



Get a
no-cost \$25 gift
card for completing
a diabetes
eye exam!

DIABETES EYE EXAM

Eligible CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, members with a **diagnosis of diabetes** can get a no-cost \$25 gift card for completing a diabetes eye exam! Diabetes that is not controlled can lead to vision loss or blindness. It's important to get a yearly diabetes eye exam to find and treat disease early. This exam is available at no cost to you as a CalOptima Health member. Call your eye doctor to schedule your yearly eye exam.



Talk to your eye doctor (ophthalmologist or optometrist) to see if you are eligible for a diabetes eye exam.



Complete your diabetes eye exam (dilated or retinal) between January 2023 and December 2023. When you see your eye doctor, sign a medical release consent form so they can share your eye exam service date(s) and result(s) with your primary care provider (PCP).



Fill out the information on the back of this form and submit it to CalOptima Health to get your no-cost \$25 gift card.

If you have any questions about this member health reward, please visit us at **www.caloptima.org/HealthRewards** for more details.

Diabetes Eye Exam Health Reward Form

How to qualify for the no-cost gift card:

- 1. Complete your diabetes eye exam this year. You should get your diabetes eye exam (dilated or retinal) every year by your eye doctor.
- 2. Fill out this form. Make sure your doctor stamps this form and fills out the required information.
- 3. Submit the completed form to CalOptima Health before **January 31, 2024**. This program may end at any time without notice.

How to submit this form to CalOptima Health:

► Fax: Ask your provider to fax this form on your behalf to 714-796-6613, or

► Mail: CalOptima Health

Attn: Member Health Rewards

PO Box 11033

Orange, CA 92856-9902

You can receive this health reward once per year. If you qualify, it will take at least **8 weeks** after we receive the completed form for you to get your no-cost \$25 gift card.

All sections must be <u>fully completed and stamped by your provider</u> to receive the no-cost gift card.					
Member Name:				Date of Birth:	
CalOptima Health ID Number:				Phone:	
Mailing Address:					
City:				State:	ZIP Code:
Diabetes Type	Diabetes Exam Date	Exam Results (Check one)	Provider Information		Provider Stamp*
□ Type I	1 1	Retinopathy? ☐ Yes ☐ No	Name:		
☐ Type II	/	Shared with PCP? ☐ Yes ☐ No	Phone:		

Disclaimer: You must meet **all** health reward eligibility requirements to qualify for the gift card. It takes at least 8 weeks after we receive the completed form to process your gift card. The gift card cannot be used to purchase alcohol, tobacco or firearms. The gift card has no cash value, and CalOptima Health is not responsible if it is lost or stolen. You may only receive **1** gift card per calendar year for this health reward. Gift cards are available while supplies last. This program may end at any time without notice. OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, is a Medicare Advantage organization with a Medicare contract. Enrollment in OneCare depends on contract renewal. OneCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Call OneCare Customer Service toll-free at **1-877-412-2734** (TTY 711), 24 hours a day, 7 days a week. Visit us at www.caloptima.org/OneCare.



^{*}By stamping this section, you attest that the information you provided on this form is current and true.