

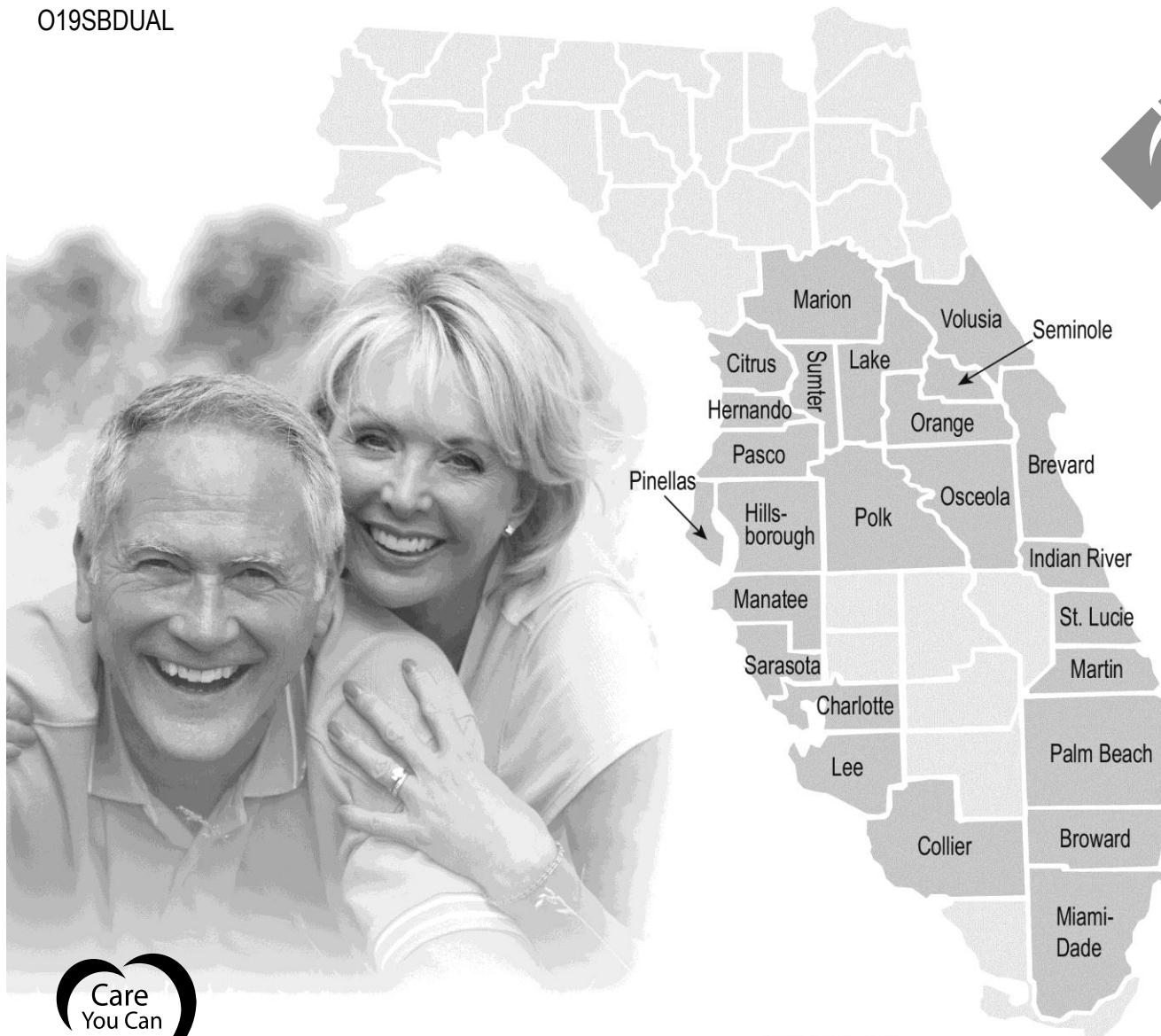
Dual Eligible Special Needs Plan

2019

O19SBDUAL



OPTIMUM
HealthCare, Inc.



