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OBTAINING CARE

Your health is valuable, so it's essential to know how to find in-network providers and obtain the care you need.

Read more on page 5.



COVERAGE DECISIONS, APPEALS, AND COMPLAINTS

You can learn about the processes for Coverage Decisions, Appeals, and Complaints by reading the following sections of your Evidence of Coverage (EOC) or by reaching out to us.

Read more on page 8.



Mission Statement

Ultimate Health Plans' mission is to provide all members with the highest quality healthcare with access to highly qualified physicians. We hold ourselves accountable for treating our members with dignity and respect, providing world-class customer service, and recognizing our commitment to the community as a local corporation.



www.facebook.com/UltHP

Member Spotlight

Dean Smith has been a member since 2018 and shares that Ultimate Health Plans has been wonderful. “They think of their members, help maintain our thought process, and help us keep up to date if we forget something, you always remind us of our health checkups. I also love the Healthy Benefits card for over-the-counter and food, it’s marvelous”.

“Overall, the doctors and the quick response to everything have been great. When I need to go to a specialist or anything, I talk to my doctor and they take care of everything with you at the HealthPlan and everything gets done”.



We'd love to hear from you!



Submit to us in writing at:
Ultimate Health Plans
ATTN: Testimonials
PO Box 3459
Spring Hill, FL 34611
Or by emailing us at:
MemberAdvocate@ulthp.com



2024 Ultimate Health Plans Wellness Incentive Program

Earn rewards for taking care of your health.

As a member of Ultimate Health Plans, you can participate in our Wellness Incentive Program. This program is customized to your specific needs. You can get rewarded for various activities based on your health, screenings you may need, or conditions you have. The list below shows reward activities you may be eligible for. Eligible members may earn up to \$65 through the Ultimate Benefit Card just for completing important Healthy Care Activities.

Note: Members are eligible for rewards based on claims data. Please ensure your provider submits claims for completed screenings or tests for your healthcare wellness activities.

2024 Healthy Care Wellness Activities

ANNUAL ACTIVITIES — You can complete these activities every year.

REWARD

Health Risk Assessment (HRA)	The HRA is completed annually and must be compliant. To be compliant, it must be done 90 days before or after your enrollment/anniversary date to receive a reward. Your answers from this health assessment will help us learn more about your overall well-being. Please ensure 80% of the HRA is completed between 1/1/2024 – 12/31/2024. You can submit your HRA through the mail, telephonically, or complete it online on our Member Portal at portal.myultimatehp.com . Visit the Member Portal to get started today. — Incentive is paid out within 60 days after completion.	\$15
Controlling Blood Pressure	Untreated high blood pressure quietly damages your heart, lungs, blood vessels, brain, and kidneys. It raises your risk for stroke, heart, and kidney disease. Know your numbers and keep your blood pressure below 140/90mmHg with the most recent results between 1/1/2024 – 12/31/2024. — This incentive is rewarded in February of 2025.	\$15
Hemoglobin A1c	The results of an A1c test can help your doctor diagnose prediabetes. If you have prediabetes, you have a higher risk of developing diabetes and cardiovascular disease. Complete a simple blood sugar test that measures less than 9% with most recent results between 1/1/2024 – 12/31/2024. — This incentive is rewarded in February of 2025.	\$15

RECOMMENDED SCREENINGS

You can complete these activities as they are recommended

Colorectal Cancer Screening | Reward: \$10

Colorectal Cancer Screening is important as it can find cancers early. Early detection means more treatment options and better outcomes. All members who had appropriate screening for colorectal cancer are covered as a plan benefit with any of the following tests:

- Annual Fecal Occult Blood Test (FOBT)
- Flexible Sigmoidoscopy every 5 years
- Colonoscopy every 10 years
- Computed Tomography Colonography every 5 years
- Stool DNA Test every 3 years

— **Only eligible for incentive every 1-10 years based on screening completed from above list.**

