



Optimum

LIVING

FALL 2023

Member Newsletter

**9 New Items
Added to our 2023
OTC Catalog**

**Where To Go
When You Are Sick**

**Spanish Language
Access on the
Plan Website**

AND much more!

DO MORE ONLINE

MEMBER PORTAL
See inside
for details



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CONCIERGE SERVICE LOCATIONS

- Service Area
- Concierge Service Locations
- ★ Headquarters & Concierge Location



BREVARD/INDIAN RIVER/MARTIN/ST. LUCIE

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

CHARLOTTE/MANATEE/SARASOTA

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

CITRUS/HERNANDO

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

COLLIER/LEE

21301 S. Tamiami Trail, Suite 310, Estero FL, 33928
(888) 272-2992

HILLSBOROUGH/POLK

3611 W. Hillsborough Ave., Suite 208, Tampa, FL 33614
(888) 211-9918

LAKE/MARION/SUMTER

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

ORANGE/SEMINOLE

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

OSCEOLA

1339 E. Osceola Pkwy, Kissimmee, FL 34744
(888) 609-0690

PASCO

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

PINELLAS

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

VOLUSIA

852-35 Saxon Blvd., Unit #21, 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 and covered drug



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

Optimum HealthCare, Inc. is an HMO with a Medicare contract. Enrollment in Optimum HealthCare, Inc. depends on contract renewal. This Information is not a complete description of benefits. Call 1-866-245-5360 (TTY: 711) for more information. 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 ed pou lang ki disponib gratis pou ou.



OPTIMUM
HealthCare, Inc.

Item # 11L, Covid-19 Antigen Home Test Kit price update - The Covid-19 Antigen Home Test Kit will now come in a quantity of 1 for the price of \$7.50. Two kits are available to be ordered at once for \$15.

9 New

Items Added to our 2023 OTC Catalog

Now we are offering **168** 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 starting in September 2023. Nine new products have been added. Now, members can choose from 168 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.



Please PROTECT YOURSELF!

Medicare Fraud and Identity theft costs more than just billions of tax dollars each year. Someone can steal or use your personal information (like your name, Social Security Number, or Medicare Number) to submit fraudulent claims without your permission and even sell your personal information.

Imagine you are coming home from a great afternoon out with your family, and you go to check your mail only to find bills for services you never received, by doctors you don't know, for lab work or an office visit. You may even get a bill for DME (durable medical equipment) that you never received.

These situations can happen if you are not careful and aware of who you give your personal information to. This includes online like social media ads promising you "free stuff" for whatever action they require. It is important to always review your EOBs (Explanation of Benefits) received from the Plan for any billing errors.

Here are some tips to remember. Please protect yourself and your identity!



Do not share your personal information with anyone who contacts you by phone, email, or approaches you in person, unless you know the person or company

- Beware of people who make unsolicited calls. If someone you do not know calls you and asks for your personal information, hang up and call the Plan.



Medicare or your Health Plan can call you if you have called and left a message or a representative said that someone would call you back.



Never sign up or give out your personal information to any social media ad(s) offering free gift cards for doing lab tests or any other services.



Never enroll for any plan you do not know or trust. Please contact the Plan for assistance if you are trying to change your Health Plan.



Medicare will never ask you for payment over the phone, internet, or in person. The Plan must send you a bill.



Never give your banking information over the phone, internet, or in person for payment to anyone you do not know and trust.



Always check your EOB's (Explanation of Benefits) for any mistakes.

- When you go to your doctor's appointment, write down the dates you went and save any receipts you get from the doctors. That way, you will be able to compare it with the EOB you receive from the Plan to check for any errors.

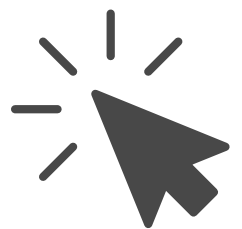


Please remember to contact your primary care doctor for your medical needs or contact the Plan for assistance.

To report suspected Medicare fraud, contact Optimum HealthCare at 1-866-245-5360



Spanish Language Access on the Plan Website



Our Spanish-speaking members account for the Plan's highest preferred language group other than English speakers. With that in mind, last year we made changes to our Plan websites to help ensure that our members are equipped with the necessary tools to navigate the health care system.

