

## **HealthTeam Advantage Plan I (PPO) offered by Care N' Care Insurance Company of North Carolina, Inc.**

# **Annual Notice of Changes for 2024**

You are currently enrolled as a member of HealthTeam Advantage Plan I (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.htanc.com](http://www.htanc.com). (You may also call your Healthcare Concierge to ask us to mail you an *Evidence of Coverage*.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### **What to do now**

#### **1. ASK:** Which changes apply to you?

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

#### **2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

### 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in HealthTeam Advantage Plan I (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with HealthTeam Advantage Plan I (PPO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **Additional Resources**

- This document is available for free in Spanish.
- Please contact your Healthcare Concierge at 1-888-965-1965 for additional information. (TTY users should call 711.) Hours are October 1 – March 31, 8AM – 8PM Eastern, 7 days a week; April 1 – September 30, 8AM – 8PM Eastern, Monday through Friday. This call is free.
- This information is also available in large print. Please call your Healthcare Concierge at 1-888-965-1965 (TTY users should call 711) if you need plan information in another format or language.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

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

- HealthTeam Advantage Plan I (PPO), 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 Plan I (PPO) depends on contract renewal.
- When this document says "we," "us," or "our", it means Care N' Care Insurance Company of North Carolina, Inc. (HealthTeam Advantage Plan I (PPO)). When it says "plan" or "our plan," it means HealthTeam Advantage Plan I (PPO).

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## ***Annual Notice of Changes for 2024***

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for HealthTeam Advantage Plan I (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$3,200 From network and out-of-network providers combined: \$5,100	From network providers: \$3,200 From network and out-of-network providers combined: \$5,750
<b>Doctor office visits</b>	<u><b>In-Network</b></u> Primary care visits: \$0 copay per visit Specialist visits: \$25 copay per visit  <u><b>Out-of-Network</b></u> Primary care visits: \$50 copay per visit Specialist visits: \$75 copay per visit	<u><b>In-Network</b></u> Primary care visits: \$0 copay per visit Specialist visits: \$20 copay per visit  <u><b>Out-of-Network</b></u> Primary care visits: \$50 copay per visit Specialist visits: \$75 copay per visit

Cost	2023 (this year)	2024 (next year)
<p><b>Inpatient hospital stays</b></p>	<p><b><u>In-Network</u></b>                      \$295 copay per day for days 1 through 6 and \$0 copay per day for days 7 through 90                       \$0 copay for days 91 and beyond</p> <p><b><u>Out-of-Network</u></b>                      \$650 copay per day for days 1 through 6 and \$0 copay per day for days 7 through 90                       \$0 copay for days 91 and beyond</p>	<p><b><u>In-Network</u></b>                      \$295 copay per day for days 1 through 6 and \$0 copay per day for days 7 through 90                       \$0 copay for days 91 and beyond</p> <p><b><u>Out-of-Network</u></b>                      \$650 copay per day for days 1 through 6 and \$0 copay per day for days 7 through 90                       \$0 copay for days 91 and beyond</p>
<p><b>Part D prescription drug coverage</b>                      (See Section 1.5 for details.)</p>	<p>Deductible: \$0                      Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$5 copay at a network pharmacy.</li> <li>• Drug Tier 2: \$15 copay at a network pharmacy.</li> </ul>	<p>Deductible: \$0                      Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: You pay \$0 copay at a preferred network pharmacy or \$5 copay at a network pharmacy</li> <li>• Drug Tier 2: You pay \$5 copay at a preferred network pharmacy or \$15 copay at a network pharmacy.</li> </ul>

Cost	2023 (this year)	2024 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<ul style="list-style-type: none"> <li>• Drug Tier 3: \$45 copay at a network pharmacy.</li> <li>• You will not pay more than \$35 copay per month supply of each insulin product covered by our plan.</li> <li>• Drug Tier 4: \$100 copay at a network pharmacy.</li> <li>• You will not pay more than \$35 copay per month supply of each insulin product covered by our plan.</li> <li>• Drug Tier 5: 33% coinsurance at a network pharmacy.</li> </ul>	<ul style="list-style-type: none"> <li>Drug Tier 3: You pay \$47 copay at a preferred network pharmacy or \$47 copay at a network pharmacy.</li> <li>• You pay \$35 copay per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: You pay \$100 copay at a preferred network pharmacy or \$100 copay at a network pharmacy.</li> <li>• You pay \$35 copay per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: You pay 33% coinsurance at a preferred network pharmacy or 33% coinsurance at a network pharmacy.</li> </ul>

Cost	2023 (this year)	2024 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.).</li> </ul>	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.</li> </ul>

