

# Summary of Benefits

HealthTeam Advantage Eagle Plan  
(PPO) H9808-009



# 2025

## Summary of Benefits

### HealthTeam Advantage Eagle Plan (PPO)

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/](http://www.htanc.com/members/2025-plan-documents/).

To join the HealthTeam Advantage Eagle Plan (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in North Carolina: **Alamance, Alexander, Alleghany, Anson, Bladen, Brunswick, Cabarrus, Caswell, Chatham, Columbus, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Iredell, Lincoln, Mecklenburg, Montgomery, New Hanover, Orange, Pender, Person, Randolph, Richmond, Rockingham, Rowan, Scotland, Stokes, Union, Wilkes, and Yadkin.**

HealthTeam Advantage has a network of doctors, hospitals, pharmacies and other providers. If you use the providers in our network, you may pay less for your covered services. You also have the option of using providers outside the network, however, you will have higher costs associated with those visits and services.

For more information, contact the plan 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](http://www.htanc.com).

# 2025 Eagle Plan (PPO)

Premiums and Benefits	HealthTeam Advantage Eagle Plan (PPO)
Monthly Plan Premium	<p><b>\$0</b></p> <p>You must continue to pay your Medicare Part B premium.</p>
Deductible	<p><b>\$0</b></p> <p>This plan does not have a deductible for medical services.</p>
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	<p><b>In-Network: \$3,750</b> annually <b>Out-of-Network: \$6,200</b> annually</p> <p>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 certain supplemental benefits (e.g., dental, vision and hearing aids) does not apply to this amount.</p>
Inpatient Hospital Coverage	
	<p><b>In-Network:</b>  <b>\$325</b> copay per day for days 1 through 6  <b>\$0</b> copay per day for days 7 through 90  <b>\$0</b> copay per day for days 91+  <b>Out-of-Network: 40%</b> coinsurance</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.</p>
Outpatient Hospital Coverage	
<ul style="list-style-type: none"> <li>• Outpatient Hospital Facility</li> </ul>	<p><b>In-Network: \$350</b> copay  <b>Out-of-Network: 40%</b> coinsurance</p> <p>Prior authorization may be required for some services. Please contact the plan for more information.</p>

**Premiums and Benefits****HealthTeam Advantage Eagle Plan (PPO)****Ambulatory Surgical Center (ASC)**

**In-Network: \$225** copay per day

**Out-of-Network: 40%** coinsurance

Prior authorization may be required for some services. Please contact the plan for more information.

**Doctor Visits**

- Primary Care Provider (PCP)

**In-Network: \$0** copay

**Out-of-Network: 40%** coinsurance

- Specialist

**In-Network: \$30** copay

**Out-of-Network: 40%** coinsurance

**Preventive Care (e.g., flu vaccine, diabetic screenings)**

**In-Network: \$0** copay

**Out-of-Network: 40%** coinsurance

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**

**In- and Out-of-Network: \$125** copay

If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.

**Urgently Needed Services**

**In- and Out-of-Network: \$30** copay

Copay is not waived if admitted to hospital.

# 2025 Eagle Plan (PPO)

## Premiums and Benefits (continued) HealthTeam Advantage Eagle Plan (PPO)

### Diagnostic Services/Imaging

(Copay varies based on type of service)

EKG Testing:	<b>\$0</b> copay
Ultrasound:	<b>\$75</b> copay
CT Scan:	<b>\$150</b> copay
MRI / MRA:	<b>\$225</b> copay
PET Scan:	<b>\$300</b> copay
Nuclear Stress Testing:	<b>\$225</b> copay
Echocardiography	<b>\$75 - \$150</b> copay
Therapeutic Radiological Services	<b>20%</b> coinsurance

### Diagnostic Services/Labs

- Lab Services
  - In-Network:** **\$10** copay at a stand-alone lab facility  
**\$20** copay at an outpatient hospital facility
  - Out-of-Network:** **40%** coinsurance
- Diagnostic Tests and Procedures
  - In-Network:** **\$0-\$100** copay (Copay varies based on type and place of service.)
  - Out-of-Network:** **40%** coinsurance
- Outpatient X-rays
  - In-Network:** **\$10** copay
  - Out-of-Network:** **40%** coinsurance

Prior authorization may be required for some services. Please contact the plan for more information.

