

## **Optimum HealthCare** Out of Network services

You will have to choose one of our network providers to be your Primary Care Physician/Provider (PCP). Generally, you must get your health care coverage from your PCP.

Your PCP is a physician with the licensing, education and training to provide basic medical care and coordinate all of your health care needs. PCPs are considered your “medical home” and you must see your PCP for most of your routine health care needs. With a few exceptions, such as direct access services, you may need to get your PCP’s approval first in order for you to see a specialist. This prior approval process is called a “referral”.

Our “network providers” have agreed to provide you with your health care coverage. You may go to any of our network providers; however, some services may require a referral. If you have been going to one network provider, you are not required to continue going to that same provider. In some cases, you may get covered services from non-network providers.

Emergency care can always be obtained from the nearest available provider, even if the care is provided outside the plan’s service area. For urgent care, you must use plan providers when in the service area. You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers neither Medicare nor Optimum HealthCare will be responsible for the costs.

### **Point of Service (POS)**

If your benefit plan has a Point of Service (POS) option, you will have the flexibility of using non-network specialty providers. With the POS benefit, with the exception of emergencies or urgent, it may cost more to get care from out-of-network providers. In order to use your POS benefit, the non-network provider must be within the Plan’s service area, and be eligible and willing to accept 100% of Medicare payment as payment in full. All benefits must be medically necessary and a covered benefit to be eligible for payment. Other restrictions and limitations may apply. To use this benefit, you will first need to be sure that your plan is one that offers this option.

The following services must be obtained from Optimum HealthCare network providers (not covered by the POS benefit); chiropractic services, dental services, vision services (ophthalmology/routine vision exams/eyeglasses/contacts), hearing services and hearing aids, laboratory services, mental health services, podiatry services, prescription drugs, primary care services, physical, speech, and occupational therapy services, and all other supplemental benefit services, such as health club/fitness membership, over-the-counter medicine, smoking cessation counseling, and transportation services.

Please refer to your Evidence of Coverage (EOC) to obtain more information or call our Member services Department at 1-866-245-5360. TTY/TDD users should call 1-800-955-8771.

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If you receive a bill from a provider who is not part of Optimum HealthCare's network, please do not pay the bill. Send the bill to us at:

Optimum HealthCare  
P.O. Box 151258  
Tampa, FL 33684

We will pay the bill or send you a notice to let you know why we may have determined the service you received was not covered. The notice will include your appeal rights. You can also call our Member Services Department at 1-866-245-5360. TTY/TDD users should call 1-800-955-8771.

Please refer to your Evidence of Coverage (EOC) for more information.