

Vision Plan Benefits				
Coverage	Optimum Gold Plan (HMO): 019 Optimum Gold Rewards Plan (HMO): 022, 026 Optimum Diamond Rewards (HMO C-SNP): 034 Optimum Diamond Rewards COPD (HMO C-SNP): 035	Optimum Diamond Savings (HMO C-SNP): 030 Optimum Diamond Savings COPD (HMO C-SNP): 031	Optimum Gold Rewards Plan (HMO): 001 Optimum Platinum Plan (HMO): 002 Optimum Diamond Rewards (HMO C-SNP): 028 Optimum Diamond Rewards COPD (HMO C-SNP): 029 Optimum Gold Plus Plan (HMO): 032 Optimum Diamond Plan (HMO C-SNP): 036	Optimum Emerald Partial (HMO D-SNP): 016 Optimum Emerald Full (HMO D-SNP): 017
Comprehensive Eye Examination	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Frame and Eyeglass lens (Standard plastic) This benefit may not be combined with any other discounts or promotional offers. For premium frames, progressive lenses, and additional lens treatment upgrades, the member receives vision vendor's discounted rate. (These are Value-Added Items and Services (VAIS) and are not plan benefits and are not part of the plan's benefit package.)	\$10 co-pay includes CR-39 clear plastic lenses and standard frame (\$100 Benefit Member pays any amount over \$100) • Single vision • Lined bifocal (FT 28) • Lined trifocal (FT 7x28) \$30 co-pay for CR-39 clear plastic standard progressive lenses. \$30 co-pay for CR-39 plastic standard photochromic lenses. Lens and Frame Upgrades: Member pays iCare's discounted rate.	\$10 co-pay includes CR-39 clear plastic lenses and standard frame (\$150 Benefit Member pays any amount over \$150) • Single vision • Lined bifocal (FT 28) • Lined trifocal (FT 7x28) \$30 co-pay for CR-39 clear plastic standard progressive lenses. \$30 co-pay for CR-39 plastic standard photochromic lenses. Lens and Frame Upgrades: Member pays iCare's discounted rate.	\$0 co-pay includes CR-39 clear plastic lenses and standard frame (\$300 Benefit Member pays any amount over \$300) • Single vision • Lined bifocal (FT 28) • Lined trifocal (FT 7x28) \$30 co-pay for CR-39 clear plastic standard progressive lenses. \$30 co-pay for CR-39 plastic standard photochromic lenses. Lens and Frame Upgrades: Member pays iCare's discounted rate.	\$0 co-pay includes CR-39 clear plastic lenses and standard frame (\$400 Benefit Member pays any amount over \$400) • Single vision • Lined bifocal (FT 28) • Lined trifocal (FT 7x28) \$30 co-pay for CR-39 clear plastic standard progressive lenses. \$30 co-pay for CR-39 plastic standard photochromic lenses. Lens and Frame Upgrades: Member pays iCare's discounted rate.
Contact Lenses (in lieu of eyeglasses) Conventional or Disposable	\$10 co-pay \$100 benefit; Member pays any amount over \$100. Contact lens fitting fee is not a covered benefit.	\$10 co-pay \$150 benefit; Member pays any amount over \$150. Contact lens fitting fee is not a covered benefit.	\$0 co-pay \$300 benefit; Member pays any amount over \$300. Contact lens fitting fee is not a covered benefit.	\$0 co-pay \$400 benefit; Member pays any amount over \$400. Contact lens fitting fee is not a covered benefit.
Glasses or Contacts after Cataract Surgery	\$0 co-pay Medicare allowable benefit limit. Contact lens fitting fee is not a covered benefit. Progressives and photochromic lenses not covered.	\$0 co-pay Medicare allowable benefit limit. Contact lens fitting fee is not a covered benefit. Progressives and photochromic lenses not covered.	\$0 co-pay Medicare allowable benefit limit. Contact lens fitting fee is not a covered benefit. Progressives and photochromic lenses not covered.	\$0 co-pay Medicare allowable benefit limit. Contact lens fitting fee is not a covered benefit. Progressives and photochromic lenses not covered.

