



ULTIMATELIVING

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



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4 Rs FOR FIGHTING MEDICARE FRAUD

You're the first line of defense against Medicare Fraud and abuse. Follow the "4 Rs" to protect yourself, your loved ones, and Medicare from fraud.

Read more on page 4.



PREFERRED DIABETIC PRODUCTS

Ultimate Health Plans provides coverage for Diabetic Supplies. OneTouch® (Johnson & Johnson) traditional BGM and test strips are the preferred diabetic products.

Read more on page 22.



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

Message from Medical Director



Dr. Pragnesh Shah

MD, MBA, CPE, CHCQM-PHYADV

Dear Members,

We hope this year has treated you well thus far. I wanted to provide basic information on the member satisfaction surveys, specifically CAHPS surveys, that you may have received via mail. The Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys are a set of surveys sponsored by CMS that provide information to Medicare beneficiaries on the quality of health services provided through Medicare, Medicare Advantage (MA), and Part D programs (PDP). These surveys help measure important aspects of a patient's experience that cannot be assessed by other means. The Medicare CAHPS surveys produce comparable data on the patient's experience of care that allow objective and meaningful comparisons between Medicare Advantage Prescription Drug Plan (MA-PD) contracts on domains that are important to consumers.

CAHPS Surveys

The Questionnaire includes the following domains:

- Your Healthcare in the Last 6 Months
- Your Personal Doctor
- Getting Healthcare from Specialists
- Your Health Plan
- Your Prescription Drug Plan
- About You

For scoring and reporting purposes, some questions are combined into the following 6 composite measures:

- Getting Needed Care
- Getting Appointments and Care Quickly
- Doctors Who Communicate Well (reported to contracts – not reported to consumers)
- Customer Service
- Getting Needed Prescription Drugs (MA-PD and PDP)
- Care Coordination

In addition to the publicly reported composite measures listed above, the survey questionnaires include several publicly reported “member overall” ratings based on a 0-10 scale, where 0 is the lowest rating and 10 is the highest:

- Rating of Health Plan
- Rating of Health Care Quality
- Rating of Drug Plan (MA-PD and PDP)

The MA & PDP CAHPS Survey also includes the following single item measures, which are publicly reported:

- Annual Flu Vaccine
- Pneumonia Vaccine (reported to contracts – not reported to consumers)

It is very important that you fill out these surveys if you have been selected to participate. As your Health Plan, we are very interested in knowing if any of the above-mentioned topics are of concern to you, even if you have not been chosen for surveys. We are constantly striving to provide the best possible care for our members and your constructive criticism will help us deliver on that promise. Your feedback, either via these surveys or direct reporting, helps us improve our internal processes and discuss with our participating providers any improvements they may need to enrich your experience even further when you visit them for your care.

Thank you,

Pragnesh Shah, MD, MBA, CPE, CHCQM-PHYADV

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.

Nondiscrimination, Accessibility, and Language Assistance

Ultimate Health Plans complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently based on 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.

View Ultimate Health Plans' Multi-Language Interpreter Services at
https://cdn.chooseultimate.com/library/UHP_Multi-Language_Insert.pdf



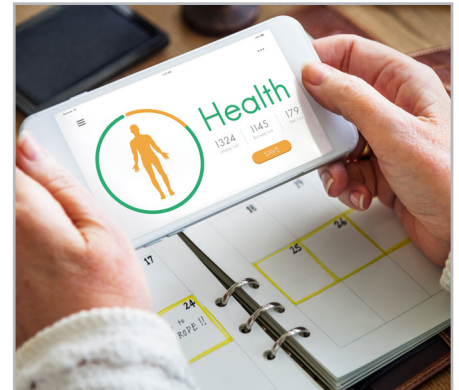
4 Rs for Fighting Medicare Fraud

You're the first line of defense against Medicare Fraud and abuse. Follow the "4 Rs" to protect yourself, your loved ones, and Medicare from fraud:

1. Record

Record your doctor's appointments (dates and times) on a calendar. You should also note any tests, items, and services you get, and save the receipts and statements from your providers. Do you need help keeping track of dates and services? If so, you can:

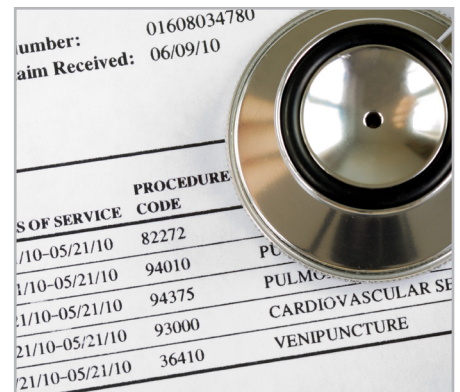
- Ask a friend or family member for help.
- Contact your local Senior Medicare Patrol (SMP) Program to get a free Personal Health Care Journal. Use the SMP locator at smpresource.org or call 1-877-808-2468 to find the SMP program in your area.



