



health**team**
*advantage*SM

Local. Reliable. Accessible.



2021 Simple Guide to Medicare

Medicare Made Easy

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The Different Parts of Medicare

Part A (hospital insurance)

Medicare Part A helps pay for inpatient hospital stays, skilled nursing facilities, home healthcare, hospice, and other related services.

Part B (medical insurance)

Medicare Part B helps pay for medically necessary doctors' services, lab work, and other outpatient care. You pay a Part B premium (cost) if you want this coverage.

Part C (Medicare Advantage plans)

Part C (Medicare Advantage plans) are provided by private health plans and include all your Medicare-covered medical benefits (Parts A and B) plus extra benefits. You must have Medicare Parts A and B to apply for a Medicare Advantage plan.

Part D (prescription drug coverage)

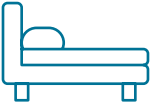




Medicare Part D is offered through private health plans. It can be either a stand-alone prescription drug plan (PDP) or a Medicare Advantage prescription drug plan (MAPD) that combines medical (Parts A and B) and drug coverage (Part D). You must have Medicare Parts A and B to qualify.

! IMPORTANT

Medicare does not cover everything.

Original Medicare provides basic coverage, but there will be gaps in the coverage. You will be responsible for a portion of your healthcare costs. This is why many people enroll in additional coverage options that help pay for costs and benefits not covered.

Medicare Parts, Coverage, and Costs

Part	Coverage	Deductible	Your Part	Premium
	A Provided by Federal Government Covers hospital and skilled nursing facility stays, hospice, home healthcare	Yes	Yes	Most will not pay a premium
	B Provided by Federal Government Covers outpatient care, doctor services, physical and occupational therapy, mental health services, preventive care	Yes <i>(Except for preventive services)</i>	Yes <i>(20% or more of services)</i>	Yes <i>(Monthly, dependent on adjusted gross income)</i>
	C Provided by private health plans approved by Medicare Combines Part A and Part B and usually Part D. It generally also offers extra benefits beyond Medicare	Varies by plan <i>(\$0 deductible options may be available)</i>	Varies by plan <i>(\$0 copay options may be available)</i>	Yes <i>(\$0 premium options may be available)</i>
	D Provided by private health plans approved by Medicare Covers prescription drugs	Varies by plan	Varies by plan	Yes <i>(If bought separately; often combined with Medicare Advantage Plans)</i>
	Medicare Supplement (Medigap) Provided by private insurance companies May cover Part A and Part B cost sharing (deductible and coinsurance) for Original Medicare covered services	Varies by plan	Varies by plan	Yes, monthly

Medicare Eligibility

You're eligible for Medicare if:

You are turning 65 and are already getting benefits from Social Security or the Railroad Retirement Board (RRB).

- In some cases, you'll automatically get Part A and Part B starting the first day of the month you turn 65, otherwise you must enroll.
- If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.

You are under 65 and have a disability.

- You automatically get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the RRB for 24 months.

You have ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease).

- You automatically get Part A and Part B the month your disability benefits begin.

You live in Puerto Rico and get benefits from Social Security or the RRB.

- You automatically get Part A. If you want Part B, you need to sign up for it.

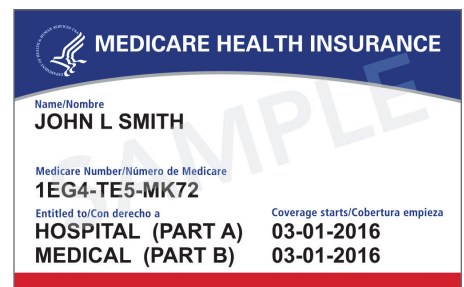
You'll need to sign up for Medicare if:

- You are close to 65, but not collecting Social Security or Railroad Retirement Board (RRB) benefits
- You worked for a railroad

You'll get Medicare automatically if:

- You are already collecting Social Security
- You are already on Railroad Retirement Board (RRB) benefits
- You have been on Social Security disability for 24 months

If you're automatically enrolled in Medicare, you will receive your red, white, and blue Medicare card in the mail three months before your 65th birthday or your 25th month of disability.





