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NOVEMBER IS BLADDER HEALTH AWARENESS MONTH

November is Bladder Health Awareness Month, the perfect opportunity to start habits that support a healthy bladder as we age.

Read more on page 6.



GREEN GODDESS TUNA SALAD

Serve on bread or in a wrap, over a bed of greens or scooped up with your favorite chips, crackers or cucumber slices.

Read more on page 31.



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. We are heading into the holiday season soon. Before we leave 2024 behind, I want to make sure that all members are completing screening measures as advised by your physicians. There are two screening measures in particular that have not been completed by most of our members. We will talk about these measures and their importance.

Diabetic Retinal Exam (DRE) – Diabetes is one of the most dreaded diseases due to its ability to affect just about every system and organ in your body. Eyes are no exception. Diabetes is a leading cause of vision complications in the United States. However, early detection has been shown to reduce the complications related to diabetic retinopathy, including blindness. Diabetic retinal exam should be completed once a year by all diabetics. If you have not yet completed yours, please let your provider know.

Colorectal Cancer – About 1 in 24 people will be diagnosed with colorectal cancer in their lifetime. Screening can find the warning signs of colorectal cancer and help your doctor take appropriate actions to prevent the disease.

Screening can also find the cancer early when the treatment is the most effective. Below are several methods available for colon cancer screening:

- Fecal Occult Blood Test (FOBT) – Once every 12 months for members 50 years or older.
- DNA Lab Test – For ages 50 to 85 without any alarming cancer symptoms.
- Screening Colonoscopy – Medicare covers screening colonoscopy once every 24 months (2 years) if you're at high risk for colorectal cancer. If you aren't at high risk for colorectal cancer, Medicare covers the test once every 120 months (10 years), or once every 48 months (4 years) after a previous flexible sigmoidoscopy. There's no minimum age requirement.

Please note that colorectal cancer screening is associated with member incentive.

Stay safe and as always, let us know if there is anything more we can do to be of help.

Members and Their Hospital Journey

As an Ultimate Health Plans member, below are pointers/tips to help you better navigate your hospital journey.

Upon Admission to the Hospital:

Being admitted to the hospital can be a scary experience filled with many unknowns! As your health plan, we want to impart some suggestions, that might help reduce some of the fear and anxiety that can be associated with being admitted to the hospital.



As a member (patient):

- You have the right to ask questions and ensure you understand your plan of care when you are in the hospital.
- At any time during your hospital stay, if you do not understand what the plan of care is, or have any questions related to your health, please ask the charge nurse, the hospitalist, or call your Primary Care Physician.
- You have the right to assign a person or Health Care Surrogate to advocate for your needs while in the hospital.
- Make sure you or your next of kin, make the hospital aware of who your Primary Care Physician is and/or specialists are, that care for you outside of the hospital.
- Make sure you or your next of kin contact your Primary Care Physician to make them aware of your admission.

Upon Discharge from the Hospital:

It can be a scary change being discharged from the hospital especially if you are newly diagnosed with a medical condition, medications have changed, etc.

It is especially IMPORTANT, that you understand your discharge instructions when being discharged from the hospital.

- When the nurse comes to bring you the discharge instructions, ask about your after-care instructions.
 - If you can, write down additional comments to remember key things. If you cannot write them down, ask if you can use your phone and take notes or ask a loved one or next of kin to help.
- Ask about medications, to avoid taking duplicate medications.
 - Make sure you understand the new medications and ask if you are to discontinue your home medications.
- If home health or DME is being ordered, ask if any authorizations have been completed for these services.
- Ask if the Case Manager at the hospital can order Mom's Meals for you if you are going home.
 - If they are unable to, YOU can contact Ultimate Health Plans Member Services at 888-657-4170 to order your post-discharge meals.
 - Mom's Meals are allergy friendly, can be diagnosis specific, are shelf stable.
 - You are entitled to receive 2 meals a day for 7 days, post discharge from the hospital.
 - No limits per year on meals if it follows an inpatient discharge.
- Ask the Case Manager at the hospital if they made a follow up appointment with your PCP.
 - If they have not, please reach out to your PCP within 24-48 hours, letting them know you have been discharged home and need a follow-up appointment.
 - This can also be an opportunity for you:
 - to discuss concerns with medications
 - to discuss what you should be doing as a patient to help improve your health.
 - to discuss any aftercare that was ordered that may have not arrived to you since discharge from the hospital.

Ultimate Health Plans and Your Discharge

- Since we know it can be a challenging time for you, upon discharge, whether planned or due to a benefit ending, we have Transitions of Care nurses to help ask and answer questions and try to bridge any gaps that may occur upon discharge from a hospital.
- The Transition of Care nurses will attempt outreach to you and ask questions about your hospital stay and what your discharge orders and medications may be.
- Our goal, in collaboration with your Primary Care Physician, is to avoid readmissions for you. Readmissions can lead to a multitude of issues for you as a patient.

Ways to Reduce Readmissions

- As a health plan, we can help you reduce some of these risk factors:
 - We can provide transportation to your doctor appointments, reach out to Ultimate Health Plans member services 888-657-4170 for more information.
 - We can provide educational tools to help manage your chronic conditions and develop goals with you to work towards. Like the old saying says: “Rome wasn’t built in a day.”
 - We can work with you on reducing readmissions, by you as the member, engaging with our staff and discussing what barriers you may be experiencing.
 - By you being proactive in your care during your hospital stay and asking questions, which will also give you the knowledge to make decisions for yourself or for your loved ones.
 - Like the adage says, “If you don’t use it, you lose it.” Tivity/Silver Sneakers has some great tools for Ultimate members, for any ability to keep our brains and bodies moving. Tivity/Silver Sneakers phone number is 888-423-4632 for more information.