We are proud that Optimum HealthCare strives to have a large bilingual website presence. Our Plan website at **www.youroptimumhealthcare.com** is Spanish language enabled, making it easier to navigate to the information members need. We continue to identify opportunities to make health plan information more accessible to all our members and look forward to sharing more about our achievements with our valued providers.

Clearing up the *Myths* about Cardiovascular Disease

Chest pain is the most common reason for a trip to the emergency room. Knowing more about heart disease and its signs and symptoms may help you to seek treatment with your doctor early on and avoid a serious situation.

Cardiovascular disease means heart or blood vessel disease. There are many causes of heart disease, but most are related to narrowed or blocked blood vessels which can lead to heart attack or stroke. Heart disease kills more Americans each year than any other disease. Knowledge is power, so let's set the record straight on some common myths about heart disease.

Myths vs Facts

MYTH: You will have warning signs when your blood pressure is high.

FACT: High blood pressure is called the "silent killer" because you may not know you have it. You may never experience symptoms. Regular blood pressure testing is the best way to know if you have high blood pressure. Early treatment of high blood pressure is critical. If left untreated it can cause heart attack, stroke, or other serious health problems.

MYTH: You will know you are having a heart attack because you will have chest pain.

FACT: Although it is common to have chest pain or discomfort, a heart attack can also have more subtle symptoms. These could include shortness of breath, nausea, feeling lightheaded, and pain or discomfort in one or both arms, the jaw, neck, or back.

MYTH: There is nothing you can do to prevent heart disease if it runs in your family.

FACT: It's true that people with a family history of heart disease are at higher risk, but there are steps you can take to dramatically reduce your risk.

Lifestyle changes can help you manage and decrease your risk of complications from many forms of heart disease. They can also help prevent further complications. Here are some tips:

DIET AND NUTRITION

Think about what you can do to improve your diet and commit to it. Maybe you are watching your cholesterol or your blood sugar levels. You can improve your health by pledging to:

- Eat fish twice a week
- Drink more water
- Check food cans for sodium or sugar content
- Reduce your alcohol intake
- Fill half of your plate with fruits and vegetables
- Cut back on eating fast food
- Eat whole grains versus white bread or rice
- Reduce trans and saturated fats. Eat more unsaturated fats. Compare product labels.

EXERCISE AND ACTIVITY

Discuss with your doctor what you are willing to do each week for fitness and commit to it. Write down your daily activities in a log to encourage yourself to keep it up. Some examples of activities that are good for heart health are:

- Walking
- Swimming or water aerobics
- Chair exercises
- Stationary or road biking
- Stretching
- Gardening or lawn care
- Taking the stairs
- Parking farther away from the store
- Yoga, Pilates, Tai Chi, or some other exercise class

HEALTH MONITORING

You may see your doctor once or twice a year, but you live in your body every single day. In between visits with your doctor you should remain aware of your health. Here are some things you can do:

- Weigh yourself daily
- Monitor your blood pressure as often as the doctor suggests
- Stay away from people who are sick or have the flu
- Get your annual vaccinations and ask about getting a pneumonia shot and COVID booster, too

REDUCE STRESS

Fit in time for you! What helps you relax should be a priority each day. This will look different for every person, but some examples are:

- Meditate or pray
- Read
- Have lunch with a friend
- Work on your hobby, whether it's woodworking, sewing, or something else
- Get out of the house and watch the birds. Set up a bird feeder for fun



3 Key Differences Between Medical Screening and Diagnostic Testing



“WELLNESS TESTING CAN IMPROVE HEALTH AND IMPROVE LIVES BY FINDING HEALTH PROBLEMS EVEN BEFORE SYMPTOMS OCCUR.” *Dr. Deborah Sesok-Pizzini, chief medical officer of Labcorp Diagnostics*

The world has become increasingly aware of the importance of testing in healthcare. It is important to know the difference between diagnostic testing and screening. Both can help save lives, but screening and diagnostic tests have different advantages and may need to be used together to create an overall picture of your health.

WHAT ARE THE KEY DIFFERENCES BETWEEN SCREENING AND DIAGNOSTIC TESTS?

