

Medication Adherence

What is a healthy
cholesterol level?
A guide to monitoring
your heart health

**PREVENTION IS THE
BEST CURE: A Short Guide
To Vaccines**

AND **much more!**



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CONCIERGE SERVICE LOCATIONS

- Service Area
- Concierge Service Locations



FORT PIERCE OFFICE

2501 S. Federal Hwy
Fort Pierce, FL 34982
(888) 274-8575

VENICE OFFICE

12145 Mercado Dr
Venice, FL 34293
(888) 850-5315

SPRING HILL OFFICE

8373 Northcliffe Blvd
Spring Hill, FL 34606
(888) 211-9921

OCALA OFFICE

3101 SW 34th Ave
Suites 902-903
Ocala, FL 34474
(888) 420-2539

ORLANDO OFFICE

92 Dean Rd, Suite 300
Orlando, FL 32825
(888) 364-7905

NEW PORT RICHEY OFFICE

8601 Little Road
New Port Richey, FL 34654
(888) 609-0698

LARGO OFFICE

3665 East Bay Dr, Unit #220
Largo, FL 33771
(888) 609-0699

ORANGE CITY OFFICE

852 Saxon Blvd, Suite 35
Orange City, FL 32763
(888) 389-6018

Register & Do More Online with our Member Portal!

Here are some of the benefits you will receive:



Place & track orders for your over-the-counter medication and diabetic supplies



Find a Plan Doctor, Pharmacy, Hospital, a covered drug, and find Financial information for Medical procedures



Print and order your ID CARD, provider directory, formulary and other Plan materials



Gain access to health & wellness information, including electronic prescription refill reminders



View your claims activity and benefit information



Access important Plan forms and documents from a central location



Track your out-of-pocket expenses. (MOOP)



Complete your Health Assessment Form; enroll in one of our Disease Management Programs



Try our Personal Health Tracker and other Member Self Management Tools

See next page on how to sign up now for the Member Portal.

Log onto
www.youoptimumhealthcare.com

click on **Member Login**
and **Register Today!**



Medicare Plans Members Providers Agents & Brokers OTC Quick Links



Search



Member Login

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. to 8 p.m. EST. 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): 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).

Please check previous page for Member Portal Registration benefits.



If it's your first time accessing the Member Portal, click on the "New User Sign Up" button to create a username and password to log in with.

Need Assistance?
Toll free: 1-866-245-5360 | TTY/TDD: 711:8:00 A.M. to 8:00 P.M. EST. 7 days a week from October 1st to March 31st, and 8:00 A.M. to 8:00 P.M. EST. Monday through Friday April 1st to September 30th

Sign in to Member Portal

Email:

Password:

[Secure Log In](#)

[Privacy Policy](#)

[Forgot Password](#)

First Time User

Please create a username and password.

You will need your Member ID number from your ID card and Medicare last four characters from your Medicare card.

[New User Sign Up](#)

[FAQ](#)

[Member Registration Help](#)

New Member Registration

*First Name:
*Last Name:
*Email ID:
*Confirm Email ID:
*Date of Birth (MM/DD/YYYY):
Month: Day: Year:
*Member ID:
*Last 4 Characters of Medicare ID/MBI Number:
(eg- For Medicare# MB# TEG4-TE5-MK74 Enter MK74)

Your Registration Code is:

Please enter your Registration Code from above:

Month: Day: Year:

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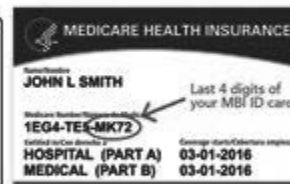
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View ID and Medicare Card/MBI Number Sample Below to locate your Member ID and Medicare ID/MBI Number last 4 Characters.



Please Click here to Go Back:

If you have trouble registering, please contact Member Service, Click here for more detail. Contact US

* Required

Feedback

www.youroptimumhealthcare.com

9 New

Items Added to our 2024 OTC Catalog

Now we are offering 167 OTC Catalog Items

We care about our member's overall health and wellbeing.

To better serve our members, we have increased our OTC items offered. Nine new products have been added. Now, members can choose from 167 items from 19 different categories of products and supplies by ordering online or over the phone.



Please log on to the member portal, visit the OTC page on the Health Plan website <https://www.youoptimumhealthcare.com/otc-order-online> or ask member services for more information while placing your order.

SR. No	Section	Item	Item Description	Qty.	Price
9V	First Aid Supplies	Waterproof Adhesive Tape	Waterproof Adhesive Tape 1/2" x 2.5 yds	1	\$2
9W	First Aid Supplies	Plastic Adhesive Bandages	Plastic Adhesive Bandages, Assorted Sizes	80	\$4
10G	Laxatives	Fiber Gummies	Fiber Gummies	60	\$12
11Q	Miscellaneous Items	Sunscreen Lotion SPF-50	Sunscreen Lotion SPF-50	118ml	\$10
12N	Topical Foot & Topical Oral	Rechargeable Toothbrush	Rechargeable Toothbrush	1	\$36
12P	Topical Foot & Topical Oral	Interdental Brushes	Interdental Brushes, Assorted Colors	10	\$4
12Q	Topical Foot & Topical Oral	Sensitive Toothpaste	Sensitive Toothpaste Mint Flavor	122g	\$4
15C	Sleep-Aids	Melatonin Gummies	Melatonin Gummies 5mg	120	\$12
16H	Adult Incontinence	Underpads	Adult Disposable Fluff and Polymer Underpads, 23" x 36"	10	\$8

Online
Ordering
Portal

To see the current OTC list and to place an order, visit the Health Plan website to access your member portal account or call us at 1-866-900-2688, TTY: 711.