Message From Utilization Management Team

Valued Member,

The Utilization Management (UM) team hopes this message finds you well and in great health! Ultimate strives to make every effort to assist you in receiving quality and timely care during the service authorization request process. Receiving needed care can positively impact your health outcomes. So, it is important that we use proven medical criteria that is reviewed and approved at least once a year by a committee of licensed Physicians. Some examples of the medical criteria used to make a determination on your request is:

- Medicare and/or Medicaid rules
- Federal and State mandates
- InterQual[®] (evidence-based criteria decision support tool)
- Medical Specialty Organization Guidelines (i.e., American College of Radiology)

An experienced clinical and Physician staff member reviews any of your request for care from your Primary Care Provider (PCP) on a case-by-case basis by:

1. Completing an evaluation- Do you need the treatment?
2. Determining the appropriateness of requested care- Is this the correct treatment to address your medical care need?
3. Determining the efficiency of medical necessity of treatment- Is this treatment type the best way to meet your need?

If a request for services does not meet standard guidelines and criteria for medical necessity the Physician reviews the request utilizing his clinical judgement and taking into consideration your specific needs, such as:

- Age
- Co-morbidities (additional medical conditions)
- Complications (illness)
- Progress of treatment
- Psychological situation
- Home environment, when applicable

The UM staff can also consider the availability of services in the local delivery system and their ability to meet your specific health care needs when applying medical necessity criteria and making a decision about your request.

If your request is approved, both you and your PCP will be notified by letter and can proceed with the authorization.

If your request is not approved, both you and your PCP will receive a denial letter that will tell you the following:

- The specific reason why your request was denied
- How you can ask for a copy of the criteria used to deny your request
- Your rights to a standard or expedited appeal if you want someone to review it again
- How your doctor can talk to Ultimate Health Plans Physician Reviewer about your authorization needs

Ultimate's priorities are getting you the right care, in the appropriate setting and within your Plan benefits.

Should you have any questions or need additional information please contact Member Services at 1-888-657-4170.

New Medical Technology



Ultimate has a formal process to evaluate and address new developments in technology and new applications of existing technology. We consider including new technology in our benefit plans to keep pace with changes and to ensure our members have access to safe and effective care. To learn more about this formal process, please visit www.ChooseUltimate.com or call 1-888-657-4170 to request that we mail you a copy of the process.

November is Bladder Health Awareness Month



Boost Bladder Health with Yoga This November

November is Bladder Health Awareness Month, the perfect opportunity to start habits that support a healthy bladder as we age. Did you know that yoga may be a helpful option for dealing with urinary incontinence? It's true: incorporating yoga and exercise into your routine can make a significant difference in this condition¹.



SilverSneakers® provides practical resources to help you stay well and enjoy your favorite activities with confidence.

First, [this article](#) from SilverSneakers outlines what you need to know to keep your bladder healthy as you age. Note the importance of healthy lifestyle changes like

losing weight and staying active. Ready to explore yoga poses that balance your pelvic floor and improve your posture to help reduce incontinence symptoms? Follow [these tips and poses](#)².

Finally, check out [these tips](#) to exercise with confidence. You've got this!

Stay active with SilverSneakers

SilverSneakers is more than a traditional fitness program — it's a way of life. Designed specifically for seniors, it's included with your Ultimate Health Plans, plan at no additional cost.

With SilverSneakers, you get access to:

- A nationwide network of participating locations³, with group fitness classes⁴ at select locations
- [SilverSneakers LIVE](#) online classes and workshops taught 7 days a week by instructors trained in senior fitness
- [SilverSneakers On-Demand](#) library with 200+ online workout videos
- SilverSneakers GO mobile app with digital workout programs
- SilverSneakers Community classes offered in neighborhood locations outside of the gym
- Various articles to help you along your journey

Get help to manage Urinary Incontinence while staying active! If you haven't already, activate your *free* online account today at [SilverSneakers.com/GetStarted](#) and to also access additional educational tools from this article on bladder health.

1. [Yoga For Urinary Incontinence - Dr.Weil](#)
<https://www.drweil.com/health-wellness/body-mind-spirit/disease-disorders/yoga-for-urinary-incontinence/>
2. [Yoga for Incontinence: The Best Tips and Poses](#)
<https://www.yogabasics.com/connect/yoga-blog/yoga-for-incontinence/>
3. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.
4. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

Understanding Health Inequities

Ultimate Health Plans understands the importance of recognizing health inequities when considering meaningful interventions for our members. Health inequities are avoidable differences between different groups of people in society that impact fair access, experiences, and outcomes to health care.

Health Equity Plan Committee

This year, the Care Management team is tackling health inequities with the formation of a Health Equity Plan committee. This committee is comprised of a diverse group of dedicated, compassionate team members eager to make a difference in the health care experience of those members experiencing health disparities. The committee is comprised of resource coordinators, case managers, clinical care coordinators, and executive leadership.



Recognizing a Subpopulation in Need

The team has recognized a rise in members reporting the need for food assistance. Of those members, we have determined that this can place members with diabetes at a great disadvantage in managing their disease. The committee is dedicated to improving the outcomes of this population of members who rely on consistent, nutritious meals to safely manage their diabetes diagnosis.

Making a Difference

The Care Management team has created an action plan to serve those members with diabetes who also report food insecurities.



Community Resources

- Update and maintain our Online Community Resources with a variety of food pantry options



Education

- Create specific education designed to support diabetes dietary goals



Choices

- Create education that offers comparisons of food choices and prices



Outreach

- Provide 1-on-1 Case Management outreach to discuss barriers and self-management goals with members

Ultimate Health Plans aims to serve the unique needs of each individual member. Our members' well-being is important to us and addressing health inequities is one of the many ways we will continue to provide excellence in care.

