

2023

# Information Book



HealthTeam Advantage  
Plan I (PPO)

9808-004

HealthTeam Advantage  
Plan II (PPO)

9808-005



healthteam  
advantage<sup>SM</sup>



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***Brenda***  
***HealthTeam Advantage Member***

“ 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!”

## Welcome!



Dear Neighbor,

We know there are a lot of options when it comes to Medicare Advantage plans; we're glad you're considering HealthTeam Advantage.

If you're looking for affordable, comprehensive benefits and personal customer service we think you'll like what you see.

**We're local.** We're based in Greensboro, offering national-level benefits and world-class personal service. Our network includes most of the larger provider networks you already use, like Cone Health, Wake Forest Baptist Health, and UNC Health.

**We're reliable.** Our members trust us (more than 90 percent remain members, year after year) and they show it by consistently giving us high satisfaction ratings and recommending us to friends and family.

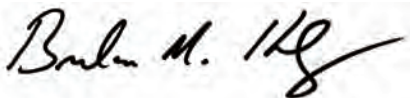
**We're accessible.** As a member, you'll have a personal Healthcare Concierge you can contact for fast answers about your coverage. Your concierge is a HealthTeam Advantage expert who knows you, your plan, and your doctors. They're available by phone, email, or even in person.

Best of all, our plans are affordable for everyone, with zero-cost premium options, copays, and deductibles... and extra benefits like dental, vision, and hearing.

**So if you're ready to be treated like a neighbor rather than a number, go local. You'll get all the benefits you've earned, with the personal service you deserve.**

We look forward to serving you.

Sincerely,



Brendan Hodges  
President & CEO



## HealthTeam Advantage at a Glance

When considering your insurance options, it's important to keep your needs in mind.

Affordability is essential. Our Medicare Advantage plans feature:

- ◆ \$0 monthly premium for PPO I or \$75 for PPO II
- ◆ \$0 copays for in-network primary care providers (PCPs)
- ◆ \$0 deductibles for medical and prescriptions
- ◆ Low maximum out-of-pocket cost (\$3,200 for PPO I and \$3,000 for PPO II)





I am a fan of the concierge system and my personal concierge in particular. She is efficient, responsive, friendly, and a great help to me and my husband!”

—Anne, HTA Member

Getting all the benefits you’re used to matters. Our plans have:

- ◆ Prescription drug coverage
- ◆ Dental coverage including preventative and comprehensive services such as fillings, dentures and crowns
- ◆ Vision coverage for exams and eyewear
- ◆ Hearing benefit through a national hearing aid savings program
- ◆ Fitness benefit
- ◆ 24-hour nurse advice line
- ◆ Custodial care

Beyond that, service and convenience are the game-changers. Members have a personal Healthcare Concierge to call for fast answers about your coverage. Your concierge is a HealthTeam Advantage expert who knows you, your plan, and your doctors. They’re available by phone, email, or even in person at our office in Greensboro.

A user-friendly website with searchable and printable provider/pharmacy directories and drug formularies, health and wellness resources, and more are at your fingertips. Join us on Facebook and our YouTube channel, where we host fitness classes, offer virtual webinars, and provide helpful information. You’ll also find us active in the Triad community at local events and fundraisers.

Our unwavering commitment is to provide quality Medicare Advantage plans with all the coverage of Original Medicare, plus the benefits you’re used to that are affordable for everyone. HealthTeam Advantage is a smart, sensible choice for North Carolinians like you.



I have been with this group for five years. They are great. Every time I have questions, they help me get answers and are very nice.”

—Brenda, HTA Member

# Understanding Medicare Options

When you're preparing for Medicare and making important choices about your health plan, having the right information can make all the difference. We're here to help.

Let's look at eligibility and the different parts of Medicare.

## You're eligible for Medicare if

### 1. 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.

### 2. 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 Railroad Retirement Board (RRB) for 24 months.

### 3. 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.

### 4. 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 have End-Stage Renal Disease (ESRD)
- ◆ 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.



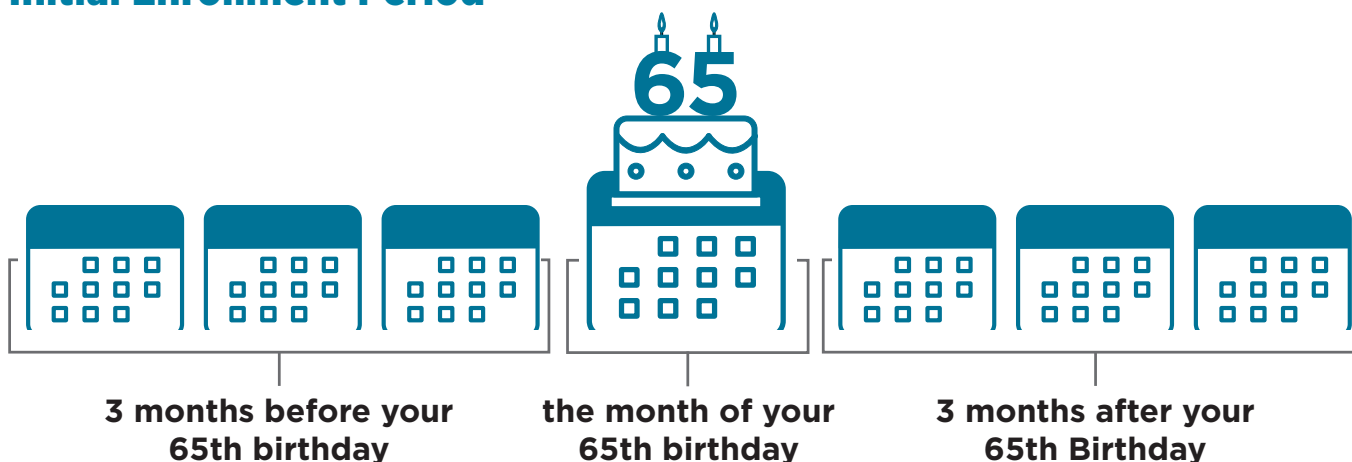
**IMPORTANT:** You must enroll in Medicare Parts A and B even if you choose a Medicare Advantage plan.

