



Benefits at a Glance

2023 Benefit Information

for Brokers, Agents, and FMOs



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Contact Information

Agent Hotline 877-322-4029

Agent Portal enroll.myultimatehp.com/agportal



Wayne Sessa

Senior Director
of Sales & Marketing
352-515-5940
wsessa@ulthp.com



Lexi Olson

Broker Manager
352-835-7151
ext. 6066
lolson@ulthp.com



Frank Corsones

Senior Sales Manager
Citrus, Hernando & Pasco
352-515-5941
fcorsones@ulthp.com



Samantha Hall

Sales Manager
Lake, Marion & Sumter
352-835-7151
ext. 6037
shall@ulthp.com



Patrick Tate

Sales Manager
Hillsborough, Pinellas & Polk
727-410-1439
ptate@ulthp.com



Melissa Price

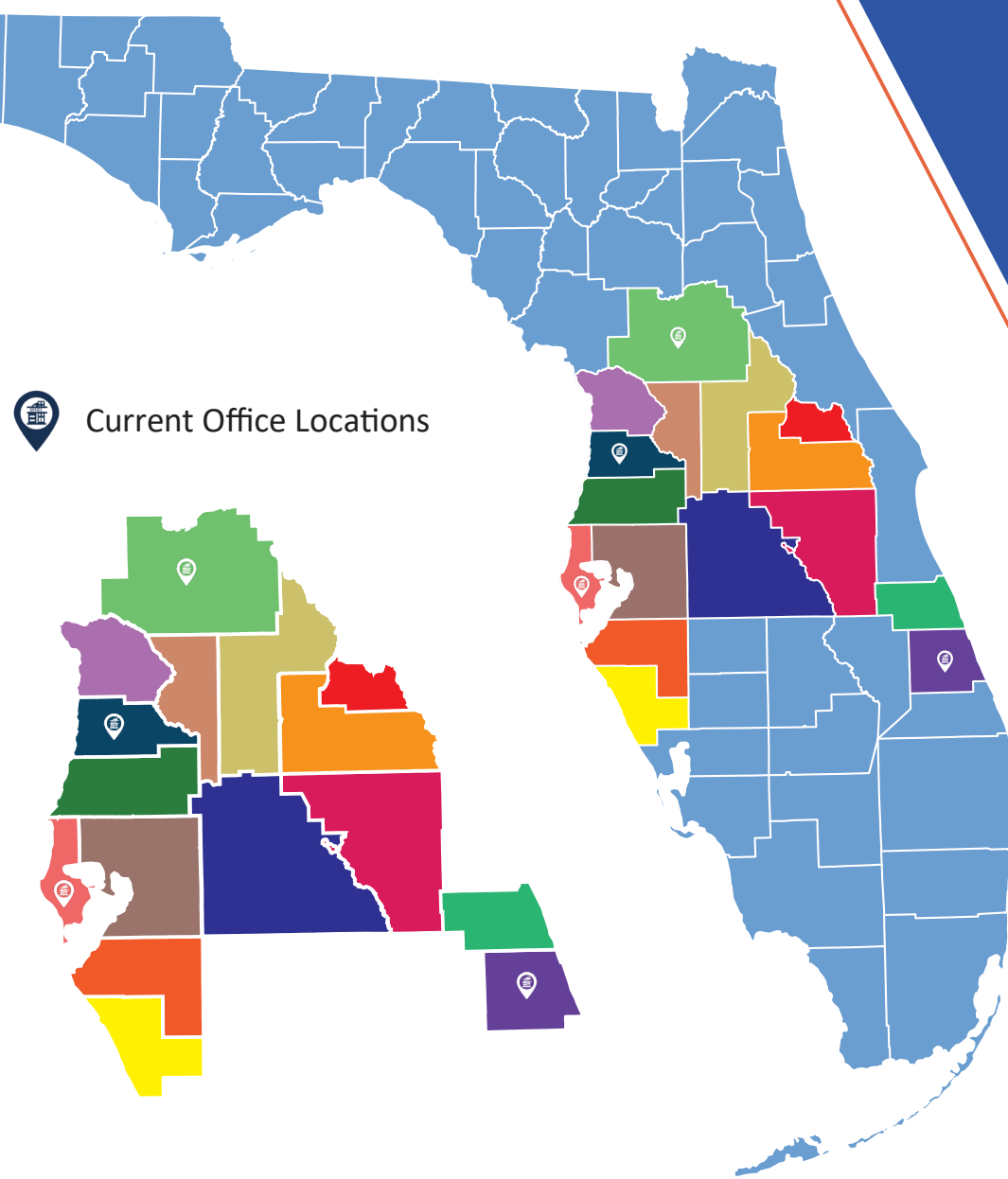
Sales Manager
St. Lucie & Indian River
352-835-7151
ext. 6401
mprice@ulthp.com



