

Welcome to FirstCare

Thank you for choosing FirstCare. We welcome you as a valued member of our health plan. As a FirstCare member you have access to quality, affordable care, plus benefits that put the emphasis on keeping you healthy. We offer a full range of benefits, including preventative care such as routine office visits, well-person checkups and immunizations with:

- Fixed copayments in most cases with no balance billing;
- No claim forms to complete; and
- Access to quality care from a network of credentialed providers

To help you understand the FirstCare program, please review the guidelines presented in this Member Handbook. The Member Handbook is not intended to provide you with a complete representation of plan benefits, covered health services, exclusions, limitations, requirements or other provisions. A complete plan description is set out in your FirstCare Evidence of Coverage.

The Member Handbook consists of nineteen (19) sections. The sections are listed below. To access these sections quickly, you may click on the section you wish to review.

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CUSTOMER SERVICES DEPARTMENT

Customer Services is your source for answers. Each Customer Service Representative is specially trained to assist you. The Customer Services Representative can:

- Explain how the plan works and what your benefits cover;
- Address your questions concerning physicians, referrals, authorizations, and payment for services; or
- Change your Primary Care Physician or designated OB/GYN

Representatives are available Monday through Friday from 8 a.m. to 6 p.m.

FIRSTCARE Customer Services Department
800-884-4901 (*toll free*)

YOUR MEMBER ID CARD

A FirstCare member ID Card has been issued to you and your covered dependents. Your FirstCare member ID card should be carried with you at all times. When seeing a physician, hospital or other provider, always present your member ID card before you receive services. FirstCare member ID cards are not transferable to another person.

FAMILY STATUS CHANGES

You are responsible for reporting any changes in the number of dependents to be covered or not covered, and for paying any applicable premium. The following family status changes must be reported within 31 days to your Benefit Coordinator and to FirstCare's Customer Services Department:

- Birth of a child
- Child attaining age 25
- Marriage
- Divorce
- Death of a dependent
- Adoption or legal guardianship of a child
- Change of address or phone number

Newborn children will automatically be covered for the first 31 days. During the 31-day period you must notify your Benefit Coordinator to add the newborn child as a dependent.

PHYSICIANS, HOSPITALS AND OTHER PROFESSIONAL PROVIDERS

PRIMARY CARE PHYSICIANS (PCP)

Your Primary Care Physician (PCP) is interested in you as an individual. Expect to provide your PCP with information on your health history, lifestyle, and current health status. Your PCP will manage and coordinate your health care needs, including specialty care referrals, laboratory, x-ray services, and hospitalization. We encourage you to contact your PCP to establish yourself as his/her patient and to arrange for transfer of medical records, if applicable. It is not necessary to speak directly with the doctor; his/her staff should be able to help you. Ask questions such as:

- What are the office hours?
- What if night or weekend care is needed?
- Who takes calls in my PCP's absence?
- Will you need my authorization for transfer of medical records?
- Does the doctor want me to come in for an introductory visit?

To change your PCP, please contact a FirstCare Customer Services Representative with the name of the new physician you have selected **prior** to scheduling your first appointment.

YOUR RIGHT TO CHOOSE AN OBSTETRICIAN OR GYNECOLOGIST

All female members may choose an obstetrician or gynecologist (OB/GYN) in addition to a PCP. You must notify our Customer Services Department of your selection. Members who choose an OB/GYN will have direct access to their OB/GYN specialist for well-woman exams and other gender-related services. As provided in the Texas Insurance Code Article 21.53D, you are not required to choose an obstetrician or gynecologist, but may decide to have your PCP either provide these services or make a referral for you to a FirstCare OB/GYN. If you need help in choosing a FirstCare OB/GYN, or to change your physician, you may call our Customer Services Department at 1-800-884-4901, or if you prefer, you may write to us at:

FirstCare
12940 N. Highway 183
Austin, Texas 78750

Once you have selected a FirstCare OB/GYN, you do not need a referral from your PCP or pre-approval from us to make an appointment. You may call your OB/GYN's office directly to schedule your office visit.

Remember that you must select a FirstCare network OB/GYN **before** your visit.

Your FirstCare OB/GYN may also refer you for treatment for a disease or condition that is within the scope of an obstetrics and gynecological specialty practice, including treatment of medical conditions concerning the breasts. However, if you need a referral for the treatment of any other type of disease or condition, this referral must be obtained from your PCP before you receive services or the resulting charges will not be covered.

For follow-up services related to the treatment of a disease or condition that is not within the scope of an obstetrics and gynecological specialty practice, you must return to your PCP and obtain a referral to schedule an appointment for those follow-up services.

