

Information Book

HealthTeam Advantage Plan I (PPO) H9808-004

HealthTeam Advantage Plan II (PPO) H9808-005



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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!”

Dear Neighbor,

It's my pleasure to introduce you to HealthTeam Advantage, the Medicare Advantage plan that offers an ideal blend of medical coverage, personal care, and dollar value.

We're local, reliable, and accessible. Based in Greensboro, NC, we have a deep understanding of the healthcare needs of our community. Our network includes all of the major health systems you already use, like Cone Health, Novant Health, Atrium Wake Forest Baptist Health, and UNC Health.

NEW for 2024, all HTA plans offer an Over-the-Counter (OTC) benefit! Companionship services, meals while you recuperate from a hospital stay and memory fitness are also included benefits for the upcoming plan year.

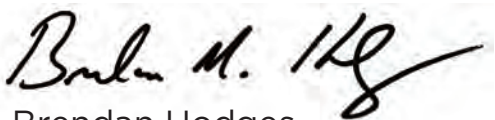
You'll have your own personal Healthcare Concierge. Finally! Someone you can contact directly for fast answers about your coverage. Your concierge is a HealthTeam Advantage expert who knows you, your plan, and your doctors. They know the local healthcare landscape, so they can provide you with the best possible advice.

Our plans are affordable for everyone. You'll save money, thanks to low out-of-pocket amounts, and zero-cost premium options, copays, and deductibles. Plus you'll have valuable extra benefits like dental, vision, hearing, custodial care, fitness, and more. By keeping costs low, we're helping your healthcare dollars go farther.

I hope you'll consider HealthTeam Advantage—we're eager to answer your questions and make you feel at home. Just remember that we're the local plan that's committed to providing members with better coverage and care, at a consistently lower cost.

We look forward to hearing from 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 \$50 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 preventive 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 benefits
- ◆ 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 just a phone call away. You can email at your convenience or even stop by in person at our office in Greensboro.

A user-friendly website with searchable and printable provider/pharmacy information directories and drug formularies, health and wellness resources, and more are at your fingertips. Join us on Facebook and our YouTube channel, where we offer healthy cooking and exercise tips along with additional health-related information. You’ll also find us active in your community at local events and fundraisers.

Our unwavering commitment is to provide Medicare Advantage plans with national-level benefits 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.

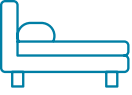




You'll need to sign up for Medicare if

- ◆ 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.

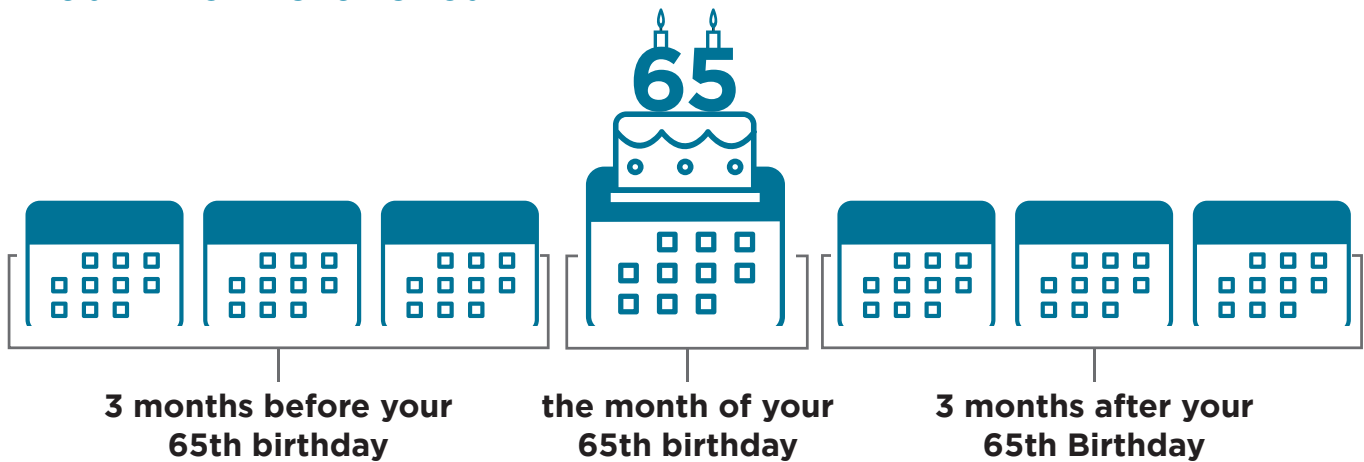
IMPORTANT: You must enroll in Medicare Parts A and B even if you choose a Medicare Advantage plan.

Medicare Parts, Coverage, and Costs					
	Part	Coverage	Cost		
	A	Government-provided hospital insurance Covers hospital and skilled nursing facility stays, hospice, home healthcare	Deductible	Copays vary	Most people won't pay a premium
	B	Government-provided medical insurance Covers outpatient care, doctor services, physical and occupational therapy, mental health services, preventive care	Deductible (except for preventive services); 2023 annual deductible is \$226	Coinsurance of 20%	Monthly premium based on adjusted gross income; 2023 standard is \$164.90
	C	Medicare Advantage-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	\$0 deductible options	\$0 copay options	\$0 premium options (you still have to pay Part B premium)
	D	Prescription Plan Provided by private health plans approved by Medicare; covers prescription drugs	\$0 deductible options	Copays vary by plan	Monthly premium varies by plan
		Medicare Supplement (Medigap) Provided by private insurance companies Supplements Medicare coverage; can help pay remaining healthcare 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.

