

User Guide

Olympus is dedicated to ensuring patients receive the care they need, when they need it. Our robust network of providers, focus on quality access, and personal attention offers clients invaluable peace of mind. With help available both online and through our call centre, we are always there for any questions or assistance you may need.

Applying for Reimbursement

In the case where you have had to pay for a medical service that is a covered benefit under your insurance policy, you will be required to submit your receipts, the original bill from the provider where it shows your payment, and the completed and signed claim form. It is recommended that you keep a copy of all documents submitted to your insurer for your records.

This information should be mailed to the address listed below.

It is important to note that reimbursements are handled in the country where you are insured and inquiries should be made by calling the phone number on the back of your insurance identification card or by e-mail to your insurer directly. This information should be mailed to the address listed below. Olympus would be happy to assist you by forwarding your reimbursement documents to your insurance company.

Your insurer and Olympus are dedicated to assuring that you gain access to health care in the US in an efficient and cost effective manner. Your insurer has chosen Olympus because of its unique customer services and we look forward to providing those for your convenience.

Please feel free to use the dedicated address or contact numbers for any questions you might have at any point during the process.

Olympus Managed Health Care, Inc.

777 Brickell Avenue, Suite 410

Miami, FL 33131

800-250-3270

305-530-8600

patient@omhc.com

Selecting a Medical Provider

Online

By Telephone

Olympus Customer Service Specialists are available 24-hours a day, 7 days a week to assist you with any questions you may have regarding the choice of a provider. 1.800.250.3271

Making the Appointment

Once the appropriate medical provider has been selected, you may contact the provider directly to schedule an appointment. If you encounter any problems or require assistance you may also contact the Customer Service Specialists who will be pleased to assist with making the provider appointment. Many providers will ask you general questions over the phone such as the name of the insurance, type of plan, policy or ID # and a phone number for insurance verification. The provider may or may not call Olympus ahead of time for insurance verification; some providers will wait until the member is physically present with the insurance card to make this verification.

Once the appointment has been made, it is suggested that if it was not arranged through Olympus, you contact Olympus to provide the details of the appointment, as depending on your insurance company, there might be some requirements that may need to be met. This call will give our customer service representatives the opportunity to verify your eligibility and coverage, verify if pre-authorization is required and if so to start and expedite the process of obtaining such pre-authorization.

The Provider Visit

Arrive at least 15 minutes prior to your appointment time. When visiting a doctor for the first time, you will be asked to complete a registration form; standard information is asked in this form: demographics, insurance information, present or past medical conditions including medications you may be taking, emergency contacts and person financially responsible for payment (in the USA, any expense incurred not covered by your insurance company are ultimately the members responsibility). Provider's offices will also ask you to sign a release of protected health information, this signed release will allow your physician to provide medical information to your insurance for pre-authorization and claim processing purposes.

If while at the doctors office you are told that they do not accept or do not recognize your insurance and you are told that you must pay for the visit; ask them to contact the toll free number on the back of the card for eligibility and benefit verification. If the doctor's office refuses to contact us, we ask that you contact us and we will gladly speak with the provider and make every effort to have them accept the "assignment of benefits" (have the doctor send the claim directly to us.)

In the rare case that the medical provider refuses to accept the insurance, you will have the option of paying for the visit and applying for reimbursement (see Applying for Reimbursement) or scheduling a visit with another physician. Your Customer Service Specialist will assist with re-scheduling.

Prescription Medications

Depending on your insurance plan, you may have coverage for prescription medications either through the Caremark program or by the Discount Pharmacy card.

Caremark: You should have a plastic Caremark card with your name, ID number, and other identifying information that will allow the Pharmacy to access your prescription benefits online and dispense your

medication accordingly. There are toll-free numbers in the back of the cards where you can call for questions or if you are having trouble getting your prescription filled.

Dropping Off: Simply hand your Caremark card and prescription to the pharmacy personnel, this will allow the pharmacy to determine if you are eligible for the benefit and if you are responsible for any cost (i.e., deductible, co pay). Make sure the prescription has the Date of Birth of the person that the medication is for.

Picking Up: When picking up your prescription, you will be told by the pharmacy how much you have to pay for the prescription; this depends on your prescription benefits, refer back to your Table of Benefits. If your plan calls for Full Refund of prescription benefits, then you will not have to pay for the medication. If your plan requires you to pay a deductible or co-pay, you will be required to pay this amount before you can take your medications home (these amounts are not reimbursable.)

Discount Pharmacy Card: Through your membership with your Insurance Company or Payor and the relationship with Olympus Managed Health Care, you have the benefit of applying for a Discount Pharmacy Card, which will give you access to reduced prices on your prescription drugs when you go to a participating pharmacy.

To register and obtain your Discount Pharmacy Card, go online to www.omhc.com/Page/Pharmacy and click on "Print Your Card Now!"

Present your card to the pharmacy personnel when you drop off your prescription and you will be advised of the price you will pay for the medication.

When you pick up your medications, you must pay the discount price in full. Make sure to keep the original receipt and a copy of the prescription so that you can claim your reimbursement for the cost of medications covered by your plan (see Applying for Reimbursement).

Receiving Statements or Invoices at Home

It is normal to receive a statement at home after visiting a doctor or hospital even when the charge is being billed directly to your insurer.

Reasons for receiving statements or bills at home include:

You are being informed of the amount your insurance company is being charged for the services you received. This is usually noted on the bill and will require no further action.

The medical provider does not have your insurance information registered. This will mostly happen with providers that are independent from your main physician or hospital (if hospital services were received). These providers include laboratories, pathology providers, etc.

Your claim has been sent to your insurance company and no payment has been received.

We ask that any time you receive a statement at home, you contact us, and we will verify that the claim has been received by Olympus and that it is currently in process. If the claim has not been received, we will ask you to send us a copy of the statement (fax, email, etc.) so we can investigate with the provider and ensure they send the invoice to Olympus.