For more information about our impact to promote health equity, please feel free to reach out to Case Management at 1-866-967-3430.

Race and Ethnicity and its Relation to Health Disparities

The role of race and ethnicity in a person's health has been studied for years. The research points toward a link between race and health disparities in the United States.

Health disparities, as defined by the CDC, are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations¹.

Another definition for health disparities are inequities in the quality of health, health care and health outcome experienced by groups based on social, race, ethnic, economic, and environmental characteristics²

Factors that contribute to health disparities:

- Genetics
- Access to care
- Poor quality of care
- Inadequate access to food
- Poverty
- Limited support systems
- Violence
- Environmental issues
- Language barriers
- Health behaviors

A 2018 study by the Kellogg Foundation, highlighted that health disparities cost \$93 billion in excess medical costs each year and \$42 billion in lowered productivity².

By reporting your accurate race and ethnicity information, it helps the health plan be able to identify any disparities you, as our member, may be experiencing. Once those disparities or barriers to care are identified, Ultimate Health Plans can work hard to help meet your needs, as our members.

With reporting your correct information with Medicare and Ultimate Health Plans, it will allow us and our government the ability to direct resources and efforts to assist with community needs.

Choosing a race/ethnicity category can be confusing for some. In the below table, there are definitions to help guide your choice. If you can choose more than one, then choose all that apply to you. If possible, avoid choosing the "other" category.

Thank you for partnering with us to provide the appropriate information so we can make the changes to help you and other members of Ultimate Health Plans.

¹ <https://www.cdc.gov/healthyyouth/disparities/>

¹ <https://www.ncsl.org/health/health-disparities-overview>

Table 1. Revised Definitions for Minimum Race/Ethnicity Reporting Categories in 2024 SPD 15³

| Minimum Race/Ethnicity Reporting Category | Definition |
|---|---|
| American Indian or Alaska Native | Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya. |
| Asian | Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese. |
| Black or African American | Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. |
| Hispanic or Latino | Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin. |
| Middle Eastern or North African | Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli. |
| Native Hawaiian or Pacific Islander | Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. |
| White | Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish. |

<https://www.census.gov/newsroom/blogs/random-samplings/2024/04/updates-race-ethnicity-standards.html>



Notice Informing Individuals About Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

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

Ultimate Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - 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:
 - Qualified interpreters
 - Information written in other languages

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

If you believe that Ultimate Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities, you can file a grievance with the Ultimate Health Plans Grievance Department. Address: PO Box 6560, Spring Hill, FL 34611. Phone: 1-888-657-4170 (TTY users dial 711). Fax: 1-800-313-2798. Email: GrievanceAndAppeals@ulthp.com

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

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

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

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.



Multi-Language Insert

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-657-4170 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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

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

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-657-4170 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-657-4170 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

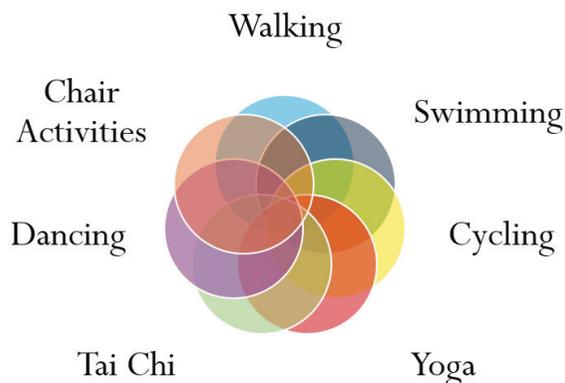
Polish: Możliwamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-657-4170 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-657-4170 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Exercise: Your Tool to Wellness

Did you know that exercise is a key self-management activity to support your health and wellness? Maintaining a healthy weight, getting adequate sleep, managing stress, and supporting mental health can have a significant positive effect on your overall health. Regular physical exercise can directly affect these areas and make a difference in managing chronic diseases like heart disease, depression, and diabetes.

How can you include exercise in your daily routine? Consider safe, low-impact activities like:



Walking: Find a walking buddy. Make plans with a friend. Take the dog for a walk. Establish a routine. Park further away from your destination to increase those steps.

Swimming: A great way to gently move joints and get exercise. Use a pool with a friend, consider your local YMCA, or even take advantage of local safe waterways like our springs and gulf. Swimming is a fun way to get the exercise you need.

Cycling: Riding a bike is another great way to include exercise in your weekly routine. Don't forget to wear a helmet and start slowly.

Yoga and Tai Chi: These activities can provide you with a variety of activities to keep exercise fun. They are both low impact exercises, easy on the joints, and great for your health. Try them in a group setting to add the benefit of socialization on a regular basis.

Dancing: A fun way to enjoy exercising. Ballroom dancing can impact your heart health while providing you with a fun social activity. Give it a try!



SilverSneakers®

Chair Activities: For those with mobility challenges, chair exercises can be a wonderful, safe way to get the exercise you need every day. SilverSneakers offers great suggestions to start chair exercising today. Take a look at "The 15-Minute Total-Body Chair Workout" found online at <https://www.silversneakers.com/blog/total-body-chair-workout-for-older-adults/>.

We know that exercise can have a positive effect on a person's overall health and wellbeing. Support your heart and mental health, strength, and flexibility. Even small changes can have big results. Staying active each day can be easy with a variety of choices. Consider how you can increase activity in your daily life.

Every step counts!



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.**



Protecting Your Kidneys

Talk to your doctor about your medicine and the importance of a nephrology visit.

Chronic Kidney Disease, or CKD, is a condition where the kidneys slowly stop working as well as they should. Your kidneys are important because they are your body's filter. According to the National Kidney Foundation, 37 million adults in the United States have CKD and approximately 90% of them are not aware they have the disease.

What Causes CKD?

