You also need to get rest, drink plenty of fluids, and take your over-the-counter medicines. Talk with your doctor to make sure you have the proper diagnosis and care. Follow your doctor's advice and the medicine packaging notes on dose and how often to take medicines.



Human Papillomavirus Vaccine

Health experts recommend the Human Papillomavirus (HPV) vaccine for both males and females. The Centers for Disease Control and Prevention indicates that each year 14 million Americans get HPV infection.

The HPV vaccine can help prevent many of the types of infection that are associated with certain cancers in both males and females. HPV infection is associated with:

- Cancer of the cervix, vulva, vagina, anus, and/or throat in females
- Cancer of the penis, anus, and/or throat in males

Many, but not all, of these cancers can be prevented with the HPV vaccine. To read more about this, go online to: <http://www.immunize.org/vis/hpv.pdf>

The HPV vaccine is usually given in a two-dose series with required spacing between doses at age 11 or 12, but it can be started as early as age 9. The dose recommendations are different when people turn age 15.

Certain people should not get the HPV vaccine. These include anyone:

- who has had a previous allergic reaction to the vaccine or its components
- who is pregnant
- with a moderate or severe acute illness
- with certain medical conditions

Parents should speak with their children's physicians regarding whether the HPV vaccine is appropriate for them.



myFirstCare Online Self-Service

24/7 Online Access for Members

With myFirstCare Self-Service, you can access valuable online tools and resources to help you easily and conveniently manage your plan benefits—24 hours a day, 7 days a week. All the important information you need is just a click away. Simply log in/register at my.FirstCare.com. Once you're logged in, you'll see your personalized home page. Here, you can:

- Find a doctor or pharmacy
- Choose or update your PCP
- Print a temporary ID card
- Review your plan benefits to see what's covered
- Find out your copayment and/or coinsurance amounts
- See if you've met your deductible and understand your out-of-pocket maximum
- Estimate the cost of a procedure and compare costs across providers with the Medical Cost Estimator

- Review your Member Handbook
- Update your personal information, including mailing address, email and phone number
- Check the status of a claim
- Access the FirstCare Plus Wellness Program website

Questions?

If you have questions about the myFirstCare Self-Service or need further assistance, please contact Customer Service.

Email cservice@FirstCare.com or call **1-855-572-7238**, Monday to Friday, 8 a.m. to 5 p.m. CT. Persons who need TTY can call 1-800-562-5259.



Getting Answers to Your Questions

FirstCare covers many topics in your member handbook and on our website. We provide you with a handbook to help you understand how your health plan works.

To view your member handbook, visit FirstCare.com/Marketplace. Under the *Related Documents* section (bottom-right of page) click on *HMO Member Handbook*.

The topics covered in your handbook include:

- Benefits and services that are included and excluded from your plan
- How pharmacy is managed
- Charges that you may have to pay
- How to get care when you are out of FirstCare's service area
- Coverage and benefit limits when you are out of FirstCare's service area
- Using an out-of-network provider
- What to do if you get a bill for services that should be covered
- How to find out about your doctors, such as how qualified they are
- How to get primary care
- How to get specialty care
- How to get hospital care
- How to get behavioral health care

- How to get care after normal business hours
- How to get emergency care
- How to submit a complaint or appeal
- Member rights and responsibilities
- How FirstCare considers new technology as a covered benefit

You can easily access your plan information and tips on the myFirstCare Self-Service. To sign up, visit my.FirstCare.com, click on *Members* on the home page, then *Register Now*. If you don't want to use the self-service tools, you may call our Customer Service Department. They will answer any questions you might have. They will also send you printed copies of info posted on our website that you would like.

If there are any questions that are not answered in the handbook, call FirstCare at **1-855-572-7238**. We are available Monday through Friday from 8 a.m. to 5 p.m. CT, excluding state-approved holidays. Persons who need TTY can call 1-800-562-5259.

HMO Annual Notice

It's important to us that you have access to the doctors and hospitals you need. Each year, the Texas Department of Insurance (TDI), requires us to share the following information with our HMO members. If you have any questions about accessing care, please call the customer service number on the back of your ID card.