Benefit Frequencies	All plans except Medi-Medi:	Optimum Medi-Medi Partial and Full (016 and 017)
Eye Examination	Once every 12 months	Once every 12 months
Eyeglass Lenses	Once every 12 months	Twice every 12 months
Eyeglass Frames	Once every 12 months	Twice every 12 months
Contact Lenses	Once every 12 months	Twice every 12 months
Glasses or Contacts (after Cataract Surgery)	Once after cataract Surgery	Once after cataract Surgery
LASIK	Not Covered	Not Covered

iCare Network includes independent and national retail providers
The iCare provider network is comprised of both independent and national retail optical locations. Please visit our website at www.mycarehealth.com and choose Optimum Healthcare Medicare Routine Vision.

Optimum HealthCare, Inc.
Toll Free: 1-866-245-5360 • TTY: 711
www.mycarehealth.com

Optimum HealthCare members receive these benefits through HearUSA:

- **\$0 co-pay** routine hearing exam, one every year.
- **\$0 co-pay** for \$1,000 (\$500 per ear) towards two hearing aid (019, 022, 026, 030, 031, 034, 035)
- **\$0 co-pay** for \$1,500 (\$750 per ear) towards two hearing aid (001, 002, 028, 029, 032, 036)
- **\$0 co-pay** for \$2,000 (\$100 per ear) towards two hearing aid (016, 017)
- **\$0 co-pay** for hearing aid evaluations/hearing aid fitting, one every year.
- Selection of quality digital products featuring choice of style and technologies. Annual cleaning and check of hearing aids.

You must go to a participating provider. If your plan has an out of network benefit, please review your evidence of coverage or call the plan's Member Services Department for details.

www.hearusa.com

Wellness and Health Care Planning Services: (Only in plans 016, 017)

Members are eligible for advance care planning (ACP) services through MyDirectives®: To get started, access the link to MyDirectives® from the Member Portal on our website at www.youroptimumhealthcare.com.

Click on Member Portal, log in to register.

In Home Support (Papa's Pals): (Only in plans 001, 002, 016, 017, 028, 029, 032, 036)
Assistance for services such as:

- Companionship: conversation, board games, reading, hobbies
- Technical Guidance: assist with learning telehealth services to connect with physician, help install devices
- Exercise and Activity: walking or biking
- Household chores: light cleaning, organization, laundry
- Assistance from a distance: virtual services and companionship.

For more information or schedule services please call 1-888-330-9554 (TTY: 711). Must use the plan's contracted provider/vendor.

Everyday Options Allowance (Only in plans 016, 017, 028, 029, 036)

Everyday Options Allowance provides you with a combined monthly spending allowance of \$85 (028, 029, 036) or \$175 (016, 017) on your Benefits Prepaid Card. This spending allowance can be used to pay for:

- Food items like fresh meats, fruits, vegetables, pantry staples, and more.
- Home and Pet Care Supplies like paper products, food storage, household cleaning products, and pet care items.
- Utilities

You may not use this card to purchase items such as tobacco or alcohol. The Benefits Prepaid Card is automatically loaded at the beginning of each month. Unused amounts do not roll over and must be used by the end of each month.

Transportation

Transportation by taxi, bus/subway, van, and other approved methods to Plan approved locations, see limitations below. Please contact Member Services for details and to locate a participating vendor. (Phone numbers are printed on the back cover of this booklet).

Limitations/Restrictions:

Consult your Evidence of Coverage for the number of rides you are allowed.

- This benefit is not intended for Medical emergencies. For Medical emergencies, ambulance co-pay applies.
- Plan approved locations are only for medical appointments and health needs; such as PCP and specialist visits or drop off and pick up for planned medical procedures (i.e. routine blood draw, surgery, x-rays, routine eye exams).
- Transportation is intended for rides within your county.
- Call to schedule a ride at least 72 hours prior to scheduled medical appointment. Have the following information ready: Address of appointment, office phone number, appointment date and time.

To utilize this benefit for facility to facility transportation, advance notice may be required. Please contact member services for additional information.