Mammogram Screening | Reward: \$10

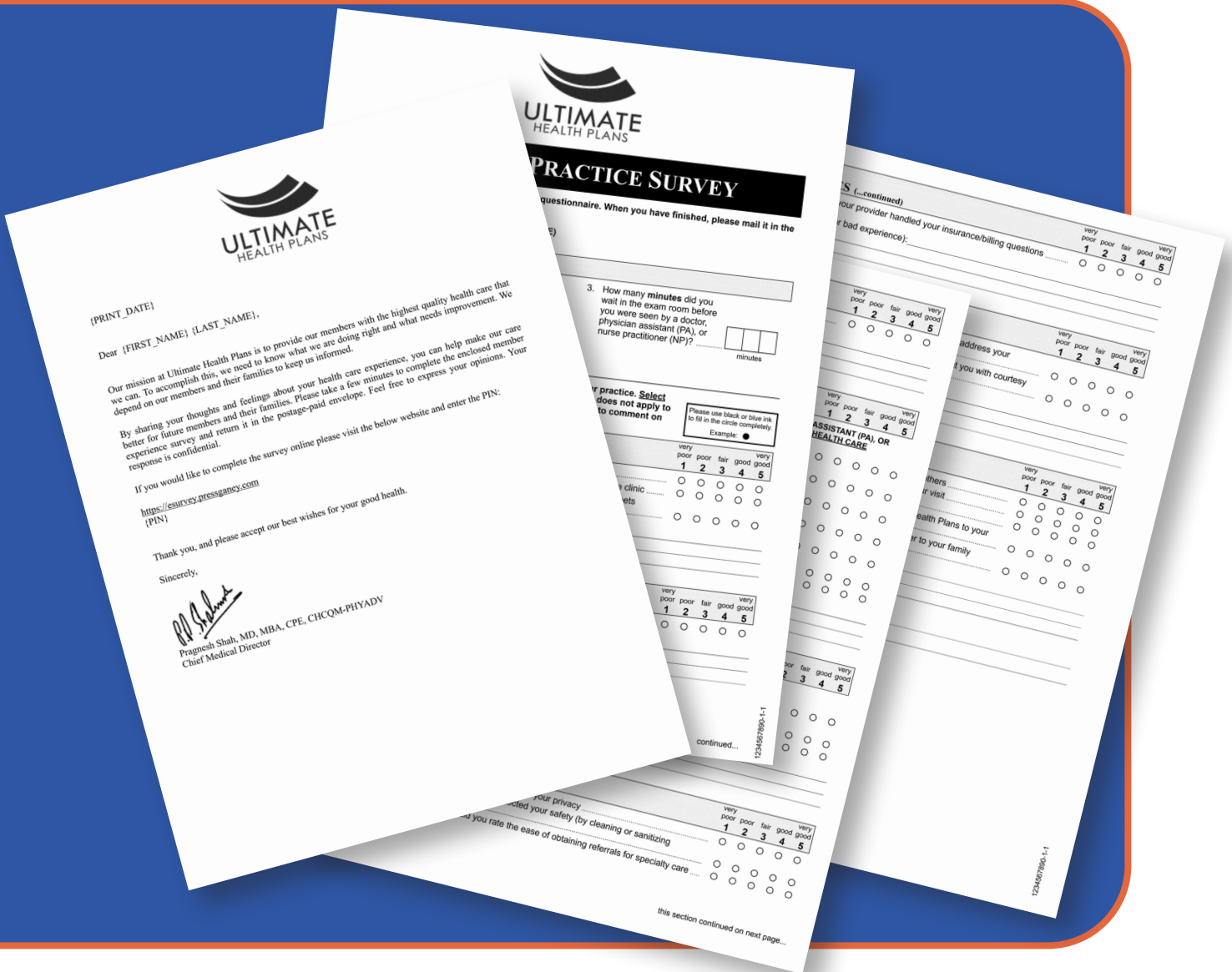
A mammogram can detect breast cancer before it can be seen or felt by a patient or a physician. If you are a member between the ages of 52 and 74, it's recommended that you receive a mammogram every one to two years.

— **Only eligible for incentive every 27 months.**



Post Visit Survey

Your feedback and experience are very important to us. Ultimate Health Plans has partnered again this year with CAHPS & HOS vendor Press Ganey to send a Post Visit Survey to every member after your visit with your Primary Care Provider through email or mail. We request that you provide your feedback, experience, and comments on the post visit survey. Below is an example of the post visit survey you might receive. Once you fill it out, we will receive your results so that we can provide you with the best member experience possible.



