

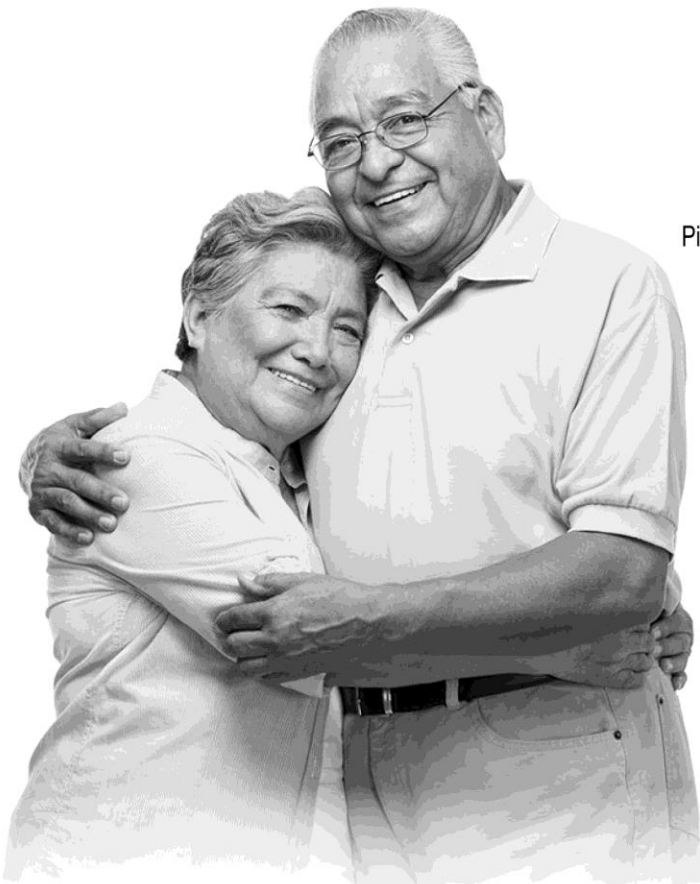
Chronic Special Needs Plan

2024

O24SBCSNP



OPTIMUM
HealthCare, Inc.



SB Combo

028 - 030 - 034 - 036

028 – Optimum Diamond Rewards (HMO C-SNP)

Counties: Citrus, Hernando, Hillsborough, Pasco, and Pinellas

030 – Optimum Diamond Savings (HMO C-SNP)

Counties: Citrus, Lake, Manatee, Marion, Orange Osceola, Polk, Sarasota, Seminole, Sumter and Volusia

034 – Optimum Diamond Rewards (HMO C-SNP)

Counties: Brevard, Charlotte, Collier, Indian River, Lee, Martin and St. Lucie

036 – Optimum Diamond (HMO C-SNP)

Counties:

Citrus, Hernando, Hillsborough, Pasco, and Pinellas

H5594_2024_SB_028_030_034_036_M

2024 Summary of Benefits

Summary of Benefits

January 1, 2024 - December 31, 2024

Optimum Diamond Rewards (HMO C-SNP) H5594_028

Optimum Diamond Savings (HMO C-SNP) H5594_030

Optimum Diamond Rewards (HMO C-SNP) H5594_034

Optimum Diamond (HMO C-SNP) H5594_036

The purpose of the Summary of Benefits is to provide you with a summary of drug and health benefits covered by **Optimum Diamond Rewards (HMO C-SNP) H5594_028, Optimum Diamond Savings (HMO C-SNP) H5594_030, Optimum Diamond Rewards (HMO C-SNP) H5594_034, and Optimum Diamond (HMO-C-SNP) H5594_036**, which describes what we cover and what you pay. This information is not a complete description of benefits. Call 1-866-245-5360 (TTY: 711) for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. Benefits vary by plan.

Optimum HealthCare, Inc. is an HMO with a Medicare contract. Enrollment in Optimum HealthCare, Inc. depends on contract renewal. Optimum HealthCare, Inc. has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Chronic Condition Special Needs Plan (C-SNP) through 2024 based on a review of Optimum HealthCare, Inc.'s Model of Care.

To be eligible for **Optimum Diamond Rewards (HMO C-SNP) H5594_028, Optimum Diamond Savings (HMO C-SNP) H5594_030, Optimum Diamond Rewards (HMO C-SNP) H5594_034** and **Optimum Diamond (HMO-C-SNP) H5594_036**, you must have both Medicare Part A and Medicare Part B. Our plans are designed to meet the specialized needs of people who have certain medical conditions. To be eligible for these plans, you must have cardiovascular disorders, chronic heart failure, and/or diabetes, and live in our service area.

