

Benefits and Forms

Use this booklet to help you understand your new health plan and benefits.
And focus on being healthy!



LOOK INSIDE TO FIND:



Health Care Services



How to Earn Dollar Rewards



Where to Go for Care



Important Health Forms











How to Find a Provider

QUESTIONS? Call **1-877-236-1341 (TTY: 711)** or visit **DelawareFirstHealth.com**.

Make Delaware First Health part of your plan.

Delaware First Health provides quality health care coverage with valuable programs and services. So you and your family can stay focused on being healthy. Use this booklet to get the most out of your insurance. Keep it handy for helpful information about your health plan.

What's Inside:

	Important Documents	2
	Learn More About Your Coverage	3
	Set Up Your Online Member Account	4
	Tell Us About Your Health	5
	Know Where to Go for Care	6
	Primary Care Provider (PCP)	8
	Notification of Pregnancy	10
	Start Earning <i>myhealthpays</i> [®] Reward Dollars	13

GO ONLINE:

- Visit **DelawareFirstHealth.com** to set up your online member account
- See all health plan benefits and fill out forms online

IF YOU DO NOT HAVE INTERNET ACCESS:

- Read this booklet and other member materials included in this packet
- Fill out the forms and mail them using the postage-paid envelopes included in this booklet
- Contact Member Services by calling **1-877-236-1341 (TTY: 711)** for help finding a Primary Care Provider (PCP) or answers to any other questions you have

If you need additional information, or services including oral interpretation, oral translation, auxiliary aids and services, written information in prevalent non-English languages, and written information in alternative formats call us. **1-877-236-1341 (TTY: 711).**

USE THIS LIST TO HELP YOU GET STARTED.

Follow the steps below. Fill out any forms that are needed. Then, check the boxes as you finish each step.



Learn More About Your Benefits

Find important information about your benefits and services inside this booklet and in the Delaware First Health Plan member handbook. The handbook is located on the website under the member section. If you would like a printed copy, contact Member Services.



Set Up Your Member Account

Set up your online Member account using the steps on page 4.

Login: _____

Password: _____

Keep this in a safe place.



Complete Your Health Information Form

Tell us about your health. *Talk with someone from our Care Coordination team.*



Start Earning *myhealthpays*® Dollar Rewards

Delaware First Health members can earn rewards for making certain healthy choices. Visit DelawareFirstHealth.com or turn to page 13 to learn more about *myhealthpays*®!



Make an Appointment to See Your Primary Care Provider (PCP)

PCP name: _____

Address: _____

Phone: _____ Email: _____

Office Hours: _____ 1st Appointment Date: _____

Change your PCP by visiting DelawareFirstHealth.com



Notification of Pregnancy

If you are pregnant, please complete the Notification of Pregnancy form. *Fill it out online at DelawareFirstHealth.com or use the one included on page 11.*



Important Documents

THESE IMPORTANT DOCUMENTS ARE AVAILABLE ON OUR WEBSITE:

DelawareFirstHealth.com



PROVIDER DIRECTORY

You can find the Delaware First Health Plan Provider Directory online. For the most current list of doctors, use our Find a Provider tool to search online. This list is updated daily.



MEMBER HANDBOOK

The Delaware First Health Member Handbook can be found on our website under the Member section. It includes helpful information about your coverage and benefits.



You can find Delaware First Health Formulary information on our website.



To request a printed copy of the Provider Directory, Member Handbook, or Formulary, please contact Member Services and we'll be glad to provide you with one at no cost. Delaware First Health: **1-877-236-1341 (TTY: 711)**.



WE ALSO OFFER THESE FREE BENEFITS:

- Extra assistance for complex health conditions through our Case & Disease Management Programs
- Transportation support to appointments with ModivCare
- Coordination of care with programs and services in your community
- 24/7 nurse advice line for immediate advice about any health-related problems

To access these services call: **1-877-236-1341 (TTY: 711)**.



