



# 2019 SUMMARY OF BENEFITS

This Summary of Benefits is for:  
**Citrus, Hernando, Pasco  
and Pinellas Counties**

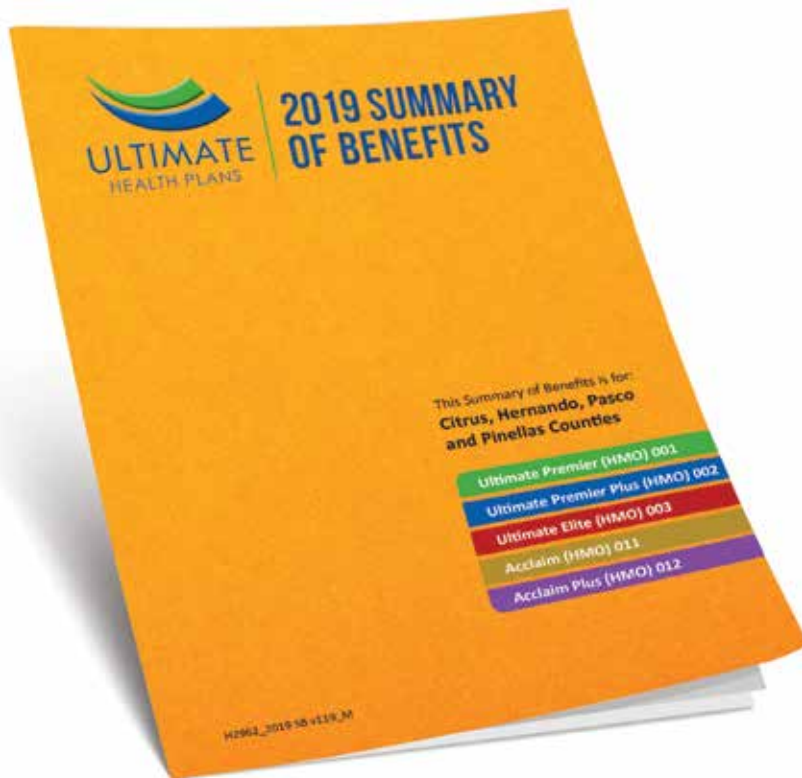
**Ultimate Premier (HMO) 001**

**Ultimate Premier Plus (HMO) 002**

**Ultimate Elite (HMO) 003**

**Acclaim (HMO) 011**

**Acclaim Plus (HMO) 012**



Turn to page 3  
to learn how to keep  
\$1,260.00 per year in  
your pocket in 2019!



### How to use this booklet

Thank you for taking the time to learn about Ultimate Health Plans. We hope you find this time well spent. Ultimate, as our members call us, is a local plan with operations and customer service based right here in Central Florida. Our main office is located in Spring Hill. We have a large (and growing) network of local doctors and hospitals conveniently located throughout Citrus, Hernando, Pasco and Pinellas counties.

In a nutshell, we offer affordable, quality medical, hospital and prescription drug benefits along with extra services not covered by Original Medicare. Browse through this booklet to get more details about our great benefits and affordable costs. We're confident you'll like what you see.

### Sections in this booklet

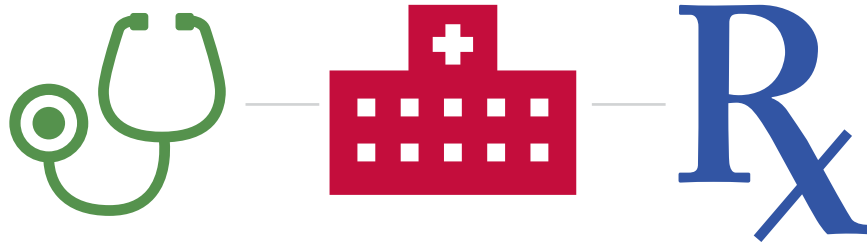
|       |                                   |    |                     |
|-------|-----------------------------------|----|---------------------|
| 3-14  | benefits and cost sharing         | 20 | fitness benefit     |
| 15-17 | prescription drug benefit         | 21 | additional benefits |
| 18    | over-the-counter benefit          | 22 | preventive services |
| 19    | vision, hearing & dental benefits | 23 | how to enroll       |

## important things to know

### Who can join?

To join Ultimate Premier (HMO), Ultimate Premier Plus (HMO), Ultimate Elite (HMO), Acclaim (HMO) or Acclaim Plus (HMO) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

- Our service area for Ultimate Premier (HMO) includes the following county in Florida: Hernando.
- Our service area for Ultimate Premier Plus (HMO) includes the following counties in Florida: Citrus, Hernando and Pasco.
- Our service area for Ultimate Elite (HMO) includes the following counties in Florida: Citrus and Pasco.
- Our service area for Acclaim (HMO) and Acclaim Plus (HMO) includes the following county in Florida: Pinellas.



### Which doctors, hospitals and pharmacies can I use?

We have a network of doctors, hospitals, pharmacies, and other providers. Except in an emergency, you must use network providers and pharmacies. If you use providers that are not in our network, the plan may not pay for these services. You can see our plan's provider and pharmacy directory at our website [www.chooseultimate.com](http://www.chooseultimate.com). Or, call us and we will send you a copy of the Provider and Pharmacy directory. The pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

### We cover everything that Original Medicare covers — and more!

Our plan members get all of the benefits covered by Original Medicare (like doctor visits, hospital stays and medical equipment) as well as extra benefits that Original Medicare doesn't cover (like SilverSneakers® Fitness program). Some of the extra benefits are outlined in this booklet.

We also cover Part D drugs and Over-the-Counter (OTC) Medicines and Supplies. To find out what drugs we cover, you can see the complete plan drug list (our formulary) and any restrictions on our website, [www.chooseultimate.com](http://www.chooseultimate.com). Or, call us and we will send you a copy of the drug list.