1) It's all about the signs and symptoms

Screenings and diagnostic tests initially differ based on their intended users and whether they're symptomatic or not. Screening tests are intended for asymptomatic (showing no or disguised symptoms) people, whereas diagnostic tests are intended for those showing symptoms in need of a diagnosis. Often, they are used together: a screening test is first performed to see if your health is on track, and a diagnostic test is then performed to either confirm or eliminate potential results.

2) Slightly different goals

What makes screening tests so valuable is their ability to detect risk. The goal of screening is to detect diseases or issues earlier, provide surveillance and

help reduce the risk of disease. Though screening tests may detect irregularities or potential issues, they may not provide answers. If there is need for further diagnosis, that's where diagnostic tests are used. What makes diagnostic tests so valuable is their accuracy and specificity when it comes to results. An easy way to remember the key purpose of a diagnostic test is in the word itself: diagnosis. The end result of a diagnostic test is to diagnose an issue or problem.

3) Simplicity of use

Screening tests tend to be less invasive than diagnostic ones—and they are usually simpler to perform. It is vital to understand that a positive result in a screening test usually requires a more accurate diagnostic test to confirm diagnosis. Both screening tests and diagnostic tests are crucial tools in determining one's overall health.

HERE ARE SOME EXAMPLES OF SCREENING TESTS AND HOW A DIAGNOSTIC TEST IS USED AS A FOLLOW UP.

Screening and diagnostic testing for colon cancers

A fecal immunochemical test (FIT) is a screening test designed to catch bleeding in your digestive tract, a key marker of potential colon cancer. A FIT test will indicate whether or not further testing, like a colonoscopy—a more invasive diagnostic test—is needed.

Screening and diagnostic testing for blood analysis

A complete blood count (CBC) can be used as a screening test to analyze the cells that circulate in your blood. It's the most common test ordered by physicians because it provides valuable information regarding your overall health and is the first step in detecting problems like anemia, inflammation and infection. Based on your CBC results, you may need follow-up diagnostic testing. Your healthcare provider should discuss these options with you.

Screening and diagnostic testing for diabetes

Diabetes Risk (HbA1c) tests help screen for your risk as well as help monitor your blood sugar. Similar tests can give a picture of your overall health and risk for diabetes by measuring sugars, minerals, electrolytes, enzymes and waste products. This will tell you how well your metabolism, liver and kidneys are functioning.

Knowledge is power when it comes to your health

At the end of the day, your overall health is in your hands. Taking proactive steps like exercising regularly, eating better and drinking more water are always important, but so is knowing what's going on with your health. If you haven't visited your doctor in the last year for an annual checkup, it's time to make an appointment.

Where To Go When You Are Sick

Emergency Room? Urgent Care? PCP office? Advice Line? Knowing whom to call or where to go when you're having a medical issue can be confusing. Knowing your options can save you time, money, and enable you to receive care targeted to your specific concern.

| WHERE TO GO | AVERAGE COST TO MEMBER |
|---|------------------------|
| 24/7 Nurse Advice Line (Carenet) 1-888-883-0710 | Free |
| Primary Care Physician | Free |
| Urgent Care | \$ (Copay per EOC*) |
| Emergency Room | \$\$ (Copay per EOC*) |

*Evidence of Coverage

When to use the Nurse Advice Line?

If a medical issue comes up outside of your doctor's normal business hours you might be wondering, *"Should I got to the hospital? Is this something urgent care can handle? Maybe there's something I could do at home."*

All you need to do is call the free Nurse Advice Line at **1-888-883-0710**. You will be connected with a Registered Nurse who can answer your questions and provide guidance on your medical issue. This service is offered 24/7, 365 days a year.



When to see your Primary Care Physician?

Your PCP is your Medical Home – your home base when you have a medical concern that arises during his/her normal business hours. Through caring for you, your PCP will understand your medical conditions, medications, and current treatment plan. Your PCP can advise you if s/he believes your condition requires immediate attention at Urgent Care or the ER, or may be able to see you in the office the same day.



When to go to Urgent Care?

If you have a medical problem that is not life threatening, but you can't see your PCP within a day or two, consider going to Urgent Care. Urgent Care can handle medical problems such as:

- Common illnesses such as colds, flu, sore throats, earaches, low-grade fevers urinary symptoms and rashes.
- Minor injuries such as sprains, back pain and minor cuts and burns.



