



**Pasco County- 019-2 Advantage Care by Ultimate (HMO-CSNP)**

| <b>Benefit Type</b>                  | <b>Member Responsibility</b>   |
|--------------------------------------|--|
| Deductible                           | \$0.00   |
| Maximum Out of Pocket                | \$3,400  |
| Inpatient Hospital                   | Days 1-5: \$95; Days 6-90: \$0.00  |
| Outpatient Hospital                  | ASC: \$25.00 per visit; Outpatient Hospital: \$150.00 per visit  |
| Telehealth                           | Primary Care: \$0.00 copay<br>Specialist: \$20.00 copay per visit<br>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:<br>Labs/Imaging | <p><i>Lab Services:</i> \$0.00 copay<br/> <i>Outpatient X-Rays:</i> \$0.00 copay<br/> <i>Diagnostic tests and procedures:</i><br/>           \$0.00 copay for Colonoscopy, Endoscopy, and other diagnostic “scopic” procedures, Pulmonary Function test and Thyroid function tests.<br/>           \$50.00 copay for Sleep Study and Psychological Test<br/> <i>Diagnostic Radiological Services:</i> in addition to Office visit copay-<br/>           \$0.00 copay for Ultrasounds and Echocardiography<br/>           \$25.00 copay for Stress, Nerve Conduction, CT, MRI<br/>           \$75.00 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           | \$0.00 copay for Medicare covered chiropractic services<br>\$20.00 copay for up to 12 routine visits per a year  |
| Over the Counter (OTC)               | Member receives \$75 monthly, up to \$900 per year   |
| Medical Equipment                    | Durable Medical Equipment (DME): 20% Coinsurance<br>Prosthetics: 20% Coinsurance<br>Diabetes Monitoring supplies: \$0.00 copay<br>Diabetes self-management training: \$0.00 copay<br>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<br>Air Ambulance: 20% of the cost for Medicare covered one way   |
| Skilled Nursing Facility | Days 1-20: \$0.00 copay per day; Days 21-38: \$150 copay per day; Days 39-100: \$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<br>Health Education- \$0.00<br>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](http://www.chooseultimate.com)