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2024

Summary of Benefits

HealthTeam Advantage Diabetes & Heart Care (HMO CSNP) H2624-001

healthteam advantage

2024
Summary of Benefits

HealthTeam Advantage Diabetes & Heart Care Plan (HMO CSNP)

This is a summary of drug and health services covered by HealthTeam Advantage Diabetes & Heart Care (HMO CSNP).

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 HealthTeam Advantage Diabetes & Heart Care (HMO CSNP) Health Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and you must meet the special eligibility requirements of a diagnosis of Diabetes Mellitus and/or Chronic Heart Failure. Our service area includes the following counties in North Carolina: Alamance, Davidson, Davie, Forsyth, Guilford, Randolph, and Rockingham.

As a member of the HealthTeam Advantage Diabetes & Heart Care (HMO CSNP), you must use the plan's network of doctors, hospitals, pharmacies, and other providers.

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 Diabetes & Heart Care (HMO CSNP)
Monthly Plan Premium	**$0** You must continue to pay your Medicare Part B premium.
Deductible	**$0** This plan does not have a deductible for medical services.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	**$3,500** annually The most you pay for copays, coinsurance, and other costs for medical services for the year.
Inpatient Hospital Coverage	**$225** 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.
Outpatient Hospital Coverage	
• Outpatient Hospital Facility	**$250** copay
Ambulatory Surgical Center	
	$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), Cardiologist, Endocrinologist, Podiatrist	**$0** copay
• Other Specialists	**$20** copay
Preventive Care (e.g., flu vaccine, diabetic screenings)	
	$0 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	
	$120 copay If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.
Urgently-needed Services	
	$20 copay

Premiums and Benefits	HealthTeam Advantage Diabetes & Heart Care (HMO CSNP)
Diagnostic Services/Labs/Imaging	
• Diagnostic Radiology Services (such as MRIs, CT scans)	**$0-$175** copay
• Lab Services	
- at a lab facility	**$0** copay at a lab facility
- at an outpatient hospital facility	**$10** copay at an outpatient hospital facility
• Diagnostic Tests and Procedures	
- at a lab facility	**$0** copay at a lab facility
- at an outpatient hospital facility	**$10** copay at an outpatient hospital facility
• Outpatient X-rays	
- included with physician visit	**$10** copay
- at outpatient facility	
	Prior authorization may be required for some services. Please contact the plan for more information.
Hearing Services	
• Medicare-covered Diagnostic Hearing Exam	**$20** copay 1 per year
• Routine Assessment for Hearing Aids	**$25** copay 1 per year A TruHearing provider must be used for routine hearing benefits.
• Fitting and Evaluation for Hearing Aid	**$0** copay Unlimited visits following a hearing aid purchase for 12 months. A TruHearing provider must be used for routine hearing benefits.
• Hearing Aid	**$299-$799** per hearing aid. Advanced and premium hearing aids are available in rechargeable style options for an additional **$50** per aid. 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 *(continued)*	**HealthTeam Advantage Diabetes & Heart Care (HMO CSNP)**
In-Network Dental Services (Delta Dental NC Medicare Advantage or Delta Dental PPO network)	
	$3,000 allowance with annual deductible of **$50** for Comprehensive Services to include Basic and Major Services. Deductible does not apply for preventative services such as oral exams and cleanings.
• Routine Dental/Preventive Services	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** maximum annually.
• Non-Medicare Covered Comprehensive Dental Services	Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics procedures are covered. Maximum combined dental services allowance is **$3,000** maximum annually. Visitation limits apply. Note **$50** copay applicable for restorative services, endodontics, periodontics, extractions, prosthodontics, and other oral/ maxillofacial surgery. Reference your EOC for full details. Some comprehensive services will have a 20% cost share. See your Evidence of Coverage for details.
Vision Services	
• Medicare-covered Diagnostic Eye Exam	**$0** copay 1 per year, refraction included
• Medicare-covered Eye Wear	**$0** copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed **$100**. Materials covered up to Medicare-approved limits.
• Routine Eye Exam (non-Medicare covered)	**$0** copay 1 visit per year, refraction included
• Eyeglasses (lenses and frames) • Contact Lenses • Lens Enhancements	Reimbursed up to **$200** towards routine 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

