



2018

# INFORMATION KIT



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.

Thank you for your interest in HealthTeam Advantage (PPO) Medicare Advantage plans. We know that selecting your 2018 healthcare coverage is **very** important and that you may have many questions along the way. Enclosed please find the information you requested.

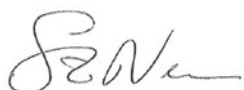
HealthTeam Advantage offers affordable Medicare Advantage health plans with all the coverage you need, plus extras you want with a **monthly premium as low as \$0, with prescription drug coverage**. In addition, HealthTeam Advantage offers value-added benefits, such as **a personal Healthcare Concierge, Fitness Program by Silver&Fit** and **optional dental, vision and hearing coverage**. As a local health plan serving the Piedmont Triad area, HealthTeam Advantage is committed to providing its members quality care and exemplary member service.

Call us today at 1-877-905-9216 (TTY 711) to find out how HealthTeam Advantage Medicare Advantage plans may help you save money and receive better benefits. We are available from 8 a.m. to 8 p.m., EST, seven days a week.

We look forward to serving you!

Sincerely,

Steve Neorr  
Chief Executive Officer

A handwritten signature in black ink, appearing to read "S Neorr", written in a cursive style.

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. You must continue to pay your Medicare Part B premiums. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, provider network, premium and/or copayments/coinsurance may change on January 1 of each year.

H9808\_18\_40 Approved

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# UNDERSTANDING ENROLLMENT PERIODS

2017

2018



**ENROLL**  
OCT 15 – DEC 7

YOU CANNOT ENROLL IN OUR PLAN AFTER DEC 7TH<sup>1</sup>

**SPECIAL ELECTION PERIOD (YEAR ROUND)**

<sup>1</sup>Unless you qualify for a special election period

**Open Enrollment Period:** October 15, 2017 through December 7, 2017

This is the time where you may choose to switch, drop or join a Medicare Advantage plan.

**Special Election Period:** Year-Round

If you answer yes to any of the following questions, you may be eligible for a Special Election Period. If you think you qualify, talk to your local sales agent.

- Have you recently moved?
- Are you currently receiving Extra Help with your health care costs?
- Do you no longer qualify for Extra Help with your health care 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 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?

**Disenrollment Period:** January 1, 2018 through February 14, 2018

For Medicare Advantage plans, you can leave your plan and switch to Original Medicare. If you switch to Original Medicare, you have until February 14, 2018 to sign up for a prescription drug plan.

During this period, you cannot:

- Switch from Original Medicare to a Medicare Advantage plan
- Switch from one Medicare Advantage plan to another



# THE HEALTHTEAM ADVANTAGE PROVIDER NETWORK

As a HealthTeam Advantage PPO health plan member, you can choose to receive care from any provider or hospital. In addition, because HealthTeam Advantage is a PPO plan, you do not need a referral to go to any doctor or hospital. We encourage you to select an in-network provider to act 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 select an out-of-network provider, please make sure that the provider accepts Medicare; otherwise, you will be responsible for the full cost of services. With the exception of emergencies or urgent care, it may cost more to get care from out-of-network providers. To view the most updated list of HealthTeam Advantage providers, go to [www.healthteamadvantage.com](http://www.healthteamadvantage.com).

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

2018 Medicare Star Ratings\*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, HealthTeam Advantage received the following Overall Star Rating from Medicare.

★★★★☆  
4.5 Stars

We received the following Summary Star Rating for HealthTeam Advantage's health/drug plan services:

Health Plan Services: ★★★★★  
5 Stars

Drug Plan Services: ★★★★★  
3.5 Stars

The number of stars shows how well our plan performs.

- ★★★★★ 5 stars - excellent
- ★★★★☆ 4 stars - above average
- ★★★☆☆ 3 stars - average
- ★★☆☆☆ 2 stars - below average
- ★☆☆☆☆ 1 star - poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 877-905-9216 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Current members please call 888-965-1965 (toll-free) or 711 (TTY).

\*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

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 a language other than English, 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 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)。

**\*Las calificaciones por estrellas están basadas en 5 estrellas. Las calificaciones por estrellas son evaluadas cada año y pueden cambiar de un año al otro.**

Care N' Care is a Medicare Advantage Organization with a Medicare contract. Enrollment in Care N' Care depends on contract renewal. Care N' Care 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 a language other than English, language assistance services, free of charge, are available to you. Call 1-877-665-2622 (TTY: 711) Care N' Care 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 1-877-665-2622 (TTY: 711). Care N' Care tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính. CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-665-2622 (TTY: 711)

# PLAN INFORMATION





2018

# SUMMARY OF BENEFITS

**HEALTHTEAM ADVANTAGE PLAN I (PPO)**  
**HEALTHTEAM ADVANTAGE PLAN II (PPO)**



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# SUMMARY OF BENEFITS

## HEALTHTEAM ADVANTAGE PLAN I (PPO) HEALTHTEAM ADVANTAGE PLAN II (PPO)

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This is a summary of drug and health services covered by HealthTeam Advantage Health Plan (PPO) January 1, 2018 - December 31, 2018.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of covered services, please call us to request the "Evidence of Coverage." You can contact us at the numbers listed below or find the Evidence of Coverage on our website at <https://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, Guilford, Randolph, Rockingham.

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. But if you want to, you can also use providers that are not in our network.

For questions, you can contact the plan at 1-877-905-9216 (TTY:711) from 8 a.m. to 8 p.m. (EST), 7 days a week. You can also find more information on our website at <https://www.healthteamadvantage.com>.

