

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

## **Annual Notice of Change for 2026**

You're enrolled as a member of HealthTeam Advantage Eagle Plan.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in HealthTeam Advantage Eagle Plan (PPO).
- To change to a **different plan**, visit [www.Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at <https://htanc.com/members/2026-plan-documents> or call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711) to get a copy by mail.

### **More Resources**

- Call your Healthcare Concierge at 1-888-965-1965 (TTY users 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.

### **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 material 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).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in HealthTeam Advantage Eagle Plan (PPO).** Starting January 1, 2026, you'll get your

medical and drug coverage through HealthTeam Advantage Plan I (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b>	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$3,750  From network and out-of-network providers combined: \$6,200	<b>From network providers: \$4,500</b>  <b>From network and out-of-network providers combined: \$7,500</b>
<b>Primary care office visits</b>	<u>In-Network</u> \$0 copayment per visit.  <u>Out-Of-Network</u> 40% coinsurance per visit.	<u>In-Network</u> <b>\$0 copayment per visit.</b>  <u>Out-Of-Network</u> <b>40% coinsurance per visit.</b>
<b>Specialist office visits</b>	<u>In-Network</u> \$30 copayment per visit.  <u>Out-Of-Network</u> 40% coinsurance per visit.	<u>In-Network</u> <b>\$35 copayment per visit.</b>  <u>Out-Of-Network</u> <b>40% coinsurance per visit.</b>

	2025 (this year)	2026 (next year)
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	<u>In-Network</u> \$325 copayment per day for days 1-6; and \$0 copayment per day for days 7-90. For additional days after reaching the benefit limit, you pay \$0 copayment per day for days 91 and beyond. <u>Out-Of-Network</u> 40% coinsurance per stay.	<u>In-Network</u> <b>\$325 copayment per day for days 1-6; and \$0 copayment per day for days 7-90.</b> <b>For additional days after reaching the benefit limit, you pay \$0 copayment per day for days 91 and beyond.</b> <u>Out-Of-Network</u> <b>40% coinsurance per stay.</b>

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

### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 <b>There is no change for the upcoming benefit year.</b>
<b>Part B premium reduction</b> This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$0	\$75

## Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments from network providers <b>count</b> toward your in-network maximum out-of-pocket amount.	\$3,750	<b>\$4,500</b> <b>Once you've paid \$4,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</b>
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) from in-network and out-of-network providers <b>count</b> toward your combined maximum out-of-pocket amount.	\$6,200	<b>\$7,500</b> <b>Once you've \$7,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</b>

## Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* <https://htanc.com.com/find-a-provider-2026/> to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at <https://htanc.com/find-a-provider-2026/>.
- Call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711) for help.

## Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
<b>Acupuncture for chronic low back pain</b>	<u>In-Network</u> \$30 copayment for each Medicare-covered acupuncture visit.	<u>In-Network</u> <b>\$35 copayment for each Medicare-covered acupuncture visit.</b>
<b>Ambulance Services (Air)</b>	20% of the total cost for each Medicare-covered air ambulance service.	<b>\$500 copayment for each Medicare-covered air ambulance service.</b>
<b>Chiropractic Services</b>	<u>In-Network</u> \$20 copayment for each Medicare-covered chiropractic visit.	<u>In-Network</u> <b>\$15 copayment for each Medicare-covered chiropractic visit.</b>
<b>Dental Services</b>	<u>In-Network</u> \$30 copayment for each Medicare-covered dental visit.	<u>In-Network</u> <b>\$35 copayment for each Medicare-covered dental visit.</b>

	2025 (this year)	2026 (next year)
<b>Dental Services – Supplemental (Non-Medicare-covered)</b>	<p><u>Flex Wallet 1 – Dental/Vision/Hearing Deductible</u></p> <p>\$0 Deductible for Diagnostic and Preventive Dental Services and Comprehensive Dental Services.</p> <p>\$0 copayment for all Diagnostic, Preventive and Comprehensive dental services up to the annual maximum benefit allowance amount.</p>	<p><b><u>In- and Out-of-Network</u></b></p> <p><b>Benefits are administered by Dominion National. You must use a participating Dominion National dental provider for in-network benefits.</b></p> <p><b><u>Deductible</u></b></p> <p><b>\$0 Deductible for Diagnostic and Preventive dental services.</b></p> <p><b>\$100 Deductible for all Comprehensive dental services.</b></p>
	<p><u>Annual Benefit Maximum</u></p> <p>\$1,000 maximum benefit allowance per year for non-Medicare covered supplemental dental (preventive and comprehensive), hearing, or vision services. You choose how to spend your annual benefit allowance for dental, hearing, or vision services in any combination.</p>	<p><b><u>In- and Out-of-Network</u></b></p> <p><b><u>Annual Benefit Maximum</u></b></p> <p><b>Diagnostic and Preventive Dental Services</b></p> <p><b>No maximum plan coverage amount for Diagnostic and Preventive non-Medicare covered dental services.</b></p>

