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ULTIMATE LIVING

Health and Wellness News for Members of Ultimate Health Plans (UHP)

SPRING 2023

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

Heart Health Matters



Your health is our priority. To improve your heart health, it's helpful to understand what can happen to your heart as you get older.

Read more on page 2

Benefit Spotlight



New benefits are here for 2023 that we know you will be excited about! See details about post-discharge meals and your Ultimate Benefit Card

Read more on page 4

Heart Health Matters

It's also important to recognize the symptoms of heart disease and know what factors increase your risk of developing it.

What is heart disease?

Although several conditions can affect the heart, the most common is coronary artery disease. This is a buildup of plaque on the walls of the arteries supplying blood to the heart. The plaque makes the opening in the arteries narrower, which can lead to a blockage that causes a heart attack. Coronary artery disease can also weaken the heart muscle over time, resulting in heart failure. If this happens, the heart can't pump blood the way it should.

What are the symptoms of heart disease and heart attacks?

Chest pain and discomfort, called angina, is the most common symptom of heart disease and heart attacks. Other heart attack symptoms include:

- Pain in the arms or shoulder
- Weakness or light-headedness
- Nausea or a cold sweat
- Shortness of breath

Call 911 or your local emergency number right away.

Watch for these signs and symptoms of a stroke.

- **Trouble speaking and understanding.** You may experience confusion, slur your words, or have difficulty understanding speech.
- **Paralysis or numbness of the face, arm, or leg.** You may develop sudden numbness, weakness, or paralysis in your face, arm, or leg. This often happens on one side of your body. Try to raise both your arms over your head at the same time. If one arm begins to fall, you may be having a stroke. Also, one side of your mouth may droop when you try to smile.
- **Trouble seeing in one or both eyes.** You may suddenly have blurred or blackened vision or see double.
- **Headache.** A sudden, severe headache, which may be accompanied by vomiting, dizziness, or altered consciousness may indicate a stroke.
- **Trouble walking.** You may stumble or experience sudden dizziness, loss of balance, or loss of coordination.

Call 911 or your local emergency number right away.

Understanding risks, and taking steps to manage them, helps keep your heart healthier.

- **See your primary care provider (PCP) every year.** If you have a health problem, ask your doctor for help.
- **Don't smoke.** Don't Vape. Smoking or vaping, even once in a while, is unsafe. Chemicals in tobacco smoke damage your heart. They make your blood vessels close up. Once you quit smoking, your risk of a heart attack drops.
- **Get active.** Being active helps your heart pump blood with less effort. Aim to get 30 minutes of activity most days of the week. Try climbing stairs, cleaning the house, or walking.



Risk Factors of heart disease:

- High blood pressure
- High cholesterol
- Smoking
- Diabetes
- Overweight and obesity
- Unhealthy diet
- Lack of physical activity
- Excessive alcohol use

WHAT ARE SYSTOLIC AND DIASTOLIC BLOOD PRESSURES?

120



Systolic Blood Pressure

- Pressure exerted when blood is ejected into arteries
- Normal systolic blood pressure is 120 mmHg or below

80

DIASTOLIC Blood Pressure

- Pressure blood exerts within arteries between heartbeats
- Normal diastolic blood pressure is 80 mmHg or below

High blood pressure cannot be cured, but it can be controlled.

Hypertension can put you at risk for heart disease and stroke, which are leading causes of death in the United States for both men and women.

- **Maintain a healthy weight.** Eat a healthy diet low in calories. When you shop, read food labels to cut back on foods high in salt.
- **Prevent and control high blood pressure.** You can keep your blood pressure down by following a healthy diet, staying active, not smoking, and managing your weight.
- **Manage your cholesterol.** Cut down on foods high in saturated fats, like butter and fatty meats. Instead, add foods to your diet that are high in fiber. Try eating oatmeal, apples, broccoli, or beans.

More ways to a Healthier Heart

- **Eat more fruits and vegetables.** Fruits and vegetables have lots of nutrients that help protect against heart disease, and they have little—if any—fat. Cook dishes with a lot of veggies, such as stir-fries and soups.
- **Limit saturated fats.** Read food labels. Limit saturated fats. Foods high in saturated fat include meats, cheeses, and fried foods. Saturated fat is also found in coconut oil, palm oil, and cocoa butter. Use healthy fats such as olive or canola oil when you cook. Bake, broil, grill, or steam foods instead of frying them. Eat fish, skinless poultry, and soy products such as tofu instead of high-fat meats. Choose nonfat or low-fat dairy products.

- **Eat foods high in fiber.** Foods high in soluble fiber may reduce cholesterol and provide essential vitamins and minerals. There's a variety of foods that have soluble fiber. These include barley, oatmeal, rye, dried beans, seeds, fruit, and vegetables.

WHAT DO YOUR BLOOD PRESSURE NUMBERS MEAN?

BLOOD PRESSURE CATEGORY	SYSTOLIC mmHg		DIASTOLIC mmHg
Normal	Less than 120	AND	Less than 80
Elevated	120-129	AND	Less than 80
High Blood Pressure (Hypertension) Stage 1	130-139	OR	80-89
High Blood Pressure (Hypertension) Stage 2	140 or higher	OR	90 or higher
Hypertensive Crisis (Consult your doctor immediately)	Higher than 180	AND/OR	Higher than 120

Benefit Spotlight

Post-Discharge Meals from Mom's Meals



When recovering from a stay in the hospital, we ensure you get the nutrition you need for better health with Mom's Meals. Meals last for 14 days in the fridge—just heat, eat and enjoy most meals in 2 minutes or less.

