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Important Contact Information

Family Care Member Services
757-552-8975 or 1-800-881-2166

Family Care Member Services for Hearing Impaired
757-552-7120 or 1-800-225-7784

Optima After Hours Nurse Triage Program
757-552-7250 or 1-800-394-2237

Behavioral Health Member Services
757-552-7147 or 1-800-648-8420

Partners in Pregnancy (Call if you're Pregnant)
1-866-239-0618

Family Care Transportation Services
1-877-892-3986
(FAMIS members do not have transportation benefits)

Smiles For Children (Dental Services)
1-888-912-3456

Family Care Complaints or Appeals
757-552-8975 or 1-800-881-2166

Managed Care Helpline
1-800-643-2273

Member Services Is Here to Answer Your Questions

Optima Family Care Member Services is available to answer your questions from 8:00 am to 7:00 pm Monday thru Friday.

If you speak a foreign language, an interpreter is available to help you (in over 140 languages).

Si usted habla una lengua extranjera hay interpretes disponibles para ayudalo en mas de 140 idiomas.

Optima Family Care Welcomes New Lynchburg Members!



Since October 1, 2007, Optima Family Care is now available for members living in Lynchburg City, Appomattox, Amherst and Campbell Counties. Welcome to the Optima Family. Please call Member Services if you have any questions about Family Care or any referrals or authorizations that you received before you became effective with us.

Visit www.optimahealth.com to research health conditions or find a participating provider.

You can also register to view and print Family Care information, view and print claims, and even research hospital quality.



Optima Family Care Member Rights and Responsibilities

The Member Bill of Rights and Responsibilities assures that all members are treated in a manner consistent with the Plan's mission, goals and objectives and assures that members are aware of their obligations and responsibilities upon joining the Plan and throughout their membership with the Plan.

Members have the Right to:

1. Be treated in a manner reflecting respect for your privacy and dignity as a person. While receiving health care services, there will be no discrimination based on race, ethnicity, national origin, religion, sex, age and mental or physical disability.
2. Be informed regarding your diagnosis, treatment and prognosis in terms you can reasonably be expected to understand.
3. Receive sufficient information to enable you to give informed consent prior to the initiation of any procedure and/or treatment.
4. Participate with practitioners in decision-making about your healthcare and refuse treatment to the extent permitted by law, and to be made aware of the potential medical consequences of such action.
5. A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
6. Expect that all communications and records pertaining to your health care will be treated as confidential. Any data shared is not member identifiable unless specific consent has been obtained. No records will be released without your written authorization to protect access to your medical information. In the case of a minor, release of information is allowed only by the authorization of the legal guardian or court order.
7. Select a primary care physician and expect the physician to provide, arrange for, and coordinate, all care you require.
8. Express complaints or appeals about the Plan or the care provided and, expect a response to that complaint or appeal within a reasonable period of time.
9. Reasonable access to necessary medical services.
10. Be informed of the Plan's policies and procedures regarding services, benefits, practitioners and providers, and member rights and responsibilities, and be notified of any significant changes in those policies and procedures. Upon request receive a copy of the Plan's Practice Guidelines.
11. Discuss your medical record with your physician, and to receive upon request a copy of that record as required under State Law and request that the record be amended or corrected. The Plan's staff can only release records with your physician's approval and your signed consent.
12. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
13. Obtain from the Plan information on how providers are paid. The MCO is prohibited from providing incentives for denials, limiting or discontinuing medical services.

Rights Continued:

14. Make recommendations regarding member rights and responsibilities.
15. Freedom to exercise your member rights and expect that you will not be negatively affected by the Plan and its providers by exercising those rights.

