

## **HealthTeam Advantage Eagle Plan (PPO) offered by Care N' Care Insurance Company of North Carolina, Inc.**

### **Annual Notice of Changes for 2025**

You are currently enrolled as a member of HealthTeam Advantage Eagle Plan (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.htanc.com/members/2025-plan-documents/](http://www.htanc.com/members/2025-plan-documents/). You may also call your Healthcare Concierge to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### **What to do now**

##### **1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- Think about whether you are happy with our plan.

##### **2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

##### **3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in HealthTeam Advantage Eagle Plan (PPO).

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with HealthTeam Advantage Eagle Plan (PPO).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### **Additional Resources**

- Please contact your Healthcare Concierge number at 1-888-965-1965 for additional information. (TTY users should call 711.) Hours are October 1 – March 31, 8AM – 8PM Eastern, 7 days a week; April 1 – September 30, 8AM – 8PM Eastern, Monday through Friday. This call is free.
- This information is available in large print. Please call your Healthcare Concierge at 1-888-965-1965 if you need plan information in another format or language.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About HealthTeam Advantage Eagle Plan (PPO)**

- HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Care N' Care Insurance Company of North Carolina, Inc. When it says “plan” or “our plan,” it means HealthTeam Advantage Eagle Plan (PPO).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

## ***Annual Notice of Changes for 2025*** **Table of Contents**

<b>Summary of Important Costs for 2025 .....</b>	<b>4</b>
<b>SECTION 1      Changes to Benefits and Costs for Next Year .....</b>	<b>5</b>
Section 1.1 – Changes to the Monthly Premium .....	5
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts .....	5
Section 1.3 – Changes to the Provider Network .....	6
Section 1.4 – Changes to Benefits and Costs for Medical Services .....	7
<b>SECTION 2      Administrative Changes .....</b>	<b>15</b>
<b>SECTION 3      Deciding Which Plan to Choose.....</b>	<b>16</b>
Section 3.1 – If you want to stay in HealthTeam Advantage Eagle Plan (PPO) .....	16
Section 3.2 – If you want to change plans .....	16
<b>SECTION 4      Deadline for Changing Plans.....</b>	<b>17</b>
<b>SECTION 5      Programs That Offer Free Counseling about Medicare .....</b>	<b>17</b>
<b>SECTION 6      Programs That Help Pay for Prescription Drugs .....</b>	<b>18</b>
<b>SECTION 7      Questions?.....</b>	<b>19</b>
Section 7.1 – Getting Help from HealthTeam Advantage Eagle Plan (PPO).....	19
Section 7.2 – Getting Help from Medicare .....	19

## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for HealthTeam Advantage Eagle Plan (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium</b> (See Section 1.1 for details.)	\$0	\$0
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$6,250 From in-network and out of network providers combined: \$9,500	From network providers: \$3,750 From in-network and out of network providers combined: \$6,200
<b>Doctor office visits</b>	<u><b>In-Network:</b></u> Primary care visits: \$0 copay per visit Specialist visits: \$30 copay per visit  <u><b>Out-of-Network:</b></u> Primary care visits: \$50 copay per visit Specialist visits: \$75 copay per visit	<u><b>In-Network:</b></u> Primary care visits: \$0 copay per visit Specialist visits: \$30 copay per visit  <u><b>Out-of-Network:</b></u> Primary care visits: 40% coinsurance per visit Specialist visits: 40% coinsurance per visit
<b>Inpatient hospital stays</b>	<u><b>In-Network:</b></u> \$300 copay per day for days 1-5; \$0 copay per day for days 6-90  <u><b>Out-of-Network:</b></u> 40% coinsurance per stay	<u><b>In-Network:</b></u> \$325 copay per day for days 1-6; \$0 copay per day for days 7-90  <u><b>Out-of-Network:</b></u> 40% coinsurance per stay

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
		There is no change for the upcoming benefit year.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out of pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.	\$6,250	\$3,750
		Once you have paid \$3,750 out of pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2024 (this year)	2025 (next year)
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.</p>	\$9,500	<p style="text-align: center;">\$6,200</p> <p>Once you have paid \$6,200 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.</p>

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### Section 1.3 – Changes to the Provider Network

