

ULTIMATE HEALTH PLAN OPTIONS OPEN PLAN DESIGNS

Ultimate Health offers robust coverage for a broad range of healthcare expenses, including virtually all 213(d)eligible expenses as shown below.

	Diamond Plus	Diamond	Platinum
l Benefits (not a full list)	Benefit Limits Per Covered Person Per Year ¹		
Deductibles, co-pays or other out-of-pocket costs for medically necessary services	\$25,000	\$17,500	\$10,000
Mental health and substance use programs			
Top-to-toe elective physical for the primary member and enrolled spouse			
Acupuncture, prescribed massage therapy and chiropractic care			
Durable medical equipment, wigs and hearing aids			
	Per Enrollment Tier Per Year		
Employee Only	\$10,000	\$3,000	\$2,500
Employee +1	\$15,000	\$4,500	\$3,750
Family	\$25,000	\$7,500	\$6,250
ts	Benefit Limit	ts Per Covered Per	son Per Year ¹
Routine dental, orthodontia, crowns and bridges	\$10,000	\$5,000	\$4,000
LASIK eye surgery, contact lenses and prescription sunglasses	\$10,000	\$1,500	\$1,000
m	\$100,000	\$75,000	\$50,000
	medically necessary services Mental health and substance use programs Top-to-toe elective physical for the primary member and enrolled spouse Acupuncture, prescribed massage therapy and chiropractic care Durable medical equipment, wigs and hearing aids Employee Only Employee +1 Family ts Routine dental, orthodontia, crowns and bridges LASIK eye surgery, contact lenses	Benefits (not a full list)Benefit LimitDeductibles, co-pays or other out-of-pocket costs for medically necessary servicesFormedically necessary servicesMental health and substance use programsfor the primary member and enrolled spousefor the primary member and chiropractic careAcupuncture, prescribed massage therapy and chiropractic carefor the primary member and enrolled spousefor the primary member state of the primary memberDurable medical equipment, wigs and hearing aidsfor the primary servicesfor the primary servicesEmployee Only\$10,000for the primary servicesfor the primary servicesEmployee +1\$15,000for the primary servicesfor the primary servicesRoutine dental, orthodontia, crowns and bridgesfor the primary servicesfor the primary servicesLASIK eye surgery, contact lenses and prescription sunglassesfor the primary servicesfor the primary services	Benefits (not a full list)Benefit Limits Per Covered Per Covered Per

Ask about deductible options.

¹The levels are for each covered person, whether that person is the enrolled employee or his/her enrolled family member.

All the reimbursed expenses across the benefit categories roll up to the overall annual family maximum.

Premiums, plans and programs vary by state. Details about coverage, exclusions and limitations are listed in the policy, which is available after implementation.