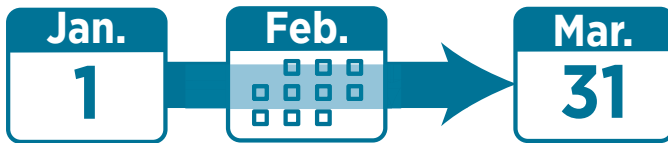
Annual Enrollment Period (AEP)



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

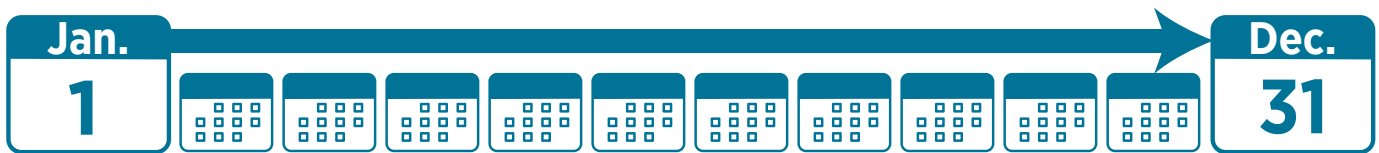
Open Enrollment Period



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?

Benefits at a Glance



	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Monthly Plan Premium	\$0	\$50
Deductible (Medical & Prescription)	\$0	\$0
	In-Network	In-Network
Out-of-Pocket Maximum	\$3,200	\$3,000
Doctor Visits		
Primary Care Provider (PCP)	\$0 copay	\$0 copay
Specialist	\$20 copay	\$10 copay
Inpatient Hospital Coverage	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
Outpatient Services		
Emergency Care	\$135 copay	\$110 copay
Urgently-Needed Services	\$20 copay	\$10 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.
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.
Ambulatory Surgical Center	\$200 copay/day	\$100 copay/day
Physical/Speech Language/Occupational Therapy Visits	\$15 copay	\$10 copay
Home Health Services	\$0 copay	\$0 copay
In-Home Support/Companion Care	\$0 copay	\$0 copay
Outpatient X-Rays	\$5 copay	\$0 copay



	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
	In-Network	In-Network
Diagnostic Services/Labs/Imaging		
Diagnostic Radiology Services (such as MRIs, CT scans)	\$0-\$200 copay	\$0-\$175 copay
Lab Services / Diagnostic Test & Procedures	\$0-\$75 copay	\$0-\$75 copay
Hearing Services		
Hearing Aid	\$299-\$799 (per aid)	\$299-\$799 (per aid)
Fitting and Evaluation for Hearing Aid	\$0 copay	\$0 copay
Additional Benefits		
SilverSneakers	\$0 copay	\$0 copay
24-Hour Nurse Advice Line	\$0 copay	\$0 copay

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.

HealthTeam Advantage Plan I (PPO)

Prescription Drug Benefit

Initial Coverage Period				
	In-Network Retail (After you pay your deductible, if applicable)			
	Preferred* Pharmacies		Other Retail Pharmacies	
	30-day supply	100-day supply	30-day supply	100-day supply
Tier 1 - Preferred Generics	\$0 copay	\$0 copay	\$5 copay	\$10 copay
Tier 2 - Generics	\$5 copay	\$10 copay	\$15 copay	\$30 copay
Tier 3 - Preferred Brands	\$47 copay	\$94 copay	\$47 copay	\$94 copay
Tier 4 - Non-Preferred Drugs	\$100 copay	\$200 copay	\$100 copay	\$200 copay
Tier 5 - Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
	In-Network Mail Order (After you pay your deductible, if applicable)			
	Mail Order			
	30-day supply		100-day supply	
Tier 1 - Preferred Generics	\$0 copay		\$0 copay	
Tier 2 - Generics	\$5 copay		\$10 copay	
Tier 3 - Preferred Brands	\$47 copay		\$94 copay	
Tier 4 - Non-Preferred Drugs	\$100 copay		\$200 copay	
Tier 5 - Specialty Drugs	33% coinsurance		33% coinsurance	



HealthTeam Advantage Plan II (PPO)

Prescription Drug Benefit

Initial Coverage Period				
In-Network Retail (After you pay your deductible, if applicable)				
Preferred* Pharmacies		Other Retail Pharmacies		
	30-day supply	100-day supply	30-day supply	100-day supply
Tier 1 - Preferred Generics	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 - Generics	\$0 copay	\$0 copay	\$12 copay	\$24 copay
Tier 3 - Preferred Brands	\$47 copay	\$94 copay	\$47 copay	\$94 copay
Tier 4 - Non-Preferred Drugs	\$100 copay	\$200 copay	\$100 copay	\$200 copay
Tier 5 - Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
In-Network Mail Order (After you pay your deductible, if applicable)				
Mail Order				
	30-day supply		100-day supply	
Tier 1 - Preferred Generics	\$0 copay		\$0 copay	
Tier 2 - Generics	\$0 copay		\$0 copay	
Tier 3 - Preferred Brands	\$47 copay		\$94 copay	
Tier 4 - Non-Preferred Drugs	\$100 copay		\$200 copay	
Tier 5 - Specialty Drugs	33% coinsurance		33% coinsurance	



* For more information regarding our 2024 preferred pharmacy locations, please see page 17 or your Evidence of Coverage.

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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, Orange, 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 Medical Center
- ◆ Moses H. Cone Memorial Hospital
- ◆ Novant Health
- ◆ Novant Health Forsyth Medical Center
- ◆ Novant Health Medical Park Hospital
- ◆ Novant Health Thomasville Medical Center
- ◆ 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](https://www.healthteamadvantage.com).*

Preferred Pharmacy Locations

For 2024, HealthTeam Advantage is introducing Preferred Pharmacy Locations. These pharmacies will offer a lower copay for Tiers 1 and 2. If you support local, independent pharmacies, there's good news! Many independent pharmacies are also included on our preferred list.