How it Works

- 1 Contact Ultimate Health Plans after hospital discharge by calling 888-657-4170 (TTY 711). We are available Monday - Friday, 8 am to 8 pm.
- 2 Ultimate Health Plans will submit your request directly to Mom's Meals.
- 3 You will receive 2 meals per day for 7 days. A total of 14 meals! Delivery will occur 72 business hours from the date you place your order

The Right Nutrition

Menus tailored to meet the needs of most major health conditions.

- ♥ Heart-Friendly
- 👤 Renal-Friendly
- 💧 Diabetes-Friendly
- 🌾 Gluten-Free
- 🌱 Vegetarian
- 🥣 Pureed
- ↓ Lower Sodium
- 🦋 Cancer Support
- ✓ General Wellness

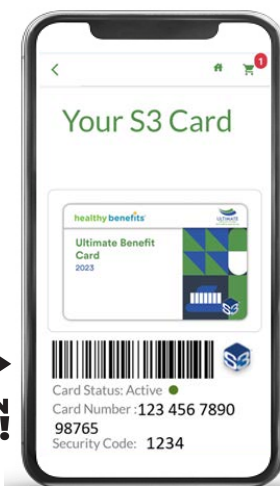
Ultimate Benefit Card

OTC | Healthy Food | Wellness Incentive

In-store purchases can be made for eligible OTC products and Healthy Foods at **Publix, Winn Dixie, Walmart, Dollar General, CVS, and Walgreens.**

At checkout, always pay with your Ultimate Benefit Card first! Scan the barcode on the back of your card, just like you would scan groceries, or enter the 17-digit card number under the barcode. Ask the cashier for help if needed.

You can also pay with the barcode located in the free Healthy Benefits+™ app available on the App Store © or Google Play ©.



You can place your OTC orders over the phone by calling 855-422-0039 (TTY 711).

You can also shop OTC online at **HealthyBenefitsPlus.com/ChooseUltimate** or by downloading the Healthy Benefits+™ mobile app.

Routine Eye Care

- As a member, you have open access to any Routine Vision provider and may call and schedule your own appointment.
- You may refer to your Routine Vision Provider Directory or contact Premier Customer Service at 800-210-5511 (TTY 711) to find a provider near you.
- Premier contracts with Ophthalmologists and Optometrists for medical eye services. Optometrists are used to the fullest extent of their license and can treat many eye conditions.
- Premier works with your Primary Care Physician (PCP) to find the most appropriate point of care. This can be the Optometrist, Ophthalmologist, or Sub-Specialist.

Medical Eye Care

Preferred Provider Group (PPG) Counties:

- Citrus, Hillsborough, Manatee, Orange, Osceola, Pasco, Pinellas, Sarasota, and Seminole.
- Members in these counties are assigned to a PPG group based on their Primary Care Physician (PCP).
- Members assigned to a PPG are **not** required to go to that specific provider.
- If you live in a PPG county and would like to go to a different provider, your PCP just needs to contact Premier.

Fee for Service (FFS) Counties:

- Hernando, Indian River, Lake, Marion, Polk, St. Lucie, and Sumter.
- Members in these counties may see any in-network Premier Medical Eye Care provider.
- **The PCP or the referring eye care provider** should contact Premier Eye Care for the **Initial Medical Eye Prior Authorization** to a Premier Medical Eye Provider or Sub-Specialist.
- The Premier Medical Eye Provider will coordinate directly with Premier Eye Care for all additional medical eye visits.



Vision: Good to Know!

- Your yearly vision allowance is good towards any eyewear the provider sells and is not restricted to a frame kit.
- Please see your Evidence of Coverage (EOC) for your yearly vision amount.
- Diabetic members with no complications and/or treatment history are encouraged to use their routine vision benefit for their annual exam.
- The annual exam benefit has a \$0 co-pay.
- You have an allowance towards eyewear.
- The provider performs a comprehensive eye exam for you.

Member Spotlight



Mrs. Yarbrough has been with Ultimate since 2014 and has enjoyed having Ultimate for all of these years. She feels that we are the best insurance out there, and there is no comparison to any other plan. She said we have been very consistent with her, and our customer service representatives have been great and friendly. We always answer her questions. If we cannot answer her questions during the call, we are always quick to get back to her with an answer, typically on the same day. A little background about Mrs. Yarbrough, she used to train Arabian Horses and trained riders. In addition, Mrs. Yarbrough is a make-up artist and used to have a pool company for many years.

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

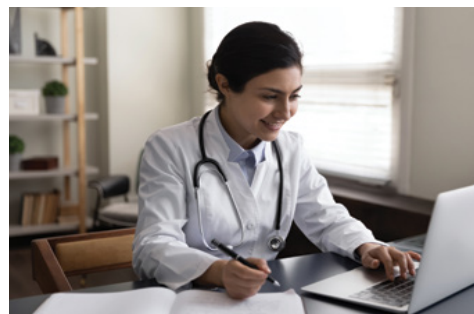
Or by emailing us at:

Communications@ulthp.com

Case and Disease Management.... The More You Know!!!