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Updated directories are located on our website at [www.htanc.com](http://www.htanc.com). You may also call your Healthcare Concierge for updated provider information or to ask us to mail you a *Provider Directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* [www.htanc.com/find-a-provider/](http://www.htanc.com/find-a-provider/) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact your Healthcare Concierge so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Ambulance Services</b>	You pay \$300 copay for each one-way Medicare-covered ground ambulance service.	You pay \$250 copay for each one-way Medicare-covered ground ambulance service.
<b>Annual Physical Exam (Non-Medicare-covered)</b>	<b><u>Out-of-Network</u></b> You pay \$30 copay for an annual physical exam.	<b><u>Out-of-Network</u></b> You pay 40% coinsurance for an annual physical exam.
<b>Cardiac Rehabilitation Services</b>	<b><u>In-Network</u></b> You pay \$30 copay for each Medicare-covered intensive-cardiac rehabilitation services visit.	<b><u>In-Network</u></b> You pay \$35 copay for each Medicare-covered intensive-cardiac rehabilitation services visit.
<b>Colorectal Cancer Screening (Barium Enemas)</b>	<b><u>Out-of-Network</u></b> You pay 20% coinsurance for each Medicare-covered barium enema.	<b><u>Out-of-Network</u></b> You pay 40% coinsurance for each Medicare-covered barium enema.
<b>Dental Services (Medicare-covered)</b>	<b><u>In-Network</u></b> You pay \$0 copay for each Medicare-covered visit.  <b><u>Out-of-Network</u></b> You pay \$0 copay for each Medicare-covered visit.	<b><u>In-Network</u></b> You pay \$30 copay for each Medicare-covered visit.  <b><u>Out-of-Network</u></b> You pay 40% of the total cost for each Medicare-covered visit.

Cost	2024 (this year)	2025 (next year)
<b>EKG Following “Welcome to Medicare” Visit</b>	<p><b><u>Out-of-Network</u></b></p> <p>You pay 20% coinsurance for an EKG following the Medicare-covered “Welcome to Medicare” visit.</p>	<p><b><u>Out-of-Network</u></b></p> <p>You pay 40% coinsurance for an EKG following the Medicare-covered “Welcome to Medicare” visit.</p>
<b>Emergency Care</b>	<p>You pay \$120 copay for each visit for Medicare-covered emergency care services.</p>	<p>You pay \$125 copay for each visit for Medicare-covered emergency care services.</p>
<b>Hearing Services</b>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for each Medicare-covered hearing exam.</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay \$0 copay for each Medicare-covered hearing exam.</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$30 copay for each Medicare-covered hearing exam.</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay 40% coinsurance for each Medicare-covered hearing exam.</p>
<b>In-Home Support Services</b>	<p>You pay \$0 copay for 30 hours of non-medical in-home support services through Papa Pals</p> <p>Prior authorization is required.</p>	<p>You pay \$0 copay for 60 hours of non-medical in-home support services through Papa Pals</p> <p>No prior authorization is required.</p>
<b>Inpatient Hospital Care</b>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered inpatient hospital stays, you pay \$300 copay per day for days 1-5; \$0 copay per day for days 6-90.</p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered inpatient hospital stays, you pay \$325 copay per day for days 1-6; \$0 copay per day for days 7-90.</p>



Cost	2024 (this year)	2025 (next year)
<b>Inpatient Services in a Psychiatric Hospital</b>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered inpatient mental health stays, you pay \$300 copay per day for days 1-5; \$0 copay per day for days 6-90.</p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered inpatient mental health stays, you pay \$300 copay per day for days 1-6; \$0 copay per day for days 7-90.</p>
<b>Meal Benefit</b>	<p>Meal benefit is <u>not</u> covered.</p>	<p>You pay \$0 copay per meal. Benefit may be used immediately following a qualifying event such as surgery, discharge from an inpatient hospital or skilled nursing stay, or an initial diagnosis of chronic heart failure, chronic lung disease, and/or diabetes. You receive a total of 14 meals (2 meals per day over a 7-day period).</p>
<b>Medicare Part B Prescription Drugs</b>	<p><b><u>Out-of-Network</u></b></p> <p>You pay 40% coinsurance for Medicare Part B insulin drugs.</p>	<p><b><u>Out-of-Network</u></b></p> <p>You pay \$35 copay for Medicare Part B insulin drugs.</p>
<b>Opioid Treatment Program Services</b>	<p><b><u>In-Network</u></b></p> <p>You pay \$20 copay for Medicare-covered opioid treatment program services.</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$30 copay for Medicare-covered opioid treatment program services.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</b></p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered outpatient diagnostic procedures and tests, you pay \$0 copay at a lab facility and \$75 copay at an outpatient hospital facility.</p> <p>For Medicare-covered outpatient lab services, you pay \$0 copay at a lab facility and \$10 copay at an outpatient hospital facility.</p> <p>Lab specimen sent to an outside facility may be subject to a \$10 copay.</p> <p>Sleep Studies \$50 copay at home \$75 copay at a facility</p> <p>For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay \$50 to \$200 copay.</p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered outpatient diagnostic procedures and tests, you pay \$0 copay at a lab facility and \$100 copay at an outpatient hospital facility.</p> <p>For Medicare-covered outpatient lab services, you pay \$10 copay at a lab facility and \$20 copay at an outpatient hospital facility.</p> <p>Lab specimen sent to an outside facility may be subject to a \$20 copay.</p> <p>Sleep Studies \$50 copay at home \$100 copay at a facility</p> <p>For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay \$0 to \$300 copay.</p>
<p><b>Outpatient Hospital Observation</b></p>	<p>Prior authorization is required for outpatient hospital observation services.</p>	<p>No prior authorization required for outpatient hospital observation services.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Outpatient Mental Health Care</b></p>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist).</p> <p>You pay \$0 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay \$75 copay for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist).</p> <p>You pay \$75 copay for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist).</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$15 copay for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist).</p> <p>You pay \$15 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay 40% coinsurance for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist).</p> <p>You pay 40% coinsurance for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist).</p>
<p><b>Outpatient Rehabilitation Services</b></p>	<p><b><u>In-Network</u></b></p> <p>You pay \$30 copay for each Medicare-covered occupational therapy visit.</p> <p>You pay \$30 copay for each Medicare-covered physical therapy or speech therapy visit.</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$15 copay for each Medicare-covered occupational therapy visit.</p> <p>You pay \$15 copay for each Medicare-covered physical therapy visit.</p> <p>You pay \$30 copay for each Medicare-covered speech therapy visit.</p>