To place online orders through the OTC (Over-the-Counter) and Diabetic System, you must be an active member and registered through the Member Portal. The Member Portal is a central destination for all information related to your health, benefits, providers, claims and medications.

Move how you want, when you want with SilverSneakers®

ACTIVATE YOUR FITNESS BENEFIT FROM Optimum HealthCare

Because we care about your well-being, Optimum HealthCare includes SilverSneakers®. This fitness and lifestyle benefit gives you opportunities to improve your health, gain confidence and connect with your community – all **at no additional cost**.

Exercise is a key part of maintaining a healthy lifestyle and can support a healthy immune system.¹ SilverSneakers offers a variety of options to help you keep moving, from working out at a participating fitness location² to online classes you can do at home. Activate your free online member account at **SilverSneakers.com** to get your ID number, and make the most of SilverSneakers, including:

Memberships to thousands of participating locations² nationwide – visit as many as you want, as often as you like. In addition to equipment, pools and other amenities², select locations offer group exercise classes³ designed for all levels and abilities. SilverSneakers also offers fun activities held outside the traditional gym.

SilverSneakers LIVE online classes and workshops, led by specially trained instructors, 7 days a week. Classes range from yoga to balance and stability and are suitable for all levels and abilities. Sessions can be as short as 15 minutes or as long as 45 minutes.

SilverSneakers On-Demand online workout videos ranging from easy, low-impact exercises to high-energy cardio, available 24/7. In addition, get information on topics like nutrition, fitness challenges and more. Go to **SilverSneakers.com/OnDemand** to view 200+ on-demand workouts like SilverSneakers Classic, Yoga, etc.

Learn more and start using your SilverSneakers benefit today. Go to **SilverSneakers.com** to create your account, get your SilverSneakers ID number and use all the digital resources at your convenience. Find a participating location near you with the handy location finder.

Always talk with your doctor before starting an exercise program.

SilverSneakers GO mobile app workout programs that can be tailored to your fitness level. You can modify exercises to different levels with just one click, schedule activities and get notifications to stay on track. Go to **SilverSneakers.com/GO** to download the app today.

Burnalong®, a supportive virtual community and thousands of classes for all interests and abilities. Login to your free online member account at **SilverSneakers.com** to see the schedule.

Staying connected. Many SilverSneakers members who come for the fitness end up staying for the friendships. Visiting participating locations is a great way to socialize and make new friends! Get the latest program news delivered right to your inbox by subscribing to the **SilverSneakers newsletter**.



1. <https://www.ncbi.nlm.nih.gov/pubmed/29713319h>

2. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

3. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

Burnalong is a registered trademark of Burnalong, Inc. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.





What can you do? HERE ARE SOME TIPS:

COMMUNICATION & PREPARATION FOR APPOINTMENTS

The doctor and patient bond is an important one. It is built on trust and communication. It is essential to have good communication with your doctors. This is important when talking to your Primary Care Physician (PCP) or Specialist. It also includes doctors you may see in the hospital. When you are able to talk to your doctor, you can have healthier results. Better results improve your overall health. You can also increase

your total well-being.

Get organized!

We expect that our doctors are prepared for our visits. It is important that we are ready too. This may take a little organization before seeing your doctor. This little bit of preparation is worth it in the long run. This helps ensure enhanced quality health results.

✓ SHOW UP AT LEAST 15 MINUTES EARLY TO FILL OUT ANY PAPERWORK

Some offices may ask for more time if it is your first visit. If your doctor's office has paperwork that you can fill out ahead of time, do so!

✓ WRITE DOWN A LIST OF QUESTIONS YOU MAY HAVE

Be sure to take that list with you to your appointment. You may also bring a friend or family member.

✓ GET THE DOCTOR'S CONTACT INFORMATION

Get the doctor's contact information to keep for future reference. This includes name, phone number, and address.

✓ TAKE YOUR MOST UP-TO-DATE LIST OF MEDICINES

You can also bring pill bottles or pill boxes.

✓ PACK ANY TREATMENT PLANS OR DISCHARGE INSTRUCTIONS

Also, take any lab or test results with you.

✓ KEEP A FILE FOLDER OF YOUR TEST RESULTS

Save them with your other health information. You should keep lab results and paperwork in order by date. This will help you see changes in your health. It will also save time. You can look at this folder when talking to your doctor.

This helps you to be more informed about your health condition. By being prepared, you become an active partner in your health care!

Medication Adherence

Living a healthy lifestyle can help prevent diseases. It can also improve current health conditions. There are many factors that lead to a healthy lifestyle. These include diet, exercise, mental-wellbeing, sleep, and taking medications as prescribed. Taking medications as they are prescribed is also known as medication adherence. Medication adherence helps to control health conditions. It also improves well-being. It can decrease doctor visits, reduce hospitalizations, and prevent complications from current health conditions.

It is important to take the medications the way they are prescribed. Do not miss any doses unless your healthcare physician tells you to. Make sure you know what medications you take. Also know why you take them. We understand that having multiple health conditions can make medication adherence more difficult. Sometimes managing multiple medications can be difficult. There are some simple ways to help make taking your medications a little easier.