SB Combo 016 - 017

016 - Optimum Emerald Partial (HMO SNP)

017 - Optimum Emerald Full (HMO SNP)

Counties:

Brevard, Broward, Charlotte, Citrus, Collier, Hernando, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Sumter, Volusia



H5594_2019_SB_016_017_M

2019 Summary of Benefits

Summary of Benefits

January 1, 2019 - December 31, 2019

Optimum Emerald Partial (HMO SNP) H5594_016

Optimum Emerald Full (HMO SNP) H5594_017

This purpose of the Summary of Benefits is to provide you with a summary of drug and health benefits covered by **Optimum Emerald Partial (HMO SNP) H5594_016** and **Optimum Emerald Full (HMO SNP) H5594_017**, which describes what we cover and what you pay. This information is not a complete description of benefits. Call 1-866-245-5360 (TTY: 711) for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

Optimum HealthCare Inc. is an HMO with a Medicare contract and a contract with the State Medicaid Program. Enrollment in Optimum HealthCare Inc. depends on contract renewal.

Optimum HealthCare, Inc. offers Dual Eligible Special Needs Plans (D-SNPs) which are available to anyone who has both Medical Assistance from the State Plan under Medicaid (Title XIX), and Medicare (Title XVIII). Our Plan benefits are designed for people with special health care needs. Optimum HealthCare, Inc. has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2021 based on a review of Optimum HealthCare, Inc.'s Model of Care.

To be eligible for **Optimum Emerald Partial (HMO SNP) H5594_016** or **Optimum Emerald Full (HMO SNP) H5594_017**, you must have Medicare Part A and Medicare Part B, live in our service area and are eligible for Medicare cost-sharing assistance under Medicaid. Depending on your level of Medicaid eligibility, benefits differ and you may or not be subject to cost-sharing requirements.

To join **Optimum Emerald Partial (HMO SNP) H5594_016**, you must be eligible for certain levels of financial assistance from Florida Medicaid, as one of the following: Specified Low-Income Medicare Beneficiary (SLMB or SLMB Plus), Qualified Individual (QI) or Qualified Disabled and Working Individual (QDWI) or other Full Benefit Dual Eligible (FBDE).

To join **Optimum Emerald Full (HMO SNP) H5594_017**, you must be eligible for certain levels of financial assistance from Florida Medicaid, as a Qualified Medicare Beneficiary (QMB or QMB Plus).you must be eligible for certain levels of financial assistance from Florida Medicaid, as a Qualified Medicare Beneficiary (QMB or QMB Plus).

H5594_2019_SB_016_017_M

Our service area includes the following counties in Florida:

Optimum Emerald Partial (HMO SNP) H5594_016 and **Optimum Emerald Full (HMO SNP) H5594_017:**

Brevard, Broward, Charlotte, Citrus, Collier, Hernando, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Sumter and Volusia.

Optimum HealthCare, Inc. has a network of doctors, hospitals, pharmacies, and other providers. You must use network providers to get your medical care and services except in emergency or urgent needed services when the network is not available, out-of-area dialysis services and cases in which the plan authorizes use of out-of-network providers. If you obtain routine care from out-of-network providers neither Medicare nor Optimum HealthCare will be responsible for the costs. Out-of-network/non-contracted providers are under no obligation to treat Optimum HealthCare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Premiums and Benefits	Medicaid Benefits
Monthly Plan Premium	There is no Premium for Medicaid Covered Services.
Deductible	There is no Deductible for Medicaid Covered Services.
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	There is no Maximum Out-of-Pocket Responsibility for Medicaid Covered Services.
Inpatient Hospital Coverage	You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.
Outpatient Hospital Coverage	You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.