*This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [www.chooseultimate.com](http://www.chooseultimate.com) or call us and ask for the "Evidence of Coverage."*



## your benefits and cost sharing

| Premium and Benefits  | Ultimate Premier, Ultimate Elite and Acclaim  | Ultimate Premier Plus and Acclaim Plus   |
|---|---|--|
| <b>Monthly Plan Premium</b>   | You pay <b>\$0</b>  | You pay <b>\$0</b>   |
| <b>Part B Premium Reduction</b>   | Ultimate Health Plans will reduce your Medicare Part B premium by up to <b>\$105.00 per month</b> .   | N/A  |
| <b>Deductible</b>   | <b>You pay nothing</b>  | <b>You pay nothing</b>   |
| <b>Maximum Out-of-Pocket Responsibility</b>                             | <b>\$3,400 annually</b>   | <b>\$3,400 annually</b>  |
| <b>Inpatient Hospital Coverage</b>                                      | <b>\$90</b> copay per day for days 1-5<br><b>You pay nothing</b> per day for days 6 and beyond  | <b>You pay nothing</b>   |
| <b>Outpatient Hospital Coverage</b>                                     | Ambulatory Surgical Center:<br>You pay <b>\$25</b> copay per visit<br>Outpatient Hospital:<br>You pay <b>\$150</b> copay per visit<br>Hyperbaric Oxygen:<br>You pay <b>\$75</b> copay | Ambulatory Surgical Center:<br>You pay <b>\$25</b> copay per visit<br>Outpatient Hospital:<br>You pay <b>\$75</b> copay per visit<br>Hyperbaric Oxygen:<br>You pay <b>\$50</b> copay |
| <b>Doctor Visits</b><br><i>(Primary Care Providers and Specialists)</i> | <u>Primary</u> : <b>You pay nothing</b><br><u>Specialist</u> : <b>\$20</b> copay  | <u>Primary</u> : <b>You pay nothing</b><br><u>Specialist</u> : <b>You pay nothing</b>  |
| <b>Preventive Care</b>  | <b>You pay nothing</b>  | <b>You pay nothing</b>   |
| <b>Emergency Care</b>   | You pay <b>\$60</b> copay per visit   | You pay <b>\$50</b> copay per visit  |
| <b>Urgently Needed Services</b>   | You pay <b>\$20</b> copay per visit   | You pay <b>\$10</b> copay per visit  |

## *your benefits and cost sharing*

| What you should know   | Use this space to compare your current plan or write down notes |
|--|---|
|  |   |
| You must continue to pay your Medicare Part B premium.   |   |
| This plan does not have a deductible.  |   |
| This amount is the most you'll pay for copays, coinsurance and other costs for medical services for the year. It does not include Part D drugs.  |   |
| Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. A referral or prior authorization is required for some services. Please contact the plan for more information.   |   |
| A referral or prior authorization is required for some services. Please contact the plan for more information.   |   |
| A referral is required for specialist visits.  |   |
| For all preventive services that are covered at no cost under Original Medicare, we also cover the service at no cost to you. Any additional preventive services approved by Medicare during the contract year will be covered.<br>A referral or prior authorization is required for some services. Please contact the plan for more information. See page 22 for more information about the preventive services we cover. |   |
| If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.<br>We also cover supplemental Emergency Care worldwide (See Worldwide Emergency Care further down in this table)  |   |
| If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services.   |   |

## your benefits and cost sharing

### Premium and Benefits

#### Diagnostic Services/Labs/Imaging

- Diagnostic radiology services
- Lab services
- Diagnostic tests and procedures
- Outpatient x-rays

#### Hearing Services

- Exam to diagnose and treat hearing and balance issues
- Routine hearing exam
- Hearing aid fitting and evaluation
- Hearing aids

### Ultimate Premier, Ultimate Elite and Acclaim

#### Lab services:

- **You pay nothing**

#### Outpatient x-rays:

- **You pay nothing**

#### Therapeutic radiology services (such as radiation treatment for cancer):

- **20%** of the cost

#### Diagnostic Radiological Services:

- **\$25** for Ultrasound and Echocardiography
- **\$50** for Stress, Nerve Conduction and other Nuclear Medicine tests
- **\$75** for CT, CTA, MRI, MRA, PET, SPECT

#### Diagnostic Procedures & Tests:

- **\$25** copay for Pulmonary Function tests, Thyroid Function tests, Colonoscopy, Endoscopy and other diagnostic, “scopic” procedures
- **\$75** copay for Sleep Study, Psychological Tests

A referral or prior authorization is required for some services. Please contact the plan for more information.

#### Exam to diagnose and treat hearing and balance issues

- **You pay nothing**

#### Routine hearing exam (1 every year):

- **You pay nothing**

#### Hearing aid fitting/evaluation (1 every year):

- **\$10** copay

#### Hearing aids:

- **\$10** copay for each hearing aid

Our plan pays up to \$2,000 every two years for hearing aids.

## *your benefits and cost sharing*

### Ultimate Premier Plus *and* Acclaim Plus

Use this space to compare your current plan or write down notes

#### Lab services:

- **You pay nothing**

#### Outpatient x-rays:

- **You pay nothing**

#### Therapeutic radiology services (such as radiation treatment for cancer):

- **20%** of the cost

#### Diagnostic Radiological Services:

- **\$0** for Ultrasound and Echocardiography
- **\$25** for Stress, Nerve Conduction and other Nuclear Medicine tests
- **\$50** for CT, CTA, MRI, MRA, PET, SPECT

#### Diagnostic Procedures & Tests:

- **\$0** copay for Pulmonary Function tests, Thyroid Function tests, Colonoscopy, Endoscopy and other diagnostic, “scopic” procedures
- **\$50** copay for Sleep Study, Psychological Tests

A referral or prior authorization is required for some services. Please contact the plan for more information.