MAKING APPOINTMENTS

All non-emergency visits to your PCP should be by appointment. When you call your physician's office to make an appointment, please have your FirstCare member number available. This number can be found on your FirstCare member ID card. You can expect to have an appointment within a reasonable waiting period. Routine office appointments, particularly for initial health assessments or physicals, may require longer waiting periods because these types of appointments necessitate longer examination periods. Each time you visit your PCP, please present your FirstCare member ID card to the receptionist so you will be charged the correct copayment amount.

CHANGING YOUR PHYSICIAN

To change your PCP or OB/GYN, please contact a FirstCare Customer Services Representative with the name of the new physician you have selected **prior** to scheduling your first appointment.

REFERRAL TO A PLAN SPECIALIST

All healthcare services and supplies must be provided or arranged by your PCP or designated OB/GYN. When you require care by a specialist, your PCP or designated OB/GYN will arrange all medically necessary referrals and authorizations to another physician, hospital, or provider. If a referral or authorization has not been obtained, these services will not be covered. You may call a FirstCare Customer Services Representative to verify that your referral to the specialist has been made. Without a valid referral, you will be responsible for all charges and may be required to sign a waiver indicating that you do not have a referral from your PCP.

ANCILLARY PROVIDERS

Your PCP may be required to consult with and/or coordinate referrals with an ancillary provider for certain covered services. Mental Health and Chemical Dependency services are types of ancillary services. To obtain information about the health care services which require consultation with an ancillary provider, to identify ancillary providers who coordinate referrals for such healthcare services in your area, and a current list of providers, contact FirstCare's Customer Services Department.

UTILIZATION REVIEW

Certain services must be pre-authorized to be covered benefits. These include, but may not be limited to, hospital admissions, outpatient surgeries, and referrals to out of plan providers.

Every inpatient admission is monitored by a concurrent review nurse or case manager from the day of admission to the day of discharge for any needed modification in the length of stay due to changes in the member's medical condition. Our nurses provide assistance in discharge planning to assure continuity of care, appropriate utilization of resources, management of the length of stay, to evaluate the need for case management, and to assess post hospital needs and capacity for self care.

We also perform retrospective review to determine if services were medically necessary and if they were properly authorized.

EVIDENCE OF COVERAGE

It is important to understand what your benefits are and how your FirstCare plan works. This information is found in your Evidence of Coverage. This comprehensive document details your benefits and provides information about FirstCare. If you need a copy of your Evidence of Coverage, one is located on the FirstCare link through the ERS website at www.ers.state.tx.us or you can call FirstCare's Customer Services Department.

COPAYMENTS

Copayments are partial payments for covered services, which are due and payable by you at the time of service.

Physicians and providers who are part of the FirstCare network have agreed to accept our payment along with your copayment as payment in full for covered services. Should you receive a bill for any covered service from a plan provider, you may contact our Customer Services Department. Copayment amounts are listed in the Schedule of Benefits.

EMERGENCY CARE

You are covered for medical emergencies both inside and outside the service area. In the event of an emergency, call your PCP. Your doctor will provide you with the necessary medical advice. If the condition is clearly life threatening, it may be impossible to first call your PCP. In this event, you should seek treatment at the nearest emergency facility or hospital.

After a health care emergency, if you cannot reach your PCP immediately, you should call FirstCare's Customer Services Department to notify FirstCare of your circumstances. If you are unable to make this call, a family member should contact FirstCare's Customer Services Department within 24 hours, or as soon as possible, following treatment or hospitalization.

If you are required to pay for emergency services at the time of service, please call or e-mail the Customer Services Department to request a reimbursement form. You should complete this form and attach a copy of any medical report(s) and the itemized bill for the services you received, and return to FirstCare at the address specified on the form. You must file a claim with us within 90 days from the date you incurred Covered Health Services, unless you can document as soon as reasonably possible after the 90-day period, to our satisfaction, good cause why such claim could not be filed within such 90-day period. Provided, however, reimbursement shall not be allowed if a claim is made beyond one year from the date such Covered Health Services were first incurred.

AFTER-HOURS CARE

Because you cannot know when you may need medical help, it is important for you to know in advance how you will contact your physician either day or night. If you need urgent medical care after business hours, call your PCP's office or the after-hours phone number provided to you by your PCP's office. If your PCP is not available, you will be taken care of through the "on-call" arrangement established by your PCP. It is important to ask your PCP how his/her on-call arrangement works.

Your PCP or an on-call physician will be available to provide medical advice and instruction. Please limit after-hours and weekend calls to emergencies or urgent care situations.

HOSPITALIZATION

Your PCP or referral specialist will determine when hospitalization is required. Your PCP will make the necessary arrangements and will notify FirstCare.