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PREMIUMS AND BENEFITS	HEALTHTEAM ADVANTAGE PLAN I		WHAT YOU SHOULD KNOW
Monthly Plan Premium	\$0 monthly		You must continue to pay your Medicare Part B premium.
Deductible	\$0		This plan does not have a deductible.
	IN-NETWORK	OUT-OF-NETWORK	
Maximum Out of Pocket Responsibility (does not include prescription drugs)	\$3,400	\$5,100	The most you pay for copays, coinsurance, and other costs for medical services for the year.
Inpatient Hospital Coverage	Days 1-6: \$250 copay per day Days 7-90: \$0 copay per day	Days 1-7: \$400 copay per day Days 8-90: \$0 copay per day	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior Authorization may be required.
Outpatient Hospital Coverage <ul style="list-style-type: none"> <li>• Outpatient Hospital Facility</li> <li>• Ambulatory Surgical Center</li> </ul>	\$190 copay per day \$175 copay per day	\$300 copay per day \$225 copay per day	Prior authorization may be required for some services. Please contact the plan for more information.
<b>DOCTOR VISITS</b>			
<ul style="list-style-type: none"> <li>• Primary Care Physician (PCP)</li> <li>• Specialist</li> </ul>	\$10 copay \$20 copay	\$45 copay \$50 copay	
Preventive Care	\$0 copay	\$30 copay	
Emergency Care	\$100 copay	\$100 copay	If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.
Urgently Needed Services	\$30 copay	\$30 copay	
<b>DIAGNOSTIC SERVICES/LABS/IMAGING</b>			
<ul style="list-style-type: none"> <li>• Diagnostic Radiology Service (e.g., MRI)</li> <li>• Lab Services <ul style="list-style-type: none"> <li>◦ at a lab facility</li> <li>◦ at outpatient hospital facility</li> </ul> </li> <li>• Diagnostic Tests and Procedures <ul style="list-style-type: none"> <li>◦ at a lab facility</li> <li>◦ at outpatient hospital facility</li> </ul> </li> <li>• Outpatient X-Rays <ul style="list-style-type: none"> <li>◦ included with physician visit</li> <li>◦ at outpatient facility</li> </ul> </li> </ul>	\$50 - \$200 copay  \$0 copay \$10 copay  \$0 copay \$5 copay  \$5 copay \$5 copay	\$75 - \$250 copay  \$10 copay \$25 copay  \$10 copay \$25 copay  \$10 copay \$25 copay	Prior authorization may be required for some services. Please contact the plan for more information.

PREMIUMS AND BENEFITS	HEALTHTEAM ADVANTAGE PLAN I		WHAT YOU SHOULD KNOW
HEARING SERVICES	IN-NETWORK	OUT-OF-NETWORK	
<ul style="list-style-type: none"> <li>• Medicare Covered Diagnostic Hearing Exam</li> <li>• Hearing Aid</li> <li>• Routine Hearing Exam</li> </ul>	\$35 copay  Not Covered \$5 copay	\$50 copay  Not Covered \$30 copay	1 per year
DENTAL SERVICES			
<ul style="list-style-type: none"> <li>• Oral Exam &amp; Cleaning</li> <li>• Fillings</li> <li>• Complete Dentures</li> </ul>	Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered	
VISION SERVICES			
<ul style="list-style-type: none"> <li>• Medicare Covered Diagnostic Exam</li> <li>• Routine Eye Exam</li> <li>• Eyeglasses (lenses and frames)/Contact Lenses after Cataract Surgery</li> </ul>	\$35 copay  \$5 copay \$0 copay	\$50 copay  \$30 copay 50% of the cost	1 per year. Materials covered up to Medicare approved limits.
MENTAL HEALTH SERVICES			
<ul style="list-style-type: none"> <li>• Inpatient Visit</li> <li>• Outpatient Group Therapy Visit</li> <li>• Outpatient Individual Therapy Visit</li> </ul>	Days 1-5: \$350 copay per day Days 6-90: \$0 copay per day \$40 copay \$40 copay	35% of the cost  \$60 copay \$60 copay	Services require prior authorization.
Skilled Nursing Facility (SNF)	Days 1-20: \$0 copay per day Days 21-100: \$150 copay per day	Days 1-20: \$40 copay per day Days 21-100: \$160 copay per day	Our plan covers up to 100 days in a SNF. Services require prior authorization.
REHABILITATION SERVICES			
<ul style="list-style-type: none"> <li>• Occupational Therapy Visit</li> <li>• Physical Therapy and Speech and Language Therapy Visit</li> </ul>	\$15 copay \$15 copay	\$40 copay \$40 copay	
Ambulance	\$225 copay	\$225 copay	Prior Authorization required for non-emergency transportation.
Transportation	Not Covered	Not Covered	
Medicare Part B Drugs	20% of the cost	30% of the cost	Prior authorization may be required
FOOT CARE (PODIATRY SERVICES)			
<ul style="list-style-type: none"> <li>• Foot Exams and Treatment</li> <li>• Routine Foot Care</li> </ul>	\$35 copay Not Covered	\$60 copay Not Covered	

PREMIUMS AND BENEFITS	HEALTHTEAM ADVANTAGE PLAN I		WHAT YOU SHOULD KNOW
<b>MEDICAL EQUIPMENT/SUPPLIES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	
<ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>• Prosthetics (e.g., braces, artificial limbs)</li> <li>• Diabetes Supplies</li> </ul>	20% of the cost	30% of the cost	Services require prior authorization
	20% of the cost	30% of the cost	Services require prior authorization
	\$0 copay	20% of the cost	Limited to the following manufacturers: Freestyle, Precision, and One Touch.
Wellness Programs (e.g., fitness)	\$0 copay	\$30 copay	Access to Silver and Fit network facilities. Members can change locations once per month.
<b>OUTPATIENT PRESCRIPTION DRUGS</b>			
	Retail Rx 30-day supply	Mail Order 90-day supply	
<b>PHASE 1: INITIAL COVERAGE</b>			
During the Initial Coverage Stage, you pay the following amount until your “total drug costs” (the amount paid by both you and the plan) reaches \$3,750.			
<ul style="list-style-type: none"> <li>• Tier 1: Preferred Generics</li> <li>• Tier 2: Generics</li> <li>• Tier 3: Preferred Brand</li> <li>• Tier 4: Non-Preferred Drugs</li> <li>• Tier 5: Specialty Drugs</li> </ul>	\$5 copay	\$10 copay	Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
	\$15 copay	\$30 copay	
	\$45 copay	\$90 copay	
	\$85 copay	\$170 copay	
	33% of the cost	33% of the cost	
<b>PHASE 2: COVERAGE GAP</b>			
For Tier 1 generic drugs, you pay either your Tier 1 copayment or 44% of the costs, whichever is lower. For all other covered generic drugs, you pay 44% of the costs. For covered brand name drugs, you pay 35% of the price (plus a portion of the dispensing fee). You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$5,000. This amount and rules for counting costs toward this amount have been set by Medicare.			
<b>PHASE 3: CATASTROPHIC COVERAGE</b>			
During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2018). Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount (either coinsurance for 5% of the cost of the drug, or \$3.35 for a generic drug or a drug that is related like a generic and \$8.35 for all other drugs).			

