



Optimum

LIVING

SPRING 2023

Member Newsletter

A Plan Designed
for Everyone

COVID-19 Vaccine
Frequently Asked
Questions

Get and stay active
with SilverSneakers®

AND much more!



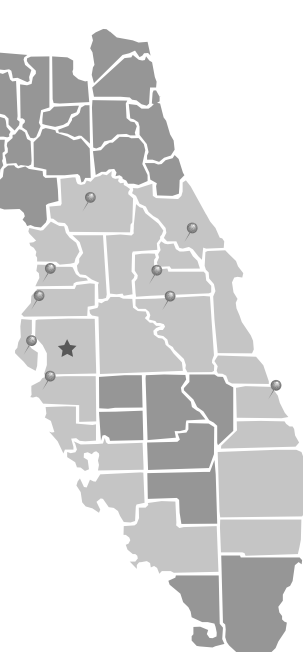
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CONCIERGE SERVICE LOCATIONS

- 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.

Need Assistance?

Sign in to Member Portal

Secure Log In

Privacy Policy

[Forgot Password](#)

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

Help Manual

The 'New Member Registration' page will be displayed. Begin by entering in the required information.

*First Name:

*Last Name:

*Email ID:

*Confirms Email ID:

*Date of Birth (MM/DD/YYYY).

Member ID:

*Last 4 Characters of Medicare ID/MBI Number
(eg. For Medicare#
MB# TEG4-TE5-MK74 Enter MK74)

Your Registration Code is:

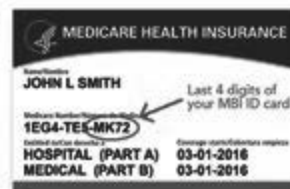
Please enter your Registration Code from above:

[Please Click here to Go Back](#)

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

* Required

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



Next Page

Feedback

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.

11 New Items Added to our 2023 OTC Catalog

Now we are offering 159 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 2023. Eleven new products have been added. Now, members can choose from 159 Items from 19 different categories of products and supplies by ordering online or over the phone.



The following items are available now to order. Please log on to the member portal, visit the OTC page on the Health Plan website <https://www.youroptimumhealthcare.com/otc-order-online> or ask member services for more information while placing your OTC Order.

SR. No	Section	Item#	Item	Item Description	Qty.	Price
1	Allergies	1G	Generic Comparable of Claritin	Allergy Relief Tablets, Loratadine 10mg	30 ct	\$8
2	Analgesics	2N	Generic comparable of Bio Freeze	Pain Relief Spray	89 ml	\$12
3	Antacids	3E	Generic comparable of Mylanta	Antacid/Anti-Gas Liquid	335 ml	\$6
4	First Aid	9E	Gauze Roll	Gauze Roll 4"	2 yds	\$5
5		9U	Non-Stick Pads	Non-Stick Pads	10 ct	\$6
6	Miscellaneous	11M	Vaseline	Petroleum Jelly Vaseline	113 gm	\$3
7		11N	Pedometer	Pedometer	1 ct	\$20
8		11O	Sharps container	Home Sharps container	1 ct	\$6
9	Topical Oral	12K	Generic comparable of Abreva	Cold Sore Treatment	2 gm	\$25
10		12L	Generic comparable of Biotene	Dry Mouth Spray	30 ml	\$12
11		12M	Generic comparable of Compound W	Liquid Wart Remover	9 ml	\$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.



Do Your Part to Learn How to **Protect Yourself & Your Benefits**

A new year calls for new ways of fraud schemes and scammers trying to find their next target! Did you know scammers are billing Medicare for DME

Durable Medical Equipment, genetic and other testing, and for pain medications, without any patient visit or with only a brief phone conversation with patients they have never met or seen.

Please always be aware of who you give your information to. Be mindful of scammers trying to get your information just because they tell you "your insurance will cover it." These scenarios are most likely scams or someone trying to steal your personal information to bill fraud claims!

It is important to always pay attention when speaking to someone you do not know. Scammers may try to contact you in different ways like by telephone, email, postal mail, text messages and fliers or even in person pretending they are from a state agency.

If you have any questions or are unsure, please contact your Health Plan for assistance.

Here are some helpful tips to protect your benefits!



Please remember to always contact your PCP (Primary Care Doctor) for all your medical needs.

- Just because you are told your insurance "covers an item," you still need to consult with a medical professional to determine your medical needs.



Please never share any of your personal information to anyone you are not absolutely sure about.