Our service area includes the following counties in Florida:

Optimum Diamond Rewards (HMO C-SNP) H5594_028: Citrus, Hernando, Hillsborough, Pasco and Pinellas

Optimum Diamond Savings (HMO C-SNP) H5594_030: Citrus, Lake, Manatee, Marion, Orange, Osceola, Polk, Sarasota, Seminole, Sumter and Volusia

Optimum Diamond Rewards (HMO C-SNP) H5594_034: Brevard, Charlotte, Collier, Indian River, Lee, Martin and St. Lucie

Optimum Diamond (HMO-C-SNP) H5594_036: Citrus, Hernando, Hillsborough, Pasco, and Pinellas

Optimum HealthCare, Inc. covers emergency care and urgently needed services from Out-of-network providers. For routine care, you must use the Optimum HealthCare network of providers, hospital, and pharmacies while in the plan's service area. Neither Medicare nor Optimum HealthCare, Inc. will be responsible for the costs incurred of routine care received from out-of-network providers. Out-of-network/non-contracted providers are under no obligation to treat Optimum HealthCare, Inc. members except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services.

Premiums and Benefits	Optimum Diamond Rewards (HMO C-SNP)_028	Optimum Diamond Savings (HMO C-SNP)_030
Monthly Plan Premium	You pay \$0 Optimum HealthCare, Inc. will reduce your Medicare Part B premium by up to \$164.90	You pay \$0 Optimum HealthCare, Inc. will reduce your Medicare Part B premium by up to \$65.00
Deductible	You pay \$0	You pay \$0
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$1,750 annually	\$5,000 annually
Inpatient Hospital Coverage	You pay \$65 copay each day for days 1 through 5 and \$0 copay each day for days 6 through 90 per admission	You pay \$195 copay each day for days 1 through 7 and \$0 copay each day for days 8 through 90 per admission

Optimum Diamond Rewards (HMO C-SNP)_034	Optimum Diamond (HMO C-SNP)_036	What you should know
You Pay \$0	You pay \$0	You must continue to pay your Medicare Part B Premium unless your Part B Premium is paid for you by Medicaid or another third party.
You pay \$0	You pay \$0	This plan does not have a deductible
\$6,700 annually	\$1,000 annually	This is the most you pay for copays, coinsurance and other costs for medical services for the year. Contact the Plan for details on what is covered in the Maximum Out-of-Pocket.
You pay \$225 copay each day for days 1 through 7 and \$0 copay each day for days 8 through 90 per admission	You pay \$0 per admission	Except in an emergency, you must get prior authorization in advance before you are admitted to the facility, or your stay may not be covered.

Premiums and Benefits	Optimum Diamond Rewards (HMO C-SNP)_028	Optimum Diamond Savings (HMO C-SNP)_030
Outpatient Hospital Coverage	You pay \$75 copay per visit	You pay \$195 copay per visit
Ambulatory Surgery Center	<p>You pay \$25 copay for each Medicare-covered ambulatory surgical center visit</p> <p>You pay \$75 copay for each Medicare-covered outpatient hospital facility visit</p>	<p>You pay \$25 copay for each Medicare-covered ambulatory surgical center visit</p> <p>You pay \$195 copay for each Medicare-covered outpatient hospital facility visit</p>
Doctor's Visits <ul style="list-style-type: none"> • Primary • Specialists 	<p>You pay \$0 copay per visit</p> <p>You pay \$10 copay per visit</p>	<p>You pay \$0 copay per visit</p> <p>You pay \$30 copay per visit</p>

Optimum Diamond Rewards (HMO C-SNP)_034	Optimum Diamond (HMO C-SNP)_036	What you should know
You pay \$195 copay per visit	You pay \$75 copay per visit	<p>Prior authorization is required for some services by your doctor or other network provider. Please contact the Plan for more information.</p> <p>Services include but are not limited to Medicare-covered outpatient hospital facility visits, clinic, outpatient treatment room, observation room, or outpatient surgery services.</p>
<p>You pay \$100 copay for each Medicare-covered ambulatory surgical center visit</p> <p>You pay \$195 copay for each Medicare-covered outpatient hospital facility visit</p>	<p>You pay \$0 copay for each Medicare-covered ambulatory surgical center visit</p> <p>You pay \$75 copay for each Medicare-covered outpatient hospital facility visit</p>	<p>Prior authorization may be required. Contact the Plan for details.</p> <p>If you are having surgery in a hospital facility, you should check with your provider about whether you will be an inpatient or outpatient.</p>
<p>You pay \$0 copay per visit</p> <p>You pay \$40 copay per visit</p>	<p>You pay \$0 copay per visit</p> <p>You pay \$0 copay per visit</p>	<p>Your primary care physician will coordinate the covered services you receive as a member of our plan.</p> <p>In order for you to see a specialist, you will need to have a referral from your PCP first.</p> <p>Separate copay may apply for each additional service received at an office visit.</p>