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)</p>	<p>\$0</p>	<p>\$0</p> <p>There is no change to your monthly premium for 2024.</p>

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

## Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<p><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$3,200	<p>\$3,200</p> <p>Once you have paid \$3,200 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	\$5,100	<p>\$5,750</p> <p>Once you have paid \$5,750 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

## Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [www.htanc.com](http://www.htanc.com). You may also call your Healthcare Concierge for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider/Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**



There are changes to our network of pharmacies for next year. **Please review the 2024 *Provider/Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact your Healthcare Concierge so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<p><b>Custodial Care (Non-Medicare-covered)</b></p>	<p>You pay \$0 copay for up to 20 hours of services after a qualifying event; maximum of 60 hours each year for Home-Based Palliative Care and In-Home Support Services (custodial care) combined.</p>	<p>You pay \$0 copay for up to 20 hours of services after a qualifying event; maximum of 60 hours each year for Home-Based Palliative Care and In-Home Support Services (custodial care) combined.</p> <p>Through Papa, you will have access to 30 hours of non-medical help from a Papa Pal per year at no cost to you. Papa offers in-home support services provided by a Papa Pal to assist you with everyday instrumental activities of daily living (IADLs) as well as companionship. 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 do house tasks you would pay a professional to do. All services are administered by Papa.</p> <p>Visit the <b>Ask Us Anything</b> section of <a href="https://papa.com/members">papa.com/members</a> for our safety policies, Community Standards, and visit regulations.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Dental Services (Preventive) (Non-Medicare-covered)</b></p>	<p><b><u>Out-of-Network</u></b>                      You pay \$0 copay for each preventive dental services exam (2 per year).</p> <p>You pay \$0 copay for each cleaning (2 per year).</p> <p>You pay \$0 copay for X-rays (Limits apply).</p> <p><b><u>In- and Out-of-Network</u></b>                      \$750 maximum plan coverage amount each year.</p>	<p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each preventive dental services exam (2 per year).</p> <p>You pay 50% coinsurance for each cleaning (2 per year).</p> <p>You pay 50% coinsurance for X-rays (Limits apply).</p> <p><b><u>In- and Out-of-Network</u></b>                      \$3,000 maximum plan coverage amount each year (combined maximum benefit for Preventive and Comprehensive Dental Services).</p> <p>Maximum benefit for out-of-network dental services is \$500 and part of the overall \$3,000 combined maximum across Preventive and Comprehensive Dental non-Medicare covered services.</p> <p>Please see the full dental coverage description in your <i>Evidence of Coverage</i>.</p>
<p><b>Dental Services (Non-Medicare-covered Comprehensive)</b></p>	<p>There is no deductible for dental services.</p> <p><b><u>In-Network</u></b>                      Bridges and core build-ups are <u>not</u> covered.</p>	<p>You pay \$50 deductible (Deductible applies to all non-Preventive &amp; non-Diagnostic dental services)</p> <p><b><u>In-Network</u></b>                      You pay 20% coinsurance for bridges and core build-ups.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Dental Services (Non-Medicare-covered Comprehensive) (continued)</b></p>	<p><b><u>In-Network</u></b> You pay \$0 copay for each restorative services visit.</p>	<p><b><u>In-Network</u></b> You pay 20% coinsurance for each restorative services visit, except for fillings, which remain at \$0 copay.</p>
	<p>You pay \$0 copay for each extraction services visit.</p>	<p>You pay 20% coinsurance for each extraction services visit.</p>
	<p>Endodontics services are <u>not</u> covered.</p>	<p>You pay 20% coinsurance for each endodontics services visit (once per tooth per lifetime).</p>
	<p>You pay \$0 copay for each prosthodontics and other oral/maxillofacial surgery services visit.</p>	<p>You pay 20% coinsurance for each prosthodontics and other oral/maxillofacial surgery services visit.</p>
	<p><b><u>Out-of-Network</u></b> You pay \$0 copay for each restorative services visit.</p>	<p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each restorative services visit.</p>
	<p>You pay \$0 copay for each extraction services visit.</p>	<p>You pay 50% coinsurance for each extraction services visit.</p>
	<p>Endodontics services are <u>not</u> covered.</p>	<p>You pay 50% coinsurance for each endodontics services visit (once per tooth per lifetime).</p>
	<p>You pay \$0 copay for each periodontics services visit.</p>	<p>You pay 50% coinsurance for each periodontics services visit.</p>
	<p>You pay \$0 copay for each prosthodontics and other oral/maxillofacial surgery services visit.</p>	<p>You pay 50% coinsurance for each prosthodontics and other oral/maxillofacial surgery services visit.</p>
		<p>Please see the full dental coverage description in your <i>Evidence of Coverage</i>.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Emergency Services</b></p>	<p><b><u>In- and Out-of-Network</u></b>                      You pay \$120 copay for each visit for Medicare-covered emergency services.</p>	<p><b><u>In- and Out-of-Network</u></b>                      You pay \$135 copay for each visit for Medicare-covered emergency services.</p>
<p><b>Health and Wellness Education Programs (Non-Medicare-covered)</b></p>	<p><b><u>In-Network</u></b>                      Benefit includes physical fitness.</p> <p>\$0 copay for gym membership at a Silver Sneakers fitness center. Members receive orientation at the nearest facility and instruction on the equipment when they visit the gym. A flexible home exercise program is offered as well as the availability of instructor-led fitness classes. Members also receive quarterly newsletters.</p> <p>You must use a Silver Sneakers provider for the fitness benefit.</p>	<p><b><u>In-Network</u></b>                      Benefit includes memory fitness and physical fitness.</p> <p>\$0 copay for an unlimited number of visits to a SilverSneakers participating fitness facility. You must choose from a SilverSneakers participating facility but can switch fitness facilities anytime. In addition, a flexible home exercise program will be offered as well as the availability of instructor led fitness classes. HealthTeam Advantage does not cover fitness memberships outside of the SilverSneakers network of participating fitness facilities.</p> <p>Memory fitness will be offered for the first time in 2024. BrainHQ is an online, evidence-based memory fitness program with dozens of exercises that have been shown in studies to help people think faster, focus better, and remember more.</p>