Optimum Emerald Partial (HMO SNP)_016	Optimum Emerald Full (HMO SNP)_017	What you should know
You pay up to \$30.30 based upon your Medicaid eligibility.	You pay up to \$30.30 based upon your Medicaid eligibility.	You must continue to pay your Medicare Part B Premium unless your Part B Premium is paid for you by Medicaid or another third party. If you receive "Extra Help" this premium may be reduced or paid on your behalf.
You pay \$0	You pay \$0	These plans do not have a deductible.
\$3,400 annually	\$3,400 annually	This is the most you pay for copays, coinsurance and other costs for medical services for the year. Contact the Plan for details on what is covered in the Maximum Out of Pocket.
Members with full Medicaid eligibility or who are exempt from cost-share, you pay \$0 copay each day for days 1-90 For all others you pay \$50 copayment each day for days 1-7 and \$0 copay each day for days 8-90 per admission.	You pay \$0 copay each day for days 1-90	Except in an emergency, you must get prior authorization before you are admitted to the facility or your stay may not be covered.
You pay \$0 copay per visit	You pay \$0 copay per visit	Prior authorization is required for some services by your doctor or other network provider. Please contact the Plan for more information.

Premiums and Benefits	Medicaid Benefits
<p>Doctor's Visits</p> <ul style="list-style-type: none"> • Primary • Specialists 	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>
<p>Preventive Care</p>	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>
<p>Emergency Care</p>	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>
<p>Urgently Needed Services</p>	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>

Optimum Emerald Partial (HMO SNP)_016	Optimum Emerald Full (HMO SNP)_017	What you should know
<p>You pay \$0 copay per visit</p> <p>You pay \$0 copay per visit</p>	<p>You pay \$0 copay per visit</p> <p>You pay \$0 copay per visit</p>	<p>Your Primary Care Physician (PCP) will coordinate the covered services you receive as a member of our plan.</p> <p>In order for you to see a specialist, you will need to have a referral from your PCP first.</p> <p>Separate copay may apply for each additional service received at an office visit.</p>
<p>You pay \$0 copay</p>	<p>You pay \$0 copay</p>	<p>Any additional preventive services approved by Medicare during the contract year will be covered. Preventive services in a hospital based setting may require prior authorization.</p>
<p>Members with full Medicaid eligibility or who are exempt from cost-share, you pay \$0 copay.</p> <p>For all others you pay \$75 copay per visit</p>	<p>You pay \$0 copay per visit</p>	<p>\$25,000 plan coverage limit for emergency services, urgent services, and emergency transportation outside the U.S. every year. \$500 copayment for each emergency service, urgent service, and emergency transportation outside the U.S.</p>
<p>You pay \$0 copay</p>	<p>You pay \$0 copay</p>	<p>\$25,000 plan coverage limit for emergency services, urgent services, and emergency transportation outside the U.S. every year. \$500 copayment for each emergency service, urgent service, and emergency transportation outside the U.S.</p>

Premiums and Benefits	Medicaid Benefits
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> • Diagnostic Radiology service (e.g., MRI) • Lab services • Diagnostic Tests and Procedures • Outpatient X-rays • Therapeutic Radiology 	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> • Hearing exam • Hearing aid 	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>

Optimum Emerald Partial (HMO SNP)_016	Optimum Emerald Full (HMO SNP)_017	What you should know
<p>You pay \$0 copay</p> <p>You pay \$0 copay</p> <p>You pay \$0 copay</p> <p>You pay \$0 copay</p> <p>For members with full Medicaid eligibility or who are exempt from cost-share, you pay 0% coinsurance for Medicare-covered Therapeutic Radiology services. For all other members, you pay 20% coinsurance for Medicare-covered Therapeutic Radiology services.</p>	<p>You pay \$0 copay</p> <p>You pay \$0 copay</p> <p>You pay \$0 copay</p> <p>You pay \$0 copay</p> <p>You pay 0% coinsurance for Medicare-covered Therapeutic Radiology services.</p>	<p>Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.</p>
<p>You pay \$0 copayment for Medicare-covered diagnostic hearing exam</p> <p>You pay \$0 for one supplemental routine hearing exam every year</p> <p>You pay \$0 for one hearing aid fitting every year</p> <p>You pay \$0 for two hearing aids (1 per ear) per year</p>	<p>You pay \$0 copayment for Medicare-covered diagnostic hearing exam</p> <p>You pay \$0 for one supplemental routine hearing exam every year</p> <p>You pay \$0 for one hearing aid fitting every year</p> <p>You pay \$0 for two hearing aids (1 per ear) per year</p>	<p>You are responsible for payment of any amount in excess of the maximum \$1,000 (\$500 per hearing aid)</p> <p>Our Plan pays up to a maximum of \$1,000 (\$500 per hearing aid) for hearing aid benefit every year</p> <p>For both Plans, you pay \$0 copayment for Medicare-covered diagnostic hearing exam</p>