Delaware First Health offers a wide range of health care services



MEDICAL SERVICES

- Provider office visits
- Medication
- Labs
- X-rays
- Home health care
- Hospital admissions
- Medical supplies



BEHAVIORAL HEALTH SERVICES

- Inpatient/Outpatient mental health/alcohol and substance abuse services
- Rehabilitative mental health services
- Applied behavioral analysis services



PHARMACY COVERAGE

- Check your pharmacy coverage
1-877-236-1341 (TTY: 711)



VISION SERVICES

- Eye exams
- Eyeglasses

MEMBERS 21+

- Eye exam with refraction every two years
- Medically necessary eye exams covered
- Hardware allowance of \$160 for frames, lenses, and lens upgrades or contracts (includes fitting) every two years
- No copays

MEMBERS UNDER 21 (MEDICAID COVERED BENEFIT)

- Annual eye exam with refraction, unlimited medically necessary exams
- Annual eyeglasses or medically necessary contacts
- Replacement/Repairs covered
- No copays

FOSTER CARE UNDER 21

- Replacement eyewear as needed for any reason (eyeglasses or medically necessary contacts)
- Annual eye exam with refraction, unlimited medically necessary exams
- Annual eyeglasses or medically necessary contacts
- Replacement/Repairs covered
- No copay



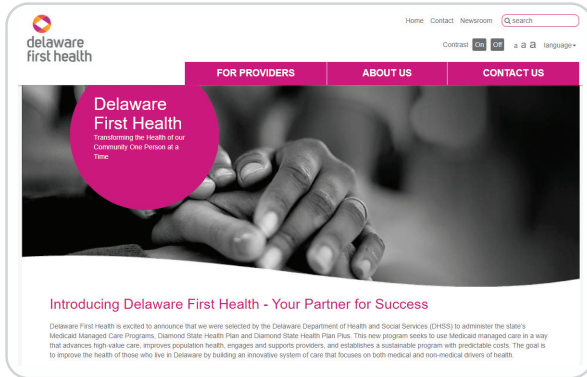
Set Up Your Online Member Account

JUST FOLLOW THE STEPS BELOW TO CREATE YOUR ACCOUNT:

STEP 1: Go Online

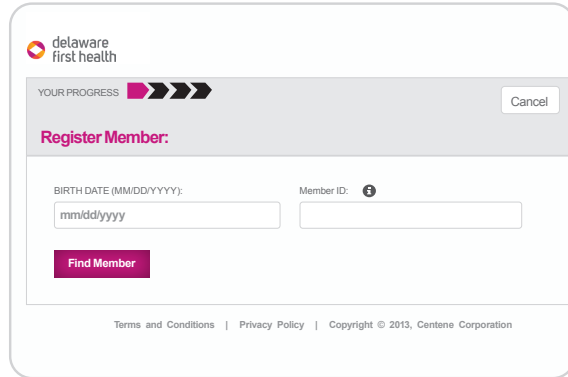
Go to DelawareFirstHealth.com

Click **Login** and choose **Sign Up Now**.



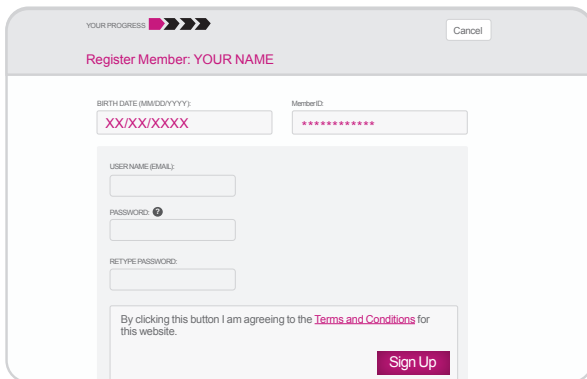
STEP 2: Enter Your Information

Fill in your birthdate and Member ID number (on your ID card). Then click **Find Member**.