Coverage Area

Counties Include:

- Citrus
- Hernando
- Hillsborough
- Indian River
- Lake
- Manatee NEW
- Marion
- Orange NEW
- Osceola NEW
- Pasco
- Pinellas
- Polk NEW
- Sarasota NEW
- Seminole NEW
- St. Lucie
- Sumter



GOOD HEALTH IS WHERE YOU LIVE!

Advantage Care by Ultimate (HMO C-SNP)

Our **Chronic Special Needs Plans** are specially designed for individuals who have been diagnosed with a chronic or disabling condition. Medicare premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help received.

Qualifying conditions include:

- **Diabetes**
- **Cardiovascular Diseases:**
 - Cardiac Arrhythmias
 - Coronary Artery Disease
 - Peripheral Vascular Disease
 - Chronic Venous Thromboembolic Disorder
- **Chronic Congestive Heart Failure**
- **Chronic Lung Disorders:**
 - COPD
 - Chronic Bronchitis
 - Asthma
 - Pulmonary Fibrosis
 - Pulmonary Emphysema

Premier & Premier Plus by Ultimate (HMO)

Our **Core Plans** offer prescription drug coverage and many other valuable benefits such as low copays, over-the-counter allowance, vision, dental, and hearing. Members of Premier by Ultimate enjoy a Part B Premium reduction each month.

Advantage Plus by Ultimate (Full and Partial) (HMO D-SNP)

Our **Dual Special Needs Plans** offer drug coverage with no cost-sharing and are available to anyone who has both Medicare and Florida State Medicaid. Premiums, copays, coinsurance, and deductibles may vary based on their level of Medicaid.

Upgraded Benefits Spotlight

We have improved our benefits to not only save our members money, but allow them to enjoy greater security in their life.

Some benefits we have upgraded this year on most plans includes:

- Lower Maximum Out-of-Pocket (excluding D-SNP plans)
- Lower Inpatient Hospital and Specialist Copays
- OTC Allowance Increase (D-SNP plans)
- Healthy Food Allowance Increase (D-SNP plans)
- Lower Costs on Preferred Brand & Non-Preferred Brand Prescription Drugs (tier 2 & 3) (excluding D-SNP plans)
- Improved Preventative and Comprehensive Dental



	Core Plans	Chronic Special Needs Plans	Dual Eligible Special Needs Plans
Over-the-Counter Allowance	up to \$50 per month	up to \$100 per month	up to \$125 per month
Healthy Food Allowance	X	\$75 per month	\$100 per month
Flex Allowance	X	X	\$500 a year

Comprehensive Dental and Dentures for 2023 (select plans)

Our plan helps members stay healthy with our preventive dental benefits, all with a \$0 copay. Our comprehensive benefits can save members money if they need extensive dental work.



Some of our dental benefits include:

- 1 comprehensive oral exam every 3 years
- 3 fillings per year
- 1 crown per year
- 1 full mouth debridement every 2 years
- 4 deep cleanings per year
- 1 simple extraction per year
- 1 surgical extraction per year
- Unlimited simple and surgical necessary extractions to fit dentures
- 1 root canal per year
- Dentures may include 1 of the following per arch every 5 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
 - Maxillary or mandibular denture reline (1 per year)

New Benefit Spotlight



We all need a pal sometimes. That's why we are partnering with Papa to offer members a hand to help, a shoulder to lean on, and an ear to listen — when, where, and how they need it most.