	2025 (this year)	2026 (next year)
<b>Dental Services – Supplemental (Non-Medicare-covered)</b> (continued)	<p><u>Annual Benefit Maximum</u></p> <p>The total amount for any one or combination of services will not exceed the annual allowance amount per year. Your allowance amount is delivered via a Prepaid Debit Card.</p> <p>You are responsible for any costs over the annual allowance amount.</p> <p>Any unused allowance expires at the end of the plan year. Any balance remaining is forfeited and does <u>not</u> carry forward to the next plan year.</p> <p>Diagnostic and Preventive Dental Services including Fluoride treatments and Orthodontics are covered.</p> <p>You are not restricted to a particular dental provider network.</p>	<p><b><u>In- and Out-of-Network Annual Benefit Maximum</u></b></p> <p><b>\$1,500 maximum plan coverage amount every year for non-Medicare covered Comprehensive dental services. There is no separate benefit maximum for out-of-network dental services.</b></p> <p><b>Fluoride treatments, Orthodontics, and surgical placement of implants are <u>not</u> covered.</b></p> <p><b>You must use a participating Dominion National dental provider for in-network benefits.</b></p> <p><b>You pay 0% of the total cost (in-network) and 50% of the total cost (out-of-network) for covered Diagnostic and Preventive dental procedures and services.</b></p> <p><b>After the Deductible is met, you pay 20% of the total cost (in-network) and 50% of the total cost (out-of-network) for fillings, periodontal maintenance and simple extractions.</b></p>

	2025 (this year)	2026 (next year)
<b>Dental Services – Supplemental (Non-Medicare-covered)</b> (continued)		<p><b><u>In- and Out-of-Network</u></b></p> <p>After the Deductible is met, you pay 50% of the total cost (in-network) and 75% of the total cost (out-of-network) for covered Comprehensive dental procedures and services including crowns, endodontics, periodontics, dentures, and oral surgery.</p> <p><i>Frequency, visit limits, and alternate benefits may apply to Diagnostic and Preventive and Comprehensive Dental Services.</i></p>
<b>Diabetes Self-Management Training</b>	<p><b><u>Out-of-Network</u></b></p> <p>20% of the total cost for Medicare-covered diabetes self-management services.</p>	<p><b><u>Out-of-Network</u></b></p> <p><b>40% of the total cost for Medicare-covered diabetes self-management services.</b></p>
<b>Emergency Services</b>	<p>\$125 copayment for each Medicare-covered emergency room visit.</p>	<p><b>\$130 copayment for each Medicare-covered emergency room visit.</b></p>
<b>Hearing Services</b>	<p><b><u>In-Network</u></b></p> <p>\$30 copayment for each Medicare-covered hearing exam.</p>	<p><b><u>In-Network</u></b></p> <p><b>\$35 copayment for each Medicare-covered hearing exam.</b></p>

	2025 (this year)	2026 (next year)
<b>Hearing Services – Supplemental (Non-Medicare-covered)</b>	<p><u>Flex Wallet 1 – Dental/Vision/Hearing</u></p> <p>\$1,000 maximum benefit allowance for a combined dental, vision and hearing non-Medicare covered supplemental benefit delivered via a Prepaid Debit Card.</p> <p>You are responsible for any costs over the annual allowance amount.</p> <p>Hearing services include routine hearing exam and hearing aids. OTC hearing aids available for purchase. No restriction on the number of routine hearing exams or the number of hearing aids that can be purchased up to annual allowance amount.</p> <p>You are not restricted to a particular hearing provider network.</p>	<p><b><u>Routine Hearing Exam</u></b></p> <p><b>\$25 copayment for one routine hearing exam every year.</b></p> <p><b>Must use a TruHearing provider.</b></p> <p><b><u>Prescription Hearing Aids</u></b></p> <p><b>\$299 - \$799 copayment for each TruHearing hearing aid purchased. Limited to two TruHearing hearing aids per year. OTC hearing aids are <u>not</u> covered.</b></p> <p><b>Advanced and Premium hearing aids are available in rechargeable battery style options for an additional \$50 per aid.</b></p> <p><b>Must use a TruHearing provider for hearing aids.</b></p>

	2025 (this year)	2026 (next year)
<b>Home-Based Palliative Care and In-Home Custodial Care</b>	<p>\$0 copayment for up to 20 hours of care after a qualifying event, maximum of 60 hours annually (combined for In-Network and Out-of-Network) for both Palliative Care and In-Home Custodial Care.</p> <p>Hours do not carry forward to the next calendar year.</p>	<p><b>\$0 copayment for up to 20 hours of care after a qualifying event, maximum of 60 hours annually for Palliative Care.</b></p> <p><b>Hours do not carry forward to the next calendar year.</b></p> <p><b>In-Home Custodial Care is <u>not</u> covered.</b></p>
<b>Meal Benefit</b>	<p>\$0 copayment per meal.</p> <p>You are eligible to receive up to 14 meals (2 meals per day) over a 7-day period immediately following a qualifying event such as surgery, discharge from an inpatient hospital stay or skilled nursing facility or once per year for an initial diagnosis of a qualifying chronic condition - chronic heart failure, diabetes, and/or chronic lung diseases.</p> <p>There is no limit as to the number of times you can access this meal benefit for post discharge purposes.</p>	<p><b>\$0 copayment per meal.</b></p> <p><b>You are eligible to receive up to 14 meals (2 meals per day) over a 7-day period following a qualifying event such as surgery or discharge from an inpatient hospital stay or skilled nursing facility.</b></p> <p><b>There is no limit as to the number of times you can access this meal benefit for post discharge purposes.</b></p> <p><b>Meal benefit when initially diagnosed with a chronic illness/condition is <u>not</u> covered.</b></p>