STEP 3: Register Your Account

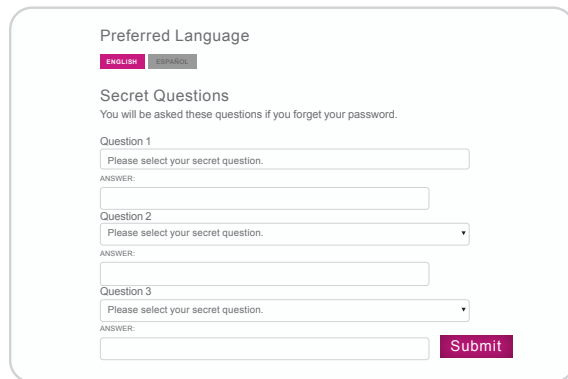
Enter your email address. Choose a password that is a combination of at least eight letters, numbers and/or symbols. Check the **Terms and Conditions** box and click **Sign Up**.



A confirmation message will appear on your screen. And you will receive an email. Click on the link in your email to finish registering your account.

STEP 4: Verify Your Account

Choose your **preferred language** and fill in answers to your **secret questions**. If you forget your password, these secret questions can help you access your account. Click the **Submit** button.



You can add Dependents to your account by clicking **Continue**.



This Health Care Needs Screening helps us stay updated about your current health.

We use this form to find out about any health changes you've had. That's why it's important to complete this form every year. By having this information, we can meet your specific health needs with any additional services or assistance.



COMPLETE YOUR HEALTH INFORMATION FORM

This form is confidential. Make sure to complete one form for every Delaware First Health member. If you need additional forms, visit our website or contact Member Services at **1-877-236-1341 (TTY: 711)** to get started today.

Remember to complete this screening every year.

SERVICE AND CARE COORDINATION

Available to everyone enrolled in LTSS, a care coordinator is the person who helps members manage and create your care plan. They are also the go-to for any questions or concerns you might have about their benefits. This is part of your benefit provided to you at no cost.

QUALIFYING & SIGNING UP FOR CASE MANAGEMENT

If you think you may qualify or you're interested in learning more, contact us at **1-877-236-1341 (TTY: 711)**.

DSHP Plus LTSS members: for Case Management services contact Member Services at **1-877-236-1341 (TTY: 711)**.



Know Where to Go for Care

Get the Right Care at the Right Place

Make sure you know where to get medical care when you need it. If you get sick or hurt, you have several options to get the care you need.



PRIMARY CARE PROVIDER (PCP)

Your PCP is your main provider. Call the office to schedule a visit if you don't need immediate medical care.

See your PCP if you need:

- Help with colds, flus and fevers
- Care for ongoing health issues like asthma or diabetes
- An annual wellness exam
- Vaccinations
- General advice about your overall health



24/7 NURSE ADVICE LINE

Our 24/7 nurse advice line is a free health information phone line. Medical professionals are available to answer questions about your health. They can also help decide if you should see your PCP and assist with setting up your appointment.

Call our 24/7 nurse advice line if you need:

- Help knowing if you should see your PCP
- Help caring for a sick child
- Answers to questions about your health



URGENT CARE CENTER

Urgent care centers help diagnose and treat illnesses or injuries that aren't life threatening but can't wait until the next day. If your PCP's office is closed, an urgent care center can give you fast, hands-on care. Urgent care centers can also offer shorter wait times than an Emergency Room (ER).

Go to an in-network urgent care center for:

- Sprains
- Ear infections
- High fevers
- Flu symptoms with vomiting



EMERGENCY ROOM (ER)

Anything that could endanger your life (or your unborn child's life, if you're pregnant) without immediate medical attention is considered an emergency situation. Emergency services treat accidental injuries or the onset of what appears to be a medical condition. Note: Emergency Services do not require prior authorization.

In case of an emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.