Pals bring companionship, assistance with light household tasks, transportation, errands, meal prep, pets, technology and more — right to their front door. Pals follow COVID-19 safety protocols and undergo robust background checks and training.

Members have easy access to 48 hours of help per year from a Papa Pal at no additional cost.



Do they want a friendly face to share a conversation with or play a card game? Maybe to go for a leisurely stroll or grab a cup of coffee? A Pal can join them.



Do they need a ride to a doctor's appointment or to run errands like picking up prescriptions or grocery shopping? Could they use an extra hand with getting dinner ready or doing some light laundry? Papa is here to help.



COMPANIONSHIP

Chat, play board games, watch a movie, take a walk, or exercise.

HOUSE NEEDS

Light cleaning, meal prep, organizing, or pet help.

TRANSPORTATION

Doctors appointments, errands, grocery and pharmacy shopping.

TECHNOLOGY

Help with computers, smart phones, and tablets.

D-SNP Benefit Highlights

Advantage Plus by Ultimate members enjoy these benefits:

Prescription Drugs at No Cost

Medicare has approved Ultimate Health Plans to provide covered prescription drugs to our members at no cost as part of the Value-Based Insurance Design program. This program allows Medicare to find new ways to improve Medicare Advantage plans. Please refer to our Formulary for a list of covered drugs.

Vision with Choices

Our plan provides a yearly benefit limit of up to a **\$500** retail value for eyewear towards one of the following options:

Option 1 (\$0 copay):

- Contact lenses, and contact lens fitting

OR

- 1 pair of standard single vision, bi-focal or trifocal eyeglass lenses

Option 2 (\$0 copay):

- Choice of 3 standard pairs of select eyeglasses, frames and lenses

Unlimited Transportation

\$0 copay for unlimited trips to any plan-approved location per benefit year

Flex Card for Hearing, Dental and Vision

Up to **\$500** every year that may be used to cover costs which exceed the plan allowed benefits for hearing, dental and vision services.

Over-the-Counter (OTC) Allowance

Our plan provides a monthly benefit of **\$125** towards OTC items. Order over the phone, online, or purchase OTC items from participating retailers.

Healthy Foods Allowance*

Up to **\$100** monthly to use at participating retailers towards the purchase of healthy foods such as vegetables, fruit, bread, rice, and milk. Some restrictions may apply. The benefit amount does not roll over from month to month.

*To be eligible for the Healthy Foods Card benefit, members must be diagnosed with one or more of the following chronic conditions: Chronic alcohol and other drug dependence, autoimmune disorders, cancer, cardiovascular disorders, chronic heart failure, chronic kidney disease (any stage), dementia, depression, diabetes, end-stage liver disease, end-stage renal disease (ESRD), hypercholesterolemia, hypertension, severe hematologic disorders, HIV/AIDS, chronic lung disorders, chronic and disabling mental health conditions, neurologic disorders, stroke, and tobacco abuse.

Ultimate Smart Phone



Our members can manage their health and communicate with caregivers and providers from their Ultimate Smart Phone*!



No Contract or Out-of-Pocket Cost for the Service

- Members pay \$35 per month directly from their Over-the-Counter benefit allowance.
- The phone arrives with a Quick Set-Up Guide and includes a charger, data cable, protective case, and a pre-installed screen protector.
- Cancel this benefit at any time by calling (855) 422-0039 (TTY 711). When the service is canceled, it will continue until the end of the month and a prepaid shipping label will be provided to return the device.
- If the phone is lost, broken, or stolen, members are entitled to one free replacement every six months. There is a \$75 deductible for additional replacements within the six month time-frame.



The Ultimate Smart Phone comes pre-loaded with web and mobile health-related apps, including:

- Ultimate Health Plans Member Portal
- SilverSneakers®
- LabCorp - Schedule appointments and view results
- Built-in thermometer



Our members can also use their Ultimate Smart Phone to:

- Communicate with unlimited data and minutes
- Port an existing phone number
- Manage prescriptions
- Connect with Case Management
- Make emergency and other health-related calls

*For members of the Premier by Ultimate (HMO), Premier Plus by Ultimate (HMO), and Advantage Plus by Ultimate (HMO D-SNP) plans, the Ultimate Smart Phone device is limited to health-related activities only. Some examples of health-related activities are telehealth appointments, calling providers, and using applications that are focused on managing and maintaining their health.