Here are some ways to help improve medication adherence:

- **Use a pill organizer.** Some organizers have separate sections for the day and time to take your medications.
- **Set an alarm.** Schedule a watch, phone or another device with a reminder/alarm(s)
- **Use the mail order pharmacy at no additional cost.** Reduce trips to the pharmacy and the number of times you refill your medications.
- **Fill your medications at a pharmacy that can package all your medications together.** Some places offer bubble packs to organize the medications throughout the day.
- **Have your pharmacy fill all your medications to be picked up on the same day.** This can help prevent running out of just one medication at a time.
- **Place medication bottles in areas of the home that you visit a lot throughout the day.** Keep bottles on the counter, table or nightstand as a reminder.
- **Complete your yearly Medication Therapy Management Comprehensive Medication Review with one of the Health Plan's clinical pharmacists.** Our pharmacists are here to support you!

What is a healthy cholesterol level?

A guide to monitoring your heart health



A healthy cholesterol level is key for heart health. Knowing your cholesterol levels can help you lower your risk of heart disease. But what is cholesterol? How does it impact your heart health? And how can you take action to improve your health?

What is cholesterol?

Cholesterol is a waxy, fat-like material found in all your cells. Your body needs it to function well, but too much can increase heart disease risk and clog your arteries.

There are two types of cholesterol: HDL and LDL. LDL cholesterol is sometimes referred to as “bad” cholesterol. Elevated levels of LDL can increase your risk of cardiovascular disease. HDL, or “good” cholesterol, helps remove LDL cholesterol from the arteries.

High cholesterol doesn’t usually cause symptoms. That’s why it’s important to test your levels to stay in a healthy range.

The importance of cholesterol and lipids testing

Our cholesterol levels change as we age. Regular testing and appointments with your provider can help you monitor your levels over time. This allows you and your provider to take steps to keep your levels in a healthy range.

How do I know if my cholesterol levels are healthy?

Recommended cholesterol levels are different depending on your sex. Here are the [CDC recommendations](#) for cholesterol in healthy adults.

Optimal levels in adult men:

LDL cholesterol less than 100 mg/dL;
HDL more than 40 mg.

Optimal levels in adult women:

LDL cholesterol less than 100 mg/dL;
HDL more than 50 mg.

Optimal LDL cholesterol levels can change depending on known risk factors like diabetes. They can also change for those under treatment to lower cholesterol levels.

What if my cholesterol is high?

If your cholesterol levels are high, speak with your healthcare provider. Your provider can help you make a plan to lower your cholesterol. Your plan might include a heart-healthy diet, exercise, weight loss and more. Your provider may also prescribe medication to help you manage your cholesterol.

Take control of your heart health

The first step is getting tested to know where your cholesterol levels stand. High LDL cholesterol is a silent condition with no warning symptoms, so testing is important. Know your numbers and work with your healthcare provider to keep your cholesterol in a healthy range.

CARENET Health®

Clinical Support in the comfort of your home

Have you ever had a medical question but weren't able to get in touch with your doctor? That can be a troubling situation because you might be wondering, "Should I go to the hospital? Is this something urgent care can handle? Maybe there's something I could do at home."

By partnering with Carenet, we are proud to offer you a solution to these kinds of situations. Carenet is a nurse advice line that is available 24/7, 365 days a year. It is a free and unlimited service offered to our members. Carenet is staffed with specially trained nurses to meet the needs of our members. No question is too small to make the call.

BENEFITS TO USING CARENET INCLUDE:

- **FREE.** It's free to our members and always available.
- **CONVENIENT.** It's convenient because you can make a call from the comfort of your home.
- **SUPPORTIVE GUIDANCE.** It offers peace of mind by providing guidance that may prevent unnecessary hospital visits.
- **EDUCATION.** The registered nurses offer chronic condition education to support you on your health journey.

HOW DOES IT WORK?

All you have to do is dial **1-888-883-0710** and let the representative know you are a Optimum HealthCare member calling to speak with a nurse. You can call about anything, whether it's a twisted ankle, high fever, drug reaction or other urgent and non-urgent medical concerns.

You can call as often as you need. It is best to first try to speak with your doctor about your health concerns since s/he knows you best. However, it is a reassuring to know that you can call a nurse anytime you can't reach a doctor.



If you are experiencing a **life threatening emergency**, please seek immediate medical attention at the closest hospital emergency room.

A Plan Designed for Everyone



When you sign up with Optimum HealthCare, you sign up for a plan that aims to achieve health equity. Health equity means closing care gaps that are unjust or avoidable. We want each member to have the opportunity to achieve the highest level of health possible. In order to make this possible, we have a responsibility to identify every opportunity to remediate care gaps. Optimum HealthCare

works hard to overcome barriers. We are proud of the many initiatives we have in place to provide fair access to health.

Did you know that when you complete a Health Risk Assessment survey, your responses help us with this goal? The information you choose to share with us helps us to identify care gaps, explore new benefit structures and find ways to improve our model of care. Thank you for partnering with us to make Optimum HealthCare the best Plan for our members.

We ask that you continue to share your feedback and ideas with us. This can be done through case management participation, completing health assessments, and communicating with member services. Don't forget that our dedicated social workers are here to help address any care gaps you may be experiencing.

Fridge-worthy number

Call a Social Worker:

Phone: 1-888-211-9913 (toll-free)

When: 8:00 a.m. to 4:00 p.m. EST
Monday through Friday.

I Spy SODIUM

Why should you care about how much sodium is in your food?
What is sodium?

Sodium is a mineral that is naturally occurring in food or may be added during manufacturing. If you struggle with cardiac conditions such as congestive heart failure or high blood pressure, your intake of sodium can make a great difference. The sodium recommendations for the general, healthy population are less than 2300 mg/day. However, the American Heart Association recommends that we limit our sodium intake to no more than 1500 mg per day, especially if we have cardiac conditions.

