2020
Summary of Benefits

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Summary of Benefits

HealthTeam Advantage Diabetes and Heart Care Plan (HMO CSNP)

This is a summary of drug and health services covered by HealthTeam Advantage Diabetes and Heart Care Plan (HMO SNP). January 1, 2020-December 31, 2020.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service we cover or every limitation or exclusion. For a complete list of covered services refer to your Evidence of Coverage booklet. You can request a copy from your Healthcare Concierge or view it on the website at www.HealthTeamAdvantage.com.

To join the HealthTeam Advantage Diabetes and Heart Care HMO CSNP Health Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and you must meet the special eligibility requirements of a diagnosis of Diabetes Mellitus and/or Chronic Heart Failure. Our service area includes the following county in North Carolina: Guilford.

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

For more information, contact the plan at 833-324-3242 (TTY:711) from 8 a.m. to 8 p.m. Eastern, 7 days a week from October 1-March 31, and 8 a.m. to 8 p.m. Eastern, Monday through Friday, April 1-September 30, or visit us online at www.HealthTeamAdvantage.com.

Premiums and Benefits	HealthTeam Advantage (HMO-CSNP)	What You Should Know
Deductible	$0	This plan does not have a deductible for medical services.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$5,000 annually	The most you pay for copays, coin-surance, and other costs for medical services for the year.
Inpatient Hospital Coverage	$225 copay per day for days 1 through 6 $0 copay per day for days 7 through 90	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.
Outpatient Hospital Coverage • Outpatient Hospital Facility • Observation Services	$225 copay $225 copay	Prior authorization may be required for some services. Please contact the plan for more information.
Ambulatory Surgery Center		
	$225 copay per day	Prior authorization may be required for some services. Please contact the plan for more information.
Doctor Visits		
• Primary Care Physician (PCP)	Primary care physician visit: $0 copay	
• Specialist	Specialist visit: $20 copay	Specialist copays can vary for specific specialists. Please contact the plan for more information.
Preventive Care (e.g., flu vaccine, diabetic screenings)		
	$0 copay	Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at $0 cost.
Emergency Care		
	$90 copay	If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.
Urgently-needed Services		
	$20 copay	

Premiums and Benefits	HealthTeam Advantage (HMO-CSNP)	What You Should Know
Diagnostic Services/Labs/ Imaging		
• Diagnostic Radiology Services (such as MRIs, CT scans)	$50-$175 copay	Prior authorization may be required for some services. Please contact the plan for more information.
• Lab Services - at a lab facility - at outpatient hospital facility	$0 copay at a laboratory facility $10 copay at an outpatient hospital facility	
• Diagnostic Tests and Procedures - at a lab facility - at outpatient hospital facility	$0 copay at a laboratory facility $10 copay at an outpatient hospital facility	
• Outpatient X-rays - included with physician visit - at outpatient facility	$10 copay	
Hearing Services		
• Medicare-covered Diagnostic Hearing Exam	$20 copay for a hearing exam	1 per year
• Routine Hearing Exam	$45 copay (one routine hearing exam per year)	
• Fitting and Evaluation for Hearing Aid	$0 copay	3 per year
• Hearing Aid	$499-$799 per hearing aid. Premium hearing aids are available in rechargeable style options for an additional $75 per aid.	Up to two TruHearing hearing aids every year (one per ear per year). A TruHearing provider must be used for hearing aid benefit.
Dental Services		
• Preventive Oral Exam & Cleaning	$0 copay for a preventive dental exam and cleaning - Office visit, D9430, 1 per 6 months - Dental exams- periodic oral evaluation, D0120, 1 per 6 months - Dental cleanings- prophylaxis, D1110, 1 per 6 months	

Premiums and Benefits (continued)	HealthTeam Advantage (HMO-CSNP)	What You Should Know
Dental Services (continued)		
• X-rays	- Intraoral, complete series including bitewing images, D0210, 1 set per year - Panoramic image, D0330, 1 set per year	
• Medicare-covered Dental	$35 copay for each Medicare-covered dental exam	
Vision Services		
• Medicare-covered Diagnostic Exam	$0 copay	
• Medicare-covered Eye Wear	$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed $100.	1 per year. Materials covered up to Medicare-approved limits.
• Routine Eye Exam	$0 copay for one routine eye exam per year; includes one refraction per year.	
• Eyeglasses (lenses and frames) • Contact Lenses	Reimbursed up to $100 towards routine eye wear.	
Mental Health Services		
• Inpatient Visit	$225 copay per day for days 1 through 6 $0 copay per day for days 7 through 90	Services require prior authorization.
• Outpatient Individual Therapy Visit	$0 copay	
• Outpatient Group Therapy Visit	$0 copay	

Premiums and Benefits (continued)	HealthTeam Advantage (HMO-CSNP)	What You Should Know
Skilled Nursing Facility		
	$0 copay per day for days 1 through 20 $178 copay per day for days 21 through 100	Our plan covers up to 100 days in a SNF. Services require prior authorization.
Ambulance		
	$300 copay for Medicare-covered ambulance benefits per one-way trip. $300 copay for Medicare-covered air ambulance benefits per one-way trip.	Prior authorization required for non-emergency transportation.
Transportation		
	Not covered	Not covered.
Medicare Part B Drugs		
	20% of the cost	Prior authorization may be required.