PREMIUMS AND BENEFITS	HEALTHTEAM ADVANTAGE PLAN I	WHAT YOU SHOULD KNOW
<b>OPTIONAL SUPPLEMENTAL BENEFITS</b>		
<b>DENTAL SERVICES ONLY</b>		
<ul style="list-style-type: none"> <li>• Monthly Premium</li> </ul>	\$25 monthly	
<b>ORAL EXAMS</b>		
<ul style="list-style-type: none"> <li>• Recall Exam (D0120)</li> <li>• Comprehensive Exam (D0150)</li> <li>• Routine Cleaning (D1110)</li> </ul>	\$0 copay \$0 copay \$0 copay	Up to 2 per year. 1 per year; New Patients Only; Limited to 1 every 3 years. Up to 2 per year.
<b>X-RAYS - (CHOOSE ONE OF THE FOLLOWING CATEGORIES EACH YEAR)</b>		
<ul style="list-style-type: none"> <li>• Bitewing X-Rays (D0270/D0272/D0273/D0274)</li> <li>• Full Mouth X-Rays (D0210)</li> </ul>	\$0 copay \$0 copay	1 set per year. 1 set per year; Allowed once every year.
<b>FILLINGS</b>		
<ul style="list-style-type: none"> <li>• Amalgam Filling - 1 surface (D2140)</li> <li>• Amalgam Filling - 2 surfaces (D2150)</li> <li>• Amalgam Filling - 3 surfaces (D2160)</li> <li>• Resin-Based Composite Filling Anterior - 1 surface (D2330)</li> <li>• Resin-Based Composite Filling Anterior - 2 surfaces (D2331)</li> <li>• Resin-Based Composite Filling Anterior - 3 surfaces (D2332)</li> </ul>	\$35 copay \$45 copay \$55 copay \$50 copay \$65 copay \$80 copay	Up to 4 total fillings per year.
Scaling and Root Planing (D4341)	\$50 copay per quadrant	Up to 2 quadrants per year.
Denture Adjustment (D5410/D5411)	\$0 copay	Total of 2 per year.
<b>EXTRACTIONS</b>		
<ul style="list-style-type: none"> <li>• Erupted Tooth (D7140)</li> <li>• Surgical (D7210)</li> </ul>	\$40 copay \$75 copay	Up to 2 per year.
<b>CROWNS</b>		
<ul style="list-style-type: none"> <li>• Porcelain Fused to Base Metal (D2751)</li> <li>• Porcelain Fused to Noble Metal (D2752)</li> <li>• Full Cast Base Metal (D2791)</li> <li>• Full Cast Noble Metal (D2792)</li> </ul>	\$305 copay \$320 copay \$307 copay \$305 copay	Total of 2 per year. Crowns have a 6 month waiting period.



PREMIUMS AND BENEFITS	HEALTHTEAM ADVANTAGE PLAN I	WHAT YOU SHOULD KNOW
<b>DENTAL, VISION AND HEARING SERVICES</b>		
• Monthly Premium	\$40 monthly	
<b>DENTAL SERVICES</b>		
<b>ORAL EXAMS</b>		
<ul style="list-style-type: none"> <li>• Recall Exam (D0120)</li> <li>• Comprehensive Exam (D0150)</li>   <li>• Routine Cleaning (D1110)</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$0 copay</li>   <li>\$0 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to 2 per year.</li> <li>1 per year;</li> <li>New Patients Only;</li> <li>Limited to 1 every 3 years.</li> <li>Up to 2 per year.</li> </ul>
<b>X-RAYS - (CHOOSE ONE OF THE FOLLOWING CATEGORIES EACH YEAR)</b>		
<ul style="list-style-type: none"> <li>• Bitewing X-Rays (D0270/D0272/D0273/D0274)</li> <li>• Full Mouth X-Rays (D0210)</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$0 copay</li> </ul>	<ul style="list-style-type: none"> <li>Limit 1 set per year.</li>   <li>1 set per year; Allowed once every 3 years.</li> </ul>
<b>FILLINGS</b>		
<ul style="list-style-type: none"> <li>• Amalgam Filling - 1 surface (D2140)</li> <li>• Amalgam Filling - 2 surfaces (D2150)</li> <li>• Amalgam Filling - 3 surfaces (D2160)</li> <li>• Resin-Based Composite Filling Anterior - 1 surface (D2330)</li> <li>• Resin-Based Composite Filling Anterior - 2 surfaces (D2331)</li> <li>• Resin-Based Composite Filling Anterior - 3 surfaces (D2332)</li> </ul>	<ul style="list-style-type: none"> <li>\$35 copay</li> <li>\$45 copay</li> <li>\$55 copay</li> <li>\$50 copay</li> <li>\$65 copay</li> <li>\$80 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to 4 total fillings per year.</li> </ul>
Scaling and Root Planing (D4341)	\$50 copay per quadrant	Up to 2 quadrants per year.
Denture Adjustment (D5410/D5411)	\$0 copay	Total of 2 per year.
<b>EXTRACTIONS</b>		
<ul style="list-style-type: none"> <li>• Erupted Tooth (D7140)</li> <li>• Surgical (D7210)</li> </ul>	<ul style="list-style-type: none"> <li>\$40 copay</li> <li>\$75 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to 2 per year.</li> </ul>
<b>CROWNS</b>		
<ul style="list-style-type: none"> <li>• Porcelain Fused to Base Metal (D2751)</li> <li>• Porcelain Fused to Noble Metal (D2752)</li> <li>• Full Cast Base Metal (D2791)</li> <li>• Full Cast Noble Metal (D2792)</li> </ul>	<ul style="list-style-type: none"> <li>\$305 copay</li> <li>\$320 copay</li> <li>\$307 copay</li> <li>\$305 copay</li> </ul>	<ul style="list-style-type: none"> <li>Total of 2 per year.</li> <li>Crowns have a 6 month waiting period.</li> </ul>

