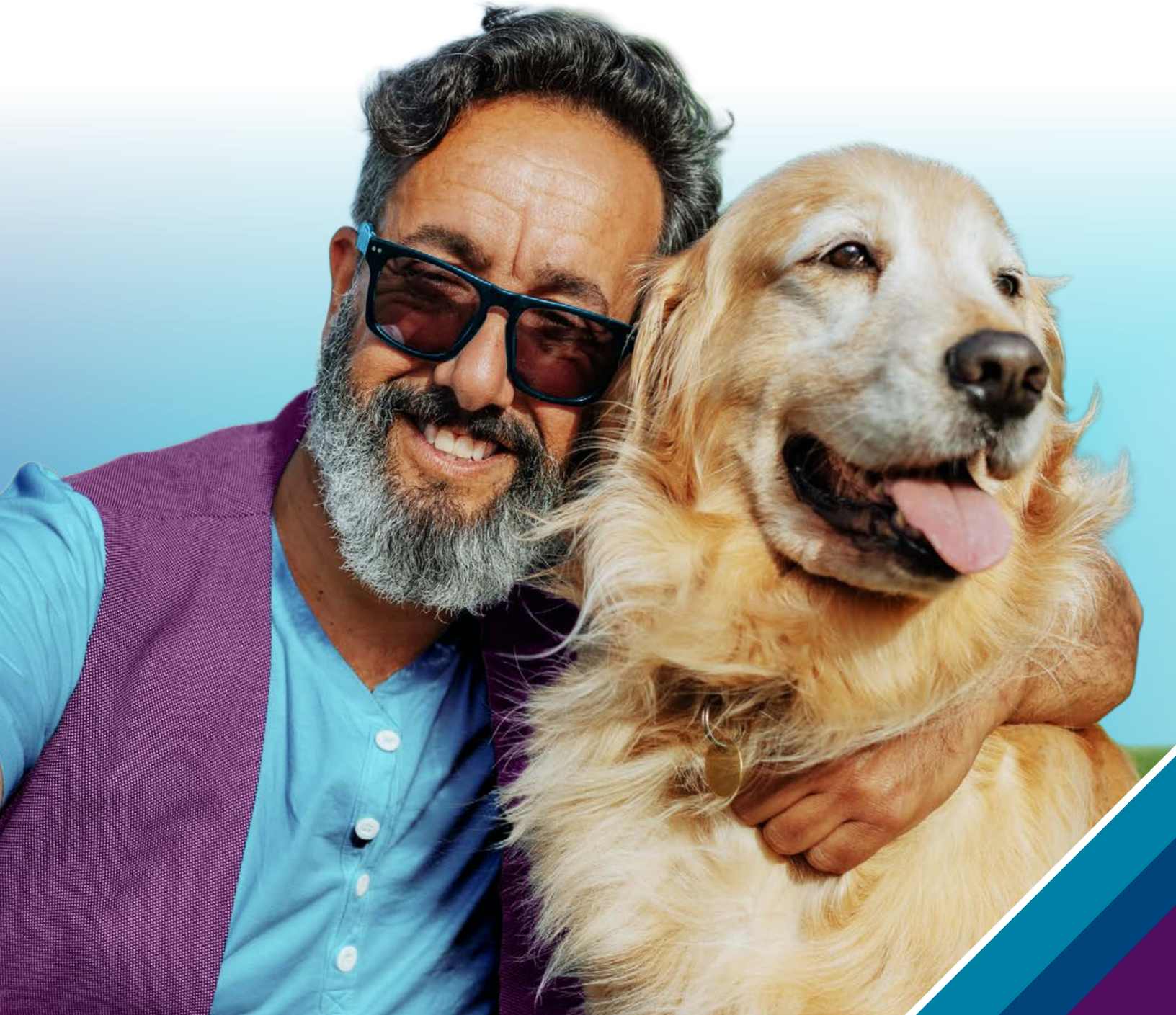
healthteam advantage℠

2025

Summary of Benefits

HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP) H2624-001



2025
Summary of Benefits

HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)

January 1, 2025 - December 31, 2025.

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 the Evidence of Coverage booklet. You can request a copy from HealthTeam Advantage or view it on the website at www.htanc.com/members/2025-plan-documents/.