When to go to Emergency Room?

The Emergency Room is the place to go if you are experiencing serious medical problems such as:

- Difficulty breathing
- Chest pain
- Seizure
- Head trauma
- Loss of consciousness
- Vomiting blood
- Severe allergic reaction
- Badly broken bones
- **Any other life-threatening clinical situation**

Emergency Rooms are also equipped to handle severe mental health or substance abuse issues, especially if these issues come with suicidal thoughts. Please be aware that if you do go to the Emergency Room and are initially assessed (triaged) by medical staff, you will owe a copay even if you leave before being treated.



Eating Healthy with Diabetes




Retirement can afford you more time for family and hobbies that enrich your life. Being healthy as you age is important in order to enjoy life and time with others. If you have diabetes, managing your health can be a challenge that requires dedication to diet, exercise and working with your doctor.

As a diabetic patient we encourage you to work with your doctor on identifying the proper diet that works best for you. Discuss with your doctor the types of foods that you enjoy and the times you like to eat. A change to the types of foods you eat and the timing of meals can impact your lab values.

As you age, complications from disease or other illnesses may become harder to deal with. Getting started on eating healthy can help you feel better. The Health Plan has nurses and a dietitian available by phone who can offer healthy eating tips, suggestions for meals, and more. You can be placed with a nurse or dietitian by calling 1-888-211-9913 during normal business hours, Monday through Friday, from 8 a.m. to 4 p.m. EST.

Spotlight on Case Management



Your doctor's plan of care for you can sometimes be hard to follow through on. It may be hard to understand. The Health Plan has Nurse Case Managers who can work with both you and your doctor. These Case Managers can help you sort out your health issues and manage your care when you are sick. They are here to help you sort out your health issues.

Nurse Case Managers can also help you better understand your health condition. They can communicate with your doctors and help set up services, so your health needs are met. They can also answer your questions about COVID-19. They are there to help YOU!

Following your doctor's advice is important to your health. You may request a Nurse Case Manager if you need help managing your care at 1-888-211-9913. The nurses are available from 8 a.m. to 4 p.m. EST Monday through Friday.



Diabetes and Genetics

Are you one of the 37 million people in the United States living with diabetes? Diabetes is a chronic disease. It occurs when your blood glucose level, also known as blood sugar, becomes difficult for your body to control. This can lead to dangerous levels of glucose in your system. Having too much glucose in your body can lead to additional health problems such as kidney disease, vision problems, heart damage and nerve problems.

Knowing your family history can help your doctor understand your risk of developing diabetes. Family history is important to discuss with loved ones. If you have diabetes, your family members could be at risk of developing diabetes later in life. Knowing their risk ahead of time means they can tell their doctors and take steps to avoid or delay the onset of diabetes.

If you have questions about your condition, Nurses are available at the Health Plan to help. Call the Disease Management Department 8 a.m. to 4 p.m. EST Monday through Friday at 1-888-211-9913.

As Good As GOLD

Chronic Obstructive Pulmonary Disease (COPD) is a disease that cannot be cured, though it can be managed. If you have COPD, your doctor may have mentioned the GOLD guidelines.

Global Initiative for Chronic
Obststructive
Lung
Disease



This is a COPD treatment plan used throughout the world. The GOLD guidelines recommend short-acting and long-acting inhalers. Inhalers open the airways. Combining these with other medications can increase the effectiveness of treatment. Everyone is different. Your treatment plan will need to be tailored to your needs by your Primary Care Physician (PCP) and/or your Pulmonologist. Carefully following your treatment plan is especially important to help prevent COPD flare-ups.

EYE EXAM -

How Often Should I Get One?



The Health Plan provides eye care benefits to our members through iCare Health Solutions, LLC. iCare Health Solutions, LLC is an eye care company that works with a network of eye doctors. The experts at iCare Health Solutions, LLC recommend that everyone receive a routine, complete eye exam including pupil dilation every year. During a dilated eye exam, an eye care

specialist looks at the inside of the eye by using eye drops that widen the pupil. Your eye doctor may not always dilate your eyes during a routine eye exam for a new pair of eyeglasses or contact lenses. Be sure to ask your eye doctor for a dilated eye exam.