2. Review

Your claims and statements contain important information. When reviewing them, make sure you:

- Look for signs of fraud, including claims you don't recognize on your "Medicare Summary Notices" (MSNs) if you have Original Medicare, or similar statements from your plan if you have a Medicare Advantage or Medicare drug plan.
- Check your claims early—the sooner you find and report errors, the sooner you can help stop fraud. To get started, log into (or create) your secure Medicare account at Medicare.gov. There, you can get your Original Medicare claims as soon as they're processed. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Check the receipts and statements you get from providers for mistakes. If you think a charge is incorrect and you know the provider, you may want to call their office to ask about it. The person you speak to may help you better understand the services or supplies you got, or they may realize a billing error was made.
- Contact your local SMP program to get help checking your statements for errors or suspected fraud.



FRAUD Prevention

3. Report

You can report suspected Medicare fraud by:

- Calling 1-800-MEDICARE. Have your Medicare card or Medicare Number and the claim or MSN ready.
- Contacting the Office of the Inspector General. Visit tips.oig.hhs.gov or call 1-800-HHS-TIPS (1-800-447-8477). TTY users can call 1-800-377-4950.



4. Remember

There are things you can do to protect yourself from Medicare fraud:

- Guard your Medicare card like it's a credit card. Don't give your Medicare card, Medicare Number, Social Security card, or Social Security Number to anyone except your doctor or people you know should have it.
- Never give your Medicare Number in exchange for money, gifts, or for special offers from companies, like free medical care or equipment.
- Never let someone use your Medicare card, and never use another person's card.
- Ask questions if you aren't sure of something. You have the right to know everything about your medical care, including costs billed to Medicare.



Want to learn more about Medicare fraud and how you can make a difference? Visit [Medicare.gov/fraud](https://www.medicare.gov/fraud). And think about volunteering with the SMP program to help other people with Medicare and their caregivers identify and report suspected fraud and abuse.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/aboutus/nondiscrimination/accessibility-nondiscrimination.html](https://www.medicare.gov/aboutus/nondiscrimination/accessibility-nondiscrimination.html) or call 1-800-MEDICARE for more information.



Promoting Diversity, Equity, and Inclusion: Our Commitment to Recruiting Excellence

Introduction

In an ever-evolving world, diversity, equity, and inclusion (DEI) have become integral components of successful organizations. Recognizing the value that diverse perspectives bring to the table, forward-thinking companies are embracing these principles not only as ethical imperatives but also as drivers of innovation and growth. This article delves into how Ultimate Health Plans' recruiting practices are actively promoting diversity, equity, and inclusion, making our organization a leader in this crucial area.

1. **Cultivating a Culture of Inclusivity**

At the heart of our DEI commitment lies a deeply ingrained culture of inclusivity. From the leadership team to the newest hires, we believe in the power of diverse voices and perspectives. Our company culture encourages every employee to bring their authentic selves to work and contribute their unique insights to our collective mission.

2. **A Holistic Approach to Diversity**

To promote diversity, we understand that it's not merely about checking boxes or meeting quotas. Our recruiting process begins with a deep commitment to embracing a wide range of perspectives and experiences. We actively seek candidates from diverse backgrounds, including different races, genders, ages, abilities, sexual orientations, and cultural identities.

We have also broadened our definition of diversity to include diversity of thought, experience, and background. This allows us to bring together individuals with varying life experiences, educational backgrounds, and career trajectories, resulting in a richer tapestry of ideas and perspectives within our organization.

3. **Inclusive Job Descriptions**

To ensure our job postings appeal to a broad spectrum of candidates, we have revamped our job descriptions. We use inclusive language that eliminates bias and promotes a welcoming environment. This small yet significant change has made a substantial difference in attracting candidates from diverse backgrounds who may have otherwise been discouraged by exclusive language.

4. **Data-Driven Decision-Making**

We recognize that progress requires accountability. We regularly analyze demographic data related to our hiring process to identify areas for improvement. This data-driven approach allows us to refine our recruiting strategies continuously and ensure we are making meaningful progress toward our DEI goals.

5. **Inclusive Benefits and Policies**

Once a candidate becomes an employee, our commitment to DEI doesn't end. We offer a range of inclusive benefits and policies that support all employees, regardless of their background. This includes flexible work arrangements, family leave policies, and accommodations for individuals with disabilities. Our commitment to equity ensures that all employees have equal access to opportunities and benefits.

Conclusion

At Ultimate Health Plans, our commitment to promoting diversity, equity, and inclusion is not just a statement; it's a way of doing business. We recognize that diversity drives innovation, enhances creativity, and enriches our corporate culture. By actively pursuing diverse talent, implementing inclusive practices, and fostering an inclusive workplace, we are not only building a stronger, more dynamic team but also contributing to a more equitable and just society. Join us on our journey to a more inclusive future, where everyone has the opportunity to succeed and thrive. Together, we can make a difference.

Member Spotlight

Judith has been with Ultimate Health Plans since January of 2023. She joined after researching many options for health care coverage after paying high premiums for secondary insurance after basic Medicare.

Judith has needed to rely on Member Services many times over the past year, and they have been wonderful in helping with authorizations and answering insurance-related questions. The customer service representatives have been friendly and always willing to help.

Judith referred her husband David to Ultimate, and he is amazed by how much less his prescription drugs cost and how easy the referral process has been for him.