Premiums and Benefits *(continued)*	HealthTeam Advantage Diabetes & Heart Care (HMO CSNP)
Mental Health Services	
• Inpatient Visit	**$225** copay per day for days 1 through 6 **$0** copay per day for days 7 through 90 Services require prior authorization.
• Outpatient Individual Therapy Visit	**$0** copay
• Outpatient Group Therapy Visit	**$0** copay
Skilled Nursing Facility	
	$0 copay per day for days 1 through 20 **$203** copay per day for days 21 through 100 Our plan covers up to 100 days in a SNF. Services require prior authorization.
Rehabilitation Services	
• Physical Therapy Visit • Occupational Therapy Visit • Speech and Language Therapy Visit	**$15** copay
Ambulance	
	$300 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	
	Up to 30 one-way trips within 50 miles with SafeRide. Approved health-related locations provided by the plan's designated transportation service provider/limited up to a 50 miles maximum per one-way trip.
Medicare Part B Drugs	
	20% of the cost Prior authorization may be required.

Premiums and Benefits *(continued)*	**HealthTeam Advantage Diabetes & Heart Care (HMO CSNP)**			
Outpatient Prescription Drugs				
Phase 1: Deductible	**$95** for Tier 4 Non-Preferred Drug and Tier 5 Specialty Tier drugs During this stage, you pay the full cost of your Tier 4 Non-Preferred Drug and Tier 5 Specialty Tier drugs. During this stage, your out-of-pocket costs for Select Insulins will be **$0**. You stay in this stage until you have paid **$95** for your Tier 4 Non-Preferred Drug and Tier 5 Specialty Tier drugs.			
Phase 2: 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	**$0** copay	**$0** 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	31% coinsurance	31% coinsurance	31% coinsurance	31% coinsurance
Tier 6 - Select Care Drugs** **NOTE:** This includes select insulins	**$0** copay	**$0** copay	**$0** copay	**$0** copay
	The Select Insulins are formulary insulins that are covered in Tier 6 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump then the insulin must be covered under Part B and will not be eligible for the Part D copay.			

	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	31% coinsurance	31% coinsurance
Tier 6 - Select Care Drugs** **NOTE:** This includes select insulins	**$0** copay	**$0** copay
	The Select Insulins are formulary insulins that are covered in Tier 6 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump then the insulin must be covered under Part B and will not be eligible for the Part D copay.	

** $0 copay applies to preferred pharmacy locations*

*** Includes Select Insulins*

Premiums and Benefits *(continued)*	HealthTeam Advantage Diabetes & Heart Care (HMO CSNP)
Outpatient Prescription Drugs *(continued)*	
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% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. Tier 1 and Tier 6 generics are covered at **$0** copay. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of **$8,000**. HealthTeam Advantage offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be **$0**. To find out which drugs are Select Insulins, review the most recent Drug List we sent you in the mail. If you have questions about the Drug List, you can also call your Healthcare Concierge.
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.**
Over-the-Counter (OTC)	
OTC Items	Our plan provides a **$60** allowance per quarter for OTC items and healthy foods. Any unused portion can be carried forward to the next quarter. This benefit ends on 12/31 of each year. Any unused portion cannot be carried forward to the new plan year.
Foot Care *(podiatry services)*	
• Foot Exams and Treatment	**$0** copay
• Routine Foot Care	**$0** copay 6 visits per year
Medical Equipment/Supplies	
• Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)	20% coinsurance Services require prior authorization.
• Prosthetics (e.g., artificial limbs)	20% coinsurance Services require prior authorization.
• Diabetes Supplies	20% coinsurance **$0** copay for preferred and 20% coinsurance for non-preferred **$0** copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts. 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.

Premiums and Benefits ***(continued)***	**HealthTeam Advantage Diabetes & Heart Care (HMO CSNP)**
Wellness Programs—Health Club Membership	
	$0 copay You must choose from a SilverSneakers® participating facility.
Memory Fitness	
	$0 copay Online program offered through BrainHQ with dozens of exercises to improve focus and memory.
Custodial Care	
	$0 copay 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-Home Support/Companion Services	
	$0 in network Up to 60 hours per year with Papa Pal companionship services. No coverage for companionship services when not administered by Papa.
Meal Delivery	
	2 meals per day for 14 days post discharge.
Telehealth Services	
	$0 copay If you choose to receive services via telehealth, then you must use a network 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 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.

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.