Every inpatient admission is monitored by a concurrent review nurse or case manager from the day of admission to the day of discharge for any needed modification in the length of stay due to changes in the member's medical condition. Our nurses provide assistance in discharge planning to assure continuity of care, appropriate utilization of resources, management of the length of stay, evaluate the need for case management, and to assess post hospital needs and capacity for self care.

If you are admitted to a hospital as a result of an emergency, you must notify FirstCare's Customer Services Department within 24 hours of admission to the hospital (or as soon as possible). This will facilitate the coordination between the emergency care you receive and any follow-up care you may require. Additionally, such notification will facilitate payment for covered services by FirstCare.

Costs associated with authorized or emergency hospital care are covered by FirstCare in accordance with your Evidence of Coverage. Charges for care not authorized or not deemed a true emergency will be your financial responsibility.

CONFIDENTIALITY

FirstCare respects your right to privacy. It is our policy to maintain confidentiality of all information relating to our members.

CONTINUITY OF COVERAGE

In the event that you are under the care of a FirstCare provider at the time he or she stops participating in the FirstCare network, you will be notified. Special circumstances may exist where we will continue to provide coverage for that provider's services even though he or she is no longer a provider with us. Special circumstances may include services for a person with a disability, an acute condition, a life-threatening illness, or who is past the 24th week of pregnancy. We will continue to provide coverage only if all the following conditions are met:

- The provider submits a written request to us for continued coverage of your care. The request must (a) identify the condition for which you are being treated and (b) indicate that the provider reasonably believes that discontinuing his or her treatment of you could cause harm to you; and
- The provider agrees to continue accepting the same rate of reimbursement which applied when he or she was still a FirstCare provider, and agrees not to seek payment from you for any amounts for which you would not be responsible if the provider were still participating in the FirstCare network.

The continuity of coverage available under this section shall not exceed 90 days beyond the date the provider's termination takes effect, except for members who are past the 24th week of pregnancy at the time the provider's termination takes effect. Coverage may be extended through delivery of the child, immediate postpartum care, and the follow-up check-up within the first six weeks of delivery. You will continue to be responsible for appropriate Copayments.

MEMBERS RIGHTS AND RESPONSIBILITIES

All Members have a Right to:

- Receive information about the managed care organization, its services, its practitioners and providers, and members' rights and responsibilities;
- To be treated with respect and recognition of their dignity and right to privacy;
- To participate with practitioners in decision making regarding their health care;
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage; and
- To voice complaints or appeals about the managed care organization or the care provided

All Members have a Responsibility to:

- Provide to the extent possible, information that FirstCare and physicians need in order to provide your health care;
- Follow FirstCare's Evidence of Coverage. The Evidence of Coverage is the document used to determine your benefits;
- Follow instructions for care that you have agreed on with your physicians;
- Carry your FirstCare member ID card with you at all times. Present it to each provider (physician, hospital, laboratory, etc.) before every appointment;
- Obtain a referral from your PCP or designated OB/GYN before making an appointment with a plan specialist;
- Be on time for appointments;
- Notify your physician's office at least 24 hours in advance if you need to cancel or reschedule an appointment;
- Make the lifestyle changes your physician recommends to help you be healthier;
- Understand the medications you take, know what they are, what they are for, and how to take them properly; and
- Notify FirstCare and your PCP within 24 hours after receiving emergency care

COMPLAINT PROCEDURES

If a problem should arise concerning the provision of health services or benefits, please discuss your concern with your FirstCare physician, or call the Customer Services Department at 1-800-884-4901. A written complaint may be directed to SHA, L.L.C. dba FirstCare; Complaints & Appeals, 1901 W. Loop 289, Lubbock, TX 79407, as explained in the "Member Complaint Procedure" section of your Evidence of Coverage.

- Any member who is dissatisfied with any aspect of FirstCare's operation may file a complaint with our Complaint and Appeals Department. We will resolve your complaint within 30 days of receiving a written complaint. Your complaint concerning an emergency or denial of continued stay for hospitalization will be resolved in one business day of receipt of your complaint. The investigation and resolution shall be concluded in accordance with the medical immediacy of the case. If you disagree with our resolution, you may appeal our decision. A panel of staff members, physicians or other providers, and FirstCare members will hear the appeal. You may appear in person before the appeal panel and present evidence.
- You may appeal our decision that a service is not medically necessary. A provider who was not involved in the initial decision will review our decision. 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). We will provide information on how to appeal to an IRO at the time of the denial of the appeal, and we will provide the prescribed form which needs to be completed and returned to us to begin the independent review process. In life-threatening situations, you may contact us by telephone to request the review and provide the required information.
- We welcome your complaints and we will not retaliate against any member or employer group because a complaint is filed.