Coverage Choices

You have 5 basic choices if you're eligible for Medicare:

1. You can rely on Original Medicare (Parts A and B) to provide your coverage. Original Medicare is provided by the federal government and offers Medicare Part A (hospital) coverage and Part B (medical) coverage. Usually, a fee is charged for each healthcare service or supply you get. This fee is in addition to the Medicare Part B premium, which you must pay each month. In 2021, the standard Part B premium is \$148.50.

Original Medicare is available to all people who are 65 years of age and older, or people who have been on Social Security disability for 24 months. What many people don't know is that Original Medicare doesn't cover everything. Original Medicare only pays about 80 percent of your Part B medical expenses. In 2021, there's also a \$1,408 deductible for each benefit period when you are hospitalized. Plus there is an annual deductible for Part B before any benefits are paid; in 2021 that annual deductible is \$203.

2. You can choose a Medicare Advantage plan (Part C) instead of Original Medicare. Most Medicare Advantage plans provide extra benefits like annual physicals, dental, vision, hearing, prescriptions drug coverage, reimbursements for eyewear, fitness, and wellness programs. Some offer riders that include full dental coverage for routine services like fillings, major services such as crowns, root canals, and more.

Most Medicare Advantage plans also cover worldwide emergency and urgent care (an important benefit Original Medicare does not cover) and they cap your out-of-pocket medical expenses so you have peace of mind in knowing your total covered medical costs are limited to an annual amount. Even PPO plans that cover in and out-of-network services have a cap on costs for out-of-network services, but it is a higher dollar amount than in-network services.

Medicare Advantage plans are all-in-one coverage. You get medical and, with most plans, prescription drug coverage. With Original Medicare you need a stand-alone Prescription Drug plan, and if you want to cover the gaps in Original Medicare, a Medicare Supplemental plan.

3. You can choose a Medicare Supplement plan to fill coverage gaps in Original Medicare, like the annual hospital deductible (\$1,484 in 2021), the Part B Premium (\$148.50 in 2021), and the coinsurance of 20 percent of Part B medical costs. Some Medicare Supplement plans offer worldwide coverage for emergencies and fitness benefits.

Plus you could be subject to pre-existing limitations that exclude certain medical conditions you had prior to becoming a Medicare Supplement member. And remember, you must purchase a separate prescription drug plan if you want your out-of-hospital drugs covered. You can add a prescription drug plan (Part D) to Original Medicare by joining a Medicare prescription drug plan.

4. You can add a prescription drug plan (Part D) to Original Medicare by joining a Medicare prescription drug plan. Stand-alone prescription drug plans can be combined with Original Medicare and/or a Medicare Supplement plan. If you're eligible to join a Medicare prescription drug plan and choose not to enroll, you may have to pay a late enrollment penalty when you do join. Medicare calculates the penalty by multiplying 1 percent of the national base beneficiary premium (\$33.06 in 2021) times the number of full, uncovered months you didn't have Part D or credible coverage. Credible coverage includes a Medicare Part D plan or a Part C Medicare Advantage plan that has prescription drug coverage.