#### Exam to diagnose and treat hearing and balance issues

- **You pay nothing**

#### Routine hearing exam (1 every year):

- **You pay nothing**

#### Hearing aid fitting/evaluation (1 every year):

- **\$5** copay

#### Hearing aids:

- **\$5** copay for each hearing aid

Our plan pays up to \$2,000 every two years for hearing aids.

## your benefits and cost sharing

| Premium and Benefits  | Ultimate Premier, Ultimate Elite and Acclaim  | Ultimate Premier Plus and Acclaim Plus  |
|---|---|---|
| <p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>• Preventive dental services               <ul style="list-style-type: none"> <li>• Cleaning</li> <li>• X-rays</li> <li>• Fluoride</li> <li>• Oral exam</li> </ul> </li> <li>• Limited non-routine services</li> </ul>   | <p><u>You pay nothing for:</u></p> <ul style="list-style-type: none"> <li>• 1 oral evaluation every 6 months</li> <li>• 1 comprehensive oral exam every 3 years</li> <li>• 1 cleaning every 6 months</li> <li>• 1 fluoride treatment every 6 months</li> <li>• 1 dental x-ray every year</li> <li>• Medicare-covered non-routine dental services</li> </ul>   | <p><u>You pay nothing for:</u></p> <ul style="list-style-type: none"> <li>• 1 oral evaluation every 6 months</li> <li>• 1 comprehensive oral exam every 3 years</li> <li>• 1 cleaning every 6 months</li> <li>• 1 fluoride treatment every 6 months</li> <li>• 1 dental x-ray every year</li> <li>• Medicare-covered non-routine dental services</li> </ul>   |
| <p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>• Routine eye exam</li> <li>• Contact lenses</li> <li>• Eyeglass frames</li> <li>• Eyeglass lenses</li> <li>• Eye exam to diagnose and treat conditions and diseases of the eye</li> <li>• Available upgrades           <ul style="list-style-type: none"> <li>- Upgrade to progressive lenses</li> <li>- Prescription sunglasses from special frame selection with polarized (grey or brown) lenses (1 every year)</li> </ul> </li> </ul> | <p><u>Routine eye exam (1 every year):</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> <p><u>Contact lenses:</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> <p><u>Eyeglass frames (1 every year):</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> <p><u>Eyeglass lenses (1 pair every year):</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> <p>Upgrade to <u>progressive lenses</u> for an additional <b>\$50</b> copay.</p> <p><u>Prescription sunglasses (1 every year)</u>. You pay a <b>\$40</b> copay.</p> <p><u>Eyeglasses or contact lenses after cataract surgery:</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> <p><u>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</u></p> <ul style="list-style-type: none"> <li>• <b>\$0-20</b> copay*</li> </ul> <p>* <b>\$0</b> with optometrist, <b>\$20</b> with ophthalmologist.</p> | <p><u>Routine eye exam (1 every year):</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> <p><u>Contact lenses:</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> <p><u>Eyeglass frames (1 every year):</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> <p><u>Eyeglass lenses (1 pair every year):</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> <p>Upgrade to <u>progressive lenses</u> for an additional <b>\$50</b> copay.</p> <p><u>Prescription sunglasses (1 every year)</u>. You pay a <b>\$40</b> copay.</p> <p><u>Eyeglasses or contact lenses after cataract surgery:</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> <p><u>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> |



## *your benefits and cost sharing*

### What you should know

Use this space to compare your current plan or write down notes

Our plan offers 1 oral evaluation every 6 months and 1 comprehensive oral exam every 3 years.

Our plan covers non-routine dental services that are medically necessary prior to another Medicare-covered medical procedure.

Some services may require prior authorization. Please contact the plan for more information.

### Our plan pays up to \$150 per-year for eyewear.

Our benefit allows:

- Contact lenses OR
- One pair of standard CR-39 single-vision, bifocal (FT 28) or trifocal (7X28) lenses AND/OR
- One eyeglass frame

**\$150** may be applied to lenses only, frame only or to both. Upgrade benefits do not count towards the \$150 per-year limit on eyewear.

## your benefits and cost sharing

| Premium and Benefits  | Ultimate Premier, Ultimate Elite and Acclaim   | Ultimate Premier Plus and Acclaim Plus   |
|---|--|--|
| <p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>Inpatient hospital stay</li> <li>Outpatient group therapy visit</li> <li>Outpatient individual therapy visit</li> </ul> | <p><u>Inpatient hospital stay:</u></p> <ul style="list-style-type: none"> <li><b>\$90</b> copay per day for days 1 through 5</li> <li><b>You pay nothing</b> per day for days 6 through 90</li> </ul> <p><u>Outpatient group therapy visit:</u></p> <ul style="list-style-type: none"> <li><b>\$20</b> copay</li> </ul> <p><u>Outpatient individual therapy visit:</u></p> <ul style="list-style-type: none"> <li><b>\$20</b> copay</li> </ul> | <p><u>Inpatient hospital stay:</u></p> <ul style="list-style-type: none"> <li><b>You pay nothing</b></li> </ul> <p><u>Outpatient group therapy visit:</u></p> <ul style="list-style-type: none"> <li><b>You pay nothing</b></li> </ul> <p><u>Outpatient individual therapy visit:</u></p> <ul style="list-style-type: none"> <li><b>You pay nothing</b></li> </ul> |
| <p><b>Skilled Nursing Facility</b></p>  | <p><b>You pay nothing</b> per day for days 1 through 20</p> <p><b>\$100</b> copay per day for days 21 through 54</p> <p><b>You pay nothing</b> per day for days 55 through 100</p>   | <p><b>You pay nothing</b> per day for days 1 through 30</p> <p><b>\$75</b> copay per day for days 31 through 75</p> <p><b>You pay nothing</b> per day for days 76 through 100</p>  |

## *your benefits and cost sharing*

### What you should know

Use this space to compare your current plan or write down notes

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for inpatient hospital stay.

Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. A referral or prior authorization is required for some services. Please contact the plan for more information.

The copays for hospital benefits are based on benefit periods. A benefit period begins the day you’re admitted as an inpatient and ends when you haven’t received any inpatient care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins. There’s no limit to the number of benefit periods.

Our plan covers up to 100 days in a SNF.

The copays for skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you’re admitted as an inpatient and ends when you haven’t received any skilled care in a SNF for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period begins. There’s no limit to the number of benefit periods. A referral or prior authorization is required for some services. Please contact the plan for more information.

## your benefits and cost sharing

| Premium and Benefits   | Ultimate Premier, Ultimate Elite and Acclaim  | Ultimate Premier Plus and Acclaim Plus  |
|--|---|---|
| <p><b>Physical Therapy</b></p> <ul style="list-style-type: none"> <li>Physical therapy visit</li> <li>Speech and language therapy visit</li> <li>Occupational therapy visit</li> </ul> | \$20 copay per visit  | \$10 copay per visit  |
| <p><b>Ambulance</b></p>  | \$100 copay each way  | \$100 copay each way  |
| <p><b>Transportation</b></p>   | \$0 copay per trip  | \$0 copay per trip  |
| <p><b>Medicare Part B Drugs</b></p>  | <p>You pay <b>20%</b> of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p>For covered IV Antibiotics, you pay <b>\$0</b> copay when service is bundled with Home Health services.</p> | <p>You pay <b>20%</b> of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p>For covered IV Antibiotics, you pay <b>\$0</b> copay when service is bundled with Home Health services.</p> |
| <p><b>Foot Care (podiatry services)</b></p> <ul style="list-style-type: none"> <li>Foot exams and treatment</li> </ul>   | \$20 copay  | You pay nothing   |

## *your benefits and cost sharing*

### What you should know

Use this space to compare your current plan or write down notes

A referral or prior authorization is required for some services. Please contact the plan for more information.

If you are admitted to the hospital, you do not have to pay the copayment for the ambulance services. Except in an emergency, this service may require prior authorization. Please contact the plan for more information.

Our plan covers 2 round trips (4 one way trips) to your Primary Care Provider office within 14 days of discharge from inpatient hospitalization. A referral or prior authorization is required for some services. Please contact the plan for more information.

A referral or prior authorization is required for some services. Please contact the plan for more information.

Our plan covers diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs). We cover routine foot care for members with certain medical conditions affecting the lower limbs. Contact the plan for more information.

## your benefits and cost sharing

| Premium and Benefits   | Ultimate Premier, Ultimate Elite and Acclaim   | Ultimate Premier Plus and Acclaim Plus   |
|--|--|--|
| <p><b>Medical Equipment/Supplies</b></p> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>• Prosthetics (e.g., braces, artificial limbs)</li> <li>• Diabetes supplies and services</li> </ul> | <p><u>Durable Medical Equipment:</u></p> <ul style="list-style-type: none"> <li>• You pay <b>20%</b> of the cost</li> </ul> <p><u>Prosthetics:</u></p> <ul style="list-style-type: none"> <li>• You pay <b>20%</b> of the cost</li> </ul> <p><u>Diabetes monitoring supplies, self-management training and therapeutic shoes and inserts:</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> | <p><u>Durable Medical Equipment:</u></p> <ul style="list-style-type: none"> <li>• You pay <b>20%</b> of the cost</li> </ul> <p><u>Prosthetics:</u></p> <ul style="list-style-type: none"> <li>• You pay <b>20%</b> of the cost</li> </ul> <p><u>Diabetes monitoring supplies, self-management training and therapeutic shoes and inserts:</u></p> <ul style="list-style-type: none"> <li>• <b>You pay nothing</b></li> </ul> |
| <p><b>Wellness Programs</b></p> <ul style="list-style-type: none"> <li>• SilverSneakers® Fitness Program</li> <li>• Health Education</li> <li>• Additional Smoking and Tobacco Use Cessation</li> <li>• 24/7 Nurse Hotline</li> </ul>                | <p><b>You pay nothing</b></p>  | <p><b>You pay nothing</b></p>  |
| <p><b>Chiropractic Care</b></p>  | <p><b>\$20</b> copay</p>   | <p><b>\$0</b> copay</p>  |
| <p><b>Over-the-Counter Items (OTC)</b></p>   | <p><b>You pay nothing</b></p>  | <p><b>You pay nothing</b></p>  |
| <p><b>Outpatient Surgery</b></p>   | <p><u>Ambulatory surgical center:</u></p> <ul style="list-style-type: none"> <li>• <b>\$25</b> copay</li> </ul> <p><u>Outpatient hospital:</u></p> <ul style="list-style-type: none"> <li>• <b>\$150</b> copay</li> </ul>  | <p><u>Ambulatory surgical center:</u></p> <ul style="list-style-type: none"> <li>• <b>\$25</b> copay</li> </ul> <p><u>Outpatient hospital:</u></p> <ul style="list-style-type: none"> <li>• <b>\$75</b> copay</li> </ul>   |
| <p><b>Worldwide Emergency Care</b></p>   | <p>You pay the applicable copay listed in the Emergency Care section of this table on page 3.</p>  |  |

## *your benefits and cost sharing*

### What you should know

Use this space to compare your current plan or write down notes

Prior authorization may be required for some of these services. Please contact the plan for more information.

See pages 20-21 for a description of the Wellness Programs we offer.

We cover manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).