When we think of sodium, the first thing that pops into mind is table salt. 1 teaspoon of salt contains 2,300 mg sodium. If we want to limit our sodium intake, then it is definitely a good idea to remove the saltshaker and to be mindful of how much we're adding to our meals. However, there are some foods that you might be surprised to find contain a lot of sodium, and not all of them taste salty!

- | | |
|------------------------------|--|
| 1. Breads and rolls | 6. Burritos and tacos |
| 2. Pizza | 7. Sauces, dressing (soy sauce, BBQ sauce) |
| 3. Sandwiches | 8. Tomato sauce |
| 4. Cold cuts and cured meats | 9. Baked Beans |
| 5. Soup | 10. Frozen meals |

As a rule of thumb, processed foods tend to contain more sodium because salt is used as a preserving agent. When buying processed foods, it is always a good idea to read the nutrition label. Here is a quick guide to what we're looking at.

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
	% Daily Value*
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

Start by looking at the serving size. All of the information on the nutrition label is relative to this serving size. If you're eating more or less, the nutrition information will need to be adjusted.

Next, look at how many mg of sodium is in one serving and adjust the number depending on how many servings you will be eating. For example, if you're eating double the serving size, then double the sodium. Remember that the goal is to limit sodium to 1500 mg per day.



Along with the nutrition label, it is also a good idea to read through the ingredients. Ingredients used in the greatest amounts will be listed first and those used in smaller amounts will be listed towards the end. This is important to know because you may want to avoid a food that has sodium listed as one of the first three ingredients as opposed to a food that has sodium all the way at the end of the list.

Sodium can appear in the ingredients list in many different forms. Here are some examples of ingredients that contain sodium: disodium guanylate, disodium inosinate, Himalayan pink salt, kosher salt, monosodium glutamate, rock salt, sea salt, salt, sodium bicarbonate, sodium nitrate, sodium citrate, sodium chloride – you get the idea. Watch out for ingredients that have “sodium” or “salt” hidden within their name.

That being said, you deserve to be able to enjoy foods that are not bland and taste good. Try using garlic, herbs, spices, citrus juices, and vinegars to flavor your foods. If you're a person who is used to eating salty foods, things might taste bland at first, but with time, your taste preferences will change and you will be able to taste the other flavors in your food better.

If you have questions and would like to speak to someone further, support is available. We are excited to announce the addition of a licensed and registered dietitian to the Case & Disease Management department. The dietitian is available to help with any food and nutritional concerns, or questions about how nutrition can impact your health. The dietitian is also available if you are seeking general nutrition advice. To speak with a dietitian, call the Case and Disease Management department at 1-888-211-9913 or TTY/TDD 711. Regular business hours are Monday through Friday 8 a.m. to 4 p.m. EST.

SOURCES: <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sodium/how-much-sodium-should-i-eat-per-day> and <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sodium/sodium-and-salt>

Congestive Heart Failure

Congestive Heart Failure (CHF) is a condition in which the heart muscle slowly loses the ability to pump blood throughout the body. When you have CHF, it is important to eat a balanced diet that is high in heart healthy foods and low in salt. We have all heard the old saying “you are what you eat” and in the case of heart failure if you eat a poor diet you will feel tired, weak, and will be placing yourself at risk for a cardiac event that can be fatal.

Centers for Medicare & Medicaid Services (CMS) has a program called the Chronic Care Improvement Program (CCIP) which has a strong focus on improving the lives of people afflicted with a chronic illness. The Health Plan proudly participates in the CCIP program and has resources that can provide members with information about CHF. This information can help you to avoid a hospitalization and to stay healthy.

Enrollment in the CCIP is included at no additional cost. Enrolling will provide you with information on a heart healthy diet, a SilverSneakers® health club benefit, access to the Health Plan’s Registered Dietitian, a medication review, and ongoing access to a Registered Nurse to discuss any changes in your health.



You can contact the Case Management Department for assistance in managing your CHF, or for information on how to participate in the CCIP. A Health Plan representative is available Monday through Friday from 8:00 a.m. to 4:00 p.m. EST at **1-888-211-9913** or TTY/TDD 711, to assist you with your questions.

TAKING CONTROL OF COPD

Has your doctor told you that you have chronic obstructive pulmonary disease (COPD)? If so, maybe you’re relieved to find out why you have that nagging cough or shortness of breath. Or maybe you feel overwhelmed by the diagnosis, and don’t know what to do about it.



Learning about COPD and medications to treat it will help you get control of your symptoms. Your Primary Care Physician (PCP) and his/her staff are great resources. They can teach you how to use an inhaler, prescribe the best medications for you, and suggest ways you can stay active and healthy.

You may need several kinds of medicines (most of them inhaled) to treat symptoms. A very important part of your COPD education is learning how to use an inhaler correctly, so that the full medication dose gets to your lungs.

Your doctor will prescribe medications called “bronchodilators,” alone or in combination. They work to relax the muscles around airways to help keep them open. They can also keep these tiny muscles from tightening up in the first place. Bronchodilators can be either long- or short-acting. The short-acting type are usually used for occasional flare-ups of COPD (they’re sometimes called “rescue” medications). Long-acting bronchodilators can help maintain overall control of COPD (they’re called “maintenance” medications).

Steroids are another group of medications which are sometimes used to reduce inflammation and swelling in the airways. These are not the same as the steroids used by athletes to build muscles. Steroids have a number of side effects, but your doctor may prescribe them short-term for flare-ups.

It’s important to take COPD medications exactly as ordered, and to call the doctor’s office if your symptoms increase. Your PCP can adjust dosages or prescribe different medications to help you maintain control. There’s lots of support out there to help you manage your COPD – and live the best life you can!