To join the HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP) 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 counties in North Carolina: **Alamance**, **Davidson**, **Davie**, **Forsyth**, **Guilford**, **Randolph**, and **Rockingham**.

As a member of the HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP) plan, you must use the plan's network of doctors, hospitals, pharmacies, and other providers.

For more information, contact HealthTeam Advantage at 1-888-965-1965 (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 online at www.htanc.com.

H2624_2513_M

Premiums and Benefits	HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)
Monthly Plan Premium	**$0** You must continue to pay your Medicare Part B premium.
Deductible	**$0** This plan does not have a deductible for medical services.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	**$3,500** annually The most you pay for copays, coinsurance, and other costs for Medicare-covered medical services, supplies, and Part B-covered medication for the plan year you receive from in- and out-of-network providers. What you pay out-of-pocket for Part D prescription drugs and certain supplemental benefits (e.g., dental, vision and hearing aids) does not apply to this amount.
Inpatient Hospital Coverage	**$225** copay per day for days 1 through 6 **$0** copay per day for days 7 through 90 **$0** copay for days 91 and beyond Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.
Outpatient Hospital Coverage	
• Outpatient Hospital Facility	**$275** copay Prior authorization may be required for some services. Please contact the plan for more information.
Ambulatory Surgical Center (ASC)	
	$175 copay for procedures at an ASC Prior authorization may be required for some services. Please contact the plan for more information.
Doctor Visits	
• Primary Care Provider (PCP), Cardiologist, Endocrinologist, and Podiatrist	**$0** copay
• Other Specialists	**$15** copay
Preventive Care (e.g., flu vaccine, diabetic screenings)	
	$0 copay Any additional preventive services approved by Medicare during the contract year will be covered. Some items not covered at **$0** cost.
Emergency Care	
	$120 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 Copay is not waived if admitted to hospital.

Premiums and Benefits	HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)
Diagnostic Radiology Services/Imaging	
(Copay varies based on type of service)	
Diagnostic Radiological Services	**$150** copay
EKG Testing	**$0** copay
Ultrasound	**$75** copay
CT Scan	**$150** copay
MRI / MRA	**$225** copay
PET Scan	**$300** copay
Nuclear Stress Testing	**$150** copay
Echocardiography	**$50 - $125** copay
Therapeutic Radiological Services	**20%** coinsurance
Diagnostic Services/Labs	
• Lab Services	**$0-$10** copay (Copay varies based on place of service.)
• Diagnostic Tests and Procedures	**$0-$100** copay (Copay varies based on type and place of service.)
• Outpatient X-rays	**$10** copay Prior authorization may be required for some services. Please contact the plan for more information.
Hearing Services	
• Medicare-covered Diagnostic Hearing Exam	**$15** copay
• Routine Assessment for Hearing Aids	**$25** copay 1 per year A TruHearing provider must be used for routine hearing benefits.
• Fitting and Evaluation for Hearing Aid	**$0** copay Unlimited visits following a hearing aid purchase for 12 months. A TruHearing provider must be used for routine hearing benefits.
• Hearing Aid	**$299-$799** per hearing aid. Advanced and premium hearing aids are available in rechargeable style options for an additional **$50** 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.