This plan covers OTC items, medications and products. The OTC benefit allows \$105 every three months for a total yearly benefit of \$420. The benefit amount does not accumulate from quarter to quarter. See page 18 for more information.

A referral or prior authorization is required for some services. Please contact the plan for more information.

We pay up to \$50,000 for covered emergency services received outside the U.S. and its territories. See page 21 for more information.

# your prescription drug benefit

## Outpatient Prescription Drugs

| How Much Do I Pay in Each Stage? | Ultimate Premier, Ultimate Elite <i>and</i> Acclaim  |  |
|----------------------------------|--|--|
| Initial Coverage                 | <p><b>RETAIL PHARMACY</b><br/>Your cost for a one-month supply filled at a network retail pharmacy:</p> <p><u>Tier 1: Preferred Generic</u><br/>• You pay: <b>\$0</b> per prescription</p> <p><u>Tier 2: Generic</u><br/>• You pay: <b>\$12</b> per prescription</p> <p><u>Tier 3: Preferred Brand</u><br/>• You pay: <b>\$35</b> per prescription</p> <p><u>Tier 4: Non-Preferred Drug</u><br/>• You pay: <b>\$60</b> per prescription</p> <p><u>Tier 5: Specialty Tier</u><br/>• You pay: <b>33%</b> of the cost</p> | <p><b>MAIL ORDER PHARMACY</b><br/>Your cost for a 90-day supply filled at a network mail order pharmacy:</p> <p><u>Tier 1: Preferred Generic</u><br/>• You pay: <b>\$0</b> per prescription</p> <p><u>Tier 2: Generic</u><br/>• You pay: <b>\$24</b> per prescription</p> <p><u>Tier 3: Preferred Brand</u><br/>• You pay: <b>\$70</b> per prescription</p> <p><u>Tier 4: Non-Preferred Drug</u><br/>• You pay: <b>\$120</b> per prescription</p> <p><u>Tier 5: Specialty Tier</u><br/>• You pay: <b>33%</b> of the cost</p> |
| Coverage Gap                     | <p><b>RETAIL PHARMACY</b><br/>Your cost for a one-month supply filled at a network retail pharmacy:</p> <p><u>Tier 1: Preferred Generic</u><br/>• You pay: <b>\$0</b> per prescription</p> <p><u>Tier 2: Generic</u><br/>• You pay: <b>\$12</b> per prescription</p>   | <p><b>MAIL ORDER PHARMACY</b><br/>Your cost for a 90-day supply filled at a network mail order pharmacy:</p> <p><u>Tier 1: Preferred Generic</u><br/>• You pay: <b>\$0</b> per prescription</p> <p><u>Tier 2: Generic</u><br/>• You pay: <b>\$24</b> per prescription</p>  |

### What you should know

What you pay for a drug depends on which “drug payment stage” you are in when you get the drug. Because these plans do not have a deductible, you begin in the Initial Coverage stage.

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug

cost (including what our plan has paid and what you have paid) reaches \$3,820. Not everyone will enter the coverage gap.

If you enter the coverage gap, our plans continue to cover drugs in Tier 1 Preferred Generic and Tier 2 Generic. For drugs in Tiers 1 and 2 you pay the copay amounts shown above or 37% of the plan’s cost, whichever is less.



# your prescription drug benefit

## Outpatient Prescription Drugs

Ultimate Premier Plus *and* Acclaim Plus

Use this space to compare your current plan or write down notes

### **RETAIL PHARMACY**

Your cost for a one-month supply filled at a network retail pharmacy:

Tier 1: Preferred Generic

- You pay: **\$0** per prescription

Tier 2: Generic

- You pay: **\$8** per prescription

Tier 3: Preferred Brand

- You pay: **\$25** per prescription

Tier 4: Non-Preferred Drug

- You pay: **\$50** per prescription

Tier 5: Specialty Tier

- You pay: **33%** of the cost

### **MAIL ORDER PHARMACY**

Your cost for a 90-day supply filled at a network mail order pharmacy:

Tier 1: Preferred Generic

- You pay: **\$0** per prescription

Tier 2: Generic

- You pay: **\$16** per prescription

Tier 3: Preferred Brand

- You pay: **\$50** per prescription

Tier 4: Non-Preferred Drug

- You pay: **\$100** per prescription

Tier 5: Specialty Tier

- You pay: **33%** of the cost

### **RETAIL PHARMACY**

Your cost for a one-month supply filled at a network retail pharmacy:

Tier 1: Preferred Generic

- You pay: **\$0** per prescription

Tier 2: Generic

- You pay: **\$8** per prescription

### **MAIL ORDER PHARMACY**

Your cost for a 90-day supply filled at a network mail order pharmacy:

Tier 1: Preferred Generic

- You pay: **\$0** per prescription

Tier 2: Generic

- You pay: **\$16** per prescription

For covered brand name drugs you pay 25% of the price (plus a portion of the dispensing fee) while in the coverage gap. You stay in the coverage gap stage until your costs total \$5,100, which is the end of the coverage gap and the beginning of the catastrophic coverage stage, during which the plan pays most of the cost for your drugs.

Cost-Sharing may change depending on the pharmacy you choose (i.e. network, out of network, mail order, LTC, home infusion, etc.), the days supply (i.e. 30 days or

90 days) and when you enter another stage of the Part D benefit. If you reside in a long-term care facility and use a Long Term Care (LTC) pharmacy, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy. For more information on the additional pharmacy-specific cost-sharing and the stages of the benefit, please call us or access our Evidence of Coverage online.

# your prescription drug benefit

## Determining your drug costs

Our plan groups each medication into one of five “tiers.” You will need to use our plan’s drug list (also called the formulary) to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached (see the table on page 15). To find out what drugs we cover, you can see our complete drug list and any restrictions or limitations on our website, [www.chooseultimate.com](http://www.chooseultimate.com). Or, call us and we will send you a copy of the drug list. The Formulary may change at any time. You will receive notice when necessary.