Optimum Emerald Partial (HMO SNP)_016	Optimum Emerald Full (HMO SNP)_017	What you should know
<p>You pay \$0 for Oral Exam 1 per year and \$0 for Cleaning/ 2 per year</p> <p>You pay \$0 for Fluoride treatment/ 2 per year</p> <p>You pay \$0 copay for Dental X-rays</p> <p>You pay \$0 copay for a simple extraction OR surgical removal of erupted tooth / 2 total procedures per year</p> <p>You pay \$0 for anterior teeth (incisor or canine) one or two surface resin filling or restoration OR posterior teeth (premolar or molar) one, two, or three surface resin filling or restoration/ 2 per year</p> <p>You pay \$0 for full mouth debridement/ 1 per 2 years</p> <p>Members with full Medicaid benefits: You pay \$0 copayment for partial or full dentures / 1 per lifetime</p>	<p>You pay \$0 for Oral Exam 1 per year and \$0 for Cleaning/ 2 per year</p> <p>You pay \$0 copay for Fluoride treatment/ 2 per year</p> <p>You pay \$0 copay for Dental X-rays</p> <p>You pay \$0 copay for a simple extraction OR surgical removal of erupted tooth / 2 total procedures per year</p> <p>You pay \$0 for anterior teeth (incisor or canine) one or two surface resin filling or restoration OR posterior teeth (premolar or molar) one, two, or three surface resin filling or restoration/ 2 per year</p> <p>You pay \$0 for full mouth debridement/ 1 per 2 years</p> <p>You pay \$0 copay for partial or full dentures/ 1 per 5 years</p>	<p>Dental services exclude periodontal scaling, root planing and periodontal maintenance. Services must be performed by a participating general dentist.</p> <p>For more details or to get a complete list of services we cover, please refer to your Evidence of Coverage.</p> <p>For both Plans, you pay \$0 copayment for Medicare-covered dental benefit</p>

Premiums and Benefits	Medicaid Benefits
<p>Vision Services</p> <ul style="list-style-type: none"> • Routine Eye Exam • Eyeglasses (Frames and Lenses) 	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visit • Outpatient Group and Individual Therapy visits 	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>
<p>Skilled Nursing Facility</p>	<p>Not Covered</p>

Optimum Emerald Partial (HMO SNP)_016	Optimum Emerald Full (HMO SNP)_017	What you should know
<p>You pay \$0 for routine eye exam/ 1 every year by an Optometrist</p> <p>You pay \$0 for the plan coverage limit of 1 pair of eye glasses or contact lenses per year</p> <p>You pay \$0 for Medicare-covered eyewear (one pair of eyeglasses which includes frame and plastic lens or contact lenses) after cataract surgery</p> <p>The Plan coverage limit is \$200 for eyewear (eyeglasses or contact lenses) per benefit year.</p>	<p>You pay \$0 copay for routine eye exam 1 every year by an Optometrist</p> <p>You pay \$0 copay for the plan coverage limit for 1 pair of eye glasses or contact lenses per year</p> <p>You pay \$0 copay for Medicare covered eyewear (one pair of eyeglasses which includes frame and plastic lens or contact lenses) after cataract surgery</p> <p>The Plan coverage limit is \$200 for eyewear (eyeglasses or contact lenses) per benefit year.</p>	<p>Contact the Plan for additional supplemental benefits.</p> <p>You pay nothing for exams to diagnose and treat diseases and conditions of the eye by an Optometrist or an Ophthalmologist (Specialist).</p> <p>You will be responsible for any amount in excess of \$200 for eyewear benefit.</p>
<p>Members with full Medicaid eligibility or who are exempt from cost-share, you pay \$0 copayment each day for days 1-90</p> <p>For all others you pay \$50 copayment each day for days 1-7 and \$0 copayment each day for days 8-90 per admission</p> <p>You pay \$0 for outpatient group/individual therapy visit</p>	<p>You pay \$0 copayment each day for days 1 – 90</p> <p>You pay \$0 for outpatient group/individual therapy visit</p>	<p>Prior Authorization may be required. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>You pay \$0 copay per admission</p>	<p>You pay \$0 copay per admission</p>	<p>Our plan covers up to 100 days in a SNF per benefit period.</p> <p>You must get prior authorization in advance before you are admitted to the facility or your stay may not be covered.</p>

