

Hillsborough/Pinellas County- 011 Premier by Ultimate (HMO)

Benefit Type	Member Responsibility		
Deductible	\$0.00		
Maximum Out of	\$2,800		
Pocket			
Inpatient Hospital	Days 1-5: \$120 copay per day; Days 6-90 \$0.00 copay per day		
Outpatient Hospital	ASC: \$25.00 per visit; Outpatient Hospital: \$150.00 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 per visit		
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:		
	\$25.00 copay for Colonoscopy, Endoscopy, and other diagnostic "scopic"		
	procedures. Pulmonary Function test and Thyroid function tests.		
	\$75.00 copay for Sleep Study and Psychological Test		
	Diagnostic Radiological Services: in addition to Office visit copay-		
	\$25.00 copay for Ultrasounds and Echocardiography		
	\$50.00 copay for Stress, Nerve Conduction, CT and MRI		
	\$100.00 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	\$20.00 copay for Medicare covered chiropractic services		
Services	\$20.00 copay per visit- up to 12 Routine chiropractic care visits per year		
Over the Counter	Member receives \$50 monthly, up to \$600 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 up to 20 trips; 8 one-way trips (4 round trips) to PCP, Specialist, Eye provider, or dialysis AND 12-one-way trips (6 roundtrips) to 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 Facility	Days 1-20: \$0.00 copay per day; Days 21-40: \$150 copay per day; Days 41-100: \$0.00 copay per day		
Worldwide Emergency Care	\$75.00 copay per visit		
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:

ULTIMATE HEALTH PLANS	RxBIN: 610011 RXPCN: CTRXMEDD Group: H2962	Behavioral/Mental Health 1-800-627-1259 Dental 1-800-340-8869 Vision 1-800-210-5511 Hearing 1-800-313-2763 Pharmacy Help Desk 1-800-311-7517
Member: Member ID:		Precertification/Authorization (providers only)1-855-202-0535
Plan Number: H2962- Plan Name: CMS H2962 PCP: JOHN N DOE PCP Phone: 352-123-4567	Per Visit Copays: PCP: \$0 Specialist: ER: Urgent Care: Medicare R Prescription Drug Coverage	MEMBER SERVICES 1-888-657-4170 TTY/TDD: 711 8 am - 8 pm Mon-Sun EDI Information 77022 Www.chooseultimate.com This card must be presented when services are requested. It does not certify eligibility for benefits. Misuse of this card to obtain benefits constitutes fraud.

^{*}Full Summary of Benefits can be found on our website: $\underline{www.chooseultimate.com}$