CKD can be caused by other health problems like:¹

- High blood pressure: High blood pressure can damage the blood vessels in the kidneys.
- Diabetes: High blood sugar levels can harm the kidneys over time.
- Family History: Some people inherit kidney problems from their family.
- Smoking History: Smoking can damage the kidneys over time.

Important Medication to Protect your Kidneys

Medication can positively affect kidney health and treatment goals. The most important medicines to help slow or even stop the progression of kidney disease are **ACE inhibitors** or **ARB medications**.

ACE Inhibitors are angiotensin converting enzyme inhibitors. ARB medications are angiotensin receptor blockers. Both of these medication types are oral prescriptions you can take by mouth that "Protect" the kidneys. These medications help the tiny filters in your kidneys and also lower your risk of heart disease.²

It is important to consider taking an ACE or ARB medication if you have kidney disease.



Nephrology Appointment

Did you know that Nephrologists are doctors who specialize in the health of your kidneys?

If you have kidney disease it may be time to make a nephrology appointment. Nephrologists are an **important** member of your healthcare team and are recommended when you have chronic kidney disease. If you don't have a nephrologist and would like to make an appointment, call UHP's Member Services at 1-844-891-2121 (TTY 771). We can help you find a nephrologist in your area to join your health care team.

**Protect Your Kidneys!
Ask your doctor about the use of
Ace or Arb medications
and include a nephrologist in your health care team.**



¹ National Kidney Foundation. (2024, 9 19). About Kidney Disease. Retrieved from National Kidney Foundation

² National Kidney Foundation. (2024, 9 19). About Kidney Disease. Retrieved from National Kidney Foundation

Member Spotlight



I have been a member of Ultimate Health Plans for seven (7) years and have nothing but praise for this insurance company.

When I must call regarding a bill, prior authorization, or for any other reason, I am greeted by a friendly customer service representative. The Customer Service representatives always answer my questions on the first call and are very knowledgeable. I am satisfied with their answer, and they are always there for me.

The plan benefits that are provided are great from very minimal copays, the part b reduction, the food card, and a host of other available services.

I have been contacted by Sales Agents to change my insurance company but I always tell them no, I am so pleased with Ultimate Health Plans, Why go anywhere else?

Sincerely,
Lorraine

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**



Labcorp is the exclusive laboratory provider for **Ultimate Health Plans**



Who is Labcorp?

Labcorp is Ultimate Health Plans exclusive provider for all laboratory testing services. Labcorp is one of the world's largest providers of laboratory services, has ~239 patient service centers (PSCs) in Florida and more than 2,000 PSCs nationwide. Lab services for Ultimate Health Plans' members are in-network at any Labcorp PSC in the United States.

Find a Labcorp PSC and schedule an appointment

Walk-ins are welcome at most Labcorp PSCs, but we highly encourage you to make an appointment to avoid extended wait times. Here's how you can schedule an appointment:

- **Schedule an appointment online**

1. Visit labcorp.com/labs-and-appointments
2. Enter your address or Zip code where indicated
3. Select your service type from the "Select Service" drop-down menu (usually Routine Lab work) and click "Go"
4. Choose a location from the list provided, then click "Make Appointment" and follow the prompts

- **Schedule an appointment by phone**

1. To schedule an appointment with the help of a Labcorp representative, call customer service at 1-800-877-5227 and ignore all prompts until a representative can assist you
2. To schedule an appointment with the automated appointment line, call 1-855-277-8669 and follow the prompts

PSCs are staffed by phlebotomists who may be with patients and cannot answer the phone, so please do not call a Labcorp PSC directly. PSC phone numbers connect to automated recordings that provide the address and operating hours for the PSC. If you have questions, contact Labcorp customer service at 1-800-877-5227.

Wait where you are comfortable

When you make an appointment online and provide a cell phone number, you will receive a confirmation page with your appointment details. After arriving at your selected PSC, you can check in using the confirmation page on your mobile device.



After checking in, you can choose to wait in the Labcorp PSC waiting room or you may wait in your vehicle or other nearby location. Labcorp will send you a text message when a technician is ready to assist you.

Walk-in patients sign in at the Labcorp electronic check-in kiosk inside the PSC and provide their cell number.

Access your lab results easily

Your doctor will have your lab results after testing is completed and released by the lab.

Most results are reported to your doctor by 8 a.m. the next morning or within a few business days of sample collection. Some lab results may take longer to receive.

You can access your results by:

- Logging into or signing up for a Labcorp Patient™ account at patient.labcorp.com/landing
- Calling Labcorp customer service at 1-800-877-5227 with any questions
- Calling your doctor's office

Labcorp performs all tests ordered by your doctor. Labcorp will not add or perform tests that are not ordered by your doctor or included in a lab requisition. If needed, your doctor's office can place new lab orders or call Labcorp to add a test to a current order.

Lab results are provided to the ordering physician first and then posted in your Labcorp Patient account for you to view. If a test result has not been posted on the Labcorp Patient portal by the time you expected it, you can contact your doctor to discuss the results.

