



Get a no-cost
\$25 gift card for
managing your
osteoporosis after
a fracture.

OSTEOPOROSIS MANAGEMENT IN MEMBERS WHO HAD A FRACTURE

Eligible CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, members can get a no-cost \$25 gift card for managing their osteoporosis after a fracture.

STEP
1

Talk to your doctor about whether you need a bone mineral density test or need a prescription for osteoporosis medicine after a fracture. The test must be completed between January 1, 2023, and December 31, 2023.

STEP
2

After a fracture, complete your recommended bone mineral density test or fill a prescription for osteoporosis medicine within 6 months.

STEP
3

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.

Osteoporosis Management Health Reward Form

How to qualify for the no-cost gift card:

1. Complete your bone mineral density test or fill a prescription for osteoporosis medicine within 6 months of fracture.
2. Fill out this form. **Make sure your doctor stamps this form and fills out the required information.**
3. Submit this 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 doctor to fax this form on your behalf to **714-796-6613**, or
- **Mail:** CalOptima Health
Attn: Member Health Rewards
P.O. Box 11033
Orange, CA 92856-9902

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 fully completed and stamped by your doctor to receive the no-cost gift card.

Member Name:		Date of Birth:	
CalOptima Health ID Number:		Phone:	
Mailing Address:			
City:		State:	ZIP Code:
Test	Test Date	Provider Information	Provider Stamp*
<input type="checkbox"/> Bone mineral density test	Date of Fracture ____/____/____	Name:	
<input type="checkbox"/> Filled prescription for osteoporosis medicine	Bone Mineral Density Test Date ____/____/____	Phone:	

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

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.