Cone Health Community Pharmacy is also an option. Not only will you be able to access pharmacy services conveniently, it also means your prescriptions can be seamlessly integrated into your medical records. This results in stronger coordinated care that is easier for you because your medication information is captured in your medical record for you.

Mail Order Pharmacy Services

Cone Health also operates a home delivery pharmacy at Cone Health Community Pharmacy at Wesley Long with no cost for shipping prescription medications. If you would like to enroll in this service, contact Cone's Pharmacy toll free at (833) 715-5677 or visit conehealth.com/pharmacy/homedelivery to have your medications sent to your residence.

Cone Health Community Pharmacy Locations

Cone Health Community Pharmacy at Alamance Regional
1238 Huffman Mill Road, Burlington, NC 27215

Cone Health Community Pharmacy at MedCenter Greensboro
3518 Drawbridge Parkway, Greensboro, NC 27410
Featuring Drive Thru Service!

Cone Health Community Pharmacy at MedCenter High Point
2630 Willard Dairy Road, High Point, NC 27265

Cone Health Community Pharmacy at Moses Cone
1131-D Church St., Greensboro, NC 27401

Cone Health Community Pharmacy at Wendover Medical Center
301 E. Wendover Ave., Greensboro, NC 27401

Cone Health Community Pharmacy at Wesley Long
515 N. Elam Ave., Greensboro, NC 27403

For more information about this benefit, please contact your HCC.

HTA Preferred Pharmacy Locations:

- ◆ Cone Health Community Pharmacy
- ◆ CVS
- ◆ Wal-Mart
- ◆ Harris Teeter
- ◆ Many independent pharmacies



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Healthcare Concierge

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



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

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

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, by phone at 888-965-1965 (TTY: 711), or you can schedule an in-person visit at our Greensboro office.

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
- ◆ 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 in Greensboro.”



“Members always tell me that they love HTA and that they are not used to the type of service that we give. They appreciate that we call them back and can resolve issues in a timely manner.”

— Dana, 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. Contact your Healthcare Concierge to learn more about Custodial Care and to schedule services.

**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.*





Companionship Services

In addition to our custodial care benefit that handles medical and personal care services, HealthTeam Advantage is offering a NEW companionship services benefit. Through Papa, you will have access to Papa Pals, a network of friendly helpers available both in-person and by phone.

Papa Pals provide companionship, whether taking a stroll or having a great conversation over coffee. They can support you with everyday tasks such as transportation to and from the doctor, running errands, folding laundry, grocery shopping, preparing dinner, assistance with technology, and even helping with pets.*



\$0 copay for 30 hours per year of companionship services with a Papa Pal. Companionship services must be administered by Papa. There is no coverage for companionship services when not administered by Papa.

Visit the **Ask us anything** section at papa.com/members for our safety policies, Community Standards, and visit regulations.

For more information about this benefit, please contact your HCC.

**Papa Pals do not assist with medical or personal care, such as bathing, medication administration, dressing, toileting, brushing teeth, and feeding. Papa Pals also do not perform house tasks you would pay a professional to do.*



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Dental Care

Expanded dental plan includes more preventive and comprehensive services and a high 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 2024, we are expanding our coverage of procedures for comprehensive dental care to include fillings, dentures, endodontics, restorative services, and crowns. Your annual maximum for preventive and comprehensive dental is \$3,000.

**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 <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
In-Network Dental Services (Delta Dental NC Medicare Advantage or Delta Dental PPO network)		
<p>\$3,000 allowance with annual deductible of \$50 for Comprehensive Services to include Basic and Major Services. Deductible does not apply for preventive services such as oral exams and cleanings.</p>		
<ul style="list-style-type: none"> Routine Dental/Preventive Services 	<p>Preventive oral exams, cleanings, X-rays, and routine dental services are covered at no cost to you. Maximum combined dental services allowance is \$3,000 annually.*</p>	<p>Preventive oral exams, cleanings, X-rays, and routine dental services are covered at no cost to you. Maximum combined dental services allowance is \$3,000 annually.*</p>
<ul style="list-style-type: none"> Non-Medicare Covered Comprehensive Dental Services 	<p>Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics procedures are covered. Maximum combined dental services allowance is \$3,000 annually.*²</p>	<p>Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics procedures are covered. Maximum combined dental services allowance is \$3,000 annually.*²</p>
Out-of-Network		
<p>\$500 maximum allowance (this amount is part of the overall \$3,000 combined Maximum Dental Benefit Amount for both Routine Dental/Preventive and Comprehensive Dental non-Medicare covered services), with annual deductible of \$50 for Comprehensive Services to include Basic and Major Services. Deductible does not apply for preventive services such as oral exams and cleanings.</p>		
<ul style="list-style-type: none"> Routine Dental/Preventive Services 	<p>Preventive oral exams, cleanings, and routine dental services are covered at 50% coinsurance. X-rays are covered at 50% coinsurance. Maximum combined dental services allowance is \$500 annually.*</p>	<p>Preventive oral exams, cleanings, and routine dental services are covered at 50% coinsurance. X-rays are covered at 50% coinsurance. Maximum combined dental services allowance is \$500 annually.*</p>
<ul style="list-style-type: none"> Non-Medicare Covered Comprehensive Dental Services 	<p>Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics procedures are covered at 50% coinsurance. Maximum combined dental services allowance is \$500 annually.*²</p>	<p>Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics procedures are covered at 50% coinsurance. Maximum combined dental services allowance is \$500 annually.*²</p>

* Frequency limits apply.

