

# Benefits at a Glance



	HealthTeam Advantage Plan I (PPO)		HealthTeam Advantage Plan II (PPO)	
Monthly Plan Premium	\$0		\$60	
Deductible (Medical & Prescription)	\$0		\$0	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Out-of-Pocket Maximum	\$3,400	\$5,100	\$3,100	\$5,100
Doctor Office Visits				
Primary Care Provider (PCP)	\$0 copay	\$50 copay	\$0 copay	\$30 copay
Specialist Visits*	\$30 copay	\$60 copay	\$20 copay	\$50 copay
Annual Physical Exam	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Inpatient Hospital Coverage	Days 1-6: \$295 copay/day Days 7-90: \$0 copay/day	Days 1-6: \$500 copay/day Days 7-90: \$0 copay/day	Day 1: \$250 copay/day Days 2-6: \$125 copay/day Days 7-90: \$0 copay/day	Days 1-6: \$500 copay/day Days 7-90: \$0 copay/day
Skilled Nursing Facility (SNF)	Days 1-20: \$0 copay/day Days 21-100: \$178 copay/day	Days 1-20: \$50 copay/day Days 21-100: \$178 copay/day	Days 1-20: \$0 copay/day Days 21-100: \$160 copay/day	Days 1-20: \$50 copay/day Days 21-100: \$178 copay/day
Outpatient Services				
Emergency Care	\$120 copay		\$90 copay	
Urgently-Needed Services	\$30 copay		\$15 copay	
Ambulance	\$250 copay for Medicare-covered ambulance benefits/one-way trip. \$300 copay for Medicare-covered air ambulance benefits/one-way trip.		\$200 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	\$300 copay	\$175 copay	\$300 copay
Ambulatory Surgical Center	\$175 copay/day	\$225 copay/day	\$100 copay/day	\$200 copay/day
Observation Services	\$225 copay	\$300 copay	\$175 copay	\$300 copay
Physical/Speech Language/Occupational Therapy Visits	\$15 copay	\$30 copay	\$10 copay	\$30 copay
Home Health Services	\$0 copay	\$50 copay	\$0 copay	\$30 copay
Outpatient X-Rays				
included with physician visit	\$5 copay	\$10 copay	\$0 copay	\$10 copay
at outpatient facility	\$5 copay	\$25 copay	\$0 copay	\$25 copay





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	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Diagnostic Services/Labs/Imaging</b>				
<b>Diagnostic Radiology Service (E.G., MRIs, CT SCANS)</b>	\$50-\$200 copay	\$75-\$250 copay	\$50-\$175 copay	\$75-\$200 copay
<b>Lab Services</b>				
at a lab facility	\$0 copay	\$10 copay	\$0 copay	\$10 copay
at outpatient hospital facility	\$10 copay	\$25 copay	\$10 copay	\$25 copay
<b>Diagnostic Tests and Procedures</b>				
at a lab facility	\$0 copay	\$10 copay	\$0 copay	\$10 copay
at outpatient hospital facility	\$5 copay	\$25 copay	\$5 copay	\$25 copay
Medicare-Covered Diagnostic Hearing Exam	\$30 copay	\$45 copay	\$20 copay	\$45 copay
Hearing Aid	\$499-\$799 (per aid)	Not Covered)	\$499-\$799 (per aid)	Not Covered
Routine Hearing Exam (one per year)	\$45 copay	\$45 copay	\$0 copay	\$45 copay
<b>Additional Benefits</b>				
SilverSneakers®	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Telehealth Visits	\$0 copay		\$0 copay	
24-Hour Nurse Advice Line	\$0 copay		\$0 copay	
<b>Prescription Drug Benefit</b>				
	<b>Initial Coverage Period</b>		<b>Initial Coverage Period</b>	
<b>In-Network Retail</b>	Retail Rx 30-day supply	Mail Order 90-day supply	Retail Rx 30-day supply	Mail Order 90-day supply
Tier 1 - Preferred Generics	\$5 copay	\$10 copay	\$0 copay	\$0 copay
Tier 2 - Generics	\$15 copay	\$30 copay	\$12 copay	\$24 copay
Tier 3 - Preferred Brand	\$45 copay	\$90 copay	\$40 copay	\$80 copay
Tier 4 - Non-Preferred Drugs	\$90 copay	\$180 copay	\$80 copay	\$160 copay
Tier 5 - Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
<b>Optional Supplemental Coverage</b>				
<b>Comprehensive Dental Rider</b>				
Monthly Premium	\$25		\$25	

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.