PREMIUMS AND BENEFITS	HEALTHTEAM ADVANTAGE PLAN I	WHAT YOU SHOULD KNOW
<b>VISION SERVICES</b>		
<ul style="list-style-type: none"> <li>• Routine Eye Exam</li> <li>• Frames &amp; Lenses OR Contacts</li> </ul>	<p style="text-align: center;">\$0 copay</p> <p style="text-align: center;">\$0 copay</p>	<p style="text-align: center;">1 per year. \$200 coverage limit per year. Excludes any in-store or in-office provider specials.</p>
<b>HEARING SERVICES</b>		
<ul style="list-style-type: none"> <li>• Routine Hearing Screening Test</li> <li>• Hearing Aid Fitting Evaluation</li> <li>• Hearing Aids</li> </ul>	<p style="text-align: center;">\$0 copay</p> <p style="text-align: center;">\$0 copay</p> <p style="text-align: center;">\$0 copay</p>	<p style="text-align: center;">Limited to 1 per year. Up to 1 every 3 years. \$800 coverage limit every 3 years; for both ears.</p>



PREMIUMS AND BENEFITS	HEALTHTEAM ADVANTAGE PLAN II		WHAT YOU SHOULD KNOW
Monthly Plan Premium	\$57 monthly		You must continue to pay your Medicare Part B premium.
Deductible	\$0		This plan does not have a deductible.
	IN-NETWORK	OUT-OF-NETWORK	
Maximum Out of Pocket Responsibility (does not include prescription drugs)	\$3,100	\$5,100	The most you pay for copays, coinsurance, and other costs for medical services for the year.
Inpatient Hospital Coverage	Day 1: \$250 copay Days 2-6: \$125 copay per day Days 7-90: \$0 copay per day	Days 1-6: \$425 copay per day Days 7-90: \$0 copay per day	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior Authorization may be required.
Outpatient Hospital Coverage <ul style="list-style-type: none"> <li>• Outpatient Hospital Facility</li> <li>• Ambulatory Surgical Center</li> </ul>	\$150 copay per day \$125 copay per day	\$300 copay per day \$200 copay per day	Prior authorization may be required for some services. Please contact the plan for more information.
<b>DOCTOR VISITS</b>			
<ul style="list-style-type: none"> <li>• Primary Care Physician (PCP)</li> <li>• Specialist</li> </ul>	\$7 copay \$15 copay	\$40 copay \$50 copay	
Preventive Care	\$0 copay	\$30 copay	
Emergency Care	\$100 copay	\$100 copay	If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.
Urgently Needed Services	\$30 copay	\$30 copay	
<b>DIAGNOSTIC SERVICES/LABS/IMAGING</b>			
<ul style="list-style-type: none"> <li>• Diagnostic Radiology Service (e.g., MRI)</li> <li>• Lab Services <ul style="list-style-type: none"> <li>◦ at a lab facility</li> <li>◦ at outpatient hospital facility</li> </ul> </li> <li>• Diagnostic Tests and Procedures <ul style="list-style-type: none"> <li>◦ at a lab facility</li> <li>◦ at outpatient hospital facility</li> </ul> </li> <li>• Outpatient X-Rays <ul style="list-style-type: none"> <li>◦ included with physician visit</li> <li>◦ at outpatient facility</li> </ul> </li> </ul>	\$50 - \$175 copay  \$0 copay \$10 copay  \$0 copay \$5 copay  \$0 copay \$0 copay	\$75 - \$200 copay  \$20 copay \$50 copay  \$10 copay \$25 copay  \$10 copay \$25 copay	Prior authorization may be required for some services. Please contact the plan for more information.

PREMIUMS AND BENEFITS		HEALTHTEAM ADVANTAGE PLAN II		WHAT YOU SHOULD KNOW
HEARING SERVICES		IN-NETWORK	OUT-OF-NETWORK	
<ul style="list-style-type: none"> <li>• Medicare Covered Diagnostic Hearing Exam</li> <li>• Hearing Aid</li> <li>• Routine Hearing Exam</li> </ul>		\$25 copay	\$40 copay	1 per year.
		Not Covered \$5 copay	Not Covered \$30 copay	
DENTAL SERVICES				
<ul style="list-style-type: none"> <li>• Oral Exam &amp; Cleaning</li> <li>• Fillings</li> <li>• Complete Dentures</li> </ul>		Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered	
VISION SERVICES				
<ul style="list-style-type: none"> <li>• Medicare Covered Diagnostic Exam</li> <li>• Routine Eye Exam</li> <li>• Eyeglasses (lenses and frames)/Contact Lenses</li> </ul>		\$25 copay	\$40 copay	1 per year. Maximum benefit of \$100.
		\$5 copay \$0 copay	\$30 copay 50% of the cost	
MENTAL HEALTH SERVICES				
<ul style="list-style-type: none"> <li>• Inpatient Visit</li> <li>• Outpatient Group Therapy Visit</li> <li>• Outpatient Individual Therapy Visit</li> </ul>		Days 1-5: \$300 copay per day Days 6-90: \$0 copay per day \$40 copay	35% of the cost  \$55 copay \$55 copay	Services require prior authorization.
Skilled Nursing Facility (SNF)		Days 1-20: \$0 copay per day Days 21-100: \$140 copay per day	Days 1-20: \$40 copay per day Days 21-100: \$160 copay per day	Our plan covers up to 100 days in a SNF. Services require prior authorization.
REHABILITATION SERVICES				
<ul style="list-style-type: none"> <li>• Occupational Therapy Visit</li> <li>• Physical Therapy and Speech and Language Therapy Visit</li> </ul>		\$10 copay \$10 copay	\$30 copay \$30 copay	
Ambulance		\$200 copay	\$200 copay	Prior Authorization required for non-emergency transportation.
Transportation		Not Covered	Not Covered	
Medicare Part B Drugs		20% of the cost	30% of the cost	Prior authorization may be required.
FOOT CARE (PODIATRY SERVICES)				
<ul style="list-style-type: none"> <li>• Foot Exams and Treatment</li> <li>• Routine Foot Care</li> </ul>		\$25 copay Not Covered	\$60 copay Not Covered	