² Covered in-network dental services will have a 0%-20% cost share. All out-of-network Routine Dental/Preventive and Comprehensive Services will have a 50% cost share.



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 (not covered by Medicare) 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. 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)
Medicare-Covered	
Diagnostic Exam (One per year)	In-Network: \$0 copay Out-of-Network: \$30 copay
Eyewear (Materials covered up to Medicare-approved limits.)	In-Network: \$0 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100 . Out-of-Network: \$50 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100 .
Routine (Not covered by Medicare)	
Eye Exam (Includes one refraction per year)	In-Network: \$0 copay Out-of-Network: \$30 copay
Eyeglass frames or contact lenses (One frame or one pair of contacts per year)	In-Network: Reimbursed up to \$200 maximum for frames or contact lenses; 20% discount off amount above allowance. Out-of-Network: Reimbursed up to \$50 maximum for frames or contact lenses.
Eyeglass lenses (One pair per year)	In-Network: Single vision, lined bifocal, lined trifocal, and lenticular lenses are covered in full. Out-of-Network: Single vision, lined bifocal, lined trifocal, and lenticular lenses are covered in full.
Contact lens fitting and evaluation	In-Network: Up to \$60 copay No out-of-network option.
Lens Enhancements	Standard progressives and scratch-resistant coating covered in full.



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 Standard, Advanced or Premium hearing aids per year (one per ear)

As low as **\$299-\$799** per hearing aid

80 batteries per hearing aid*

Unlimited provider visits for one year after purchase.

60-day trial period

Three-year extended warranty

Advanced and Premium hearing aids are available in rechargeable style options for an additional **\$50** per hearing aid.

* Excluding rechargeable models

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. © 2023 Tivity Health, Inc. All rights reserved.



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.



Memory Fitness Benefit

BrainHQ is a set of online exercises that can be used on a computer or mobile device. The program has 29 online exercises that work on attention, brain speed, memory, people skills, and navigation.



BrainHQ includes:



Weekly Challenges



Progress Features

It takes less than five minutes to complete each BrainHQ level so it works with your schedule. Log in anytime at hta.brainhq.com and exercise your brain! Link will be live January 1, 2024.



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In-Home Meal Delivery

HealthTeam Advantage is pleased to offer a NEW post-discharge meal benefit. This benefit is available for qualifying members after discharge from an inpatient hospital stay or skilled nursing home.

Members will receive two meals per day for 14 days delivered to their home. Care can be initiated by your provider upon discharge, through our care management team at HTA.

nations
benefits

- ◆ Fresh, never frozen
- ◆ Nationwide delivery
- ◆ Internationally trained, world-class culinary team
- ◆ Menus designed by registered dietitians
- ◆ Tailored menus to support common health conditions



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.

MULTI-PLAN_2429_M



Over-the-Counter (OTC) Benefit

Stock up on eligible over-the-counter items with this debit card.

Think about all the OTC medications and supplies you purchase throughout the year—everything from non-prescription pain relievers and allergy medications to vitamins and first aid kits. These items can get expensive, especially if you are managing a chronic condition and need diabetes care accessories, supplies for wound care, or other OTC items on a regular basis.

To help you with the cost of these supplies, your plan includes a HealthTeam Advantage debit card—loaded with **\$40** per quarter for PPO I plans and **\$75** per quarter for PPO II plans—to purchase OTC items from participating retailers. (You can carry any unused portion to the next quarter, but you must use all **\$160** for PPO I or **\$300** for PPO II, by December 31.)

Your card will be mailed separately with instructions for activation.

Representative OTC Items*

Abdominal Supports	First Aid Dressings
Acid Controllars	First Aid Kits & Supplies
Acne Medication	First Aid Treatments
Adult Cough, Cold & Flu	Foot Treatments
Adult Pain Relief	Hemorrhoidal Preparations
Allergy & Sinus medications	Incontinence supplies
Antacids	Interdental, Gum Care, Etc.
Antibiotic creams	Laxatives
Anti-diarrhea medications	Lip Care Medicated
Anti-fungal medications	Liquids (Alcohol & Peroxide in First Aid)
Anti-gas medications	Medical Support–High Compression
Anti-itch medications	Mineral Supplements
Anti-parasitic Treatments	Nasal/Sinus
Bandages (band-aids)	Oral Remedies Orthopedic & Surgical Support
Contact Lens Care	Respiratory Treatments
Cough Drops, Sore Throat	Sleep Aids, Stimulants & Motion Sickness
Denture Products	Sun Protection (SPF 15+)
Diabetes Care Accessories	Stomach Remedies
Diagnostic Products	Support Hose–Low Compression
Digestive Aids	Toothbrushes and Toothpaste
Diuretics & Weight Loss	Urine Testing
Cleansing & Detox	Vitamins, Multi-Vitamins & Minerals
Drys (Epsom Salt & Boric Acid in First Aid)	Wart Removal Treatments
Ear Care	Weight Control (Tablets, Caps, Etc.)
Elastic Bandages	Wound Care–Specialized
External Pain Relief	
Eye Preparations	

* Representative list of OTC items only. A full catalog of approved items will be available January 1, 2024.

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.





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.”

Summary of Benefits

HealthTeam Advantage Plan I (PPO) H9808-004

HealthTeam Advantage Plan II (PPO) H9808-005



2024 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, 2024 - December 31, 2024.

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.