Obtaining Care

Your health is valuable, so it's essential to know how to find in-network providers and obtain the care you need. You can refer to the following sections of your Evidence of Coverage (EOC) on these topics. A copy of your Evidence of Coverage is available online at <https://www.chooseultimate.com/Member/DocumentsandForms> or call 1-888-657-4170 to request we mail you a copy.

- Provider & Pharmacy Directory (EOC Chapter 1, Section 3.2)
- Use Providers in the Plan's Network to Get Your Medical Care (EOC Chapter 3, Section 2.1)
- How to Get Care from Specialists and Other Network Providers (EOC Chapter 3, Section 2.3)
- How to Get Care From Out-of-network Providers (EOC Chapter 3, Section 2.4)
- Getting Care When You Have an Urgent Need for Services – After Hours and Outside the Plan's Service Area (EOC Chapter 3, Section 3.2)
- Getting Care if you have a Medical Emergency (EOC Chapter 3, Section 3.1)



Understanding Your Benefits

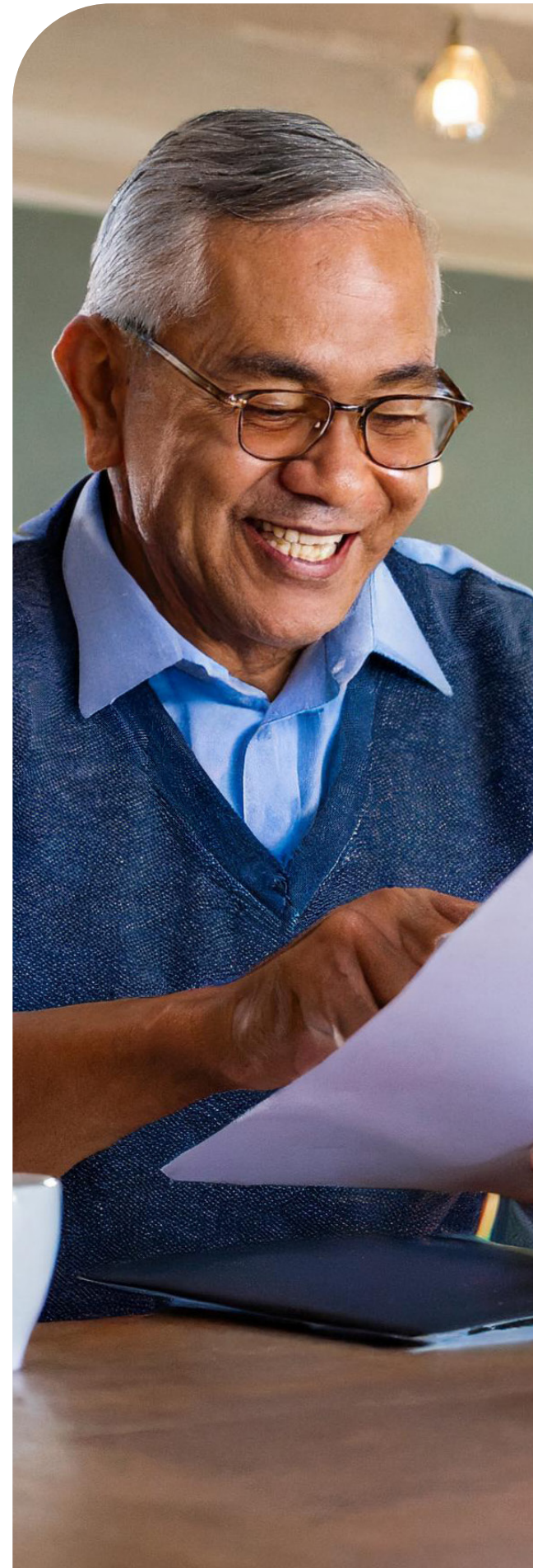
Knowing the benefits you receive as an Ultimate member is important. You can refer to the following sections of your Evidence of Coverage (EOC) to learn about them in detail. A copy of your Evidence of Coverage is available online at <https://www.chooseultimate.com/Member/DocumentsandForms> or call 1-888-657-4170 to request we mail you a copy.

- Use the Medical Benefits Chart to Find Out What is Covered and How Much You Will Pay (EOC Chapter 4, Section 2.1)
- What Services Are Not Covered by the Plan? (EOC Chapter 4, Section 3.1)
- Restrictions on Coverage for Some Drugs (EOC Chapter 5, Section 4)

We wanted to remind you of some 2024 updates to your pharmacy benefit.

