



ULTIMATE
HEALTH PLANS

Good health is where you live.



Benefits at a **Glance**

2024 Benefit Information

for Brokers, Agents, and FMOs

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ULTIMATE
HEALTH PLANS

Contact Information

Agent Hotline877-322-4029

Agent Portal.....enroll.myultimatehp.com/agportal

Sales Managers

Exceptional Teams Incorporate Synergy into Their Culture, Creating the Building Blocks for Success



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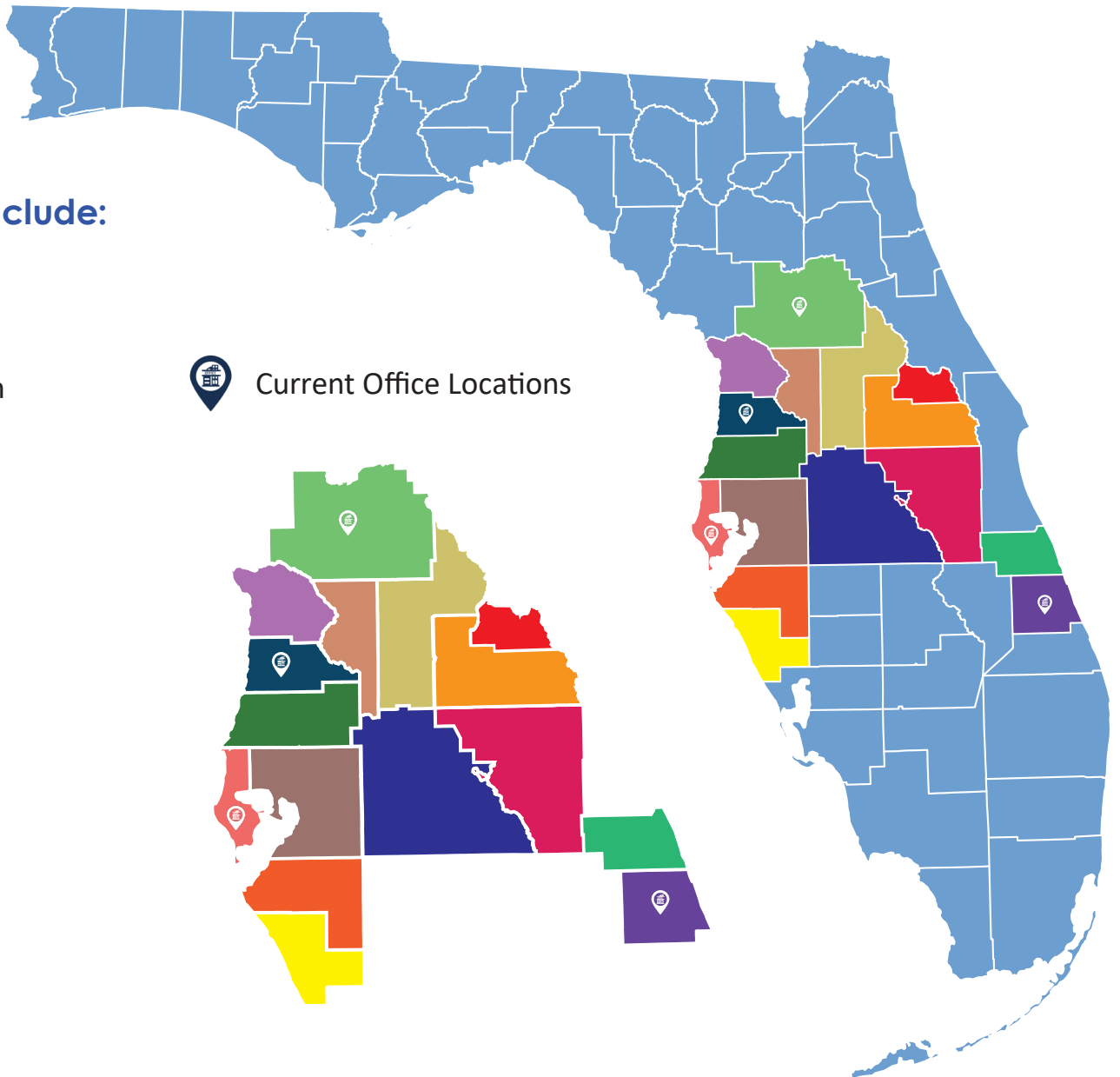
Sales Manager
Orange | Osceola | Seminole
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Counties Include:

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



Current Office Locations



GOOD HEALTH IS WHERE YOU LIVE!