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, Orange, 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. 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)
Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.	\$50
Deductible	\$0 These plans do not have a deductible for medical services.	\$0
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	In-Network: \$3,200 annually Out-of-Network: \$5,750 annually The most you pay for copays, coinsurance, and other costs for medical services for the year.	In-Network: \$3,000 annually Out-of-Network: \$5,500 annually

Inpatient Hospital Coverage

In-Network: \$295 copay per day for days 1 through 6	In-Network: \$200 copay per day for days 1 through 5
\$0 copay per day for days 7 through 90	\$0 copay per day for days 6 through 90
\$0 copay for days 91 and beyond	\$0 copay for days 91 and beyond
Out-of-Network: \$650 copay per day for days 1 through 6	Out-of-Network: \$500 copay per day for days 1 through 6
\$0 copay per day for days 7 through 90	\$0 copay per day for days 7 through 90
\$0 copay for days 91 and beyond	\$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.

Outpatient Hospital Coverage

• Outpatient Hospital Facility	In-Network: \$250 copay Out-of-Network: \$350 copay	In-Network: \$200 copay Out-of-Network: \$300 copay
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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)
Ambulatory Surgical Center		
	In-Network: \$200 copay per day Out-of-Network: \$250 copay per day	In-Network: \$100 copay per day Out-of-Network: \$200 copay per day
Prior authorization may be required for some services. Please contact the plan for more information.		
Doctor Visits		
• Primary Care Provider (PCP)	In-Network: \$0 copay Out-of-Network: \$50 copay	In-Network: \$0 copay Out-of-Network: \$30 copay
• Specialist	In-Network: \$20 copay Out-of-Network: \$75 copay	In-Network: \$10 copay Out-of-Network: \$50 copay
Preventive Care (e.g., flu vaccine, diabetic screenings)		
	In-Network: \$0 copay Out-of-Network: \$30 copay	In-Network: \$0 copay Out-of-Network: \$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.		
Emergency Care		
	In- and Out-of-Network: \$135 copay	In- and Out-of-Network: \$110 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)
Urgently-needed Services		
	In- and Out-of-Network: \$20 copay	In- and Out-of-Network: \$10 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.
Diagnostic Services/Labs/Imaging		
<ul style="list-style-type: none"> Diagnostic Radiology Services (such as MRIs, CT scans) 	In-Network: \$0 to \$200 copay Out-of-Network: \$75 to \$250 copay	In-Network: \$0 to \$175 copay Out-of-Network: \$75 to \$200 copay
<ul style="list-style-type: none"> Lab Services at a lab facility 	In-Network: \$0 copay at a lab facility Out-of-Network: \$10 copay at a lab facility	In-Network: \$0 copay at a lab facility Out-of-Network: \$10 copay at a lab facility
<ul style="list-style-type: none"> Lab Services at an outpatient hospital facility 	In-Network: \$10 copay at an outpatient hospital facility Out-of-Network: \$25 copay at an outpatient hospital facility	In-Network: \$10 copay at an outpatient hospital facility Out-of-Network: \$25 copay at an outpatient hospital facility
<ul style="list-style-type: none"> Diagnostic Tests and Procedures at a lab facility 	In-Network: \$0 copay at a lab facility Out-of-Network: \$10 copay at a lab facility	In-Network: \$0 copay at a lab facility Out-of-Network: \$10 copay at a lab facility
<ul style="list-style-type: none"> Diagnostic Tests and Procedures at an outpatient hospital facility 	In-Network: \$5 copay at an outpatient hospital facility Out-of-Network: \$25 copay at an outpatient hospital facility	In-Network: \$5 copay at an outpatient hospital facility Out-of-Network: \$25 copay at an outpatient hospital facility
Prior authorization may be required for some services. Please contact the plan for more information.		

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Diagnostic Services/Labs/ Imaging <i>(continued)</i>		
• Outpatient X-rays included with physician visit	In-Network: \$5 copay for X-ray services included with a physician visit Out-of-Network: \$10 copay for X-ray services included with a physician visit	In-Network: \$0 copay for X-ray services included with a physician visit Out-of-Network: \$10 copay for X-ray services included with a physician visit
• Outpatient X-rays at an outpatient facility	In-Network: \$5 copay for X-ray services at an outpatient facility Out-of-Network: \$25 copay for X-ray services at an outpatient facility	In-Network: \$0 copay for X-ray services at an outpatient facility Out-of-Network: \$25 copay for X-ray services at an outpatient facility
Hearing Services		
• Medicare-covered Diagnostic Hearing Exam	In-Network: \$30 copay for a hearing exam Out-of-Network: \$45 copay for a hearing exam 1 per year	In-Network: \$20 copay for a hearing exam Out-of-Network: \$45 copay for a hearing exam
• Routine Assessment for Hearing Aids	In-Network: \$25 copay Out-of-Network: not covered 1 per year A TruHearing provider must be used for routine hearing benefits.	In-Network: \$0 copay Out-of-Network: not covered
• Fitting and Evaluation for Hearing Aid	In-Network: \$0 copay Out-of-Network: not covered Unlimited visits A TruHearing provider must be used for routine hearing benefits.	In-Network: \$0 copay Out-of-Network: not covered
• Hearing Aid	In-Network: \$299-\$799 per hearing aid. Advanced and premium hearing aids are available in rechargeable style options for an additional \$50 per aid. Out-of-Network: Not covered Up to two TruHearing hearing aids every year (one per ear per year). A TruHearing provider must be used for hearing aid benefit.	In-Network: \$299-\$799 per hearing aid. Advanced and premium hearing aids are available in rechargeable style options at no additional cost per aid. Out-of-Network: Not covered