People with special risks, such as diabetes, previous eye injury or a family history of glaucoma may need a dilated eye exam more frequently. People having trouble with their eyes should see an eye doctor immediately.

In order to get the most from your benefits, call our Member Services Department at the number on the back of your Health Plan ID card to get a list of iCare eye doctors in your area.

REMINDER: Be sure to tell your eye doctor that you are using the iCare Health Solutions, LLC network. This will ensure they file the claim for your eye exam visit with iCare Health Solutions, LLC to make the most of your benefit.

3 EASY STEPS FOR TAKING CARE OF YOUR EYES

- 1** Call Member Services at the number on the back of your Health Plan ID card to get a list of iCare eye doctors in your area.
- 2** Call an iCare eye doctor and schedule a comprehensive eye exam with dilation.
- 3** When checking out after your exam, remind your eye doctor to send the claim to iCare



Prescription Cost Changes in the Coverage Gap

Under Medicare Part D, you may enter a prescription drug coverage gap, often referred to or known as the "donut hole." This means that after you and your Medicare drug plan have spent a certain amount of money on prescription drugs each year; you are then responsible for paying 25% of the cost for each of your generic and Brand medications you take, depending upon your chosen plan. These amounts are set by Medicare and can change from year to year.

For most people with Medicare, the donut hole can present serious financial challenges. It might be difficult to avoid the coverage gap completely but planning ahead can help make it easier to get through.

Suggestions to help ease the burden of the coverage gap:

- **Set aside money each month** to help cover the cost of your medicine once you hit the coverage gap.
- **Pay attention to the Explanation of Benefits (EOB)** the Plan sends you each month. This will tell you how much more money you have to spend before you hit the coverage gap. Once you are in the coverage gap, it will tell you how much money you have left to spend before you get out of it and enter catastrophic coverage.
- **Take steps to lower your medicine costs.** Use generic drugs whenever possible and look for pharmacies that offer free or reduced costs for your medications.

- **Use your preferred mail order pharmacy.**

- **Consider ordering 3-month supplies** of your eligible prescriptions to receive a plan discount.

- **Talk to your doctor about each of your medications** and ask if there are cheaper alternatives that can provide the same benefit. Do they have any samples they can offer you?

If you have already hit or are close to hitting the coverage gap and do not know how you will afford your medications, it's important to not stop taking them. Talk to your doctor about it. You can also contact a Social Worker at the Health Plan. Social Workers are available Monday through Friday from 8 a.m. to 4 p.m. EST. They can be reached by calling 1-888-211-9913 or TTY/TDD 711.

Beta Blockers

If you were recently diagnosed with a heart condition like heart failure, irregular heart rhythm, or were in the hospital for a cardiac related event, then your doctor may have given you a type of medication called a Beta Blocker. You may be asking yourself "what is a Beta Blocker?" Or "why did my doctor give me another pill to take?"



Beta Blockers are a type of medication that are commonly used to treat cardiac injury or disease. The medication is used to decrease the demand on your heart and allow it to pump blood more effectively. Beta Blockers have been used for many years and are often a medication of choice for treating cardiac disease.

Some patients can experience unwanted side effects while using Beta Blockers. Review your new medication thoroughly with your doctor and get to know what your doctor's expectations are for the medication. Some side effects are worse than others and you will want to immediately discuss those with your doctor.

Beta Blockers work to make it easier for your heart to pump blood throughout your body by lowering your blood pressure and slowing your heart rate. The medication is easy to take, and your doctor or pharmacist will be able to provide you with information on the medication. To achieve the maximum benefit, it is important that you listen to your doctor and take your medications as prescribed.

Why it's important to talk with a pharmacist?



You may benefit from talking with a pharmacist if you take several medications, have multiple health conditions, have questions or problems with your medications, or if you get your medications from more than one pharmacy.

What can a pharmacist do for you?

- Pharmacists are the medication experts and will help answer any questions you may have about your prescription medications, vitamins, and over-the-counter products.
- Pharmacists can look for medication interactions and find duplicate therapy (2 medications that work the same way and are not needed).
- Pharmacists can work closely with your provider if you are having any side effects or problems with your medications.
- Pharmacists can make recommendations on lower cost drugs which can help lower your copays and stay out of the "donut hole". The pharmacists can also communicate this information to your provider.