### Save even more with mail order

You can save more by using Ultimate Health Plans’ Mail Order Pharmacy Service!

You’ll receive a **three month** supply of medication delivered straight to your door and pay the same copay that you would normally pay for a **two month** supply at your local pharmacy.



### Our cost-sharing tiers are:

- Tier 1:** Preferred Generic
- Tier 2:** Generic
- Tier 3:** Preferred Brand
- Tier 4:** Non-Preferred Drug
- Tier 5:** Specialty

## There are two ways to find your drug within the plan’s drug list:

### Medical Condition

We group the drugs on our drug list into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the drug list. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index included at the back of the drug list. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## your over-the-counter benefit

### We cover Over-the-Counter (OTC) Medications and Supplies

Original Medicare does not cover Over-the-Counter (OTC) medicines. But we do! Our plan covers OTC items, medications and products, including non-prescription drugs and health-related items for our members' personal use. Our benefit allows **\$105 every three months for a total yearly benefit of \$420**. The benefit amount does not roll over from quarter to quarter. You pay **\$0** copay for covered OTC items, medications and products, up to the available benefit limit each quarter. Our plan even covers the cost of mailing the items to you!



### The following categories of items are covered by our OTC benefit:

- *Medicines, ointments and sprays with active medical ingredients that alleviate symptoms, such as antacids, analgesics, anti-bacterial, anti-histamines, anti-inflammatories, antiseptics, decongestants, sleep aids*
- *Mouth care, such as toothbrushes, toothpaste, floss, denture adhesives, denture cleaners and gum stimulators*
- *First Aid supplies, such as adhesive bandages, gauze and other dressings, antibacterial ointment, peroxide, thermometers, non-sport tapes*
- *Minerals and vitamins*
- *Fiber supplements, such as pills, powders and non-food liquids that supplement fiber in the diet*
- *Hormone replacement, such as phytohormone, natural progesterone or DHEA*
- *Weight loss items, such as appetite suppressants and fat absorption inhibitors*
- *Topical sunscreen and insect repellent*
- *Incontinence supplies, such as diapers and pads*
- *In home testing and monitoring, such as equipment to monitor blood pressure, cholesterol, blood sugar, to test for pregnancy, HIV, fecal occult blood*
- *Bathroom scales may be covered for members with CHF or liver disease to monitor fluid retention*

We offer this benefit through a mail order catalog, which contains a list of all plan-covered OTC items and the price of each item. We mail you the catalog, and you may also access it online by visiting [www.chooseultimate.com](http://www.chooseultimate.com). Simply fill out and mail your order or, to place an order by phone, simply dial 1-855-422-0039 (TTY 711). Our friendly representatives are available to take your order Monday through Friday from 8:00 am to 8:00 pm EST.



## your vision, hearing & dental benefits



### Vision

Original Medicare covers exams to diagnose and treat diseases and conditions of the eye. We cover those eye exams and much more! We also cover a yearly routine eye exam. In addition, we cover eyeglasses or contact lenses for **\$0** copay.

**You'll get up to \$150 to spend on eyewear.**

Our benefit includes:

- *Contact lenses or*
- *One pair of standard single-vision, bifocal or trifocal lenses and/or*
- *One eyeglass frame*

**Our benefit is flexible!** You can use the **\$150** eyewear benefit in whatever way works for you: for lenses only, frame only or for both. You can even upgrade your standard lenses to progressives for just **\$50** copay, and you can get a pair of sunglasses for a **\$40** copay.

### Dental

Generally, Original Medicare doesn't cover preventive dental services, but our plan does. Our plan helps you stay healthy with our preventive dental benefits, all with **\$0** copay.

**We cover routine services, such as:**

- *Cleaning*
- *Dental x-rays*
- *Fluoride treatments*
- *Oral evaluations and exam*

### Hearing

Original Medicare covers diagnostic hearing and balance evaluations to determine if you need medical treatment. We cover those evaluations and much more! We also cover an annual routine hearing exam for **\$0** copay and hearing aids and fitting evaluations at low, affordable copays (**\$5** or **\$10** depending on the plan you choose). Our plan pays up to **\$2,000** for hearing aids every two years.

You'll find the hearing aid products and services available to our members are top of the line. They even include connectivity to your phone or other smart device as well as applications to help you manage your hearing aid. Scheduling an appointment is easy with our hearing-specialized concierge customer service that guides you through finding a hearing provider.

## *staying active with your fitness benefit*

### **Plan members enjoy the SilverSneakers® Fitness program**

SilverSneakers® Fitness is a health and physical activity program designed for Medicare beneficiaries. SilverSneakers® includes a fitness membership with access to locations nationwide (including women-only locations).

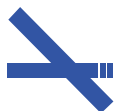
Members can use equipment and take group exercise classes. In addition to a basic membership at participating locations, members can participate in low-impact SilverSneakers® classes and have access to a specially trained Senior Advisor.

SilverSneakers® Steps is an alternative for members who can't get to a participating location and is a self-directed physical activity program that allows members to choose one of four available kits to use at home or on the go — general fitness, strength, walking or yoga.

For more information and to find SilverSneakers® participating locations, visit [silversneakers.com](https://silversneakers.com) or call 1-888-423-4632 (TTY: 711), Monday through Friday, 8 am to 8 pm EST.



## *additional benefits you'll get*



### **Additional Smoking and Tobacco Use Cessation Attempts**

We cover additional smoking and tobacco use cessation attempts (counseling to stop smoking and tobacco use) beyond what is covered under the Preventive Services benefit. Unlimited attempts are covered at no additional cost. Each counseling attempt includes up to four face-to-face visits.