Medicare Parts, Coverage, and Costs					
	Part	Coverage	Cost		
	<b>A</b>	<b>Government-provided hospital insurance</b> Covers hospital and skilled nursing facility stays, hospice, home healthcare	Deductible	Copays vary	Most people won't pay a premium
	<b>B</b>	<b>Government-provided medical insurance</b> Covers outpatient care, doctor services, physical and occupational therapy, mental health services, preventive care	Deductible (except for preventive services); 2022 annual deductible is \$198	Coinsurance of 20%	Monthly premium based on adjusted gross income; 2022 standard is \$144.60
	<b>C</b>	<b>Medicare Advantage-provided by private health plans approved by Medicare</b> Combines Part A and Part B and usually Part D. It generally also offers extra benefits beyond Medicare	\$0 deductible options	\$0 copay options	\$0 premium options (you still have to pay Part B premium)
	<b>D</b>	<b>Prescription Plan</b> Provided by private health plans approved by Medicare; covers prescription drugs	\$0 deductible options	Copays vary by plan	Monthly premium varies by plan
		<b>Medicare Supplement (Medigap)</b> <b>Provided by private insurance companies</b> Supplements Medicare coverage; can help pay remaining health care costs (copays, coinsurance, deductibles)	Deductible varies by plan	Copays vary by plan	Monthly premiums vary by plan

# 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 you have a seven-month window to sign up for Part A and/or Part B or a Medicare Advantage plan. So, if you turn 65 in March, for example, you can enroll December through June.

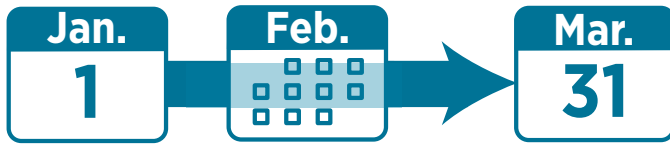
## Annual Enrollment Period (AEP)



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
- ◆ Enroll in Original Medicare and a Prescription Drug plan

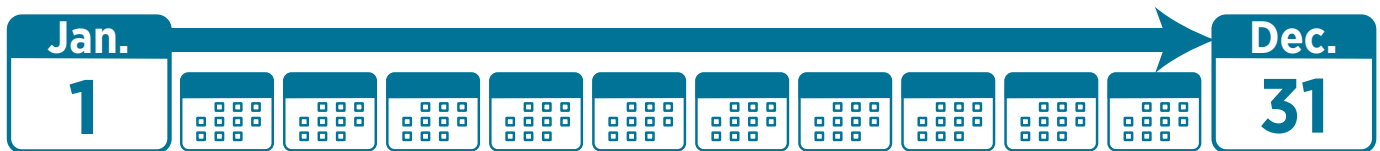
## Open Enrollment Period



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).

## Special Enrollment Period



There are specific circumstances that make you eligible to enroll in a Medicare Advantage plan at any time of the year. If you answer yes to any of the following questions, you qualify for a Special Enrollment 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 PACE program (Program of All-inclusive Care for the Elderly)?
- ◆ Do you live in a long-term care facility?
- ◆ Have you recently obtained a 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?
- ◆ Are you eligible for a Special Needs Plan?
- ◆ Is there a 5 star plan in your area?



**Dr. Beth Hodges**  
**HealthTeam Advantage Medical Director**

“ As a medical director,  
I love working with  
HealthTeam Advantage  
because I know we  
prioritize the right care  
for each member and  
that as a Plan, we have  
the best interest of that  
member in mind.”

# Our Provider Network

HealthTeam Advantage PPO health plan members can choose to receive care from any provider or hospital in our service area of Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Randolph, Rockingham, Stokes and Yadkin counties. And, since HealthTeam Advantage is a Preferred Provider Organization (PPO) plan, you don't need a referral for any specialists, hospitals, or providers.

We do, however, encourage you to choose an in-network provider as your primary care provider (PCP) because you'll have a dedicated doctor who will focus on your individual healthcare needs and coordinate your care with other in-network providers if needed. This allows you to keep your out-of-pocket costs lower and more predictable.

If you do select an out-of-network provider, please make sure the provider accepts Medicare; otherwise, you will be responsible for the full cost of services. Except for emergencies or urgent care, it may cost more to get care from out-of-network providers.

Our network providers include\*:

- ◆ Alamance Regional Medical Center
- ◆ Annie Penn Hospital
- ◆ Atrium Health Wake Forest Baptist
- ◆ Atrium Health Wake Forest Baptist Lexington Medical Center
- ◆ Atrium Health Wake Forest Baptist Medical Center
- ◆ Cone Health
- ◆ Davie Medical Center
- ◆ Eagle Physicians and Associates PA
- ◆ FirstHealth of the Carolinas
- ◆ High Point Regional Hospital
- ◆ Lexington Medical Center
- ◆ Moses H. Cone Memorial Hospital
- ◆ Randolph Health
- ◆ UNC Health
- ◆ UNC Hospitals at Chapel Hill
- ◆ UNC Physicians
- ◆ UNC Rockingham Hospital
- ◆ Wesley Long Community Hospital

*\*This is not a complete list of providers. To access the most current list, visit [HealthTeamAdvantage.com](http://HealthTeamAdvantage.com).*

## Benefits at a Glance



	<b>HealthTeam Advantage Plan I (PPO)</b>	<b>HealthTeam Advantage Plan II (PPO)</b>
<b>Monthly Plan Premium</b>	<b>\$0</b>	<b>\$75</b>
<b>Deductible</b> (Medical & Prescription)	<b>\$0</b>	<b>\$0</b>
	<b>In-Network</b>	<b>In-Network</b>
<b>Out-of-Pocket Maximum</b>	\$3,200	\$3,000
<b>Doctor Visits</b>		
Primary Care Provider (PCP)	\$0 copay	\$0 copay
Specialist	\$25 copay	\$15 copay
<b>Inpatient Hospital Coverage</b>	Days 1-6: \$295 copay/day Days 7-90: \$0 copay/day Day 91 & beyond: \$0 copay/day	Days 1-5: \$200 copay/day Days 6-90: \$0 copay/day Day 91 & beyond: \$0 copay/day
<b>Outpatient Services</b>		
<b>Emergency Care</b>	\$120 copay	\$90 copay
<b>Urgently-Needed Services</b>	\$25 copay	\$15 copay If you are admitted to the hospital within 1 calendar day for the same condition, you do not have to pay your share of the cost for urgent care.
<b>Ambulance</b>	\$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.
<b>Ambulatory Surgical Center</b>	\$200 copay/day	\$100 copay/day
<b>Physical/Speech Language/Occupational Therapy Visits</b>	\$15 copay	\$10 copay for OT; \$15 copay for PT and ST
<b>Home Health Services</b>	\$0 copay	\$0 copay
<b>Outpatient X-Rays</b>	\$5 copay	\$0 copay