- Remember the Plan will never contact you and ask you for your personal information such as your credit card number to pay for shipping for your OTC. Or for a gift card or ask for your home address and Medicare number to send you out a new "Medicare card." These are scams!



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.



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



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

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 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.

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/>

ADVENTURES IN HEALTHCARE:



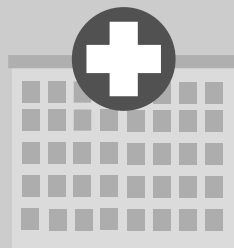
TABLE OF CONTENTS

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 60, 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 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 (previously known as Beacon Health Options).

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 ASSESSMENT TOOL *Information*

The **Centers for Medicare & Medicaid Services** expects a Health 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 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 Assessment 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. Our 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 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 Assessment Tool

We love it when we can simplify things for our members. It is now easier and quicker to complete your Health 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.youroptimumhealthcare.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 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 identify and health information. This enables us to verify who you are and help you complete your Health 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.



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 Carelon Behavioral Health as its preferred provider for these services.

Carelon Behavioral Health was previously known as Beacon Health Options and is the same partner the Plan has been working for years. They have recently changed their name, however, nothing else has changed including any phone numbers and the high level of service they have always provided.

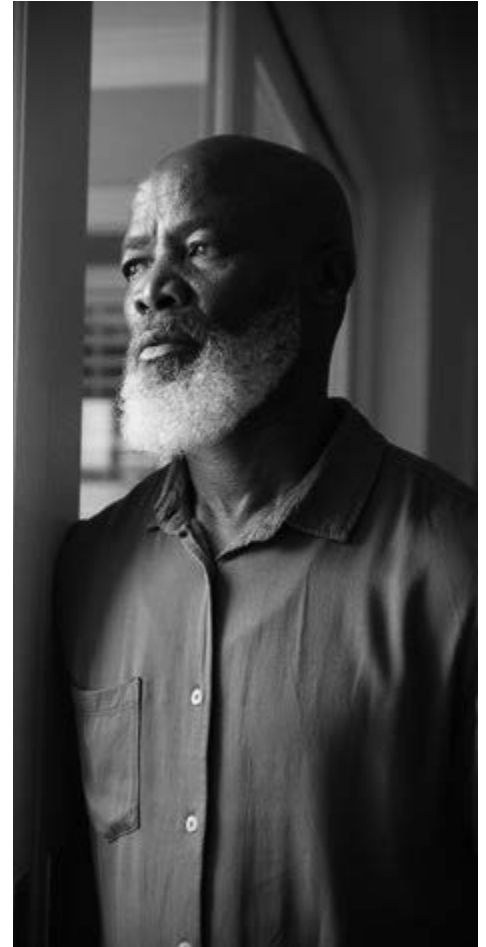
You can also call Carelon Behavioral Health at any time. **You do not need a referral from your doctor to call or set up an appointment for services.**

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

- ❶ **Dial 1-888-273-3710**
- ❷ **Select the "member" option** at the Carelon Behavioral Health prompt.
- ❸ **You will be connected** to a live person if calling between 8am-8pm Monday-Friday. The representative will assist you.

A Carelon 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. Carelon 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 Carelon Behavioral Health to collaborate with your providers. Someone from Carelon 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 Carelon 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.



COVID-19 VACCINE



FAQ



What is the COVID-19 vaccine and why should I get it?

- It is a vaccine that may prevent you from getting COVID-19. It helps protect yourself and others from COVID-19.

If I already had COVID-19 and recovered, do I still need to get a COVID-19 vaccine?

- You should get a COVID-19 vaccine even if you already had COVID-19.
- [Getting a COVID-19 vaccine](#) after you recover from COVID-19 infection provides added protection against COVID-19. You may consider delaying your vaccine by 3 months from when your symptoms started or, if you had no symptoms, when you received a positive test.
- People who already had COVID-19 and do not get vaccinated after their recovery are more likely to get [COVID-19 again](#) than those who get vaccinated after their recovery.

Do I have to pay for the COVID-19 vaccine?

- No, the COVID-19 vaccine will be available to everyone for free without any cost share.

Where can I find the most up to date information on COVID-19 & vaccination locations?

- Your Primary Care Provider is your Medical Home and a great source of information. You can also find vaccination clinics and additional information on the Florida COVID-19 Response website at <https://floridahealthcovid19.gov/covid-19-vaccines-in-florida>.

Why should I get vaccinated if I might get COVID-19 anyway?

