This Summary of Benefits is for the following counties:

**Citrus**
- Elite by Ultimate (HMO) 013-4
- Premier Plus by Ultimate (HMO) 014-2

**Hernando**
- Premier by Ultimate (HMO) 001
- Premier Plus by Ultimate (HMO) 014-1

**Marion**
- Ascend Plus by Ultimate (HMO) 016

**Pasco**
- Elite by Ultimate (HMO) 013-3
- Premier Plus by Ultimate (HMO) 014-1

**Pinellas**
- Acclaim by Ultimate (HMO) 011
- Acclaim Plus by Ultimate (HMO) 012

**Sumter**
- Ascend Plus by Ultimate (HMO) 018
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, Marion, Pasco, Pinellas and Sumter 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

| 3-18 | benefits and cost sharing |
| 19-21 | prescription drug benefit |
| 22 | over-the-counter benefit |
| 23 | vision, hearing & dental benefits |
| 24 | fitness benefit |
| 25 | additional benefits |
| 26 | preventive services |
| 27-28 | how to enroll |

For questions or more information, call us at 1-888-657-4170 (TTY 711). We are open Monday through Sunday from 8 a.m. to 8 p.m. During certain times of the year we may use alternative technologies to answer your call on weekends and Federal holidays.

Who can join?

To join Ultimate Health Plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area for:

- Premier by Ultimate (HMO) includes Hernando county, Florida
- Premier Plus by Ultimate (HMO) includes Citrus, Hernando and Pasco counties, Florida
- Elite by Ultimate (HMO) includes Citrus and Pasco counties, Florida
- Acclaim by Ultimate (HMO) and Acclaim Plus by Ultimate (HMO) includes Pinellas county, Florida
- Ascend Plus by Ultimate (HMO) includes Marion and Sumter counties, Florida

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 on our website 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 the 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. 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 or call us and ask for the “Evidence of Coverage.”
### Your benefits and cost sharing

<table>
<thead>
<tr>
<th>Premium and Benefits</th>
<th>Acclaim by Ultimate (011)</th>
<th>Acclaim Plus by Ultimate (012)</th>
<th>Elite by Ultimate (013-3)</th>
<th>Premier Plus by Ultimate (014-4)</th>
<th>Ascend Plus by Ultimate (016) and (018)</th>
<th>What you should know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Plan Premium</strong></td>
<td>You pay $0</td>
<td>You pay $0</td>
<td>You pay $0</td>
<td>You pay $0</td>
<td>You pay $0</td>
<td>You must continue to pay your Medicare Part B premium.</td>
</tr>
<tr>
<td><strong>Part B Premium Reduction</strong></td>
<td>Ultimate Health Plans will reduce your Medicare Part B premium by up to $110.00 per month.</td>
<td>Not applicable for this plan</td>
<td>Ultimate Health Plans will reduce your Medicare Part B premium by up to $110.00 per month.</td>
<td>Not applicable for this plan</td>
<td>Not applicable for this plan</td>
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<tr>
<td><strong>Deductible</strong></td>
<td>This plan does not have a deductible.</td>
<td>This plan does not have a deductible.</td>
<td>This plan does not have a deductible.</td>
<td>This plan does not have a deductible.</td>
<td>This plan does not have a deductible.</td>
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<tr>
<td><strong>Maximum Out-of-Pocket Responsibility</strong></td>
<td>$2,800</td>
<td>$1,500</td>
<td>$2,800</td>
<td>$1,500</td>
<td>$3,400</td>
<td>This amount is the most you’ll pay for copays, coinsurance and other costs for in-network medical services for the year. It does not include Part D drugs.</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Coverage</strong></td>
<td>You pay $125 copay per day for days 1 through 5 You pay $50 copay per day for days 6 through 90</td>
<td>You pay $25 copay per day for days 1 through 5 You pay $0 copay per day for days 6 through 90</td>
<td>You pay $125 copay per day for days 1 through 5 You pay $0 copay per day for days 6 through 90</td>
<td>You pay $25 copay per day for days 1 through 5 You pay $0 copay per day for days 6 through 90</td>
<td>You pay $95 copay per day for days 1 through 7 You pay $0 copay per day for days 8 through 90</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Coverage</strong></td>
<td>You pay $25 copay per visit for Ambulatory Surgical Center services You pay $150 copay per visit for Outpatient Hospital services</td>
<td>You pay $25 copay per visit for Ambulatory Surgical Center services You pay $100 copay per visit for Outpatient Hospital services</td>
<td>You pay $25 copay per visit for Ambulatory Surgical Center services You pay $195 copay per visit for Outpatient Hospital services</td>
<td>You pay $25 copay per visit for Ambulatory Surgical Center services You pay $150 copay per visit for Outpatient Hospital services</td>
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<tr>
<td><strong>Doctor Visits (Primary Care Providers and Specialists)</strong></td>
<td>You pay $0 copay per visit for Primary Care Provider You pay $20 copay per visit for Specialist</td>
<td>You pay $0 copay per visit for Primary Care Provider</td>
<td>You pay $0 copay per visit for Primary Care Provider and Specialist</td>
<td>You pay $20 copay per visit for Primary Care Provider and Specialist</td>
<td>You pay $0 copay per visit for Primary Care Provider You pay $20 copay per visit for Specialist</td>
<td>A referral or prior authorization is required for some services. Please contact the plan for more information.</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>You pay nothing</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
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</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>You pay $75 copay per visit</td>
<td>You pay $50 copay per visit</td>
<td>You pay $75 copay per visit</td>
<td>You pay $50 copay per visit</td>
<td>You pay $100 copay per visit</td>
<td>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. We also cover supplemental Emergency Care worldwide (See Worldwide Emergency Care further down in this table).</td>
</tr>
<tr>
<td><strong>Urgently Needed Services</strong></td>
<td>You pay $10 copay per visit</td>
<td>You pay $10 copay per visit</td>
<td>You pay $10 copay per visit</td>
<td>You pay $10 copay per visit</td>
<td>You pay $10 copay per visit</td>
<td>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.</td>
</tr>
</tbody>
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### Hearing Services
- **Exam to diagnose and treat hearing and balance issues**
- **Routine hearing exam**
- **Hearing aid fitting and evaluation**
- **Hearing aids**