Premiums and Benefits	Optimum Diamond Rewards (HMO C-SNP)_028	Optimum Diamond Savings (HMO C-SNP)_030
Preventive Care	You pay \$0 copay	You pay \$0 copay
Emergency Care	You pay \$120 copay per visit	You pay \$100 copay per visit
Urgently Needed Services	You pay \$10 copay	You pay \$10 copay
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> <li data-bbox="107 959 621 1032">• Diagnostic Radiology Service <i>(e.g., MRI)</i> <li data-bbox="107 1073 359 1105">• Lab Services <li data-bbox="107 1187 485 1260">• Diagnostic Tests and Procedures <li data-bbox="107 1300 443 1341">• Outpatient X-rays <li data-bbox="107 1414 516 1455">• Therapeutic Radiology 	<p data-bbox="663 951 1220 1024">You pay \$25-\$75 copay depending on the service</p> <p data-bbox="663 1065 1199 1138">You pay \$0-\$50 copay depending on the place of service</p> <p data-bbox="663 1179 1199 1252">You pay \$0-\$75 copay or 20% coinsurance depending on the service</p> <p data-bbox="663 1292 1199 1365">You pay \$0-\$75 copay depending on the service</p> <p data-bbox="663 1406 1094 1479">You pay 20% coinsurance for Therapeutic Radiology</p>	<p data-bbox="1262 951 1892 1024">You pay \$25-\$195 copay depending on the service</p> <p data-bbox="1262 1065 1976 1138">You pay \$0-\$50 copay depending on the place of service</p> <p data-bbox="1262 1179 1923 1252">You pay \$0-\$195 copay or 20% coinsurance depending on the service</p> <p data-bbox="1262 1292 1986 1333">You pay \$0-\$195 copay depending on the service</p> <p data-bbox="1262 1406 1871 1479">You pay 20% coinsurance for Therapeutic Radiology</p>

Optimum Diamond Rewards (HMO C-SNP)_034	Optimum Diamond (HMO C-SNP)_036	What you should know
You pay \$0 copay	You pay \$0 copay	Any additional preventive services approved by Medicare during the contract year will be covered. Preventive services in a hospital-based setting may require prior authorization.
You pay \$100 copay per visit	You pay \$120 copay per visit	\$500 copay for each emergency service, urgent service and emergency transportation outside the U.S. \$100,000 plan coverage limit for emergency services, urgent services and emergency transportation outside the U.S. every year. Contact the plan for details.
You pay \$10 copay	You pay \$10 copay	\$500 copay for each emergency service, urgent service and emergency transportation outside the U.S. \$100,000 plan coverage limit for emergency services, urgent services and emergency transportation outside the U.S. every year. Contact the plan for details.
<p>You pay \$25-\$195 copay depending on the service</p> <p>You pay \$0-\$50 copay depending on the place of service</p> <p>You pay \$0-\$195 copay or 20% coinsurance depending on the service</p> <p>You pay \$0-\$195 copay depending on the service</p> <p>You pay 20% coinsurance for Therapeutic Radiology</p>	<p>You pay \$25-\$75 copay depending on the service</p> <p>You pay \$0-\$50 copay depending on the place of service</p> <p>You pay \$0-\$75 copay or 20% coinsurance depending on the service</p> <p>You pay \$0-\$75 copay depending on the service</p> <p>You pay 20% coinsurance for Therapeutic Radiology</p>	<p>Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.</p>

Premiums and Benefits	Optimum Diamond Rewards (HMO C-SNP)_028	Optimum Diamond Savings (HMO C-SNP)_030
<p>Hearing Services</p> <ul style="list-style-type: none"> • Hearing Exam/Hearing Aid Fitting-Evaluation • Hearing Aid 	<p>You pay \$0 copay for one routine hearing exam and one hearing aid fitting-evaluation every year</p> <p>You pay \$0 copay for two hearing aids (1 per ear) per year</p>	<p>You pay \$0 copay for one routine hearing exam and one hearing aid fitting-evaluation every year</p> <p>You pay \$0 copay for two hearing aids (1 per ear) per year</p>
<p>Dental Services</p> <ul style="list-style-type: none"> • Oral Exam & Cleaning • Fluoride Treatment • Dental X-rays • Extraction of Tooth • Fillings • Debridement • Deep Cleaning (Scaling/Root Planing) • Periodontal Maintenance • Dentures/Denture Reline 	<p>You pay \$0 copay for Oral Exam, 2 per year, \$0 copay for Problem Focused Exam, 2 per year and \$0 copay for Cleaning, 2 per year</p> <p>You pay \$0 copay for fluoride treatment, 2 per year</p> <p>You pay \$0 copay for Dental X-rays</p> <p>You pay \$0 copay for extraction of tooth, 1 procedure per year</p> <p>You pay \$0 copay for resin filling or restoration, 1 per year</p> <p>You pay \$0 copay for full mouth debridement, 1 per 2 years</p> <p>You pay \$0 copay for Scaling/Root Planing</p> <p>You pay \$0 copay for 2 procedures per year</p> <p>Not Covered</p>	<p>You pay \$0 copay for Oral Exam, 2 per year, \$0 copay for Problem Focused Exam, 2 per year and \$0 copay for Cleaning, 2 per year</p> <p>You pay \$0 copay for fluoride treatment, 2 per year</p> <p>You pay \$0 copay for Dental X-rays</p> <p>You pay \$0 copay for extraction of tooth, 1 procedure per year</p> <p>You pay \$0 copay for resin filling or restoration, 1 per year</p> <p>You pay \$0 copay for full mouth debridement, 1 per 2 years</p> <p>You pay \$0 copay for Scaling/Root Planing</p> <p>You pay \$0 copay for 2 procedures per year</p> <p>Not Covered</p>