Premier by Ultimate (HMO)

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

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

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. Plan premiums, copays, coinsurance, and deductibles may vary based on their level of Medicaid.

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 include:

- Lower Maximum Out-of-Pocket (*excluding D-SNPs*)
- Lower Inpatient Hospital and Specialist Copays
- Combined Flex Benefit (OTC | Healthy Food | Utilities) (*C-SNPs*)
- Lower Costs on Preferred Brand & Non-Preferred Brand Prescription Drugs (*tier 2 & 3*) (*excluding D-SNPs*)
- Improved Preventive and Comprehensive Dental

UTILITY BILL PAYMENT



	Core Plans	Chronic Special Needs Plans	Dual Eligible Special Needs Plans
Over-the-Counter (OTC) Allowance	Up to \$50 per month	See Flex Allowance	Up to \$125 per month
Healthy Food Allowance	X	See Flex Allowance	\$100 per month
Utility Allowance	X	See Flex Allowance	X
Flex Allowance	X	Up to \$125 per month*	\$500 a year

*OTC, Healthy Foods, and Utilities are a combined benefit for C-SNP (Advantage Care) plans. Member chooses how to spend benefit dollars between these 3 offerings. The benefit amount does not roll over from month to month. For details, please refer to the plan's Evidence of Coverage.

Benefit Spotlight



Comprehensive Dental and Dentures for 2024 *(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 per quadrant)
 - 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 relines (1 per year)



Your Over-the-Counter, Healthy Foods, and Utilities Benefit*

Spend freely and live fully with your **Ultimate Benefit Card!** With our program, you will receive:

- Preloaded funds on your benefit card each month
- Access to over **500** of approved OTC products
- Three convenient ways to shop: in-store, online, or by phone

What Is Approved?

Participating Retailers Include:

- CVS (No Target stores)
- Publix
- SE Grocers (Winn-Dixie)
- Walgreens
- Walmart
- Dollar General

OTC Products

- Allergy and sinus
- Cold and flu
- Dental and oral health
- Diabetic care
- Digestive health
- Eye and ear care
- First aid
- And more

Healthy Foods*

- Fresh fruit and vegetables
- Canned fruit and vegetables
- Frozen produce and meals
- Fresh salad kits
- Dairy products
- Meat and seafood
- Beans and legumes
- And more

* To receive the Healthy Foods benefit, you must be a member of our D-SNP (Advantage Plus) or C-SNP (Advantage Care) plans and be diagnosed with a qualifying chronic condition. OTC, Healthy Foods, and Utilities are a combined benefit for C-SNP (Advantage Care) plans. The benefit amount does not roll over from month to month. For details, please refer to the plan's Evidence of Coverage.

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, bifocal, 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 Benefit 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 Plan Locator

Plan Type	MAPD Plans (HMO)					Chronic Special			
Plan Name	Premier by Ultimate (HMO)					Advantage Care Advantage Care			
Plan ID Number	001	028	045	046	047	021	022	023	025
Citrus	✓					✓	✓	✓	
Hernando	✓					✓	✓		✓
Hillsborough			✓						✓
Indian River	✓							✓	
Lake		✓						✓	
Manatee					✓			✓	
Marion		✓						✓	
Orange				✓				✓	
Osceola				✓				✓	
Pasco	✓					✓	✓		✓
Pinellas			✓						✓
Polk			✓					✓	
Sarasota					✓			✓	
Seminole				✓				✓	
St. Lucie	✓							✓	
Sumter		✓						✓	