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
In-Network Dental Services (Delta Dental NC Medicare Advantage or Delta Dental PPO network)		
<p>\$3,000 allowance with annual deductible of \$50 for Comprehensive Services to include Basic and Major Services. Deductible does not apply for preventive services such as oral exams and cleanings.</p>		
<ul style="list-style-type: none"> Routine Dental/Preventive Services 	<p>Preventive oral exams, cleanings, X-rays, and routine dental services are covered at no cost to you. Maximum combined dental services allowance is \$3,000 annually.*</p>	<p>Preventive oral exams, cleanings, X-rays, and routine dental services are covered at no cost to you. Maximum combined dental services allowance is \$3,000 annually.*</p>
<ul style="list-style-type: none"> Non-Medicare Covered Comprehensive Dental Services 	<p>Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics procedures are covered. Maximum combined dental services allowance is \$3,000 annually.*²</p>	<p>Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics procedures are covered. Maximum combined dental services allowance is \$3,000 annually.*²</p>
Out-of-Network		
<p>\$500 maximum allowance (this amount is part of the overall \$3,000 combined Maximum Dental Benefit Amount for both Routine Dental/Preventive and Comprehensive Dental non-Medicare covered services), with annual deductible of \$50 for Comprehensive Services to include Basic and Major Services. Deductible does not apply for preventive services such as oral exams and cleanings.</p>		
<ul style="list-style-type: none"> Routine Dental/Preventive Services 	<p>Preventive oral exams, cleanings, and routine dental services are covered at 50% coinsurance. X-rays are covered at 50% coinsurance. Maximum combined dental services allowance is \$500 annually.*</p>	<p>Preventive oral exams, cleanings, and routine dental services are covered at 50% coinsurance. X-rays are covered at 50% coinsurance. Maximum combined dental services allowance is \$500 annually.*</p>
<ul style="list-style-type: none"> Non-Medicare Covered Comprehensive Dental Services 	<p>Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics procedures are covered at 50% coinsurance. Maximum combined dental services allowance is \$500 annually.*²</p>	<p>Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics procedures are covered at 50% coinsurance. Maximum combined dental services allowance is \$500 annually.*²</p>

* Frequency limits apply.

² Covered in-network dental services will have a 0%-20% cost share. All out-of-network Routine Dental/Preventive and Comprehensive Services will have a 50% cost share.

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Vision Services		
<ul style="list-style-type: none"> • Medicare-covered Diagnostic Eye Exam • Medicare-covered Eye Wear 	<p>In-Network: \$0 copay</p> <p>Out-of-Network: \$30 copay</p> <p>In-Network: \$0 copay for Medicare-covered frames or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p> <p>Out-of-Network: \$50 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p> <p>1 per year Materials covered up to Medicare-approved limits.</p>	<p>In-Network: \$0 copay</p> <p>Out-of-Network: \$30 copay</p> <p>In-Network: \$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p> <p>Out-of-Network: \$50 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p>
<ul style="list-style-type: none"> • Routine Eye Exam (non-Medicare covered) 	<p>In-Network: \$0 copay</p> <p>Out-of-Network: \$30 copay (One routine eye exam per year)</p> <p>Refraction included</p>	<p>In-Network: \$0 copay</p> <p>Out-of-Network: \$30 copay (One routine eye exam per year)</p>
<ul style="list-style-type: none"> • Eyeglasses (lenses and frames) • Contact Lenses • Lens Enhancements 	<p>In-Network: Reimbursed up to \$200 towards eye wear, including contact lenses. Single vision, lined bifocals, lined trifocals, lenticular lenses, standard progressive lenses, and scratch-resistant coating are covered in full. \$60 contact lens fitting/evaluation</p> <p>Out-of-Network: Reimbursed up to \$50 for 1 pair of eyeglasses or 1 pair of contact lenses every year. Single vision, lined bifocals, lined trifocals, lenticular lenses, standard progressive lenses, and scratch-resistant coating are covered in full.</p>	<p>In-Network: Reimbursed up to \$200 towards eye wear, including contact lenses. Single vision, lined bifocals, lined trifocals, lenticular lenses, standard progressive lenses, and scratch-resistant coating are covered in full. \$60 contact lens fitting/evaluation</p> <p>Out-of-Network: Reimbursed up to \$50 for 1 pair of eyeglasses or 1 pair of contact lenses every year. Single vision, lined bifocals, lined trifocals, lenticular lenses, standard progressive lenses, and scratch-resistant coating are covered in full.</p>

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Mental Health Services		
Inpatient Visit	<p>In-Network: \$295 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 Out-of-Network: 50% coinsurance</p> <p>Services require prior authorization.</p>	<p>In-Network: \$200 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90 Out-of-Network: 35% coinsurance</p>
Outpatient Individual Therapy Visit	<p>In-Network: \$25 copay Out-of-Network: \$75 copay</p>	<p>In-Network: \$15 copay Out-of-Network: \$50 copay</p>
Outpatient Group Therapy Visit	<p>In-Network: \$25 copay Out-of-Network: \$75 copay</p>	<p>In-Network: \$15 copay Out-of-Network: \$50 copay</p>
Skilled Nursing Facility		
	<p>In-Network: \$0 copay per day for days 1 through 20 \$203 copay per day for days 21 through 100 Out-of-Network: \$50 copay per day for days 1 through 20 \$203 copay per day for days 21 through 100</p> <p>Our plan covers up to 100 days in a SNF. Services require prior authorization.</p>	<p>In-Network: \$0 copay per day for days 1 through 20 \$203 copay per day for days 21 through 100 Out-of-Network: \$50 copay per day for days 1 through 20 \$203 copay per day for days 21 through 100</p>