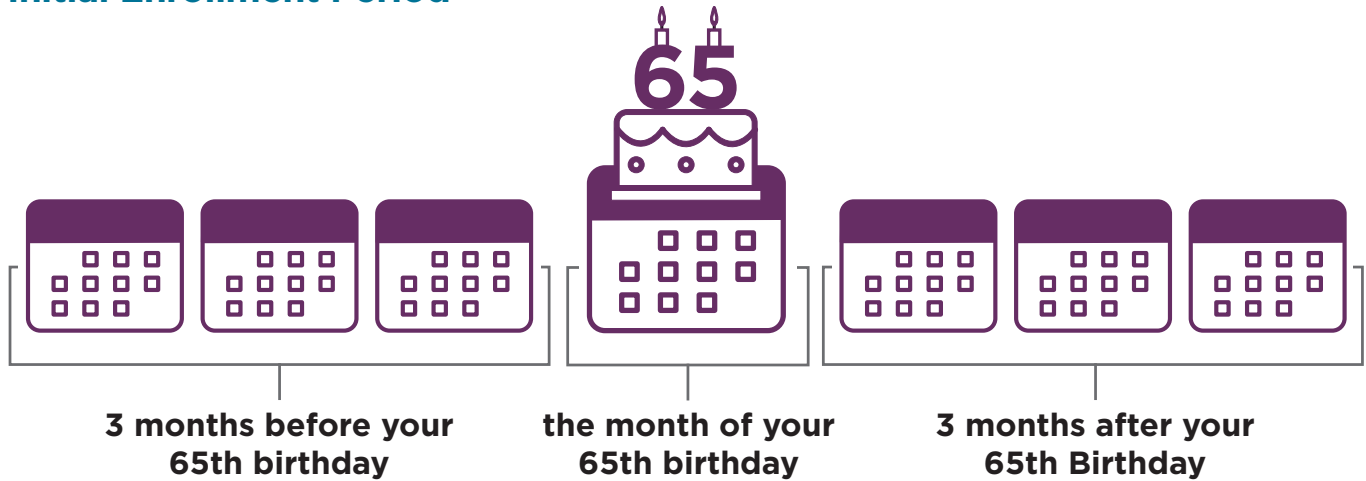
5. You can enroll in a Special Needs Plan (like HealthTeam Advantage's Diabetes & Heart Care Plan (HMO CSNP) if you have Medicare Part A and B, you live in the plan's service area (for our HMO CSNP that's Guilford County), and you meet the eligibility requirements (for our HMO CSNP that means you have diabetes and/or chronic heart failure).

Understanding Enrollment Periods

Understanding Enrollment Periods

There are certain times of the year or specific circumstances when you can enroll in a Medicare Advantage plan.

Initial Enrollment Period



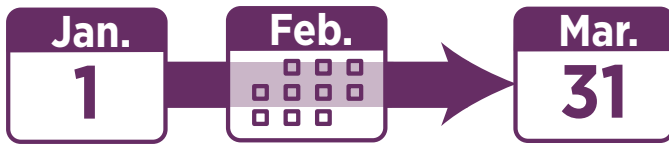
When you're first eligible for Medicare (for example, when you turn 65), you have a 7-month window to sign up for Part A and/or Part B or a Medicare Advantage plan. That time period is 3 months before your birthday month, your birthday month, and 3 months after your birthday month. So, if you turn 65 in March, for example, you can enroll December through June.

Annual Enrollment Period



The Annual Enrollment Period (AEP) is October 15-December 7 every year. During this time, you can switch, drop, or join a Medicare Advantage plan.

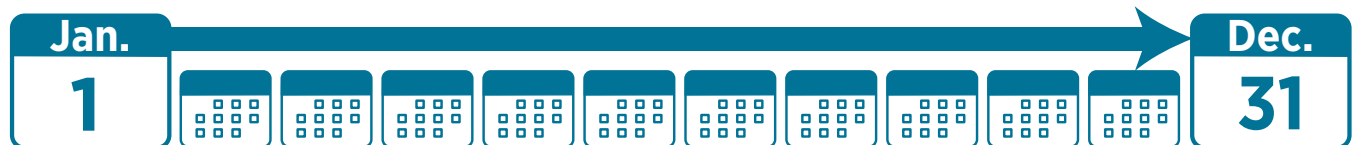
Open Enrollment Period



The Open Enrollment Period (OEP) is January 1-March 31 every year. This is your only opportunity outside of the Annual Enrollment Period (Oct. 15-Dec. 7) to switch Medicare Advantage plans. During this time, you can:

- Switch to a different Medicare Advantage plan
- Drop your Medicare Advantage plan and return to Original Medicare, Part A and Part B
- Sign up for a stand-alone Medicare Part D Prescription Drug Plan (if you return to Original Medicare). Most Medicare Advantage plans include prescription drug coverage already. Usually you can't enroll in a stand-alone Medicare Prescription Drug plan if you already have a Medicare Advantage plan, but there are some situations where you can.