Premiums and Benefits (continued)	HealthTeam Advantage (HMO-CSNP)		What You Should Know
	Retail Rx 30-day supply	Mail Order 90-day supply	
Outpatient Prescription Drugs			
Phase 1: Initial Coverage (After you pay your deductible, if applicable)			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.
Tier 1: Preferred Generics	$0 copay	$0 copay	
Tier 2: Generics	$15 copay	$30 copay	
Tier 3: Preferred Brand	$45 copay	$90 copay	
Tier 4: Non-Preferred Brand	$90 copay	$180 copay	
Tier 5: Specialty Drugs	33% coinsurance	33% coinsurance	
Tier 6: Select Care Drugs	$0 copay	$0 copay	
Phase 2: Coverage Gap (After the total amount for the prescription drugs you have filled and refilled reaches $4,020	During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. Tier 1 and Tier 6 generics are covered at $0 copay. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of $6,350.		
Phase 3: Catastrophic Coverage (After your out-of- pocket costs have reached the $6,350 limit for the calendar year)	During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2020). 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 $3.60 for a generic drug or a drug that is treated like a generic and $8.95 for all other drugs).		
Foot Care (podiatry services)			
• Foot Exams and Treatment • Routine Foot Care	$0 copay $0 copay for 1 visit per year.		
Medical Equipment/Supplies			
• Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% of the cost		Services require prior authorization
• Prosthetics (e.g., braces, artificial limbs)	20% of the cost		Services require prior authorization
• Diabetes Supplies	$0 copay		Limited to the following manufacturers: Freestyle, Precision, and One Touch.

Premiums and Benefits (continued)	HealthTeam Advantage (HMO-CSNP)	What You Should Know
Wellness Programs (e.g., fitness)		
	$0 copay	Access to SilverSneakers® network facilities.
Optional Supplemental Benefits—Dental Services Only		
Monthly Premium	$25	
Fillings • Amalgam Filling–1 surface (D2140) • Amalgam Filling–2 surfaces (D2150) • Amalgam Filling–3 surfaces (D2160) • Resin-based Filling Anterior–1 surface (D2330) • Resin-based Filling Anterior–2 surfaces (D2331) • Resin-based Filling Anterior–3 surfaces (D2332) - Composite-based Filling 1 surface (D2391) - Composite-based Filling Anterior–2 surfaces (D2392) Composite-based Filling Anterior–3 surfaces (D2393)	$80 copay per service	Up to any 4 of these services per year (D2140, D2150, D2160, D2330, D2331, D2332, D2391, D2392, or D2393)
Denture Adjustment (D5410/ D5411/D5421/D5422)	$30 copay	Adjustments are covered on new dentures for the first 3 months post-delivery.
Dentures • Complete denture, maxillary (D5110) • Complete denture, mandibular (D5120) • Immediate denture, maxillary (D5130) • Immediate denture, mandibular (D5140) • Maxillary partial denture, resin-based (D5211) • Mandibular partial denture, resin-based (D5212) • Maxillary partial denture, cast metal, resin-based (D5213) • Mandibular partial denture, cast metal, resin-based (D5214)	$650 copay per service	1 set of full or partial dentures every 5 years
Extractions • Erupted Tooth (D7140) • Surgical (D7210)	$70 copay per service $90 copay per service	Up to 4 of these services per year (D7140 or D7210)

Premiums and Benefits (continued)	HealthTeam Advantage (HMO-CSNP)	What you should know
Optional Supplemental Benefits—Dental Services Only (continued)		
Crowns • Porcelain/Ceramic Substrate (D2740) • Porcelain Fused to High Nobel Metal (D2750) • Porcelain Fused to Base Metal (D2751) • Porcelain Fused to Noble Metal (D2752) • Full Cast Base Metal (D2791) • Full Cast Noble Metal (D2792)	$350 copay per service	Up to 2 of any of these services per year with 6-month waiting period (D2740, D2750, D2751, D2752, D2791, or D2792)
Periodontics • Scaling and Root Planing–4 or more teeth per quadrant (D4341) • Scaling and Root Planing–1-3 teeth per quadrant (D4342)	$50 copay per service	4 quadrants per 2 years
• Full Mouth Debridement (D4355)	$50 copay per service	1 per 2 years

If you want to know more about the coverage and costs of original Medicare,

Review your current “Medicare & You” handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.

TTY users should call 1-877-486-2048. This document is available in other formats such as Braille, large print or other alternate formats.

You can access our Provider/Pharmacy Directory and the complete plan formulary (list of Part D prescription drugs) as well as any restrictions on our website, www.HealthTeamAdvantage.com.

We cover Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).

HealthTeam Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call 1-877-905-9216 (TTY:711).

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

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

HealthTeam Advantage 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)