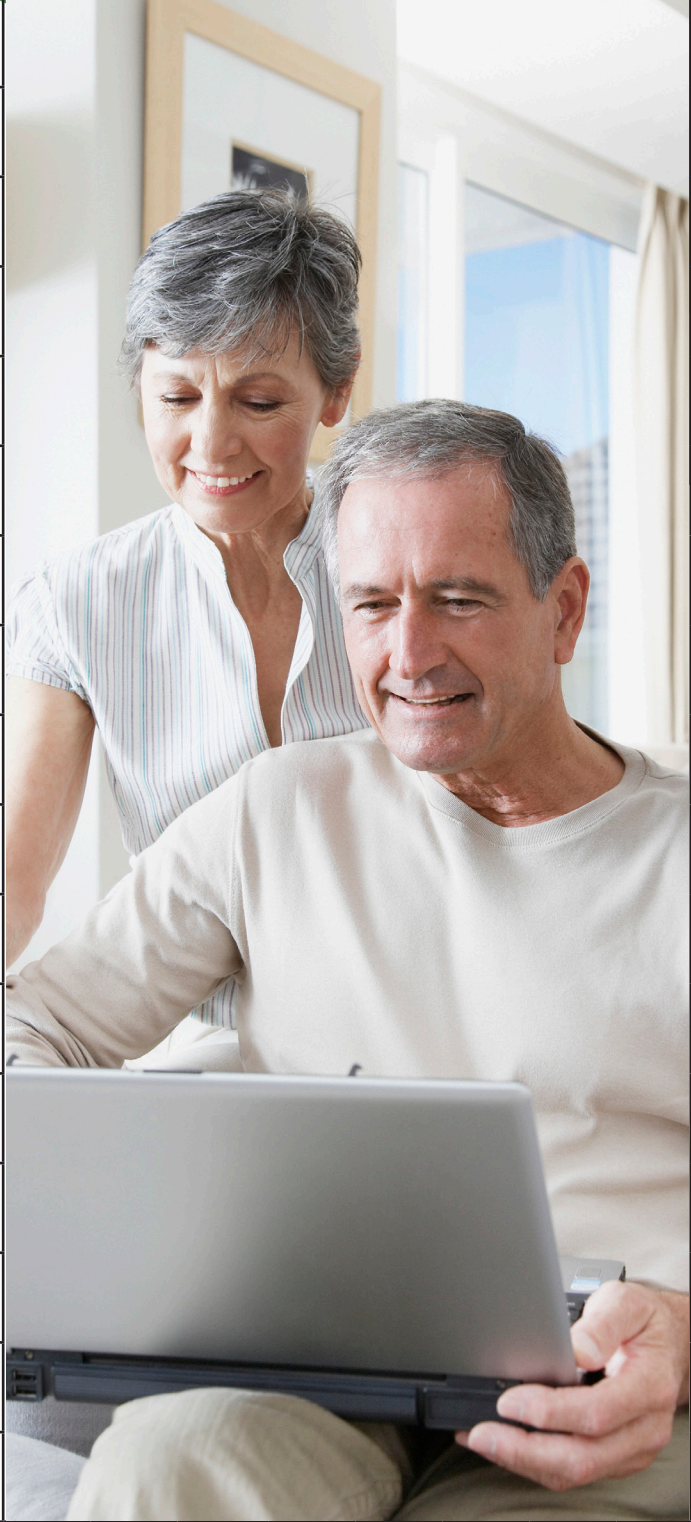
Needs Plans (HMO C-SNP)

Dual Eligible Special Needs Plans (HMO D-SNP)

by Ultimate (HMO C-SNP)
COPD by Ultimate (HMO C-SNP)

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

26	029	033	050	051	052	035	036
						✓	✓
						✓	✓
✓						✓	✓
		✓				✓	✓
	✓					✓	✓
					✓	✓	✓
	✓					✓	✓
			✓			✓	✓
			✓			✓	✓
						✓	✓
✓						✓	✓
				✓		✓	✓
					✓	✓	✓
			✓			✓	✓
		✓				✓	✓
	✓					✓	✓