Special Election Period



There are specific circumstances that make you eligible to enroll in a Medicare Advantage plan any time of the year. If you answer yes to any of the following questions, you qualify for a Special Election Period. If you think you qualify, talk to your local sales agent.

- Have you recently moved to a different county or state?
- Are you currently receiving Extra Help with your healthcare costs?
- Do you no longer qualify for Extra Help with your healthcare costs?
- Have you recently left a Program of All-inclusive Care for the Elderly? (PACE)
- Do you live in a long-term care facility?
- Have you recently obtained lawful presence in the United States?
- Have you recently retired and lost your employer or union coverage?
- Will you be moving into a long-term care facility?
- Have you recently moved out of a long-term care facility?
- Are you currently receiving Medicaid?
- Have you recently stopped receiving Medicaid?
- Have you recently been released from incarceration?
- Do you qualify for a Special Needs Plan (SNP)?

Three Types of Plans

HMO

Health Maintenance Organization

HMO plans require you to use a specified healthcare provider network and usually have a fixed amount or copay for covered services.

HMO-POS

Health Maintenance Organization — Point-of-Service

An HMO-POS plan option is a type of HMO plan that lets you use doctors and hospitals outside the plan network for an additional cost.

PPO

Preferred Provider Organization

In a PPO plan, you pay less if you use doctors, hospitals, and other healthcare providers that belong to the plan's network. You pay more if you use doctors, hospitals, and providers outside the network.

Star Ratings

How Medicare Advantage and Prescription Drug Plans are Rated

The Star Rating program is an annual rating that all Medicare Advantage and Prescription Drug Plans receive from the Center for Medicare and Medicaid Services (CMS). It can help Medicare beneficiaries make better informed choices about their healthcare coverage. Ratings are based on the summary of more than 50 individual topics. These topics include:

- Member experience with the health plan
- Customer service
- Management of chronic (long-term) conditions
- The health of plan members

A Five Star overall rating is the best rating a plan can receive. For more details on the Medicare Star Ratings program, please visit [Medicare.gov](https://www.Medicare.gov).



If you have any questions, answers are just a phone call away:

877-905-9216 (TTY: 711)

or visit [HealthTeamAdvantage.com](https://www.HealthTeamAdvantage.com)

Why Choose a Medicare Advantage Plan?

A Medicare Advantage plan provides all the Part A and Part B benefits of Original Medicare, plus much more. All for as little as \$0 a month.

Prescription drugs are usually covered. Most Medicare Advantage plans include Part D prescription drug benefits, so there's no need to find and pay for a separate prescription drug plan.