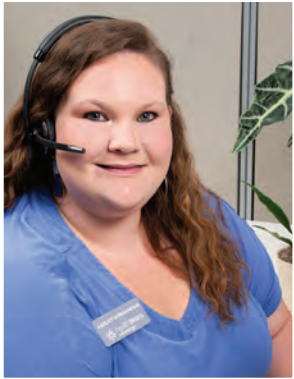


	HealthTeam Advantage Plan I (PPO)		HealthTeam Advantage Plan II (PPO)	
	In-Network		In-Network	
<b>Diagnostic Services/ Labs/Imaging</b>				
<b>Diagnostic Radiology Services (such as MRIs, CT scans)</b>	\$50-\$200 copay		\$50-\$175 copay	
<b>Lab Services / Diagnostic Test &amp; Procedures</b>	\$0 - \$10 copay		\$0 - \$10 copay	
<b>Hearing Services</b>				
Hearing Aid	\$499-\$799 (per aid)		\$499-\$799 (per aid)	
Fitting and Evaluation for Hearing Aid	\$0 copay		\$0 copay	
<b>Additional Benefits</b>				
Fitness	\$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> (After you pay your deductible, if applicable)	<b>Retail Rx 30-day supply</b>	<b>Mail Order 90-day supply</b>	<b>Retail Rx 30-day supply</b>	<b>Mail Order 90-day supply</b>
<b>Tier 1 - Preferred Generics</b>	\$5 copay	\$10 copay	\$0 copay	\$0 copay
<b>Tier 2 - Generics</b>	\$15 copay	\$30 copay	\$12 copay	\$24 copay
<b>Tier 3 - Preferred Brands</b>	\$45 copay	\$90 copay	\$40 copay	\$80 copay
<b>Tier 4 - Non-Preferred Drugs</b>	\$100 copay	\$200 copay	\$80 copay	\$160 copay
<b>Tier 5 - Specialty Drugs</b>	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

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

## Healthcare Concierge

### **Fast, personal assistance to help make the most of your benefits.**



Great customer service is an important part of health care. At HealthTeam Advantage, we take that idea to the next level with our Healthcare Concierges (HCC).

As a member, you'll have a personal Healthcare Concierge you can contact for fast answers about your coverage. Your concierge is a HealthTeam Advantage expert who knows you, your plan, and your doctors.

They're available by email at [conciiergehta@htanc.com](mailto:conciiergehta@htanc.com), by phone at 888-965-1965 (TTY: 711), or you can schedule an in-person visit at our Greensboro office.

**“I enjoy being a concierge because of the relationships we get to build with our members; they become our family.”**

**— Ashley, HCC**

Your concierge can:

- ◆ Find a primary care provider and set an appointment
- ◆ Explain your plan and benefits
- ◆ Replace lost ID cards
- ◆ Answer questions about pending claims or account status
- ◆ Assist with prescription drug coverage
- ◆ Assist you in completing the Health Risk Assessment (HRA) form
- ◆ Help with special healthcare needs

Your concierge is there for you right from the start. You'll get a Welcome call, a Happy Birthday call, and sometimes even a call just to check in if we haven't heard from you in a while. Because, as a HealthTeam Advantage member, you're not just a member, you're part of our family.

See what some of our members, your neighbors, have to say:

**Pat, HealthTeam Advantage member**

“HealthTeam Advantage is amazing. If you’re having a problem, they are efficient in handling the problem and are always so kind and more than willing to go the extra mile. I am impressed with their customer service and that you actually speak to a person!”

**Bill, HealthTeam Advantage member**

“The customer service folks are right on point. They’re knowledgeable, accurate, and they give me the information I need. We like the quick service and that they’re located here in Greensboro.”



*“I consider it an honor being a concierge, as our members trust us enough to help them in the most difficult times. Our members are like family.”*  
— Tiffany, HCC



## Custodial Care

### **Personal, professional, non-medical care when you need it most.**

Sometimes after a hospital stay or an outpatient procedure\* you might need extra help with basic everyday tasks. That help is custodial care.

Custodial care is non-medical care performed by professional caregivers. It includes help with self-care tasks like eating, dressing, and bathing; household chores like cooking, running errands, and laundry; or mobility tasks like lifting and carrying items.

For example, if you had surgical repair of a hammertoe and you have to keep the affected toe immobilized, you would qualify for the benefit.

**Our custodial care benefit covers up to 20 hours of care after a hospital stay or outpatient procedure, for a maximum of 60 hours per year at no cost to you. Original Medicare does not cover custodial care.**

Custodial care must be provided by a professional home health agency or provider. Prior authorization is required.

*\*Outpatient procedures must be performed at a facility, not a provider's office, and they do not include outpatient diagnostic tests such as colonoscopies or biopsies.*



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# 24-hour Nurse Advice Line

## Sometimes a quick phone call with a nurse is all it takes for peace of mind.

If you're feeling under the weather or have a question about a non-emergency health issue, the 24-hour Nurse Advice Line can help.

You'll speak with a highly trained, caring team staffed with registered nurses from our care management team.

The nurses can help determine if you should visit your doctor, the ER, or an urgent care center. They can answer non-emergency health questions, and give you more information or support on chronic conditions such as diabetes, high blood pressure, COPD, or heart disease.

**! IMPORTANT**

**For emergencies,  
always dial 911.**

**24-Hour Nurse Line: 877-229-8614 TTY: 800-735-8262  
24 hours a day, 7 days a week**

### How it works:

1. Call the free 24-hour nurse line any time you're feeling under the weather or need an opinion on where to go for care.
2. Speak with a registered nurse who can evaluate your needs. They'll help determine next steps based on your injury or illness, and answer general healthcare questions.





## Dental Care

### **Expanded dental plan includes preventive, comprehensive, and a higher annual maximum.**

Dental health can have a direct impact on your overall health and well-being and may influence the development of certain conditions, such as diabetes and heart disease. Preventive dental services are included in all benefit offerings and include dental cleanings, oral exams, X-rays, and Medicare-covered exams.

**For 2023, we are expanding our coverage to include comprehensive dental care,** such as fillings, dentures, and crowns. Your annual maximum for comprehensive dental is \$3,000, in addition to your \$750 maximum for preventive care.

**For a complete list of covered dental services,  
please refer to the Evidence of Coverage.**

As the state's leading dental insurance provider, Delta Dental® of North Carolina offers the largest network of dentists. There are more than 1,500 licensed dentists who accept Medicare Advantage plans in our network. More dentists mean more convenience and access for you.



Premiums and Benefits	HealthTeam Advantage Plan I (PPO) HealthTeam Advantage Plan II (PPO)
<b>Medicare-Covered Dental Service</b>	\$0 for each Medicare Covered Dental Service
<b>Non-Medicare Covered Routine Dental/Preventive Dental Services</b>	Preventive oral exams, cleanings, X-rays, and routine dental services are covered at no cost to you up, up to \$750 maximum annually.*
<b>Non-Medicare Covered Comprehensive Dental Services</b>	Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics are covered at no cost to you, up to \$3,000 maximum annually.*

\*Limits apply.