Here at Ultimate Health Plans, our goal is to provide you the member, with the best quality of care possible. In doing so, we have a Case and Disease Management program to help give you the tools you may need to help you and your health care team, manage your health care needs. We have Nurse Case Managers and Social Workers that can help you deal with multiple complex chronic conditions. They are here to help with transitioning from the hospital to your next level of care, whether it be home or a skilled nursing facility for additional care. The Nurse Case Manager is here for you, to help coordinate any goals that might need to be set to help manage a specific health condition. Case Management is also available to work on any health obstacles or health challenges that you may face and work with you to overcome them.

As a member of Ultimate Health Plans, you can make a self-referral to Case Management. You can also be referred by your physician or receive an automatic referral when enrolled in a Special Needs Plan. You can opt out of case management at any time. Please feel free to contact the Ultimate Case Management Department at 1-866-967-3430 for further questions or to enroll!





2023 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 \$75 loaded to their Ultimate Benefit Card 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.

2023 Healthy Care Wellness Activities

ANNUAL ACTIVITIES You can complete these activities every year.		REWARD
Annual Wellness Visit	Preventive care is an important part of maintaining good health. The annual routine wellness visit is a service designed to help you and your Primary Care Provider (PCP) identify the care you need and manage any chronic conditions you may have between 1/1/2023 – 12/31/2023.	\$10
Health Risk Assessment (HRA)	Your answers from this health assessment will help us learn more about your overall well-being. Please ensure 100% of the HRA is completed between 1/1/2023 – 12/31/2023. You can submit your HRA through the mail or complete it online on our Member Portal at portal.myultimatehp.com . Visit the Member Portal to get started today.	\$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 1/1/2023 – 12/31/2023. This incentive is rewarded at the end of the year.	\$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 1/1/2023 – 12/31/2023. This incentive is rewarded at the end of the year.	\$15
RECOMMENDED SCREENINGS You can complete these activities as they are recommended.		
Colorectal Cancer Screening	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: <ul style="list-style-type: none"> • 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 	\$10
Mammogram Screening	A mammogram can detect breast cancer before it can be seen or felt by a patient or a physician. Women with breast cancer detected early have a 98% chance of survival and need less serious treatment. If you are a female between the ages of 52 and 74, it's recommended that you receive a mammogram every one to two years.	\$10

Annual Health Assessment Questionnaire

Your Annual Health Assessment is a questionnaire that helps your doctor understand your health status and identify any health risks you may have.

TYPES OF QUESTIONS

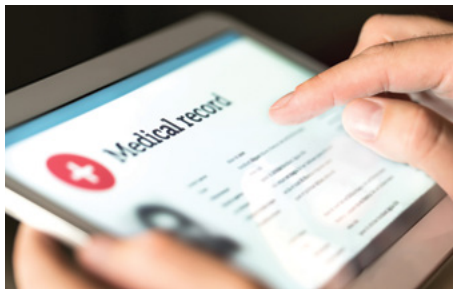


- General information, such as your age, height, weight, education level, income range, and marital status
- Questions on personal health history, including chronic illness and current treatment
- Questions about how you perceive your health status
- Questions about what is the **best way** to help you enhance and maintain your health
- Questions about any special needs you may have in the areas of hearing impairment, vision impairment, and language preference.

Why do we ask you to answer these questions?

Answering these questions can help you and your doctor develop a personalized prevention plan. Following your plan can help you stay healthy and get the most out of each doctor visit. It also helps us connect you to your plan's benefits and services. The questions will get you thinking about how to enhance and maintain your health, as well. More knowledge about your health puts you in control.

HOW WE USE INFORMATION



How do we use the information you give us?

We share this information with your doctor. Although he or she may already have some of this information throughout your medical record, having all the answers in one place is more helpful and efficient. We also use your answers to help find ways to keep you healthy that will work for you.

We may call you to discuss all the ways that your doctor and Ultimate Health Plans can work together to help. We also check your answers to see if you may qualify for one of our Case or Disease Management programs, which are staffed by nurses dedicated to answering your questions and partnering with you to maintain your health. Some of the services provided through our programs include:

- Regularly scheduled telephone calls from your case manager
- Health education materials
- Tips on understanding and following your doctors' instructions
- Information on community and national resources that may benefit you

HAVE QUESTIONS?



Your answers will not change your benefits in any way. We hope you will fill out your questionnaire when the time comes and take advantage of the opportunity to find out what areas of your health you need to focus on to become a healthier you!

If you have any questions, please call Case Management at 866-967-3430 (TTY 711) Monday through Friday from 8 a.m.-5 p.m.

You may also fill out your questionnaire online at our Member Portal.

Please visit:

portal.myultimatehp.com

Registration is required for first-time users.

Important Numbers

Member Services

1-888-657-4170 (TTY 711)

Case Management

1-866-967-3430 (TTY 711)

portal.myultimatehp.com

YOU WILL SAVE MONEY ON INSULIN AND VACCINES THROUGH THE INFLATION REDUCTION ACT!