SOURCE: <https://goldcopd.org/>



FLU SHOTS

Don't forget to get your flu shot since there is no cost to Medicare members. Just show your Health Plan identification card. The flu, also known as influenza, can cause significant illness or even death in young children, young adults, pregnant women, older adults and people with chronic illnesses.

It will take at least two weeks after the vaccine is given to provide protection against the viruses. The vaccine protection will last throughout the flu season. It is best to get your flu shot as early as it is available for the best protection when flu activity is highest.

CVS, Walgreens, Publix, and many of our other participating pharmacies offer the flu vaccine. For example, Walgreens Pharmacies (where you can register beforehand at www.Walgreens.com) and CVS Minute Clinics offer flu shots daily with no appointment necessary. However, please call the pharmacy in advance to ensure that they have a supply of the vaccine on hand.

Other pharmacies in the Health Plan network also provide flu shots at no cost to Medicare members. For a listing of other participating pharmacies, please contact our customer service department at:

1-866-245-5360 TTY: 711

You can also access our online provider directory at:
www.youroptimumhealthcare.com

Additionally, many Primary Care Physicians also offer the flu vaccine. Please check with your doctor to see if they offer the vaccine. You may also be able to get a flu shot at your local health department.

For more information about the flu vaccine, talk with your primary care Physician or visit the Center for Disease Control website at <https://www.cdc.gov/flu/prevent/vaccinations.htm>.



**PREVENTION IS
THE BEST CURE:**

A Short Guide To Vaccines

People have been getting vaccinated against deadly diseases for the last two hundred years. The idea of *preventing* contagious disease (not just treating people who are already sick) has led to the development of the COVID-19, influenza (flu), pneumonia and shingles vaccines, among others. Vaccination has saved millions of lives, limiting sickness and preventing hospitalizations all over the world.

The big payoff of vaccines is that they protect you and everyone you come in contact with. Here is a short guide to the latest vaccines, to help you – and your family, friends, and community members such as grocery-store workers and the person you sit by at church – stay healthy in 2024 and after:

COVID-19: updated vaccines have been approved by the Food and Drug Administration (FDA) for 2023-2024 for people 6 months old and older. The COVID virus is constantly changing, and the updated vaccine can protect against newer variants. The FDA predicts that, as with the flu vaccine, COVID vaccination may become an annual preventive measure.

Influenza (flu): this vaccine is updated yearly, based on the viruses most likely to occur during the upcoming season. It may be given to people ages 6 months and older to help prevent this serious respiratory infection.

Pneumonia: there are several different pneumonia vaccines, depending on your age and risk conditions. Ask your Primary Care Physician (PCP) which is right for you. Pneumonia can cause inflammation and fluid in the lungs; the vaccine can help prevent it and its life-threatening complications.

Shingles: this vaccine is given in 2 doses, the second dose 2 to 6 months after the first. Shingles appears as a painful rash and is caused by the same virus as chickenpox. Shingles can cause long-lasting nerve pain. The vaccine is 90% effective in preventing shingles.



Communicate Health Information



It is important to give your healthcare provider all of your medical information. This includes all of the medicine you take, your health conditions, and other doctors you may see. To ensure the best treatment

for you, sometimes providers need to talk to each other. Providers can't legally communicate with each other without your permission. To help all of your providers be on the same page regarding your care, you need to fill out an ROI (Release of Information) form. Each provider has this form. It allows them to communicate about your care as well as be informed and up-to-date on your health status. Ask your provider to share your information. It can help with communication about your care.

You do not have to share your health information with all of your providers. It is your choice. There are certain life-threatening situations, however, when providers are allowed to contact each other without your permission. This can happen if you are unconscious or unable to make medical decisions for yourself. This can also happen if you are in danger of hurting yourself.

Ask your provider today about signing the ROI form so that you can share your health information!

UTILIZATION MANAGEMENT DEPARTMENT



The Plan has a UM Department that makes sure you are getting safe and appropriate care.

UM evaluates services your doctor has requested based only on appropriateness of care and service and the existence of coverage. UM uses the following information when looking at a service your doctor has asked for:

- Medicare and/or Medicaid Rules
- State and Federal Government Rules
- MCG Criteria

When your doctor asks for a service and it is approved, the Plan will notify both you and your doctor of it being approved. Your doctor will then let you know when the service is going to start.

When your doctor asks for a service and it is not approved, you will receive a Medicare required denial letter. This letter will tell you:

- Why it was not approved.
- How you can ask for a copy of the information used to make the decision if you would like.
- How to file an appeal if you want it looked at again.
- How your doctor can call and talk with our doctor if needed.

UM tries to help you get the right care and checks to make sure your Plan covers what is being asked for. The Plan does not give bonuses or rewards or incentivize anyone for saying no to your care, stopping care you are getting, or giving you less care than your doctor asked for.