Premier by Ultimate (HMO)

Plan Number

Citrus/Hern/IndRiv/Pasco/St. Lucie
001Lak/Mar/Sum
028

Maximum Out-of-Pocket	\$1,900	\$2,500
Premium	\$0	\$0
Part B Premium Reduction	\$164.90	\$150
INPATIENT CARE		
Inpatient Hospital (Acute & Mental)	\$60 (days 1-5) \$0 (days 6-90)	\$170 (days 1-5) \$0 (days 6-90)
OUTPATIENT CARE		
Primary Care Visit	\$0	\$0
Specialist Visit	\$10	\$20
Ambulatory Surgery Center Visit	\$25	\$25
PART D DRUGS		
Gap Coverage	Tier 1: \$0	Tier 1: \$0
Tier 1 Generic 1-Month (Retail)	\$0	\$0
Tier 2 Preferred Brand 1-Month (Retail)	\$15	\$30
Tier 3 Non-Preferred Drugs 1-Month (Retail)	\$60	\$60
Tier 4 Specialty 1-Month (Retail)	33%	33%
DENTAL		
Fillings	\$0; 3 per year	\$0; 3 per year
Crown	\$0; 1 per year	\$0; 1 per year
Simple & Surgical Extractions	\$0; 1 of each per year	\$0; 1 of each per year
Dentures with Unlimited Extractions to Fit	Not Covered	Not Covered
Root Canal	Not Covered	Not Covered
Debridement	Not Covered	Not Covered
HEARING		
Hearing Aids	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)
VISION		
Eyewear Allowance (Glasses/Contacts)	\$200 per year	\$300 per year
SUPPLEMENTAL BENEFITS		
Fitness Benefit	Covered	Covered
Meal Benefit	\$0 (14 meals)	\$0 (14 meals)
Nurse Hotline	Covered	Covered
Over-the-Counter (OTC)	\$50 per month	\$45 per month
Transportation	\$0 for up to 20 trips one-way trips	\$0 for up to 20 trips one-way trips

Hills/Pine/Polk 045	Orange/Osc/Semi 046	Manatee/Sarasota 047
\$1,900	\$2,900	\$3,200
\$0	\$0	\$0
\$164.90	\$160	\$155
\$90 (days 1-5) \$0 (days 6-90)	\$175 (days 1-5) \$0 (days 6-90)	\$175 (days 1-5) \$0 (days 6-90)
\$0	\$0	\$0
\$15	\$15	\$25
\$25	\$50	\$25
Tier 1: \$0	Tier 1: \$0	Tier 1: \$0
\$0	\$0	\$0
\$25	\$30	\$35
\$60	\$60	\$85
33%	33%	33%
\$0; 3 per year	\$0; 3 per year	\$0; 3 per year
\$0; 1 per year	\$0; 1 per year	\$0; 1 per year
\$0; 1 of each per year	\$0; 1 of each per year	\$0; 1 of each per year
Not Covered	Not Covered	Not Covered
Not Covered	Not Covered	Not Covered
Not Covered	Not Covered	Not Covered
Up to \$2,000 per year (\$1,000 per hearing aid, per ear)	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)
\$350 per year	\$200 per year	\$300 per year
Covered	Covered	Covered
\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)
Covered	Covered	Covered
\$50 per month	\$50 per month	\$50 per month
\$0 for up to 20 trips one-way trips	\$0 for up to 12 trips one-way trips	\$0 for up to 12 trips one-way trips

Advantage Care by Ultimate (HMO C-SNP)