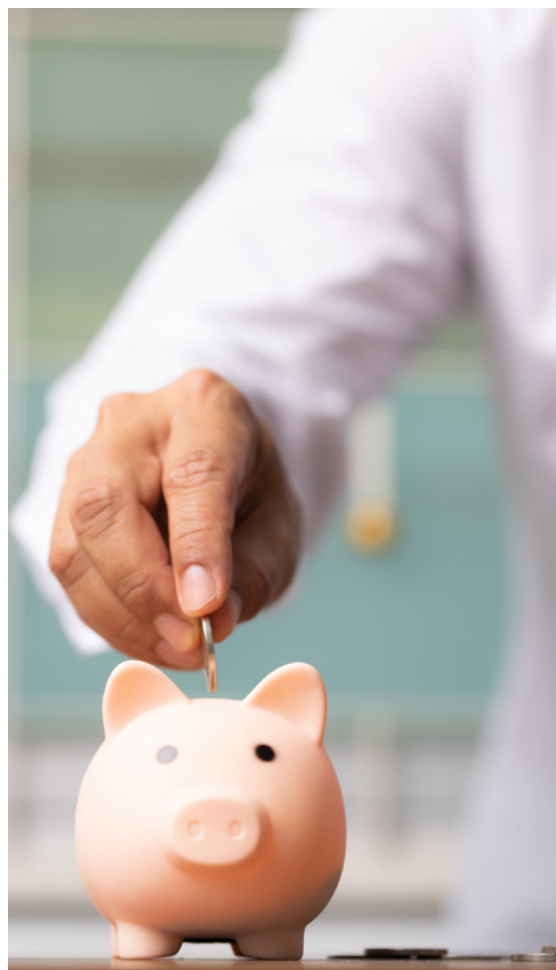
We care about your health and your ability to afford medications. That is why we are pleased to share information on new legislation passed in August 2022, known as the **Inflation Reduction Act (IRA)**. All Medicare Advantage Plans with drug coverage are required to enhance benefits around insulin and vaccines, effective January 1, 2023.

Insulin cost-sharing is \$35 or less each month

Starting January 1, 2023, members enrolled in a Medicare prescription drug plan **will not pay more than \$35** for a 1-month supply of each insulin they take that is covered by their Medicare prescription drug plan and dispensed at a retail pharmacy or through a mail-order pharmacy. In addition, Part D deductibles won't apply to the covered insulin product.

Part D Vaccine cost-sharing, \$0 for shingles and other vaccines

Starting January 1, 2023, adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), including the shingles vaccine, will be available to you through your Medicare prescription drug plan at no cost.



Prescription Home Delivery

You can use OptumRx Home Delivery mail-order service as a convenient way to save time and a trip to the pharmacy. Your medication will arrive at your front door with the mail-order service with free standard shipping!

Home delivery mail-order facts:

- Mail-order services are used for a 90-day supply of your medication.
- Your order will arrive within 14 calendar days.
- Chronic and long-term medications, excluding opioid medication, can be delivered through home delivery.
- The automatic refill program will refill your prescription medications before they run out.
- If your order experiences delays, call OptumRx as soon as possible to arrange an alternative local pick-up.

Home delivery mail-order benefits:

- You may pay less for your medication with a 3-month supply.
- Medications are delivered to your home with free standard shipping.
- Speak to a pharmacist any time, from the privacy of your own home.
- The drug pricing tool brings you cost-saving opportunities and personalized medication options. You can set up text and email reminders for refills, taking your medication, and order confirmations.

Starting home delivery mail-order:

- Ask your doctor to send an electronic prescription to OptumRx.
- Visit [optumrx.com](https://www.optumrx.com) or use the OptumRx app.
- Call the toll-free number 800-311-7517, located on the back of your Member ID Card.



Opioids and Your Safety

You may have been prescribed opioid medications and wondered if they are safe. Opioids are powerful drugs that can lead to abuse and possible overdose if not taken properly. We will discuss the risks of opioids and how you can take them safely. Opioid medications can be used to help with short and long-term pain. They can also be an important part of treatment for certain patients, such as those with cancer or end-of-life care. However, extended use of opioids can cause serious risks that you and your doctor should discuss and monitor closely. You must understand why you are being prescribed opioid medications.

At times, your opioid prescription may be rejected at the pharmacy because it requires additional review. If you recently joined Ultimate Health Plans, we may not know your current prescription information. Your pharmacy may need to notify OptumRx of your history.

If you are newly using opioids or have not filled an opioid prescription through your pharmacy in the last 120 days, you may be limited to an initial 7-day supply. After you have filled the 7-day supply, your provider can prescribe the full supply for your next fill.

What are the risks of taking opioids for a long time?

- **Tolerance** - You may need higher doses to relieve your pain over time.
- **Dependence** - You may have withdrawal symptoms when you stop taking opioids. This can happen after taking them for less than a week.
- **Addiction** - You may not be able to control your opioid use.
- **Overdose or death**

How do I safely take opioid medications?

- Always follow your doctor's directions.
- Never share your medications with others. Only a doctor can decide if a prescription medication is safe for someone other than you.
- Don't take your medicine more often than prescribed. Talk to your doctor or pharmacist before you take any extra doses.
- Stay away from dangerous drug interactions. Talk to your doctor or pharmacist about all the drugs you take. Mixing opioids with any of the following can significantly add to the risk of overdose:
 - o Alcohol
 - o Sleeping pills (such as zolpidem [Ambien®] or zaleplon [Sonata®])
 - o Anxiety drugs (such as diazepam [Valium®], alprazolam [Xanax®], and Lorazepam [Ativan®])
- If your pain is under control, ask your doctor if you should take them less often or change to other pain relief options.