"We are both extremely satisfied with our medical coverage. Our only concern has been the switch to Delta Dental Care and losing our favorite dental practice, but we are hopeful that the new practice will work out well."



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.**



Did you know?

January is National Blood Donor Month!



- Winter months are often a time of reduced donations and increased risk of blood shortage due to holiday celebrations, inclement weather, and cold and flu season.¹
- Take this month to celebrate blood donors and remember blood donation is important!¹
- <https://www.aabb.org/for-donors-patients/give-blood> You can use this link to find the closest location to you, where you can donate blood.

February is National Cancer Prevention Month!

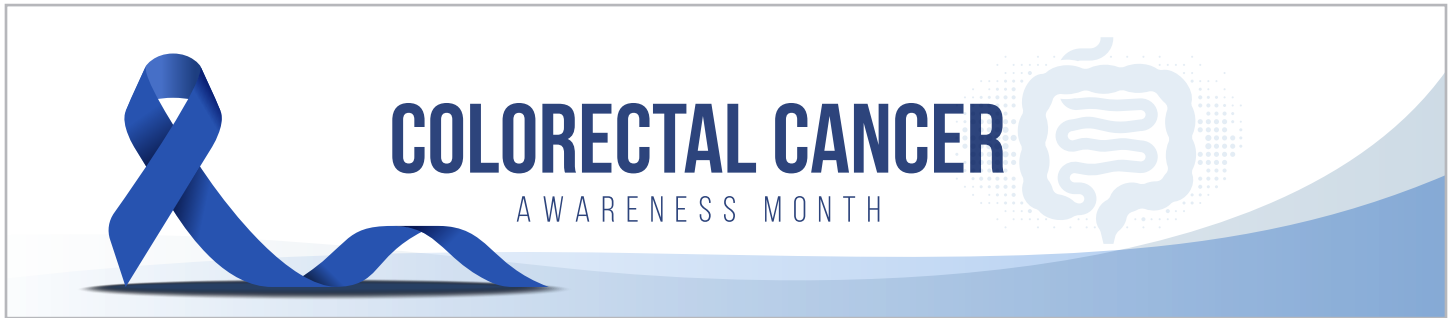


- Nearly 2 million Americans were diagnosed with cancer (other than non-melanoma skin cancer) during 2023, and that more than 600,000 died from their disease.²
- More than 40% of these cases and nearly half of the deaths can be attributed to preventable causes, such as smoking, excess body weight, physical inactivity, and exposure to the sun, to name a few.²
- Here at Ultimate Health Plans, we care about prevention and recommend talking with your physician to discuss what preventative measures you can implement to help reduce the risk of developing cancer.
- Do not forget to sign up for SilverSneakers at www.silversneakers.com or call 888-423-4632.
- Tobacco Free Florida <https://tobaccofreeflorida.com/> has smoking cessation programs. Talk with your physician to see if these programs will work for you.
- Make sure you get required screenings for early detection such as a mammogram or colorectal cancer screening.

¹ <https://www.aabb.org/for-donors-patients/national-blood-donor-month>

² <https://www.aacr.org/patients-caregivers/awareness-months/national-cancer-prevention-month/>

March is National Colorectal Cancer Awareness Month!



- Colorectal Cancer is the second deadliest cancer in the United States yet is one of the few cancers that is preventable due to screening opportunities.³
- 1 in 24 people will be diagnosed with colorectal cancer in their lifetime.³
- Colorectal cancer has a greater than 90% survival rate with early detection and treatment, but disparities exist that can limit equitable screening and treatment for many, such as Black Americans, American Indians/Alaska Natives (AI/AN), and underserved Americans, who are disproportionately affected by the disease. The impact of these disparities is shown below⁴:
 - o Black Americans are 15% more likely to get colorectal cancer and 35% more likely to die from it.
 - o Hispanic Americans are screened at lower rates, with only slightly more than 50% of those eligible checked for colorectal cancer.
 - o The racial disparity in incidence for both sexes combined widened for AI/AN individuals from 21% to 41%
 - o Pervasive stigma, discomfort with screening methods, lack of institutional trustworthiness, and bias/racism in the healthcare system
 - o Patients with a lower economic status of any race are at substantially higher risk for undertreatment and treatment delay.
- Here at Ultimate Health Plans, we want to ensure all populations receive the care and screenings available to them. We encourage you to talk with your physician about Colorectal Cancer screening options available to you.

³ <https://colorectalcaner.org/get-involved/advocate/colorectal-cancer-awareness-month>

⁴ <https://colorectalcaner.org/basics/health-equity>

Health Equity & Race and Ethnicity Data



As Ultimate Health Plans (UHP) continues to grow, it is important that we discuss the topic of Health Equity & Race and Ethnicity Data collection and analysis. It has been widely documented that there are racial and ethnic health disparities and inequities in the United States. The World Health Organization defines health equity as “the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.” We, here at Ultimate Health Plans, want to ensure we improve equity in the management of your care by removing any barriers for all our members to receive the care they deserve.

By gathering race and health equity data, it will allow us to identify any disparities in specific populations that we can address. It will also allow us to see where our populations are thriving and the best practices, we have put in place that we can build upon.

