

2024 Member Handbook

List of Changes

Effective Date	Sections	Page(s)	Change
7/24	Front Cover	-	Changed month/year on front cover to July 2024.
7/24	Entire Handbook	-	Mentions of copays as they are no longer applicable as of July 1, 2024. As of July 1, 2024, there are zero copays for all.
7/24	First Choice SM Is the Right Choice, Your First Choice Benefits and Benefit Limits	2, 14, 19	Mentions of the preferred drug list have been changed to Comprehensive Drug List
7/24	Your First Choice Benefits and Benefit Limits	12	The entire Copayments subsection has been removed, and replaced with this statement: As of July 1, 2024, there are zero copays for all.
7/24	Your First Choice Benefits and Benefit Limits	12-13	<p>The following statement was added:</p> <p><i>Developmental Evaluation Centers (DECs)</i> <i>Members from birth to age 21 who are enrolled in Medicaid health plans are eligible for services provided at DECs. These freestanding facilities offer a range of developmental children's (pediatric) services. You will need a referral from a doctor or other licensed health care provider.</i></p> <p>In addition, the acronym (DME) was added to the definition of Durable Medical Equipment along with this statement: <i>eXciteOSA coverage includes treatment of mild obstructive sleep apnea (OSA) with a Food and Drug Administration (FDA)-approved prescription device. This FDA-approved device is covered under SC DHHS' DME benefit.</i></p>
7/24	Your First Choice Benefits and Benefit Limits	14	<p>New language about the Comprehensive Drug List was added under Medicines and pharmacies (prescriptions and over the counter.) Statement reads:</p> <p>Effective July 1, 2024, all South Carolina Medicaid health plans moved to one preferred drug list (PDL) known to the Medicaid health plans as the Comprehensive Drug List. To learn more, please visit http://southcarolina.fhsc.com/providers/pdl.asp.</p>

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7/24	Your First Choice Benefits and Benefit Limits	15	<p><i>The following service and description was added:</i></p> <p>Nutritional Counseling Benefit</p> <p><i>In addition, the service description for Obesity management treatment was removed.</i></p>
2/24	Your First Choice Benefits and Benefit Limits	16, 18	Revised section on benefit for transplant services and removed redundant language.