Total Number of HMO Enrollees (as of July 1, 2017): 38,903

Provider Counts by FirstCare Network (as of July 1, 2017):

Provider/Specialty*	Network	
	FirstCare Select HMO	FirstCare Select Plus HMO
Internal Medicine (PCP)	991	1,072
Family Medicine or General Practice	2,191	2,366
Pediatrics	1,856	2,013
OB/GYN	769	829
Anesthesiology	1,381	1,571
Psychiatry	212	249
General Surgery	710	752
Hospitals (Acute Care only)	191	200

FirstCare HMO Access Plan

To view the FirstCare HMO Access plan, visit www.FirstCare.com/FindAProvider. Under *Related Documents* click on *Provider Network Access Plan*.

Interpretation Services

If you, or someone you're helping, has questions about FirstCare Health Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-855-572-7238 (TTY/TDD 1-800-562-5259).

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de FirstCare Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-855-572-7238 (TTY/TDD 1-800-562-5259).

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về FirstCare Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-855-572-7238 (TTY/TDD 1-800-562-5259).

Chinese: 如果您或您正在帮助的人士对第一救护健康计划 (FirstCare Health Plans) 有疑问, 您有权免费获取对应您母语的帮助及信息。联系口译员请拨打1-855-572-7238 (TTY/TDD 1-800-562-5259)。

Korean: 귀하 또는 귀하가 돕는 있는 사람이 FirstCare Health Plans에 문의할 사항이 있는 경우, 귀하의 언어도 무료 지원 및 정보를 받을 권리가 있습니다. 통역사와 통화하시려면 1-855-572-7238 (TTY/TDD 1-800-562-5259) 번으로 전화해 주십시오.

Arabic:

لك الحق، أو لدى اي شخص آخر تساعده، في الحصول على المساعدة والمعلومات أو اي أسئلة بخصوص FirstCare Health Plans. للتحدث مع مترجم بلغتك بدون تكلفة اتصل بالرقم 1-855-572-7238 (TTY/TDD 1-800-562-5259)

Urdu:

اگر آپ یا آپ کسی کی مدد کر رہے ہیں، اور سوالات ہیں " FirstCare Health Plans " کے بارے میں، تو یہ آپ کا حق ہے مدد حاصل کرنا اور معلومات حاصل کرنا اپنی زبان میں بغیر کسی قیمت کے۔ کسی ترجمان سے بات کرنے کے لئے کال کریں۔ 1-855-572-7238 (TTY/TDD 1-800-562-5259)

Tagalog: Kung mayroon kang, o sinumang tinutulongan mo, mga katanungan tungkol sa FirstCare Health Plans, mayroon kang karapatang humingi ng tulong at impormasyon nang walang bayad. Upang makipag-usap sa isang tagapagsalin, tumawag sa 1-855-572-7238 (TTY/TDD 1-800-562-5259)

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de FirstCare Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-855-572-7238 (TTY/TDD 1-800-562-5259).

Hindi: यदि आपके, या आप जिन्हें सहायता कर रहे हैं उनके पास FirstCare Health Plans से संबंधित कोई प्रश्न हैं तो आपको अपनी भाषा में बिना किसी शुल्क के सहायता और जानकारी पाने का अधिकार है। किसी अनुवादक से बात करने के लिए यहां कॉल करें 1-855-572-7238 (TTY/TDD 1-800-562-5259)

Persian-Farsi:

اگر شما یا شخصی که به او کمک می‌کنید سوالی درباره FirstCare Health Plans داشتید، این حق را دارید تا کمک و اطلاعات را به زبان خود و بدون هیچ هزینه‌ای دریافت کنید. برای صحبت با یک مترجم با شماره 1-855-572-7238 (TTY/TDD 1-800-562-5259) تماس حاصل فرمایید.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zu FirstCare Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-855-572-7238 (TTY/TDD 1-800-562-5259) an.

Gujarati: જો તમને, અથવા કોઈકને તમે મદદ કરી રહ્યાં છો, તેને FirstCare Health Plans વિશે પ્રશ્નો હોય તો, તમને નિશુલ્ક તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. દુ.ભાષિયા સાથે વાત કરવા કોલ કરો: 1-855-572-7238 (TTY/TDD 1-800-562-5259).

Russian: Если вам или лицу, которому вы помогаете, возникнет вопросы по FirstCare Health Plans, то вы имеете право на бесплатную помощь и информацию на вашем языке. Для разговора с переводчиком позвоните по телефону 1-855-572-7238 (TTY/TDD 1-800-562-5259).