- For our CSNP plan Select Tier, select generic and brand drugs that treat Respiratory Disease and Diabetes are in Tier 5. There are some drugs that treat these same conditions but may be in Tier 2. Please refer to your 2024 ANOC or the 2024 Formulary.

Please refer to your Annual Notice of Changes for 2024 (ANOC) which can be found here: <https://chooseultimate.com/Member/DocumentsandForms>



Am I in the Donut Hole?

Have you noticed some of your medications may be a little more expensive than they were at the beginning of the year? If so, it may be because you have entered the Coverage Gap or as it is also known the “donut hole”. Once the amount you pay and the plan pays reaches \$5,030 this year for drugs on our formulary, you will be in the coverage gap.



Drugs that are on tier 1 will continue to be \$0 cost share while you are in the coverage gap. However, for some brand drugs you will pay no more than 25% of the cost of the drug. If you receive Extra Help paying Part D costs, you will not enter the coverage gap.

Once your drug spend reaches \$8,000 you will leave the coverage gap and enter the catastrophic phase. The plan will pay the full cost of your covered part D drugs while in the catastrophic phase and you pay nothing. If you have any questions or would like more information about the coverage gap, please give us a call: 800-311-7517.

We are Here for You!

Issues with an
Authorization?

Problems with a
Provider?

Difficulties
obtaining
Medications?

We want to hear from you!

Reach out to us with any questions or concerns by calling
Member Services at 1-888-657-4170 (TTY 711)
or going online to **Portal.MyUltimateHP.com**.

Our Member Services phone number and Portal web link can also be found
on the back of your Member ID Card.

We are available Monday through Friday, 8 am to 8 pm.
Between October 1 and March 31, we are available Monday through Sunday from 8 am to 8 pm.



FOR OUR
MEMBERS,

We are excited to provide innovative tools and resources to help you better manage your health care 24/7!

VISIT

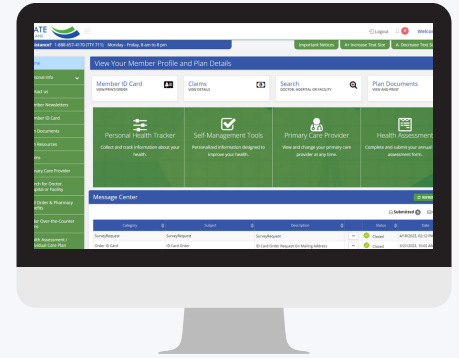
<https://portal.myultimatehp.com>
on your mobile device or computer.

Register Today to Gain Access to:



Your Member Record

- Request a New Member ID Card
- Print a Temporary Member ID Card
- Change Your Primary Care Physician
- Update Your Address & Phone Number
- Complete Your Health Risk Assessment



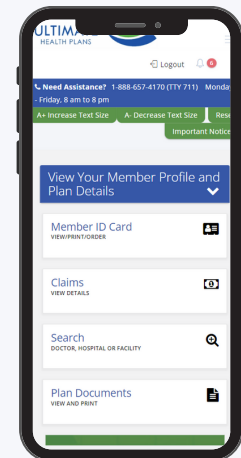
Exclusive Resources

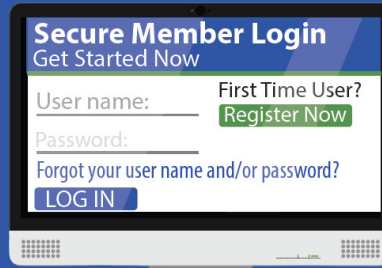
- Self-Management Health Tools
- Health Education Resources
- Personal Health Tracker Tool
- Find Doctors & Facilities Near You



Benefit Details

- Pharmacy & Prescription Mail Order Benefits
- Over-The-Counter Benefits
- Claims Details
- What Is Covered & What You Pay
- View & Print Plan Documents





REGISTER YOUR ACCOUNT TODAY!

Follow the steps below to access your account:



Scan the QR code with your mobile device
OR
Visit <https://portal.myultimatehp.com>

Log in using your credentials

OR



Register using the "Sign Up" button
and enter the following information:

- Member ID
- Last 4 Digits of Your Medicare Number
- Last Name
- Date of Birth



Questions?