#### Lab services
- **Therapeutic Radiological Services**: You pay $0 copay
- **Diagnostic Radiological Services**: You pay the following:
  - **$25 copay for Colonoscopy, Endoscopy and other diagnostic “scopic” procedures, Pulmonary Function Tests and Thyroid Function Tests**
  - **$75 copay for Sleep Study and Psychological Tests**

#### Diagnostic Tests and Procedures
- **Therapeutic Radiological Services** (such as radiation treatment for cancer):
  - **20% of the cost**
  - A referral or prior authorization is required for some services. Please contact the plan for more information.
- **All services performed at an outpatient hospital facility are subject to the outpatient hospital copayment.**

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### Your Benefits and Cost Sharing

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<tr>
<td><strong>Lab services</strong></td>
<td>You pay $0 copay</td>
<td>You pay $0 copay</td>
<td>You pay $0 copay</td>
<td>You pay $0 copay</td>
<td>You pay $0 copay</td>
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<tr>
<td><strong>Outpatient X-Rays</strong></td>
<td>You pay $0 copay</td>
<td>You pay $0 copay</td>
<td>You pay $0 copay</td>
<td>You pay $0 copay</td>
<td>You pay $0 copay</td>
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<tr>
<td><strong>Diagnostic Tests and Procedures</strong></td>
<td>You pay the following:</td>
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<td>You pay the following:</td>
<td>You pay the following:</td>
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<td><strong>$25 copay for Colonoscopy, Endoscopy and other diagnostic “scopic” procedures, Pulmonary Function Tests and Thyroid Function Tests</strong></td>
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<td><strong>$75 copay for Sleep Study and Psychological Tests</strong></td>
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<tr>
<td><strong>Diagnostic Radiological Services</strong></td>
<td>You pay the following in addition to the office visit copay:</td>
<td>You pay the following in addition to the office visit copay:</td>
<td>You pay the following in addition to the office visit copay:</td>
<td>You pay the following in addition to the office visit copay:</td>
<td>You pay the following in addition to the office visit copay:</td>
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<td><strong>$25 copay for Ultrasounds and Echocardiography</strong></td>
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<td><strong>$50 copay for Stress, Nerve Conduction, CT, MRI</strong></td>
<td><strong>$50 copay for Stress, Nerve Conduction, CT, MRI</strong></td>
<td><strong>$50 copay for Stress, Nerve Conduction, CT, MRI</strong></td>
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<td><strong>$100 copay for CTA, MRA, PET, SPECT, other nuclear medicine tests</strong></td>
<td><strong>$100 copay for CTA, MRA, PET, SPECT, other nuclear medicine tests</strong></td>
<td><strong>$100 copay for CTA, MRA, PET, SPECT, other nuclear medicine tests</strong></td>
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</tbody>
</table>

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**Toll-free:** 1-855-858-7526  /  **TTY:** 711