Plan Number	Citrus/Hern/Pasco 021	Citrus/Hern/Pasco 022	Hills/Pin 026
Maximum Out-of-Pocket	\$1,750	\$1,750	\$1,600
Premium	\$0	\$0	\$0
Part B Premium Reduction	\$164.90	\$164.90	\$164.90
INPATIENT CARE			
Inpatient Hospital (Acute & Mental)	\$50 (days 1-5) \$0 (days 6-90)	\$50 (days 1-5) \$0 (days 6-90)	\$60 (days 1-5) \$0 (days 6-90)
OUTPATIENT CARE			
Primary Care Visit	\$0	\$0	\$0
Specialist Visit	\$5	\$5	\$10
Ambulatory Surgery Center Visit	\$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 Generic 1-Month (Retail)	\$0	\$0	\$0
Tier 2 Preferred Brand 1-Month (Retail)	\$10	\$10	\$15
Tier 3 Non-Preferred Drugs 1-Month (Retail)	\$50	\$50	\$55
Tier 4 Specialty 1-Month (Retail)	33%	33%	33%
Tier 5 Select Care Drugs 1-Month (Retail)	\$10	\$10	\$10
DENTAL			
Fillings	\$0; 3 per year	\$0; 3 per year	\$0; 3 per year
Crown	\$0; 1 per year	\$0; 1 per year	\$0; 1 per year
Simple & Surgical Extractions	\$0; 1 of each per year	\$0; 1 of each per year	\$0; 1 of each per year
Dentures with Unlimited Extractions to Fit	\$0; 1 per arch every 5 years	\$0; 1 per arch every 5 years	Not Covered
Root Canal	\$0; 1 per year	\$0; 1 per year	\$0; 1 per year
Debridement	\$0; 1 every 2 years	\$0; 1 every 2 years	Not Covered
HEARING			
Hearing Aids	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)
VISION			
Eyewear Allowance (Glasses/Contacts)	\$300	\$300	\$300
SUPPLEMENTAL BENEFITS			
Fitness Benefit	Covered	Covered	Covered
Meal Benefit	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)
Nurse Hotline	Covered	Covered	Covered
Over-the-Counter (OTC), Food, and Utilities*	\$100 per month	\$100 per month	\$100 per month
Transportation	\$0 (unlimited one-way trips)	\$0 (unlimited one-way trips)	\$0 (unlimited one-way trips)

* OTC, Healthy Foods, and Utilities are a combined benefit for C-SNP (Advantage Care) plans. The benefit amount does not roll over from month to month. Member chooses how to spend benefit dollars between these 3 offerings For details, please refer to the plan's Evidence of Coverage.

Lake/Mar/Sum 029	IndRiv/St.Lucie 033	Orange/Osc/Sem 050	Polk 051	Man/Sar 052
\$2,400	\$2,800	\$1,900	\$3,200	\$3,400
\$0	\$0	\$0	\$0	\$0
\$164.90	\$164.90	\$164.90	\$164.90	\$164.90
\$120 (days 1-5) \$0 (days 6-90)	\$175 (days 1-5) \$0 (days 6-90)	\$150 (days 1-5) \$0 (days 6-90)	\$160 (days 1-5) \$0 (days 6-90)	\$165 (days 1-5) \$0 (days 6-90)
\$0	\$0	\$0	\$0	\$0
\$20	\$20	\$15	\$15	\$15
\$25	\$50	\$25	\$25	\$25
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
\$0	\$0	\$0	\$0	\$0
\$20	\$20	\$25	\$25	\$25
\$60	\$70	\$60	\$65	\$70
33%	33%	33%	33%	33%
\$10	\$10	\$10	\$10	\$10
\$0; 4 per year	\$0; 3 per year	\$0; 3 per year	\$0; 3 per year	\$0; 3 per year
\$0; 1 per year	\$0; 1 per year	\$0; 1 per year	\$0; 1 per year	\$0; 1 per year
\$0; 1 of each per year	\$0; 1 of each per year	\$0; 1 of each per year	\$0; 1 of each per year	\$0; 1 of each per year
\$0; 1 per arch every 5 years	Not Covered	Not Covered	Not Covered	Not Covered
\$0; 1 per year	\$0; 1 per year	\$0; 1 per year	\$0; 1 per year	\$0; 1 per year
Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Up to \$2,000 per year (\$1,000 per hearing aid, per ear)	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)
\$200	\$200	\$300	\$300	\$300
Covered	Covered	Covered	Covered	Covered
\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)	\$0 (14 meals)
Covered	Covered	Covered	Covered	Covered
\$100 per month	\$100 per month	\$125 per month	\$100 per month	\$100 per month
\$0 (unlimited one-way trips)	\$0 (unlimited one-way trips)	\$0 for up to 12 one-way trips	\$0 for up to 12 one-way trips	\$0 for up to 12 one-way trips