Go to the ER if you have:

- Broken bones
- Bleeding that won't stop
- Labor pains or other bleeding (if you're pregnant)
- Severe chest pains or heart attack symptoms
- Overdosed on drugs
- Ingested poison
- Bad burns
- Shock symptoms (sweat, thirst, dizziness, pale skin)
- Convulsions or seizures
- Trouble breathing
- The sudden inability to see, move, or speak
- Gun or knife wounds

Avoid the ER and reach out to your PCP if you have:

- Flus, colds, sore throats or earaches
- Sprains or strains
- Cuts or scrapes that don't require stitches
- More medicine or prescription refills
- Diaper rash



ADDITIONAL RESOURCES

For support with Behavioral Health crisis call the National Suicide Prevention Lifeline:

- Northern Delaware Crisis line: 1-800-652-2929
- Southern Delaware Crisis line: 1-800-345-6785
- DSCYF Crisis Hotline for Youth: 1-800-969-4357





Primary Care Provider (PCP)

Your Primary Care Provider (PCP) is your main personal doctor.

After you choose your PCP, it's important for you to meet your PCP so you can get to know each other. Building a strong relationship with your PCP helps you feel comfortable talking about your health.

Your PCP will keep your records and be aware of any changes to your health. Always contact your PCP when you feel sick or have any health questions, so you can receive the best care. If you do not choose a PCP within 30 days, one will be auto-assigned to you. You can change your PCP at any time through your secure online account. Medically necessary health care services must be obtained through participating providers with exceptions such as emergency care. You can also call us.

FIND A PCP

Visit [DelawareFirstHealth.com](https://www.delawarefirsthealth.com) to choose or change your PCP.

-or-

Call us at 1-877-236-1341 (TTY: 711). We can help you find a PCP.

YOUR ANNUAL WELLNESS EXAM



After you choose your PCP, call to set up your appointment.

A yearly checkup with your PCP is the best way for you to stay informed about your health. Talk with your doctor about any changes you've noticed or concerns you may have. Your PCP may recommend tests or other preventive care services to help monitor your health. Take this opportunity to ask any questions you may have.

If you need help scheduling this visit, call us at **1-877-236-1341 (TTY: 711)**.



STAY INFORMED ABOUT YOUR CHILD'S HEALTH

Babies and young children need to see their doctor regularly, too. It is important for your child to have an annual health check even when they are not sick. The chart below shows when babies, young children and teens should see a PCP.

HEALTH CHECK SCHEDULE



Birth

- 3 to 5 days
- 1 month
- 2 months
- 3 months
- 4 months
- 6 months
- 9 months



Early Childhood

- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 4 years



Middle Childhood & Adolescence

- Every year until your child is age 21

Your child's health check includes an examination and vaccines to help prevent diseases. Talk with your child's doctor about any health issues or concerns.





Take Care of Yourself and Your Baby

Start Smart for Your Baby

Our Start Smart for Your Baby[®] program provides customized support and care for pregnant women and new moms. This program helps you focus on your health during your pregnancy and your baby's first year.

START SMART FOR YOUR BABY[®] OFFERS THESE BENEFITS AT NO COST TO YOU:

- Information about pregnancy and newborn care
- Community help with housing, food, clothing and cribs
- Breastfeeding support and resources
- Medical staff to work with you and your doctor if you experience any issues during your pregnancy
- Text and email health tips for you and your newborn

GET STARTED

If you are pregnant, complete our Notification of Pregnancy Form online or on the next page. We will follow up to talk with you about the details of our Start Smart for Your Baby[®] program.





Member Notification of Pregnancy

This form is confidential. If you have any problems or questions, please call Delaware First Health at 1-877-236-1341 (TTY: 711). This form is also available online at <https://www.delawarefirsthealth.com/>.

***Required Field**

***Are You Pregnant?** Yes No * If you are pregnant, please continue to answer all the questions.

Return the form in the envelope provided.

We may call you if we find that you are at risk for problems with your pregnancy.

***Medicaid ID #:** Today's Date MMDDYYYY:

Your First Name:

Your Last Name:

***Your Birth Date MMDDYYYY:**

Mailing Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Would you like to receive text messages about pregnancy and newborn care? Yes No

If you do not have an unlimited texting plan, message and data rates may apply. Text STOP to unsubscribe. Please note, texting is not secure and may be seen by others.