### **Health Education**

The Health Education program is designed to help you develop knowledge and self-care skills and to foster the motivation and confidence necessary to use those skills to improve and maintain your health. Educational services are provided by a certified health educator or other licensed professionals and include information about specific disease processes, treatments and drug therapies, signs and symptoms to watch for, self-care strategies and techniques, dietary restrictions, and nutritional counseling through written materials and one-on-one interactive telephonic coaching sessions. We offer this service to all members who need education about a specific disease or condition.



### **Our 24/7 Nurse Hotline**

Members can call the hotline to talk with a nurse 24 hours a day, 7 days a week to obtain health information, guidance, and support regarding an immediate health concern or questions about a particular medical condition, at no additional cost. Members may reach the Nursing Hotline by calling 1-855-238-4687. Calls to this line are free. TTY users should dial 711.



### **Worldwide Emergency Care Coverage**

Attention World Travelers: We Cover Emergency Care World-Wide. Our members get covered emergency medical care and ambulance services whenever they need it, anywhere in the world! We'll pay up to \$50,000 for emergency services received outside the U.S. and its territories.

## preventive services

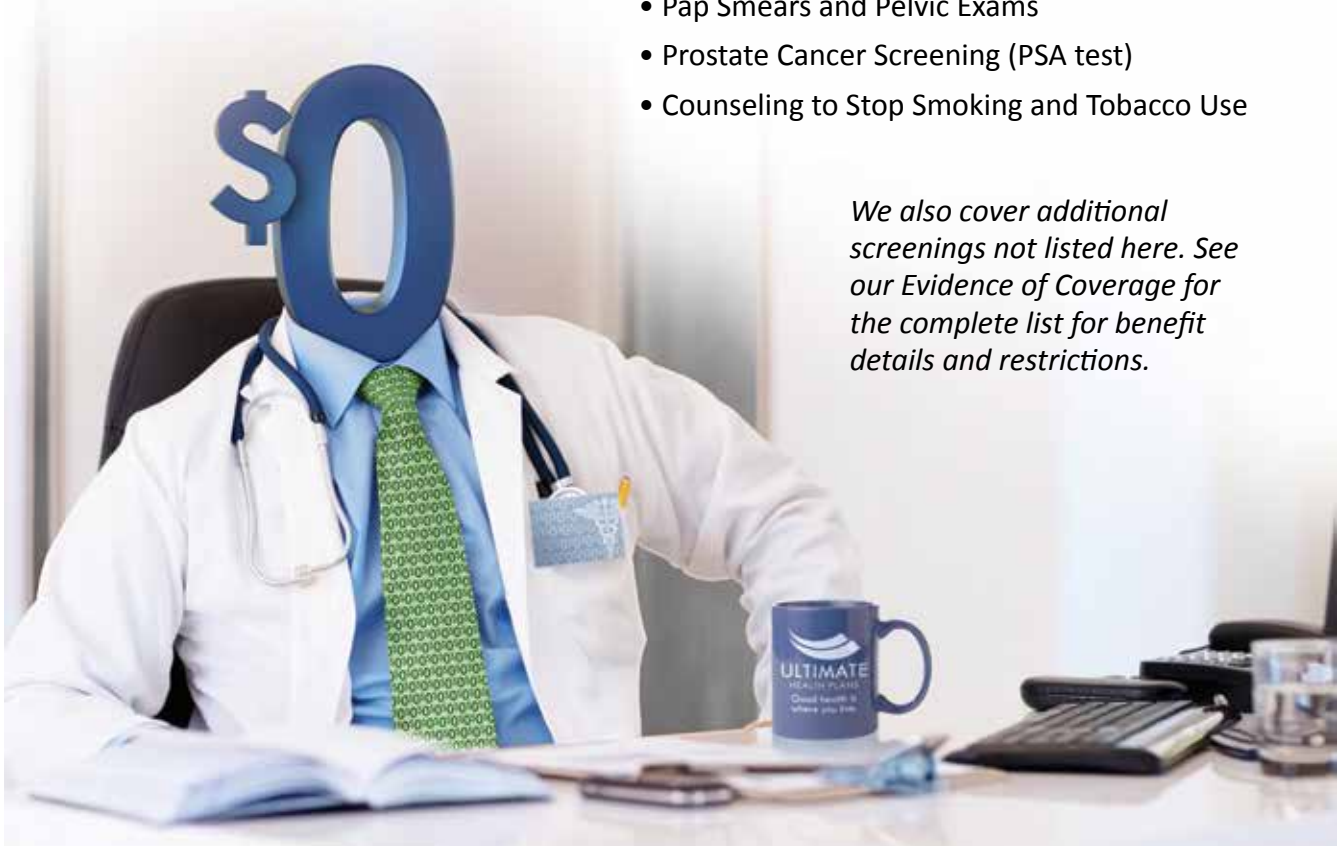
### Preventive services help you stay at the top of your game

For all preventive services that are covered at no cost under Original Medicare, we also cover the service at no cost to you. Sometimes, Medicare adds coverage under Original Medicare for new services during the year. If Medicare adds coverage for any services during 2019, either Medicare or our plan will cover those services.