Optimum Diamond Rewards (HMO C-SNP)_034	Optimum Diamond (HMO C-SNP)_036	What you should know
<p>You pay \$0 copay for one routine hearing exam and one hearing aid fitting-evaluation every year</p> <p>You pay \$0 copay for two hearing aids (1 per ear) per year.</p>	<p>You pay \$0 copay for one routine hearing exam and one hearing aid fitting-evaluation every year</p> <p>You pay \$0 copay for two hearing aids (1 per ear) per year.</p>	<p>For plans 028 and 036, we pay up to a maximum of \$1,500 (\$750 per hearing aid).</p> <p>For plans 030 and 034, we pay up to a maximum of \$1,000 (\$500 per hearing aid).</p> <p>You are responsible for payment of any amount in excess of the maximum.</p> <p>For all plans, you pay \$0 copay for Medicare-covered diagnostic hearing exam.</p>
<p>You pay \$0 copay for Oral Exam, 2 per year, \$0 copay for Problem Focused Exam, 2 per year and \$0 copay for Cleaning, 2 per year</p> <p>You pay \$0 copay for fluoride treatment, 2 per year</p> <p>You pay \$0 copay for Dental X-rays</p> <p>You pay \$0 copay for extraction of tooth, 1 procedure per year</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p>	<p>You pay \$0 copay for Oral Exam, 2 per year, \$0 copay for Problem Focused Exam, 2 per year and \$0 copay for Cleaning, 2 per year</p> <p>You pay \$0 copay for fluoride treatment, 2 per year</p> <p>You pay \$0 copay for Dental X-rays</p> <p>You pay \$0 copay for extraction of tooth, 2 procedures per year</p> <p>You pay \$0 copay for resin filling or restoration, 2 per year</p> <p>You pay \$0 copay for full mouth debridement, 1 per 2 years</p> <p>You pay \$0 copay for Scaling/Root Planing</p> <p>You pay \$0 copay for 2 procedures per year</p> <p>You pay \$0 copay for partial or full set of dentures, 1 set every 5 years.</p>	<p>Prior Authorization may be required, and services must be performed by a participating Dental provider.</p> <p>For plan 034, Dental Services exclude periodontal scaling, root planing, fillings, crowns, dentures, debridement and periodontal maintenance</p> <p>For more details or to get a complete list of services we cover, please refer to your Evidence of Coverage.</p> <p>For all plans, you pay \$0 copay for Medicare-covered dental benefit.</p> <p>For Scaling/ Root Planing, 4 procedures per year and limited to 1 procedure per quadrant per year.</p> <p>For plan 036, You pay \$0 copay for denture reline 1 per year</p>

Premiums and Benefits	Optimum Diamond Rewards (HMO C-SNP)_028	Optimum Diamond Savings (HMO C-SNP)_030
<p>Vision Services</p> <ul style="list-style-type: none"> • Routine Eye Exam • Eyeglasses (Frames and Lenses) 	<p>You pay \$0 copay for routine eye exam 1 every year by an Optometrist</p> <p>You pay \$0 copay for the plan coverage limit for 1 pair of eyeglasses or contact lenses per year</p> <p>You pay \$0 copay for Medicare-covered eyewear (one pair of eyeglasses which includes frame and plastic lens or contact lenses) after cataract surgery</p> <p>The Plan coverage limit is \$300 for eyewear (eyeglasses or contact lenses) per benefit year</p> <p>You will be responsible for any amount over the plan benefit maximum total retail cost of \$300 for eyewear benefit</p>	<p>You pay \$0 copay for routine eye exam 1 every year by an Optometrist</p> <p>You pay \$10 copay for the plan coverage limit for 1 pair of eyeglasses or contact lenses per year</p> <p>You pay \$0 copay for Medicare-covered eyewear (one pair of eyeglasses which includes frame and plastic lens or contact lenses) after cataract surgery</p> <p>The Plan coverage limit is \$150 for eyewear (eyeglasses or contact lenses) per benefit year</p> <p>You will be responsible for the \$10 copay and any amount over the plan benefit maximum total retail cost of \$150 for eyewear benefit</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient Visit • Outpatient Group Therapy Visit • Outpatient Individual Therapy Visit 	<p>You pay \$65 copay each day for days 1-5 and \$0 copay each day for days 6-90 per admission</p> <p>You pay \$10 copay for outpatient group/individual therapy visit</p>	<p>You pay \$195 copay each day for days 1-7 and \$0 copay each day for days 8-90 per admission</p> <p>You pay \$30 copay for outpatient group/individual therapy visit</p>

