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OPTIMUM
HealthCare, Inc.

FALL 2022

A Seasonal Newsletter for our
Special Needs Plan Members

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Welcome to Your Special Needs Plan!

What is a Special Needs Plan?

Special Needs Plans were developed by Medicare so that people with certain diseases would receive certain services that would help them better take care of their disease in order to stay healthier and more active. Special Needs Plans also support people who have Medicaid along with Medicare.

How did I qualify to be part of a Special Needs Plan?

You became a part of a Special Needs Plan when you enrolled and said that you had a certain disease or that you had both Medicare and Medicaid. The Plan then verified this with your doctor or Medicaid, and you became eligible to enroll.

What is my Primary Care Physician responsible for when I am a part of this Plan?



- Your Primary Care Physician (PCP) is your Medical Home and is responsible for managing all of your health and to make certain you are getting all the medically necessary services you need to better take care of yourself.
- Your PCP is responsible for making sure that your care follows certain accepted guidelines or medical practices that have been developed by specialists in the field of your disease.
- Your PCP is responsible for making certain that your care follows a “Care Plan” that has been developed to better manage your healthcare.
- It is important to see your PCP regularly and at least annually, even if you have no changes in your health status. This will help your PCP to better manage your care.

What information will I receive?

Educational Material

This will be sent to you within the first three months of coming on the Plan. This will include information about your specific disease and suggestions on how to best manage your healthcare. Please read this and take it with you to your PCP appointment if you have any questions. These suggestions, if followed, may help keep you out of the hospital.

Quarterly Educational Information

About every three months, you will receive another educational mailing with pertinent tips on helping you stay healthy.

Newsletter

Twice a year you will receive a Special Needs Plan Member Newsletter that will have even more helpful information for you to manage your care.





Completing Your Annual Health Assessment Tool

Why We Mail A Health Assessment Tool To You

The Centers for Medicare & Medicaid Services require that all members of Medicare Health Plans complete a Health Assessment Tool every year.

Your time is valuable, and we want to extend our gratitude to you for taking the time to complete the Health Assessment Tool. The information you share with us is very important. Filling out the paper Health Assessment Tool and mailing it back in the pre-paid envelope also avoids multiple phone calls the Health Plan has to make to get these completed.

The Health Assessment Tool Helps Us To Help You

- It gives us an opportunity to offer you benefits which can help you achieve your health goals.
- It helps us to determine if you might benefit from receiving a call from a nurse or Social Worker. Many members have experienced the advantages of participating in Case & Disease Management.
- Your responses influence the development of benefit plans. Your health needs and goals help us determine what's most important to our members.
- Your responses will generate a Health Appraisal Profile that helps identify potential risks as well as resources to overcoming barriers. As you continue to complete your annual Health Assessment Tool 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.
- **Though it is a requirement implemented by the Centers for Medicare & Medicaid Services**, we have seen how much it has helped our members.

It's Quicker And Easier To Complete

We love it when we can simplify things for our members. It is now quicker and easier to complete your Health Assessment Tool. Since the **Centers for Medicare & Medicaid Services** require that this form is completed annually, we have added a feature on the 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 <https://www.youroptimumhealthcare.com/>.
2. Click on **"Member Portal"** on the top right side of your screen.
3. Click on **"New User Sign Up"**. (or if you are already registered, login and skip to step 6).
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!**

OR when you receive a phone call from the Health Plan's associate, you can complete your Health Assessment over the phone. During this phone call you will be asked to verify HIPAA either by giving your Date of Birth, Member ID number or address. This enables us to verify you and help you complete your Health Assessment.

We again want to thank you for your time and if you need any help with your member portal account, feel free to give us a call toll free at 1-866-245-5360 or TTY/TDD: 711.



Maintain



your



Personal Health

Work with your PCP to schedule these preventive health appointments. Many diseases can be caught early on before they become more severe. The Plan can assist you to arrange transportation for visits if needed.

Preventive testing generally does not require a copay either. It just takes your time and effort. Your PCP is interested in keeping you as healthy as possible. Investment in your preventive care can affect your future health.