Ultimate Plan Locator

Plan Type	Core Plans (HMO)									Chronic Special Needs Plans (HMO C-SNP)											Dual Eligible Special Needs Plans (HMO D-SNP)					
Plan Name	Premier by Ultimate (HMO) Premier Plus by Ultimate (HMO)									Advantage Care by Ultimate (HMO C-SNP) Advantage Care CHF by Ultimate (HMO C-SNP) Advantage Care COPD by Ultimate (HMO C-SNP)											Advantage Plus by Ultimate (Full) (HMO D-SNP) Advantage Plus by Ultimate (Partial) (HMO D-SNP)					
Plan ID Number	001	013-3	013-4	028	031	032	045	<small>NEW</small> 046	<small>NEW</small> 047	019-1	019-2	021	022	023	024	025	026	029	033	034	<small>NEW</small> 050	<small>NEW</small> 051	<small>NEW</small> 052	035	036	
Citrus			✓			✓						✓	✓	✓											✓	✓
Hernando	✓					✓				✓					✓	✓									✓	✓
Hillsborough							✓									✓	✓								✓	✓
Indian River					✓	✓														✓	✓				✓	✓
Lake				✓										✓					✓						✓	✓
<small>NEW</small> Manatee									✓												✓		✓		✓	✓
Marion				✓										✓					✓						✓	✓
<small>NEW</small> Orange								✓													✓	✓			✓	✓
<small>NEW</small> Osceola								✓													✓	✓			✓	✓
Pasco		✓				✓					✓				✓	✓									✓	✓
Pinellas							✓									✓	✓								✓	✓
<small>NEW</small> Polk							✓														✓		✓		✓	✓
<small>NEW</small> Sarasota									✓												✓		✓		✓	✓
<small>NEW</small> Seminole								✓													✓	✓			✓	✓
St. Lucie					✓	✓														✓	✓				✓	✓
Sumter				✓										✓											✓	✓



Premier by Ultimate (HMO)								
Plan Number	Hernando 001	Pasco 013-3	Citrus 013-4	Lak/Mar/Sum 028	InRiv/St.Luc 031	Hills/Pine/Polk 045	Orange/Osc/Semi 046	Manatee/Sarasota 047
Maximum Out-of-Pocket	\$1,900	\$1,900	\$1,800	\$2,500	\$2,000	\$2,800	\$3,400	\$3,200
Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Part B Premium Reduction	\$170.10	\$155.00	\$150.00	\$150.00	\$160.00	\$170.10	\$160.00	\$155.00
INPATIENT CARE								
Inpatient Hospital (Acute & Mental)	\$60 - \$115 (days 1-5) \$0 (days 6-90)	\$95 (days 1-5) \$0 (days 6-90)	\$60 (days 1-5) \$0 (days 6-90)	\$170 (days 1-5) \$0 (days 6-90)	\$85 (days 1-5) \$0 (days 6-90)	\$90 (days 1-5) \$0 (days 6-90)	\$85 (days 1-5) \$0 (days 6-90)	\$175 (days 1-5) \$0 (days 6-90)
OUTPATIENT CARE								
Primary Care Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Visit	\$10	\$10	\$10	\$20	\$10	\$15	\$10	\$25
Ambulatory Surgery Center Visit	\$25	\$25	\$25	\$25	\$20	\$25	\$50	\$25
PART D DRUGS								
Gap Coverage	Tier 1: \$0	Tier 1: \$0	Tier 1: \$0	Tier 1: \$0	Tier 1: \$0	Tier 1: \$0	Tier 1: \$0	Tier 1: \$0
Insulin Savings Program	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Tier 1 Generic (1 month)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 Preferred Brand (1 month)	\$15	\$15	\$15	\$30	\$25	\$25	\$30	\$35
Tier 3 Non-Preferred Drug (1 month)	\$60	\$60	\$60	\$60	\$65	\$60	\$60	\$85
Tier 4 Specialty (1 month)	33%	33%	33%	33%	33%	33%	33%	33%
DENTAL								
Deep Cleaning	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year
Fluoride Treatment	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months
Oral Exam	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months
Routine Cleaning	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months
X-ray	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year
HEARING								
Hearing Aids	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)
VISION								
Eyewear Allowance (Glasses/Contacts)	\$200	\$200	\$150	\$200	\$200	\$300	\$200	\$200
SUPPLEMENTAL BENEFITS								
Fitness Benefit	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Meal Benefit	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)
Nurse Hotline	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Over-the-Counter (OTC)	\$50 per month	\$50 per month	\$35 per month	\$45 per month	\$50 per month	\$50 per month	\$50 per month	\$50 per month
Transportation	\$0 up to 20 trips	\$0 up to 20 trips	\$0 up to 20 trips	\$0 up to 20 trips	\$0 up to 20 trips	\$0 up to 20 trips	\$0 up to 12 trips	\$0 up to 12 trips