Optimum Diamond Rewards (HMO C-SNP)_034	Optimum Diamond (HMO C-SNP)_036	What you should know
<p>You pay \$0 copay for routine eye exam 1 every year by an Optometrist</p> <p>You pay \$10 copay for the plan coverage limit for 1 pair of eyeglasses or contact lenses per year</p> <p>You pay \$0 copay for Medicare-covered eyewear (one pair of eyeglasses which includes frame and plastic lens or contact lenses) after cataract surgery</p> <p>The Plan coverage limit is \$100 for eyewear (eyeglasses or contact lenses) per benefit year.</p> <p>You will be responsible for the \$10 copay and any amount over the plan benefit maximum total retail cost of \$100 for eyewear benefit</p>	<p>You pay \$0 copay for routine eye exam 1 every year by an Optometrist</p> <p>You pay \$0 copay for the plan coverage limit for 1 pair of eyeglasses or contact lenses per year</p> <p>You pay \$0 copay for Medicare-covered eyewear (one pair of eyeglasses which includes frame and plastic lens or contact lenses) after cataract surgery</p> <p>The Plan coverage limit is \$300 for eyewear (eyeglasses or contact lenses) per benefit year</p> <p>You will be responsible for any amount over the plan benefit maximum total retail cost of \$300 for eyewear benefit</p>	<p>Eye exams to diagnose and treat diseases and conditions of the eye by an Ophthalmologist are subject to the Specialist copay.</p> <p>Contact the Plan for additional supplemental benefits. Services must be performed by a participating Vision provider.</p> <p>You pay nothing for exams to diagnose and treat diseases and conditions of the eye by an Optometrist.</p>
<p>You pay \$225 copay each day for days 1-7 and \$0 copay each day for days 8-90 per admission</p> <p>You pay \$40 copay for outpatient group/individual therapy visit</p>	<p>You pay \$0 copay per admission</p> <p>You pay \$0 copay for outpatient group/individual therapy visit</p>	<p>Prior Authorization may be required. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Premiums and Benefits	Optimum Diamond Rewards (HMO C-SNP)_028	Optimum Diamond Savings (HMO C-SNP)_030
Skilled Nursing Facility	<p>You pay \$0 copay each day for days 1-20</p> <p>You pay \$125 copay each day for days 21-100</p>	<p>You pay \$0 copay each day for days 1- 20</p> <p>You pay \$150 copay each day for days 21-100</p>
Physical Therapy (Rehabilitation Services) <ul style="list-style-type: none"> • Occupational Therapy Visit • Physical Therapy Visit • Speech Therapy Visit • Language Therapy Visit 	<p>You pay \$10 copay</p>	<p>You pay \$30 copay</p>
Ambulance	<p>You pay \$150 copay for Medicare-covered one-way ground ambulance services</p> <p>You pay 20% coinsurance for Medicare-covered one-way air ambulance services</p>	<p>You pay \$150 copay for Medicare-covered one-way ground ambulance services</p> <p>You pay 20% coinsurance for Medicare-covered one-way air ambulance services</p>
Transportation	<p>You pay \$0 copay unlimited one-way trips every year</p>	<p>You pay \$0 copay for up to 4 one-way trips every year</p>

Optimum Diamond Rewards (HMO C-SNP)_034	Optimum Diamond (HMO C-SNP)_036	What you should know
<p>You pay \$0 copay each day for days 1- 20</p> <p>You pay \$150 copay each day for days 21-100</p>	<p>You pay \$0 copay each day for days 1- 20</p> <p>You pay \$95 copay each day for days 21-100</p>	<p>Our plan covers up to 100 days in a SNF per benefit plan.</p> <p>You must get prior authorization in advance before you are admitted to the facility, or your stay may not be covered.</p>
<p>You pay \$40 copay</p>	<p>You pay \$0 copay</p>	<p>For rehabilitative services, you will need a referral or authorization from your PCP first depending on the specific service.</p> <p>There may be limits on physical therapy, occupational therapy, and speech and language pathology services. Contact the plan for details.</p>
<p>You pay \$175 copay for Medicare-covered one-way ground ambulance services</p> <p>You pay 20% coinsurance for Medicare-covered one-way air ambulance services</p>	<p>You pay \$150 copay for Medicare-covered one-way ground ambulance services</p> <p>You pay 20% coinsurance for Medicare-covered one-way air ambulance services</p>	<p>Prior Authorization may be required. Contact the Plan for details.</p>
<p>You pay \$0 copay for up to 4 one-way trips every year</p>	<p>You pay \$0 copay unlimited one-way trips every year</p>	<p>Transportation is intended for rides to and/or from plan approved locations for medical appointments and health needs within your county.</p> <p>Call to schedule a ride at least 72 hours prior to scheduled medical appointment.</p>