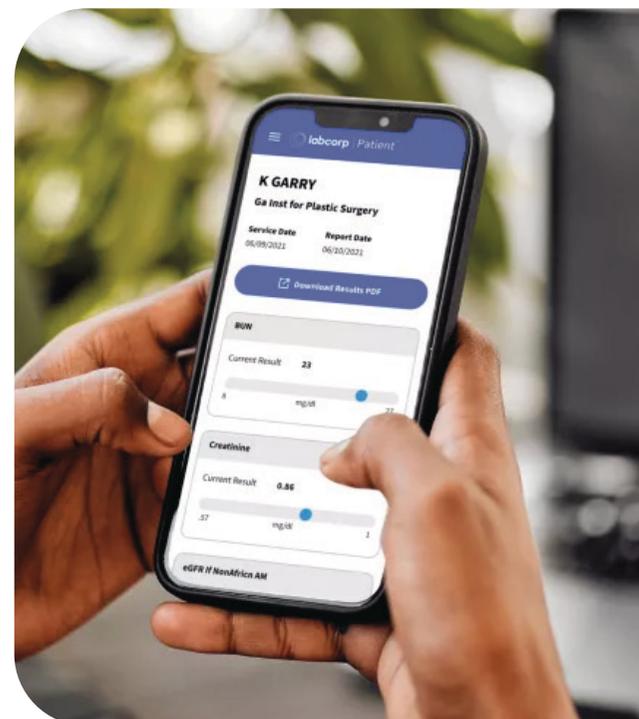
Schedule appointments, view results and more with Labcorp Patient

The Labcorp Patient portal and downloading the Labcorp Patient app on your mobile phone is the easiest way to keep track of your tests results. With Labcorp Patient, you can:

- Make a new appointment
- View or make changes to upcoming appointments
- View, download and print lab test results
- View, download and print bill details
- Pay multiple bills at once
- Save payment methods

Billing questions?

Contact Labcorp patient billing customer service at 1-800-845-6167.





MENTAL HEALTH

Antidepressant Medication Management (AMM)

Here at Ultimate Health Plans, it is important that you receive the care you need.

Antidepressants are a key component of treating depression, a mood disorder with a persistent feeling of sadness and loss of interest. These medications help to relieve symptoms of depression and prevent the symptoms from returning.

Antidepressants help reduce anxiety, restlessness, and suicidal thoughts. Major depressive disorder is very common, with 3 million U.S. cases per year. If left untreated, the condition could be dangerous or life threatening.

Patient tips for successful outcomes:

- Build a trusting relationship with your provider.
- Inform PCP of your thoughts, feelings, and symptoms consistently.
- Inform your provider of any barriers such as financial concerns, transportation, picking up refills, lack of support, etc....
- Keep all scheduled appointments on a calendar.
- Do not stop any medications without instruction from your provider and take them as instructed. (Know that antidepressants can take weeks to reach full effect and quitting can be dangerous.)
- Educate yourself on your disorder.
- Establish a support system and inform them of your treatment plan.
- Consider attending a support group.
- Ask your physician for a referral to a therapist.
- Maintain and prioritize self-care.
- Set alarms for medications and consider using a pill box.
- Maintain a regular sleep pattern.
- Keep a journal of feelings, thoughts, symptoms.
- National Suicide Prevention Lifeline 1-800-273-TALK

Ultimate Health Plans partners with Carelon to meet your behavioral health needs, analyze the data for any barriers that may be occurring, and brainstorm interventions to remove those barriers.

Carelon, our behavioral health vendor, is a valuable resource for all things behavioral health. They can assist you with finding counselors or therapists in your area. Please call **1-800-627-1259** for assistance. They are available to talk to you, Monday through Friday 8 a.m. to 8 p.m. EST.

Sources:

[Antidepressant Medication Management - NCQA](#)

[Major Depressive Disorder: Symptoms, Causes, and Treatment \(verywellmind.com\)](#)

[FAQ - 988 Suicide & Crisis Lifeline \(988lifeline.org\)](#)



Follow-Up After Hospitalization for Mental Illness (FUH)

Here at Ultimate Health Plans, it is important that you receive the care you need. If you were recently in the hospital for a mental illness, it's important that you follow up with a mental health provider within 7 days.

According to NCQA in 2019, one in five adults in the U.S. had a mental health disorder diagnosis. This population is very vulnerable and requires follow up. Frequently, these patients do not receive the appropriate follow-up care. Patient health outcomes improve with the right treatment plan and adherence to this plan.

Don't forget to follow up with your mental health provider within 7 days of discharge if you have been hospitalized for a mental illness.

Patient tips after hospitalization:

- Call your PCP anytime you go to the hospital ER or admitted.
- Attend all follow-up appointments.
- Keep your discharge summary and instructions, take with you to all follow-up appointments.
- Inform your provider of any barriers such as financial concerns, transportation, picking up refills, lack of support, etc....
- Ask your provider about any case management resources if needed.
- Keep all scheduled appointments on a calendar.
- Do not stop any medications without instruction from your provider and take them as instructed.
- Establish a support system and include them in your treatment plan.
- Consider attending a support group.
- Maintain and prioritize self-care.
- Set alarms for medications and consider using a pill box.
- Maintain a regular sleep pattern.
- Keep a journal of feelings, thoughts, symptoms.

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Sources:

[Follow-Up After Hospitalization for Mental Illness - NCQA](#)

[FUH - Follow-Up After Hospitalization for Mental Illness | Johns Hopkins Medicine](#)

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Here at Ultimate Health Plans, it is important that you receive the care you need, and that includes anyone with a mental illness.

Schizophrenia is a mental disorder with symptoms including delusions, hallucinations, disorganized speech and behaviors. There are 3.7 million individuals with schizophrenia spectrum disorders living in the United States, 2.4 million of whom had active symptoms in the past year. Patients with active symptoms require urgent medical attention. Antipsychotic medication is the first line of treatment along with counseling and social support.

The best way to improve outcomes and reduce active symptoms is through medication adherence and treatment plan adherence.