Your doctor will suggest tests that are necessary for you to prevent further health complications. These are important for managing your health. These tests can include: Investment in your preventive care can affect your future health.

It's easy to know what to do when you feel sick. You feel awful. You focus on how bad you feel. So, you call or see your doctor for advice on how to feel better. You also have to plan to take care of your future health by getting preventive screenings.

Visit your Primary Care Physician (PCP) on a regular schedule. If you change PCPs, schedule an appointment early on to establish with him or her. Visiting while you are feeling well is best. Your PCP wants to get to know you and understand how you are managing your health. Keep the appointments, even when you are feeling better. The PCP will want to review your medications and other pills or supplements that you take. This includes any other dietary add-ons, such as daily vitamins, herbal supplements, and even protein drinks.

Your doctor will suggest tests that are necessary for you to prevent further health complications. These are important for managing your health. These tests can include:

- Blood pressure checks
- Blood work to screen for diabetes or high cholesterol
- Mammograms for breast cancer
- Prostate exam
- Other screenings such as for colon or cervical cancer
- Eye exams for glaucoma
- Flu and pneumonia vaccines (not a test)



We plan for so many things in life. We set dates to take a friend out to dinner, we set aside time to take the dog for a walk. Why not set a date to quit smoking? Your Health Plan can help you to identify tools and resources to help you kick the habit.

Did you know that the instant you quit smoking your body starts the healing process? The damage to your body will gradually be repaired and you will feel better. It just takes that first step of making the decision to set a date.

Your doctor can also help by prescribing medications that can help curb your addiction to nicotine. Speak with your doctor for options that are available to you. If you would like additional information on quitting smoking you can contact Case Management at the Health Plan by calling **1-888-211-9913** during normal business hours, Monday through Friday 8 a.m. to 4 p.m. EST.

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 web site 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, AND ABUSE: Quick Links -> Fraud, Waste, and Abuse

GRIEVANCE & APPEALS: Quick Links-> Appeals & Grievance

MEDICAL RECORD STANDARDS: About Us -> Utilization & Quality -> Medical Record Standards

MEMBER RIGHTS AND 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 Link-> 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

Carenet:
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 free 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 a Optimum HealthCare member calling to speak with a nurse. The nurse line is staffed with highly skilled, registered nurses, available 24-7 to assist with your health concerns whether it's a twisted ankle, high fever, drug reaction or other urgent and non-urgent medical concerns.

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

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



How Can We Help?

Our Case Management Department is staffed with Nurses and Social Workers to assist you with your needs. Nurses called Case Managers, and Social Workers, can assist you with managing your medical care and in identifying financial assistance programs.

Case Management services are included in your Plan benefit package. When the situation becomes too much for you, our Case Management department can help. Maybe you need a transplant, are dealing with a cancer diagnosis, or have a wound that isn't getting better. Perhaps you notice that you are starting to fall more often. Our goal is to assist you in managing your treatment plan.

Nurses can also help when questions arise about your chronic conditions. This could be about diabetes or heart disease, for example. Our nurses help you manage your condition in your everyday life. Their goal for you is to prevent further complications.



Social Workers can help identify assistance programs that are available in your local community. They can direct you to programs that can help you with deductibles for medications and medical care. They are also skilled at finding resources to assist with various other financial needs. Our Social Workers are eager to help you identify ways to help you meet your goals and avoid further complications.

If you believe you could benefit from speaking with a Nurse Case Manager or a Social Worker, please contact the Case Management Department toll free at **888-211-9913** or **TTY/TDD: 711**. Hours are Monday through Friday, 8:00 a.m. to 4:00 p.m. EST.