Premier Plus by Ultimate (HMO)	
Plan Number	Hern/Citrus/Pasco/IndRiv/St.Lucie 032
Maximum Out-of-Pocket	\$1,200
Premium	\$0
Part B Premium Reduction	\$0.00
INPATIENT CARE	
Inpatient Hospital (Acute & Mental)	\$0 (days 1-5) \$0 (days 6-90)
OUTPATIENT CARE	
Primary Care Visit	\$0
Specialist Visit	\$0
Ambulatory Surgery Center Visit	Not Covered
PART D DRUGS	
Gap Coverage	Tier 1: \$0
Insulin Savings Program	Covered
Tier 1 Generic (1 month)	\$0
Tier 2 Preferred Brand (1 month)	\$5
Tier 3 Non-Preferred Drug (1 month)	\$45
Tier 4 Specialty (1 month)	33%
DENTAL	
Deep Cleaning	\$0; 4 per year
Fluoride Treatment	\$0 every 6 months
Oral Exam	\$0 every 6 months
Routine Cleaning	\$0 every 6 months
X-ray	\$0; 2 per year
HEARING	
Hearing Aids	\$2,000 max (\$1,000 per aid)
VISION	
Eyewear Allowance (Glasses/Contacts)	\$300
SUPPLEMENTAL BENEFITS	
Fitness Benefit	Covered
Meal Benefit	\$0 (14 meals)
Nurse Hotline	Covered
Over-the-Counter (OTC)	\$50 per month
Transportation	\$0 up to 20 trips