Contact Ultimate's Member Services by calling 888-657-4170 (TTY 711) **OR** use the "Contact Us" section within the member portal.

Privacy of your online benefit information is assured through highly secure encryption technology

Coverage Decisions, Appeals, and Complaints



You can learn about the processes for Coverage Decisions, Appeals, and Complaints by reading the following sections of your Evidence of Coverage (EOC) or by reaching out to us. A copy of your Evidence of Coverage is available online at <https://www.chooseultimate.com/Member/DocumentsandForms> or you can call 1-888-657-4170 to request we mail you a copy.

- Situations in Which You Should Ask Us to Pay Our Share of the Cost of Your Covered Services or Drugs (EOC Chapter 7, Section 1)
- How to Make a Complaint (EOC Chapter 9, Section 10)
- A Guide to the Basics of Coverage Decisions and Appeals (EOC Chapter 9, Section 4)
- Independent Review Entity Step-by-Step: How a Level 2 Appeal is Done (EOC Chapter 9, Section 5.4)

Your Rights and Responsibilities

Ultimate Health Plans honors your rights as a member. You have the following rights to help protect yourself:

- We must treat you with fairness, respect, and dignity at all times
- We must ensure that you get timely access to your covered services and drugs
- We must protect the privacy of your personal health information

For a full list of Member Rights and Responsibilities, please visit our website at <https://www.ChooseUltimate.com/Member/RightsAndResponsibilities> or call 1-888-657-4170 to request we mail you a copy.

A Few Tips Before Traveling



Did you know that if you're traveling out of state in the U.S., you can still fill your prescriptions anywhere in the country? That's right! You don't have to worry about running out of medication while you're on a trip. Just bring your prescription bottle into any pharmacy and they can help you get it filled. Some pharmacies may even be able to transfer your prescription electronically from your home pharmacy, making it even easier for you.

Traveling out of the country?

Don't run the risk of running out of medications. The best thing to do is be prepared and proactive about your medication refills.

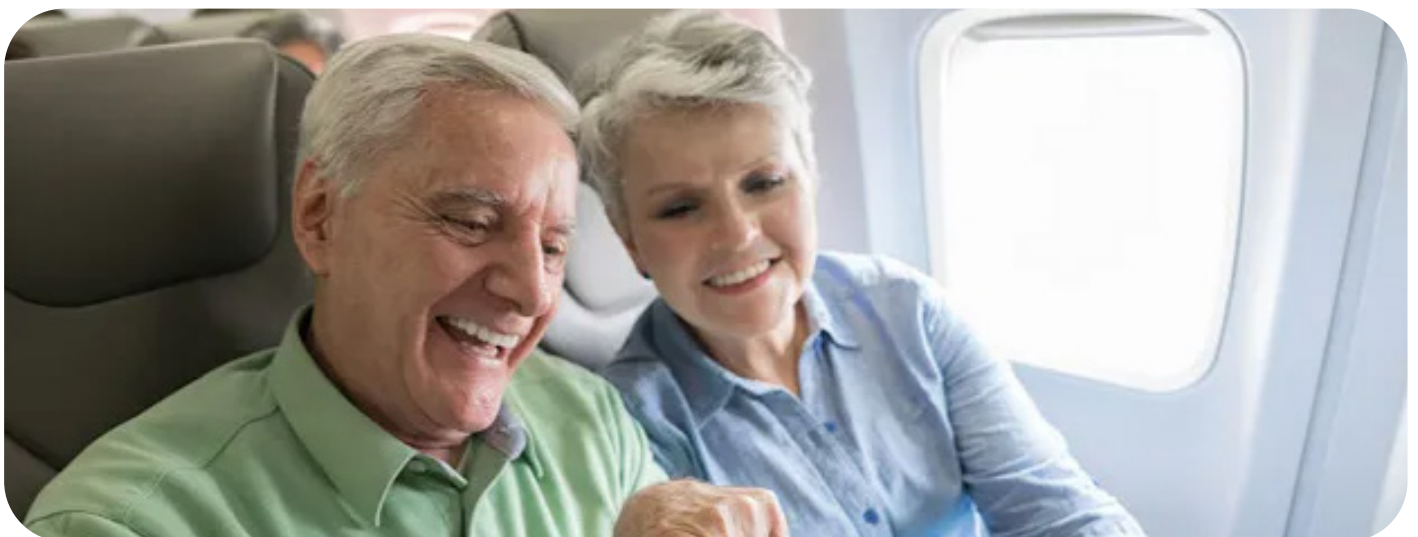
Tips before going on vacation:

- Count how many tablets you have currently to ensure you have enough supply until you return.
- Need an early refill? Ensure that you have enough refills on the prescription(s) and call OptumRx member services: 800-311-7517 and ask about a vacation supply override. This can be done once a year.
- Give your pharmacy at least a one-week notice. If you have many medications sometimes it may take time to get everything ready for pickup. Some medications could be out-of-stock and may take a day or two to receive at the pharmacy.