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## Vision

### **Healthy eyes and vision are important to your well-being.**

It's important to get regular eye exams even if you don't wear prescription lenses. Routine eye exams can detect health conditions with no obvious symptoms such as glaucoma, diabetes, and macular degeneration.

Our vision benefits are through a national vision partner, VSP® Vision Care. VSP has thousands of providers nationwide and more than 950 across North Carolina. The providers are one-stop shops offering exams and eyewear.



### **Using your VSP benefit is easy.**

- Create an account at [vsp.com](https://vsp.com). Review your personalized benefit information.
- Find a HealthTeam Advantage provider who's right for you.
- At your appointment, tell them you have VSP and present your HealthTeam Advantage ID card. There are no claim forms to complete when you use an in-network provider.

If you choose an out-of-network provider, call VSP at 855-492-9028 for plan details.



Vision Services	HealthTeam Advantage Plan I (PPO) HealthTeam Advantage Plan II (PPO)
<b>Medicare-Covered</b>	
Diagnostic Exam (One per year)	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> \$30 copay
Eyewear (Materials covered up to Medicare-approved limits.)	<b>In-Network:</b> \$0 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.  <b>Out-of-Network:</b> \$50 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.
<b>Routine</b>	
Eye Exam (Includes one refraction per year)	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> \$30 copay
Eyeglass frames or contact lenses (One frame or one pair of contacts per year)	<b>In-Network:</b> Reimbursed up to \$200 maximum for frames or contact lenses; 20% discount on costs above allowance.  <b>Out-of-Network:</b> Reimbursed up to \$50 maximum for frames or contact lenses.
Eyeglass lenses (One pair per year)	<b>In-Network:</b> Single vision, lined bifocal, trifocal, and lenticular lenses are covered in full.  <b>Out-of-Network:</b> Reimbursed up to \$50 maximum for frames or eyeglass lenses.
Contact lens fitting and evaluation	<b>In-Network:</b> \$60  <b>No out-of-network option.</b>
Lens Enhancements	<b>Not a covered benefit.</b>



## Hearing

### **Good hearing is important to your health and safety.**

There are different types and levels of hearing loss. Some types can be treated with medicine or surgery. Permanent hearing loss, however, is usually treated with hearing aids. Hearing aids are not a one-size-fits-all product. If you have hearing loss, having the hearing aid that best meets your specific needs can make a world of difference.

Our hearing aid benefits are through TruHearing®, an exclusive national hearing aid savings program for members.

**TruHearing®**

To find a participating TruHearing provider, call 866-201-9886. Hearing aids received outside the TruHearing provider network are not covered.

#### **Benefit Details**

Up to two TruHearing advanced and premium hearing aids per year (one per ear)

As low as \$499-\$799 per aid

80 batteries per aid

One year's worth of provider visits

60-day trial period

Three-year extended warranty

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# Fitness

## With SilverSneakers, you're free to move.

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence, and connect with your community. Your fitness benefit includes access to SilverSneakers wherever you are and whenever you want:

### At home or on the go

- ◆ SilverSneakers On-Demand™ fitness classes available 24/7
- ◆ SilverSneakers virtual classes and workshops throughout the week
- ◆ SilverSneakers GO™ mobile app with adjustable workout plans and more
- ◆ SilverSneakers FLEX® classes, walking groups, and workshops at parks, community centers, and more



### In participating fitness locations

- ◆ Thousands of participating locations with various amenities
- ◆ Ability to enroll at multiple locations at any time
- ◆ Classes are designed for all levels and taught by instructors trained in senior fitness

### In your community

- ◆ Group activities and classes offered outside the gym
- ◆ Events including shared meals, holiday celebrations, and class socials

### Get started in three easy steps

1. Go to [SilverSneakers.com/StartHere](https://www.silversneakers.com/StartHere) to create an online account.
2. Log in to access your SilverSneakers ID number.
3. Enjoy virtual workouts online or visit a participating facility.

**Questions? Visit [SilverSneakers.com](https://www.silversneakers.com) or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.**

Always talk to your doctor before starting an exercise program.

Participating locations (“PL”) not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. SilverSneakers, SilverSneakers FLEX, and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.

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# Summary of Benefits



**HealthTeam Advantage  
Plan I (PPO)**

**HealthTeam Advantage  
Plan II (PPO)**

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# 2023

## Summary of Benefits

### **HealthTeam Advantage Plan I (PPO)** **HealthTeam Advantage Plan II (PPO)**

This is a summary of drug and health services covered by HealthTeam Advantage PPO. January 1, 2023 - December 31, 2023.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service we cover or every limitation or exclusion. For a complete list of covered services refer to your Evidence of Coverage booklet. You can request a copy from your Healthcare Concierge or view it on the website at [www.HealthTeamAdvantage.com](http://www.HealthTeamAdvantage.com).

To join a HealthTeam Advantage PPO Health Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in North Carolina: Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Randolph, Rockingham, Stokes, and Yadkin.

HealthTeam Advantage has a network of doctors, hospitals, pharmacies and other providers. If you use the providers in our network, you may pay less for your covered services. You also have the option of using providers outside the network, however you will have higher costs associated with those visits and services.

For more information, contact the plan at 1-888-965-1965 (TTY:711) from 8 a.m. to 8 p.m. Eastern, 7 days a week from October 1 – March 31, and 8 a.m. to 8 p.m. Eastern, Monday through Friday, April 1 – September 30, or visit us online at [www.healthteamadvantage.com](http://www.healthteamadvantage.com). 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.

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Monthly Plan Premium	\$0	\$75	You must continue to pay your Medicare Part B premium.
Deductible	\$0	\$0	These plans do not have a deductible for medical services.
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	<b>In-Network:</b> \$3,200 annually <b>Out-of-Network:</b> \$5,100 annually	<b>In-Network:</b> \$3,000 annually <b>Out-of-Network:</b> \$5,100 annually	The most you pay for copays, coinsurance, and other costs for medical services for the year.
<b>Inpatient Hospital Coverage</b>			
	<b>In-Network:</b> \$295 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 \$0 copay for days 91 and beyond <b>Out-of-Network:</b> \$650 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 \$0 copay for days 91 and beyond	<b>In-Network:</b> \$200 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90 \$0 copay for days 91 and beyond <b>Out-of-Network:</b> \$500 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 \$0 copay for days 91 and beyond	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.
<b>Outpatient Hospital Coverage</b>			
<ul style="list-style-type: none"> <li>• Outpatient Hospital Facility</li> <li>• Observation Services</li> </ul>	<b>In-Network:</b> \$225 copay \$225 copay per stay <b>Out-of-Network:</b> \$300 copay \$300 copay	<b>In-Network:</b> \$200 copay \$200 copay per stay <b>Out-of-Network:</b> \$300 copay \$300 copay	Prior authorization may be required for some services. Please contact the plan for more information.



Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Ambulatory Surgical Center</b>			
	<b>In-Network:</b> \$200 copay per day <b>Out-of-Network:</b> \$250 copay per day	<b>In-Network:</b> \$100 copay per day <b>Out-of-Network:</b> \$200 copay per day	Prior authorization may be required for some services. Please contact the plan for more information.
<b>Doctor Visits</b>			
<ul style="list-style-type: none"> <li>• Primary Care Provider (PCP)</li> <li>• Specialist</li> </ul>	<b>In-Network:</b> Primary care provider visit: \$0 copay Specialist visit: \$25 copay <b>Out-of-Network:</b> Primary care provider visit: \$50 copay Specialist visit: \$75 copay	<b>In-Network:</b> Primary care provider visit: \$0 copay Specialist visit: \$15 copay <b>Out-of-Network:</b> Primary care provider visit: \$30 copay Specialist visit: \$50 copay	
<b>Preventive Care (e.g., flu vaccine, diabetic screenings)</b>			
	<b>In-Network:</b> \$0 copay <b>Out-of-Network:</b> \$30 copay	<b>In-Network:</b> \$0 copay <b>Out-of-Network:</b> \$30 copay	Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.
<b>Emergency Care</b>			
	<b>In- and Out-of-Network:</b> \$120 copay	<b>In- and Out-of-Network:</b> \$90 copay	If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Urgently-needed Services</b>			
	<b>In- and Out-of-Network:</b> \$25 copay	<b>In- and Out-of-Network:</b> \$15 copay  If you are admitted to the hospital within 1 calendar day for the same condition, you do not have to pay your share coinsurance for urgent care.	
<b>Diagnostic Services/Labs/Imaging</b>			
<ul style="list-style-type: none"> <li>• Diagnostic Radiology Services (such as MRIs, CT scans)</li> </ul>	<b>In-Network:</b> \$50 to \$200 copay  <b>Out-of-Network:</b> \$75 to \$250 copay	<b>In-Network:</b> \$50 to \$175 copay  <b>Out-of-Network:</b> \$75 to \$200 copay	Prior authorization may be required for some services. Please contact the plan for more information.
<ul style="list-style-type: none"> <li>• Lab Services               <ul style="list-style-type: none"> <li>-at a lab facility</li> <li>-at an outpatient hospital facility</li> </ul> </li> </ul>	<b>In-Network:</b> \$0 copay at a lab facility \$10 copay at an outpatient hospital facility  <b>Out-of-Network:</b> \$10 copay at a lab facility \$25 copay at an outpatient hospital facility	<b>In-Network:</b> \$0 copay at a lab facility \$10 copay at an outpatient hospital facility  <b>Out-of-Network:</b> \$10 copay at a lab facility \$25 copay at an outpatient hospital facility	
<ul style="list-style-type: none"> <li>• Diagnostic Tests and Procedures               <ul style="list-style-type: none"> <li>-at a lab facility</li> <li>-at an outpatient hospital facility</li> </ul> </li> </ul>	<b>In-Network:</b> \$0 copay at a lab facility \$5 copay at an outpatient hospital facility  <b>Out-of-Network:</b> \$10 copay at a lab facility \$25 copay at an outpatient hospital facility	<b>In-Network:</b> \$0 copay at a lab facility \$5 copay at an outpatient hospital facility  <b>Out-of-Network:</b> \$10 copay at a lab facility \$25 copay at an outpatient hospital facility	

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Diagnostic Services/Labs/ Imaging <i>(continued)</i></b>			
<ul style="list-style-type: none"> <li>Outpatient X-rays               <ul style="list-style-type: none"> <li>-included with physician visit</li> <li>-at an outpatient facility</li> </ul> </li> </ul>	<p><b>In-Network:</b> \$5 copay for X-ray services included with a physician visit \$5 copay for X-ray services at an outpatient facility</p> <p><b>Out-of-Network:</b> \$10 copay for X-ray services included with a physician visit \$25 copay for X-ray services at an outpatient facility</p>	<p><b>In-Network:</b> \$0 copay for X-ray services included with a physician visit \$0 copay for X-ray services at an outpatient facility</p> <p><b>Out-of-Network:</b> \$10 copay for X-ray services included with a physician visit \$25 copay for X-ray services at an outpatient facility</p>	
<b>Hearing Services</b>			
<ul style="list-style-type: none"> <li>Medicare-covered Diagnostic Hearing Exam</li> </ul>	<p><b>In-Network:</b> \$30 copay for a hearing exam</p> <p><b>Out-of-Network:</b> \$45 copay for a hearing exam</p>	<p><b>In-Network:</b> \$20 copay for a hearing exam</p> <p><b>Out-of-Network:</b> \$45 copay for a hearing exam</p>	1 per year
<ul style="list-style-type: none"> <li>Routine Assessment for Hearing Aids</li> </ul>	<p><b>In-Network:</b> \$45 copay</p> <p><b>Out-of-Network:</b> Not covered</p>	<p><b>In-Network:</b> \$0 copay</p> <p><b>Out-of-Network:</b> Not covered</p>	1 per year A TruHearing provider must be used for routine hearing benefits.
<ul style="list-style-type: none"> <li>Fitting and Evaluation for Hearing Aid</li> </ul>	<p><b>In-Network:</b> \$0 copay</p> <p><b>Out-of-Network:</b> Not covered</p>	<p><b>In-Network:</b> \$0 copay</p> <p><b>Out-of-Network:</b> Not covered</p>	Unlimited visits A TruHearing provider must be used for routine hearing benefits.
<ul style="list-style-type: none"> <li>Hearing Aid</li> </ul>	<p><b>In-Network:</b> \$499-\$799 per hearing aid. Premium hearing aids are available in rechargeable style options for an additional \$50 per aid.</p> <p><b>Out-of-Network:</b> Not covered</p>	<p><b>In-Network:</b> \$499-\$799 per hearing aid. Premium hearing aids are available in rechargeable style options at no additional cost per aid.</p> <p><b>Out-of-Network:</b> Not covered</p>	Up to two TruHearing hearing aids every year (one per ear per year). A TruHearing provider must be used for hearing aid benefit.