PREMIUMS AND BENEFITS	HEALTHTEAM ADVANTAGE PLAN II		WHAT YOU SHOULD KNOW
<b>MEDICAL EQUIPMENT/SUPPLIES</b>			
<ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>• Prosthetics (e.g., braces, artificial limbs)</li> <li>• Diabetes Supplies</li> </ul>	20% of the cost	30% of the cost	Services require prior authorization.
	20% of the cost	30% of the cost	Services require prior authorization.
	\$0 copay	20% of the cost	Limited to the following manufacturers: Freestyle, Precision, and One Touch.
Wellness Programs (e.g., fitness)	\$0 copay	\$30 copay	Access to Silver and Fit network facilities. Members can change locations once per month.
<b>OUTPATIENT PRESCRIPTION DRUGS</b>			
	Retail Rx 30-day supply	Mail Order 90-day supply	
<b>PHASE 1: INITIAL COVERAGE</b>			
During the Initial Coverage Stage, you pay the following amount until your “total drug costs” (the amount paid by both you and the plan) reaches \$3,750.			
<ul style="list-style-type: none"> <li>• Tier 1: Preferred Generics</li> <li>• Tier 2: Generics</li> <li>• Tier 3: Preferred Brand</li> <li>• Tier 4: Non-Preferred Drugs</li> <li>• Tier 5: Specialty Drugs</li> </ul>	\$0 copay	\$0 copay	Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
	\$12 copay	\$24 copay	
	\$40 copay	\$80 copay	
	\$75 copay	\$150 copay	
	33% of the cost	33% of the cost	
<b>PHASE 2: COVERAGE GAP</b>			
For Tier 1 generic drugs, you pay either your Tier 1 copayment or 44% of the costs, whichever is lower. For all other covered generic drugs, you pay 44% of the costs. For covered brand name drugs, you pay 35% of the price (plus a portion of the dispensing fee). You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$5,000. This amount and rules for counting costs toward this amount have been set by Medicare.			
<b>PHASE 3: CATASTROPHIC COVERAGE</b>			
During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2018). Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount (either coinsurance for 5% of the cost of the drug, or \$3.35 for a generic drug or a drug that is related like a generic and \$8.35 for all other drugs).			

PREMIUMS AND BENEFITS	HEALTHTEAM ADVANTAGE PLAN II	WHAT YOU SHOULD KNOW
<b>OPTIONAL SUPPLEMENTAL BENEFITS</b>		
<b>DENTAL SERVICES ONLY</b>		
<ul style="list-style-type: none"> <li>• Monthly Premium</li> </ul>	\$25 monthly	
<b>ORAL EXAMS</b>		
<ul style="list-style-type: none"> <li>• Recall Exam (D0120)</li> <li>• Comprehensive Exam (D0150)</li> <li>• Routine Cleaning (D1110)</li> </ul>	\$0 copay \$0 copay \$0 copay	Up to 2 per year. 1 per year; New Patients Only; Limited to 1 every 3 years. Up to 2 per year.
<b>X-RAYS - (CHOOSE ONE OF THE FOLLOWING CATEGORIES EACH YEAR)</b>		
<ul style="list-style-type: none"> <li>• Bitewing X-Rays (D0270/D0272/D0273/D0274)</li> <li>• Full Mouth X-Rays (D0210)</li> </ul>	\$0 copay \$0 copay	1 set per year. 1 set per year; Allowed once every year.
<b>FILLINGS</b>		
<ul style="list-style-type: none"> <li>• Amalgam Filling - 1 surface (D2140)</li> <li>• Amalgam Filling - 2 surfaces (D2150)</li> <li>• Amalgam Filling - 3 surfaces (D2160)</li> <li>• Resin-Based Composite Filling Anterior - 1 surface (D2330)</li> <li>• Resin-Based Composite Filling Anterior - 2 surfaces (D2331)</li> <li>• Resin-Based Composite Filling Anterior - 3 surfaces (D2332)</li> </ul>	\$35 copay \$45 copay \$55 copay \$50 copay \$65 copay \$80 copay	Up to 4 total fillings per year.
Scaling and Root Planing (D4341)	\$50 copay per quadrant	Up to 2 quadrants per year.
Denture Adjustment (D5410/D5411)	\$0 copay	Total of 2 per year.
<b>EXTRACTIONS</b>		
<ul style="list-style-type: none"> <li>• Erupted Tooth (D7140)</li> <li>• Surgical (D7210)</li> </ul>	\$40 copay \$75 copay	Up to 2 per year.
<b>CROWNS</b>		
<ul style="list-style-type: none"> <li>• Porcelain Fused to Base Metal (D2751)</li> <li>• Porcelain Fused to Noble Metal (D2752)</li> <li>• Full Cast Base Metal (D2791)</li> <li>• Full Cast Noble Metal (D2792)</li> </ul>	\$305 copay \$320 copay \$307 copay \$305 copay	Total of 2 per year. Crowns have a 6 month waiting period.