Cost	2023 (this year)	2024 (next year)
<b>Hearing Aids (Non-Medicare-covered)</b>	You pay \$499-\$799 per hearing aid. TruHearing-branded Premium hearing aids are available in rechargeable style options for an additional \$50 per hearing aid.	You pay \$299-\$799 per hearing aid. TruHearing-branded Advanced and Premium hearing aids are available in rechargeable style options for an additional \$50 per hearing aid.  Each TruHearing-branded hearing aid purchase includes one year of follow-up provider visits for fitting and adjustments. These visits are available for 12 months following hearing aid purchase and only with the purchase of a hearing aid.
<b>Hearing Exams (Non-Medicare-covered)</b>	<u><b>In-Network</b></u> You pay \$45 copay for a routine hearing exam (one routine assessment for hearing aids (up to one per year)).	<u><b>In-Network</b></u> You pay \$25 copay for a routine hearing exam (one routine assessment for hearing aids (up to one per year)).
<b>Meal Benefit (Non-Medicare-covered)</b>	Meal benefit is <u>not</u> covered.	You pay \$0 copay for 2 meals per day for 14 days.  This benefit starts immediately after an inpatient hospital stay, skilled nursing facility stay, or other qualifying event.  Calls to schedule this benefit will be initiated from the health plan provider. You also have the option to initiate this benefit.  Observation and Behavioral Health stays are not eligible events for this benefit.