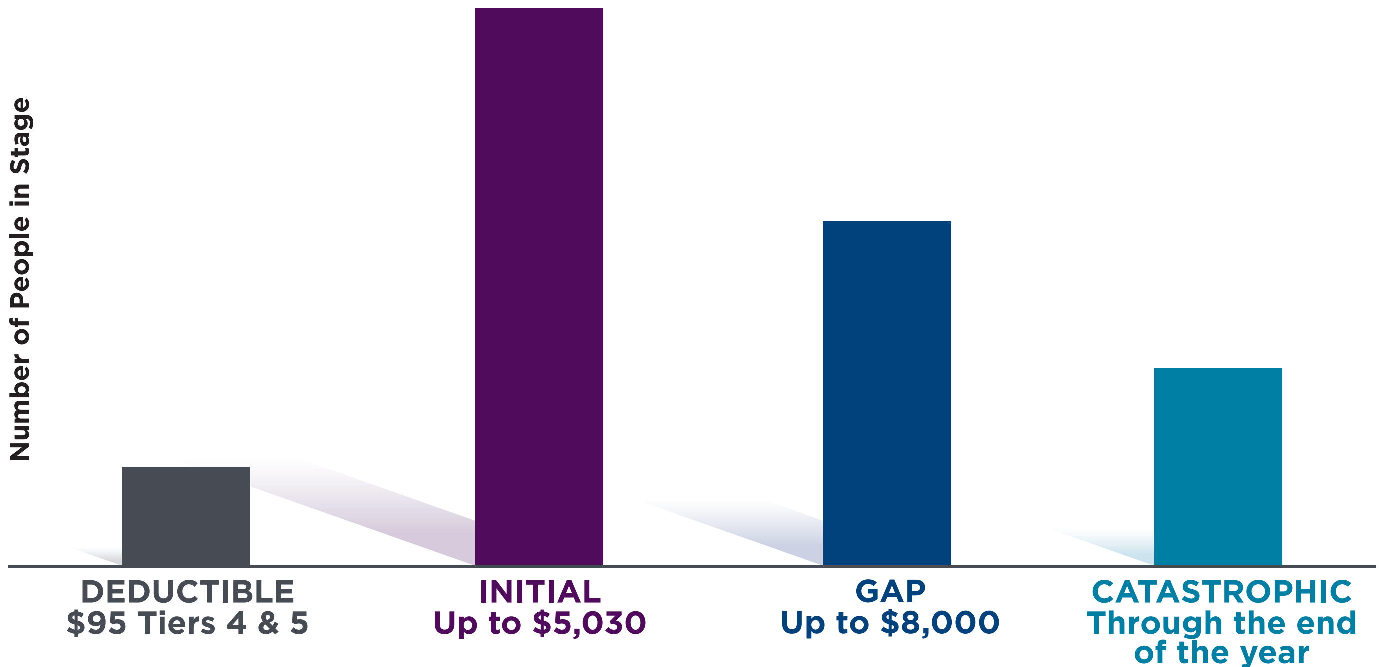
Llame al 1-877-905-9216 (TTY: 711).

HealthTeam Advantage 1-877-905-9216 (TTY: 711)

HealthTeam Advantage 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



Annual Deductible Stage

During this stage, **you pay the full cost** of your Tier 4 Non-Preferred Drug and Tier 5 Specialty Drug.

You stay in this stage until you have paid $95 for your Tier 4 Non-Preferred Drug and Tier 5 Specialty Drug deductible.

During this stage, you pay $0 for a one month supply of each Tier 6 insulin product and no more than $35 for each nonformulary insulin product.

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.

During this stage, you pay $0 for a one month supply of each Tier 6 insulin product and no more than $35 for each nonformulary insulin product.

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 most brand name and generic drugs PLUS a portion of the dispensing fee. Tier 1 & Tier 6 generics are covered at a $0 copay. In addition, you pay $0 for a one month supply of each Tier 6 insulin product and no more than $35 for each nonformulary insulin product.

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.

Non-Discrimination Notice

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llameal 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 द:यदद आप ह दिी बोलते है तो आपके दलए मफ ु त मे भाषा सहायता सेवाएं उपलब्ध है। **1-888-965-1965 TTY: 711** पर कॉल करे।

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ **1-888-965-1965 TTY: 711.**

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៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-888-965-1965 TTY: 711**។

(Arabic):
ك ث تحد ت اذكر، ال ل غة إ ن ف ت خدما ة عد سا م ال ة يوغ ل ال ر تواف ت ك ل ن مجا ال ب. صل ات م قر ب
ت نإذا :م حو ل ظة 1-888-965-1965 (711: TTY)

CONTACT INFORMATION

Online
Visit **HTANC.com**.

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

Healthcare Concierge
Contact your Healthcare Concierge if you have any questions about your plan or benefits. Call 888-965-1965 or email conciergeHTA@htanc.com.
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
Contact your Healthcare Concierge for questions related to your HealthTeam Advantage 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.

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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