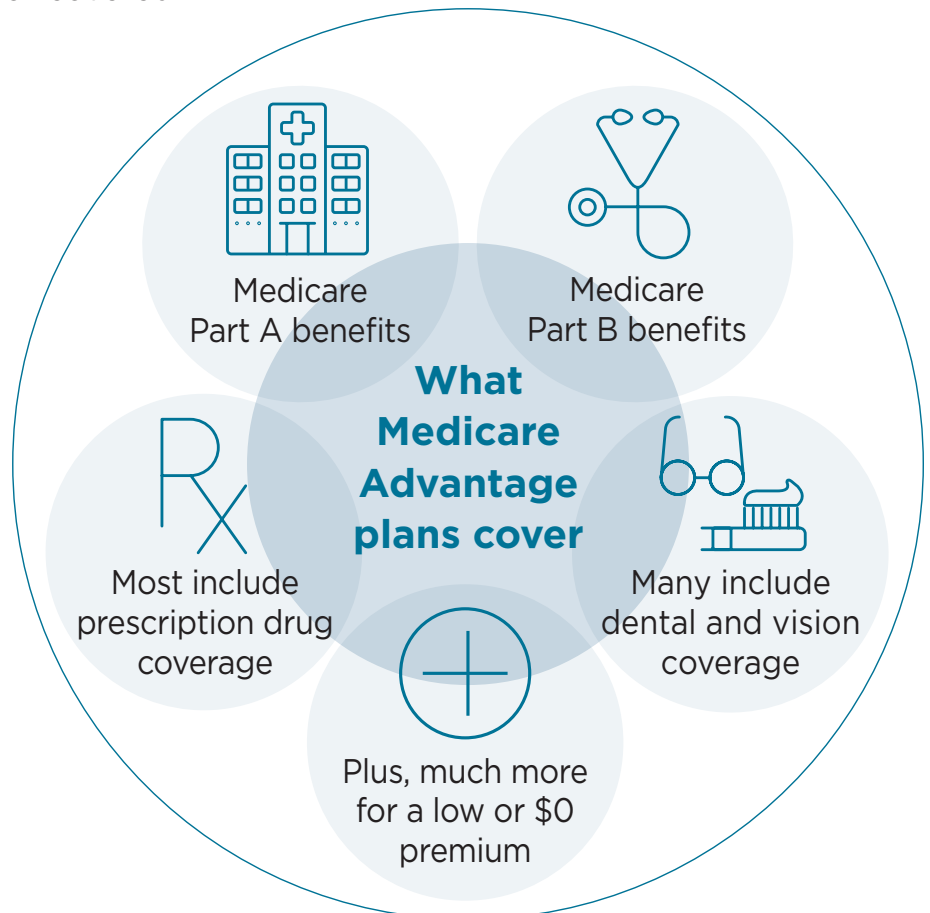
So are dental, hearing, and vision care. Many Medicare Advantage plans include dental, hearing, and vision care benefits. Also, a buy-up dental rider is available in many plans that covers routine and non-routine services including fillings and crowns.

Some plans even include extra benefits. For instance, some Medicare Advantage plans include additional benefits like complimentary fitness memberships, virtual doctor visits, and more.

And your out-of-pocket costs are capped. Unlike Original Medicare, a Medicare Advantage plan has a set annual limit for out-of-pocket costs. Once you reach this limit, you pay nothing more for covered medical services.

! IMPORTANT

Even if you choose to be covered by a Medicare Advantage plan, you must first enroll in Medicare Parts A and B.



Before You Make A Decision...

Talk about your decision with a Medicare professional. You can call (800) 633-4227 (800-MEDICARE) 24 hours a day, 7 days a week. TTY users should call (877) 486-2048. You can also speak to a licensed Medicare field representative at HTA by calling toll-free: 877-905-9216 (TTY: 711), Monday - Friday 8 a.m. to 8 p.m. every day April 1 - September 30 and every day 8 a.m. to 8 p.m. October 1 - March 30.

Choose your Medicare coverage

- Step 1** | Decide if you want a Medicare Advantage plan or a Medicare Supplement plan
- Step 2** | Decide if you want prescription drug coverage (Part D). You may pay a penalty if you do not take Part D coverage
- Step 3** | Choose the plan that's right for you

! IMPORTANT

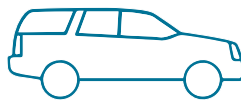
Things to consider when choosing a plan:

- How much is the monthly premium?
- What are my out-of-pocket costs if I need care?
- Is my doctor in the network?
- Are my prescription drugs covered?

How to sign up for Original Medicare (Part A + Part B)



Apply online at
ssa.gov



Visit your local
Social Security office



Call Social Security
at (800) 772-1213

Learn more about HealthTeam Advantage plans online:

Compare Plans

HealthTeamAdvantage.com/shop-plans/shop-2021-plans/

Prescription Search

HealthTeamAdvantage.com/prescription-drugs/2021-pharmacy-information/

Provider Search

HealthTeamAdvantage.com/find-a-provider/

Why Choose HealthTeam Advantage?