Cost	2023 (this year)	2024 (next year)
<p><b>Medicare Part B Prescription Drugs</b></p>	<p><b><u>In-Network</u></b>            You pay 20% coinsurance for Medicare Part B chemotherapy and radiation drugs.</p> <p>You pay 20% coinsurance for Medicare Part B insulin.</p> <p>You pay 20% coinsurance for other Medicare Part B drugs.</p> <p><b><u>Out-of-Network</u></b>            You pay 50% coinsurance for other Medicare Part B drugs.</p> <p>Step therapy not offered.</p> <p>Prior authorization is required for Medicare Part B insulin drugs.</p> <p>Prior authorization is <u>not</u> required for other Medicare Part B drugs.</p>	<p><b><u>In-Network</u></b>            You pay 0% to 20% coinsurance for Medicare Part B chemotherapy and radiation drugs.</p> <p>You pay \$35 copay for Medicare Part B insulin.</p> <p>You pay 0% to 20% coinsurance for other Medicare Part B drugs.</p> <p><b><u>Out-of-Network</u></b>            You pay 30% coinsurance for other Medicare Part B drugs.</p> <p>Plan may use step therapy for Part B to Part B, Part B to Part D, and Part D to Part B.</p> <p>Prior authorization is <u>not</u> required for Medicare Part B insulin drugs.</p> <p>Prior authorization is required for other Medicare Part B prescription drugs.</p>
<p><b>Outpatient Diagnostic Radiology Services – Echocardiography</b></p>	<p><b><u>Out-of-Network</u></b>            You pay \$75 copay for each Medicare-covered echocardiography service with an approved amount of \$1 to \$300.</p> <p>You pay \$175 copay for each Medicare-covered echocardiography service with an approved amount over \$300.</p>	<p><b><u>Out-of-Network</u></b>            You pay \$75 copay for each Medicare-covered echocardiography service with an approved amount of \$1 to \$350.</p> <p>You pay \$175 copay for each Medicare-covered echocardiography service with an approved amount over \$350.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Outpatient Mental Health Care</b></p>	<p><b><u>In-Network</u></b>                      You pay \$25 copay for each Medicare-covered individual or group therapy visit with a psychiatrist or other specialist.</p>	<p><b><u>In-Network</u></b>                      You pay \$20 copay for each Medicare-covered individual or group therapy visit with a psychiatrist or other specialist.</p>
<p><b>Outpatient Surgery &amp; Observation Services (at an Outpatient Facility)</b></p>	<p><b><u>In-Network</u></b>                      You pay \$225 copay for Medicare-covered outpatient hospital surgical services.                       You pay \$225 copay per stay for Medicare-covered observation services.</p> <p><b><u>Out-of-Network</u></b>                      You pay \$300 copay for Medicare-covered outpatient hospital surgical services.                       You pay \$300 copay for Medicare-covered observation services.</p>	<p><b><u>In-Network</u></b>                      You pay \$250 copay for Medicare-covered outpatient hospital surgical services.                       You pay \$0 copay per stay for Medicare-covered observation services.</p> <p><b><u>Out-of-Network</u></b>                      You pay \$350 copay for Medicare-covered outpatient hospital surgical services.                       You pay \$350 copay for Medicare-covered observation services.</p>



Cost	2023 (this year)	2024 (next year)
<b>Over-the-Counter Items (Non-Medicare-covered)</b>	Over-the-counter (OTC) items <u>not</u> covered.	Our plan provides a \$40 allowance every 3 months (quarterly) for qualifying OTC items. Unused allowance amounts can be carried forward to the next quarter. This benefit ends on 12/31 of each year. Unused allowance amounts cannot be carried forward to the new plan year. COVID test coverage is included in this benefit with all other OTC items. There is no additional coverage for COVID tests above the quarterly allowance.
<b>Podiatry Services</b>	<b><u>In-Network</u></b> You pay \$25 copay for each Medicare-covered foot care visit.	<b><u>In-Network</u></b> You pay \$20 copay for each Medicare-covered foot care visit.
<b>Skilled Nursing Facility (SNF) Care</b>	<b><u>In-Network</u></b> You pay \$0 copay per day for days 1-20 and \$184 copay per day for days 21-100 for each Medicare-covered SNF stay. <b><u>Out-of-Network</u></b> You pay \$50 copay per day for days 1-20 and \$184 copay per day for days 21-100 for each Medicare-covered SNF stay.	<b><u>In-Network</u></b> You pay \$0 copay per day for days 1-20 and \$203 copay per day for days 21-100 for each Medicare-covered SNF stay. <b><u>Out-of-Network</u></b> You pay \$50 copay per day for days 1-20 and \$203 copay per day for days 21-100 for each Medicare-covered SNF stay.
<b>Specialist Visits</b>	<b><u>In-Network</u></b> You pay \$25 copay for each Medicare-covered specialist visit.	<b><u>In-Network</u></b> You pay \$20 copay for each Medicare-covered specialist visit.
<b>Urgently Needed Services</b>	<b><u>In- and Out-of-Network</u></b> You pay \$25 copay for each Medicare-covered urgent care visit.	<b><u>In- and Out-of-Network</u></b> You pay \$20 copay for each Medicare-covered urgent care visit.

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## Section 1.5 – Changes to Part D Prescription Drug Coverage

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### Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is available on our website.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact your Healthcare Concierge for more information.

### Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by **September 30th**, please call your Healthcare Concierge and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call your Healthcare Concierge for more information.

**Important Message About What You Pay for Insulin** - You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

## Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

## Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<b>Stage 2: Initial Coverage Stage</b> During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b>	Your cost for a one-month supply at a network pharmacy:	Your cost for a one-month supply at a network pharmacy:
Most adult Part D vaccines are covered at no cost to you.	<b>Preferred Generics:</b> <i>Standard cost sharing:</i> You pay \$5 per prescription.	<b>Preferred Generics:</b> <i>Standard cost sharing:</i> You pay \$5 per prescription.
The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.	<i>Preferred cost sharing:</i> Not covered.	<i>Preferred cost sharing:</i> You pay \$0 per prescription.
For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> .	<b>Generics:</b> <i>Standard cost sharing:</i> You pay \$15 per prescription.	<b>Generics:</b> <i>Standard cost sharing:</i> You pay \$15 per prescription.
We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”	<i>Preferred cost sharing:</i> Not covered.	<i>Preferred cost sharing:</i> You pay \$5 per prescription.