Patient tips for successful outcomes:

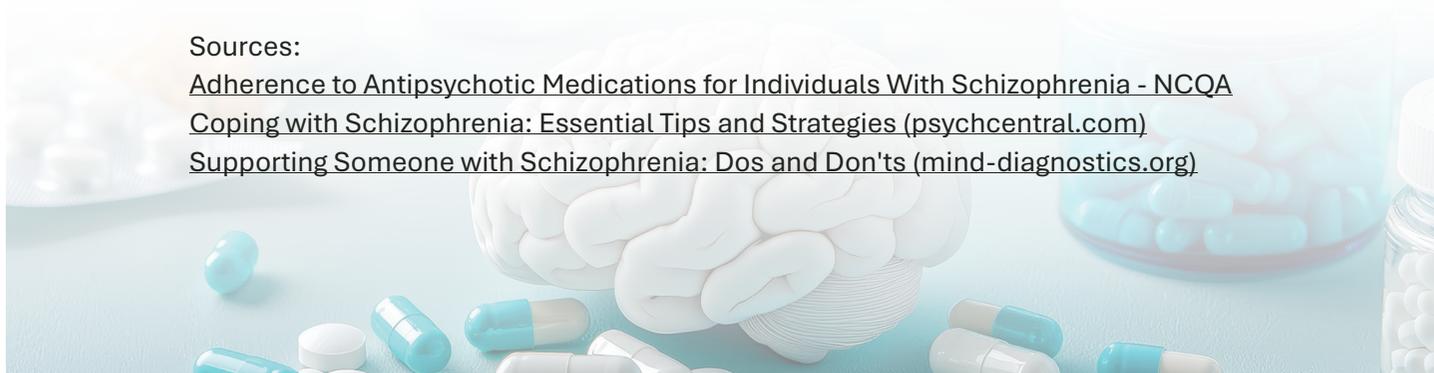
- Build a trusting relationship with your provider.
- Inform PCP of your thoughts, feelings, and symptoms consistently.
- Inform your provider of any barriers such as financial concerns, transportation, picking up refills, lack of support, etc....
- Keep all scheduled appointments on a calendar.
- Know your warnings signs and triggers.
- Do not stop any medications without instruction from your provider and take them as instructed.
- Establish a support system and inform them of your treatment plan.
- Consider attending a support group.
- Maintain and prioritize self- care.
- Set alarms for medications and consider using a pill box.
- Maintain a regular sleep pattern
- Keep a journal of feelings, thoughts, symptoms.

Ultimate Health Plans partners with Carelon to meet your behavioral health needs, analyze the data for any barriers that may be occurring, and brainstorm interventions to remove those barriers.

Carelon, our behavioral health vendor, is a valuable resource for all things behavioral health. They can assist you with finding counselors or therapists in your area. Please call **1-800-627-1259** for assistance. They are available to talk to you, Monday through Friday 8 a.m. to 8 p.m. EST.

Sources:

[Adherence to Antipsychotic Medications for Individuals With Schizophrenia - NCQA](#)
[Coping with Schizophrenia: Essential Tips and Strategies \(psychcentral.com\)](#)
[Supporting Someone with Schizophrenia: Dos and Don'ts \(mind-diagnostics.org\)](#)



Importance of Correct Personal Information

Proper communication between pharmacies and members is important for ensuring efficient healthcare services. One critical aspect of maintaining effective communication is by keeping pharmacy records updated with accurate contact information, including phone numbers, addresses, and email addresses.

Having up-to-date and accurate personal information is crucial for pharmacies to provide the best care possible. From allergies to medications taken, to advise of any claims issues or authorization that may be needed. Having the right details on file ensures safe and effective treatment.

Outdated contact information can lead to missed medication refills, delayed notifications, and overall confusion. Keeping your records current helps avoid these communication hurdles.

Tips for Updating and Verifying Phone

Regularly checking and updating your phone number with your pharmacy ensures you don't miss out on crucial communications.

Benefits of Having Correct Address Information

Having the right address on file saves you time and prevents any delays in receiving your medications or any important documents. Keep your address updated for efficient service.

Advantages of Email Communication in Pharmacy Settings

Emails are a handy tool for quick updates, medication reminders, and valuable health information. This way communication doesn't get lost in voicemails or missed.

Understanding Your Benefits

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

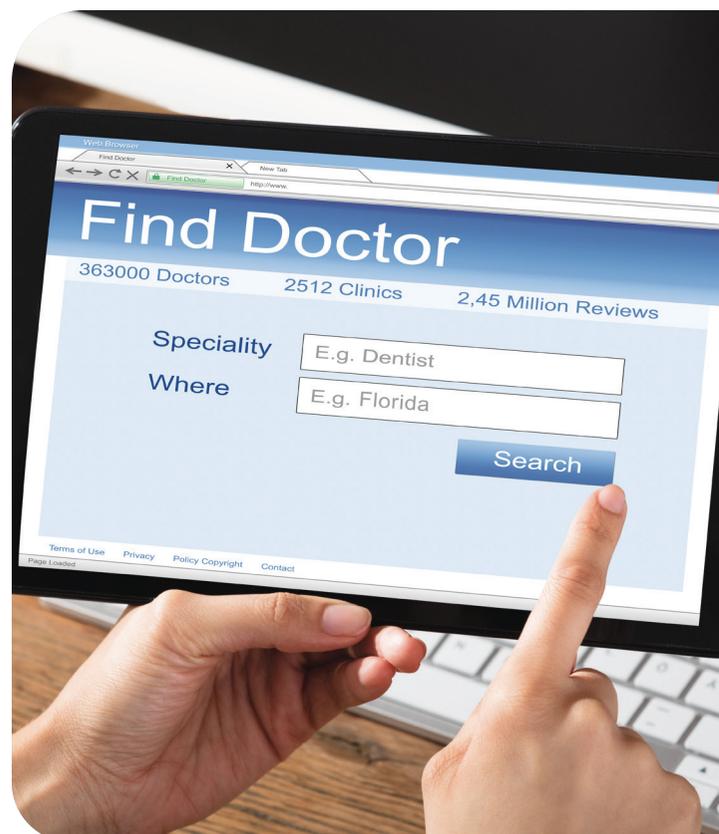
- Services that are Covered for You and How Much you Will Pay (EOC Chapter 4, Section 2.1)
- Services that are Not Covered by the Plan (EOC Chapter 4, Section 3.1)
- Restrictions on Coverage for Some Drugs (EOC Chapter 5, Section 4)



Obtaining Care

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

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



Your Rights and Responsibilities

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

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

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



Low Income Subsidy for Medicare Prescription Drug Coverage

Medicare Part D Low Income Subsidy, also known as Extra Help, is a program designed to assist low-income individuals with the costs associated with prescription drugs. This subsidy helps cover the premiums, deductibles, and co-payments of Medicare Part D plans for eligible beneficiaries.

