

# YOUR BENEFIT LIMITS: DIAMOND

Here is a quick overview of coverage amounts for each covered person per policy year in your supplemental health insurance plan.

Benefit Type	Samples of What is Covered (Not a Complete List)	
Medical (Per-Occurrence*)	Deductibles, co-pays, balance bills or other out-of-pocket costs for medically necessary services	\$10,000
<b>Additional Plan Benefit Types and Maximums: Per Covered Person</b>		
Dental Treatments	Routine dental, orthodontia, crowns and bridges	\$5,000
Vision Treatments	LASIK eye surgery, contact lenses and prescription sunglasses	\$1,500
Mental Health	Mental and substance use programs	\$3,000
Prescriptions	Co-pays, brand name and lifestyle prescriptions	\$3,000
Medical Equipment	Durable medical equipment, wigs and hearing aids	\$5,000
Wellness Treatments**	Acupuncture, massage therapy and chiropractic care	\$1,500
Elective Executive Physicals	Top-to-toe physical for the primary member and enrolled spouse	\$2,500 each
<b>Annual Family Maximum</b>		<b>\$100,000</b>

Premiums, plans and programs vary by state. For detailed coverage information and plan exclusions and limitations, refer to your specific Certificate of Insurance.

\*Covered medical expenses that are incurred by the same covered person during any one plan year and that result from the same or related injury, condition and diagnosis.

\*\*Chiropractic care falls under the category of "wellness treatments" unless they are partially covered by the primary plan. In those cases, they will fall under the category of medical benefits.



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