Cost	2024 (this year)	2025 (next year)
<b>Outpatient Substance Use Disorder Services</b>	<p><b><u>In-Network</u></b></p> <p>You pay \$30 copay for each Medicare-covered group therapy visit.</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$15 copay for each Medicare-covered group therapy visit.</p>
<b>Outpatient Surgery (Outpatient Hospital Services)</b>	<p>Includes services provided at hospital outpatient facilities and ambulatory surgical centers.</p> <p><b><u>In-Network</u></b></p> <p>For Medicare-covered services at an outpatient hospital facility, you pay \$250 copay.</p> <p>For Medicare-covered services at an ambulatory surgical center, you pay \$150 copay.</p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered services at an outpatient hospital facility, you pay \$350 copay.</p> <p>For Medicare-covered services at an ambulatory surgical center, you pay \$225 copay.</p>
<b>Over-the-Counter Items</b>	<p>\$125 maximum plan coverage amount every 3 months for OTC items.</p>	<p>\$75 maximum plan coverage amount every 3 months for OTC items.</p>
<b>Physician/Practitioner Services, Including Doctor's Office Visits</b>	<p><b><u>Out-of-Network</u></b></p> <p>You pay \$50 copay for each Medicare-covered primary care doctor visit.</p> <p>You pay \$75 copay for each Medicare-covered specialist visit.</p>	<p><b><u>Out-of-Network</u></b></p> <p>You pay 40% coinsurance for each Medicare-covered primary care doctor visit.</p> <p>You pay 40% coinsurance for each Medicare-covered specialist visit.</p>
<b>Preventive Services</b>	<p>These services are noted with an apple icon in the Chapter 4 medical benefits chart in your <i>Evidence of Coverage</i>.</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay \$30 copay for Medicare-covered zero cost-sharing preventive services.</p>	<p><b><u>Out-of-Network</u></b></p> <p>You pay 40% coinsurance for Medicare-covered zero cost-sharing preventive services.</p>