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Dental Services</b>			
<ul style="list-style-type: none"> <li>• Medicare-covered Dental Services</li> </ul>	<p><b>In-Network:</b> \$0 copay for each Medicare-covered dental service</p> <p><b>Out-of-Network:</b> \$0 copay for each Medicare-covered dental service</p>	<p><b>In-Network:</b> \$0 copay for each Medicare-covered dental service</p> <p><b>Out-of-Network:</b> \$0 copay for each Medicare-covered dental service</p>	
<ul style="list-style-type: none"> <li>• Non-Medicare-covered Routine Dental/Preventive Dental Services</li> </ul>	<p><b>In- and Out-of-Network:</b> Preventive oral exams, cleanings, X-rays, and routine dental services are covered at no cost to you, up to \$750 maximum annually.</p>	<p><b>In- and Out-of-Network:</b> Preventive oral exams, cleanings, X-rays, and routine dental services are covered at no cost to you, up to \$750 maximum annually.</p>	<p>Limits apply. For a complete list of covered services, please refer to your Evidence of Coverage.</p>
<ul style="list-style-type: none"> <li>• Non-Medicare-covered Comprehensive Dental Services</li> </ul>	<p><b>In- and Out-of-Network:</b> Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics are covered at no cost to you, up to \$3,000 maximum annually.</p>	<p><b>In- and Out-of-Network:</b> Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics are covered at no cost to you, up to \$3,000 maximum annually.</p>	<p>Limits apply. For a complete list of covered services, please refer to your Evidence of Coverage.</p>

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Vision Services</b>			
<ul style="list-style-type: none"> <li>• Medicare-covered Diagnostic Exam</li> <li>• Medicare-covered Eye Wear</li> </ul>	<p><b>In-Network:</b> \$0 copay</p> <p>\$0 copay for Medicare-covered frames or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p> <p><b>Out-of-Network:</b> \$30 copay</p> <p>\$50 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p>	<p><b>In-Network:</b> \$0 copay</p> <p>\$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p> <p><b>Out-of-Network:</b> \$30 copay</p> <p>\$50 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p>	1 per year Materials covered up to Medicare-approved limits.
<ul style="list-style-type: none"> <li>• Routine Eye Exam</li> </ul>	<p><b>In-Network:</b> \$0 copay</p> <p><b>Out-of-Network:</b> \$30 copay (One routine eye exam per year)</p>	<p><b>In-Network:</b> \$0 copay</p> <p><b>Out-of-Network:</b> \$30 copay (One routine eye exam per year)</p>	Refraction included
<ul style="list-style-type: none"> <li>• Eyeglasses (lenses and frames)</li> <li>• Contact Lenses</li> </ul>	<p><b>In-Network:</b> Reimbursed up to \$200 towards eye wear, including contact lenses. Single vision, lined bifocals, lined trifocals, and lenticular lenses are covered in full.</p> <p><b>Out-of-Network:</b> Reimbursed up to \$50 for 1 pair of eyeglasses or 1 pair of contact lenses every year.</p>	<p><b>In-Network:</b> Reimbursed up to \$200 towards eye wear, including contact lenses. Single vision, lined bifocals, lined trifocals, and lenticular lenses are covered in full.</p> <p><b>Out-of-Network:</b> Reimbursed up to \$50 for 1 pair of eyeglasses or 1 pair of contact lenses every year.</p>	

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Mental Health Services</b>			
Inpatient Visit	<p><b>In-Network:</b> \$295 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90</p> <p><b>Out-of-Network:</b> 50% coinsurance</p>	<p><b>In-Network:</b> \$200 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90</p> <p><b>Out-of-Network:</b> 35% coinsurance</p>	Services require prior authorization.
Outpatient Individual Therapy Visit	<p><b>In-Network:</b> \$25 copay</p> <p><b>Out-of-Network:</b> \$75 copay</p>	<p><b>In-Network:</b> \$15 copay</p> <p><b>Out-of-Network:</b> \$50 copay</p>	
Outpatient Group Therapy Visit	<p><b>In-Network:</b> \$25 copay</p> <p><b>Out-of-Network:</b> \$75 copay</p>	<p><b>In-Network:</b> \$15 copay</p> <p><b>Out-of-Network:</b> \$50 copay</p>	
<b>Skilled Nursing Facility</b>			
	<p><b>In-Network:</b> \$0 copay per day for days 1 through 20 \$184 copay per day for days 21 through 100</p> <p><b>Out-of-Network:</b> \$50 copay per day for days 1 through 20 \$184 copay per day for days 21 through 100</p>	<p><b>In-Network:</b> \$0 copay per day for days 1 through 20 \$184 copay per day for days 21 through 100</p> <p><b>Out-of-Network:</b> \$50 copay per day for days 1 through 20 \$184 copay per day for days 21 through 100</p>	Our plan covers up to 100 days in a SNF. Services require prior authorization.

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Rehabilitation Services</b>			
<ul style="list-style-type: none"> <li>Physical Therapy Visit</li> <li>Speech and Language Therapy Visit</li> </ul>	<p><b>In-Network:</b> \$15 copay</p> <p><b>Out-of-Network:</b> \$75 copay</p>	<p><b>In-Network:</b> \$15 copay</p> <p><b>Out-of-Network:</b> \$50 copay</p>	
<ul style="list-style-type: none"> <li>Occupational Therapy Visit</li> </ul>	<p><b>In-Network:</b> \$15 copay</p> <p><b>Out-of-Network:</b> \$30 copay</p>	<p><b>In-Network:</b> \$10 copay</p> <p><b>Out-of-Network:</b> \$30 copay</p>	
<b>Ambulance</b>			
	<p><b>In- and Out-of-Network:</b> \$250 copay for Medicare-covered ambulance benefits per one-way trip. \$300 copay for Medicare-covered air ambulance benefits per one-way trip.</p>	<p><b>In- and Out-of-Network:</b> \$200 copay for Medicare-covered ambulance benefits per one-way trip. \$300 copay for Medicare-covered air ambulance benefits per one-way trip.</p>	Prior authorization required for non-emergency transportation.
<b>Transportation</b>			
	Not covered.	Not covered.	
<b>Medicare Part B Drugs</b>			
	<p><b>In-Network:</b> 20% coinsurance</p> <p><b>Out-of-Network:</b> 50% coinsurance</p>	<p><b>In-Network:</b> 20% coinsurance</p> <p><b>Out-of-Network:</b> 30% coinsurance</p>	Prior authorization may be required.