There are other alternatives to opioid use for pain management you can consider including over-the-counter medications such as ibuprofen, acetaminophen, or naproxen, injectable or topical therapies, chiropractor services, physical and massage therapy, or acupuncture and exercise. Please speak with your doctor about what will work best for you.

How to Read Your Formulary


Ultimate Health Plans drug list is also called a formulary. A formulary is a list of covered drugs our clinical team selects in consultation with a team of healthcare providers. Your plan will generally cover the drugs listed in our formulary if the drug is medically necessary, filled at a network pharmacy, and other plan rules are followed. You can use the formulary to see if the plan covers your medications.

You can find your drugs in our formulary in two ways:

1. Find your drug by the medical condition the drug is used to treat
2. Use the index listed in alphabetical order to find the drug

The formulary begins on page 1 and has 3 columns.

- **Column 1:** Drug Name - If the drug is a brand name drug, it will be capitalized. If the drug is generic, it will be lowercase.
- **Column 2:** Drug Tier – The tier the drug is on
- **Column 3:** Requirements/Limits - If there are any special requirements for coverage of your drug



	Drug Name	Drug Tier	Requirements / Limits
Brand Name →	LEVEMIR	2	MO SI
	LEVEMIR FLEXTOUCH	2	MO SI
	NOVOLIN 70/30	2	MO SI
	NOVOLIN 70/30 FLEXPEN	2	MO SI
Generic →	<i>novolin 70/30 flexpen relion</i>	1	MO GC
	<i>novolin 70/30 relion</i>	1	MO GC

Formulary Tiers

The formulary is divided into 4 or 5 tiers, depending on the plan you are enrolled in. You can also find the cost-sharing amount for your drug, if applicable. The below image is an example of a C-SNP plan. Please reference the website for other plans.

The Formulary is Divided into 5 Tiers

Every drug on the plan's Drug List is in one of 5 cost-sharing tiers with a corresponding cost-sharing amount depending on the plan as shown below. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- **Cost-Sharing Tier 1 (Generic)** includes generic drugs. This tier also offers drugs at the lowest cost.
- **Cost-Sharing Tier 2 (Preferred Brand)** includes preferred brand drugs and some generic drugs.
- **Cost-Sharing Tier 3 (Non-preferred Drug)** includes non-preferred brand drugs and some generic drugs.
- **Cost-Sharing Tier 4 (Specialty Tier)** includes high-cost drugs brand and generic drugs, which may require special handling and/or close monitoring. This is the highest-cost tier.
- **Cost-Sharing Tier 5 (Select Care Drugs)** includes select generic and brand drugs that treat Respiratory Disease, Cardiovascular Disease, and Diabetes.



Formulary Requirements/Limits

Some drugs have special requirements for coverage. These requirements are listed in column 3, if applicable. A description of those requirements can be found on the chart on page vi of your formulary.

B/D: This prescription drug may be covered under our medical benefit. For more information, call Member Services at 1-888-657-4170, Monday - Friday from 8 a.m. to 8 p.m. TTY users should call 711.

E: Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

GC: Coverage in the Gap. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

MO: Mail Order Drug. This prescription is available through our mail order service, as well as through our retail network pharmacies. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Our plan's mail-order service requires you to order a 90-day supply. Usually, a mail-order pharmacy order will get to you in no more than 14 days. However, if your order is delayed, immediately contact us so we can make arrangements for you to pick up your prescription at your local pharmacy. You may contact us 24 hours a day, 7 days a week at 1-800-311-7517 (TTY users dial 711).

PA: Prior Authorization. We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs we limit the amount of the drug that we will cover.

SI: Select Insulin. Our plan provides additional coverage of select insulins. During the Initial Coverage stage your out-of-pocket costs for select insulins will be between \$5 to \$35 copayment for a 30-day prescription supply.

ST: Step Therapy. In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Part B vs Part D Drugs

Did you know there are some drugs that can be covered under your Part B benefit or your Part D benefit? These drugs have a B/D indicator on your formulary and means it may be eligible for payment under Part B or Part D. You or your physician may be required to obtain a prior authorization to determine this. If the drug is covered under Part D, you would pay the applicable cost share for that tier. If the drug is covered under Part B, you would be subject to the cost-sharing amount in your Evidence of Coverage and Summary of Benefits.

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate nebulization solution 2.5mg/0.5ml	1	QL (100 EA per 30 days) B/D MO GC

Everything to Know About Your Pharmacy EOB

The Explanation of Benefits (EOB) is an important resource you will receive from Ultimate Health Plans. The most important distinction is that an EOB is **not** a bill. You will receive a monthly EOB that summarizes medications and what you paid for those medications filled during the previous month.

It's always a good idea to review your EOB for accuracy when you receive it. Your personalized EOB helps you know what coverage stage you are in within your pharmacy benefit.

Some key areas that you will find on the EOB will have the following:

- Member Information
 - Your name, Member ID, Group number, etc.
- Prescription Detail
- Amount paid by you and the plan
- Drug payment stage

Your EOB is divided into 6 sections, but we will focus on the first 3 sections.