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Rehabilitation Services		
• Physical Therapy Visit	In-Network: \$15 copay Out-of-Network: \$75 copay	In-Network: \$10 copay Out-of-Network: \$50 copay
• Speech and Language Therapy Visit	In-Network: \$15 copay Out-of-Network: \$75 copay	In-Network: \$10 copay Out-of-Network: \$50 copay
• Occupational Therapy Visit	In-Network: \$15 copay Out-of-Network: \$30 copay	In-Network: \$10 copay Out-of-Network: \$30 copay
Ambulance		
	In- and Out-of-Network: \$250 copay for Medicare-covered ambulance benefits per one-way trip. \$300 copay for Medicare-covered air ambulance benefits per one-way trip. Prior authorization required for non-emergency transportation.	In- and Out-of-Network: \$200 copay for Medicare-covered ambulance benefits per one-way trip. \$300 copay for Medicare-covered air ambulance benefits per one-way trip. Prior authorization required for non-emergency transportation.
Transportation		
	Not covered.	Not covered.
Medicare Part B Drugs		
	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance Prior authorization may be required.	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance

Premiums and Benefits <i>(continued)</i>		HealthTeam Advantage Plan I (PPO)			
Outpatient Prescription Drugs					
Phase 1: Deductible	\$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.			
Phase 2: Initial Coverage	In-Network Retail (After you pay your deductible, if applicable)				
	Preferred Pharmacies		Other Retail Pharmacies		
	30-day supply	100-day supply	30-day supply	100-day supply	
Tier 1 - Preferred Generics	\$0 copay	\$0 copay	\$5 copay	\$10 copay	
Tier 2 - Generics	\$5 copay	\$10 copay	\$15 copay	\$30 copay	
Tier 3 - Preferred Brands	\$47 copay	\$94 copay	\$47 copay	\$94 copay	
Tier 4 - Non-Preferred Drugs	\$100 copay	\$200 copay	\$100 copay	\$200 copay	
Tier 5 - Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	
	In-Network Mail Order (After you pay your deductible, if applicable)				
	Mail Order				
	30-day supply		100-day supply		
Tier 1 - Preferred Generics	\$0 copay		\$0 copay		
Tier 2 - Generics	\$5 copay		\$10 copay		
Tier 3 - Preferred Brands	\$47 copay		\$94 copay		
Tier 4 - Non-Preferred Drugs	\$100 copay		\$200 copay		
Tier 5 - Specialty Drugs	33% coinsurance		33% coinsurance		
Phase 3: Coverage Gap (After the total amount for the prescription drugs you have filled and refilled reaches \$5,030)	During this stage, you pay 25 percent of the total cost for brand name and 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). You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier. Once your out-of-pocket costs reach \$8,000 (2024), you move to catastrophic coverage.				
Phase 4: Catastrophic Coverage (After your out-of-pocket costs have reached the \$8,000 limit for the calendar year)	In this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. (See the EOC for details). The plan and Medicare pay the rest until the end of the calendar year.				

Premiums and Benefits <i>(continued)</i>		HealthTeam Advantage Plan II (PPO)			
Outpatient Prescription Drugs					
Phase 1: Deductible	\$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.			
Phase 2: Initial Coverage	In-Network Retail (After you pay your deductible, if applicable)				
	Preferred Pharmacies		Other Retail Pharmacies		
	30-day supply	100-day supply	30-day supply	100-day supply	
Tier 1 - Preferred Generics	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Tier 2 - Generics	\$0 copay	\$0 copay	\$12 copay	\$24 copay	
Tier 3 - Preferred Brands	\$47 copay	\$94 copay	\$47 copay	\$94 copay	
Tier 4 - Non-Preferred Drugs	\$100 copay	\$200 copay	\$100 copay	\$200 copay	
Tier 5 - Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	
	In-Network Mail Order (After you pay your deductible, if applicable)				
	Mail Order				
	30-day supply		100-day supply		
Tier 1 - Preferred Generics	\$0 copay		\$0 copay		
Tier 2 - Generics	\$0 copay		\$0 copay		
Tier 3 - Preferred Brands	\$47 copay		\$94 copay		
Tier 4 - Non-Preferred Drugs	\$100 copay		\$200 copay		
Tier 5 - Specialty Drugs	33% coinsurance		33% coinsurance		
Phase 3: Coverage Gap (After the total amount for the prescription drugs you have filled and refilled reaches \$5,030)	During this stage, you pay 25 percent of the total cost for brand name and 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). You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier. Once your out-of-pocket costs reach \$8,000 (2024), you move to catastrophic coverage.				
Phase 4: Catastrophic Coverage (After your out-of-pocket costs have reached the \$8,000 limit for the calendar year)	In this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. (See the EOC for details). The plan and Medicare pay the rest until the end of the calendar year.				

* For more information regarding our 2024 preferred pharmacy locations, please see page 17 or your Evidence of Coverage.