By identifying the disparities, we can also make attempts to fix the health inequities that occur, as they not only affect lives, but affect finances and can create an economic burden on our members.

The National Committee for Quality Assurance (NCQA) is an independent organization with a goal of improving health care quality by collaborating with policymakers, doctors, health plans, and you, the patient.

NCQA uses Healthcare Effectiveness Data and Information Set (HEDIS) clinical measures to ensure that you, as the patient, are having your healthcare needs met.



The following are examples of HEDIS measures that have a health equity focus. If you hear your Primary Care Physician or the health plan discuss the need for your colorectal cancer screening to be completed. If you are diabetic, an HbA1c needs to be at a certain number. Your blood pressure needs to be controlled if you have a history of hypertension. The above health care topics are among many that are not only important to your health and wellbeing but are also measured and analyzed by NCQA and are called HEDIS measures. NCQA has implemented a race and ethnicity stratification for the following HEDIS measures:

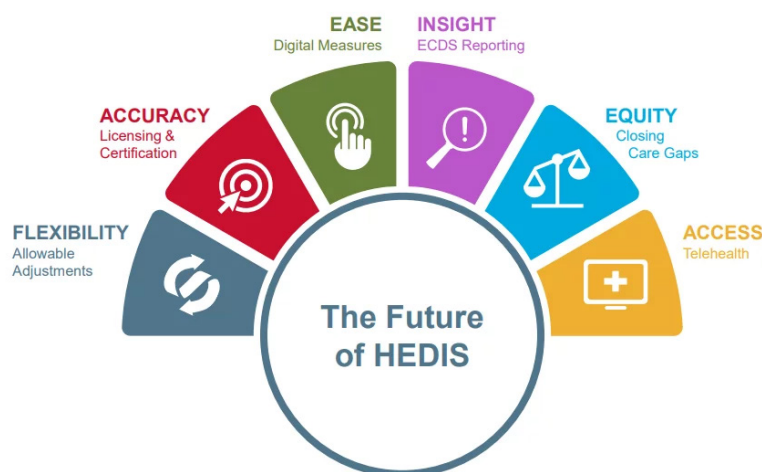
- Breast Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Glycemic Status Assessment for Patients with Diabetes
- Kidney Health Evaluation for Patients with Diabetes
- Eye Exam for Patients with Diabetes
- Adult Immunization Status

This is implemented by:

- Stratifying race and ethnicity separately
- Include options for the member to decline answering and not provide their race or ethnicity
- Allow self-reported member data and indirect imputed data
- Use existing HEDIS audit and hybrid sampling guidelines

Gathering this information allows NCQA and Ultimate Health Plans to create programs to better help you, our members, avoid any barriers to receiving the health care you deserve.

Thank you for partnering with us to help you, our members, and your fellow Medicare members, to deliver to you the best quality of health care possible.



Available PHM and SNP Programs –

Ultimate Health Plans offer specially designed programs to meet the health needs of our members. Our programs are individually made to help you manage your specific conditions. Some of these conditions can include diabetes, heart disease, and lung disease. Other programs are designed to help you with specific needs related to a recent hospital stay. Sometimes, you are identified for program enrollment based on medical events. You may also be referred to programs by your doctor, by an Ultimate Case Manager, or upon your request.

Each program has different requirements that need to be met. If you meet the measures, you will automatically be enrolled. These requirements could be disease-specific or based on dual eligibility (Medicare / Medicaid beneficiaries). You may opt-out at any time. To receive a printed copy or for more information about these programs, please visit our website at www.ChooseUltimate.com or call Member Services 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
- Congestive Heart Failure
- Chronic Lung Disorder
- Diabetes Mellitus

Advantage Plus Dual Eligible (D-SNP)

- Have both Medicare and Medicaid

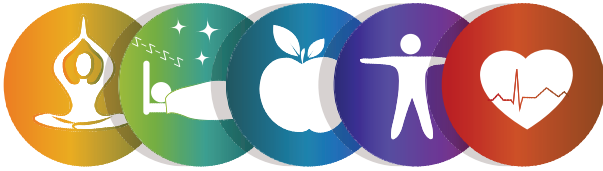
SNP Benefits Include:

- 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).



Access to Case Management

(Case and Disease Management) Focus on Disease Management

Ultimate Health Plans has a dedicated Care Management team that offers Disease and Case Management services. The Disease Management program supports members who may benefit from guidance in managing their chronic conditions. Our Case Managers support members through providing quality education and annual assessment of their needs. Each member of the Disease Management program receives a welcome packet, an individualized care plan, and education material. In addition, members may receive personalized Case Manager follow-up based on the member specific needs or change in condition.

If members experience a change in condition or hospitalization requiring additional follow up care, our Care Management team will conduct a skillful assessment and update the individualized care plan. Members could be directed to our Case Management program if they are identified as needing more intensive follow-up or interventions. Members can be included in the Case Management program not only with a change of condition but also as a direct referral from a physician or member request. In addition, the case management nurses evaluate all member medical records to determine if more frequent intervention is needed referring them to the Case Management program. There are a variety of ways Case Management can be initiated for our members to support their changing healthcare needs. Members always have the choice to opt in or out of these programs. To receive a printed copy or for more information about these programs, please visit our website at www.ChooseUltimate.com or call Member Services at 1-888-657-4170 (TTY 711).