Premiums and Benefits *(continued)*	HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)
Dental Services (Dominion Dental Services, Inc.)	
	$2,500 maximum plan coverage amount each year with annual deductible of **$100** for all Comprehensive Dental Services and some Diagnostic and Preventive Services. Deductible does not apply to most Preventive Dental Services including periodic and comprehensive oral exams, cleanings, and bitewing x-rays.
• Diagnostic and Preventive Dental Services	No maximum plan coverage amount for most Preventive dental services. No annual deductible for cleanings, bitewing x-rays, periodic or comprehensive oral evaluations, re-evaluation - post-operative office visit, and tomographic survey.
• Comprehensive Dental Services (Non-Medicare Covered)	Comprehensive dental services such as fillings, dentures, crowns, extractions, and periodontic procedures are covered. Surgical placement of implants are not a covered service. Maximum combined benefit for Diagnostic and Comprehensive non-Medicare covered dental services is **$2,500** annually. Frequency and visitation limits apply. **$100** annual deductible applies to certain other diagnostic services, restorative services, endodontics, periodontics, prosthodontics (removeable and fixed), oral and maxillofacial surgery (includes extractions), and adjunctive general services. Member cost share will range from **20%-50%** coinsurance for Other Diagnostic and Comprehensive dental services. **Must use a Dominion Dental participating dental provider.** Refer to the *Evidence of Coverage* for full details.
Vision Services	
• Medicare-covered Diagnostic Eye Exam	**$0** copay for Medicare-covered Diabetic Eye Exam **$15** copay for all other Medicare-covered Diagnostic Eye Exams 1 per year, refraction included
• Medicare-covered Eyewear	**$0** copay for Medicare-covered eyeglasses or contact lenses after cataract surgery Materials covered up to Medicare-approved limits.
• Routine Eye Exam (non-Medicare covered)	**$0** copay 1 visit per year, refraction included
• Eyeglasses (lenses and frames)	Reimbursed up to **$175** towards routine eyewear, including contact lenses, each year. Single vision lenses, lined bifocals, lined trifocals, lenticular lenses covered in full.
• Contact Lenses	**$60** copay contact lens fitting/evaluation
• Lens Upgrades	Standard progressive lenses and scratch resistant coating are covered in full as an upgrade. No other upgrades are covered.

Premiums and Benefits *(continued)*	HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)
Mental Health Services	
• Inpatient Hospital	**$225** copay per day for days 1 through 8 **$0** copay per day for days 9 through 90 Services require prior authorization.
• Outpatient Individual Therapy Visit	**$15** copay
• Outpatient Group Therapy Visit	**$15** copay
Skilled Nursing Facility	
	$0 copay per day for days 1 through 20 **$203** copay per day for days 21 through 100 Our plan covers up to 100 days in a SNF. Services require prior authorization.
Outpatient Rehabilitation Services	
• Physical Therapy Visit	**$15** copay
• Occupational Therapy Visit	**$15** copay
• Speech and Language Therapy Visit	**$15** copay
• Cardiac Rehab Services	**$0** copay
• Pulmonary Rehab Services	**$0** copay
Ambulance	
	$250 copay for Medicare-covered ground 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. Copay not waived if admitted to hospital.
Transportation	
	$0 copay per one-way ride for Non-Emergency Medical Transportation provided by the Plan's designated transportation services provider, SafeRide. Up to 48 one-way rides per year to or from plan approved health-related locations. Limited to 100 miles maximum per one-way trip.
Medicare Part B Drugs	
	0% - 20% coinsurance Prior authorization may be required.

Premiums and Benefits *(continued)*	**HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)**			
Outpatient Prescription Drugs				
Phase 1: Deductible	**$95** for Tier 4 Non-Preferred Drugs and Tier 5 Specialty Drugs During this stage, you pay the full cost of your Tier 4 Non-Preferred Drugs and Tier 5 Specialty Drugs. During this stage, your out-of-pocket costs for Select Insulins will be **$0**. You stay in this stage until you have paid **$95** for your Tier 4 Non-Preferred Drugs and Tier 5 Specialty Drugs.			
Phase 2: Initial Coverage Period	**In-Network Retail** (After you pay your deductible, if applicable)			
	Preferred* Pharmacies		**Other Retail Pharmacies**	
	30-day supply	**100-day supply**	**30-day supply**	**100-day supply**
Tier 1 - Preferred Generics	**$0** copay	**$0** copay	**$5** copay	**$12.50** copay
Tier 2 - Generics	**$0** copay	**$0** copay	**$15** copay	**$37.50** copay
Tier 3 - Preferred Brands	**$47** copay	**$117.50** copay	**$47** copay	**$117.50** copay
Tier 4 - Non-Preferred Drugs	**$100** copay	**$250** copay	**$100** copay	**$250** copay
Tier 5 - Specialty Drugs	**31%** coinsurance	**31%** coinsurance	**31%** coinsurance	**31%** coinsurance
Tier 6 - Select Care Drugs** **NOTE:** This includes select insulins	**$0** copay	**$0** copay	**$0** copay	**$0** copay
	The Select Insulins are formulary insulins that are covered in Tier 6 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump then the insulin must be covered under Part B and will not be eligible for the Part D copay.			
	In-Network Mail Order (After you pay your deductible, if applicable)			
	Mail Order			
	30-day supply		**100-day supply**	
Tier 1 - Preferred Generics	**$0** copay		**$0** copay	
Tier 2 - Generics	**$0** copay		**$0** copay	
Tier 3 - Preferred Brands	**$47** copay		**$117.50** copay	
Tier 4 - Non-Preferred Drugs	**$100** copay		**$250** copay	
Tier 5 - Specialty Drugs	**31%** coinsurance		**31%** coinsurance	
Tier 6 - Select Care Drugs** **NOTE:** This includes select insulins	**$0** copay		**$0** copay	
	The Select Insulins are formulary insulins that are covered in Tier 6 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump then the insulin must be covered under Part B and will not be eligible for the Part D copay.			

