

Benefits at a Glance

| | HealthTeam Advantage Plan I (PPO) | HealthTeam Advantage Plan II (PPO) |
|--|--|--|
| Monthly Plan Premium | \$0 | \$75 |
| Deductible (Medical & Prescription) | \$0 | \$0 |
| | In-Network | In-Network |
| Out-of-Pocket Maximum | \$3,200 | \$3,000 |
| Doctor Visits | | |
| Primary Care Provider (PCP) | \$0 copay | \$0 copay |
| Specialist | \$25 copay | \$15 copay |
| Inpatient Hospital Coverage | Days 1-6: \$295 copay/day Days 7-90: \$0 copay/day Day 91 & beyond: \$0 copay/day | Days 1-5: \$200 copay/day Days 6-90: \$0 copay/day Day 91 & beyond: \$0 copay/day |
| Outpatient Services | | |
| Emergency Care | \$120 copay | \$90 copay |
| Urgently-Needed Services | \$25 copay | \$15 copay If you are admitted to the hospital within 1 calendar day for the same condition, you do not have to pay your share of the cost for urgent care. |
| Ambulance | \$250 copay for Medicare-covered ambulance benefits/one-way trip. \$300 copay for Medicare-covered air ambulance benefits/one-way trip. | \$200 copay for Medicare-covered ambulance benefits/one-way trip. \$300 copay for Medicare-covered air ambulance benefits/one-way trip. |
| Ambulatory Surgical Center | \$200 copay/day | \$100 copay/day |
| Physical/Speech Language/ Occupational Therapy Visits | \$15 copay | \$10 copay for OT; \$15 copay for PT and ST |
| Home Health Services | \$0 copay | \$0 copay |
| Outpatient X-Rays | \$5 copay | \$0 copay |

| | HealthTeam Advantage Plan I (PPO) | | HealthTeam Advantage Plan II (PPO) | |
|---|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| | In-Network | | In-Network | |
| Diagnostic Services/ Labs/Imaging | | | | |
| Diagnostic Radiology Services (such as MRIs, CT scans) | \$50-\$200 copay | | \$50-\$175 copay | |
| Lab Services / Diagnostic Test & Procedures | \$0 - \$10 copay | | \$0 - \$10 copay | |
| Hearing Services | | | | |
| Hearing Aid | \$499-\$799 (per aid) | | \$499-\$799 (per aid) | |
| Fitting and Evaluation for Hearing Aid | \$0 copay | | \$0 copay | |
| Additional Benefits | | | | |
| SilverSneakers | \$0 copay | | \$0 copay | |
| 24-Hour Nurse Advice Line | \$0 copay | | \$0 copay | |
| Prescription Drug Benefit | Initial Coverage Period | | Initial Coverage Period | |
| In-Network Retail (After you pay your deductible, if applicable) | Retail Rx 30-day supply | Mail Order 90-day supply | Retail Rx 30-day supply | Mail Order 90-day supply |
| Tier 1 - Preferred Generics | \$5 copay | \$10 copay | \$0 copay | \$0 copay |
| Tier 2 - Generics | \$15 copay | \$30 copay | \$12 copay | \$24 copay |
| Tier 3 - Preferred Brands | \$45 copay | \$90 copay | \$40 copay | \$80 copay |
| Tier 4 - Non-Preferred Drugs | \$100 copay | \$200 copay | \$80 copay | \$160 copay |
| Tier 5 - Specialty Drugs | 33% coinsurance | 33% coinsurance | 33% coinsurance | 33% coinsurance |

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

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