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)		HealthTeam Advantage Plan II (PPO)		What You Should Know
<b>Outpatient Prescription Drugs</b>					
<b>Phase 1: Deductible</b>	\$0		\$0		Because there is no prescription drug deductible for the plan, this payment phase does not apply to you. You begin in the Initial Coverage phase when you fill your first prescription of the year.
	<b>Retail Rx 30-day supply</b>	<b>Mail Order 90-day supply</b>	<b>Retail Rx 30-day supply</b>	<b>Mail Order 90-day supply</b>	
<b>Phase 2: Initial Coverage</b> <i>(After you pay your deductible, if applicable)</i>					
• <b>Tier 1:</b> Preferred Generics	\$5 copay	\$10 copay	\$0 copay	\$0 copay	Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
• <b>Tier 2:</b> Generics	\$15 copay	\$30 copay	\$12 copay	\$24 copay	
• <b>Tier 3:</b> Preferred Brands	\$45 copay	\$90 copay	\$40 copay	\$80 copay	
• <b>Tier 4:</b> Non-Preferred Brands	\$100 copay	\$200 copay	\$80 copay	\$160 copay	
• <b>Tier 5:</b> Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	
<b>Phase 3: Coverage Gap</b> <i>(After the total amount for the prescription drugs you have filled and refilled reaches \$4,660)</i>	During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. Tier 1 generics are covered at a \$5 copay or 25% of the cost, whichever is lower. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$7,400.		During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. Tier 1 generics are covered at a \$0 copay. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$7,400.		
<b>Phase 4: Catastrophic Coverage</b> <i>(After your out-of-pocket costs have reached the \$7,400 limit for the calendar year)</i>	During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2023). Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount (either coinsurance for 5% of the cost of the drug, or \$4.15 for a generic drug or a drug that is treated like a generic and \$10.35 for all other drugs).				



Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Foot Care (podiatry services)</b>			
<ul style="list-style-type: none"> <li>Foot Exams and Treatment</li> </ul>	<b>In-Network:</b> \$25 copay  <b>Out-of-Network:</b> \$75 copay	<b>In-Network:</b> \$15 copay  <b>Out-of-Network:</b> \$50 copay	
<b>Medical Equipment/Supplies</b>			
<ul style="list-style-type: none"> <li>Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)</li> </ul>	<b>In-Network:</b> 20% coinsurance  <b>Out-of-Network:</b> 50% coinsurance	<b>In-Network:</b> 20% coinsurance  <b>Out-of-Network:</b> 33% coinsurance	Services require prior authorization
<ul style="list-style-type: none"> <li>Prosthetics (e.g., artificial limbs)</li> </ul>	<b>In-Network:</b> 20% coinsurance  <b>Out-of-Network:</b> 50% coinsurance	<b>In-Network:</b> 20% coinsurance  <b>Out-of-Network:</b> 30% coinsurance	Services require prior authorization
<ul style="list-style-type: none"> <li>Diabetes Supplies</li> </ul>	<b>In-Network:</b> \$0 copay for preferred and 20% coinsurance for non-preferred  <b>Out-of-Network:</b> 20% coinsurance	<b>In-Network:</b> \$0 copay for preferred and 20% coinsurance for non-preferred  <b>Out-of-Network:</b> 20% of the cost	Diabetic Supplies and Services limited to those from the following manufacturers: <ul style="list-style-type: none"> <li>- Blood Glucose Meter and testing supplies - One Touch</li> <li>- Continuous Glucose Monitor and supplies</li> <li>- FreeStyle Libre \$0 coinsurance for preferred and 20% cost share for non-preferred.</li> </ul> Authorization required for non-preferred. \$0 copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts.

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Wellness Programs Health Club Membership</b>			
	<b>In-Network:</b> \$0 copay	<b>In-Network:</b> \$0 copay	You must choose from a SilverSneakers® participating facility.
<b>Custodial Care</b>			
	<b>In-Network:</b> \$0 copay <b>Out-of-Network:</b> \$30 copay per hour	<b>In-Network:</b> \$0 copay <b>Out-of-Network:</b> \$30 copay per hour	Up to 20 hours post-inpatient discharge or qualifying outpatient procedure, maximum of 60 hours annually.  Prior authorization is required for some services. Please contact the plan for more information.
<b>Telehealth Services</b>			
	<b>In-Network:</b> \$0 copay <b>Out-of-Network:</b> \$0 copay per hour	<b>In-Network:</b> \$0 copay <b>Out-of-Network:</b> \$0 copay	If you choose to receive services via telehealth, you must use a provider that currently offers the service via telehealth.

If you want to know more about the coverage and costs of original Medicare, review your current “Medicare & You” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.

TTY users should call 1-877-486-2048. This document is available in other formats such as braille, large print or other alternate formats.

You can access our Provider/Pharmacy Directory and the complete plan formulary (list of Part D prescription drugs) as well as any restrictions on our website, [www.HealthTeamAdvantage.com](http://www.HealthTeamAdvantage.com).

We cover Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).

HealthTeam Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call 1-877-905-9216 (TTY:711).

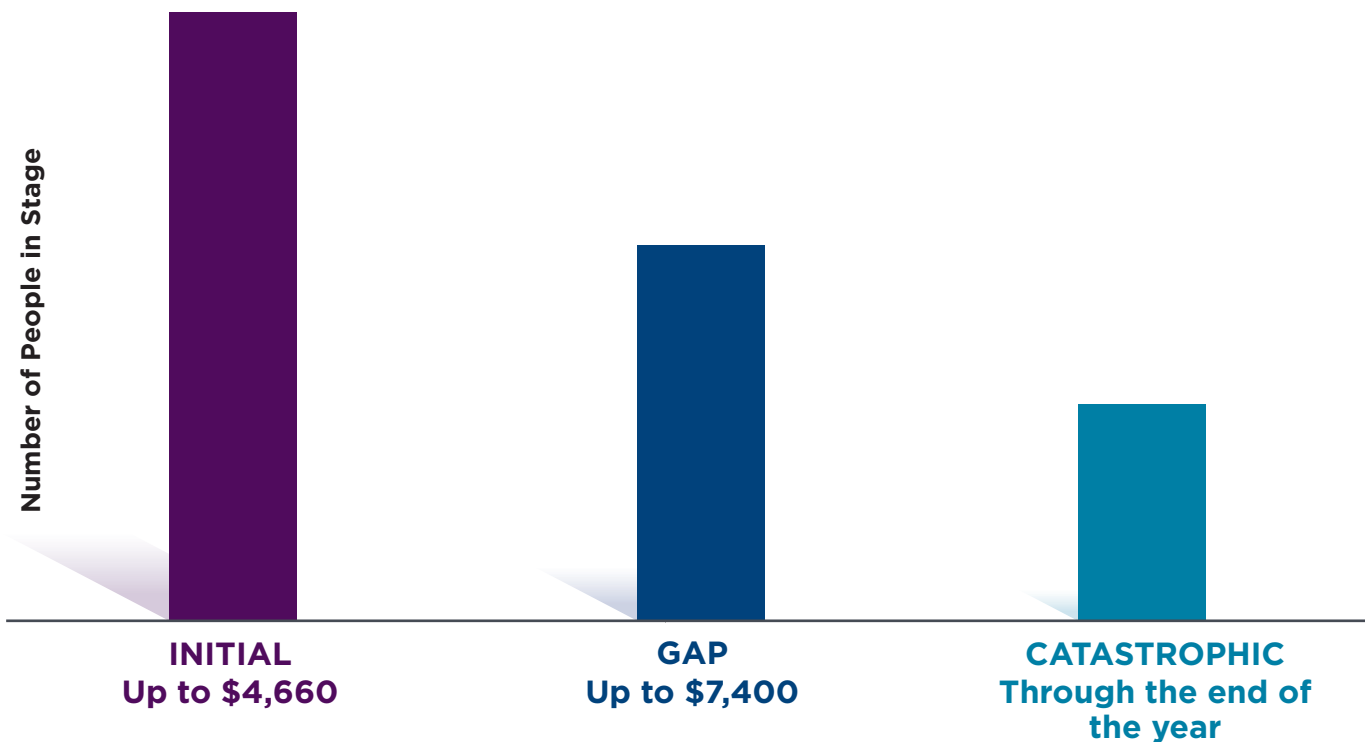
HealthTeam Advantage cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-877-905-9216 (TTY: 711). 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-905-9216 (TTY: 711)