PREMIUMS AND BENEFITS	HEALTHTEAM ADVANTAGE PLAN II	WHAT YOU SHOULD KNOW
<b>DENTAL, VISION AND HEARING SERVICES</b>		
• Monthly Premium	\$40 monthly	
<b>DENTAL SERVICES</b>		
<b>ORAL EXAMS</b>		
<ul style="list-style-type: none"> <li>• Recall Exam (D0120)</li> <li>• Comprehensive Exam (D0150)</li>   <li>• Routine Cleaning (D1110)</li> </ul>	\$0 copay \$0 copay  \$0 copay	Up to 2 per year. 1 per year; New Patients Only; Limited to 1 every 3 years. Up to 2 per year.
<b>X-RAYS - (CHOOSE ONE OF THE FOLLOWING CATEGORIES EACH YEAR)</b>		
<ul style="list-style-type: none"> <li>• Bitewing X-Rays (D0270/ D0272/D0273/D0274)</li> <li>• Full Mouth X-Rays (D0210)</li> </ul>	\$0 copay  \$0 copay	1 set per year.  1 set per year; Allowed once every 3 years.
<b>FILLINGS</b>		
<ul style="list-style-type: none"> <li>• Amalgam Filling - 1 surface (D2140)</li> <li>• Amalgam Filling - 2 surfaces (D2150)</li> <li>• Amalgam Filling - 3 surfaces (D2160)</li> <li>• Resin-Based Composite Filling Anterior - 1 surface (D2330)</li> <li>• Resin-Based Composite Filling Anterior - 2 surfaces (D2331)</li> <li>• Resin-Based Composite Filling Anterior - 3 surfaces (D2332)</li> </ul>	\$35 copay \$45 copay \$55 copay \$50 copay \$65 copay \$80 copay	Up to 4 total fillings per year.
Scaling and Root Planing (D4341)	\$50 copay per quadrant	Up to 2 quadrants per year.
Denture Adjustment (D5410/ D5411)	\$0 copay	Total of 2 per year.
<b>EXTRACTIONS</b>		
<ul style="list-style-type: none"> <li>• Erupted Tooth (D7140)</li> <li>• Surgical (D7210)</li> </ul>	\$40 copay \$75 copay	Up to 2 per year.
<b>CROWNS</b>		
<ul style="list-style-type: none"> <li>• Porcelain Fused to Base Metal (D2751)</li> <li>• Porcelain Fused to Noble Metal (D2752)</li> <li>• Full Cast Base Metal (D2791)</li> <li>• Full Cast Noble Metal (D2792)</li> </ul>	\$305 copay \$320 copay \$307 copay \$305 copay	Total of 2 per year. Crowns have a 6 month waiting period.

VISION SERVICES		
<ul style="list-style-type: none"> <li>• Routine Eye Exam</li> <li>• Frames &amp; Lenses OR Contacts</li> </ul>	<p>\$0 copay</p> <p>\$0 copay</p>	<p>1 per year.</p> <p>\$200 coverage limit per year. Excludes any in-store or in-office provider specials.</p>
HEARING SERVICES		
<ul style="list-style-type: none"> <li>• Routine Hearing Screening Test</li> <li>• Hearing Aid Fitting Evaluation</li> <li>• Hearing Aids</li> </ul>	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p>	<p>1 per year.</p> <p>Up to 1 every 3 years.</p> <p>\$800 coverage limit every 3 years; for both ears.</p>

If you want to know more about the coverage and costs of original Medicare, look in 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 see our plan’s provider directory at our website at [www.healthteamadvantage.com](http://www.healthteamadvantage.com). You can see our plan’s pharmacy directory at our website at [www.healthteamadvantage.com](http://www.healthteamadvantage.com).

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [www.healthteamadvantage.com](http://www.healthteamadvantage.com).

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



# HEALTHCARE CONCIERGE SERVICE

Personal assistance from a HealthTeam Advantage Concierge.

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**At HealthTeam Advantage, your Healthcare Concierge is your single point of contact and trusted partner committed to working with you throughout your entire healthcare experience.**

When you enroll in a HealthTeam Advantage PPO plan, you will have a personal Healthcare Concierge who will work closely with you each time you need assistance. As a member of HealthTeam Advantage, you are more than just a member – you are part of our family.

## **Your HealthTeam Advantage Healthcare Concierge can help:**

- **EXPLAIN HEALTH BENEFITS.** Your Healthcare Concierge will take the guesswork out of understanding your health plan coverage. Give them a call or send an email and they can answer questions you may have about your health plan benefits, services, pending claims, or account status.
- **FIND A HEALTHCARE PROVIDER.** Your Healthcare Concierge is available to help you access the healthcare you need. Your Healthcare Concierge can assist with locating providers within the HealthTeam Advantage network as well as assist you with scheduling an appointment.
- **VERIFY HEALTH PLAN COVERAGE AND ASSIST WITH CLAIMS AND BILLING PROCESS.** Navigating the healthcare system can sometimes be confusing. Your Healthcare Concierge can confirm your health plan coverage, verify status and assist you with the claims and billing process.

Your Healthcare Concierge's first priority is to make sure you are provided with excellent member service. Members will be able to contact their Personal Healthcare Concierge by phone, email, or video conference by appointment.

**HealthTeam Advantage - Not just caring for you, caring about you!**





# FITNESS BENEFIT

The Silver&Fit Exercise & Healthy Aging Program - Something for Everyone™!

**Staying healthy and active is important to your overall health. When you join a HealthTeam Advantage plan, you will be eligible to participate in the Silver&Fit Exercise and Healthy Aging Program at no cost. This program is a unique opportunity to help you stay active whether you are at home or on the road.**

## **Fitness at a location:**

The Silver&Fit Exercise & Healthy Aging Program provides members access to a broad network of participating fitness centers and instructor-led classes. Some fitness centers have classes designed for older adults.

## **Fitness at home:**

Don't want to go to a fitness center? No problem! You can exercise in your home using the Home Fitness program. Choose up to 2 Home Fitness Kits each benefit year. These kits may include DVDs, guides, and other items to help you get fit on your own terms.

## **The Silver&Fit Program gives members:**

- Access to a fitness club or exercise center
- Group classes made for older adults, where offered
- The option to work out at home, instead of at a fitness center, using up to 2 Home Fitness Kits per benefit year
- Healthy aging materials (online or DVD)
- A newsletter 4 times a year
- The Silver&Fit Connected™ program, a fun and easy way to track exercise at a fitness center or through a wearable fitness device or app (Purchase of a device or app is not included in the Silver&Fit Program)
- Other web tools, like a fitness center search, online classes, and more!