Premiums and Benefits	Optimum Diamond Rewards (HMO C-SNP)_028	Optimum Diamond Savings (HMO C-SNP)_030
Medicare Part B Drugs	<p>You pay 20% of the cost for chemotherapy drugs and for other Part B drugs</p> <p>For Part B insulins, you pay \$35 or less for a one-month supply</p>	<p>You pay 20% of the cost for chemotherapy drugs and for other Part B drugs</p> <p>For Part B insulins, you pay \$35 or less for a one-month supply</p>
Foot Care (<i>Podiatry Services</i>) <ul style="list-style-type: none"> • Foot Exams and Treatment 	<p>You pay \$10 copay</p>	<p>You pay \$30 copay</p>
Medical Equipment/Supplies <ul style="list-style-type: none"> • Durable Medical Equipment (<i>e.g., wheelchairs, oxygen</i>) • Prosthetics (<i>e.g., braces, artificial limbs</i>) • Diabetes Supplies 	<p>You pay 20% coinsurance</p> <p>You pay 20% coinsurance</p> <p>You pay 0% coinsurance</p>	<p>You pay 20% coinsurance</p> <p>You pay 20% coinsurance</p> <p>You pay 0% coinsurance</p>

Optimum Diamond Rewards (HMO C-SNP)_034	Optimum Diamond (HMO C-SNP)_036	What you should know
<p>You pay 20% of the cost for chemotherapy drugs and for other Part B drugs</p> <p>For Part B insulins, you pay \$35 or less for a one-month supply</p>	<p>You pay 20% of the cost for chemotherapy drugs and for other Part B drugs</p> <p>For Part B insulins, you pay \$35 or less for a one-month supply</p>	<p>The Plan may require authorization to determine whether certain drugs are covered by Medicare Part B or Medicare Part D.</p> <p>You may see lower out-of-pocket costs for certain chemotherapy and Part B drugs with prices that have increased faster than the rate of inflation.</p> <p>Please refer to your Evidence of Coverage for more details.</p>
<p>You pay \$40 copay</p>	<p>You pay \$0 copay</p>	<p>Covered podiatry benefits are for medically necessary foot care.</p> <p>You will need to have a referral or authorization from your PCP first depending on the service.</p>
<p>You pay 20% coinsurance</p> <p>You pay 20% coinsurance</p> <p>You pay 0% coinsurance</p>	<p>You pay 20% coinsurance</p> <p>You pay 20% coinsurance</p> <p>You pay 0% coinsurance</p>	<p>We cover all medically necessary Durable Medical Equipment covered by Original Medicare.</p> <p>You will need to have a referral or authorization from your PCP first depending on the service.</p>

Premiums and Benefits	Optimum Diamond Rewards (HMO C-SNP)_028	Optimum Diamond Savings (HMO C-SNP)_030
Wellness <ul style="list-style-type: none"> • Fitness • 24 Hour Nurse Advice Line 	You pay \$0 copay You pay \$0 copay	You pay \$0 copay You pay \$0 copay
Active Fitness	\$500 Annual Allowance <i>Any unused amounts do not carry forward to the next calendar year</i>	Not covered
Over The Counter (OTC)	\$75 Monthly Allowance <i>The plan doesn't allow you to roll over any remaining OTC allowance into the next month</i>	\$30 Monthly Allowance <i>The plan doesn't allow you to roll over any remaining OTC allowance into the next month</i>
In-Home Support Service	You pay \$0 copay for Up to 30 hours of companion services per year	Not covered
Everyday Options Allowance	\$85 Monthly allowance <i>Unused monthly amounts do not roll over to the next month or year.</i>	Not covered

Optimum Diamond Rewards (HMO C-SNP)_034	Optimum Diamond (HMO C-SNP)_036	What you should know
You pay \$0 copay You pay \$0 copay	You pay \$0 copay You pay \$0 copay	Health Club Memberships are limited to participating facilities. Health Advice from a nursing professional, available 24 hours a day, 7 days a week.
Not covered	\$500 Annual Allowance <i>Any unused amounts do not carry forward to the next calendar year</i>	The Active Fitness benefit provides a spending allowance of \$500 on your Benefits Prepaid Card. This spending allowance may be used for access fees or lesson/clinic costs at sports facilities for golf, swimming and tennis. The allowance cannot be applied to merchandise or other services.. For more information about this benefit please contact Member Services.
\$20 Monthly Allowance <i>The plan doesn't allow you to roll over any remaining OTC allowance into the next month</i>	\$85 Monthly Allowance <i>The plan doesn't allow you to roll over any remaining OTC allowance into the next month</i>	Please contact the plan or visit our website for specific instructions for using this benefit and our list of covered Over-the-Counter items. Call Member Services at 1-866-245-5360, TTY users call 711, or visit our website at www.youroptimumhealthcare.com .
Not covered	You pay \$0 copay for Up to 30 hours of companion services per year	Services include but are not limited to light household chores, companionship and technical guidance. Services are scheduled in 1-hour increments. Please call 1-888-330-9554 for specific instructions for using this benefit. TTY users call 711.
Not covered	\$85 Monthly allowance <i>Unused monthly amounts do not roll over to the next month or year.</i>	This benefit provides a combined monthly spending allowance for eligible food items, home and pet care supplies, and utilities. You have a variety of convenient ways to use the benefit: Shop in-store at participating retailers near you, shop online on the approved vendor website, shop on the approved vendor mobile app, call to place an order, and with your utility provider.