Always Available to Our Members

The Plan offers a lot of information for our members on our website. This includes resources and programs available to our members. Please visit our website at: www.youroptimumhealthcare.com

Click on the links below for more information on the following topics:

(PLEASE NOTE: link to "About Us" is located by scrolling down to the bottom banner of website page and "Quick Links" is located at top of website page)

- **Advance Directives:** About Us → Utilization & Quality → Advance Directives
- **Case & Disease Management Programs:** About Us → Utilization & Quality → Case Management or Disease Management
- **Clinical Health Guidelines:** About Us → Utilization & Quality → Clinical Practice Guidelines
- **Fraud, Waste & Abuse:** Quick Links → Fraud, Waste & Abuse
- **Grievance & Appeals:** Quick Links → Grievances and Appeals
- **Medical Record Standards:** About Us → Utilization & Quality → Medical Record Standards
- **Member Rights & Responsibilities:** About Us → Utilization & Quality → Member Rights and Responsibilities
- **Newsletters:** Quick Links → Newsletters
- **Patient Safety Programs:** About Us → Utilization & Quality → Quality Management
- **Preventive Health Guidelines:** About Us → Utilization & Quality → Quality Management → Preventive Health Information
- **Privacy:** Quick Links → Privacy Practices
- **Quality Management Programs:** About Us → Utilization & Quality → Quality Management
- **Quality Management Performance:** About Us → Utilization & Quality → Quality Management → Monitoring Quality
- **Utilization Management Programs:** About Us → Utilization & Quality → Utilization Management
- **UM Decisions:** About Us → Utilization & Quality → Utilization Management

ADVENTURES IN HEALTHCARE:



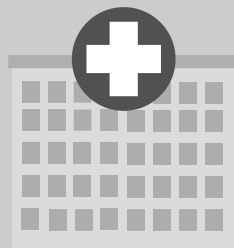
TABLE OF CONTENTS

A bird's eye view of the EOC, with short descriptions to help you find your way through the booklet. In addition, the Table of Contents for the individual chapters gives more details:

CHAPTER 1 General information before you set out, about Medicare Advantage plans, your membership in the Plan and ID card, the Plan's provider network, the Plan's medication list (a "Formulary") and premiums.



CHAPTER 2 A go-to list if you get stuck along the way, with **phone numbers and contact information** for the Plan's Member Services Department, Appeals, Medicare, the state Quality Improvement Organization (QIO), Social Security, Medicaid and much more.



CHAPTER 3 How to get from Point A to Point B on your healthcare journey. It's all about **network providers and covered services**. Most important, it talks about how to choose or change your healthcare "travel agent," your **Primary Care Physician (PCP)**, the home base of the Plan. It also explains how to get Specialist care, out-of-network and emergency care, clinical trials and durable medical equipment, like oxygen or a wheelchair. **Make a note of Section 2.2 in Chapter 3 - it lists medical care which does NOT require a referral in advance from your PCP.**

A Road Map Through Your Benefits

Finding your way around the world of healthcare and insurance can be challenging. Reading your **EVIDENCE OF COVERAGE (EOC)** booklet might sound boring. But if you think of it like a road map, you'll see how it can help you head in the right direction and make smart healthcare decisions. Here are some hints to get you started:

CHAPTER 4 A more detailed map to guide you through your benefits. First comes a short introduction to costs, including copays and coinsurance. **ON OR ABOUT PAGE 54, THE MEDICAL BENEFITS CHART SHOWS YOU WHAT THE PLAN COVERS (LEFT SIDE OF THE CHART) AND WHAT YOUR COSTS, IF ANY, WILL BE (RIGHT SIDE OF THE CHART).** As with reading a regular map, read this section carefully when you're preparing for a healthcare journey (a medical or dental service), so you'll know what to expect. After the Benefits chart is an explanation of what the Plan may not or does not cover. **As always, if you have questions, call the Member Services number on the back of your Plan ID card!**

CHAPTERS 5 & 6 all about the Plan's **Part D coverage for prescription drugs:** what's covered, the Plan's medication list (formulary), and what you might owe for medication once the Plan has paid.

CHAPTER 7 All about reimbursement for costs you feel you've paid in error.

CHAPTER 8 A detailed list of your rights and responsibilities as a member of the Plan.

CHAPTER 9 How to get problems solved, register a complaint or appeal a Plan coverage decision.

CHAPTER 10 How to part ways; ending your Plan membership.

CHAPTERS 11 & 12 Legal notices and definitions of important words.

Finally
How to contact Member Services at the Plan.

**TAKING TIME TO PLAN YOUR
HEALTHCARE ADVENTURE
WITH THE EOC AS A ROAD MAP
WILL MAKE YOU AN EDUCATED
CONSUMER AND HAPPIER
TRAVELER. ENJOY THE TRIP!**

Nurse & Social Worker Support Available

Your Health Plan cares about your health and wellbeing. As a Health Plan member, you can receive help from a Nurse, Social Worker, or a Registered Dietitian for free over the phone. They can provide support to you to manage your health by assisting you and your doctors to get the most out of your Health Plan benefits.



COMPLEX CASE MANAGERS are nurses that can assist you with understanding your health conditions. They can work closely with your doctor to support your plan of care. Nurses can also help connect you with the services you need.

DISEASE CASE MANAGEMENT nurses can help you manage your chronic conditions such as diabetes, heart disease, and chronic obstructive pulmonary disease (COPD). This is done through education and one-on-one nurse support over the telephone.

SOCIAL WORKERS are available to help cope with problems such as financial issues or trouble with your mood. Based on your needs, they can link you to community and State resources which might help you. They can also provide you with information on mental health counseling services that are available through Carelon Behavioral Health.

REGISTERED DIETITIAN is available to help you understand what foods are best for your overall health. The Dietitian is trained on diets that can help you better manage chronic conditions like diabetes, CHF, celiac disease, and others.

If you have a need for the Plan Nurse, Social Work, or Registered Dietitian services, please contact the Case Management Department. Our staff is available Monday through Friday from 8 a.m. to 4 p.m. EST

1-888-211-9913 TTY 711

HEALTH RISK ASSESSMENT TOOL *Information*

The **Centers for Medicare & Medicaid Services** expects a Health Risk Assessment Tool to be completed each year by the Health Plan's members.