- Pharmacists can complete your yearly medication review for Medication Therapy Management (MTM).

To qualify for the MTM program each year, you must have a minimum of 3 chronic diseases, 8 covered Part D maintenance drugs, and incur one-fourth (\$1,174) of the annual cost threshold of \$4,696 of Part D covered medications in the previous three months.

Your medical group may also have pharmacists on staff, and you may wish to contact them or your neighborhood pharmacist who fills your prescriptions who can also provide MTM services.

If you decide to call the Optimum HealthCare pharmacy team, our pharmacists are focused on helping you without any distractions.

To Contact the Health Plan's Pharmacy Department:

Call **813-506-6064 / TTY: 711** to speak with one of our pharmacists today at no cost to you! We are open 9am to 5pm EST, Monday through Friday.

CARENET Health®

*Answers to your healthcare questions
are just a call away!*

We are happy to offer you access to a nurse advice line through Carenet. Carenet is staffed with experienced nurses that are available to you 24 hours a day and 7 days a week. It's simple to use and free.

WHY USE THE NURSE ADVICE LINE?

If you experience a new or worsening symptom after business hours, you can have peace of mind knowing you have a nurse available to speak with by simply calling the nurse advice line. You might even be able to avoid an unnecessary emergency department visit.

HOW DOES THE NURSE ADVICE LINE WORK?

All you have to do is dial **1-888-883-0710** and let the representative know you are an Optimum HealthCare member calling to speak with a nurse. The nurse line is staffed with highly skilled, registered nurses (RNs), available 24-7 to assist with your health concern, whether it's a twisted ankle, high fever, drug reaction or other urgent or non-urgent medical concern.

WILL I GET BILLED?

No, the nurse advice line is completely free to you and available to you at all times.

HOW OFTEN MAY I CALL?

You may call as often as you need to. It's always best to get health guidance from your doctor because s/he knows you and your medical condition(s), but the nurse advice line is an additional option available for medical advice.

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

MEDICATION COMPLIANCE:

The Power is in Your Hands



You take charge of your own health when you partner with your Primary Care Physician (PCP) to develop a medication treatment plan. It's important to discuss, understand and write down:

- What medications to take.
- Why you're taking them.
- What dose to take.
- How to take each one.
- When to take each one.
- When to arrange for a refill.

Taking medications according to a treatment plan is called "medication compliance." Aids such as medication reminders can help you stay organized (some fancy ones even tell you when to take your meds!). Your doctor is in charge of prescribing your medications, but you are in charge of sticking with the plan to help achieve and maintain your best health!



FLU SHOTS

Don't forget to get your flu shot, 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.

Protection against the viruses begins after two weeks and will last through 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 providers also offer the flu vaccine. Please check with your doctor to see if they are providing the shots. 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 doctor or visit the Center for Disease Control website at
<https://www.cdc.gov/flu/prevent/vaccinations.htm>

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.



Hurricane Season Has Started

The hurricane season runs from June 1st to Nov 30th every year.

The National Hurricane Center chose this six-month period.

This year the National Oceanic and Atmospheric Administration (NOAA)

predicts 12 to 17 total named storms in 2023. Of those, five to nine could become hurricanes, of which one to four could become major hurricanes.



Floridians are usually well-prepared for these months of the year but is worth checking all your emergency kits and check expiration dates on items. Being ready brings peace of mind. It is essential to stay vigilant and informed during the season.

We can also help you review what you must do to be ready. Visit our website

www.YourOptimumHealthCare.com and click

"Quick Links" then "Newsletters" to view our Disaster Preparation Guide for 2023. This Guide is full of helpful information. This Guide will assist you and your family if an emergency is declared.

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

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/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, 800-537-7697 (TDD)

Complaint forms are available at
<http://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有疑問, 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 медицинского 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: 当社の健康保険と薬品処方箋プランに関するご質問に答えるために、無料の通訳サービスがあります。通訳をご用命になるには、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

Optimum LIVING

Member Newsletter

FALL 2023



*Wekiwa Springs, FL
in Fall*