To qualify for this assistance, individuals must meet specific income and resource limits set by the government. The exact amount of help provided by the subsidy varies depending on an individual's income level and assets. Those who qualify for Extra Help are automatically enrolled in a Prescription Drug Plan if they do not already have one.

*Ultimate Health Plans' premium includes coverage for both medical services and prescription drug coverage. (This does not include any Medicare Part B premium you may have to pay.)

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week)
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Services at 1-888-657-4170, (TTY users should call 711) from 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm.

Coverage Decisions, Appeals, and Complaints

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

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

Keep track of your prior authorization expiration dates!

By staying on top of expiration dates, you ensure seamless continuity of care without interruptions or delays.



Be proactive. Stay diligent in monitoring and keeping track of your prior authorization expiration dates. **Remind** your provider to send in the proper documentation for renewal. Expired prior authorizations can result in delayed or denied services, potentially leaving you without covered medication.

Your authorization letter will contain the expiration date for the prior authorization, or feel free to contact Optum RX at 800-311-7517 for assistance. A representative can look up that information for you as well as help you start the renewal process if needed.

Keeping track of your prior authorization expiration dates is a vital role members can take in managing their healthcare!

An example of an approved authorization letter is displayed below for your reference:



Jane Doe
5555 Ultimate Rd.
Spring Hill, FL 55555

10/1/2024

UL0555555

Notice of Approval of Medicare Prescription Drug Coverage

We have reviewed your standard request for coverage and have approved coverage of the following prescription drug that you or your healthcare provider requested:

Medication Name

This medication has been approved for coverage because:

Medication Name, use as directed, is approved through XX/XX/XXXX under your Medicare Part D benefit.
Reviewed by: System

This medication has been approved for coverage, so long as you remain enrolled in the plan, and your healthcare provider continues to prescribe the drug and it continues to be safe for treating your medical condition. You will be required to resubmit an exception request at the beginning of the new plan year even if the exception request was approved near the end of the plan year.

What if I have additional questions?

You can call us at: 1-800-311-7517, 24 hours a day, seven days a week if you have any additional questions. TTY users please call 711.

2025 Formulary Tier updates

| | DSNP | MAPD | CSNP |
|---------------|---|---|---|
| Tier 1 | Preferred Generic Tier includes generic drugs. | Preferred Generic Tier includes generic drugs. | Preferred Generic Tier includes generic drugs. |
| Tier 2 | Generic Tier includes generic or brand drugs. | Generic Tier includes generic or brand drugs. | Generic Tier includes generic or brand drugs. |
| Tier 3 | Preferred Brand Tier includes preferred brand drugs and some generic drugs offered at a lower cost than Non-Preferred drugs. | Preferred Brand Tier includes preferred brand drugs and some generic drugs offered at a lower cost than Non-Preferred drugs. | Preferred Brand Tier includes preferred brand drugs and some generic drugs offered at a lower cost than Non-Preferred drugs. |
| Tier 4 | Non-Preferred Drug Tier includes non-preferred brand drugs and some generic drugs offered at a higher cost than Preferred Brand. | Non-Preferred Drug Tier includes non-preferred brand drugs and some generic drugs offered at a higher cost than Preferred Brand. | Non-Preferred Drug Tier includes non-preferred brand drugs and some generic drugs offered at a higher cost than Preferred Brand. |
| Tier 5 | Specialty Tier will include high-cost drugs brand and generic drugs, which may require special handling and/or close monitoring. This is the highest-cost tier. | Specialty Tier will include high-cost drugs brand and generic drugs, which may require special handling and/or close monitoring. This is the highest-cost tier. | Specialty Tier will include high-cost drugs brand and generic drugs, which may require special handling and/or close monitoring. This is the highest-cost tier. |
| Tier 6 | For Excluded Drugs. Will only include prescription drugs not normally covered in a Medicare Prescription Drug Plan. | N/A | Select Care Drugs will include select generic and brand drugs that treat Diabetes . |

Tier updates on Formulary Exceptions Formulary exceptions, if we agree to cover a drug that is not on the formulary (drug list), you will pay the cost share for tier 5 (specialty tier) in 2025.

Therapeutic classes in CSNP Select Care Tier

For CSNP Select Care Tier 6 will cover generic and brand drugs that only treat **Diabetes**. Select Respiratory drugs will no longer be covered under the Select Care Tier.

Elimination of the Coverage Gap

The Inflation Reduction Act requires CMS to establish a Part D manufacturer discount program beginning on January 1, 2025, as part of the redesign of Medicare Part D benefit. This program will replace the existing Coverage Gap Discount Program, which will end on December 31, 2024.

While in the Initial Coverage Phase, members pay the co-pay or co-insurance for formulary drugs as determined by the tier level. Starting in 2025, annual out-of-pocket costs will be capped at the Initial Coverage Limit (ICL) (\$2,000) for members. Once a member hits the \$2,000 maximum, there will be no more copays for the rest of the calendar year if the drug is covered on the formulary.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan can help you manage your drug costs by spreading them out during the year as monthly payments. This program is available for members with Medicare Part D that exceeds a yearly out-of-pocket drug cost of \$2,000. To learn more about this program call OptumRx at 844-368-8729 or visit [Medicare.gov](https://www.Medicare.gov).