Advantage Care by Ultimate (HMO C-SNP)						
Plan Number	Hernando 019-1	Pasco 019-2	Citrus 021	Hills/Pin 026	Lake/Mar/ Sumter 029	IndRiv/ St.Lucie 033
Maximum Out-of-Pocket	\$1,750	\$1,750	\$1,700	\$1,600	\$3,000	\$2,800
Premium	\$0	\$0	\$0	\$0	\$0	\$0
Part B Premium Reduction	\$170.10	\$170.10	\$170.10	\$170.10	\$170.10	\$170.10
INPATIENT CARE						
Inpatient Hospital (Acute & Mental)	\$50 (days 1-5) \$0 (days 6-90)	\$50 (days 1-5) \$0 (days 6-90)	\$70 (days 1-5) \$0 (days 6-90)	\$60 (days 1-5) \$0 (days 6-90)	\$120 (days 1-5) \$0 (days 6-90)	\$175 (days 1-5) \$0 (days 6-90)
OUTPATIENT CARE						
Primary Care Visit	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Visit	\$5	\$5	\$10	\$10	\$20	\$20
Ambulatory Surgery Center Visit	\$25	\$25	\$25	\$25	\$25	\$50
PART D DRUGS						
Gap Coverage	Tier 1 & 5: \$0/\$10	Tier 1 & 5: \$0/\$10	Tier 1 & 5: \$0/\$10	Tier 1 & 5: \$0/\$10	Tier 1 & 5: \$0/\$10	Tier 1 & 5: \$0/\$10
Insulin Savings Program	Covered	Covered	Covered	Covered	Covered	Covered
Tier 1 Generic (1 month)	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 Preferred Brand (1 month)	\$10	\$10	\$20	\$15	\$20	\$20
Tier 3 Non-Preferred Drug (1 month)	\$50	\$50	\$60	\$55	\$60	\$70
Tier 4 Specialty (1 month)	33%	33%	33%	33%	33%	33%
Tier 5 Select Care Drugs (1 month)	\$10	\$10	\$10	\$10	\$10	\$10
DENTAL						
Deep Cleaning	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year
Fluoride Treatment	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months
Oral Exam	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months
Routine Cleaning	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months
X-ray	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year
HEARING						
Hearing Aids	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)
VISION						
Eyewear Allowance (Glasses/Contacts)	\$300	\$300	\$200	\$300	\$200	\$200
SUPPLEMENTAL BENEFITS						
Fitness Benefit	Covered	Covered	Covered	Covered	Covered	Covered
Meal Benefit	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)
Nurse Hotline	Covered	Covered	Covered	Covered	Covered	Covered
Over-the-Counter (OTC)	\$75 per month	\$75 per month	\$75 per month	\$75 per month	\$75 per month	\$75 per month
Transportation	\$0 (unlimited)	\$0 (unlimited)	\$0 (unlimited)	\$0 (unlimited)	\$0 (unlimited)	\$0 (unlimited)