Flex Account - Active Fitness (Only in plans 001, 002, 028, 029, 032, 036)

The plan covers a spending allowance of \$500 per year towards the payment of daily access fees for golf, tennis, or swimming. Any unused amounts do not carry forward to the next calendar year.

For more information about this benefit please contact Member Services.

OPT24DVH

Optimum HealthCare, Inc. is an HMO plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Optimum HealthCare, Inc. depends on contract renewal.

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. 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. Español (Spanish): ATENCION: 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 ed pou lang ki disponib gratis pou ou. Rele 1-866-245-5360 (TTY: 711). Members will receive a monthly allowance in the form of a benefits pre-paid card to pay for a wide range of approved groceries, home and pet care supplies and utilities. Unused monthly amounts do not roll over to the next month or year. The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. H5594_2024_DVH Flyer_C

OPTIMUM HEALTHCARE PLANS

COVERED CODE BENEFITS

OPTIMUM HEALTHCARE PLANS

COVERED CODE BENEFITS

Dental Plan Benefits		
<div>Optimum Diamond Rewards (HMO C-SNP): 034</div> <div>Optimum Diamond Rewards COPD (HMO C-SNP): 035</div> <div>Covered Services:<ul style="list-style-type: none">◆ Routine Preventive Dental Care (member must use network dental provider). Problem focused exams are not considered routine.◆ Oral Exams◆ Limited Oral Exam - Problem Focused exam◆ Dental cleaning as determined necessary by treating provider◆ Fluoride Treatment◆ Dental X-rays◆ Limited Extraction</div> <div><i>Prior Authorization may be required and must be received by a participating dental provider.</i> <i>*excludes periodontal scaling and root planing and periodontal maintenance.</i> *You must go to a participating general dentist for all services.</div> <div>You Pay:<ul style="list-style-type: none">◆ \$0 for routine comprehensive or periodic exam up to 2 visits each year.◆ \$0 for Limited Oral exam - Problem Focused exam up to 2 visits each year.◆ \$0 for each cleaning up to 2 visits every year.◆ \$0 for each fluoride treatment up to 2 visits every year.◆ X-ray: \$0 co-pay for one complete series including bitewings single film per 36 months, bitewings 2 film one per year, bitewing 4 film one per year and panoramic film one per 36 months.◆ X-ray: \$0 co-pay for each up to two Occlusal film per year.◆ X-ray: \$0 co-pay for one Temporomandibular joint film per year.◆ \$0 co-pay extraction of tooth one procedure per year by a general dentist.</div>	<div>Optimum Gold Rewards Plan (HMO): 001, 022, 026</div> <div>Optimum Gold Plan (HMO): 019</div> <div>Optimum Diamond Rewards (HMO C-SNP): 028</div> <div>Optimum Diamond Savings (HMO C-SNP): 030</div> <div>Optimum Diamond Rewards COPD (HMO C-SNP): 029</div> <div>Optimum Diamond Savings COPD (HMO C-SNP): 031</div> <div>Optimum Gold Plus Plan (HMO): 032</div> <div>Covered Services:<ul style="list-style-type: none">◆ Routine Preventive Dental Care (member must use network dental provider).Problem focused exams are not considered routine.◆ Oral Exams◆ Limited Oral Exam - Problem Focused exam◆ Dental cleaning or periodontal scaling and root planing, as determined necessary by treating provider◆ Fluoride Treatment◆ Dental X-rays◆ Diagnostic Services◆ Limited Restorative Services◆ Limited Periodontal Services◆ Limited Extraction</div> <div><i>Prior Authorization may be required and must be received by a participating dental provider.