Did you know?

There are new updates on Preexposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Prevention medications. The Centers of Medicare and Medicaid Services (CMS) has new coverage requirements for HIV prevention drugs under Part B for \$0 cost share.

These Part D medications will now be processed under your Part B coverage when using for PrEP:

- Apertude
 - Will no longer be covered through Part D coverage.
 - Will be covered through Part B coverage with a \$0 copay.
- Truvada 200/300mg and its generic emtricitabine-tenofovir (TDF)
 - For HIV PrEP, for \$0 Part B coverage have your doctor call OptumRx 1-800-711-4555
- Descovy
 - “For HIV PrEP, for \$0 Part B coverage have your doctor call OptumRx 1-800-711-4555

Prior Authorization will be required, please speak with your doctor about getting your PrEP medications for \$0.

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.

2025 Important Contact Information at a Glance



Member Services 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

www.ChooseUltimate.com

| Logo | Benefit | Vendor/Organization Name & Link | Phone Number |
|---------|---|--|---------------------|
| | Acupuncture & Chiropractic | American Specialty Health | 888-577-0055 |
| | Behavioral Health | Carelon Behavioral Health behavioral.uhp.health | 800-627-1259 |
| | MDLive - Telemedicine | Carelon Behavioral Health members.mdlive.com/ultimatemedicare | 855-849-3650 |
| | Dental | FCL Dental dental.uhp.health | 800-340-8869 |
| | Gym Benefit | SilverSneakers www.silversneakers.com | 888-423-4632 |
| | Hearing | Nations Benefits chooseultimate.nationsbenefits.com/hearing | 800-313-2763 |
| | Meal Delivery | Ultimate Member Services | 888-657-4170 |
| | Flex Allowance, Healthy Foods, Wellness Incentive, and OTC | Nations Benefits chooseultimate.nationsbenefits.com | 855-422-0039 |
| | In-Home Support | The Helper Bees | 888-884-3614 |
| | Laboratory Provider | Labcorp www.labcorp.com | 800-845-6167 |
| | Nurse Hotline - 24/7 | Caret Health | 855-238-4687 |
| 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 |
| | Transportation | SafeRide Health | 855-306-0700 |
| | Vision | Premier Eye Care providerdirectory.premiereyecare.net | 800-210-5511 |

Find a Provider, Hospital or Pharmacy

Members can access the Ultimate Health Plans Online Provider, Hospital and Pharmacy Directory on our website at <https://www.chooseultimate.com/> or the direct link below:

[Find a Provider or Pharmacy | Ultimate Health Plans \(chooseultimate.com\)](#)

 Search by Plan Year

Plan Year

 Search by Location

Location Type **Location**

 Search by Provider or Facility Name

Provider or Facility Name

 Search by Provider or Facility Type

Category **Specialty**

 Advanced Search

Doctor's Gender **Additional Languages** **Accepting Patients**

[Go to Results](#) [Clear All Values](#)

Notification of Termination:

If a Provider wishes to be terminated from the Ultimate Network, Provider must notify Ultimate in writing no less than 60 days prior to the date of termination, unless otherwise indicated in Provider's contractual agreement. Ultimate communicates termination of Providers to our Ultimate members by written communication no less than 30 days prior to termination effective date.

Continuity of Care:

Members undergoing active treatment with a terminated Provider for a chronic or acute condition may continue treatment through its completion for no more than 6 months from the date of the Provider termination from the Ultimate Network. Members must call Ultimate Member Advocate Team at 1-800-219-7486 (TTY dial 711) between the hours of 8:00 AM and 5:00 PM to ensure the continuity of care.

Winter Wonderland

This monster word search includes more than 50 winter words going in every possible direction. Can you find them all?



avalanche
blanket
blizzard
chimney
Christmas
coat
cold
December
 earmuffs
February
fireplace
freeze
freezing rain
frigid

gloves
hail
Hanukkah
heater
hibernate
hockey
holidays
hot chocolate
ice fishing
ice skates
icicles
igloo
Jack Frost
jacket

January
Kwanzaa
lunar new year
melt
migrate
mittens
New Year's Day
quilt
scarf
shovel
skiing
sled
sleet
sleigh

slippery
slush
snowball
snowboard
snowdrift
snowflake
snowman
snowmobile
snowplow
snowstorm
sweater
vacation
Valentine's Day

GREEN GODDESS TUNA SALAD



Prep: 10 min



Easy



Serves 2

Canned tuna makes this recipe convenient and pantry-friendly while also offering an impressive punch of protein and omega-3 fatty acids. Salmon, sardines or mackerel would work just as well in this quick recipe.

Ingredients

1 large clove garlic, peeled

1/2 medium shallot, peeled

1 cup fresh herbs with tender stems, such as dill, cilantro, basil, parsley and/or chives, plus more for garnish

1/2 cup lemon juice or lime juice

1/4 cup extra-virgin olive oil

1/4 cup whole-milk plain strained yogurt, such as Greek-style

1/2 teaspoon salt

1/4 teaspoon honey

1/8 teaspoon ground pepper or crushed red pepper, plus more for garnish

2 (5-oz.) cans no-salt-added water-packed tuna, drained

Method

STEP 1

Place garlic in a food processor; pulse until chopped, about 5 seconds. Add shallot; pulse until chopped, about 5 seconds. Add herbs, lemon (or lime) juice, oil, yogurt, salt, honey and pepper (or crushed red pepper); process until totally combined and smooth, about 1 minute, scraping down sides as needed.

STEP 2

Place tuna in a medium bowl and gently flake with a fork. Pour half of the dressing (about 1/3 cup) over the tuna; stir to combine. (Reserve the remaining dressing for another use.) Garnish with herbs and pepper, if desired.



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