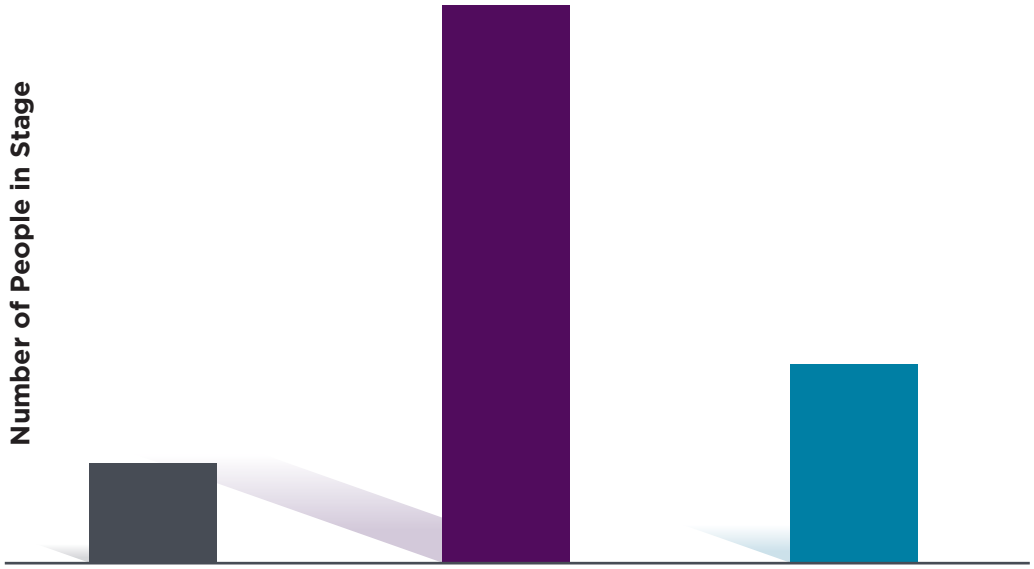
** $0 copay applies to preferred pharmacy locations*

*** Includes Select Insulins*

Premiums and Benefits *(continued)*	HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)
Outpatient Prescription Drugs *(continued)*	
Phase 3: Catastrophic Coverage (After your out-of-pocket costs have reached the **$2,000** limit for the calendar year)	In this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. (See the EOC for details). **The plan and Medicare pay the rest until the end of the calendar year.**
Over-the-Counter (OTC) Items	
OTC Items	**$70**/quarter Allowance per quarter for OTC items and healthy foods. To assist members with nutritional needs, members can use their allowance to purchase eligible grocery items at participating retailers or through the NationsBenefits online store. Any unused portion can be carried forward to the next quarter. All funds must be used by 12/31/25.
Foot Care *(podiatry services)*	
• Foot Exams and Treatment	**$0** copay
• Routine Foot Care	**$0** copay / 8 visits per year
Medical Equipment/Supplies	
• Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)	**20%** coinsurance Services require prior authorization.
• Prosthetics (e.g., artificial limbs)	**20%** coinsurance Services require prior authorization.
• Diabetes Supplies	**$0** copay for preferred and **20%** coinsurance for non-preferred **$0** copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts. Preferred Diabetic Supplies and Services limited to those from the following preferred manufacturers: - Blood Glucose Meter and testing supplies - One Touch - Continuous Glucose Monitor and supplies - FreeStyle Libre Systems Prior authorization required for non-preferred diabetic supplies.