### Hearing Services

Hearing services covered using the Flex Card Allowance include:

- Routine hearing exam
- Hearing aid allowance

**Flex Card Allowance** - Up to **\$1,000** maximum spending per year for non-Medicare covered supplemental services related to Dental, Vision, or Hearing. You are responsible for any costs over the annual allowance amount.

Must utilize licensed dental, vision, or hearing providers and retailers that operate under their respective merchant category code (MCC) of dental, vision, or hearing.

**Premiums and Benefits (continued) HealthTeam Advantage Eagle Plan (PPO)**

**Dental Services**

Dental services covered using the Flex Card Allowance include:

Diagnostic and Preventive Dental Services

- Oral Exams & Cleanings
- Fluoride Treatment
- Dental X-rays
- Other Diagnostic Dental Services

Comprehensive Dental Services

- Restorative Services
- Endodontics
- Periodontics
- Prosthodontics (removeable and fixed)
- Implant Services
- Oral and Maxillofacial Surgery
- Orthodontics
- Adjunctive General Services

Note: Cosmetic dental services are not covered.

**Flex Card Allowance** - Up to **\$1,000** maximum spending per year for non-Medicare covered supplemental services related to Dental, Vision, or Hearing. You are responsible for any costs over the annual allowance amount.

Must utilize licensed dental, vision, or hearing providers and retailers that operate under their respective merchant category code (MCC) of dental, vision, or hearing.

**Vision Services**

Vision services covered using the Flex Card Allowance include:

- Routine eye exam
- Eyewear

**Flex Card Allowance** - Up to **\$1,000** maximum spending per year for non-Medicare covered supplemental services related to Dental, Vision, or Hearing. You are responsible for any costs over the annual allowance amount.

Must utilize licensed dental, vision, or hearing providers and retailers that operate under their respective merchant category code (MCC) of dental, vision, or hearing.

# 2025 Eagle Plan (PPO)

## Premiums and Benefits (continued) HealthTeam Advantage Eagle Plan (PPO)

### Mental Health Services

Inpatient Hospital	<b>In-Network:</b> <b>\$300</b> copay per day for days 1 through 6 <b>\$0</b> copay per day for days 7 through 90 <b>Out-of-Network: 40%</b> coinsurance Services require prior authorization.
Outpatient Individual Therapy Visit	<b>In-Network: \$30</b> copay <b>Out-of-Network: 40%</b> coinsurance
Outpatient Group Therapy Visit	<b>In-Network: \$15</b> copay <b>Out-of-Network: 40%</b> coinsurance

### Skilled Nursing Facility

**In-Network:**  
**\$0** copay per day for days 1 through 20  
**\$214** copay per day for days 21 through 100  
**Out-of-Network:**  
**40%** coinsurance  
Our plan covers up to 100 days in a SNF.  
Services require prior authorization.

### Outpatient Rehabilitation Services

• Physical Therapy Visit	<b>In-Network: \$15</b> copay <b>Out-of-Network: 40%</b> coinsurance
• Speech and Language Therapy Visit	<b>In-Network: \$30</b> copay <b>Out-of-Network: 40%</b> coinsurance
• Occupational Therapy Visit	<b>In-Network: \$15</b> copay <b>Out-of-Network: 40%</b> coinsurance
• Cardiac Rehabilitation Services	<b>In-Network: \$30</b> copay <b>Out-of-Network: 40%</b> coinsurance
• Intensive Cardiac Rehabilitation Services	<b>In-Network: \$35</b> copay <b>Out-of-Network: 40%</b> coinsurance
• Pulmonary Rehabilitation Services	<b>In-Network: \$30</b> copay <b>Out-of-Network: 40%</b> coinsurance

### Ambulance

**\$250** copay for Medicare-covered ground ambulance benefits per one-way trip.  
**20%** coinsurance for Medicare-covered air ambulance benefits per one-way trip.  
Prior authorization required for non-emergency transportation.  
Copay or coinsurance not waived if admitted to hospital.