**Summary of Benefits**  /  **Ultimate Health Plans**  /  www.ChooseUltimate.com
## Dental Services

<table>
<thead>
<tr>
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<th>What you should know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental Services</strong></td>
<td>You pay $0 copay for:</td>
<td>You pay $0 copay for:</td>
<td>You pay $0 copay for:</td>
<td>You pay $0 copay for:</td>
<td>You pay $0 copay for:</td>
<td>You pay $0 copay for:</td>
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<tr>
<td>Preventive dental services</td>
<td>1 oral evaluation every 6 months</td>
<td>1 oral evaluation every 6 months</td>
<td>1 oral evaluation every 6 months</td>
<td>1 oral evaluation every 6 months</td>
<td>1 oral evaluation every 6 months</td>
<td>1 oral evaluation every 6 months</td>
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<tr>
<td>Comprehensive dental services</td>
<td>1 cleaning every 6 months</td>
<td>1 cleaning every 6 months</td>
<td>1 cleaning every 6 months</td>
<td>1 cleaning every 6 months</td>
<td>1 cleaning every 6 months</td>
<td>1 cleaning every 6 months</td>
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</tr>
<tr>
<td>Medicare-covered non-routine dental services</td>
<td>1 fluoride treatment every 6 months</td>
<td>1 fluoride treatment every 6 months</td>
<td>1 fluoride treatment every 6 months</td>
<td>1 fluoride treatment every 6 months</td>
<td>1 fluoride treatment every 6 months</td>
<td>1 fluoride treatment every 6 months</td>
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<td>1 dental X-Ray per year</td>
<td>1 dental X-Ray per year</td>
<td>1 dental X-Ray per year</td>
<td>1 dental X-Ray per year</td>
<td>1 dental X-Ray per year</td>
<td>1 dental X-Ray per year</td>
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<td></td>
<td>1 comprehensive oral exam every 3 years</td>
<td>1 comprehensive oral exam every 3 years</td>
<td>1 comprehensive oral exam every 3 years</td>
<td>1 comprehensive oral exam every 3 years</td>
<td>1 comprehensive oral exam every 3 years</td>
<td>1 comprehensive oral exam every 3 years</td>
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<td>1 simple extraction per year</td>
<td>1 simple extraction per year</td>
<td>1 simple extraction per year</td>
<td>1 simple extraction per year</td>
<td>1 simple extraction per year</td>
<td>1 simple extraction per year</td>
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<td>1 filling per year</td>
<td>1 filling per year</td>
<td>1 filling per year</td>
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<td>1 filling per year</td>
<td>1 filling per year</td>
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<td></td>
<td>1 full-mouth debridement every 2 years</td>
<td>1 full-mouth debridement every 2 years</td>
<td>1 full-mouth debridement every 2 years</td>
<td>1 full-mouth debridement every 2 years</td>
<td>1 full-mouth debridement every 2 years</td>
<td>1 full-mouth debridement every 2 years</td>
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<tr>
<td></td>
<td>1 Bridge/Denture every 3 years</td>
<td>1 Bridge/Denture every 3 years</td>
<td>1 Bridge/Denture every 3 years</td>
<td>1 Bridge/Denture every 3 years</td>
<td>1 Bridge/Denture every 3 years</td>
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</tbody>
</table>

### What you should know

- **X-Rays may include:**
  - Intraoral, complete series of radiographic images
  - Intraoral, periapical radiographic image
  - Bitewing, single radiographic image, or Bitewings, two, three or four radiographic images
  - Panoramic radiographic image
  - Full mouth and panoramic images covered every 3 years.

- **Simple Extraction may include:**
  - Extraction, erupted tooth or exposed root
  - Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth

- **Filling may include:**
  - Amalgam, one, or more surfaces, primary or permanent
  - Resin-based composite, one to three surfaces, anterior, four or more surfaces, involving incisal angle
  - Resin-based composite, one or more surfaces, posterior

Services must be performed by a participating general dentist.

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.

*For plans 012, 014-1 and 014-2 only*

**Denture may include 1 of the following per arch per 3 years:**

- Complete denture, maxillary or mandibular
- Immediate denture, maxillary or mandibular
- Maxillary or mandibular partial denture, resin base
- Maxillary or mandibular partial denture, cast metal, resin base
- Maxillary or mandibular partial denture, flexible base

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*Note: Some services may require prior authorization. Please contact the plan for more information.*
## Vision Services

- **Eye exams**
- **Eyewear and Contact Lenses**

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<tr>
<td><strong>Vision Services</strong></td>
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<td><strong>Toll-free: 1-855-858-7526 / TTY: 711</strong></td>
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<tr>
<td><strong>Post Cataract Surgery Benefit</strong></td>
<td>- 1 frame from special selection AND/OR</td>
<td>- 1 frame from special selection AND/OR</td>
<td>- 1 frame from special selection AND/OR</td>
<td>- 1 frame from special selection AND/OR</td>
<td>- 1 frame from special selection AND/OR</td>
<td>- 1 frame from special selection AND/OR</td>
<td>- The per-year benefit amount may be applied to lenses only, frame only or to both.</td>
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<td></td>
<td>- In lieu of glasses, may select contact lenses up to the eyewear benefit limit of $200</td>
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<td>- In lieu of glasses, may select contact lenses up to the eyewear benefit limit of $200</td>
<td>- The upgrade to progressive lenses does not impact the per-year limit on eyewear.</td>
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<td>- The additional prescription sunglasses benefit is in addition to and does not impact the per-year benefit limit on eyewear. This benefit may be utilized once per year.</td>
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<td>- Additional prescription sunglasses benefit includes polarized (grey or brown) lenses and frame from special selection.</td>
</tr>
</tbody>
</table>
### Mental Health Services