This does not apply to controlled substances. If you're taking a trip outside the United States, your prescription won't be valid.

Should you encounter an issue refilling your medication early, you or the pharmacy may contact OptumRx (800-311-7517).

Happy travels!



NONDISCRIMINATION AND ACCESSIBILITY

Ultimate Health Plans complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

Ultimate Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Ultimate Health Plans Member Services.

If you believe that Ultimate Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities, you can file a grievance with the Ultimate Health Plans Grievance Department. Address: PO Box 6560, Spring Hill, FL 34611. Phone: 888-657-4170 (TTY 711). Fax: 800-313-2798. Email: GrievanceAndAppeals@ulthp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, an Ultimate Health Plans Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD).
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>.



Reporting Fraud, Waste, and Abuse (FWA)

Ultimate Health Plans, Inc. (UHP) has a responsibility to adhere to all laws and regulations regarding fraud, waste, and abuse (FWA). We must have an effective compliance program that includes measures to prevent, detect, and correct Medicare non-compliance as well as measures to prevent fraud, waste, and abuse. You are a vital part of the effort to prevent, detect, and report Medicare non-compliance and possible fraud, waste, and abuse.

Below are our reporting mechanisms. Available to all 24/7/365 with the option of remaining anonymous and no retaliation:

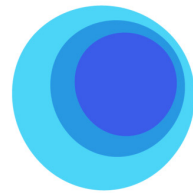
Compliance Hotline: 855-730-7925 The Caller ID is Not visible. Callers may also choose to remain anonymous.

Email: compliancehotline@ulthp.com or investigatefwa@ulthp.com This is Not an anonymous reporting mechanism.

SPEAK UP



Early kidney disease often has no symptoms. Here's how an ACR test can help you detect it.



labcorp

Your kidneys are responsible for filtering waste and excess fluid from your blood. When kidney function declines, waste builds up in the body. This can cause chronic kidney disease (CKD), which affects over 37 million U.S. adults.

The early stages of chronic kidney disease have no obvious symptoms. This makes getting tested important. One way to check for early kidney damage is an albumin to creatinine ratio (ACR) test. But what can an ACR test reveal about your kidney health?

First, what do the kidneys do?

The kidneys filter about 150 quarts of blood daily. As blood passes through the kidneys, they remove waste and extra fluid. This process produces urine, which contains the filtered-out waste.

Your kidneys help manage levels of salts and minerals like sodium, potassium and phosphorus. They also make hormones that control blood pressure, make red blood cells and maintain bone health.

Your kidneys can't perform these functions when they're damaged.

What is chronic kidney disease?

Chronic kidney disease means the kidneys are damaged and cannot filter blood effectively. CKD develops slowly over many years and often goes undetected until later stages. Late-stage kidney disease symptoms include fatigue, swollen feet and ankles, nausea and excessive urination.

There are often no obvious symptoms in the early stages of CKD. This makes it important to test kidney function early to avoid disease progression.

How can an ACR kidney test detect early signs of kidney damage?

An ACR test can identify kidney damage long before symptoms occur.

Albumin is a protein made by the liver. Healthy kidneys should not allow albumin to pass from the blood into the urine. Small amounts of albumin will leak into the urine if the kidneys are damaged. Creatinine is a waste product from normal muscle activity and digestion of protein. The kidneys filter it out and release it into the urine at a steady rate.

An ACR test measures the amount of albumin compared to the amount of creatinine in a single urine sample. The ratio is calculated by dividing the amount of albumin by the amount of creatinine. In someone with kidney disease, the ratio will reflect higher albumin levels.

Detecting kidney damage early can improve outcomes. Early detection can give you time to take necessary steps and potentially avoid dialysis or transplant.



