Changes to the HealthTeam Advantage PPO Plan II 2023 Evidence of Coverage

March 1, 2023

This is important information on changes in your HealthTeam Advantage PPO Plan II coverage.

We previously informed you that the Evidence of Coverage (EOC) and Summary of Benefits which provides information about your coverage as an enrollee in our plan. This notice is to let you know there were updates in your EOC and Summary of Benefits.

Below you will find information describing the updates. Please keep this information for your reference. The documents have been updated and can be found on our website <u>www.htanc.com</u>.

Important Message About What You Pay For Part B Covered Drugs

Medicare beneficiaries have new benefits available under the Inflation Reduction Act (IRA) that apply to HealthTeam Advantage members.

Effective April 1, 2023

Your coinsurance for certain Part B rebatable drugs, as determined by Medicare, may be subject to a lower coinsurance (less than 20%).

Effective July 1, 2023

You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, if you use with a traditional insulin pump that is covered under the Medicare durable medical equipment benefit (Part B). Service category or plan level deductibles do not apply to covered Part B insulins.

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. H9808_23_57_M

Changes to your EOC

| Where you can find the changes in your 2023 EOC | Original Information | Updated Information | What does this mean for you? |
|---|---|---|--|
| On page 79, in Chapter 4 Medical Benefits Chart, your Evidence of Coverage lists the Medicare Part B prescription drug coverage as: | You pay 20% coinsurance for Medicare-covered Part B prescription drugs, including chemotherapy drugs. This cost share will apply to the administration of these drugs in all places of treatment. | You pay 20% coinsurance for Medicare-covered Part B prescription drugs, including chemotherapy drugs. This cost share will apply to the administration of these drugs in all places of treatment. Effective 4/1/2023, certain Part B rebatable drugs, as determined by Medicare, may be subject to a lower coinsurance (less than 20%). | You may pay less than 20% coinsurance for certain Part B rebatable drugs. |
| On page 62, in Chapter 4 Medical Benefits Chart your Evidence of Coverage lists your Part B diabetic supplies as: | You pay 0 - 20% coinsurance. | Effective July 1, you will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, if used with a traditional insulin pump that is covered under the Medicare durable medical equipment benefit (Part B). Service category or plan level deductibles do not apply to covered Part B insulins. | Effective July 1, 2023, you will not pay more than \$35 for one-month of insulin you use in a traditional insulin pump that is covered under the Medicare durable medical equipment benefit. |

Changes to your Summary of Benefits

| Where you can find the changes in your 2023 Summary of Benefits | Original Information | Updated Information | What does this mean for you? |
|--|---------------------------------|---|--|
| On page 11, of your Summary of Benefits lists the Medicare Part B prescription drug coverage as: | 20% coinsurance. | You pay 20% coinsurance for Medicare-covered Part B prescription drugs, including chemotherapy drugs. This cost share will apply to the administration of these drugs in all places of treatment. Effective 4/1/2023, certain Part B rebatable drugs, as determined by Medicare, may be subject to a lower coinsurance (less than 20%). | You may pay less than 20% coinsurance for certain Part B rebatable drugs. |
| On page 15, of your Summary of Benefits lists your Part B diabetic supplies as: | You pay 0 - 20% coinsurance. | Effective July 1, you will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, if used with a traditional insulin pump that is covered under the Medicare durable medical equipment benefit (Part B). Service category or plan level deductibles do not apply to covered Part B insulins. | Effective July 1, 2023, you will not pay more than \$35 for one-month of insulin you use in a traditional insulin pump that is covered under the Medicare durable medical equipment benefit. |

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call your Healthcare Concierge at 1-888-965-1965 or TTY 711, October 1 through March 31, 8 am to 8 pm ET, 7 days a week, or April 1 through September 30, 8 am to 8 pm ET, Monday through Friday.