Premiums and Benefits	Medicaid Benefits
<p>Physical Therapy (Rehabilitation Services)</p> <ul style="list-style-type: none"> • Occupational Therapy visit • Physical Therapy and Speech Therapy and Language Therapy visit 	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>
<p>Ambulance</p>	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>
<p>Transportation</p>	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>
<p>Medicare Part B Drugs</p>	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>

Optimum Emerald Partial (HMO SNP)_016	Optimum Emerald Full (HMO SNP)_017	What you should know
<p>You pay \$0 copay</p> <p>You pay \$0 copay</p>	<p>You pay \$0 copay</p> <p>You pay \$0 copay</p>	<p>For rehabilitative services, you will need a referral or prior authorization from your PCP first depending on the specific service.</p> <p>There may be limits on physical therapy, occupational therapy, and speech and language pathology services. Contact the plan for details.</p>
<p>Members with full Medicaid eligibility or those who are exempt from cost-share, you pay \$0 for Medicare-covered one-way ground ambulance services and you pay \$0 for Medicare-covered one-way air ambulance services.</p> <p>For all other members, you pay \$100 for Medicare-covered one-way ground or Medicare-covered one-way air ambulance services.</p>	<p>You pay \$0 for Medicare-covered one-way ground ambulance services and you pay \$0 for Medicare-covered one-way air ambulance services.</p>	<p>Prior Authorization may be required. Contact the Plan for details.</p>
<p>You pay \$0 for up to 24 one way trips every year</p> <p>Depending on your Medicaid eligibility level, you may qualify for additional unlimited transportation benefits to Plan approved locations at no cost to you.</p>	<p>You pay \$0 for up to 24 one way trips every year</p> <p>Depending on your Medicaid eligibility level, you may qualify for additional unlimited transportation benefits to Plan approved locations at no cost to you.</p>	<p>Transportation is intended for rides to and/or from plan approved locations for medical appointments and health needs within your county.</p> <p>Call to schedule a ride at least 72 hours prior to scheduled medical appointment.</p>
<p>You pay \$0 copayment for Medicare Part B-covered chemotherapy drugs and other Medicare Part B- covered drugs</p>	<p>You pay \$0 copayment for Medicare Part B-covered chemotherapy drugs and other Medicare Part B- covered drugs</p>	<p>The Plan may require prior authorization to determine whether certain drugs are covered by Medicare Part B or Part D.</p> <p>Please refer to your Evidence of Coverage for more details.</p>

Premiums and Benefits	Medicaid Benefits
<p>Foot Care (<i>Podiatry Services</i>)</p> <ul style="list-style-type: none"> • Foot exams and Treatment 	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>
<p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes Supplies 	<p>You pay \$0 copay for Medicaid Covered Services, depending on your level of Medicaid eligibility.</p>
<p>Wellness</p> <ul style="list-style-type: none"> • Fitness • 24 Hour Nurse Advise Line 	<p>Not Covered</p>
<p>Over The Counter (OTC)</p>	<p>Not Covered</p>