Email Address:

***Your OB Provider's Name:**

***Your Due Date MMDDYYYY:**

Primary insurance (for mom or baby) other than Medicaid? Yes No

Race/Ethnicity (select all that apply): White Black/African American Hispanic/Latina

American Indian/Native American Asian Hawaiian/Pacific Islander

Other If other ethnicity, please specify:

Preferred Language (if other than English):

Planning to breastfeed? Yes No If no, what is the reason?

Pediatrician chosen? Yes No Pediatrician Name:

Number of Full Term Deliveries: Number of Miscarriages:

Number of Preterm Deliveries: Number of Stillbirths:

Height (Feet, Inches): Pre-Pregnancy Weight:

***Do you have any of the following?** Yes No If yes, mark all that apply.

Your Medical History

Previous preterm delivery (<37 weeks or a delivery more than three weeks early)? Yes No

Recent delivery within past 12 months? Yes No Was delivery within past 6 months? Yes No

Previous C-Section? Yes No Diabetes (Prior to Pregnancy)? Yes No



*Medicaid ID #:

Name: Last, First:

Sickle Cell? Yes No

Asthma? Yes No If yes, are asthma symptoms worse during pregnancy? Yes No

High blood pressure (prior to pregnancy)? Yes No Previous neonatal death or stillbirth? Yes No

HIV Positive? Yes No HIV Negative? Yes No Testing refused? Yes No AIDS? Yes No

Thyroid Problems? Yes No If yes, is this a new thyroid problem? Yes No

Seizure Disorder? Yes No Seizure within the last 6 months? Yes No

Previous alcohol or drug abuse? Yes No

Current Pregnancy History

Preterm labor this pregnancy? Yes No Current gestational diabetes? Yes No

Current twins? Yes No Current triplets? Yes No

Currently having severe morning sickness? Yes No

Current mental health concerns? Yes No List:

Current STD? Yes No List:

Current tobacco use? Yes No Amount:

If yes, are you interested in quitting? Yes No

Current alcohol use? Yes No Amount:

Current street drug use? Yes No

Taking any prescription drugs (other than prenatal vitamins)? Yes No List:

Any hospital stays this pregnancy? Yes No

If yes, please list hospitalizations during this pregnancy.

Social Issues

Do you have enough food? Yes No Are you enrolled in WIC? Yes No

Do you have problems getting to your doctor visits? Yes No Do you have reliable phone access? Yes No

Are you homeless or living in a shelter? Yes No

Are you currently experiencing domestic violence or feel unsafe in your home? Yes No

Please list any other social needs you may have:

Please list anything else you would like to tell us about your health:





It's easy to earn myhealthpays[®] reward dollars.

After you complete a healthy activity, we will add the reward dollars you have earned directly to your My Health Pays[®] Visa[®] Prepaid Card.

We will mail your My Health Pays[®] Visa[®] Prepaid Card to you after you complete your first healthy activity. You can keep earning My Health Pays[®] rewards by completing more healthy activities. Your rewards will be added to your card once we are notified.

**VISIT DELAWAREFIRSTHEALTH.COM FOR MORE DETAILS
ON HOW TO EARN MY HEALTH PAYS REWARDS!**

USE YOUR *myhealthpays*[®] REWARDS TO HELP PAY FOR:

- Utilities
- Transportation
- Telecommunications – Cell Phone Bill
- Childcare services
- Education
- Rent

OR, YOU CAN USE THEM TO:

- Shop at **Walmart**  for everyday items*

Log in to your member account to see your *myhealthpays*[®] rewards balance.

**This card may not be used to buy alcohol, tobacco, or firearms products.*

This card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A Inc. The Bancorp Bank; Member FDIC. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.

Funds expire 90 days after termination of insurance coverage or 365 days after date reward was earned, whichever comes first.



[DelawareFirstHealth.com](https://www.DelawareFirstHealth.com)

1-877-236-1341

TTY: 711 (Hearing Impaired)

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