# Understanding Drug Payment Stages



## Initial Coverage Stage

During this stage, you pay a flat fee (copay) or a percentage of a drug's total cost (coinsurance) for each prescription you fill.

**The plan pays the rest until your total drug costs (paid by you and the plan) reach \$4,660 (2023).**

## Coverage Gap Stage

During this stage, you pay 25 percent of the total cost for brand name drugs and 25 percent of the total cost for generic drugs PLUS a portion of the dispensing fee. Tier 1 generics are covered at same copay as in the initial coverage stage (see EOC for details).

**Once your out-of-pocket costs reach \$7,400 (2023), you move to catastrophic coverage.**

## Catastrophic Coverage Stage

In this stage, the plan will pay most of the cost of your drugs for the remainder of the year. You pay only a small copay or coinsurance for each filled prescription (see the EOC for details).

**The plan and Medicare pay the rest until the end of the calendar year.**

# Non-Discrimination Notice

HealthTeam Advantage complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. HealthTeam Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## **HealthTeam Advantage:**

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- ◆ Qualified sign language interpreters
- ◆ Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- ◆ Qualified interpreters
- ◆ Information written in other languages

If you need these services, contact your Healthcare Concierge at 888-965-1965 (TTY: 711) October 1-March 31, 8 a.m. to 8 p.m. ET, 7 days a week; April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

If you believe that HealthTeam Advantage has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

HealthTeam Advantage  
Attn: Appeals and Grievances  
7800 McCloud Road, Suite 100  
Greensboro, NC 27409  
888-965-1965, (TTY 711), or via fax at 800-845-4104

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievances Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, by email [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov), by phone 1-888-368-1019, TDD: 1-800-537-7697, or by mail U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

## **Get Help in Other Languages**

If you need help or speak a non-English language, call 888-965-1965 TTY: 711, and you will be connected to an interpreter who will assist you at no cost.

**Non-Discrimination Notice**

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-965-1965 TTY: 711.

**French: ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

**Appelez le** 1-888-965-1965 ATS: 711.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen Verfügung. Rufnummer: 1-888-965-1965 TTY: 711.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-965-1965 телетайп: 711.

**Gujarati:** સચના: જો તમે ગજરાતી બોલતા હો, તો નન:શલ્ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-965-1965 TTY711.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-965-1965 TTY711.

**Chinese:** 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-888-965-1965 TTY: 711。

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-965-1965 TTY: 711. まで、お電話にてご連絡ください。

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-965-1965 TTY: 711 번으로 전화해 주십시오.

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-965-1965 TTY: 711.

**Hindi:** ध्यान दःयदद आप ह दि बोलते है तो आपके दलए मफू त मे भाषा सहायता सेवाएं उपलब्ध है | 1-888-965-1965 TTY: 711 पर कॉल करे |

**Laotian:** ໂປດຂາບ: ຖ້າ ຈົ່ ຈ ທ່ ຈາດ ຈ້ ຈາລາສາ ລາຈ, ການບໍລິການຊ່ ອສເໂເມ່ ນມີ ພ້ ອມໃຫ້ ທ່ ຈາ. ໂທ 1-888-965-1965 TTY: 711. ອດ້ ຈາລາສາ, ໂດຍບໍ່ເສຍ ງຄ່ ຈ,

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-965-1965 TTY: 711.

**Cambodian:** ប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, ប្រសិនបើអ្នកនិយាយភាសា ប្រយោជន៍គិតុល្យស្តល គឺអាចមានសេវាបំប្រែភាសា។ ចូរ ទូរស័ព្ទ 1-888-965-1965 TTY: 711។

**(Arabic):** ك ث د ح ت ر ك ذ ا ء غ ل ل ا ل ن ا ف ت ا م د خ ة د ع ا س م ل ا ة ي و غ ل ل ا ر ف ا و ت ت ك ل ن ا ج م ل ا ب . ل ص ت ا م ق ر ب ك ث د ح ت ر ك ذ ا ء غ ل ل ا ل ن ا ف ت ا م د خ ة د ع ا س م ل ا ة ي و غ ل ل ا ر ف ا و ت ت ك ل ن ا ج م ل ا ب . ل ص ت ا م ق ر ب ا ذ ا ت ن  
1-888-965-1965 (711: TTY) ة و ح ل م :





## CONTACT INFORMATION



### Online

Visit [HealthTeamAdvantage.com](https://www.healthteamadvantage.com).



### Address

7800 McCloud Road, Suite 100  
Greensboro, North Carolina, 27409

### Sales



Prospective members call toll-free 877-905-9216 for questions related to our Medicare Advantage Plans.

October 1-March 31, 8 a.m. to 8 p.m. ET, seven days a week.

April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.



### TTY Users

TTY users call toll-free 711 for questions related to our Medicare Advantage Plans.



### Prescription Drug Benefit

Prospective members call toll-free 877-905-9216 for questions related to our Part D Prescription Drug Benefit.



### Medicare

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. Or, visit [Medicare.gov](https://www.Medicare.gov).



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