To find out more about the Silver&Fit Program, please go to

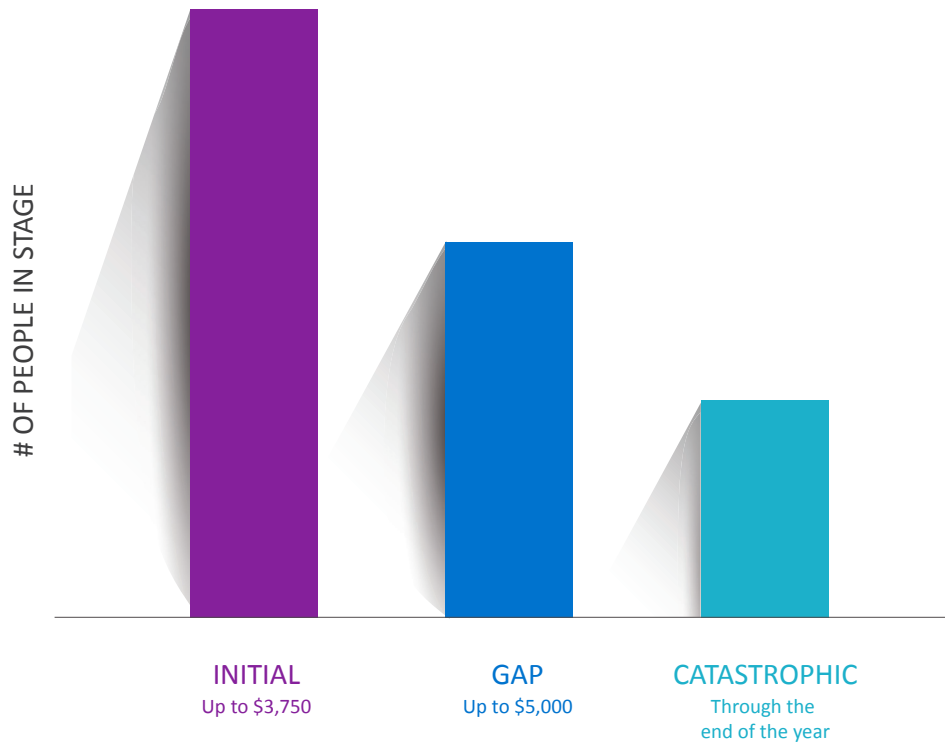
**[www.SilverandFit.com](http://www.SilverandFit.com)** or call toll-free 1-877-427-4788 (TTY 1-877-710-2746)

Monday through Friday, 7 a.m. to 8 p.m. (CST)

The Silver&Fit Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit and Silver&Fit Connected! are trademarks of ASH and used with permission herein. All programs and services are not available in all areas. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Your use of the Silver&Fit Connected! program serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness) to receive information about your tracked activity and to use that data to process and administer available rewards to you under the program.

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a H9808\_18\_13 Accepted Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

# UNDERSTANDING DRUG PAYMENT STAGES



## INITIAL COVERAGE STAGE

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

**The plan pays the rest until your total drug costs (paid by you and the plan) reach \$3,750.**

## COVERAGE GAP STAGE

During this stage you pay 35% of the total cost for brand name drugs and 44% of the total cost for generic drugs.

**Once your out-of-pocket costs reach \$5,000, you move to catastrophic coverage.**

## CATASTROPHIC COVERAGE STAGE

In this stage you pay only a small copay or coinsurance amount for each filled prescription.

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

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. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments may change on January 1 of each year.

# DENTAL HEALTH

Taking care of your health includes caring for your teeth, too.

At HealthTeam Advantage, we believe your dental health can have a direct impact on your overall health and well-being, and may have an influence on the development of certain conditions, such as diabetes and heart disease.

HealthTeam Advantage's **Dental Rider** helps meet most of your everyday dental needs. The rider covers services most often used, without the need for a referral or preauthorization. Members receive all of the services with only a \$25 additional monthly premium.

## Exams – choose two per year (either two A's or one A and one B):

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
A	D0120	Recall Exam	Up to 2 per year	\$0
B	D0150	Comprehensive Exam	1 per year; New Patients only; Limited to 1 every 3 years	\$0

## Cleanings:

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
A	D1110	Routine Cleaning	2 per year	\$0

## X-Rays – choose one per year (A or B):

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
A	D0270/D0272/D0273/D0274	Bitewing X-Rays	1 set per year	\$0
B	D0210	Full Mouth X-Rays	1 set per year; Allowed once every 3 years	\$0

## Fillings:

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
A	D2140	Amalgam Filling - one surface	Up to 4 total fillings per year	\$35
B	D2150	Amalgam Filling - two surfaces		\$45
C	D2160	Amalgam Filling - three surfaces		\$55
D	D2330	Resin-Based Composite - one surface, anterior		\$50
E	D2331	Resin-Based Composite - two surfaces, anterior		\$65
F	D2332	Resin-Based Composite - three surfaces, anterior		\$80

**Scaling and Root Planing:**

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
	D4341	Scaling and Root Planing (per quadrant)	Up to 2 quads per year	\$50 copay per quadrant

**Denture Adjustments:**

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
	D5410 or D5411	Denture Adjustment	Total of 2 per year	\$0

**Extractions:**

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
<b>A</b>	D7140	Extraction, Erupted Tooth	Up to 2 per year	\$40
<b>B</b>	D7210	Extraction, Surgical		\$75

**Crowns:**

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
<b>A</b>	D2751	Crown - Porcelain Fused to Base Metal	Total of 2 per year. Crowns have a 6 month waiting period.	\$305
<b>B</b>	D2752	Crown - Porcelain Fused to Noble Metal		\$320
<b>C</b>	D2791	Crown - Full Cast Base Metal		\$307
<b>D</b>	D2792	Crown - Full Cast Noble Metal		\$305

**OUT-OF-NETWORK BENEFIT**

Member reimbursed according to the current out-of-network fee schedule reimbursement rate. Member must submit bill showing paid in full to provider. For more information contact the plan.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.



# DENTAL - VISION - HEARING HEALTH

Supplemental Combination Rider provides peace of mind knowing you have the extra coverage.

Sometimes we need a little something extra to care for our vision, hearing, and dental needs. HealthTeam Advantage offers a supplemental combination rider to fill the gap.