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Over-the-Counter (OTC) Items		
	\$40/Quarter	\$75/Quarter
	Allowance per quarter for OTC items. Any unused portion can be carried forward to the next quarter. All funds must be used by 12/31/24.	
Foot Care (podiatry services)		
• Foot Exams and Treatment	In-Network: \$25 copay Out-of-Network: \$75 copay	In-Network: \$15 copay Out-of-Network: \$50 copay
Medical Equipment/Supplies		
• Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)	In-Network: 20% coinsurance Out-of-Network: 50% coinsurance	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
	Services require prior authorization.	
• Prosthetics (e.g., artificial limbs)	In-Network: 20% coinsurance Out-of-Network: 50% coinsurance	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
	Services require prior authorization.	
• Diabetes Supplies	In-Network: \$0 copay for preferred and 20% coinsurance for non-preferred Out-of-Network: 20% coinsurance	In-Network: \$0 copay for preferred and 20% coinsurance for non-preferred Out-of-Network: 20% of the cost
	Diabetic Supplies and Services limited to those from the following manufacturers: - Blood Glucose Meter and testing supplies - One Touch - Continuous Glucose Monitor and supplies - FreeStyle Libre 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)
Wellness Programs Health Club Membership		
	In-Network: \$0 copay You must choose from a SilverSneakers® participating facility.	In-Network: \$0 copay
Memory Fitness		
	\$0 copay Online program offered through BrainHQ with dozens of exercises to improve focus and memory.	\$0 copay
Custodial Care		
	In-Network: \$0 copay Out-of-Network: \$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.	In-Network: \$0 copay Out-of-Network: \$30 copay per hour
In-Home Support/Companion Services		
	In-Network: \$0 Up to 30 hours per year with Papa Pal companionship services. No coverage for companionship services when not administered by Papa.	In-Network: \$0
Meal Delivery		
	2 meals per day for 14 days post discharge.	2 meals per day for 14 days post discharge.
Telehealth Services		
	In-Network: \$0 copay Out-of-Network: \$0 copay If you choose to receive services via telehealth, you must use a provider that currently offers the service via telehealth.	In-Network: \$0 copay Out-of-Network: \$0 copay

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 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.

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).

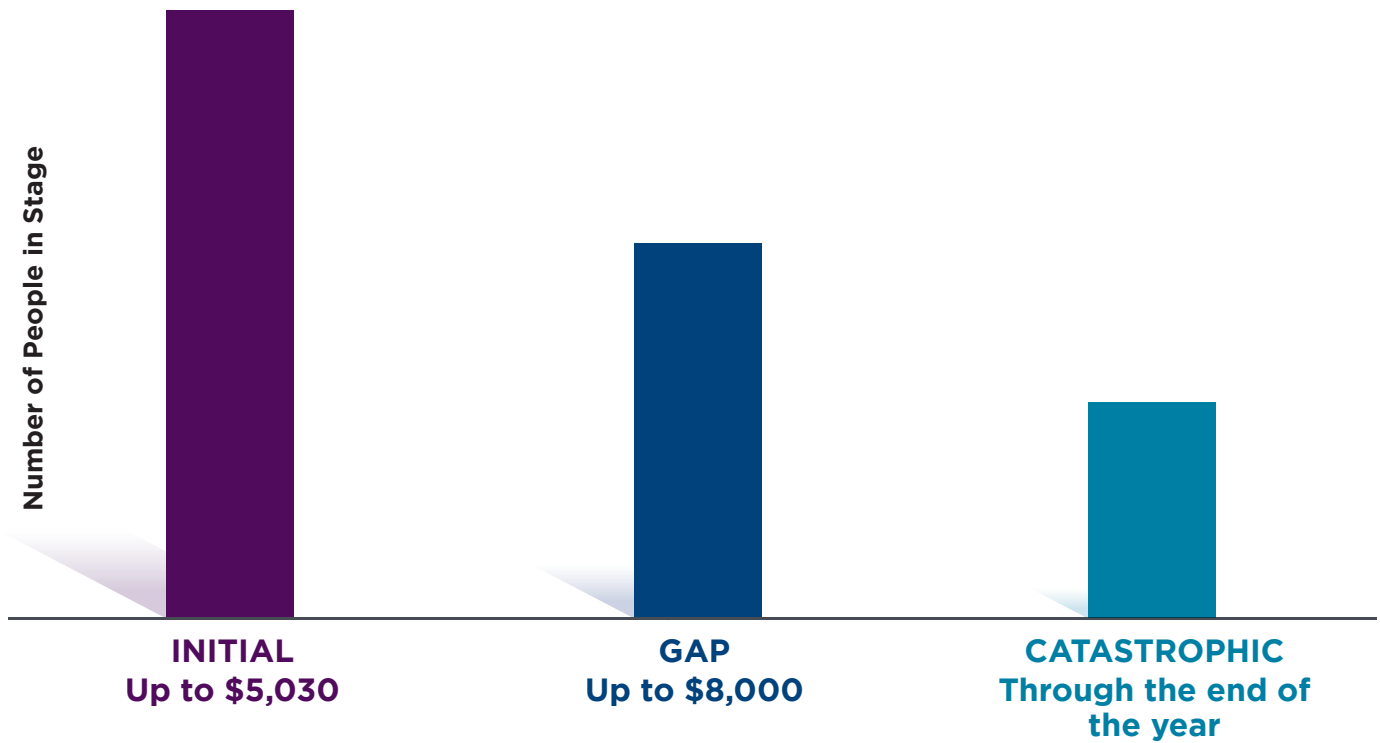
HealthTeam Advantage cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

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.

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

The plan pays the rest until your total drug costs (paid by you and the plan) reach \$5,030 (2024).

Coverage Gap Stage

During this stage, you pay 25 percent of the total cost for brand name and 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).

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier

Once your out-of-pocket costs reach \$8,000 (2024), you move to catastrophic coverage.

Catastrophic Coverage Stage

In this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. (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
300 East Wendover Ave, Suite 121
Greensboro, North Carolina, 27401
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, 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.



CONTACT INFORMATION



Online

Visit [HTANC.com](https://www.htanc.com).



Address

300 East Wendover Ave, Suite 121
Greensboro, North Carolina, 27401

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).



Connect with us on Facebook and YouTube



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.

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