There are lots of reasons. For starters, we're **local**—based right here in the Triad. We live and work here, so we know and use the same doctors and hospitals who'll provide your care. We're also doctor-guided, so we understand your healthcare needs.

You'll also find that we're very **accessible**. In fact, when you become a HealthTeam Advantage member you'll be assigned your own Healthcare Concierge who'll answer your questions, explain your plan benefits, help you find a network doctor, schedule appointments, and more.

It all comes down to being **reliable**—and earning your trust. Our members (your friends and neighbors) consistently give us high marks for satisfaction and they keep coming back. HealthTeam Advantage has a 3.5 out of 5 star rating from Medicare. Every year, Medicare evaluates plans based on a 5-star rating system.

And let's not forget the coverage itself. Our unwavering commitment is to provide quality Medicare Advantage plans with all the coverage of Original Medicare, plus additional benefits to lower your out-of-pocket costs.



“ We love the painless and seamless claim filing and the customer service. Easiest insurance we have ever had and really terrific Healthcare Concierges who are accurate and knowledgeable and get you the answer.”

**Ellen and Bill,
HTA members**



“ I like HealthTeam Advantage because when I call I get answers to my questions and everybody's so nice. I also like that there's no deductible. I like what it pays on drugs, and that there are vision and dental benefits. HealthTeam Advantage is a good plan!”

Brenda, HTA member

HealthTeam Advantage Plans Feature:

\$0

- \$0 monthly premium for PPO I or \$60 for PPO II
- \$0 copays for primary care providers (PCPs)
- \$0 deductibles for medical and prescriptions
- Delta Dental®, VSP® vision, TruHearing®, and SilverSneakers® fitness benefits
- Telehealth and 24-hour nurse advice line
- Friendly formulary—covers more preferred generic and generic drugs than other Medicare Advantage plans in our service area
- Custodial care—non-medical, in-home care after a hospital stay
- Personal Healthcare Concierge—member services representative
- Low out-of-pocket cost to members (\$3,400 for PPO I and \$3,100 for PPO II in-network and \$5,100 out-of-network)

Here's the bottom line. HealthTeam Advantage is a smart, sensible choice for North Carolinians like you. Compared to higher cost Medicare Supplement plans, we offer a more affordable option—not to mention, additional benefits.



“ We like that it covers everything with \$0 premium and \$0 deductible; and includes dental, drugs, vision, hearing, plus SilverSneakers® gym benefits, and even virtual visits with doctors using telehealth.”

Bob and June, HTA members

Frequently Asked Questions About Medicare

Q. Do I need to sign up for Medicare before I turn 65?

- A.** If you're not currently collecting Social Security benefits, then yes, you do need to contact Social Security three months before turning 65.

Be ready when the time comes. Give us a call at 877-905-9216, TTY: 711 or visit us at [HealthTeamAdvantage.com/contact](https://www.healthteamadvantage.com/contact) and tell us when you expect to retire. We'll get in touch with the information you need to choose the right Medicare Advantage plan for your needs when you're ready.

Q. If I'm still working and on my employer's health plan when I turn 65, do I need to sign up for Part B during my Initial Enrollment Period?

- A.** No. You can wait until you're ready to move off your (or your spouse's) employer plan. When you do, you'll qualify for a Special Enrollment Period and have an 8-month window to sign up for Part B. It begins when your employer or union coverage ends, or when employment ends, whichever is first. Be sure to elect Part B at that time to avoid the late enrollment penalty.

Q. If I'm covered, is my spouse automatically covered?

- A.** No. Each person must sign up for Medicare individually.

Q. When I go on Medicare, do I need to stay with the same insurance company I have through my employer?

- A.** Absolutely not. You can choose any type of plan you want, from any insurance company you want—possibly for the first time in your life. It's best to look at available plans, speak with your employer group benefits administrator, compare your options, and choose the best value.