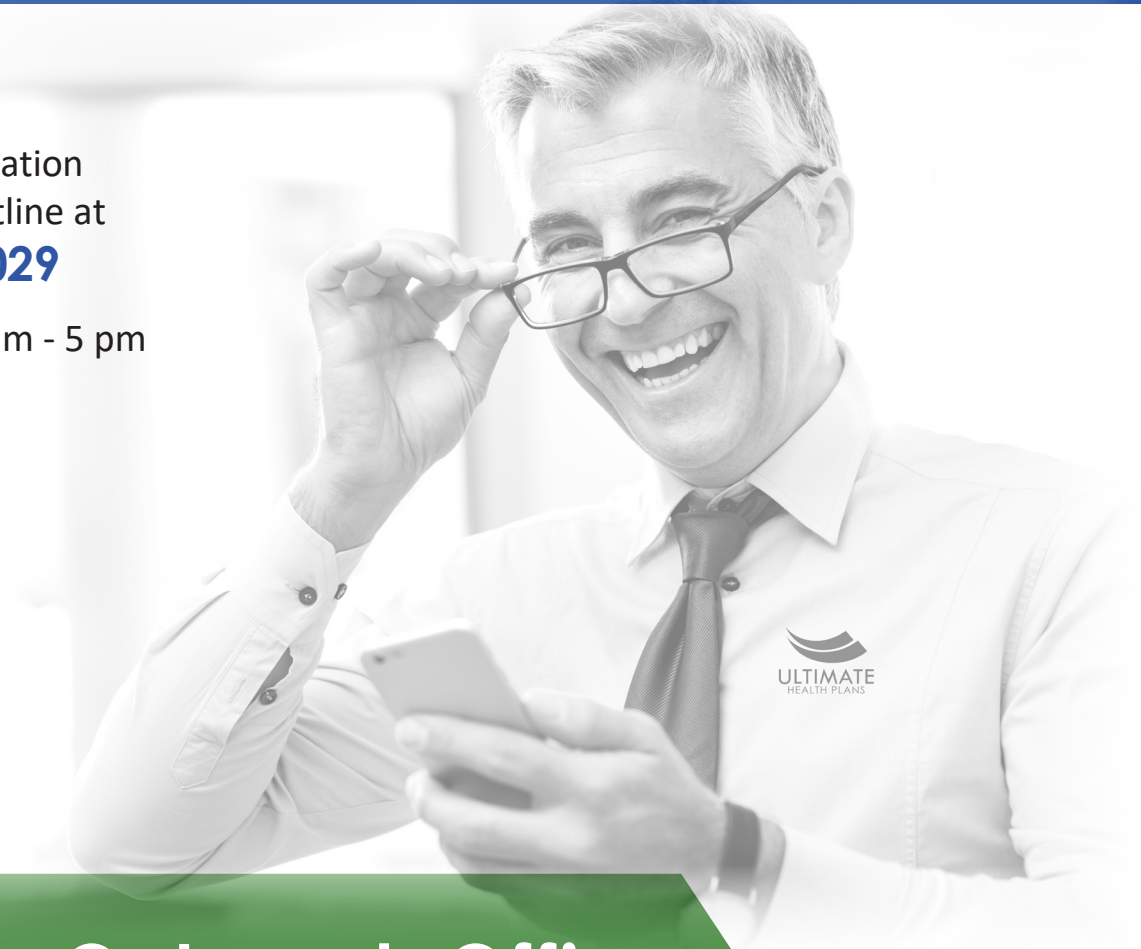
Advantage Care CHF by Ultimate (HMO C-SNP)		
Plan Number	Citrus 022	Hernando/Pasco 024
Maximum Out-of-Pocket	\$1,700	\$1,750
Premium	\$0	\$0
Part B Premium Reduction	\$170.10	\$170.10
INPATIENT CARE		
Inpatient Hospital (Acute & Mental)	\$70 (days 1-5) \$0 (days 6-90)	\$50 (days 1-5) \$0 (days 6-90)
OUTPATIENT CARE		
Primary Care Visit	\$0	\$0
Specialist Visit	\$10	\$5
Ambulatory Surgery Center Visit	\$25	\$25
PART D DRUGS		
Gap Coverage	Tier 1 & 5: \$0/\$10	Tier 1 & 5: \$0/\$10
Insulin Savings Program	Covered	Covered
Tier 1 Generic (1 month)	\$0	\$0
Tier 2 Preferred Brand (1 month)	\$20	\$10
Tier 3 Non-Preferred Drug (1 month)	\$60	\$50
Tier 4 Specialty (1 month)	33%	33%
Tier 5 Select Care Drugs (1 month)	\$10	\$10
DENTAL		
Deep Cleaning	\$0; 4 per year	\$0; 4 per year
Fluoride Treatment	\$0 every 6 months	\$0 every 6 months
Oral Exam	\$0 every 6 months	\$0 every 6 months
Routine Cleaning	\$0 every 6 months	\$0 every 6 months
X-ray	\$0; 2 per year	\$0; 2 per year
HEARING		
Hearing Aids	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)
VISION		
Eyewear Allowance (Glasses/Contacts)	\$200	\$300
SUPPLEMENTAL BENEFITS		
Fitness Benefit	Covered	Covered
Meal Benefit	\$0 (14 meals)	\$0 (14 meals)
Nurse Hotline	Covered	Covered
Over-the-Counter (OTC)	\$75 per month	\$75 per month
Transportation	\$0 (unlimited)	\$0 (unlimited)