Stage	2023 (this year)	2024 (next year)
	<p><b>Preferred Brands:</b>  <i>Standard cost sharing:</i>                      You pay \$45 per prescription.</p> <p>You will not pay more than \$35 copay per month supply of each insulin product covered by our plan.</p> <p><i>Preferred cost sharing:</i>                      Not covered.</p> <p><b>Non-Preferred Drugs:</b>  <i>Standard cost sharing:</i>                      You pay \$100 per prescription.</p> <p>You will not pay more than \$35 copay per month supply of each insulin product covered by our plan.</p> <p><i>Preferred cost sharing:</i>                      Not covered.</p>	<p><b>Preferred Brands:</b>  <i>Standard cost sharing:</i>                      You pay \$47 per prescription.</p> <p>You pay \$35 copay per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i>                      You pay \$47 per prescription.</p> <p>You pay \$35 copay per month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Drugs:</b>  <i>Standard cost sharing:</i>                      You pay \$100 per prescription.</p> <p>You pay \$35 copay per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i>                      You pay \$100 per prescription.</p> <p>You pay \$35 copay per month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
	<p><b>Specialty Drugs:</b>  <i>Standard cost sharing:</i>                      You pay 33% of the total cost.</p> <p><i>Preferred cost sharing:</i>                      Not covered.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Specialty Drugs:</b>  <i>Standard cost sharing:</i>                      You pay 33% of the total cost.</p> <p><i>Preferred cost sharing:</i>                      You pay 33% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit..**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

**SECTION 2 Administrative Changes**

Description	2023 (this year)	2024 (next year)
<p><b>Long-term supply of drugs</b>                      For some drugs you can get a long-term supply, also called an extended supply.</p>	<p>A long-term supply is a 90-day supply of drugs.</p>	<p>A long-term supply is a 100-day supply of drugs.</p>

Description	2023 (this year)	2024 (next year)
<b>Part D Prescription Drugs and Excluded Drugs</b>	We cover Part D prescription drugs that meet Medicare's requirements and have been approved by Medicare.	We cover Part D prescription drugs that meet Medicare's requirements and have been approved by Medicare. In addition, we cover prescription drugs that Medicare excludes from coverage. For more information see Chapter 5, Section 7 in your <i>Evidence of Coverage</i> .
<b>Preferred Network Pharmacies</b>	Preferred network pharmacies not offered.	The HealthTeam Advantage retail pharmacy network for 2024 now has both preferred and standard pharmacies to choose from when you fill your prescription drugs. You can go to all pharmacies in our network, but your cost for some drugs may be less when you use a preferred pharmacy. Preferred network pharmacies include all Cone Health Community Pharmacies, CVS, Harris Teeter, Walmart, and many local independent pharmacies.
<b>Service Area</b> To be eligible for this plan, you must reside in the service area.	Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Randolph, Rockingham, Stokes, and Yadkin counties	Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Orange, Randolph, Rockingham, Stokes, and Yadkin counties

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in HealthTeam Advantage Plan I (PPO)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our HealthTeam Advantage Plan I (PPO).

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, HealthTeam Advantage offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- **To change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from HealthTeam Advantage Plan I (PPO).
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from HealthTeam Advantage Plan I (PPO).
- **To change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact your Healthcare Concierge if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In North Carolina, the SHIP is called the North Carolina Seniors’ Health Insurance Information Program (SHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The SHIIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIIP at 1-855-408-1212. You can learn more about SHIIP by visiting their website ([www.ncdoi.com/SHIIP/](http://www.ncdoi.com/SHIIP/)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:



- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778 or;
- Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** North Carolina has a program called Medication Assistance Programs (MAP) and NC MedAssist that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the North Carolina AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-877-466-2232.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from HealthTeam Advantage Plan I (PPO)

Questions? We’re here to help. Please call your Healthcare Concierge at 1-888-965-1965. (TTY only, call 711.) We are available for phone calls October 1 – March 31, 8AM – 8PM Eastern, 7 days a week; April 1 – September 30, 8AM – 8PM Eastern, Monday through Friday. Calls to these numbers are free.

#### **Read your 2024 Evidence of Coverage (it has details about next year’s benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for HealthTeam Advantage Plan I (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.htanc.com](http://www.htanc.com). You may also call your Healthcare Concierge to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [www.htanc.com](http://www.htanc.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

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## Section 7.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.