- **Inpatient hospital stay**
  - You pay $125 copay per day for days 1 through 5
  - You pay $0 copay per day for days 6 through 90

- **Outpatient group therapy visits**
  - You pay $10 copay per session

- **Outpatient individual therapy visits**
  - You pay $20 copay per session

### Skilled Nursing Facility

- You pay $0 copay per day for days 1 through 20
  - You pay $150 copay per day for days 21 through 40
  - You pay $0 copay per day for days 41 through 100

- You pay $20 copay per day for days 1 through 20
  - You pay $150 copay per day for days 21 through 31
  - You pay $0 copay per day for days 32 through 100

### Premium and Benefits

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</tr>
</tbody>
</table>

### What you should know

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. 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 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.
### What you should know

A referral and prior authorization may be required for some services. Please contact the plan for more information.

Services performed at an outpatient hospital facility are subject to the outpatient hospital copayment.

### Your Benefits and Cost Sharing

<table>
<thead>
<tr>
<th>Premium and Benefits</th>
<th>Acclaim by Ultimate (011)</th>
<th>Acclaim Plus by Ultimate (012)</th>
<th>Elite by Ultimate (013-3)</th>
<th>Premier Plus by Ultimate (014-1)</th>
<th>Premier Plus by Ultimate (014-2)</th>
<th>Ascend Plus by Ultimate (016) and (018)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Therapy</strong></td>
<td>You pay $20 copay per visit</td>
<td>You pay $5 copay per visit for</td>
<td>You pay $20 copay per visit</td>
<td>You pay $5 copay per visit for</td>
<td>You pay $20 copay per visit</td>
<td>You pay $20 copay per visit</td>
</tr>
<tr>
<td></td>
<td>• Physical therapy visit</td>
<td>• Physical therapy</td>
<td>• Physical therapy</td>
<td>• Physical therapy</td>
<td>• Physical therapy</td>
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<tr>
<td></td>
<td>• Speech-language pathology</td>
<td>• Speech-language pathology</td>
<td>• Speech-language pathology</td>
<td>• Speech-language pathology</td>
<td>• Speech-language pathology</td>
<td>• Speech-language pathology</td>
</tr>
<tr>
<td></td>
<td>• Occupational therapy visit</td>
<td>• Occupational therapy</td>
<td>• Occupational therapy</td>
<td>• Occupational therapy</td>
<td>• Occupational therapy</td>
<td>• Occupational therapy</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>You pay $150 copay for Medicare-covered one-way ground ambulance benefit</td>
<td>You pay $150 copay for Medicare-covered one-way ground ambulance benefit</td>
<td>You pay $150 copay for Medicare-covered one-way ground ambulance benefit</td>
<td>You pay $150 copay for Medicare-covered one-way ground ambulance benefit</td>
<td>You pay $150 copay for Medicare-covered one-way ground ambulance benefit</td>
<td>You pay $150 copay for Medicare-covered one-way ground ambulance benefit</td>
</tr>
<tr>
<td></td>
<td>You pay 20% of the cost for Medicare-covered one-way air ambulance benefit</td>
<td>You pay 20% of the cost for Medicare-covered one-way air ambulance benefit</td>
<td>You pay 20% of the cost for Medicare-covered one-way air ambulance benefit</td>
<td>You pay 20% of the cost for Medicare-covered one-way air ambulance benefit</td>
<td>You pay 20% of the cost for Medicare-covered one-way air ambulance benefit</td>
<td>You pay 20% of the cost for Medicare-covered one-way air ambulance benefit</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>You pay $0 copay for up to 20 trips:</td>
<td>You pay $0 copay for unlimited trips to Primary Care Provider office, eye doctor, specialist, dialysis or physical therapy</td>
<td>You pay $0 copay for up to 20 trips:</td>
<td>You pay $0 copay for up to 20 trips:</td>
<td>You pay $0 copay for up to 20 trips:</td>
<td>You pay $0 copay for up to 20 trips:</td>
</tr>
<tr>
<td></td>
<td>• 8 one-way trips (4 round trips) to Primary Care Provider office, eye doctor, specialist, dialysis or physical therapy</td>
<td>• 8 one-way trips (4 round trips) to Primary Care Provider office, eye doctor, specialist, dialysis or physical therapy</td>
<td>• 8 one-way trips (4 round trips) to Primary Care Provider office, eye doctor, specialist, dialysis or physical therapy</td>
<td>• 8 one-way trips (4 round trips) to Primary Care Provider office, eye doctor, specialist, dialysis or physical therapy</td>
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<td>• 8 one-way trips (4 round trips) to Primary Care Provider office, eye doctor, specialist, dialysis or physical therapy</td>
</tr>
<tr>
<td></td>
<td>• 12 one-way trips (6 roundtrips) to physical therapy</td>
<td>• 12 one-way trips (6 roundtrips) to physical therapy</td>
<td>• 12 one-way trips (6 roundtrips) to physical therapy</td>
<td>• 12 one-way trips (6 roundtrips) to physical therapy</td>
<td>• 12 one-way trips (6 roundtrips) to physical therapy</td>
<td>• 12 one-way trips (6 roundtrips) to physical therapy</td>
</tr>
<tr>
<td><strong>Medicare Part B Drugs</strong></td>
<td>You pay 20% of the cost for Medicare Part B chemotherapy drugs</td>
<td>You pay 20% of the cost for Medicare Part B chemotherapy drugs</td>
<td>You pay 20% of the cost for Medicare Part B chemotherapy drugs</td>
<td>You pay 20% of the cost for Medicare Part B chemotherapy drugs</td>
<td>You pay 20% of the cost for Medicare Part B chemotherapy drugs</td>
<td>You pay 20% of the cost for Medicare Part B chemotherapy drugs</td>
</tr>
<tr>
<td></td>
<td>• Part B medications and contrast agents injected, AND</td>
<td>• Part B medications and contrast agents injected, AND</td>
<td>• Part B medications and contrast agents injected, AND</td>
<td>• Part B medications and contrast agents injected, AND</td>
<td>• Part B medications and contrast agents injected, AND</td>
<td>• Part B medications and contrast agents injected, AND</td>
</tr>
<tr>
<td></td>
<td>• Other Part B drugs</td>
<td>• Other Part B drugs</td>
<td>• Other Part B drugs</td>
<td>• Other Part B drugs</td>
<td>• Other Part B drugs</td>
<td>• Other Part B drugs</td>
</tr>
<tr>
<td></td>
<td>For covered IV Antibiotics, you pay $0 copay when the service is bundled with Home Health services.</td>
<td>For covered IV Antibiotics, you pay $0 copay when the service is bundled with Home Health services.</td>
<td>For covered IV Antibiotics, you pay $0 copay when the service is bundled with Home Health services.</td>
<td>For covered IV Antibiotics, you pay $0 copay when the service is bundled with Home Health services.</td>
<td>For covered IV Antibiotics, you pay $0 copay when the service is bundled with Home Health services.</td>
<td>For covered IV Antibiotics, you pay $0 copay when the service is bundled with Home Health services.</td>
</tr>
</tbody>
</table>