What is COPD



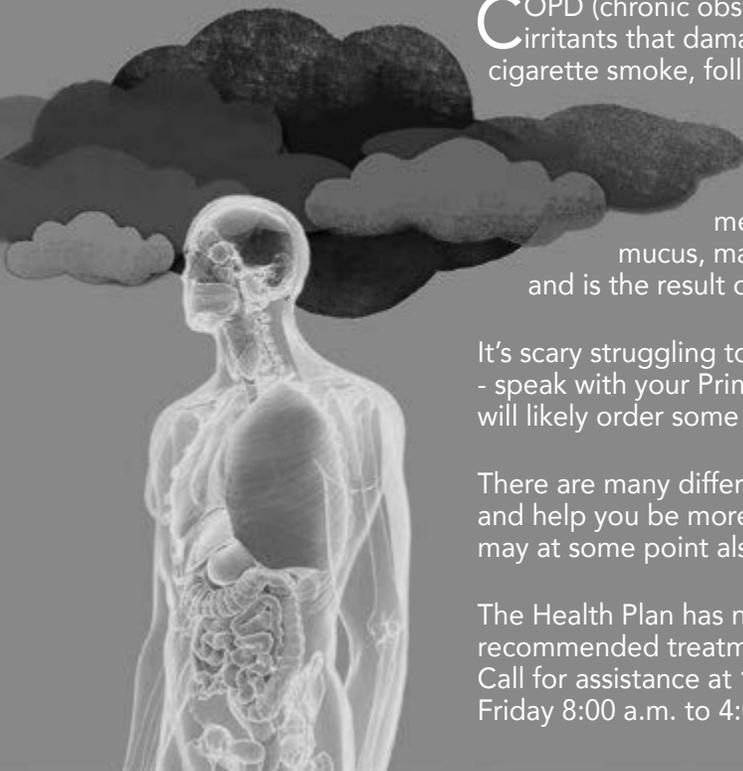
COPD (chronic obstructive pulmonary disease) is caused by long-term exposure to irritants that damage lung cells. The main cause of COPD in the United States is cigarette smoke, followed by other tobacco smoke (including second-hand smoke). Other possible causes of COPD include chemical or toxic fumes and inherited (genetic) factors.

COPD is a chronic and obstructive lung disease. "Obstructive" means the airways are narrowed by inflammation and clogged with mucus, making it harder for you to breathe. COPD takes time to develop and is the result of years of damage to your lungs.

It's scary struggling to breathe and not knowing exactly what's wrong. Help is at hand - speak with your Primary Care Physician (PCP) and describe your symptoms. Your PCP will likely order some breathing tests to help identify your condition.

There are many different medications used to treat COPD which can ease breathing and help you be more comfortable. Your PCP can prescribe what's best for you, and may at some point also refer you to a lung specialist, or Pulmonologist.

The Health Plan has nurses available to help you understand COPD and the recommended treatments. This support is free and included with your Health Plan. Call for assistance at **1-888-211-9913** during regular business hours; Monday through Friday 8:00 a.m. to 4:00 p.m. EST.



Self-Care: It Pays to Take Care of Yourself



It's easy to put self-care on the back burner until you start to feel sick. Fortunately, there are many easy things you can do daily to promote self-care and save yourself from health complications in the future.

- **SLEEP:** getting an appropriate amount of sleep each night can have a huge impact on how you feel both emotionally and physically. Consider implementing a nightly routine to help you wind down and fall asleep easier.
- **EXERCISE:** daily exercise has so many benefits to your health. Choose something that fits into your lifestyle whether it be walking, tennis, yoga, or something else you enjoy.

- **EATING:** the food you eat can play a huge role in your health. If your doctor recommends a certain diet for your condition, try to adhere to that. Otherwise, try to eat a well-balanced diet with an assorted variety of colors included.

- **STRESS:** stress management is a less thought of form of self-care, but not less important. Taking steps each day to minimize stress in your life can have major impacts on your health and wellness. Set aside time each day to do something like read a book, meditate, or work on a puzzle.

In addition to the self-care strategies above, another important part of self-care is managing your medical

condition(s). Along with your Primary Care Physician (PCP), you should have developed a self-management plan unique to your needs. It is important for you to keep your end of the deal in order to achieve or maintain optimal health status. This might mean regularly checking your blood pressure or weight or getting frequent readings of your blood sugar. You should also have regular appointments with your PCP so that she/he can be aware of any changes in your condition.