Members have the Responsibility to:

1. Work with the primary care physician to help establish the proper patient/physician relationship.
2. Schedule appointments and arrive on time for those appointments, or notify the primary care physician's office if the member/patient must cancel or come late for a scheduled appointment. Charges for missed appointments are not covered by the Plan.
3. Meet the financial obligations regarding copays when services are rendered. (FAMIS)
4. Ask any questions and understand the answers about the illness and/or treatment.
5. Obtain prior authorization from the primary care physician/physician before seeking consultation or other medical services, except in potentially life-threatening situations.
6. Obtain and carefully consider all information necessary to give informed consent for a procedure or treatment.
7. Weigh the potential consequences of any refusal to comply with physician instructions or recommendations.
8. Be courteous, considerate and cooperative in dealing with the PCPs, their office staffs and employees of the Plan, and to respect the rights of fellow Plan members.
9. Express opinions, concerns or complaints in a constructive manner to avoid similar problems in the future.
10. Read and be aware of all material distributed by the Plan explaining policies and procedures regarding services and benefits, and to follow those policies and procedures when receiving care.
11. To the extent possible, provide the Plan and providers with complete and accurate information necessary to care for the member, and for the member/patient's medical record and Plan membership records. This includes notifying the Plan of any changes in status such as phone number, address, and number of dependents (e.g., birth, marriage, divorce, etc.) and information regarding other health insurance coverage for coordination of benefit purposes.
12. Assist the Plan in compiling a complete medical record by providing or by authorizing the Plan to obtain necessary medical information. It is the member/patient's ultimate responsibility to furnish the Plan with any medical records needed to process a complaint, grievance or appeal of a denied claim when the Plan has been unable to obtain this information.
13. Follow the plans and instructions for care that they have agreed upon with their practitioners.

Childhood Check-up and Immunization Schedule

The Family Care TOTTS (Tracking our Tots and Teens) program was set up to make sure that children (from birth to age 21) get all the care they need to be healthy as they grow.

You get the following care for your child:

- A health history
- Vision and hearing tests
- Full exam
- Lab tests (examples: urine tests and lead screenings)
- Health education
- Any other medical care your child needs
- Dental screening



Give Your Child A
Shot At Good
Health

If your child was unable to receive all immunizations listed, your PCP may complete immunizations during this time.

| AGE | IMMUNIZATION TYPE |
|------------------|---|
| Birth – 2 months | Hepatitis B Diphtheria, Pertussis, Tetanus Haemophilus Influenza Type B Polio Pneumococcal Conjugate |
| 2 – 4 months | Hepatitis B Diphtheria, Pertussis, Tetanus Haemophilus Influenza Type B Polio Pneumococcal Conjugate |
| 6 months | Hepatitis B Diphtheria, Pertussis, Tetanus Haemophilus Influenza Type B Pneumococcal Conjugate |
| 6 – 18 months | Polio |
| 12 – 15 months | Haemophilus Influenza Type B Measles, Mumps, Rubella Pneumococcal Conjugate |
| 15 – 18 months | Diphtheria, Pertussis, Tetanus |
| 4 – 6 years | Diphtheria, Pertussis, Tetanus Polio Measles, Mumps, Rubella |
| 11 – 12 years | Hepatitis B MMR (if not given before) Varicella (if not given before) |
| 11 – 20 years | Tetanus / Diphtheria <i>(Repeat every 10 years through life)</i> |

| AGE | TOTTS – TRACKING OUR TOTS AND TEENS CHECK-UP SCHEDULE |
|-------------------|---|
| Under 2 years old | Check-up needed for newborns, under six weeks, and at 2, 4, 6, 9, 12, 15 and 18 months |
| 2 – 5 years old | Check-up needed at age 2, 3, 4 and 5 years |
| 6 – 14 years old | Check-up needed at age 6, 8, 10, 11, 12, 13 and 14 years |
| 15 – 20 years old | Yearly check-up needed for ages 15 to 20 |

Optima Family Care
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Virginia Beach, VA 23462

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**HAPPY
HOLIDAYS!**

Enter to Win a Free iPod - Register on www.Optimahealth.com by December 31, 2007!

We are so excited about our member self-service tools on www.optimahealth.com we have decided to share the excitement by giving away an iPod in December!

My Optima member self-service tools allow you to check information and accomplish numerous tasks all from the comfort of your own home or office.

To access the self-service tools, all you need to do is register on optimahealth.com. And here's the good news—when you register, you may be eligible to win a free iPod! We will randomly select one winner from the members who register during December.*



Registration is easy. Have your Optima Health member ID card in hand, visit www.optimahealth.com and click on the Register button.

**Some restrictions apply. Must be 18 or older to register. Visit optimahealth.com/member for complete contest rules.*