Our Care Management Department supports Disease and Case Management programs designed to keep our members healthy at home, informed, and actively involved in their own care.



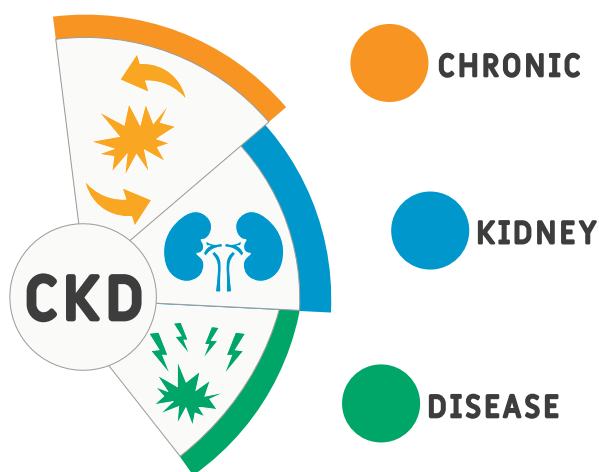
Ultimate Health Plans has a program called Complex Case Management for members who require temporary assistance following a recent hospital stay or have more complex needs, such as managing multiple chronic conditions. Our Case Managers support members transitioning back home or to a skilled nursing facility after a hospital stay. They also help members who require assistance managing multiple medical conditions. The Case Managers coordinate care with members, their primary care provider, and specialists to review medications, set health management goals, offer education about their diseases or conditions, and help schedule appointments.



Ultimate Health Plans offers several **Disease Management Programs** to members who have been diagnosed with any of the following conditions:

- Heart Failure
- Cardiovascular Diseases
- Diabetes
- Chronic Lung Disorders

Members enrolled in these programs receive help with managing their conditions. Program services include providing condition-specific education, setting goals and monitoring progress, making medical appointments, and providing referrals to available community programs and services.



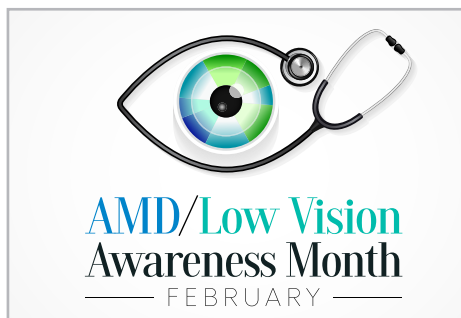
Ultimate Health Plans maintains a **Chronic Care Improvement Program** to help members with **Chronic Kidney Disease (CKD) Stage I – Stage V** manage their illness. Case Managers may assist

members by coordinating blood work, helping find a nephrologist (kidney doctor), and coordinating with a dietician to educate the member on this progressive disease. A blood test (eGFR) determines the stage of kidney failure. Our goal is to be your partner and help you develop an individualized treatment plan that meets your needs.

Ultimate Health Plans identifies members who may benefit from certain **preventive services**, such as flu shots, colon cancer screening, and breast cancer screenings, as well as other care to help members manage their chronic conditions, such as diabetes.



To receive a printed copy or for more information about these programs, please visit our website at <https://www.chooseultimate.com/Member/Case-Management> or call us at 888-657-4170 (TTY 711) Monday - Friday from 8 am – 8 pm.



In the Know: MACULAR DEGENERATION

In The Know – Taking Care of Your Eyes

February is Low Vision Awareness Month. With that in mind, Ultimate Health Plans wants you to know more about a serious, treatable eye condition known as Age-Related Macular Degeneration (AMD).

What is Age-Related Macular Degeneration (AMD)?

Age-related Macular Degeneration (AMD) occurs when there is damage to a specific part of your retina called the macula in your eye. AMD is the leading cause of vision loss in people 50 years of age or older. You are more at risk for this disease if you have the following risk factors:

- Eating a diet high in saturated fat (found in meat, butter, and cheese)
- Being overweight
- Smoking cigarettes or vaping
- Being over 50 years of age
- Having high blood pressure (HTN)
- Having a family history of AMD



Why It's Important!

In the beginning stages, you may have no signs or symptoms, so you may not know you have the condition. But, in the later stages, people have important quality of life effects. People lose their ability to see faces, read small print, or even drive. You may find it hard to read glucometer results or enjoy a grandchild's art creation. Although people rarely go blind from this condition, macular degeneration greatly affects the center of vision making daily activities a challenge.

Getting Checked:

It's easy to get checked.

With your annual eye exam, your ophthalmologist will visually inspect your eye to see if there are any changes to your retina or macula. Also, your doctor may have you look at a special grid called an Amsler Grid to see if you notice any blurry, distorted, or blank spots in your field of vision. Your doctor could do additional tests to look closely at your retina as needed.

Have you had your eye exam this year?