## \$40 ADDITIONAL MONTHLY PREMIUM

HERE ARE SOME OF THE BENEFITS:

### Comprehensive Dental Services

- » Up to 2 oral exams per year
- » Up to 2 routine cleanings per year
- » 1 dental X-Ray per year

### Hearing Services

- » 1 routine hearing screening test per year
- » 1 hearing aid fitting (ever 3 years)
- » \$800 plan coverage limit for hearing aids (every 3 years for both ears)

### Vision Services

- » 1 routine eye exam per year
- » \$200\* plan coverage limit every year for eyewear (frames and lenses OR contacts)

\*excludes in-store provider specials

Exams – choose two per year (either two A's or one A and one B):

### COVERED DENTAL BENEFITS

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
<b>A</b>	D0120	Recall Exam	Up to 2 per year	\$0
<b>B</b>	D0150	Comprehensive Exam	1 per year; New Patients only; Limited to 1 every 3 years	\$0

Cleanings:

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
<b>A</b>	D1110	Routine Cleaning	2 per year	\$0

X-Rays – choose one per year (A or B):

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
<b>A</b>	D0270/D0272/D0273/D0274	Bitewing X-Rays	1 set per year	\$0
<b>B</b>	D0210	Full Mouth X-Rays	1 set per year; Allowed once every 3 years	\$0

Fillings:

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
<b>A</b>	D2140	Amalgam Filling - one surface	Up to 4 total fillings per year	\$35
<b>B</b>	D2150	Amalgam Filling - two surfaces		\$45
<b>C</b>	D2160	Amalgam Filling - three surfaces		\$55
<b>D</b>	D2330	Resin-Based Composite - one surface, anterior		\$50
<b>E</b>	D2331	Resin-Based Composite - two surfaces, anterior		\$65
<b>F</b>	D2332	Resin-Based Composite - three surfaces, anterior		\$80

**Scaling and Root Planing:**

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
	D4341	Scaling and Root Planing (per quadrant)	Up to 2 quads per year	\$50

**Denture Adjustments:**

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
	D5410 or D5411	Denture Adjustment	Total of 2 per year	\$0

**Extractions**

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
<b>A</b>	D7140	Extraction, Erupted Tooth	Up to 2 per year	\$40
<b>B</b>	D7210	Extraction, Surgical		\$75

**Crowns:**

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
<b>A</b>	D2751	Crown - Porcelain Fused to Base Metal	Total of 2 per year. Crowns have a 6 month waiting period.	\$305
<b>B</b>	D2752	Crown - Porcelain Fused to Noble Metal		\$320
<b>C</b>	D2791	Crown - Full Cast Base Metal		\$307
<b>D</b>	D2792	Crown - Full Cast Noble Metal		\$305

COVERED VISION BENEFITS				
DESCRIPTION		LIMITATIONS	COPAY	
Routine Eye Exam		1 per year	\$0	
Framed & Lenses OR Contacts (excludes in-store or in-office provider specials)		\$200 coverage limit per year	\$0	

COVERED HEARING BENEFITS				
DESCRIPTION		LIMITATIONS	COPAY	
Routine Hearing Screening Test		1 per year	\$0	
Hearing Aid Fitting Evaluation		Up to 1 every 3 years	\$0	
Hearing Aid		\$800 coverage limit every 3 years for both ears	\$0	

OUT-OF-NETWORK BENEFIT
Member reimbursed according to the current out-of-network fee schedule reimbursement rate. Member must submit bill showing paid in full to provider. For more information, contact the plan.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, provider network, premium, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

# NONDISCRIMINATION NOTICE

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. 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 1-888-965-1965 (TTY: 711) October 1 - February 14, 8AM – 8PM Eastern, 7 days a week; February 15 - September 30, 8AM – 8PM Eastern, Monday through Friday.

If you believe that HealthTeam Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: HealthTeam Advantage, Inc. Attn: Appeals and Grievances, 7800 McCloud Road, Suite 100, Greensboro, NC 27409, 1-888-965-1965, (TTY 711), or via fax at 1-800-845-4104. 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/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-965-1965 ATS: 711.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur 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:** સચનલ: જો રાતી બોલતા હો, તો ક ભાષા સહાય સેવાઓ તમારા માટે તમે ગજ ન:શુદ

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:** ध्यानद यदद आप ह िंदी बोलते हैं तो आपके दलए म्मु त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-965-1965 TTY: 711 पर कॉल करें।

**Laotian:** ໂປດຊາບ: ຖ້າ ງູ່ າ ທ່ າ ນູ່ ອູ່ າ ພາສາ ລາວ, ອດັ າ ນພາສາ, ໂດຍ ບໍ່ ມັ ສັ ງ ອ່ າ ນ. ໂທ 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, សេវាជំនួយខុទ្ទកម្មភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់ អ្នក។ ចូរ ទូរស័ព្ទ 1-888-965-1965 TTY: 711។

**(Arabic):**

1-888-965-1965 (711: TTY) فظوحام: اذابتن ك ث د ح، نر كذا ع غ ل لان إ ن ت ادخ د ع اس م ل اة بوع ل ل ا ر ناو ن ن ك ل ن ا ج م ل ب. ل ص ن ا م ز ر ب





## HEALTHTEAM ADVANTAGE HEALTH PLAN CONTACT INFORMATION

### **WEB ADDRESS**

Visit HealthTeam Advantage at  
[www.healthteamadvantage.com](http://www.healthteamadvantage.com).

### **SALES INFORMATION**

Prospective members call toll-free  
1-877-905-9216 for questions related to  
HealthTeam Advantage Medicare Advantage  
Plans from 8am - 8pm, EST, seven days a week.

### **HEALTHCARE CONCIERGE**

Current HealthTeam Advantage members call your  
Healthcare Concierge toll-free at 1-888-965-1965  
for questions related to your HealthTeam Advantage  
Medicare Advantage Plan, October 1 - February 14,  
8am to 8pm, CST, seven days a week or February 15  
- September 30, 8am to 8pm, EST, Monday  
through Friday.

### **TTY USERS**

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

### **PRESCRIPTION DRUG BENEFIT**

Current HealthTeam Advantage members call  
toll-free 1-888-965-1965 for questions related  
to your HealthTeam Advantage Part D  
Prescription Drug Benefit. Prospective members  
call toll-free 1-877-905-9216 for questions  
related to the HealthTeam Advantage Part D  
Prescription Drug Benefit.

### **MEDICARE INFORMATION**

For more information about Medicare,  
call Medicare at 1-800-Medicare  
(1-800-633-4227). TTY users should call  
1-877-486-2048. You can call 24 hours  
a day, seven days a week or, visit  
<https://www.medicare.gov>.