Optimum Emerald Partial (HMO SNP)_016	Optimum Emerald Full (HMO SNP)_017	What you should know
You pay \$0 copay	You pay \$0 copay	<p>Covered podiatry benefits are for medically-necessary foot care.</p> <p>You will need to have a referral or prior authorization from your PCP first depending on the service.</p>
<p>Members with full Medicaid eligibility or who are exempt from cost-share, you pay 0% coinsurance for Medicare-covered DME items All other members, you pay 20% coinsurance for Medicare-covered DME items.</p> <p>Members with full Medicaid eligibility or who are exempt from cost-share, you pay 0% coinsurance for Medicare-covered devices and supplies. All other members you pay 20% coinsurance for Medicare-covered devices and supplies.</p> <p>You pay 0% coinsurance for Medicare-covered retail and all other diabetes monitoring supplies.</p>	<p>You pay 0%</p> <p>You pay 0%</p> <p>You pay 0%</p>	<p>We cover all medically necessary durable medical equipment covered by Original Medicare.</p> <p>You will need to have a referral or prior authorization from your PCP first depending on the service.</p>
<p>You pay \$0 copay</p> <p>You pay \$0 copay</p>	<p>You pay \$0 copay</p> <p>You pay \$0 copay</p>	<p>Health Club Memberships are limited to participating facilities.</p> <p>Health advice from a nursing professional, available 24 hours a day, 7 days a week.</p>
\$50 Monthly Allowance	\$50 Monthly Allowance	<p>Please contact the plan or visit our website for specific instructions for using this benefit and our list of covered Over-the-Counter items.</p> <p>Call Member Services at 1-866-245-5360, TTY users call 711, or visit our website at http://www.youroptimumhealthcare.com.</p>

Outpatient Prescription Drugs

Optimum Emerald Partial (HMO SNP) H5594_016

Medicaid - You pay **\$0** copay for Medicaid covered prescription drugs not covered by a Medicare Prescription Drug Plan.

	Standard Retail Rx 30 – day Supply	Standard Mail Order 90 – day Supply	What you should Know
<i>Deductible Stage</i>	<p>If you receive "Extra Help" to pay for your prescription drugs, your deductible amount will be either \$0 or \$85 depending on the level of "Extra Help" you receive. If you do not receive "Extra Help" during this stage you pay the full cost of your Tier 2 Preferred Brand, Tier 3 Non-Preferred Drug and Tier 4 Specialty Tier drugs up to \$415. The Plan will cover cost of Tier 1 Preferred Generic Drugs.</p>		
<i>Initial Coverage Stage</i>	<p>If you receive "Extra Help" you pay:</p> <p>For generic drugs including drugs treated as generic, either:</p> <ul style="list-style-type: none"> • \$0 copay • 15% coinsurance • \$1.25 copay or • \$3.40 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay • 15% coinsurance, • \$3.80 copay or • \$8.50 <p>If you do not receive "Extra Help" you pay:</p> <ul style="list-style-type: none"> • \$0 copay • \$45 copay • \$95 copay • 25% coinsurance <p>Tier 1: Preferred Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Drug Tier 4: Specialty Tier</p>	<p>If you receive "Extra Help" you pay:</p> <p>For generic drugs including drugs treated as generic, either:</p> <ul style="list-style-type: none"> • \$0 copay • 15% coinsurance • \$1.25 copay or • \$3.40 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay • 15% coinsurance, • \$3.80 copay or • \$8.50 <p>If you do not receive "Extra Help" you pay:</p> <ul style="list-style-type: none"> • \$0 copay • \$135 copay • \$285 copay • Long Term Supply Not Available 	<p>Cost Sharing may change depending on your LIS level and when you enter another phase of the Part D benefit. You pay your cost share until your total yearly drug costs reach \$3,820. Not all drugs qualify for a 90 day supply. For more information call us or access our Evidence of Coverage online. For details on your copay amounts refer to your LIS Rider.</p> <p>If you reside in a long term care facility, you pay the same for a Standard Retail 30 day supply and the Standard Mail Order 90 day supply.</p> <p>If you do not receive "Extra Help," you may be charged more when you get drugs from an out-of-network pharmacy than you would from an in-network pharmacy.</p>

Outpatient Prescription Drugs

Optimum Emerald Partial (HMO SNP) H5594_016

Coverage Gap Stage

If you receive "Extra Help", you pay the same copay and coinsurance amounts as you would in the Initial Coverage Stage. If you do not receive "Extra Help", you pay **25%** of the price for brand name drugs and **37%** of the price for all generic drugs (plus a portion of the dispensing fee). You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of **\$5,100**.