Your time is valuable, and we want to express our gratitude to you for taking the time to complete the Health Assessment. The information you share with us is very important. Filling out the **Health Risk Assessment Tool** and

mailing it back in the provided pre-paid envelope can avoid additional reminders from the Health Plan (by phone and mail).

Here are the many ways the information you share on the Health Risk Assessment Tool can help us to help you:

- It gives us an opportunity to identify benefits that we think can help you achieve your health goals.
- It helps us to determine if you might benefit from a phone call from a nurse or social worker. Many members have experienced the advantages of participating in Case & Disease Management.
- Your responses influence the

development of benefit plans. Your health needs and goals help us determine what's most important to our members.

- Your responses will generate a Health Appraisal Profile. This profile helps you identify potential risks as well as resources to overcoming barriers. As you continue to complete your annual Health Risk Assessment Tools each year, you will see how your health compares to your previous responses. It's a great way to track your progress toward achieving your health goals.
- In addition to being a requirement implemented by the Centers for Medicare & Medicaid Services, we

TRANSPORTATION GUIDELINES

As we begin a new year you may notice that you have new transportation benefits based on the Plan you selected for this year. These benefits may range from limited to unlimited one-way trips, depending on the Plan you chose during enrollment. To ensure that you get the best possible transportation experience, please note the following guidelines:

BEFORE YOUR APPOINTMENT

- 1-888-994-1545 is the transportation scheduling number. Staff are available to assist you Monday through Friday between 8 a.m. and 6 p.m. EST. Make your appointment early.
- For non-urgent medical appointments, you should call to book your trip at least 72 hours prior to the appointment. This is to ensure that a vehicle will be available.
- If you utilize crutches, a walker, or a cane, inform the representative on the phone when you call to schedule your trip.

DURING YOUR TRIP

- You are required to wear your seat belt while being transported; the driver will confirm that your seat belt has been fastened.
- If you are in a wheelchair, the driver will ensure that you are properly secured before moving the vehicle.

- Smoking is not allowed in any of the vehicles.
- If necessary, the driver will assist you in getting into and out of the vehicle. The driver is not responsible for lifting you into the vehicle, though.
- All high profile/tall vehicles will be equipped with a sturdy, non-skid stepping aid such as a stool. This is for you to enter and exit the vehicle.
- The driver will give you a card with a phone number on it to call for your ride home; if they do not give you a card be sure to ask for one.
- A face mask may be required depending on current restrictions.

AFTER YOUR APPOINTMENT

- Call the telephone number on the card that the driver provided you to let them know you are ready for your return ride home.
- Allow for flexibility for pickup as the driver is assisting other members while you are at your appointment.

have seen how much completed tools help our members.

Quicker and Easier To Complete Your Health Risk Assessment Tool

We love it when we can simplify things for our members. It is now easier and quicker to complete your Health Risk Assessment Tool. We added a feature on the Health Plan Member Portal where you can log in and complete the form online. By following these easy steps, the Plan can avoid having to reach out to you by phone and mail to remind you to complete the form.

Here are the easy steps:

1. Go to the Optimum HealthCare Website at www.youoptimumhealthcare.com
2. Click on "Member Portal" on the left side of your screen
3. Click on **"New User Sign Up Now"**
4. Fill in your information and become a registered portal user.
5. Now you are ready to log in to your Member Portal account. Go ahead and log in....
6. Click on **"Health Assessment & Appraisal"** on the left side of your screen and then select **"Complete Your Health Assessment Form"**
7. Click on **"Take Survey"**
8. Congratulations! You did it!

Alternately, if you receive a phone call from the Health Plan about your Health Risk Assessment Tool, you can complete it over the phone. On this phone call you will be asked to verify either your date of birth, member ID number, or address to make sure we protect your personal identity and health information. This enables us to verify who you are and help you complete your Health Risk Assessment Tool.

We again want to thank you for your time and if you need any help with your member portal account or have any other questions, feel free to give us a call toll free at 1-866-245-5360 Monday through Friday, 8 a.m. to 8 p.m. EST or TTY/TDD: 711.

Service Contact Numbers Directory





Important Optimum HealthCare Plan Information

Plan and Member Services:


 Call **1-866-245-5360**, TTY: **711** for following services:*

-  • Optimum HealthCare Member Services
-  • Appeals/Complaints About Medical Care
-  • Civil Rights Coordinator
-  • Payment Requests (Medical)


 Call: **1-833-272-9773** for the following services; 24hr/7 Days a week:


-  • Pharmacy Member Services
-  • Prescription Drug Related Inquiries
-  • Appeals for Part D Prescription Drugs
-  • Payment Requests (Prescription Drug)


 Advance Directives: Log into the Member Portal: www.youroptimumhealthcare.com


 Carelon Behavioral Health: **1-888-273-3710**; Mon-Fri 8am - 8pm


 Appeals & Grievance Department: (FAX) **1-813-506-6235***

 Case & Disease Management: **1-888-211-9913**, TTY: **711**; Mon-Fri 8am - 4pm

 Laboratory Service-Labcorp: **1-855-277-8669** or visit: www.LabCorp.com; 24hr/7 Days a week.

 Mail Order Pharmacy: **1-833-396-0309**; 24hr/7 Days a week.


 Pharmacy Technical Support: **1-833-377-4267**; 24hr/7 Days a week.