Section 1: Your prescriptions during the past month

- This section details what prescriptions you filled during the previous month, what the plan paid, what you paid, and other payments that may have been made on your behalf.

SECTION 1. Your prescriptions during the past month

SAMPLE ONLY

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions and check to see that it's correct.** If you have any questions or think there is a mistake, Section 5 shows you what to do.
- **Drug Pricing Information (Drug Price & Price Change)**
 - The **Drug Price** shows the cost of each drug (including what you, your plan and other programs paid). The **Price Change** shows the percentage of the drug price since it was first filled during this benefit year.
 - There may be **Lower Cost Therapeutic Alternative drugs** (when applicable) listed below some of your current drugs. These are drugs that may be an alternative to the ones you are taking but with lower cost sharing or a lower drug price. You may want to speak with your prescriber to see if the lower cost therapeutic alternative is right for you.

CHART 1.

Your prescriptions for covered Part D drugs
January 2023

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)	Drug Price & Price Change
BETAMETH DIP CRE 0.05% 01/03/2023, CVS PHARMACY #03370 03370 30.0 Grams, 14 day supply	\$37.57	\$0.00	\$14.21 (paid by Other Payer)	\$51.78 0%

Section 2: Which “drug payment stage” are you in?

- This section displays which coverage phase you are in. Typically, you will be in the initial coverage phase unless you take a lot of prescriptions or your medication costs are high.

SECTION 2. Which "drug payment stage" are you in?

As shown below, your Part D prescription drug coverage has "drug payment stages." How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

SAMPLE ONLY

You are in this stage:			
STAGE 1 Yearly Deductible (Because there is no deductible for the plan, this payment stage does not apply to you.)	STAGE 2 Initial Coverage <ul style="list-style-type: none"> • You begin in this payment stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost. • You generally stay in this stage until the amount of your year-to-date "total drug costs" reaches \$4,660. As of 01/31/2023, your year-to-date 	STAGE 3 Coverage Gap <ul style="list-style-type: none"> • During this payment stage, you (or others on your behalf) receive a 70% manufacturer's discount on covered brand-name drugs and the plan will cover at least another 5%, so you will pay less than 25% of the negotiated price on brand-name drugs. In addition, you pay less than 25% of the costs of generic drugs. 	STAGE 4 Catastrophic Coverage <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • You generally stay in this stage for the rest of the calendar year (through December 31, 2023).

Section 3: Your “out-of-pocket costs” and “total drug costs” (amounts and definitions)

- This section tells you how much your prescriptions cost.

SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

SAMPLE ONLY

Your "out-of-pocket costs" \$0.00 month of January, 2023 \$0.00 year-to-date (since January, 2023)	Your "total drug costs" \$51.78 month of January, 2023 \$51.78 year-to-date (since January, 2023)
DEFINITION: "Out-of-pocket costs" includes: <ul style="list-style-type: none"> • What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.) • Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health 	DEFINITION: "Total drug costs" is the total of all payments made for your covered Part D drugs. It includes: <ul style="list-style-type: none"> • What the plan pays. • What you pay. • What others (programs or organizations) pay for your drugs.

Be on the lookout for your EOB at the beginning of each month and review it to ensure it shows what you picked up from the pharmacy. If you have any questions about the coverage phases or out-of-pocket costs, please call us at 800-311-7517.

What is an Advance Directive?

Sometimes people cannot make health care decisions for themselves due to accidents or serious illness. When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated.

To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care Advance Directives (Chapter 765, Florida Statutes). You have the right to say what you want to happen if you are in this situation. Give your doctor written instructions about how you want them to handle your medical care if you cannot make decisions for yourself.

The law recognizes the right of a competent adult to make an Advance Directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death.

An advance directive can be:

- A Living Will
- Healthcare Surrogate
- Organ Donation
- Power of Attorney

You can get an advance directive form from your lawyer, your case manager, a social worker, or from some office supply stores. You can sometimes get advance directive forms from organizations that give people information about Medicare.

You can complete an Advance Directive by downloading the form from www.ChooseUltimate.com/Member/DocumentsandForms or calling 888-657-4170 to request we mail you a copy. Keep in mind that it is a legal document.

Once you complete the forms, you can mail them to the following address for processing:

Ultimate Health Plans
PO Box 3459
Spring Hill, FL 34611

You should give a copy of the form:

- To your doctor
- To the person you name on the form who can make decisions for you if you can't
- To trusted friends
- To trusted family members

Keep a copy at home. You may also want to keep a card or note in your purse or wallet that states that you have an Advance Directive and where it is located.

If you know ahead of time that you will be hospitalized and have signed an advance directive, take a copy with you to the hospital. The hospital will ask you whether you have signed an advance directive form and whether you have it with you. If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.





If you change your Advance Directives, ensure your health care provider, attorney, and the significant persons in your life have the latest copy.

What if your instructions are not followed?

If you have signed an advance directive, and you believe that a doctor or hospital did not follow the instructions in it, you may file a complaint with the Florida Agency for Health Care Administration (AHCA) by calling 888-419-3456 (TTY users may call 800-955-8771) from 8:00 am to 5:00 pm, Monday through Friday.

Medicare law gives you the right to file a complaint with the Agency for Health Care Administration (AHCA) if you are dissatisfied with our process for handling Advance Directives by calling 888-419-3456 (TTY 800-955-8771).