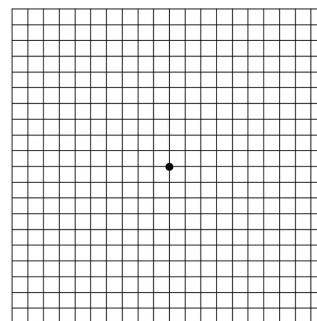
Ultimate Health Plans cares about your quality of life. We hope that you maintain good eye health with yearly exams and attention to possible risk factors. If you would like assistance finding an ophthalmologist, we are here to help! Call Member Services at 1-888-657-4170 (TTY 711).

References:

<https://www.aao.org/eye-health/diseases/amd-macular-degeneration>

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/agerelated-macular-degeneration-amd>

Amsler Grid



Advance Directive Rights

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment.

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).



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.

You can complete an Advance Directive by downloading the form from www.ChooseUltimate.com/Member/DocumentsandForms or call Member Services at 888-657-4170 (TTY 711) to request we mail you a copy. Make sure that your primary care doctor, attorney, and the significant persons in your life know that you have an Advance Directive and give them a copy. 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.

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

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 1-888-419-3456 (TTY 800-955-8771).

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

**ADVANCE
MEDICAL DIRECTIVES**

SPICY ASPARAGUS STIR-FRY



Nutrients per serving: 120 calories, 3g protein, 7g carbohydrates, 3g fiber, 10g fat, 0mg cholesterol, 6mg sodium

INGREDIENTS

- 1 1/2 pounds pencil-thin or medium asparagus
- 2 tablespoons vegetable oil
- Salt and pepper
- 1 teaspoon grated or minced garlic
- 1 teaspoon grated fresh ginger
- 1 serrano or jalapeño chili, finely chopped (seeds removed if less heat desired)
- 2 teaspoons toasted sesame oil
- 3 scallions, slivered
- 1 (or 2) red Fresno chilies, thinly sliced into rings
- 1 teaspoon toasted sesame seeds
- Handful of cilantro sprigs

DIRECTIONS

1. Snap off tough bottom ends of asparagus and discard. Cut spears into 2-inch pieces (halve thicker pieces lengthwise).
2. Set wok or wide skillet over medium-high heat and add vegetable oil. When oil is hot, add asparagus and toss well to coat.
3. Season well with salt and pepper and stir-fry for 1 minute or so, then add garlic, ginger and serrano chili.
4. Continue stir-frying for another minute, until asparagus is cooked but still firm and bright green.
5. Transfer cooked asparagus to platter. Next, drizzle with sesame oil.
6. Sprinkle with scallions, red Fresno chili rings and sesame seeds. Garnish with cilantro sprigs and serve.

<https://www.aarp.org/health/healthy-living/info-2019/spring-asparagus-recipe.html>

Pharmacy Part D Benefit Updates for 2024

We hope 2024 is off to a great start!

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



- You can now fill up to a 100-day supply for some Tier 1 Generic drugs at retail and mail-order under all of our plans.
- If you're in a CSNP plan, Select Respiratory Agents and Select Antidiabetic are now on Tier 5 Select Care Tier.

Elimination of coinsurance and copayments during Medicare Part D's catastrophic phase

The 5% coinsurance requirement that you paid in the catastrophic phase is eliminated and our plan will pay 20% of total drug costs in this phase and Medicare will pay 80%.

- As of January 1, 2024, if you fall into the catastrophic phase of the drug benefit you will not have to pay any coinsurance or copayments during that phase for covered Medicare prescription drugs.

For more information you can visit:

<https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/catastrophic-coverage>

As you may know the Inflation Reduction Act provides some cost-saving opportunities for you.

- A one-month supply of Part D covered insulin will be no more than \$35.
- You will not have a copay for Part D vaccines including the Shingles and RSV vaccines.

For more information, visit our website at <https://chooseultimate.com/Home/PrescriptionDrugs>

Pay less with Home Delivery

You may pay less for your medication with a 3-month supply. You can use OptumRx as your home delivery mail-order service as a convenient way to save time and an outing to the pharmacy! With mail-order service, the medication will arrive right at your front door - with no charge for standard shipping.



Home delivery mail-order- *facts*:

- Mail-order is used for a 90-day supply of medication or up to a 100-day supply for some Tier 1 medications.
- Your order will arrive within 14 days.
- Chronic long-term medication can be delivered through home delivery. * **Opioid medication is not available through home delivery.**
- Auto refill service automatically reorders prescription medications before they run out!
- Pay by check over the phone or mail, ACH, or credit/debit card.
- If your order is delayed, call Optum as soon as possible so they can arrange an alternative local pick-up.
- Refrigerated medications get shipped in 60+ hours of cold storage at safe temperatures.



Home delivery mail-order- *benefits*:

- **Savings:** You may pay less for your medication with a 3-month supply.
- **Convenience:** Medications are delivered to your home – with free standard shipping.
- **24/7 pharmacist support:** Speak to a pharmacist any time, from the privacy of your own home.
- Use the drug pricing tool for cost-saving opportunities and personalized medicine options.
- Set up text and/or email reminders for medication refills, when to take your medication, and order confirmations.
- Easy Payment Plan: obtain medication and get billed in three equal monthly installments.

Home delivery mail-order- *getting started*:

- Ask your doctor to send an electronic prescription to OptumRx.
- Visit optumrx.com or use the OptumRx app.
- Call the toll-free number 1-800-311-7517 on your member ID card.