**Transportation**

- You pay $0 copay for up to 20 trips:
  - 8 one-way trips (4 round trips) to Primary Care Provider office, eye doctor, specialist, dialysis or physical therapy
  - 12 one-way trips (6 roundtrips) to physical therapy

**Medicare Part B Drugs**

- You pay 20% of the cost for Medicare Part B chemotherapy drugs
  - Part B medications and contrast agents injected, AND
  - Other Part B drugs
  - For covered IV Antibiotics, you pay $0 copay when the service is bundled with Home Health services.
### your benefits and cost sharing

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot Care (podiatry services)</td>
<td>You pay $20 copay per visit</td>
<td>You pay $0 copay per visit</td>
<td>You pay $20 copay per visit</td>
<td>You pay $0 copay per visit</td>
<td>You pay $20 copay per visit</td>
<td>You pay $20 copay per visit</td>
<td>You pay $20 copay per visit</td>
<td>A referral is required. Contact the plan for more information.</td>
</tr>
<tr>
<td>World Wide Emergency Care</td>
<td>You pay $75 per visit</td>
<td>You pay $100 per visit</td>
<td>You pay $75 per visit</td>
<td>You pay $100 per visit</td>
<td>You pay $100 per visit</td>
<td>You pay $100 per visit</td>
<td>You pay $100 per visit</td>
<td>We pay up to $50,000 for covered emergency services received outside the U.S. and its territories. See page 25 for more information.</td>
</tr>
<tr>
<td>Wellness Programs</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
<td>See page 24-25 for a description of the Wellness Programs we offer.</td>
</tr>
<tr>
<td>Chiropractic Care Services</td>
<td>You pay $20 copay per visit for: Medicare-covered chiropractic services Up to 12 Routine chiropractic care visits per year</td>
<td>You pay $0 copay per visit for: Medicare-covered chiropractic services</td>
<td>You pay $20 copay per visit for: Medicare-covered chiropractic services</td>
<td>You pay $0 copay per visit for: Medicare-covered chiropractic services</td>
<td>You pay $0 copay per visit for: Medicare-covered chiropractic services</td>
<td>You pay $0 copay per visit for: Medicare-covered chiropractic services</td>
<td>You pay $0 copay per visit for: Medicare-covered chiropractic services</td>
<td>Medicare-covered Chiropractic Services include manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>You pay $20 copay per visit for: Up to 6 visits per year</td>
<td>You pay $10 copay per visit for: Up to 6 visits per year</td>
<td>Not included in this plan</td>
<td>Not included in this plan</td>
<td>You pay $20 copay per visit for: Up to 6 visits per year</td>
<td>You pay $20 copay per visit for: Up to 6 visits per year</td>
<td>A referral is required. Please contact the plan for more information.</td>
<td></td>
</tr>
<tr>
<td>Therapeutic Massage</td>
<td>You pay $20 copay per visit for: Up to 4 visits per year</td>
<td>You pay $10 copay per visit for: Up to 4 visits per year</td>
<td>Not included in this plan</td>
<td>Not included in this plan</td>
<td>You pay $20 copay per visit for: Up to 4 visits per year</td>
<td>You pay $20 copay per visit for: Up to 4 visits per year</td>
<td>Therapeutic massage sessions must be furnished by a state licensed massage therapist. Massage must be referred by a physician or medical professional as defined by the plan and be health related.</td>
<td></td>
</tr>
<tr>
<td>Over-the-Counter Items (OTC)</td>
<td>You pay nothing for OTC items, medications and products up to $150 every quarter for a total yearly benefit of $600</td>
<td>You pay nothing for OTC items, medications and products up to $150 every quarter for a total yearly benefit of $600</td>