Japanese: FirstCare Health Plan についてご質問の場合は、無料でご自分の言語のサポートと情報を得ることができます。1-855-572-7238 (テレタイプライター/聴覚障害者用通信機器 1-800-562-5259) にお電話いただき、通訳者とお話してください。

Laotian: ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ FirstCare Health Plans, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ເພື່ອໂອ້ນລັບກັບສຳມາເປພາສາ, ກະລຸນາໂທ 1-855-572-7238 (TTY/TDD 1-800-562-5259).

Non-Discrimination Notice

FirstCare Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FirstCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide free communication aids and services to people with disabilities. We also provide language assistance to people whose primary language is not English.

To receive language or communication assistance please call 1-855-572-7238.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, please contact us to file a grievance:

SHA, LLC dba FirstCare
ATTN: Complaints and Appeals
12940 N. HWY 183
Austin, TX 78750
Phone: 1-855-572-7238 (*Mon. - Fri., 8 a.m. - 5 p.m. CT*)
TTY/TDD: 1-800-562-5259

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/smartscreen/main.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
Phone: 1-800-368-1019
TTY/TDD: 1-800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/filing-with-ocr/index.html>

Language/Non-Discrimination_Notice
Last Updated: 08182017

Notice of Certain Mandatory Benefits

This notice is to advise you of certain coverage and/or benefits provided by your contract with FirstCare Health Plans. Please review it carefully. If any person covered by this plan has questions concerning the following items, please call FirstCare Health Plans at 1-855-572-7238, or write us at FirstCare Health Plans, Attn: Customer Service, 1901 W. Loop 289, Suite 9, Lubbock, TX 79407.

Mastectomy or Lymph Node Dissection

Minimum Inpatient Stay: If due to treatment of breast cancer, any person covered by this plan has either a mastectomy or a lymph node dissection, this plan will provide coverage for inpatient care for a minimum of: (a) 48 hours following a mastectomy, and (b) 24 hours following a lymph node dissection. The minimum number of inpatient hours is not required if the covered person receiving the treatment and the attending physician determine that a shorter period of inpatient care is appropriate.

Prohibitions: We may not (a) deny any covered person eligibility or continued eligibility or fail to renew this plan solely to avoid providing the minimum inpatient hours; (b) provide money payments or rebates to encourage any covered person to accept less than the minimum inpatient hours; (c) reduce or limit the amount paid to the attending physician, or otherwise penalize the physician, because the physician required a covered person to receive the minimum inpatient hours; or (d) provide financial or other incentives to the attending physician to encourage the physician to provide care that is less than the minimum hours.

28 TAC §21.2106(b)(1) - Form Number 349 Mastectomy

Coverage and/or Benefits for Reconstruction Surgery After Mastectomy—Enrollment

Coverage and/or benefits are provided to each covered person for reconstructive surgery after mastectomy, including: (a) all stages of the reconstruction of the breast on which mastectomy has been performed; (b) surgery and reconstruction of the other breast to achieve a symmetrical appearance; and (c) prostheses and treatment of physical complications, including lymphedemas, at all stages of mastectomy. The coverage and/or benefits must be provided in a manner determined to be appropriate in consultation with the covered person and the attending physician.

Prohibitions: We may not (a) offer the covered person a financial incentive to forego breast reconstruction or waive the coverage and/or benefits shown above; (b) condition, limit, or deny any covered person's eligibility or continued eligibility to enroll in the plan or fail to renew this plan solely to avoid providing the coverage and/or benefits shown above; or (c) reduce or limit the amount paid to the physician or provider, nor otherwise penalize, or provide a financial incentive to induce the physician or provider to provide care to a covered person in a manner inconsistent with the coverage and/or benefits shown above.

28 TAC §21.2106(b)(2) - Form Number 1764 Reconstructive Surgery After Mastectomy-Enrollment

Coverage and/or Benefits for Reconstruction Surgery After Mastectomy — Annual

Your contract, as required by the federal Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

28 TAC §21.2106(b)(3) - Form Number 1764 Reconstructive Surgery After Mastectomy-Annual

Notice of Certain Mandatory Benefits *(continued)*

Examinations for Detection of Prostate Cancer

Benefits are provided for each covered male for an annual medically recognized diagnostic examination for the detection of prostate cancer. Benefits include: (a) a physical examination for the detection of prostate cancer; and (b) a prostate-specific antigen test for each covered male who is (1) at least 50 years of age; or (2) at least 40 years of age with a family history of prostate cancer or other prostate cancer risk factor.