Outpatient Prescription Drugs

Optimum Diamond Rewards (HMO C-SNP)_028

	Standard Retail Rx 30 – day Supply	Standard Mail Order 90 – day Supply	What you should know
<p>* Important Message About What You Pay for Vaccines and Insulin- Our plan covers most Part D vaccines at no cost to you and you won't pay more than \$35 for a one-month supply for any covered Insulin.</p>			
<i>Deductible Stage</i>	This stage does not apply to you		
<i>Initial Coverage Stage</i>			<p>Cost Sharing may change depending on the pharmacy you choose and when you enter another phase of Part D benefit. You pay your cost share until your total yearly drug costs reach \$5,030. Not all drugs qualify for a 90-day supply. Some Tier 1 medications allow up to a 100-day supply.</p> <p>For more information, please call us or access our Evidence of Coverage online.</p> <p>If you reside in a long-term care facility, you pay the same as a Standard Retail one-month supply for a 34-day supply.</p>
Tier 1: Preferred Generic	\$0 Copay	\$0 Copay	
Tier 2: Preferred Brand	\$15 Copay	\$30 Copay	
Tier 3: Non-Preferred Drug	\$55 Copay	\$110 Copay	
Tier 4: Specialty Tier	33% of the Cost	Long Term Supply Not Available	
Tier 5: Select Diabetic Drugs	\$10 Copay	\$20 Copay	

Outpatient Prescription Drugs
Optimum Diamond Rewards
(HMO C-SNP)_028

	Standard Retail Rx 30 – day Supply	Standard Mail Order 90 – day Supply	What you should know
<p><i>Coverage Gap Stage</i></p> <p>Tier 1: Preferred Generic</p> <p>Tier 5: Select Diabetic Drugs</p>	<p>\$0 Copay</p> <p>\$10 Copay</p>	<p>\$0 Copay</p> <p>\$20 Copay</p>	<p>For all other drugs, you pay 25% of the price for brand drugs and 25% of the price for all generic drugs (plus a portion of the dispensing fee). You stay in this stage until your out-of-pocket costs reach a total of \$8,000.</p>
<p><i>Catastrophic Coverage Stage</i></p>	<p>You won't have to pay any coinsurance or copayments during this phase for covered Medicare prescription drugs.</p>		<p>During this stage, the plan will pay the cost of your drugs for the rest of the calendar year.</p>

Outpatient Prescription Drugs

Optimum Diamond Savings (HMO C-SNP)_030

	Standard Retail Rx 30 – day Supply	Standard Mail Order 90 – day Supply	What you should know
<p>* Important Message About What You Pay for Vaccines and Insulin- Our plan covers most Part D vaccines at no cost to you and you won't pay more than \$35 for a one-month supply for any covered Insulin.</p>			
<i>Deductible Stage</i>	This stage does not apply to you		
<i>Initial Coverage Stage</i>			<p>Cost Sharing may change depending on the pharmacy you choose and when you enter another phase of Part D benefit. You pay your cost share until your total yearly drug costs reach \$5,030. Not all drugs qualify for a 90-day supply. Some Tier 1 medications allow up to a 100-day supply. For more information, please call us or access our Evidence of Coverage online.</p> <p>If you reside in a long-term care facility, you pay the same as a Standard Retail one-month supply for a 34-day supply.</p>
Tier 1: Preferred Generic	\$0 Copay	\$0 Copay	
Tier 2: Preferred Brand	\$30 Copay	\$60 Copay	
Tier 3: Non-Preferred Drug	\$80 Copay	\$160 Copay	
Tier 4: Specialty Tier	33% of the Cost	Long Term Supply Not Available	
Tier 5: Select Diabetic Drugs	\$10 Copay	\$20 Copay	
<i>Coverage Gap Stage</i>			<p>For all other drugs, you pay 25% of the price for brand drugs and 25% of the price for all generic drugs (plus a portion of the dispensing fee). You stay in this stage until your out-of-pocket costs reach a total of \$8,000.</p>
Tier 1: Preferred Generic	\$0 Copay	\$0 Copay	
<i>Catastrophic Coverage Stage</i>	<p>You won't have to pay any coinsurance or copayments during this phase for covered Medicare prescription drugs.</p>		<p>During this stage, the plan will pay the cost of your drugs for the rest of the calendar year.</p>