Who should get an ACR kidney test?

Anyone can develop CKD, though there are some risk factors that can make you more susceptible. Diabetes and high blood pressure, for example, are major risk factors. With diabetes, high blood sugar can damage blood vessels and tiny filters in the kidneys so they don't work properly. High blood pressure can constrict and weaken blood vessels over time, reducing blood flow in the kidneys.

Whatever your risk factors may be, working with your healthcare provider and knowing your kidney health status through ACR testing empowers you to make informed lifestyle choices.

Monitoring your heart health: How to help prevent cardiovascular disease



We all know that it is important to keep your heart healthy, but did you know [80% of cardiovascular disease \(CVD\), including heart disease and stroke, is preventable?](#)

¹ Heart disease risk factors vary from person to person, so even if you're otherwise healthy, you should consider screening for heart disease.

At a routine health screening, a healthcare provider will measure things like your blood pressure and body weight. In addition, to assess your risk for CVD, healthcare providers typically measure your cholesterol and blood glucose (also called blood sugar). Here's a look at the most common heart health tests so you're prepared to discuss what's best for you with your healthcare provider.

Test your blood pressure

Your blood pressure has a strong link to CVD. Tens of millions of Americans have high blood pressure (hypertension), which means they may be at risk for CVD or stroke.² By regularly monitoring your blood pressure, you can get a good picture of your heart health.

Test your cholesterol

Unhealthy cholesterol levels often don't come with symptoms, so many people don't know when their levels are too high. If you have high levels of low-density lipoprotein (LDL or "bad") cholesterol or LDL-C, you may be at risk for CVD. That's because the LDL cholesterol may build up on the walls of your blood vessels, which can lead to problems associated with CVD.

Cholesterol tests are usually referred to as panels because they are actually a collection of tests in one convenient package. Using a standard lipid panel, you can measure:

- Total cholesterol
- LDL-C or "bad" cholesterol
- Very low-density lipoprotein cholesterol (VLDL-C)
- HDL-C or "good" cholesterol
- Triglycerides

Assess for diabetes with blood glucose or Hemoglobin A1c

Diabetes can put you at increased risk for CVD. More than 133 million Americans³ are living with diabetes or prediabetes. Because diabetes is connected with both your heart and how your body handles blood glucose, it is also connected to chronic or long-term health problems which are often called cardiometabolic diseases.



You can learn more about your diabetes risk by measuring your blood glucose or by measuring your hemoglobin A1c (HbA1c), the amount of glycated hemoglobin, over about three months, to give you and your healthcare provider a better idea of your risk for diabetes as well as CVD. The American Heart Association recommends regular blood glucose tests for adults over 40.

Testing and prevention, a powerful combo

Diagnostic laboratory tests and screening tests like blood pressure are important ways to learn your risk for CVD. By combining them with a healthy lifestyle, you can help lower your risk of CVD, including heart attack and stroke.

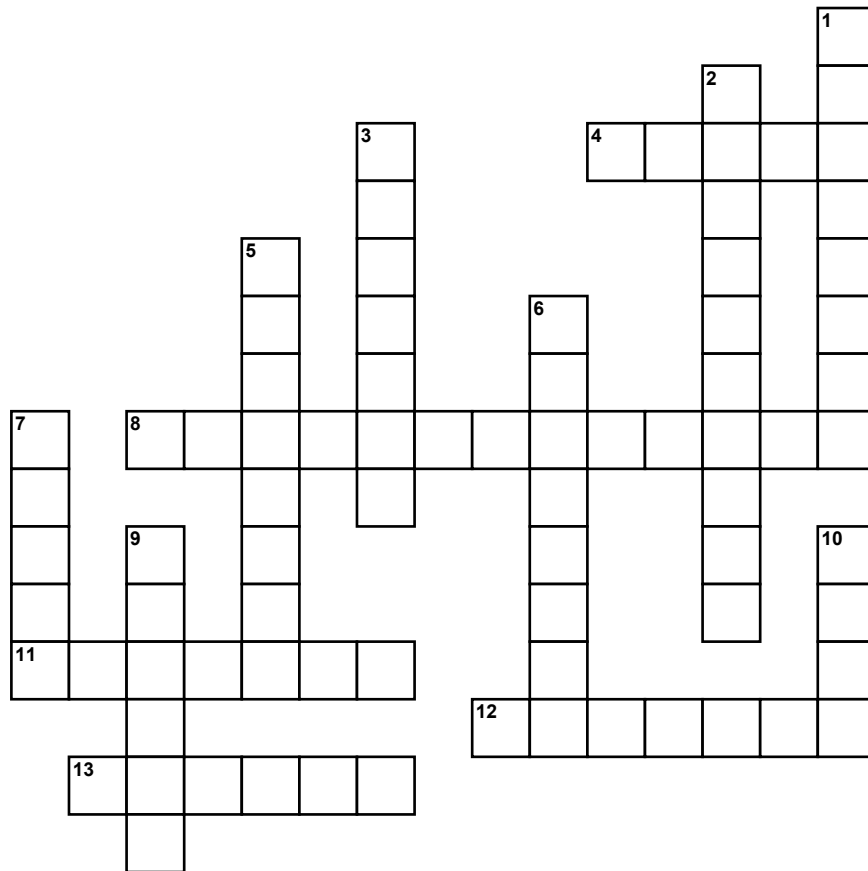
Whether or not you have a family history of CVD, heart health means knowing and working to lower your risks, many of which have little or nothing to do with genetics. If you're ready to get started monitoring your heart health, talk to your healthcare provider about how you can improve your health with diagnostic screenings and tests.

