



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)。

Out-of-network/non-contracted providers are under no obligation to treat HealthTeam Advantage members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

2018

	HEALTHTEAM ADVANTAGE PLAN I (PPO)		HEALTHTEAM ADVANTAGE PLAN II (PPO)	
Plan Premium	\$0		\$57	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
OUT-OF-POCKET MAXIMUM	\$3,400	\$5,100	\$3,100	\$5,100
DOCTOR OFFICE VISITS				
Primary Care Physician (PCP) Visits	\$10 copay	\$45 copay	\$7 copay	\$40 copay
Specialist Visits	\$20 copay	\$50 copay	\$15 copay	\$50 copay
PODIATRY	\$35 copay	\$60 copay	\$25 copay	\$60 copay
ANNUAL PHYSICAL EXAM	\$0 copay	\$20	\$0 copay	\$20 copay
INPATIENT HOSPITAL CARE	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	Day 1 \$250 copay per day 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
SKILLED NURSING FACILITY (SNF) CARE	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	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
OUTPATIENT REHABILITATION SERVICES				
Occupational Therapy Visit	\$15 copay	\$40 copay	\$10 copay	\$30 copay
Physical / Speech / Language Visits	\$15 copay	\$40 copay	\$10 copay	\$30 copay
HOME HEALTH SERVICES	\$25 copay	\$45 copay	\$10 copay	\$40 copay
AMBULANCE	\$225 copay		\$200 copay	
EMERGENCY CARE	\$100 copay		\$100 copay	
OUTPATIENT SURGERY				
Ambulatory Surgical Center	\$175 copay	\$225 copay	\$125 copay	\$200 copay
Outpatient Hospital Facility	\$190 copay	\$300 copay	\$150 copay	\$300 copay
DIAGNOSTIC TESTS & LAB SERVICES				
Diagnostic Tests and Procedures	\$0-5 copay	\$10-25 copay	\$0-\$5 copay	\$10-\$25 copay
Lab Services	\$0-10 copay	\$10-25 copay	\$0-\$10 copay	\$20-\$50 copay
OUTPATIENT X-RAYS	\$5 copay	\$10-25 copay	\$0 copay	\$10-25 copay
THERAPEUTIC RADIOLOGY SERVICES (such as radiation treatment for cancer)	20% of the cost	30% of the cost	20% of the cost	30% of the cost
DURABLE MEDICAL EQUIPMENT	20% of the cost	30% of the cost	20% of the cost	30% of the cost

ADDITIONAL BENEFITS				
FITNESS	Unlimited number of visits to a Silver&Fit® participating fitness facility. You can switch fitness facilities once per month.		Unlimited number of visits to a Silver&Fit® participating fitness facility. You can switch fitness facilities once per month.	
DENTAL SERVICES				
Limited Medicare Covered Services	\$35 copay	\$50 copay	\$25 copay	\$40 copay
VISION COVERAGE				
Routine Eye Exam (for up to 1 every year)	\$5 copay	\$30 copay	\$5 copay	\$30
Eyeglasses or contact lenses after cataract surgery	\$0 copay	50% of the cost	\$0 copay	50% of the cost
Non-Medicare Prescription eyewear	Not Covered	Not Covered	Up to \$100 every year for eyewear from any provider	
HEARING COVERAGE				
Exam to diagnose and treat hearing and balance issues	\$35	\$50 copay	\$25 copay	\$40 copay
Routine Hearing Exam (for up to 1 every year)	\$5 copay	\$30 copay	\$5 copay	\$30 copay

For more information on HealthTeam Advantage (PPO) health plans, please call 1-877-905-9216 (TTY 711) from 8am – 8pm (EST), seven days a week.



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. You must continue to pay your Medicare Part B premium.

TRUSTED MEDICARE PLAN

Your local,
doctor-directed
Medicare Plan

Call Toll-Free
1-877-905-9216 (TTY 711)
8am-8pm (EST)
Seven days a week

www.healthteamadvantage.com



2018



PLAN BENEFIT HIGHLIGHTS

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

PRESCRIPTION DRUG BENEFIT	2018			HEALTHTEAM ADVANTAGE PLAN I (PPO)		HEALTHTEAMADVANTAGE PLAN II (PPO)	
	INITIAL COVERAGE PERIOD			INITIAL COVERAGE PERIOD			
In-Network Retail	One-Month Supply	Two-Month Supply	Three-Month Supply	One-Month Supply	Two-Month Supply	Three-Month Supply	
Tier 1 - Preferred Generics	\$5 copay	\$10 copay	\$10 copay	\$0 copay	\$0 copay	\$0 copay	
Tier 2 - Generics	\$15 copay	\$30 copay	\$30 copay	\$12 copay	\$24 copay	\$24 copay	
Tier 3 - Preferred Brand	\$45 copay	\$90 copay	\$90 copay	\$40 copay	\$80 copay	\$80 copay	
Tier 4 - Non-Preferred Drugs	\$85 copay	\$170 copay	\$170 copay	\$75 copay	\$150 copay	\$150 copay	
Tier 5 - Specialty Drugs	33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost	
PREFERRED GENERIC COVERAGE THROUGH GAP							
Tier 1 - Preferred Generics	\$4 copay	\$8 copay	\$8 copay	\$0 copay	\$0 copay	\$0 copay	

Optional Supplemental Coverage:		
DENTAL RIDER		
Monthly Premium	\$25	\$25
COMBINATION DENTAL/VISION/HEARING RIDER		
Monthly Premium	\$40	\$40