



Lake/Marion/Sumter County- 028 Premier by Ultimate (HMO)

Benefit Type	Member Responsibility
Deductible	\$0.00
Maximum Out of Pocket	\$2,800
Inpatient Hospital	Days 1-5: \$170.00 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
Preventative Care	\$0.00
ER Services	\$75.00 copay per visit
Urgent Care	\$10.00 copay per visit
Diagnostic Services: Labs/Imaging	<p><i>Lab Services:</i> \$0.00 copay <i>Outpatient X-Rays:</i> \$0.00 copay <i>Diagnostic tests and procedures:</i> \$25.00 copay for Colonoscopy, Endoscopy, and other diagnostic “scopic” procedures, Pulmonary Function test and Thyroid function tests. \$150.00 copay for Sleep Study and Psychological Test <i>Diagnostic Radiological Services:</i> in addition to Office visit copay- \$25.00 copay for Ultrasounds and Echocardiography \$50.00 copay for Stress, Nerve Conduction, CT, MRI \$150.00 copay for CTA, MRA, PET, SPECT and other nuclear medicine testing</p> <p><i>Therapeutic Radiological Services:</i> 20% coinsurance (Referral or PA may be required for some services; Services performed at outpatient hospital facility are subject to the outpatient hospital copay)</p>
PT/OT/ST	\$20.00 copay per visit
Podiatry Services	\$20.00 per visit for Medicare covered foot exams and treatments
Chiropractic Care Services	\$20.00 copay for Medicare covered chiropractic services \$20.00 copay per visit- up to 12 Routine chiropractic care visits per year
Over the Counter (OTC)	Member receives \$45 monthly, up to \$540 per year
Medical Equipment	Durable Medical Equipment (DME): 20% Coinsurance Prosthetics: 20% Coinsurance; Diabetic Shoes: \$0.00 copay Diabetes Monitoring supplies: \$0.00 copay Diabetes self-management training: \$0.00 copay

Transportation	\$0.00 copay for up to 20 trips; 8 one-way 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:



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
Precertification/Authorization (providers only).... 1-855-202-0535

MEMBER SERVICES	MEDICAL CLAIMS	DENTAL/VISION CLAIMS
1-888-657-4170	Ultimate Health Plans	Attn: Argus Claims
TTY/TDD: 711	PO Box 3146	PO Box 211276
8 am – 8 pm	Scranton, PA 18505	Eagan, MN 55121
Mon-Sun	EDI Information 77022	Payor ID: Argus

www.chooseultimate.com portal.myultimatehp.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: www.chooseultimate.com