</i> <i>Gingival irrigation (D4921) and localized delivery of antimicrobial agents (D4391), like Arestin®, are excluded, even though scaling and root planing (D4341 and D4342) and periodontal maintenance (D4910) are covered.</i> *You must go to a participating general dentist for all services.</div> <div>You Pay:<ul style="list-style-type: none">◆ \$0 for routine comprehensive or periodic exam up to 2 visits each year.◆ \$0 for Limited Oral exam - Problem Focused exam up to 2 visits each year.◆ \$0 for each cleaning up to 2 visits every year.◆ \$0 for each fluoride treatment up to 2 visits every year.◆ X-ray: \$0 co-pay for one complete series including bitewings single film per 36 months, bitewings 2 film one per year, bitewing 4 film one per year and panoramic film one per 36 months.◆ X-ray: \$0 co-pay for each up to two Occlusal film per year.◆ X-ray: \$0 co-pay for one Temporomandibular joint film per year.◆ \$0 co-pay for resin Filling up to 1 per year.◆ \$0 co-pay extraction of tooth one procedure per year by a general dentist.◆ \$0 co-pay full mouth debridement, one every two years◆ \$0 co-pay for 4 total scaling and root planing procedures per year - Limited to 1 procedure per quadrant per year.◆ \$0 co-pay periodontal maintenance - up to 2 procedures per year.</div>	<div>Optimum Emerald Partial (HMO D-SNP): 016</div> <div>Optimum Emerald Full (HMO D-SNP): 017</div> <div>Optimum Platinum Plan (HMO): 002</div> <div>Optimum Diamond Plan (HMO C-SNP): 036</div> <div>Covered Services:<ul style="list-style-type: none">◆ Routine Preventive Dental Care (member must use network dental provider). Problem focused exams are not considered routine.◆ Oral Exams◆ Limited Oral Exam - Problem Focused exam◆ Dental cleaning or periodontal scaling and root planing, as determined necessary by treating provider◆ Fluoride Treatment◆ Dental X-rays◆ Diagnostic Services◆ Limited Restorative Services◆ Limited Extractions◆ Limited Prosthodontics◆ Limited Periodontal Services</div> <div><i>Prior Authorization may be required and must be received by a participating dental provider.</i> <i>Gingival irrigation (D4921) and localized delivery of antimicrobial agents (D4391), like Arestin®, are excluded, even though scaling and root planing (D4341 and D4342) and periodontal maintenance (D4910) are covered. .</i> <i>Core build-up (D2950) is excluded, even though 1 crown is covered. (Crown not covered for plan 002 and 036)</i> *You must go to a participating general dentist for all services.</div> <div>You Pay:<ul style="list-style-type: none">◆ \$0 for routine comprehensive or periodic exam up to 2 visits each year.◆ \$0 for Limited Oral exam - Problem Focused exam up to 2 visits each year.◆ \$0 for each cleaning up to 2 visits every year.◆ \$0 for each fluoride treatment up to 2 visits every year.◆ X-ray: \$0 co-pay for Complete Series including bitewings single film one every 36 months, bitewings 2 film one per year, bitewings 4 film one per year and panoramic film one per 36 months.◆ X-ray: \$0 co-pay for each Occlusal film up to two per year.◆ X-ray: \$0 co-pay for Temporomandibular joint film one per year.◆ \$0 co-pay for resin Filling up to 2 per year.◆ \$0 co-pay extraction of tooth two procedure per year by a general dentist.◆ \$0 co-pay full mouth debridement one every two years.◆ \$0 co-pay Partial or full set of Dentures; 1 set every 5 years.◆ \$0 co-pay for Denture relines (upper or lower) - 1 per year.◆ \$0 co-pay for one porcelain/ceramic or porcelain fused to high noble metal crown per year. (Crown not covered for plan 002 and 036)◆ \$0 co-pay for 4 total scaling and root planing procedures per year - Limited to 1 procedure per quadrant per year.◆ \$0 co-pay periodontal maintenance - up to 2 procedures per year.</div>