Premiums and Benefits *(continued)*	HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)
Wellness Programs—Health Club Membership	
SilverSneakers	**$0** copay HealthTeam Advantage covers the full cost of this benefit through participating SilverSneakers fitness locations. SilverSneakers fitness program offers access to thousands of fitness locations nationwide. SilverSneakers also provides virtual resources and a mobile app.
Memory Fitness	
	$0 copay Online program offered through BrainHQ with dozens of exercises to improve focus and memory.
Custodial Care	
Home-Based Palliative and Custodial Care	**$0** copay Up to 20 hours post-inpatient discharge or qualifying outpatient procedure, maximum of 60 hours annually. Prior authorization is required for some services. Please contact the plan for more information.
In-Home Support/Companion Services	
In-home or virtual assistance with non-medical services such as light house chores, technology assistance, transportation and general companionship.	**$0** copay Up to 60 hours per year with a Papa Pal for in-home support and companion services. All in-home support/companion services must be provided by the Plan's administrator, Papa.
Meal Delivery	
You must use the Plan's designated vendor for this benefit.	2 meals per day for 21 days post discharge or for a qualifying chronic illness.
Telehealth Services	
This benefit may not be offered by all providers. Check directly with your providers about the availability of telehealth services.	**$0 - $15** copay / copay is based on provider type If you choose to receive services via telehealth, then you must use an in-network provider that currently offers the service via telehealth.

Understanding Medicare Drug Payment Stages



DEDUCTIBLE
$95 Tiers 4 & 5

INITIAL
Up to $2,000

CATASTROPHIC
through the end of the year

Annual Deductible Stage

During this stage, **you pay the full cost** of your Tier 4 Non-Preferred Drug and Tier 5 Specialty Drug.

You stay in this stage until you have paid $95 for your Tier 4 Non-Preferred Drug and Tier 5 Specialty Drug deductible.

During this stage, you pay $0 for a one-month supply of each Tier 6 insulin product and no more than $35 for each nonformulary insulin product.

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.

During this stage, you pay $0 for a one-month supply of each Tier 6 insulin product and no more than $35 for each nonformulary insulin product.

Once your out-of-pocket costs reach $2,000 (2025) you move to the catastrophic stage.

Catastrophic Coverage Stage

In this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. (See the EOC for details).

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

H2624_2511_M

Non-Discrimination Notice

HealthTeam Advantage complies with applicable federal civil rights laws and does not discriminate based on 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 888-965-1965 (TTY: 711) October 1-March 31, 8 a.m. to 8 p.m. ET, 7 days a week; April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

If you believe that HealthTeam Advantage has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

HealthTeam Advantage
Attn: Appeals and Grievances
300 East Wendover Avenue, Suite 121
Greensboro, NC 27401
888-965-1965, (TTY 711), or via fax at 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/smartscreen/main.jsf, by email OCRMail@hhs.gov, by phone 1-888-368-1019, TDD: 1-800-537-7697, or by mail U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Get Help in Other Languages

If you need help or speak a non-English language, call 888-965-1965 TTY: 711, and you will be connected to an interpreter who will assist you at no cost.

Form Approved
OMB# 0938-1421
Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-965-1965. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-965-1965. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-965-1965 。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-965-1965 。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-965-1965. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-965-1965. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-888-965-1965 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-965-1965. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Form CMS-10802
(Expires 12/31/25)
MULTI-PLAN_25112_C

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-965-1965 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-965-1965 . Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-965-1965 . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-965-1965 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-965-1965. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-965-1965. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-965-1965. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-965-1965. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-888-965-1965 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

Form CMS-10802
(Expires 12/31/25)

MULTI-PLAN_25112_C

We're Here for You!

Online
Visit **HTANC.com**.

In-Person
Local Benefit Center
5815 Samet Dr., Suite 107, High Point, NC 27265

Call Us
Prospective members call toll-free **877-905-9216**
Current Members call toll-free **888-965-1965**

8 a.m.–8 p.m. | Oct. 1-March 31, 7 Days a Week
April 1-Sept. 30, Monday-Friday

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

Prescription Drug Benefit
Contact HealthTeam Advantage for questions related to our Part D Prescription Drug benefit.

Medicare
For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. Or, visit Medicare.gov.

healthteam advantage℠

Connect with us on Facebook and YouTube

H2624_2513_M