How to Read Your Ultimate Health Plans Formulary



Ultimate Health Plans drug list is also called a formulary. A formulary is a list of covered drugs selected by Ultimate's clinical team as 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 your medications are covered by the plan.

You can find your drugs in on our formulary in two ways. First, you can find your drug by the medical condition the drug is used to treat, or you can use the index which is listed in alphabetical order to find the drug.

The formulary begins on page 1. The first column of the chart will list the drug name. If the drug is a brand name drug, it will be capitalized. If the drug is a generic, it will be lower case.

Example:

Drug Name	Drug Tier	Requirements/Limits
<i>novolog mix 70/30 prefilled flexpen relion</i> generic	1	MO; GC
<i>novolog mix 70/30 relion</i>	1	MO; GC
TOUJEO MAX SOLOSTAR Preferred Brand	2	MO
TOUJEO SOLOSTAR	2	MO

The second column shows what tier the drug is on. The information in the third column tells you if your plan has any special requirements for coverage of your drug.

Example:

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO; GC
<i>proparacaine hcl</i>	1	MO; GC
RESTASIS	2	MO
RESTASIS MULTIDOSE	2	MO
ROCKLATAN	3	QL(2.5 ML per 25 days); MO

Tier Information

The formulary is divided into 4 or 5 tiers, depending on which plan you are enrolled in. You can also find the cost sharing amount for your drug, if applicable.

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 and Diabetes.

Requirements/Limits

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

B/D: This drug may be eligible for payment under Medicare Part B or Part D. Drugs covered under Medicare Part B are subject to the cost-sharing amount outlined in your Evidence of Coverage and Summary of Benefits. Authorization rules may also apply. Please call 800-311-7517 (TTY 711) for more information on cost-sharing and authorization requirements. We are available 24 hours a day, 7 days a week.

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.

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.

Preferred Diabetic Products

Ultimate Health Plans provides coverage for Diabetic Supplies. Traditional Blood Glucose Monitors (BGM), test strips, lancet devices, lancets, and glucose control solutions are covered through the Part B benefit.

Preferred Product:

OneTouch® (Johnson & Johnson) traditional BGM and test strips are the preferred diabetic products. OneTouch® products can be obtained through your local in-network retail or mail-order pharmacy.



Other Options:

Other non-preferred brands of glucose monitors and test strips (including generic products) are available through the plan's in-network Durable Medical Equipment (DME) providers, which can be found in the Provider & Pharmacy Directory or by visiting <https://www.chooseultimate.com/Home/FindDoctor>

Continuous Glucose Monitors (CGM), i.e., Freestyle Libre, Dexcom, and supplies, are not available at retail pharmacies. However, they are available through the plan's in-network DME providers and require prior authorization.

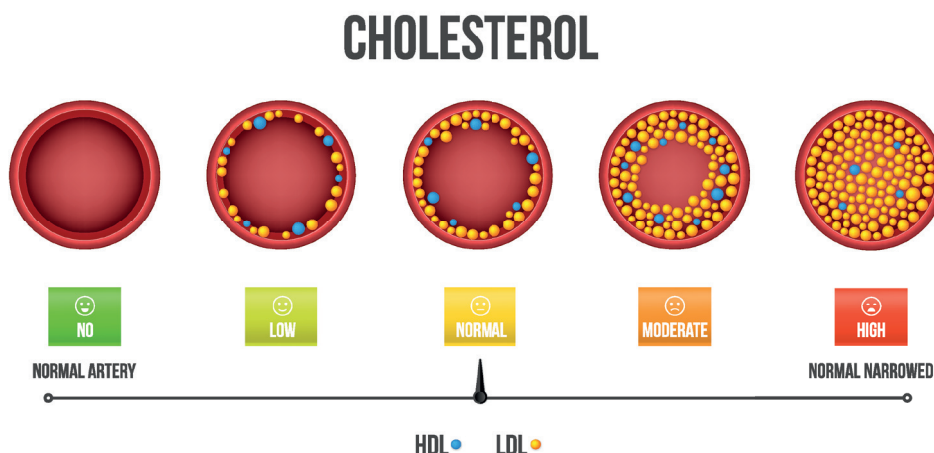


What is a healthy cholesterol level? A guide to monitoring your heart health

Maintaining healthy cholesterol levels is key for heart health. Understanding your cholesterol level through testing and knowing how cholesterol and lipid levels change as you age allows you to take proactive steps to lower your risk of heart disease. But how does cholesterol impact your heart health and what steps can you take to move in the right direction?

What is cholesterol?

Understanding cholesterol and how it operates in your body is a great first step to managing your heart health. Cholesterol is a waxy, fat-like material present in all of your cells, and your body requires it to function correctly. However, too much cholesterol can damage your arteries, increasing your risk of heart disease. There are two types of cholesterol called HDL and LDL. LDL cholesterol, the so-called "bad" cholesterol, can increase your risk of cardiovascular disease when levels in the blood become too high. HDL, or "good" cholesterol, helps remove LDL cholesterol from the arteries to maintain heart health. There are no symptoms associated with having high cholesterol, so staying up to date on testing cholesterol and lipid levels is important when trying to keep your cholesterol levels in a healthy range.