Health Plan Nurses are available over the phone to help you on your self-care journey. **Call the Case and Disease Management Department at 1-888-211-9913.**

Keeping FIT



Fall is coming and that means cooler temperatures are around the corner. If you currently live a healthy lifestyle and are exercising daily, then you will want to consider some exercise options that are weather-friendly. If you are not an avid exerciser, now is the time to speak with your Primary Care Physician (PCP) and develop an exercise plan specific to your needs.

The Health Plan has a benefit called “Silver Sneakers” which can provide eligible members with a free gym membership. What’s even better is that Silver Sneakers has on-demand videos available for you to view in the privacy of your home. Call the Health Plan today to inquire about the Silver Sneakers benefit.

With COVID-19 still looming, you may want to give careful consideration as to where you exercise. If you are concerned about encountering COVID-19, the ideal location may be your own home. Exercising indoors provides the benefits of limited contact with others and an area that is climate controlled and quiet. Some folks choose to be close to a television or window; others

may choose an enclosed patio. Whatever your choice, just make sure it’s a space that you enjoy.

Getting the needed equipment does not have to be expensive. For a modest amount of money, you can get the basics, such as an exercise mat, resistance bands and small free-weights. These relatively inexpensive items can help you to stay in shape and keep you healthy over the winter months.

A healthy and active lifestyle is an excellent way to deter illness and feel your best. Following a proper diet will also help to maintain your weight and decrease stress on your joints. Your Health Plan has Nurses available to assist you in your healthy lifestyle goals. Please contact your Health Plan today and ask to speak with a Nurse Case Manager for assistance in meeting your health care goals.

Getting to Know your ID Card



RxBIN#: <XXXXXX> RxPCN#: <XXX>
RxGrp#: <XXXXXXXX> Issuer#: <XXX>
RxID#: <Insert member ID#>

<INSERT PLAN NAME>

ID: <0000000000>
<FIRST><MI><LAST>

Eff. Date: <xx/xx/xxxx>
PCP: <FIRST><LAST>
Phone: <xxx-xxx-xxxx>



H5594 - PBP - <xxx>

PCP Office Visit: <\$> Urgent Care: <\$>
Specialty Office Visit: <\$> ER: <\$>

Member Services: <X-XXX-XXX-XXXX>
TTY/TDD: <X-XXX-XXX-XXXX> www.youroptimumhealthcare.com

Provider Services (UM): <X-XXX-XXX-XXXX>	Submit Claims to: Optimum HealthCare Claims Department P.O. Box 151258 Tampa, FL 33684 EDI Payer ID: <XXXXXX>
24/7 Nurse Advice Line: <X-XXX-XXX-XXXX>	
Pharmacy Member Services: <X-XXX-XXX-XXXX>	
Pharmacy Technical Support: <X-XXX-XXX-XXXX>	
Behavioral Health (Beacon): <X-XXX-XXX-XXXX>	
Submit all Behavioral Claims to Beacon	

If you haven’t studied your Plan ID card, join the club! Many people glance at their card, see that the name is correct, and file it away in a wallet or other safe place. But if you take a minute to really look at it, you’ll see there’s a lot of useful information packed into that small space.

As you might expect, it includes your Plan name, identification number, effective date and PCP name and phone number. You can also see what copays (if any) you have, so there are no surprises. Next are listed the Plan’s Member Services phone number, the number to enable the hearing-impaired to communicate on the phone (TTY/TDD), and the Plan’s email address.

You may find the bottom right section of the card especially useful. Five Plan phone numbers are given, as well as the address where providers may submit claims. Among the phone numbers is the “24/7 Nurse Advice Line,” a free Plan benefit which could be a huge help to you.

You do have a third option, even at 2 a.m.: you can call Carenet, the service provider for the Nurse Advice Line. Carenet Nurses are available anytime for listening to your symptoms, assessing your situation and giving clinically-based direction. Being able to talk about how you feel might in itself help; in any case, you will have guidance as to what to do next. The Nurse Advice Line/Caret is a good thing to remember when you’re unsure whether you need help or just some clinical information.