<td>You pay nothing for OTC items, medications and products up to $105 every quarter for a total yearly benefit of $420</td>
<td>You pay nothing for OTC items, medications and products up to $105 every quarter for a total yearly benefit of $420</td>
<td>You pay nothing for OTC items, medications and products up to $135 every quarter for a total yearly benefit of $540</td>
<td>You pay nothing for OTC items, medications and products up to $135 every quarter for a total yearly benefit of $540</td>
<td>The benefit amount does not accumulate from quarter to quarter. See page 22 for more information.</td>
<td></td>
</tr>
</tbody>
</table>
## Premium and Benefits

<table>
<thead>
<tr>
<th>Acclaim by Ultimate (011)</th>
<th>Acclaim Plus by Ultimate (012)</th>
<th>Elite by Ultimate (013-3)</th>
<th>Premier Plus by Ultimate (014-1)</th>
<th>Premier Plus by Ultimate (014-2)</th>
<th>Ascend Plus by Ultimate (016) and (018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your benefits and cost sharing</td>
<td>Your benefits and cost sharing</td>
<td>Elite by Ultimate (013-4)</td>
<td>Your benefits and cost sharing</td>
<td>Your benefits and cost sharing</td>
<td>Your benefits and cost sharing</td>
</tr>
</tbody>
</table>

### Telehealth Services

- **Primary care telehealth services**, including 24 Hour Nurse Advice Line
- **Specialist telehealth services**
- **Mental health telehealth services**

<table>
<thead>
<tr>
<th>Acclaim by Ultimate (011)</th>
<th>Acclaim Plus by Ultimate (012)</th>
<th>Elite by Ultimate (013-3)</th>
<th>Premier Plus by Ultimate (014-1)</th>
<th>Premier Plus by Ultimate (014-2)</th>
<th>Ascend Plus by Ultimate (016) and (018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay $0 copay per visit for:</td>
<td>You pay $0 copay per visit for:</td>
<td>You pay $0 copay per visit for:</td>
<td>You pay $0 copay per visit for:</td>
<td>You pay $0 copay per visit for:</td>
<td>You pay $0 copay per visit for:</td>
</tr>
<tr>
<td>- <strong>Primary care telehealth services</strong>, including 24 Hour Nurse Advice Line</td>
<td>- <strong>Primary care telehealth services</strong>, including 24 Hour Nurse Advice Line</td>
<td>- <strong>Primary care telehealth services</strong>, including 24 Hour Nurse Advice Line</td>
<td>- <strong>Primary care telehealth services</strong>, including 24 Hour Nurse Advice Line</td>
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<td>You pay $20 copay per visit for:</td>
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<td>You pay $20 copay per visit for:</td>
<td>You pay $20 copay per visit for:</td>
<td>You pay $20 copay per visit for:</td>
</tr>
<tr>
<td>- <strong>Specialist telehealth services</strong></td>
<td>- <strong>Specialist telehealth services</strong></td>
<td>- <strong>Specialist telehealth services</strong></td>
<td>- <strong>Specialist telehealth services</strong></td>
<td>- <strong>Specialist telehealth services</strong></td>
<td>- <strong>Specialist care telehealth services</strong></td>
</tr>
<tr>
<td>You pay $0 copay per visit for:</td>
<td>You pay $0 copay per visit for:</td>
<td>You pay $0 copay per visit for:</td>
<td>You pay $0 copay per visit for:</td>
<td>You pay $0 copay per visit for:</td>
<td>You pay $0 copay per visit for:</td>
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<tr>
<td>- <strong>Mental health telehealth services</strong></td>
<td>- <strong>Mental health telehealth services</strong></td>
<td>- <strong>Mental health telehealth services</strong></td>
<td>- <strong>Mental health telehealth services</strong></td>
<td>- <strong>Mental health telehealth services</strong></td>
<td>- <strong>Mental health telehealth services</strong></td>
</tr>
</tbody>
</table>