**Premiums and Benefits (continued) HealthTeam Advantage Eagle Plan (PPO)**

**Transportation**

**\$0** copay per one-way ride for Non-Emergency Medical Transportation provided by the Plan's designated transportation services provider, SafeRide.

Up to 20 one-way rides per year to or from plan approved health-related locations **AND** unlimited one-way rides to Veterans Affairs (VA) locations. Limited to 100 miles maximum per one-way trip.

**Medicare Part B Drugs**

**In-Network: 0%-20%** coinsurance

**Out-of-Network: 40%** coinsurance

Prior authorization may be required.

**Over-the-Counter (OTC) Items**

OTC Items

Our plan provides a **\$75** allowance per quarter for qualifying OTC items. Qualifying OTC items can be purchased 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 otherwise they will be forfeited.

**Foot Care (podiatry services)**

• Foot Exams and Treatment

**In-Network: \$30** copay

**Out-of-Network: 40%** coinsurance

**Medical Equipment/Supplies**

• Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)

**In-Network: 20%** coinsurance

**Out-of-Network: 40%** coinsurance

Services require prior authorization.

• Prosthetics (e.g., artificial limbs)

**In-Network: 20%** coinsurance

**Out-of-Network: 40%** coinsurance

Services require prior authorization.

• Diabetes Supplies

**In-Network:**

**\$0** copay for preferred and **20%** coinsurance for non-preferred

**Out-of-Network: 40%** coinsurance

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.

**\$0** copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts.



# 2025 Eagle Plan (PPO)

## Premiums and Benefits *(continued)* HealthTeam Advantage Eagle Plan (PPO)

### 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. You must choose from a SilverSneakers® participating facility.

### 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 **In-Network and Out-of-Network: \$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. **In-Network: \$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.

**Premiums and Benefits (continued) HealthTeam Advantage Eagle Plan (PPO)**

**Meal Delivery**

You must use the Plan's designated vendor for this benefit.

After an Inpatient Hospital or Skilled Nursing Facility (SNF) Stay

**\$0** copay

Immediately after an inpatient stay or surgery in a hospital or a skilled nursing facility (SNF), you can receive up to 14 meals (2 meals per day over a 7-day period) at no extra cost to you.

This benefit may be used for an unlimited number of times per calendar year based on a qualifying inpatient stay.

New Chronic Illness requiring a Home Stay

**\$0** copay

If part of your care plan for a chronic condition means changing how you eat, or you are diagnosed with a qualifying chronic illness that requires you stay at home, you can have meals delivered to your home to support your condition.

Qualifying chronic illnesses include chronic heart failure, diabetes, and/or chronic lung disease.

You can receive up to 14 meals (2 meals per day over a 7-day period). You can use this service once per calendar year, per qualifying diagnosis.

**Additional Telehealth Services**

This benefit may not be offered by all providers. Check directly with your providers about the availability of telehealth services.

**In-Network: \$0-\$30** copay based on provider type

If you choose to receive services via telehealth, you must use an in-network provider that currently offers the service via telehealth.

# 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](mailto: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.

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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# 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 quý vị cần thông dịch viên xin gọi 1-888-965-1965 sẽ có nhân viên nói tiếng Việt giúp đỡ quý 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.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 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、無料の通訳サービスがあります。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。



# We're Here for You!



## Online

Visit [HTANC.com](http://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.



## 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](http://Medicare.gov).



Connect with us on Facebook and YouTube