Q. How do I enroll in Medicare?

- A.** Call or visit your local Social Security office or enroll online at ssa.gov.

Q. When I enroll for Parts A and B with Social Security, do I also enroll for Part D?

- A.** No. Part D enrollment is different. If you want Medicare prescription drug benefits (Part D), you must enroll in a private insurance plan that contracts with Medicare. You can join either a Medicare Advantage plan Part C that offers combined health and drug coverage in one plan, or join a stand-alone plan Part D that covers prescriptions only.

Q. What are late enrollment penalties?

- A.** If you fail to sign up for Medicare coverage during your Initial Enrollment Period, you may be subject to the following penalties:

Medicare Part A: 10% late enrollment penalty applied to your monthly premium for twice the number of years you did not have Part A despite being eligible. If you or your spouse paid Medicare taxes while employed, there is typically no Part A monthly premium. Otherwise the monthly premium is \$428.

Medicare Part B: 10% late enrollment penalty applied to your monthly premium for each full 12-month period that you did not have Part B despite being eligible. In most cases, this penalty will be added to your monthly premium for the remainder of your enrollment in Medicare. The Part B monthly premium is \$148.50 in 2021, but may be higher depending on income. There is a late enrollment fee as well.

Medicare Part D: The late enrollment penalty amount typically is 1% of the national base beneficiary premium for each full, uncovered month you didn't have Part D or creditable coverage. The national base beneficiary premium for 2021 is \$41. The monthly penalty is rounded to the nearest \$0.10 and added to the monthly Part D premium. The base beneficiary premium changes each year. Medicare uses the current coverage year's amount to calculate your new penalty amount. In general, once Medicare determines your penalty amount, you'll continue to owe a penalty for as long as you are enrolled in a Medicare drug plan. This means that even if you join another Medicare drug plan, you'll still have to pay the penalty once enrolled in a new plan. This also means that if you join a plan that has a \$0 monthly premium, you'll still owe a penalty.

Visit [medicare.gov/your-medicare-costs/part-b-costs.html](https://www.medicare.gov/your-medicare-costs/part-b-costs.html) for more information.

Q. Can I switch Medicare plans?

A. Yes. In fact, it's smart to review your medical needs every year and decide whether your current Medicare plan is working for you. You have the option with Medicare Advantage plans to change once a year during the annual enrollment period (AEP), unless you qualify for a special enrollment period.

Q. What if I miss an enrollment date?

A. It's best to call Medicare directly at (800) 633-4227 (800-MEDICARE) 24 hours a day, 7 days a week. TTY/TDD users should call (877) 486-2048. Talk with a representative, explain your circumstances, and ask if you can still enroll or need to wait until the next enrollment period.

Q. If I start receiving Social Security Benefits at 62, am I eligible for Medicare?

A. No. You must be 65 to be eligible for Medicare benefits. The exception is if you are under age 65 and have a qualified disability.

Q. What if I wait until 66 or older to start my Medicare benefits?

A. You must contact Social Security to enroll and start your benefits. You could pay a higher premium for late enrollment. If you're covered under a group health plan based on current employment, you will be eligible for a Special Enrollment Period to sign up for Part A and/or Part B any time as long as you or your spouse is working. You also have eight months starting the month after the employment ends to sign up for Part B without a penalty.

Q. Will my Part A premiums automatically be deducted from my Social Security check?

A. No. Most people will not pay a monthly premium for Part A if you or your spouse paid Medicare taxes while working (10-year minimum). If you don't meet the requirements and purchase Part A, you will receive a monthly bill from Medicare.

Q. Do I have to sign up for Part B (medical services)?

A. If you are 65 and have credible coverage through an employer, you do not have to sign up for Part B. If you do not have credible employer coverage, you must sign up for Part B or may incur a late enrollment penalty.

Q. What is the cost I pay for Part B coverage?

A. Most people pay approximately \$148.50 (for 2021) per month, but if your income is above a certain amount, you could pay more. Medicare revises this amount periodically. Visit [medicare.gov/your-medicare-cost/part-b-cost.html](https://www.medicare.gov/your-medicare-cost/part-b-cost.html) for more information.