So take a second look at your Plan ID card – it’s chockful of phone numbers to help you anytime, any day of the week!



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 this from happening by adding the Health Plan phone number to your cell phone's contacts. Simply add the telephone number **813-506-**

6000 to the 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.

The Story of Vaccines



Doctors and scientists continued to work on vaccine development. A century after Jenner, a French scientist named Louis Pasteur, saved a boy's life when he was bitten by a rabid dog. He did this by injecting him with a weakened form of rabies. Now rabies vaccines for dogs are required by law and have prevented this terrible disease in both dogs and people.

COVID-19 and the flu are caused by viruses. They're also both spread through tiny droplets which infected people breathe out and nearby people breathe in. Vaccines can greatly reduce illness and death from both. But a vaccine for one won't prevent the other. That is why it's important to have both the COVID-19 and the flu vaccines.

Vaccines are different from other medications, because they're designed to prevent a disease before you're infected. Getting vaccinated against influenza ("flu") and COVID-19 to protect yourself (and those you come into contact with) gives you power over your health.



The idea of vaccination against deadly diseases has been around for centuries. In the 1700s, Edward Jenner, an English doctor, noticed that dairy farmers did not catch smallpox. According to the Food and Drug Administration (FDA), this is a very contagious disease with a fatality rate of 30%. He realized that many farmers had been infected with cowpox; a mild illness from cattle. He began inoculating people with the cowpox virus. As a result, when exposed to smallpox, they did not get sick.

Vaccines of many kinds have saved millions of lives. Vaccine development techniques continue to improve via new technologies. Scientists are constantly refining and testing vaccines for safety and effectiveness. This is why, although it seems the COVID-19 vaccines were developed quickly, the time-consuming groundwork had already been done.

Flu viruses and the COVID-19 virus are constantly mutating. This means they are genetically changing. According to the FDA, each year's flu vaccine is based on the flu strains that caused the most disease in the past year and the strains likely to cause disease in the upcoming flu season. People most at risk of complications from the flu include:

- **Adults age 65 and older.**
- **Adults with chronic conditions such as asthma, heart disease, diabetes and chronic kidney disease.**
- **Young children.**

Because of vaccines, people are leading much longer and healthier lives than in the days of Edward Jenner. If you haven't been vaccinated, ask your doctor how you can get the COVID-19 and flu vaccines!

Help Us *Shine* For You!

You are our reason for doing what we do and we want to provide you with the best healthcare possible! Our Quality Management program looks closely and often at things which are important to you – like how well our providers give care, how well we coordinate your care, how easy it is for you to obtain provider services and all the benefits that make us shine for you.

By taking an active role in your own health, you can help us provide high quality healthcare. For example, we invite you to look carefully at your Evidence of Coverage (EOC) booklet, which you receive yearly. It's packed with information about services we offer. The Medical Benefits Chart (around page 60 in most of the EOCs) can be helpful in reminding you of what's available. Preventive screenings – such as mammograms, annual wellness visits, cardiovascular risk reduction visits and many more – are especially important. Preventive screenings are marked with an apple symbol in the Medical Benefits Chart. They are an important part of our Quality program.

You may wonder why we send you a Health Assessment Tool every year. This is another part of our Quality program. Your answers tell us what you need and how we can change our program to better serve you. That's why it's important to fill one out and send it in every year.

Reaching out to our Case Managers and Disease Case Managers will also help you to obtain high quality healthcare. They can connect you with your Primary Care Physician (PCP) if you have a need which isn't being met. *Care Plans are sent to your Primary Care Physician for his/her review and agreement. They can also answer questions about your health and benefits, send you educational materials and provide other resources. To reach a Case Manager or a Disease Case Manager, call Member Services at the number on the back of your I.D. card and a representative can connect you.

Another way you can support Quality in your healthcare is by communicating with your PCP. Scheduling regular visits when you can talk honestly about your needs will truly make the PCP your Medical Home. You can also sign a Release of Information form, allowing your providers to exchange important health information about you for better care and care coordination.