The importance of cholesterol and lipids testing

Getting routine testing allows you to monitor your cholesterol numbers and take the necessary steps to keep your levels in an optimal range. In fact, as we age, our cholesterol levels change, making regular monitoring critical. Checking in with your healthcare provider regularly is also important for monitoring your levels and making lifestyle changes that lower your risk of heart disease. Eating heart-healthy foods, staying active and working with your healthcare provider to create a plan tailored to your needs are a few ways you can achieve healthy cholesterol levels. But this all begins with getting tested and understanding your numbers.

How do I know if my cholesterol levels are healthy?

Here's a look at the optimal cholesterol levels by gender for otherwise healthy adults, according to the Centers for Disease Control and Prevention.

Optimal levels:

Adult Men: The optimal LDL cholesterol is less than 100 mg/dL, and the optimal HDL is more than 40 mg.

Adult Women: The optimal LDL cholesterol is less than 100 mg/dL, and the optimal HDL is more than 50 mg.

Optimal LDL cholesterol levels can change depending on known risk factors such as diabetes and for those already under treatment to lower cholesterol levels.

What if your cholesterol is high?



If your cholesterol levels are outside of the optimal range, you and your healthcare provider can create a plan to help lower your cholesterol. This may include lifestyle changes like eating a heart-healthy diet, exercising regularly, quitting smoking and/or losing weight.

Your healthcare provider may also prescribe medication to help maintain your cholesterol level in the optimal range and reduce your risk of heart disease and stroke. The first step is getting tested to know where your cholesterol levels stand. High LDL cholesterol is a silent condition with no warning symptoms, so you don't know your status until you check your levels. Take control of your heart health by monitoring your cholesterol. Know your numbers and work with your healthcare provider to keep your cholesterol in a healthy range.

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



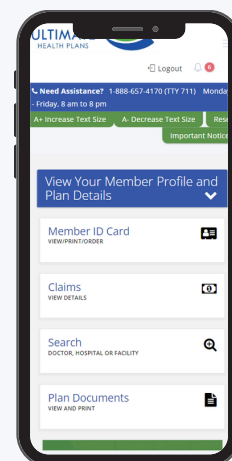
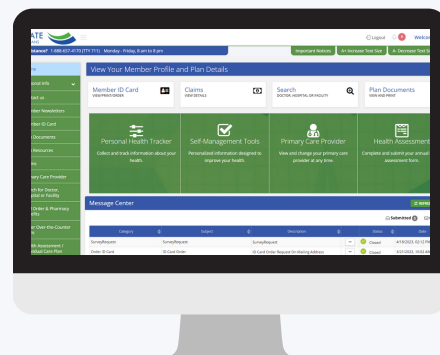
Exclusive Resources

- 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

Sudoku

Sudoku is a game of logic and strategy, where you have to fill in the blank squares with numbers from 1-9 in order to complete the puzzle. The game can be tricky at times but it's definitely worth the challenge!

Sudoku is one of the most popular games out there, and it's a great way to engage your mind.



<https://games.aarp.org/games/sudoku?intcmp=AM-A5GAM-AGC-PCP-FEA%20>

2024 Important Contact Information at a Glance

Member Services 1-888-657-4170 (TTY 711)

April 1 - September 30: Monday - Friday, 8 am - 8 pm

October 1 - March 31: Monday - Sunday, 8 am - 8 pm

[Portal.MyUltimateHP.com](https://portal.myultimatehp.com)

www.ChooseUltimate.com



American Specialty Health	Acupuncture & Chiropractic	American Specialty Health	888-577-0055
Carelon Behavioral Health	Behavioral Health	Carelton Behavioral Health behavioral.uhp.health	800-627-1259
	MDLive – Telemedicine	Carelton Behavioral Health www.mdlive.com	855-849-3650
DELTA DENTAL	Dental	Delta Dental dental.uhp.health	800-340-8869
SilverSneakers	Gym Benefit	SilverSneakers www.silversneakers.com	888-423-4632
20/20 Hearing Care NETWORK	Hearing	20/20 Hearing www.2020hearingnetwork.com	800-313-2763
papa	In-Home Support	Papa Pals	888-884-3614
labcorp	Laboratory Provider	LabCorp www.labcorp.com	800-845-6167
MOM'S MEALS	Meal Delivery	Ultimate Member Services	888-657-4170
Carenet Health Engaging. For the better.	Nurse Hotline - 24/7	Carenet Health	855-238-4687
SOLUTRAN	Over-the-Counter (OTC) Healthy Food, Utilities, & Flexible Cards	Solutran www.healthybenefitsplus.com/chooseultimate	855-422-0039
OPTUMRx	Prescription Drug Benefit - 24/7	OptumRx www.optumrx.com/members	800-311-7517
	Prescription Mail Order - 24/7	OptumRx Pharmacy Refills & Questions	877-889-6358
SafeRide Health	Transportation	SafeRide Health	855-306-0700
PREMIER EYE CARE	Vision	Premier Eye Care providerdirectory.premiereyecare.net	800-210-5511



Welcome
SPRING





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



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