Code	Procedure Description			
		Optimum Diamond Rewards (HMO C-SNP): 034	Optimum Gold Rewards Plan (HMO): 001, 022, 026 Optimum Gold Plan (HMO): 019 Optimum Diamond Rewards (HMO C-SNP): 028 Optimum Diamond Savings (HMO C-SNP): 030 Optimum Diamond Rewards COPD (HMO C-SNP): 029 Optimum Diamond Savings COPD (HMO C-SNP): 031 Optimum Gold Plus Plan (HMO): 032	Optimum Emerald Partial (HMO D-SNP): 016 Optimum Emerald Full (HMO D-SNP): 017 Optimum Platinum Plan (HMO): 002 Optimum Diamond Plan (HMO C-SNP): 036
Diagnostic (exams and x-rays)**		Member Pays	Member Pays	Member Pays
D0120	Periodic Oral Evaluation - Established Patient			
D0140	Limited Oral Evaluation - Problem Focused	\$0	\$0	\$0
D0150	Comprehensive Oral Evaluation - New Or Established Patient			
D0210	Intraoral - Complete Series Of Radiographic Images	\$0	\$0	\$0
D0330	Panoramic Radiographic Image			
D0220	Intraoral - Periapical First Radiographic Image			
D0230	Intraoral - Periapical Each Additional Radiographic Image			
D0240	Intraoral - Occlusal Radiographic Image	\$0	\$0	\$0
D0270	Bitewing - Single Radiographic Image			
D0272	Bitewings - Two Radiographic Images			
D0274	Bitewings - Four Radiographic Images			
D0321	Other Temporomandibular Joint Radiographic Images, By Report	\$0	\$0	\$0
Preventive**		Member Pays	Member Pays	Member Pays
D1110	Prophylaxis - Adult	\$0	\$0	\$0
D1206	Topical Application Of Fluoride Varnish			
D1208	Topical Application Of Fluoride - Excluding Varnish	\$0	\$0	\$0
Restorative**		Member Pays	Member Pays	Member Pays
D2330	Resin-Based Composite - One Surface, Anterior			
D2331	Resin-Based Composite - Two Surfaces, Anterior			
D2332	Resin-Based Composite - Three Surfaces, Anterior			
D2335	Resin - Four Surfaces, Anterior			
D2391	Resin-Based Composite - One Surface, Posterior	Not Covered	\$0	\$0
D2392	Resin-Based Composite - Two Surfaces, Posterior			
D2393	Resin-Based Composite - Three Surfaces, Posterior			
D2394	Resin-Based Composite - Four Surfaces, Posterior			
D2740	Crown Porcelain Fused to High Noble Metal*			\$0
D2750	Crown Porcelain Fused to High Noble Metal*	Not Covered	Not Covered	(Crown not covered for plan 002 and 036)

Code	Procedure Description			
		Optimum Diamond Rewards (HMO C-SNP): 034	Optimum Gold Rewards Plan (HMO): 001, 022, 026 Optimum Gold Plan (HMO): 019 Optimum Diamond Rewards (HMO C-SNP): 028 Optimum Diamond Savings (HMO C-SNP): 030 Optimum Diamond Rewards COPD (HMO C-SNP): 029 Optimum Diamond Savings COPD (HMO C-SNP): 031 Optimum Gold Plus Plan (HMO): 032	Optimum Emerald Partial (HMO D-SNP): 016 Optimum Emerald Full (HMO D-SNP): 017 Optimum Platinum Plan (HMO): 002 Optimum Diamond Plan (HMO C-SNP): 036
Periodontics**		Member Pays	Member Pays	Member Pays
D4341	Periodontal Scaling and Root Planing - Per Quadrant (4 or More Teeth)	Not Covered	\$0	\$0
D4342	Periodontal Scaling and Root Planing - Per Quadrant (1 to 3 Teeth)			
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis On A Subsequent Visit	Not Covered	\$0	\$0
D4910	Periodontal Maintenance Procedures - Following Active Surgery	Not Covered	\$0	\$0
Removable Prosthodontics**		Member Pays	Member Pays	Member Pays
D5110	Complete Denture - Maxillary*	Not Covered	Not Covered	\$0
D5120	Complete Denture - Mandibular*			
D5130	Immediate Denture - Maxillary*			
D5140	Immediate Denture - Mandibular*			
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)*			
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)*			
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)*			
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)*			
D5730	Chairside Reline Complete Upper Denture	Not Covered	Not Covered	\$0
D5731	Chairside Reline Complete Lower Denture			
D5740	Chairside Reline Upper Partial			
D5741	Chairside Reline Lower Partial			
Oral and Maxillofacial Surgery**		Member Pays	Member Pays	Member Pays
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	\$0	\$0	\$0
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated*			

* Requires a pre-authorization
** Please reference your Explanation of Coverage (EOC) for benefit limitations
*** All services must be rendered by a general dentist