Taking an active role in your own health helps you to be healthier and helps us to provide high quality services. We want to shine for you!



What is a **CARE PLAN?**

- A Care Plan is an established plan that helps everyone who is involved in your care make certain that everything that needs to be done to improve your health is done.
- Care Plans are developed using information from nationally accepted guidelines that were developed by leading experts on how to manage certain diseases.
- Care Plans vary depending on how much help you may need to reach your health goals. Members are placed into one of three levels of care. Your level of care is determined from the answers you gave on the Disease Specific Health Assessment you filled out when you enrolled.
- Care Plans are sent to your Primary Care Physician for his/her review and agreement.
- For those members participating in our Case or Disease Management Program, a more detailed care plan is developed by the nurse. Working with a nurse is voluntary although you might find the assistance helpful.

ADVENTURES IN HEALTHCARE: 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:



TABLE OF CONTENTS

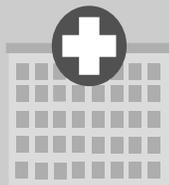
A bird's eye view of the EOC, with short descriptions to help you find your way through the booklet. In addition, the Table of Contents for the individual chapters gives more details:



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 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 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.

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 GUIDE WILL MAKE YOU AN EDUCATED CONSUMER AND HAPPIER TRAVELER. ENJOY THE TRIP!



Cardiovascular Disease

Did you know that heart disease, stroke, and other cardiovascular diseases account for a third of all deaths in the United States every year? According to the CDC, high low-density lipoproteins (LDL), or bad cholesterol levels, can double your risk for heart disease.

As your Health Plan, we want you to be aware of the risk factors associated with cardiovascular disease.

These include:

- family history of heart problems,
- race/ethnicity,
- 60 years of age or older,
- tobacco use, unhealthy diet,
- being overweight,
- physical inactivity,
- diabetes,
- high cholesterol levels, and
- high blood pressure.

It's important that you assess your risk factors and know how you, personally, can correct them. Corrective actions should include:

1. **Quitting all forms of tobacco.** Quitting tobacco can reduce your risk of heart disease. It is never too late to quit.
2. **Eat a healthy diet.** Choose foods that include decreased saturated fats, lower sodium and more fresh fruits and vegetables.
3. **Get Active.** Check with your doctor on an exercise program that is best for your needs. Your Health Plan offers a free gym membership through Silver Sneakers. Contact Member Services for details. The toll-free number is on your ID card.

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



Flu Shot Reminder



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** or **TDD/TTY: 711**. You can also access our online provider directory at www.youroptimumhealthcare.com.

Additionally, many primary care physicians also offer the flu vaccine. Please check with your doctor to see if they 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>.

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.

Please check previous page for Member Portal Registration benefits.



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

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

www.youoptimumhealthcare.com

NON-DISCRIMINATION NOTICE



MULTI-LANGUAGE INTERPRETER SERVICES

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:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages

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

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

Optimum HealthCare Civil Rights Coordinator
P.O. Box 152727, Tampa, FL 33684
Phone: 1-866-245-5360, TTY: 711
Fax: 813-506-6235

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

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building, Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

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

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). Maari 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 Arzneimittelplan. 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 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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

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

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दभाषिया सेवाएं उपलब्ध हैं. एक दभाषिया 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, contattare il numero 1-866-245-5360 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

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

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

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

Japanese: 当社の健康 健康保険と薬品処方薬プランに関するご質問にお答えするために、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。

SNP TODAY



FALL 2022

OPTIMUM
HealthCare, Inc.

P.O. Box 151137, Tampa, FL 33684



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MARTIN/ST. LUCIE**
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Fort Pierce, FL 34982
(888) 274-8575

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Tampa, FL 33614
(888) 211-9918

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

ORANGE/SEMINOLE
92 North Dean Rd.
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Orlando FL 32825
(888) 364-7905

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

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8601 Little Road,
New Port Richey, FL 34654
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