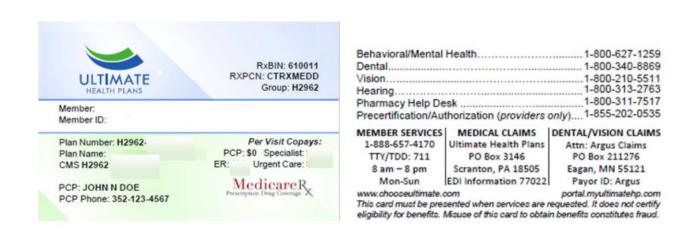


## **Citrus County- 022 Advantage Care CHF by Ultimate (HMO-CSNP)**

Benefit Type	Member Responsibility
Deductible	\$0.00
Maximum Out of	\$2,500
Pocket	
Inpatient Hospital	Days 1-5: \$100; Days 6-90: \$0.00
Outpatient Hospital	ASC: \$25.00 per visit; Outpatient Hospital: \$195.00 per visit
Telehealth	Primary Care: \$0.00 copay
	Specialist: \$20.00 copay per visit
	Mental Health: \$20.00 copay per visit
PCP	\$0 copay per visit
Specialist	\$20 copay
Preventative Care	\$0.00
ER Services	\$75.00 copay per visit
Urgent Care	\$10.00 copay per visit
Diagnostic Services:	Lab Services: \$0.00 copay
Labs/Imaging	Outpatient X-Rays: \$0.00 copay
	Diagnostic tests and procedures:
	\$0.00 copay for Colonoscopy, Endoscopy, and other diagnostic "scopic"
	procedures, Pulmonary Function test and Thyroid function tests.
	\$50.00 copay for Sleep Study and Psychological Test
	Diagnostic Radiological Services: in addition to Office visit copay-
	\$0.00 copay for Ultrasounds and Echocardiography
	\$50.00 copay for Stress, Nerve Conduction, CT, MRI
	\$75.00 copay for CTA, MRA, PET, SPECT and other nuclear medicine testing
	Therapeutic Radiological Services: 20% coinsurance (Referral or PA may be
	required for some services; Services performed at outpatient hospital facility
	are subject to the outpatient hospital copay)
PT/OT/ST	\$20.00 copay per visit
Podiatry Services	\$20.00 per visit for Medicare covered foot exams and treatments
Chiropractic Care	\$0.00 copay for Medicare covered chiropractic services
Services	\$20.00 copay for up to 12 routine visits per a year
Over the Counter	Member receives \$75 monthly, up to \$900 per year
(OTC)	
Medical Equipment	Durable Medical Equipment (DME): 20% Coinsurance
	Prosthetics: 20% Coinsurance
	Diabetes Monitoring supplies: \$0.00 copay
	Diabetes self-management training: \$0.00 copay
	Diabetic Shoes: \$0.00 copay

Transportation	\$0.00 copay for Unlimited trips to PCP, Specialist, eye providers, dialysis and
	Physical Therapy
Medicare Part B drugs	20% coins Insurance; IV antibiotics bundled with Home Health services \$0.00
	copay
Ambulance	Ground Ambulance: \$150 copay for Medicare covered one way
	Air Ambulance: 20% of the cost for Medicare covered one way
Skilled Nursing	Days 1-20: \$0.00 copay per day; Days 21-38: \$150 copay per day; Days 39-
Facility	100: \$0.00 copay per day
Worldwide Emergency	\$75.00 copay per visit
Care	
Acupuncture	\$20.00 copay per visit; up to 6 visits per a year*
Therapeutic Massage	\$20.00 copay per visit; up to 4 visits per a year*
Wellness Program	Silver Sneakers Fitness program- \$0.00
	Health Education- \$0.00
	Additional Smoking and Tobacco Use Cessation- \$0.00
Hearing Services	Please refer to Summary of Benefits for specific benefits*
Dental Services	Please refer to Summary of Benefits for specific benefits*
Vision Services	Please refer to Summary of Benefits for specific benefits*

## **Sample ID Card:**



<sup>\*</sup>Full Summary of Benefits can be found on our website: www.chooseultimate.com