If you receive "Extra Help" the cost of your drugs depends upon your level of "Extra Help".

Catastrophic Coverage Stage

During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year.

If you receive "Extra Help" to pay for your prescription drugs, your costs for covered drugs will depend on the level of "Extra Help" you receive. During this stage, your share of the cost for a covered drug will be either:

- **\$0**; or
- A coinsurance or a copay, whichever is the larger amount:
 - either coinsurance of **5%** of the cost of the drug
 - or **\$3.40** copay for a generic drug or a drug that is treated like a generic and **\$8.50** copay for all other drugs
 - Our Plan pays the rest of the cost

Look at your LIS Rider for information about your drug costs during the Catastrophic Coverage Stage

Outpatient Prescription Drugs

Optimum Emerald Full (HMO SNP) H5594_017

Medicaid - You pay **\$0** copay for Medicaid covered prescription drugs not covered by a Medicare Prescription Drug Plan.

	Standard Retail Rx 30 – day Supply	Standard Mail Order 90 – day Supply	What you should Know
<i>Deductible Stage</i>	<p>If you receive “Extra Help” to pay for your prescription drugs, your deductible amount will be either \$0 or \$85 depending on the level of “Extra Help” you receive. If you do not receive “Extra Help” during this stage you pay the full cost of your Tier 2 Preferred Brand, Tier 3 Non-Preferred Drug and Tier 4 Specialty Tier drugs up to \$415. The Plan will cover cost of Tier 1 Preferred Generic Drugs.</p>		
<i>Initial Coverage Stage</i>	<p>If you receive “Extra Help” you pay:</p> <p>For generic drugs including drugs treated as generic, either:</p> <ul style="list-style-type: none"> • \$0 copay • 15% coinsurance • \$1.25 copay or • \$3.40 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay • 15% coinsurance, • \$3.80 copay or • \$8.50 copay <p>If you do not receive “Extra Help” you pay:</p> <ul style="list-style-type: none"> • \$0 copay • \$45 copay • \$95 copay • 25% coinsurance <p>Tier 1: Preferred Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Drug Tier 4: Specialty Tier</p>	<p>If you receive “Extra Help” you pay:</p> <p>For generic drugs including drugs treated as generic, either:</p> <ul style="list-style-type: none"> • \$0 copay • 15% coinsurance • \$1.25 copay or • \$3.40 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay • 15% coinsurance, • \$3.80 copay or • \$8.50 copay <p>If you do not receive “Extra Help” you pay:</p> <ul style="list-style-type: none"> • \$0 copay • \$135 copay • \$285 copay • Long Term Supply Not Available 	<p>Cost Sharing may change depending on your LIS level and when you enter another phase of the Part D benefit. You pay your cost share until your total yearly drug costs reach \$3,820. Not all drugs qualify for a 90 day supply. For more information call us or access our Evidence of Coverage online. For details on your copay amounts refer to your LIS Rider.</p> <p>If you reside in a long term care facility, you pay the same as at a retail pharmacy.</p> <p>If you do not receive “Extra Help,” you may be charged more when you get drugs from an out-of- network pharmacy than you would from an in-network pharmacy.</p>

Outpatient Prescription Drugs

Optimum Emerald Full (HMO SNP) H5594_017

Coverage Gap Stage

If you receive "Extra Help", you pay the same copay and coinsurance amounts as you would in the Initial Coverage Stage. If you do not receive "Extra Help", you pay **25%** of the price for brand name drugs and **37%** of the price for all generic drugs (plus a portion of the dispensing fee). You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of **\$5,100**.

If you receive "Extra Help" the cost of your drugs depends upon your level of "Extra Help".

Catastrophic Coverage Stage

During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year.