Thank you for partnering with us to help you!

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).

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

We are available Monday through Friday, 8 am to 8 pm.



Health Management Programs

Ultimate offers programs to meet the health needs of you our members. Many programs are designed to help you manage specific conditions. Some of these conditions are diabetes or heart disease. Other programs are designed to help you with specific needs related to a recent hospital stay.

You may be identified for these programs based on diagnoses. Another reason would be for care or services that you are overdue for or need, but have not received. Sometimes, you are identified for program enrollment based on medical events. You may also be referred to programs by your doctor or by an Ultimate Care Manager. You can also ask to be enrolled in these programs.

Each program has different requirements that need to be met. If you meet the measures, you will automatically be enrolled. You may opt out at anytime.

To receive a printed copy or for more information about these programs, please visit our website at www.ChooseUltimate.com or call us at 1-888-657-4170 (TTY:711)

Special Needs Plans (SNP)

Special Needs Plans are a type of Medicare Advantage Plan that provides coordinated care to members with specific illnesses, chronic conditions or those with both Medicaid and Medicare. Ultimate Health Plans offers five SNPs:

Advantage Care Chronic SNP (C-SNP)

- Cardiovascular Disorder
- Chronic Heart Failure
- Chronic Lung Disorder
- Diabetes Mellitus

Advantage Plus Dual Eligible (D-SNP)

- Have both Medicare and Medicaid

SNP Benefits Include:

- Benefits for over-the-counter products
- Telemedicine services
- Transportation services
- Routine dental, vision, and hearing benefits
- SilverSneakers Program (gym membership)
- Meal Benefit

SNP plans are available in the following counties:

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

If you'd like to enroll or have any questions, please call 844-891-2121 (TTY 711).

Medical Identity Theft and Healthcare Fraud

When you received your Explanation of Benefits (EOB) from Ultimate Health Plans, were you charged for any medical services or equipment that you didn't get? Do the dates of services and charges look unfamiliar? Were you billed for the same thing twice? Does your credit report show any unpaid bills for medical services or equipment you didn't receive? Have you received any collection notices for medical services or equipment you didn't receive?

If you answered "YES" to any one or more of these questions, there is a possibility that you might be a victim of medical identity theft and healthcare fraud.

Medical identity theft and healthcare fraud occur when someone steals your personal information (i.e., your name, Social Security number, health plan Member ID number, or Medicare number) to obtain medical care, buy drugs, or submit false claims to your health plan in your name. Medical identity theft and healthcare fraud can disrupt your life, damage your credit rating, and waste taxpayer money. The damage can be life-threatening to you if the wrong information ends up in your personal medical records.

Tips to Prevent Medical Identity Theft and Healthcare Fraud

1. Guard your personal information at all times. Treat your personal information like your money and credit cards.
2. Keep a calendar or a journal with the date and time of all of your health care appointments. Be sure to include information such as the name of the provider you saw, the purpose of your visit, your diagnosis, any laboratory, radiology, or other tests received, the name and quantity of any medications prescribed, and any medical supplies or equipment you received.
3. Check your Explanation of Benefits (EOB) when it arrives in the mail. Be sure to compare the information on the EOB with the information on your appointment calendar or journal. If things don't match, there may be a problem.
4. If the product or service is free, they don't need your personal information. Be suspicious of anyone who offers you free medical equipment, supplies, or services and then requests your personal information, such as your Social Security number, health plan Member ID number, or Medicare number.
5. Don't lend your Social Security number, health plan Member ID number, or Medicare number to others for them to receive services they are



not entitled to. Likewise, do not ask for or accept payment from anyone to borrow these items or your identity. It's illegal and may result in loss of Medicare eligibility, fines, and other penalties.

6. Check your credit report periodically. Immediately report any suspicious activity to the credit reporting companies, the Federal Trade Commission, and your local police.

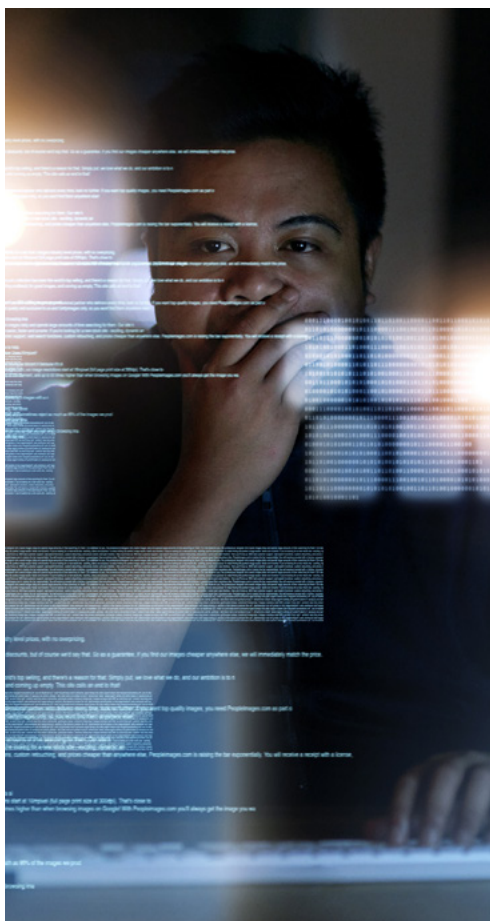
Report Medical Identity Theft

If you think someone has stolen or is misusing your personal information, take these steps as quickly as possible:

Step 1: Call the credit reporting companies, request your free credit report, and place a fraud alert. The credit reporting companies are Equifax at 888-298-0045, Experian at 888-397-3742, and TransUnion at 800-916-8800.