28 TAC §21.2106(b)(4) - Form Number 258 Prostate

Inpatient Stay following Birth of a Child

For each person covered for maternity/childbirth benefits, we will provide inpatient care for the mother and her newborn child in a health care facility for a minimum of: (a) 48 hours following an uncomplicated vaginal delivery, and (b) 96 hours following an uncomplicated delivery by cesarean section. This benefit does not require a covered female who is eligible for maternity/childbirth benefits to (a) give birth in a hospital or other health care facility or (b) remain in a hospital or other health care facility for the minimum number of hours following birth of the child. If a covered mother or her newborn child is discharged before the 48 or 96 hours has expired, we will provide coverage for postdelivery care. Postdelivery care includes parent education, assistance and training in breast-feeding and bottle-feeding and the performance of any necessary and appropriate clinical tests. Care will be provided by a physician, registered nurse or other appropriate licensed health care provider, and the mother will have the option of receiving the care at her home, the health care provider's office or a health care facility. Prohibitions. We may not (a) modify the terms of this coverage based on any covered person requesting less than the minimum coverage required; (b) offer the mother financial incentives or other compensation for waiver of the minimum number of hours required; (c) refuse to accept a physician's recommendation for a specified period of inpatient care made in consultation with the mother if the period recommended by the physician does not exceed guidelines for prenatal care developed by nationally recognized professional associations of obstetricians and gynecologists or pediatricians; (d) reduce payments or reimbursements below the usual and customary rate; or (f) penalize a physician for recommending inpatient care for the mother and/or the newborn child.

28 TAC §21.2106(b)(5) - Form Number 102 Maternity

Coverage for Tests for Detection of Colorectal Cancer

Benefits are provided, for each person enrolled in the plan who is 50 years of age or older and at normal risk for developing colon cancer, for expenses incurred in conducting a medically recognized screening examination for the detection of colorectal cancer. Benefits include the covered person's choice of: (a) a fecal occult blood test performed annually and a flexible sigmoidoscopy performed every five years, or (b) a colonoscopy performed every 10 years.

28 TAC §21.2106(b)(6) - Form Number 1467 Colorectal Cancer Screening

Coverage of Tests for Detection of Human Papillomavirus, Ovarian Cancer and Cervical Cancer

Coverage is provided, for each woman enrolled in the plan who is 18 years of age or older, for expenses incurred for an annual medically recognized diagnostic examination for the early detection of cervical cancer. Coverage required under this section includes at a minimum a conventional Pap smear screening or a screening using liquid-based cytology methods, as approved by the United States Food and Drug Administration, alone or in combination with a test approved by the United States Food and Drug Administration for the detection of the human papillomavirus.

28 TAC §21.2106(b)(7) - Form Number LHL391 Human Papillomavirus and Cervical Cancer Screening

Notice of Certain Mandatory Benefits *(continued)*

Notice of Coverage for Acquired Brain Injury

Your FirstCare health benefit plan coverage for an acquired brain injury includes the following services when they are medically necessary:

- Cognitive rehabilitation therapy
- Cognitive communication therapy
- Neurocognitive therapy and rehabilitation
- Neurobehavioral, neurophysiological, neuropsychological, and psychophysiological testing and treatment
- Neurofeedback therapy and remediation
- Post-acute transition services and community reintegration services, including outpatient day treatment services or other post-acute care treatment services
- Reasonable expenses related to periodic reevaluation of the care of an individual covered under the plan who has incurred an acquired brain injury, has been unresponsive to treatment, and becomes responsive to treatment at a later date, at which time the cognitive rehabilitation services would be a covered benefit.

The fact that an acquired brain injury does not result in hospitalization or acute-care treatment does not affect the right of the insured or the enrollee to receive the preceding treatments or services commensurate with their condition. Post-acute care treatment or services may be obtained in any facility where those services may legally be provided, including acute or postacute rehabilitation hospitals and assisted living facilities regulated under the Health and Safety Code.

Figure: 28 TAC §21.3107(a)

Thank you for being a FirstCare member!

Questions? Call FirstCare Customer Service at

1-855-572-7238.

We're available Monday to Friday, 8 a.m. to 5 p.m. CT.
TTY/TDD 1-800-562-5259.

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my.FirstCare.com.

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HEALTH PLANS

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