### There is no coinsurance, copayment, or deductible for the following preventive services and screenings.

You pay **\$0** for:

- Abdominal Aortic Aneurysm Screening
- Annual Wellness and Welcome to Medicare Preventive Visits
- Bone Mass Measurement
- Cardiovascular Disease Testing
- Cardiovascular Disease Risk Reduction Visit
- Colorectal Cancer Screening
- Diabetes Screening and Diabetic Self-Management Training
- Glaucoma Screening
- Immunization shots for flu, Pneumonia and Hepatitis B
- Screening Mammograms
- Medical Nutrition Therapy
- Pap Smears and Pelvic Exams
- Prostate Cancer Screening (PSA test)
- Counseling to Stop Smoking and Tobacco Use



*We also cover additional screenings not listed here. See our Evidence of Coverage for the complete list for benefit details and restrictions.*

# enrolling in an Ultimate Medicare Advantage Plan

## When can you enroll?

Each fall, from **October 15 until December 7**, Medicare allows you to enroll in or change your Medicare health and drug coverage during the Annual Enrollment Period (AEP). It's important to review your coverage during this time to make sure it will meet your needs for the coming year.

From **January 1 to March 31**, individuals enrolled in MA plans as of January 1 and new Medicare beneficiaries who are enrolled in an MA plan during their ICEP may enroll in another MA plan or disenroll from their MA plan and return to original Medicare.

In certain special situations, enrollment or changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area are allowed to make a change at other times of the year. To find out if you are eligible for a Special Enrollment Period, please contact our plan, call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY 1-877-486-2048), or visit the Medicare website at [www.medicare.gov](http://www.medicare.gov).



## Choosing the right plan

Use this booklet as your guide to find the information you need:

- Review our benefits and costs to make sure the plan you're considering is right for you — see pages 3-16
- Make sure the doctors and other providers you want to use are in our network — see page 2
- Make sure the drugs you take are on our drug list - see page 17
- If you have questions or need help, attend one of our free meetings or call us for a convenient no-obligation appointment with one of our licensed benefit consultants

**OCTOBER 2018**

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    | 1  | 2  | 3  | 4  | 5  | 6  |
| 7  | 8  | 9  | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 |    |    |    |

**NOVEMBER 2018**

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 1  | 2  | 3  |
| 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |    |

**DECEMBER 2018**

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 1  |
| 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 9  | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 |    |    |    |    |    |



## enrolling in an Ultimate Medicare Advantage Plan

### Complete an enrollment form — there are several ways to enroll:

- You can enroll online on the Medicare website by going to the below link, entering your zip code and typing the word Ultimate in the box labeled “Plan Name.” To enroll online, visit: <https://www.medicare.gov/find-a-plan/questions/enroll-now.aspx>
- Enroll at one of our free meetings
- **For a personalized enrollment experience, call us for a convenient no-obligation appointment with one of our licensed benefit consultants. You may reach us at 1-855-858-7526 (TTY users dial 711), Monday - Sunday 8 am-8pm**

### Here’s what happens next after you enroll:



We’ll send you a letter to verify your enrollment and tell you how to contact us with any questions.



You’ll receive your ID card and welcome kit, including important plan documents, soon after you enroll.



You can start enjoying your benefits on the first day your enrollment becomes effective. AEP enrollments are effective on January 1. Enrollments at other times of the year typically become effective the first day of the following month.

---

## CALL US TODAY

**1-855-858-7526**  
(TTY 711)

Call today to find a **free meeting** near you or to schedule a **no-obligation appointment** with one of our licensed benefit consultants.

---

***For accommodations of persons with special needs at sales meetings call 1-855-858-7526 (TTY users dial 711), Monday-Sunday, 8am-8pm.***

## disclaimers

### **Notice informing individuals about Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law**

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

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and 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 and information written in other languages

If you need these services, contact Martha Agramonte. If you believe that Ultimate Health Plans has failed to provide these services or discriminate in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Martha Agramonte, Director of Operations. Address: 1244 Mariner Boulevard, Spring Hill, FL 34609. Phone: 352-835-7151 (TTY users dial 711). Fax: 352-835-7169. Email: [magramonte@ulthp.com](mailto:magramonte@ulthp.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Martha Agramonte, Director of Operations 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/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Ultimate Health Plans is an HMO plan with a Medicare contract. Enrollment in Ultimate Health Plans depends on contract renewal.

This document is available in other formats such as large print. This document may be available in a non-English language. For additional information, call us at 1-888-657-4170 (TTY users dial 711). ATENCIÓN: si habla español, los servicios de asistencia lingüística, sin cargo, están disponibles para usted. Llame a 1-888-657-4170 (TTY: 711).

This information is not a complete description of benefits. Call 1-888-657-4170 (TTY call 711) for more information.

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 <http://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.

## disclaimers

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-657-4170 (TTY: 711).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. 1-888-657-4170 (TTY: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-657-4170 (TTY: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-657-4170 (TTY: 711).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-657-4170 (TTY: 711)。

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-657-4170 (ATS : 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-657-4170 (TTY: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-657-4170 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-657-4170 (رقم هاتف الصم والبكم: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-657-4170 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-657-4170 (TTY: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-4180 (TTY: 711)번으로 전화해 주십시오.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-657-4170 (TTY: 711).

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-657-4170 (TTY: 711).

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-657-4170 (TTY: 711).

**เรียน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-657-4170 (TTY: 711).



## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-855-858-7526 (TTY users call 711).

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [www.chooseultimate.com](http://www.chooseultimate.com) or call 1-855-858-7526 (TTY users call 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).







# ULTIMATE

## HEALTH PLANS

Good health is where you live.

---

To learn more,  
call **1-855-858-7526 (TTY 711)**,  
(Monday – Sunday from 8 a.m. to 8 p.m.)  
visit our website at **[www.ChooseUltimate.com](http://www.ChooseUltimate.com)**  
or stop in to one of our local offices.

---

### **COMMUNITY OUTREACH OFFICE**

#### **Hernando/Citrus**

2713 Forest Road  
Spring Hill, FL 34606

### **COMMUNITY OUTREACH OFFICE**

#### **Pasco/Pinellas**

9668 US Highway 19  
Port Richey, FL 34668

### **CORPORATE OFFICE**

1244 Mariner Boulevard  
Spring Hill, FL 34609