Step 2: Report identity theft at [IdentityTheft.gov](https://www.identitytheft.gov), the federal government's one-stop resource to help people report and recover from identity theft. The site provides step-by-step advice and helpful resources like easy-to-print checklists and sample letters.

Step 3: Report your suspicions to your local police department.



Step 4: Call Ultimate Health Plans' compliance hotline toll-free at 855-730-7925 (TTY 711) or email compliancehotline@ulthp.com and report your suspicions.

Report Healthcare Fraud

If you find unusual or questionable charges, contact the doctor, supplier, or other health care provider and ask for an explanation. It may just be a mistake or misunderstanding. If your concerns are not resolved by the doctor, supplier, or other health care provider, report the questionable charges to Ultimate Health Plans toll-free at 888-657-4170 (TTY 711). If you suspect fraud, waste, or abuse, please get in touch with our compliance hotline at 855-730-7925 (TTY 711) or email us at compliancehotline@ulthp.com and make a report.

Ultimate Health Plans accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement. Every report we receive is important, and we take every report very seriously. Hotline tips are incredibly valuable, and we appreciate your efforts to help us identify and investigate health care fraud, waste, and abuse.

You may also contact the Centers for Medicare & Medicaid Services at 1-800-MEDICARE (800-633-4227) to report suspected fraud, waste, or abuse. This government resource accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in the Medicare and Medicaid programs.



OptumRx Customer Service

800-311-7517 (TTY 711)

- Open 24 hours a day, 7 days a week.

Ultimate Health Plans Website

ChooseUltimate.com/Home/PrescriptionDrugs

Check your drug coverage and copays.



Prior Authorization Timelines

We encourage you to speak with your prescriber regarding your medications.

Per Medicare guidelines:

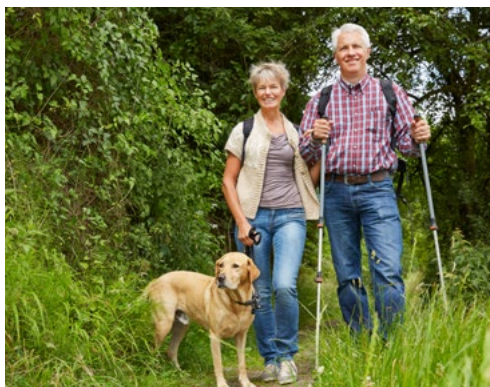
- 24 hours are allowed for urgent requests.
- 72 hours are allowed for standard/non-urgent requests.
- Up to 14 days may be allowed for a decision to be made.

Exception Requests can be initiated by calling 800-311-7517 or by completing and mailing in the Coverage Determination Form available online at:

<https://chooseultimate.com/Member/DocumentsandForms>

2023 Vendor Overview & Contact Information

	Acupuncture & Chiropractic	American Specialty Health	888-577-0055
	Behavioral Health	Carelon Behavioral Health plan.carelonbehavioralhealth.com/find-a-provider	800-627-1259
	MDLive - Telemedicine	Carelon Behavioral Health www.mdlive.com	855-849-3650
	Dental	Aflac Benefit Solutions www.aflacbenefitssolutions.com/find-a-provider	800-340-8869
	Gym Benefit	SilverSneakers www.silversneakers.com	888-423-4632
	Hearing	20/20 Hearing www.2020hearingnetwork.com	800-313-2763
	In-Home Support	Papa Pals	800-348-7951
	Laboratory Provider	Labcorp www.labcorp.com	800-845-6167
	Meal Delivery	Ultimate Member Services	888-657-4170
	Nurse Hotline - 24/7	Carenet Health	855-238-4687
	Over-the-Counter (OTC) Healthy Food, & Flex Card	Solutran www.healthybenefitsplus.com/ChooseUltimate	855-422-0039
	Prescription Drug Benefit - 24/7	OptumRx www.optumrx.com	800-311-7517
	Prescription Mail Order	OptumRx Pharmacy Refills & Questions	877-889-6358
	Transportation	Wheelchair Transport Service	855-306-0700
	Vision	Premier Eye Care providerdirectory.premiereyecare.net	800-210-5511





PO Box 3459
Spring Hill, Florida 34611

Health and Wellness or Prevention Information

GET IN TOUCH

Have a Question? Contact Us!

BY PHONE:

1-888-657-4170 (TTY 711)

October 1 - March 31:

Monday - Sunday, 8 am - 8 pm

April 1 - September 30:

Monday - Friday, 8 am - 8 pm

IN PERSON:

Community Outreach Offices

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

4058 Tampa Road, STE 7
Oldsmar, FL 34677

2713 Forest Road
Spring Hill, FL 34606

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

BY MAIL:

Ultimate Health Plans, Inc.
PO Box 3459
Spring Hill, FL 34611

ONLINE:

www.ChooseUltimate.com



<https://www.facebook.com/UltHP>