Q. If I choose a Medicare Advantage Plan, will I still pay Part B?

A. Yes. You will continue to pay your Part B premium and the monthly premium from your health plan.

Q. If I choose just Original Medicare (Part A and B), are there added costs?

A. Yes. You will pay deductibles, copays, coinsurance and Part B premiums.

Q. Do I have to buy Prescription Drug Plan (PDP) separately?

A. Maybe. Prescription Drug Plans (PDPs) are sold through private health plans as separate policies. Most Medicare Advantage plans include prescription drug coverage. With Original Medicare or Medicare Supplement plans, you must purchase a separate drug plan.

Q. Can I be refused for Medicare coverage?

A. No. All people age 65 and older are eligible to receive or purchase Medicare benefits.



Resources

Medicare

800-633-4227 (800-MEDICARE) // TTY and TDD 877-486-2048

To find out how Medicare works with other insurance plans, call 800 999-1118

24 hours a day, 7 days a week.

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with end-stage renal disease. The official Medicare handbook for Medicare programs is updated each year. You can download a copy at the Medicare website, Medicare.gov, or call the Medicare Helpline to request a copy. For online tools to find and compare drug plans, Medicare Advantage Plans and Medigap policies, go to Medicare.gov.

Medicare.gov

Social Security Administration

800-772-1213 // TTY 800-325-0778

Monday-Friday, 7 a.m.-7 p.m

Social Security is responsible for determining eligibility and handling enrollment for Medicare. If you are already getting Social Security checks, enrollment into Medicare is automatic.

ssa.gov

Seniors' Health Insurance Information Program (SHIIP)

Get information about Medicare through your local SHIIP program. The organization offers counseling and assistance to people with Medicare and their families. Visit the North Carolina Department of Insurance online at <https://www.ncdoi.gov/consumers/medicare-and-seniors-health-insurance-information-program-shiip> or call 855-408-1212, Monday-Friday, 8 a.m.-5 p.m.

Elder Care Locator

800-677-1116

This public service of the U.S. Administration on Aging, offers help in finding local, state and community-based organizations that serve older adults and their caregivers in your area.

Eldercare.acl.gov

Your Current Health Plan

Your health plan's customer service center can answer any questions you may have about your current coverage; call the number on your identification card.

Ready to Enroll?

What to have ready before enrolling

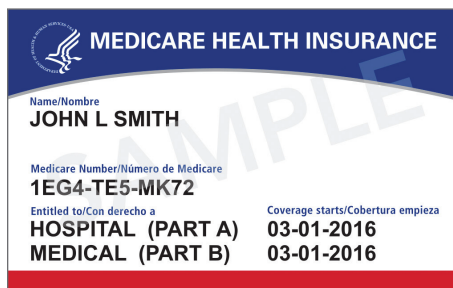
HealthTeam Advantage Plan

- _____ HealthTeam Advantage Plan I (PPO)
- _____ HealthTeam Advantage Plan II (PPO)

Primary Care Provider Name

Your Medicare Card

You will need to access information on your Medicare card when enrolling.



Need a Medicare card? Call Medicare at 800-633-4227 (800-MEDICARE) (TTY 877-486-2048)

Enroll online



<https://eform.healthteamadvantage.com/2021/app/>

Enroll by phone



877-905-9216 (TTY: 711)

Enroll by mail



Find the paper enrollment form online at HealthTeamAdvantage.com/shop-plans/enroll-now/

Return Form to:

HealthTeam Advantage
Attn: Enrollment Department
7800 McCloud Rd., Suite 100
Greensboro, NC 27409

Or fax form to: 800-905-9131



Let's talk.

877-905-9216 (TTY 711)

October 1-March 31, 8 a.m.-8 p.m., EST, seven days a week
April 1-September 30, 8 a.m.-8 p.m., EST, Monday through Friday

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