Plan Number	Advantage Care COPD by Ultimate (HMO C-SNP)					
	Citrus/Lake/ Mar/Sumter 023	Hern/Hills Pas/Pin 025	IndRiv/Man/Ora/Osc Polk/Sar/Sem/St.Lucie 034	Orange Osc/Sem 050	Polk 051	Man/Sar 052
Maximum Out-of-Pocket	\$2,600	\$1,750	\$3,300	\$3,400	\$3,200	\$3,400
Premium	\$0	\$0	\$0	\$0	\$0	\$0
Part B Premium Reduction	\$170.10	\$170.10	\$155.00	\$170.10	\$170.10	\$170.10
INPATIENT CARE						
Inpatient Hospital (Acute & Mental)	\$115 (days 1-5) \$0 (days 6-90)	\$60 (days 1-5) \$0 (days 6-90)	\$160 (days 1-5) \$0 (days 6-90)	\$160 (days 1-7) \$0 (days 8-90)	\$160 (days 1-5) \$0 (days 6-90)	\$165 (days 1-5) \$0 (days 6-90)
OUTPATIENT CARE						
Primary Care Visit	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Visit	\$20	\$7	\$20	\$15	\$15	\$15
Ambulatory Surgery Center Visit	\$25	\$25	\$50	\$25	\$25	\$25
PART D DRUGS						
Gap Coverage	Tier 1 & 5: \$0/\$10	Tier 1 & 5: \$0/\$10	Tier 1 & 5: \$0/\$10	Tier 1 & 5: \$0/\$10	Tier 1 & 5: \$0/\$10	Tier 1 & 5: \$0/\$10
Insulin Savings Program	Covered	Covered	Covered	Covered	Covered	Covered
Tier 1 Generic (1 month)	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 Preferred Brand (1 month)	\$20	\$10	\$20	\$25	\$25	\$25
Tier 3 Non-Preferred Drug (1 month)	\$60	\$50	\$60	\$60	\$65	\$70
Tier 4 Specialty (1 month)	33%	33%	33%	33%	33%	33%
Tier 5 Select Care Drugs (1 month)	\$10	\$10	\$10	\$10	\$10	\$10
DENTAL						
Deep Cleaning	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year	\$0; 4 per year
Fluoride Treatment	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months
Oral Exam	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months
Routine Cleaning	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months	\$0 every 6 months
X-ray	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year	\$0; 2 per year
HEARING						
Hearing Aids	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)
VISION						
Eyewear Allowance (Glasses/Contacts)	\$200	\$300	\$200	\$300	\$300	\$300
SUPPLEMENTAL BENEFITS						
Fitness Benefit	Covered	Covered	Covered	Covered	Covered	Covered
Meal Benefit	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)
Nurse Hotline	Covered	Covered	Covered	Covered	Covered	Covered
Over-the-Counter (OTC)	\$75 per month	\$75 per month	\$75 per month	\$100 per month	\$75 per month	\$75 per month
Transportation	\$0 (unlimited)	\$0 (unlimited)	\$0 (unlimited)	\$0 up to 12 trips	\$0 up to 12 trips	\$0 up to 12 trips

Plan Number	Advantage Plus by Ultimate (HMO D-SNP)	
	(Full) 035	(Partial) 036
Maximum Out-of-Pocket	\$500	\$500
Premium	\$0	\$0
Part B Premium Reduction	\$0	\$0
INPATIENT CARE		
Inpatient Hospital (Acute & Mental)	\$0 (days 1-90)	\$0 (days 1-90)
OUTPATIENT CARE		
Primary Care Visit	\$0	\$0
Specialist Visit	\$0	\$0
Ambulatory Surgery Center Visit	Not Covered	Not Covered
PART D DRUGS		
Gap Coverage	\$0	\$0
All Covered Drugs	\$0; includes all LIS levels	\$0; includes all LIS levels
DENTAL		
Deep Cleaning	\$0	\$0
Fluoride Treatment	\$0 every 6 months	\$0 every 6 months
Oral Exam	\$0 every 6 months	\$0 every 6 months
Routine Cleaning	\$0 every 6 months	\$0 every 6 months
X-ray	\$0; 2 per year	\$0; 2 per year
HEARING		
Hearing Aids	\$2,000 max (\$1,000 per aid)	\$2,000 max (\$1,000 per aid)
VISION		
Eyewear Allowance (Glasses/Contacts)	\$500	\$500
SUPPLEMENTAL BENEFITS		
Fitness Benefit	Covered	Covered
Meal Benefit	\$0 (14 meals)	\$0 (14 meals)
Nurse Hotline	Covered	Covered
Over-the-Counter (OTC)	\$125 per month	\$125 per month
Transportation	\$0 (unlimited)	\$0 (unlimited)
Healthy Foods Card	\$100 per month	\$100 per month
Flex Card	\$500 per year	\$500 per year

For more information
call our Agent Hotline at
877-322-4029

Monday - Friday, 8 am - 5 pm



Community Outreach Offices



17820 SE 109th Ave, STE 103
Summerfield, FL 34491



2713 Forest Rd
Spring Hill, FL 34606



4058 Tampa Rd, STE 7
Oldsmar, FL 34677



600 N US Hwy 1, STE A
Fort Pierce, FL 34950



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