

2018 Member Handbook List of Changes

Date	Section	Page	Change
01-24-2018	Cover	Cover	Date changed to January 2018.
01-24-2018	Notice of Non-Discrimination	iii	Revised Notice of Non-Discrimination was added with larger font sizes.
01-24-2018	Contents	Contents	Page numbering changed from 29 to 30 for the More about First Choice topic.
01-24-2018	First Choice is the Right Choice	2	6 th paragraph revised to show that the provider directory includes languages spoken by each participating provider.
01-24-2018	Your First Choice Benefits	13	Description of the gastric bypass surgery benefit was added.
01-24-2018	Utilization Management (UM) Determination Time Frames and Extensions	19	The UM table was revised to include when an extension may occur and where members should call with authorization questions.
01-24-2018	Important Telephone Numbers	34	Added the Member Services fax number.
05-21-2018	Cover	Cover	Date changed to May 2018
05-21-2018	First Choice is the Right Choice	2	Added paragraph stating “When calling us, have your member ID card ready. We’ll ask for your ID number each time we talk with you.”
05-21-2018	Co-Payments	12	Alphabetized the bullet list of services with co-payments. No new services were added.
05-21-2018	Appeals	28	The bullet point reference to timely requesting an extension of benefits was moved from being the 5 th bullet to now the 1 st bullet.
09-18-2018	Cover	Cover	Dated changed to September 2018
09-18-2018	Family Planning Services	13	Added “You are free to choose the method of family planning you use without coercion or mental pressure.”
09-18-2018	Utilization	19	Combined the concurrent initial and

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	Management (UM) Determination Time Frames and Extensions		continued inpatient stay requests types, and reworded. Determination time frame now states “1 business day from the date the request is received.” Extension states “If additional information is needed: up to 72 hours from date of request.”
Effective date of handbook 1/1/2019	Benefit section	14	Changed the timeframe of a supply of temporary medicine. The new text within the Medicines and pharmacies benefit now reads, “Members may get an emergency supply of medicine that will cover them for 72 hours while a prior authorization request is pending. A member is permitted one temporary supply per prescription number. Inhalers, diabetic test strip and supplies, and creams or lotions are exceptions to the supply limit because of how they are packaged. For those medicines, the member may receive the smallest package size available.”