 Speak to an Agent: **1-888-286-2362**, TTY/TDD: **711**; Mon-Fri 8:30am - 6pm

Benefits:**


 Call **1-866-245-5360**, TTY: **711** for following services:*


-  • PERS (Personal Emergency Response Systems)
-  • Vision Care: or www.mycarehealth.com

 Active Fitness: **1-833-878-0240**, TTY: **711**; Mon-Sun 8am - 8pm

 Dental- Liberty Dental: **1-866-609-0422** or contact Member Services*

 Hearing-HearUSA: **1-800-442-8231**, TTY: **1-888-300-3277**; Mon-Fri 8am - 8pm

 Grocery Card/Everyday Options Allowance: **1-833-878-0240**, TTY: **711**; Mon-Sun 8am - 8pm

 Nurse Advice Line: **1-888-883-0710**; 24hr/7 Days a week.

 Over The Counter (OTC) Center Supplies: www.youroptimumhealthcare.com or call **1-866-900-2688***

 Papa's Pal/In-Home Support Services/Companion Services: **1-888-330-9554**, TTY: **711**; Mon-Sun 8am - 11pm

 Silver Sneakers/Health Club Membership: **1-855-585-2389** or visit Silversneakers.com or contact Member Services*

 Transportation: A 72-hour notification is required, Ride2MD: **1-888-994-1545**, or contact Member Services*

**Not all plans have these benefits. Please review or refer to your Evidence of Coverage (EOC)


Public and Regulatory Services:


 AHCA and Florida Ombudsman Program: **1-888-419-3456**


 Department of Health and Human Services' Office for Civil Rights: **1-800-368-1019**, TTY: **1-800-537-7697**; Mon-Fri 9am - 5pm

 KEPRO (Florida's Quality Improvement Organization):

1-888-317-0751, TTY: **711**; Mon-Fri 9am - 5pm, and Sat, Sun, and Holidays 11am - 3pm

 Ombudsman- Florida's Long-Term Care: **1-888-831-0404**; Mon-Fri 9am - 5pm

 Railroad Retirement Board: **1-877-772-5772**, TTY: **1-312-751-4701**; Mon-Fri 9am - 3pm

 SHINE- Elder Helpline: **1-800-963-5337**, TTY: **1-800-955-8770**

 Social Security: **1-800-772-1213**, TTY: **1-800-325-0778**; Mon-Fri 8am - 7pm

*Member Service hours: From October 1 to March 31, we are open 7 days a week from 8am to 8pm.
From April 1 to September 30, we are open Monday through Friday, 8am to 8pm.

NON-DISCRIMINATION NOTICE

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/smartscreen/main.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, 800-537-7697 (TDD)

Complaint forms are available at

<https://www.hhs.gov/ocr/complaints/index.html>

MULTI-LANGUAGE INTERPRETER SERVICES

Form Approved OMB# 0938-1421

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-245-5360 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-245-5360 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-866-245-5360 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存在疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-866-245-5360 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-245-5360 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-245-5360 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-245-5360 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpfen. Unsere Dolmetscher erreichen Sie unter 1-866-245-5360 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-245-5360 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-245-5360 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري, ليس عليك سوى الاتصال بنا على 1-866-245-5360 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-245-5360 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattate il numero 1-866-245-5360 (TTY: 711). Un nostro incaricato che parla l'italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-245-5360 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-245-5360 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-245-5360 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品処方箋プランに関するご質問に 答ええるために、無料の通訳サービスがあります。通訳をご利用になるには、1-866-245-5360 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Form CMS-10802 (Expires 12/31/25)



P.O. Box 151137, Tampa, FL 33684

Health & Wellness Information

Don't Miss Calls from the Health Plan!



Have you missed calls from the Health Plan because those calls have been marked as Spam? You can prevent these calls from being marked as Spam by adding the Health Plan phone number to your cell phone's contacts. Simply add the telephone number 813-506-6000 to your contact list in your cell phone and the Health Plan's number will no longer show up as **Spam** on your caller ID. And since there are so many scammers out there, it's also a great way to verify that the caller is truly from your Health Plan.

BEHAVIORAL HEALTH BENEFITS



Just as you have medical benefits, you also have behavioral health benefits as a Health Plan member. Behavioral health providers can help when you are feeling down or need help getting through a stressful period in your life. This could be a result of the loss of a loved one or having certain chronic medical conditions. Maybe you feel down, and your mood just isn't improving. You might be depressed.

Health Plan social workers are available to assist you in determining if behavioral health services might help. The Plan uses Caredon Behavioral Health as its preferred provider for these services.

You can also call Caredon Behavioral Health at any time. **You do not need**

a referral from your doctor to call or set up an appointment for services.

Here's what to expect when you call Caredon Behavioral Health:

- 1 Dial 1-800-221-5487**
- 2 Select the "member" option** at the Caredon Behavioral Health prompt.
- 3 You will be connected** to a live person if calling between 8 a.m. and 8 p.m. EST Monday through Friday. The representative will assist you.

A Caredon Behavioral Health case manager may outreach to you by phone. The case manager will discuss your needs and how they can help you. They may ask you questions about yourself and how you are feeling. Your needs can vary from obtaining

a behavioral health provider in your area to being connected to resources in your area. Caredon Behavioral Health will coordinate with you, the Plan and even your Primary Care Physician (PCP). You need to file a release of information form for Caredon Behavioral Health to collaborate with your providers. Someone from Caredon Behavioral Health will continue to outreach to you by phone and support you until your needs have been met.

A Health Plan social worker can also connect you with Caredon Behavioral Health and explore some options with you. If you would like to speak to a social worker at the Health Plan, call 1-888-211-9913 or TTY/TDD 711. Social workers are available between the hours of 8 a.m. and 4 p.m. EST Monday through Friday.



Optimum LIVING

Member Newsletter

SPRING 2024