If you receive "Extra Help" to pay for your prescription drugs, your costs for covered drugs will depend on the level of "Extra Help" you receive. During this stage, your share of the cost for a covered drug will be either:

- **\$0**; or
- A coinsurance or a copay, whichever is the larger amount:
 - either coinsurance of **5%** of the cost of the drug
 - or **\$3.40** copay for a generic drug or a drug that is treated like a generic and **\$8.50** copay for all other drugs
 - Our Plan pays the rest of the cost

Look at your LIS Rider for information about your drug costs during the Catastrophic Coverage Stage

Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Medicare Advantage plan. For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Coverage of the benefits described above depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, **Optimum Emerald Partial (HMO SNP)** and **Optimum Emerald Full (HMO SNP)** will cover the benefits described in the Premium and Benefit section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the Florida Agency for Health Care Administration toll-free at 1-888-419-3456 or the Florida Department of Children and Families (DCF) ACCESS Program toll free at 1-866-762-2237.

Our source of information for Medicaid benefits is the Florida Agency for Health Care Administration (Medicaid) website. All Medicaid covered services are subject to change at any time. For the most current Florida Medicaid coverage information, please visit the Florida Medicaid website at <http://ahca.myflorida.com> or call Member Services for assistance. A detailed explanation of Florida Medicaid benefits can be found in the Florida Summary of Services online at: <http://ahca.myflorida.com/Medicaid/flmedicaid.shtml>.

Premiums, co-pays, coinsurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

To get a complete list of services we cover, please review the "Evidence of Coverage" (EOC) online at <http://www.YourOptimumHealthcare.com> or get a copy by calling 1-866-245-5360 (TTY: 711).

This document is available in alternate formats such as large print, and Spanish. For more information, please call us at the phone number below or visit us at <http://www.youroptimumhealthcare.com>.

Please call our Member Services number at 1-866-245-5360 for additional information. TTY users should call 711. From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. – 8 p.m. EST.

For accommodations of persons with special needs at meetings call 1-866-245-5360 (TTY: 711).

You can see our plan's provider and pharmacy directories at our website <http://www.youroptimumhealthcare.com>. or call us and we will send you a copy of the directory. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at <http://www.youroptimumhealthcare.com>.

Optimum HealthCare, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Optimum HealthCare, Inc. konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Discrimination Is Against the Law

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Optimum HealthCare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Optimum HealthCare, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Optimum HealthCare, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Optimum HealthCare Civil Rights Coordinator.

If you believe that Optimum HealthCare, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Optimum HealthCare Civil Rights Coordinator

P.O. Box 152727

Tampa, FL 33684

Phone: 1-866-245-5360, TTY: 711

Fax: 813-506-6235

You can file a grievance by mail, fax, or phone. If you need help filing a grievance, the Optimum HealthCare Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> , or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert / Inserción de varios idiomas

Multi-language Interpreter Services / Servicios de interpretación en varios idiomas

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-245-5360 (TTY: 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-245-5360 (TTY: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-245-5360 (TTY: 711).

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-245-5360 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-245-5360 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-245-5360 (TTY: 711)。

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-245-5360 (ATS: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-245-5360 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-245-5360 (телетайп: 711).

العربية (Arabic):

ال العربية ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-245-5360 (رقم هاتف الصم والبكم: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-245-5360 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-245-5360 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-245-5360 (TTY: 711) 번으로 전화해 주십시오.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-245-5360 (TTY: 711).

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-245-5360 (TTY: 711).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-245-5360 (TTY: 711).

2019 Summary of Benefits



OPTIMUM
HealthCare, Inc.

Optimum HealthCare, Inc.
P.O. Box 151137
Tampa, FL 33684

www.youoptimumhealthcare.com



SB Combo 016 - 017

**016 - Optimum Emerald Partial
(HMO SNP)**

**017 - Optimum Emerald Full
(HMO SNP)**

Counties:

Brevard, Broward, Charlotte, Citrus, Collier,
Hernando, Hillsborough, Indian River, Lake,
Lee, Manatee, Marion, Martin, Miami-Dade,
Orange, Osceola, Palm Beach, Pasco, Pinellas,
Polk, Sarasota, Seminole, St. Lucie, Sumter,
Volusia