Cost	2024 (this year)	2025 (next year)
<b>Prostate Cancer Screening Exam (Digital Rectal Exam)</b>	<p><b><u>Out-of-Network</u></b></p> <p>You pay 20% coinsurance for each Medicare-covered digital rectal exam.</p>	<p><b><u>Out-of-Network</u></b></p> <p>You pay 40% coinsurance for each Medicare-covered digital rectal exam.</p>
<b>Pulmonary Rehabilitation Services</b>	<p><b><u>In-Network</u></b></p> <p>You pay \$15 copay for each Medicare-covered pulmonary rehabilitation services visit.</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$30 copay for each Medicare-covered pulmonary rehabilitation services visit.</p>
<b>Skilled Nursing Facility (SNF) Care</b>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered SNF stays, you pay \$0 copay per day for days 1-20; \$203 copay per day for days 21-100.</p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered SNF stays, you pay \$0 copay per day for days 1-20; \$214 copay per day for days 21-100.</p>
<b>Supervised Exercise Therapy (SET)</b>	<p><b><u>In-Network</u></b></p> <p>You pay \$15 copay for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD).</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$30 copay for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD).</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Telehealth Benefits (additional)</b></p>	<p><b><u>In-Network</u></b></p> <p>For additional telehealth benefits, you pay \$0 copay for primary care physician services, physician specialist services, other health care professional, individual sessions for mental health specialty services, group sessions for mental health specialty services, individual sessions for psychiatric services, group sessions for psychiatric services, opioid treatment program services, individual sessions for outpatient substance abuse, group sessions for outpatient substance abuse.</p>	<p><b><u>In-Network</u></b></p> <p>For additional telehealth benefits, you pay \$0 to \$30 copay for primary care physician services, physician specialist services, other health care professional, individual sessions for mental health specialty services, group sessions for mental health specialty services, individual sessions for psychiatric services, group sessions for psychiatric services, opioid treatment program services, individual sessions for outpatient substance abuse, group sessions for outpatient substance abuse.</p>
<p><b>Transportation Services (routine)</b></p>	<p>You pay \$0 copay for routine transportation services (24 one-way trips every year to plan-approved health-related locations) using taxi, rideshare services and medical transport. Limited to 50 miles maximum per one-way trip.</p> <p>Prior authorization is required for routine transportation services.</p>	<p>You pay \$0 copay for routine transportation services (20 one-way trips every year to plan-approved health-related locations and unlimited rides to Veterans Administration locations) using rideshare services, van and medical transport. Limited to 100 miles maximum per one-way trip.</p> <p>No prior authorization required for routine transportation services.</p>
<p><b>Urgently Needed Care Services</b></p>	<p>You pay \$35 copay for each visit for Medicare-covered urgently needed care services.</p>	<p>You pay \$30 copay for each visit for Medicare-covered urgently needed care services.</p>

Cost	2024 (this year)	2025 (next year)
<b>Vision Care</b>	<p><b><u>In-Network</u></b>                      You pay \$0 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p><b><u>Out-of-Network</u></b>                      You pay \$0 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p>You pay 20% coinsurance for an annual Medicare-covered glaucoma screening.</p>	<p><b><u>In-Network</u></b>                      You pay \$30 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p><b><u>Out-of-Network</u></b>                      You pay 40% coinsurance for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p>You pay 40% coinsurance for an annual Medicare-covered glaucoma screening.</p>

**SECTION 2 Administrative Changes**

Description	2024 (this year)	2025 (next year)
<b>Dental Benefit Administrator</b>	Dental benefit administration and claim processing performed by Delta Dental Plan of North Carolina, Inc	Dental benefit administration and claim processing performed by Dominion Dental Services, Inc.

Description	2024 (this year)	2025 (next year)
<p><b>Service Area</b> To be eligible for this plan, you must reside in the service area.</p>	<p>Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Orange, Randolph, Rockingham, Stokes, and Yadkin</p>	<p>Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Orange, Randolph, Rockingham, Stokes, Yadkin, Alexander, Alleghany, Anson, Bladen, Brunswick, Cabarrus, Chatham, Columbus, Durham, Gaston, Iredell, Lincoln, Mecklenburg, New Hanover, Pender, Person, Richmond, Rowan, Scotland, Union and Wilkes.</p>

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in HealthTeam Advantage Eagle Plan (PPO)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our HealthTeam Advantage Eagle Plan (PPO).

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).



## Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from HealthTeam Advantage Eagle Plan (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from HealthTeam Advantage Eagle Plan (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact your Healthcare Concierge if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In North Carolina, the SHIP is called North Carolina Seniors’ Health Insurance Information Program (SHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. North Carolina Seniors' Health Insurance Information Program (SHIIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call North Carolina Seniors' Health Insurance Information Program (SHIIP) at 1-855-408-1212. You can learn more about North Carolina Seniors' Health Insurance Information Program (SHIIP) by visiting their website ([www.ncdoi.com/SHIIP/](http://www.ncdoi.com/SHIIP/)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** North Carolina has a program called North Carolina HIV SPAP that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the North Carolina AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call North Carolina AIDS Drug Assistance Program. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from HealthTeam Advantage Eagle Plan (PPO)

Questions? We're here to help. Please call your Healthcare Concierge at 1-888-965-1965. (TTY only, call 711.) We are available for phone calls October 1 – March 31, 8AM – 8PM Eastern, 7 days a week; April 1 – September 30, 8AM – 8PM Eastern, Monday through Friday. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for HealthTeam Advantage Eagle Plan (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.htanc.com/members/2025-plan-documents/](http://www.htanc.com/members/2025-plan-documents/). You may also call your Healthcare Concierge to ask us to mail you an *Evidence of Coverage*.

#### **Visit Our Website**

You can also visit our website at [www.htanc.com](http://www.htanc.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

### Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

**Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.