Outpatient Prescription Drugs

Optimum Diamond Rewards (HMO C-SNP)_034

	Standard Retail Rx 30 – day Supply	Standard Mail Order 90 – day Supply	What you should know
<p>* Important Message About What You Pay for Vaccines and Insulin- Our plan covers most Part D vaccines at no cost to you and you won't pay more than \$35 for a one-month supply for any covered Insulin.</p>			
<i>Deductible Stage</i>	This stage does not apply to you		
<i>Initial Coverage Stage</i>			<p>Cost Sharing may change depending on the pharmacy you choose and when you enter another phase of Part D benefit. You pay your cost share until your total yearly drug costs reach \$5,030. Not all drugs qualify for a 90-day supply. Some Tier 1 medications allow up to a 100-day supply. For more information, please call us or access our Evidence of Coverage online.</p> <p>If you reside in a long-term care facility, you pay the same as a Standard Retail one-month supply for a 34-day supply.</p>
Tier 1: Preferred Generic	\$0 Copay	\$0 Copay	
Tier 2: Preferred Brand	\$35 Copay	\$70 Copay	
Tier 3: Non-Preferred Drug	\$85 Copay	\$170 Copay	
Tier 4: Specialty Tier	33% of the Cost	Long Term Supply Not Available	
<i>Coverage Gap Stage</i>	<p>During this stage, you pay 25% of the price for brand drugs and 25% of the price for all generic drugs (plus a portion of the dispensing fee).</p> <p>You stay in this stage until your out-of-pocket costs reach a total of \$8,000.</p>		
<i>Catastrophic Coverage Stage</i>	<p>You won't have to pay any coinsurance or copayments during this phase for covered Medicare prescription drugs.</p>		<p>During this stage, the plan will pay the cost of your drugs for the rest of the calendar year.</p>

Outpatient Prescription Drugs

Optimum Diamond (HMO C-SNP)_036

	Standard Retail Rx 30 – day Supply	Standard Mail Order 90 – day Supply	What you should know
<p>* Important Message About What You Pay for Vaccines and Insulin- Our plan covers most Part D vaccines at no cost to you and you won't pay more than \$35 for a one-month supply for any covered Insulin.</p>			
<i>Deductible Stage</i>	This stage does not apply to you		
<i>Initial Coverage Stage</i>			<p>Cost Sharing may change depending on the pharmacy you choose and when you enter another phase of Part D benefit. You pay your cost share until your total yearly drug costs reach \$5,030. Not all drugs qualify for a 90-day supply. Some Tier 1 medications allow up to a 100-day supply. For more information please call us or access our Evidence of Coverage online.</p> <p>If you reside in a long-term care facility, you pay the same as a Standard Retail one-month supply for a 34-day supply.</p>
Tier 1: Preferred Generic	\$0 Copay	\$0 Copay	
Tier 2: Preferred Brand	\$5 Copay	\$10 Copay	
Tier 3: Non-Preferred Drug	\$50 Copay	\$100 Copay	
Tier 4: Specialty Tier	33% of the Cost	Long Term Supply Not Available	
Tier 5: Select Diabetic Drugs	\$0 Copay	\$0 Copay	
<i>Coverage Gap Stage</i>			<p>For all other drugs, you pay 25% of the price for brand drugs and 25% of the price for all generic drugs (plus a portion of the dispensing fee). You stay in this stage until your out-of-pocket costs reach a total of \$8,000.</p>
Tier 1: Preferred Generic	\$0 Copay	\$0 Copay	
Tier 5: Select Diabetic Drugs	\$0 Copay	\$0 Copay	
<i>Catastrophic Coverage Stage</i>	<p>You won't have to pay any coinsurance or copayments during this phase for covered Medicare prescription drugs.</p>		<p>During this stage, the plan will pay the cost of your drugs for the rest of the calendar year.</p>

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

To get a complete list of services we cover, please review the "Evidence of Coverage" (EOC) online at www.youroptimumhealthcare.com or get a copy by calling 1-866-245-5360 (TTY: 711).

This document is available in other formats such as Spanish and large print. For more information, please call us at the phone number below or visit us at www.youroptimumhealthcare.com.

Please call our Member Services number at 1-866-245-5360 for additional information. TTY users should call 711. 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. – 8 p.m. EST.

You can see our plan's provider and pharmacy directories at our website www.youroptimumhealthcare.com or call us and we will send you a copy of the directories. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.youroptimumhealthcare.com.

Optimum HealthCare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Optimum HealthCare, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Optimum HealthCare, Inc. konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-866-245-5360] (TTY: 711). Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele [1-866-245-5360] (TTY: 711).

Discrimination Is Against the Law

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Optimum HealthCare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Optimum HealthCare, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Optimum HealthCare, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

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

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

Optimum HealthCare Civil Rights Coordinator

P.O. Box 152727

Tampa, FL 33684

Phone: 1-866-245-5360, TTY: 711

Fax: 813-506-6235

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

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

Multi-language Interpreter Services

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 1-866-245-5360 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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

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

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

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

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

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und 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 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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

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

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ 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, 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。

2024 Summary of Benefits



Optimum HealthCare, Inc.
P.O. Box 151137
Tampa, FL 33684

www.youoptimumhealthcare.com

SB Combo 028 - 030 - 034 - 036

**028 – Optimum Diamond Rewards
(HMO C-SNP)**

Counties:

Citrus, Hernando, Hillsborough, Pasco and Pinellas

**030 – Optimum Diamond Savings
(HMO C-SNP)**

Counties:

Citrus, Lake, Manatee, Marion, Orange Osceola, Polk, Sarasota, Seminole, Sumter and Volusia

**034 – Optimum Diamond Rewards
(HMO C-SNP)**

Counties:

Brevard, Charlotte, Collier, Indian River, Lee, Martin and St. Lucie

036 – Optimum Diamond (HMO C-SNP)

Counties: Citrus, Hernando, Hillsborough, Pasco, and Pinellas