### Meal Benefit

- You pay a $0 copay for meals immediately following a hospital stay.

### Medical Equipment / Supplies

- **Durable Medical Equipment (DME)**
- **Prosthetics** (e.g., braces, artificial limbs)
- **Diabetes supplies and services**

<table>
<thead>
<tr>
<th>Acclaim by Ultimate (011)</th>
<th>Acclaim Plus by Ultimate (012)</th>
<th>Elite by Ultimate (013-3)</th>
<th>Premier Plus by Ultimate (014-1)</th>
<th>Premier Plus by Ultimate (014-2)</th>
<th>Ascend Plus by Ultimate (016) and (018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay 20% of the cost for:</td>
<td>You pay 20% of the cost for:</td>
<td>You pay 20% of the cost for:</td>
<td>You pay 20% of the cost for:</td>
<td>You pay 20% of the cost for:</td>
<td>You pay 20% of the cost for:</td>
</tr>
<tr>
<td>- <strong>Durable Medical Equipment (DME)</strong></td>
<td>- <strong>Durable Medical Equipment (DME)</strong></td>
<td>- <strong>Durable Medical Equipment (DME)</strong></td>
<td>- <strong>Durable Medical Equipment (DME)</strong></td>
<td>- <strong>Durable Medical Equipment (DME)</strong></td>
<td>- <strong>Durable Medical Equipment (DME)</strong></td>
</tr>
<tr>
<td>You pay $0 copay for:</td>
<td>You pay $0 copay for:</td>
<td>You pay $0 copay for:</td>
<td>You pay $0 copay for:</td>
<td>You pay $0 copay for:</td>
<td>You pay $0 copay for:</td>
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<tr>
<td>- <strong>Diabetes monitoring supplies</strong></td>
<td>- <strong>Diabetes monitoring supplies</strong></td>
<td>- <strong>Diabetes monitoring supplies</strong></td>
<td>- <strong>Diabetes monitoring supplies</strong></td>
<td>- <strong>Diabetes monitoring supplies</strong></td>
<td>- <strong>Diabetes monitoring supplies</strong></td>
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<td>You pay $0 copay for:</td>
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<td>You pay $0 copay for:</td>
<td>You pay $0 copay for:</td>
<td>You pay $0 copay for:</td>
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<tr>
<td>- <strong>Diabetes self-management training</strong></td>
<td>- <strong>Diabetes self-management training</strong></td>
<td>- <strong>Diabetes self-management training</strong></td>
<td>- <strong>Diabetes self-management training</strong></td>
<td>- <strong>Diabetes self-management training</strong></td>
<td>- <strong>Diabetes self-management training</strong></td>
</tr>
</tbody>
</table>

### What you should know

- **Telehealth Services**: A referral is required for specialist telehealth services. Please contact the plan for more information.
- **Meal Benefit**: Two meals per day are offered for 7 days, provided they are ordered by a physician or case manager. A referral is required.
- **Medical Equipment / Supplies**: Authorization is required for some services. Please contact the plan for more information.
### Outpatient Prescription Drugs. How Much Do I Pay in Each Stage

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Retail Pharmacy</th>
<th>Mail Order Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Preferred Generic</td>
<td>Your cost for a one-month supply filled at a network retail pharmacy:</td>
<td>Your cost for a 90-day supply filled at a network mail order pharmacy:</td>
<td></td>
</tr>
<tr>
<td>Tier 2: Generic</td>
<td>• You pay: $0 per prescription</td>
<td>• You pay: $0 per prescription</td>
<td></td>
</tr>
<tr>
<td>Tier 3: Preferred Brand</td>
<td>• You pay: $12 per prescription</td>
<td>• You pay: $12 per prescription</td>
<td></td>
</tr>
<tr>
<td>Tier 4: Non-Preferred Drug</td>
<td>• You pay: $50 per prescription</td>
<td>• You pay: $50 per prescription</td>
<td></td>
</tr>
<tr>
<td>Tier 5: Specialty Tier</td>
<td>• You pay: 33% of the cost</td>
<td>• You pay: 33% of the cost</td>
<td></td>
</tr>
</tbody>
</table>