References:

1. Cardiovascular diseases: Avoiding heart attacks and strokes. World Health Organization. September 13, 2015. Accessed June 3, 2024. <https://www.who.int/news-room/questions-and-answers/item/cardiovascular-diseases-avoiding-heart-attacks-and-strokes>
2. High blood pressure facts. Centers for Disease Control and Prevention. May 15, 2024. Accessed June 3, 2024. <https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/index.html>
3. What is diabetes? National Institutes of Health. Updated April 2023. Accessed June 3, 2024. <https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes>

Cross Word Puzzle

Health and Hygiene



Across

- [4] This happens during exercise
 [8] This gives us energy
 [11] It makes us grow
 [12] Make sure to take regular visits to them
 [13] Always keep an eye on it

Down

- [1] Your body needs a wide variety of these to keep healthy
 [2] You should do this after exercise
 [3] You put it in your hair
 [5] Doing this will keep you in shape
 [6] You take this when you are ill
 [7] You need lots of this
 [9] You have one every day
 [10] It is important to keep this balanced

EASY TERIYAKI CHICKEN



Prep: 5 min
Cook: 15 mins



Easy



Serves 4

Try this easy, sticky Asian-style teriyaki chicken for a speedy weeknight supper – it takes just 20 minutes to make! Serve it with sticky rice and steamed greens.

Ingredients

2 tbsp toasted sesame oil

6 skinless and boneless chicken thighs, sliced

2 large garlic cloves, crushed

1 thumb-sized piece ginger, grated

50g runny honey

30ml light soy sauce

1 tbsp rice wine vinegar

1 tbsp sesame seeds, to serve

4 spring onions, shredded, to serve
sticky rice, to serve

steamed bok choy or spring greens,
to serve

Method

STEP 1

Heat the oil in a non-stick pan over a medium heat. Add the chicken and fry for 7 mins, or until golden. Add the garlic and ginger and fry for 2 mins. Stir in the honey, soy sauce, vinegar and 100ml water. Bring to the boil and cook for 2 - 5 mins over a medium heat until the chicken is sticky and coated in a thick sauce.

STEP 2

Scatter over the spring onions and sesame seeds, then serve the chicken with the rice and steamed veg.

Ultimate Health Plans' Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-657-4170 (TTY: 711). Someone who speaks English or the needed language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-657-4170 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-888-657-4170 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-657-4170 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-657-4170 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-657-4170 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-657-4170 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-657-4170 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-657-4170 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-657-4170 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

نحن نقدم خدمات الترجمة الفورية مجاناً للإجابة على أي أسئلة تتعلق بصحتك أو جدول الأدوية الخاص بك. للحصول على مترجم فوري، شخص يتحدث العربية سوف يساعدك. هذه هي خدمة مجانية. (TTY: 711) اتصل بنا ببساطة على الرقم 1-888-657-4170.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-657-4170 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-657-4170 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

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Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-657-4170 (TTY: 711). Ta usługa jest bezpłatna.

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PO Box 3459
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