

Benefits at a Glance

| 2021 HealthTeam Advantage Diabetes & Heart Care HMO CSNP | |
|--|--|
| Monthly Plan Premium | \$0 |
| Deductible (Medical & Prescription) | \$0 |
| Out-of-Pocket Maximum | \$5,000 |
| Doctor Office Visits | |
| Primary Care Provider (PCP) | \$0 copay |
| Specialist Visits* | \$20 copay |
| Annual Physical Exam | \$0 copay |
| Inpatient Hospital Coverage | Days 1-6: \$225 copay/day Days 7-90: \$0 copay/day |
| Skilled Nursing Facility (SNF) | Days 1-20: \$0 copay/day Days 21-100: \$178 copay/day |
| Outpatient Services | |
| Emergency Care | \$90 copay |
| Urgently-Needed Services | \$20 copay |
| Ambulance | \$300 copay for Medicare-covered ambulance benefits/one-way trip. \$300 copay for Medicare-covered air ambulance benefits/one-way trip. |
| Outpatient hospital coverage | |
| Outpatient Hospital Facility | \$225 copay |
| Ambulatory Surgical Center | \$225 copay/day |
| Observation Services | \$225 copay |
| Physical/Speech Language/ Occupational Therapy Visits | \$20 copay |
| Home Health Services | \$0 copay |
| Diagnostic Services/Labs/Imaging | |
| Diagnostic Radiology Service (E.G., MRIs, CT SCANS) | \$50-\$175 copay |
| Lab Services | |
| at a lab facility | \$0 copay |
| at outpatient hospital facility | \$10 copay |
| Diagnostic Tests and Procedures | |
| at a lab facility | \$0 copay |
| at outpatient hospital facility | \$10 copay |
| Outpatient X-Rays | |
| included with physician visit | \$10 copay |
| at outpatient facility | \$10 copay |
| Dental Services (Limits Apply)** | |
| Oral Exam & Cleaning | \$0 copay |
| X-Rays | \$0 copay |

| 2021 HealthTeam Advantage Diabetes & Heart Care HMO CSNP | | |
|--|----------------------------|--------------------------------|
| Hearing Services | | |
| Medicare-Covered Diagnostic Hearing Exam | \$20 copay | |
| Hearing Aid | \$499-\$799 (per aid) | |
| Routine Hearing Exam (one per year) | \$45 copay | |
| Eye Care Services | | |
| Routine Eye Exam | \$0 copay | |
| Total Retail Benefit Limit in Eyewear Value | \$100 | |
| Additional Benefits | | |
| SilverSneakers® | \$0 copay | |
| Telehealth Visits | \$0 copay | |
| 24-Hour Nurse Advice Line | \$0 copay | |
| Prescription Drug Benefit | | Initial Coverage Period |
| In-Network Retail | Retail Rx 30-day supply | Mail Order 90-day supply |
| Tier 1 - Preferred Generics | \$0 copay | \$0 copay |
| Tier 2 - Generics | \$15 copay | \$30 copay |
| Tier 3 - Preferred Brand | \$45 copay | \$90 copay |
| Tier 4 - Non-Preferred Drugs | \$90 copay | \$180 copay |
| Tier 5 - Specialty Drugs | 33% coinsurance | 33% coinsurance |
| Tier 6 - Select Care Drugs | \$0 copay | \$0 copay |
| Optional Supplemental Coverage | | |
| Comprehensive Dental Rider | | |
| Monthly Premium | \$25 | |

*Specialist copays can vary. Contact the plan for more information.

**Comprehensive dental benefits are available with an additional premium.

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.