Advantage Care COPD by Ultimate (HMOC-SNP)

Plan Number	Citrus/IndRiv/Lake/ Man/Mar	Hern/Hills/Pas/Pin
	Ora/OscPolk/Sar/Sem/St.Lucie/Sum 023	025
Maximum Out-of-Pocket	\$2,600	\$1,750
Premium	\$0	\$0
Part B Premium Reduction	\$164.90	\$164.90
INPATIENT CARE		
Inpatient Hospital (Acute & Mental)	\$115 (days 1-5) \$0 (days 6-90)	\$60 (days 1-5) \$0 (days 6-90)
OUTPATIENT CARE		
Primary Care Visit	\$0	\$0
Specialist Visit	\$20	\$7
Ambulatory Surgery Center Visit	\$25	\$25
PART D DRUGS		
Gap Coverage	Tier 1 & 5: \$0/\$10	Tier 1 & 5: \$0/\$10
Tier 1 Generic 1-Month (Retail)	\$0	\$0
Tier 2 Preferred Brand 1-Month (Retail)	\$20	\$10
Tier 3 Non-Preferred Drugs 1-Month (Retail)	\$60	\$50
Tier 4 Specialty 1-Month (Retail)	33%	33%
Tier 5 Select Care Drugs 1-Month (Retail)	\$10	\$10
DENTAL		
Fillings	\$0; 3 per year	\$0; 3 per year
Crown	\$0; 1 per year	\$0; 1 per year
Simple & Surgical Extractions	\$0; 1 of each per year	\$0; 1 of each per year
Dentures with Unlimited Extractions to Fit	\$0; 1 per arch every 5 years	\$0; 1 per arch every 5 years
Root Canal	\$0; 1 per year	\$0; 1 per year
Debridement	\$0; 1 every 2 years	\$0; 1 every 2 years
HEARING		
Hearing Aids	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)
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), Food, and Utilities*	\$100 per month	\$100 per month
Transportation	\$0 (unlimited one-way trips)	\$0 (unlimited one-way trips)

* OTC, Healthy Foods, and Utilities are a combined benefit for C-SNP (Advantage Care) plans. The benefit amount does not roll over from month to month. Member chooses how to spend benefit dollars between these 3 offerings For details, please refer to the plan's Evidence of Coverage.

Advantage Plus by Ultimate (HMO D-SNP)

Plan Number	(Full)	(Partial)
	035	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	\$0	\$0
PART D DRUGS		
Gap Coverage	\$0	\$0
All Covered Drugs	\$0; includes all LIS levels	\$0; includes all LIS levels
DENTAL		
Fillings	[\$0; 3 per year]	[\$0; 3 per year]
Crown	[\$0; 1 per year]	[\$0; 1 per year]
Simple & Surgical Extractions	[\$0; 1 of each per year]	[\$0; 1 of each per year]
Dentures with Unlimited Extractions to Fit	[\$0; 1 per arch every 5 years]	[\$0; 1 per arch every 5 years]
Root Canal	[\$0; 1 per year]	[\$0; 1 per year]
Debridement	[\$0; 1 every 2 years]	[\$0; 1 every 2 years]
HEARING		
Hearing Aids	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)	Up to \$2,000 per year (\$1,000 per hearing aid, per ear)
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) Allowance	\$125 per month	\$125 per month
Transportation	\$0 (unlimited one-way trips)	\$0 (unlimited one-way trips)
Healthy Foods Allowance	\$100 per month	\$100 per month
Flex Allowance	\$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



303 SE 17th St, STE 305
Ocala, FL 34471



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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