### Coverage Gap

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Retail Pharmacy</th>
<th>Mail Order Pharmacy</th>
</tr>
</thead>
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<tr>
<td>Tier 1: Preferred Generic</td>
<td>Your cost for a one-month supply filled at a network retail pharmacy:</td>
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<td></td>
</tr>
<tr>
<td>Tier 2: Generic</td>
<td>• You pay: $0 per prescription</td>
<td>• You pay: $0 per prescription</td>
<td></td>
</tr>
<tr>
<td>Tier 3: Preferred Brand</td>
<td>• You pay: $16 per prescription</td>
<td>• You pay: $16 per prescription</td>
<td></td>
</tr>
<tr>
<td>Tier 4: Non-Preferred Drug</td>
<td>• You pay: $100 per prescription</td>
<td>• You pay: $100 per prescription</td>
<td></td>
</tr>
<tr>
<td>Tier 5: Specialty Tier</td>
<td>• You pay: 33% of the cost</td>
<td>• You pay: 33% of the cost</td>
<td></td>
</tr>
</tbody>
</table>

### What should you 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 $4,020. 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 25% of the plan’s cost, whichever is less.

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 $6,350, 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.
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 tables on pages 19 and 20). 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. 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.

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 Diseases.” If you know what your drug is used for, look under 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.

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.

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. 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 averts
- 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 phythohormone, 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, test for pregnancy, 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. 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.

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 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.

**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.

**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
- Comprehensive dental benefits, like filling and extraction
- Some plans offer full-mouth debridement
- Some plans offer dentures

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 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.

Transportation
Now getting to your appointments is easier than ever. We arrange for and cover your transportation to your medical appointments, such as Primary Care Provider, Specialist, Eye Doctor, Dialysis and Physical Therapy office visits.

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 2020, 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 of 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.

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 3-18
- 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 21
- 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

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. During certain times of the year we may use alternative technologies to answer your call on weekends and Federal holidays.

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)

For accommodations of persons with special needs at sales meetings call 1-855-858-7526 (TTY users dial 711), Monday-Sunday, 8am-8pm. During certain times of the year we may use alternative technologies to answer your call on weekends and Federal holidays.
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 Darilu Debi. If you believe that Ultimate Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Darilu Debi, Chief Operating Officer. Address: 1244 Mariner Boulevard, Spring Hill, FL 34609. Phone: 352-835-7151 (TTY users dial 711). Fax: 352-835-7169. Email: ddebi@ulthp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, contact Darilu Debi. If you believe that Ultimate Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Darilu Debi, Chief Operating Officer. Address: 1244 Mariner Boulevard, Spring Hill, FL 34609. Phone: 352-835-7151 (TTY users dial 711). Fax: 352-835-7169. Email: ddebi@ulthp.com

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).

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.

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


 заметка: Если вы говорите на русском языке, вы можете обратиться к бесплатной помощи переводчика. Звоните на 1-888-657-4170 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, вы можете обратиться к бесплатной помощи переводчика. Звоните на 1-888-657-4170 (TTY: 711).


УВАГА: Якщо ви мовите на українській, вам доступні безкоштовні послуги переклада. Зв'яжіться з номером 1-888-657-4170 (TTY: 711).


ATENÇÃO: Se você fala português, você pode utilizar os serviços gratuitos de assistência linguística. Ligue para 1-888-657-4170 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-657-4170 (TTY: 711)번으로 전화해 주십시오.


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

УВАГА: Якщо ви мовите на українській, вам доступні безкоштовні послуги переклада. Зв’яжіться з номером 1-888-657-4170 (TTY: 711).

দিশপথের: বিশ্বাসযোগ্যতা এবং পরিচিতি বাংলা। হোম সেকশনে তথ্য এবং তথ্য ইন্টারনেট পার্কের জন্য 1-888-657-4170 (TTY: 711).

警告: 使用中文的人，可以免費獲得語言援助服務。請致電 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 for which you routinely see a doctor. Visit 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

- 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, 2021.
- 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 is an HMO with a Medicare contract. Enrollment in Ultimate Health Plans depends on contract renewal.
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
or stop in to one of our local offices.

COMMUNITY OUTREACH OFFICE
2713 Forest Road
Spring Hill, FL 34606

CORPORATE OFFICE
1244 Mariner Boulevard
Spring Hill, FL 34609