- COVID-19 vaccination significantly lowers your risk of severe illness, hospitalization, and death if you get infected. Compared to people who are [up to date](#) with their COVID-19 vaccinations, unvaccinated people are [more likely to get COVID-19](#), much more likely to be [hospitalized with COVID-19](#), and much more likely to [die from COVID-19](#).

- Like all vaccines, COVID-19 vaccines are not 100% effective at preventing infection. Some people who are up to date with their COVID-19 vaccinations will get COVID-19 [breakthrough infection](#). However, staying up to date with your COVID-19 vaccinations means that you are less likely to have a breakthrough infection and, if you do get sick, you are less likely to get severely ill or die. Staying up to date with COVID-19 vaccination also means you are less likely to spread the disease to others and increases your protection against new variants of SARS-CoV-2, the virus that causes COVID-19.

Do I need a booster shot?

- Yes. [Recent data](#) suggest COVID-19 vaccine effectiveness at preventing infection or severe illness wanes over time, especially for certain groups of people, such as people ages 65 years and older and people who are immunocompromise.
- The emergence of [COVID-19 variants](#) further emphasizes the importance of vaccination, boosters, and prevention efforts needed to protect against COVID-19.
- Data show that an mRNA booster increases the immune response, which improves protection against getting a serious COVID-19 infection.
- **CDC recommends COVID-19 vaccines for everyone ages 6 months and older, and boosters for everyone 5 years and older, if eligible.**
- You can get any of the COVID-19 vaccines authorized in the United States for your booster shot. Some people may prefer the vaccine type that they originally received, and others may prefer to get a different booster. CDC's recommendations now allow for this type of mix and match dosing for booster shots.

This information is a summary from the CDC which was last updated October 13, 2022.



GET AND STAY ACTIVE WITH

SilverSneakers®

Because we care about your well-being, Your Health Plan includes the SilverSneakers® fitness program. This fitness and lifestyle benefit gives you opportunities to stay active, make friends 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 virtual classes you can do at home. Create an account at [SilverSneakers.com](https://www.silversneakers.com) to get your ID number, and make the most of SilverSneakers, including:

Memberships to thousands of participating locations² nationwide means you can visit as many as you want, as often as you like. In addition to equipment, pools, and other amenities², select locations offer group exercise classes designed for all abilities³. SilverSneakers also offers fun activities held outside the traditional gym.

SilverSneakers LIVE™ gives you full-length, **live classes and workshops** on the SilverSneakers website via Zoom⁴. Classes and workshops are led by expert trainers, and no equipment is needed. Multiple activities are available per day, such as cardio dance and yoga classes, and “The Happiness Effect” and “Balance Builder” workshops.



SilverSneakers On-Demand™ gives you access to 200+ online workout videos ranging from easy, low-impact exercises to high-energy cardio. In addition, get information on topics like nutrition, fitness challenges and more. Go to [SilverSneakers On-Demand](#) to view on-demand workouts like SilverSneakers Classic, Yoga, etc.

The SilverSneakers GO™ mobile app gives you access to 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 GO](#) to download the app today.

Stay 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](#).

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.

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.
4. Zoom is a third-party provider and is not owned or operated by Tivity Health or its affiliates. SilverSneakers members who access SilverSneakers Live classes are subject to Zoom's terms and conditions. SilverSneakers member must have Internet service to access SilverSneakers Live classes. Internet service charges are responsibility of SilverSneakers member.

SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.



Medication Adherence



Your Health Plan wants you to be healthy. An important way to manage your health is by understanding your medications and to take them the way your doctor recommends. Health conditions may get worse when you forget to fill and take your medicine. Sometimes, it can even lead to more health problems. We understand that having multiple health problems such as diabetes, high blood pressure, and high cholesterol is more difficult to manage.

We encourage you to take your medications as directed by your doctor. If the directions are not clear to you, please contact your PCP or your local pharmacist who are most familiar with the medications you are taking.

Here are some additional ways that can help you take your medicine as prescribed.

- **Use a pill organizer** that separates your medications out by day.
- **Use the mail order pharmacy** at no additional cost. This service will send your medications to you as prescribed by your doctor.
- **Fill 90 - or 100-day** supplies of your medications so that you don't run out of your medications as quickly.
- **Complete your yearly Medication Therapy Management review** with one of the Health Plan's clinical pharmacists. This will help you to stay informed about your medications and what they are being used for.
- **Have your retail pharmacy synchronize (schedule) your medications** to be picked up on the same day each month.

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
- InterQual Criteria
- Hayes Medical Technology

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

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/office/file/index.htm>

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 trình 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 Arzneimittelpflicht. 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 ouwa 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回答するために、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

SPRING 2023