	2025 (this year)	2026 (next year)
<b>Memory Fitness</b>	Memory fitness is covered.	<b>Memory fitness is <u>not</u> covered.</b>
<b>Opioid Treatment Program Services</b>	<u>In-Network</u> \$30 copayment for Medicare-covered opioid treatment program services.	<u>In-Network</u> <b>\$35 copayment for Medicare-covered opioid treatment program services.</b>
<b>Other Health Care Professional Services</b>	<u>In-Network</u> \$30 copayment for Medicare-covered other health care professional services (e.g., nurse practitioners and physician assistants) visits.	<u>In-Network</u> \$35 copayment for Medicare-covered other health care professional services (e.g., nurse practitioners and physician assistants) visits.
<b>Outpatient Mental Health Care, including psychiatric services</b>	<u>In-Network</u> \$30 copayment for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist) or psychiatrist.  \$15 copayment for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist) or psychiatrist.	<u>In-Network</u> \$35 copayment for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist) or psychiatrist.  \$20 copayment for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist) or psychiatrist.

	2025 (this year)	2026 (next year)
<b>Outpatient Rehabilitation Services</b>	<u>In-Network</u> \$15 copayment for each Medicare-covered physical or occupational therapy visit.	<u>In-Network</u> <b>\$20 copay for each Medicare-covered physical or occupational, physical therapy visit.</b>
<b>Outpatient Substance Use Disorder Services</b>	<u>In-Network</u> \$30 copayment for each Medicare-covered individual therapy visit. \$15 copayment for each Medicare-covered group therapy visit.	<u>In-Network</u> <b>\$35 copayment for each Medicare-covered individual therapy visit.</b> <b>\$20 copayment for each Medicare-covered group therapy visit.</b>
<b>Over-the-Counter (OTC) Items</b>	\$75 allowance every quarter (3 months) Unused allowance amount can be carried forward to the next quarterly (3-month) benefit period.	<b>\$50 allowance every quarter (3 months)</b> <b>Unused allowance amount does <u>not</u> carry forward to the next quarterly (3-month) benefit period.</b>
<b>Podiatry Services</b>	<u>In-Network</u> \$30 copayment for each Medicare-covered Podiatry services visit.	<u>In-Network</u> <b>\$35 copayment for each Medicare-covered Podiatry services visit.</b>
<b>Skilled Nursing Facility (SNF) Care</b>	<u>In-Network</u> For Medicare-covered SNF stays, \$0 copayment per day for days 1–20; and \$214 copayment per day for days 21–100.	<u>In-Network</u> <b>For Medicare-covered SNF stays, \$0 copayment per day for days 1–20; and \$218 copayment per day for days 21–100.</b>

	2025 (this year)	2026 (next year)
<b>Specialist Doctor Office Visits</b>	<u>In-Network</u> \$30 copayment per visit.	<u>In-Network</u> <b>\$35 copayment per visit.</b>
<b>Supervised Exercise Therapy (SET)</b>	<u>In-Network</u> \$30 copayment for every Medicare-covered SET visit for Symptomatic Peripheral Artery Disease (PAD) services.	<u>In-Network</u> \$25 copayment for every Medicare-covered SET visit for Symptomatic Peripheral Artery Disease (PAD) services.
<b>Telehealth Benefits (additional)</b>	<u>In-Network</u> For additional telehealth benefits you pay a \$0 - \$30 copayment for primary care physician services, physician specialist services, other health care professionals, individual 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.  Copayment based on provider type.	<u>In-Network</u> <b>For additional telehealth benefits you pay a \$0 - \$35 copayment for primary care physician services, physician specialist services, other health care professionals, individual 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.</b>  <b>Copayment based on provider type.</b>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Urgently Needed Services</b>	\$30 copayment for each Medicare-covered urgent care visit.	<b>\$40 copayment for each Medicare-covered urgent care visit.</b>
<b>Vision Care</b>	<u>In-Network</u> \$30 copayment for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.	<u>In-Network</u> <b>\$35 copayment for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</b>
<b>Vision Care – Supplemental (Non-Medicare-covered)</b>	<u>Flex Wallet 1 – Dental/Vision/Hearing</u> \$1,000 maximum benefit allowance for a combined dental, vision and hearing non-Medicare covered supplemental benefit delivered via a Prepaid Debit Card.  You are responsible for any costs over the annual allowance amount.  Vision services include routine eye exam(s) and eyewear. No restriction on the number of routine eye exams or eyewear that can be purchased up to annual allowance amount.  You are not restricted to a particular vision provider network.	<u>Routine Eye Exam</u> <u>In-Network</u> <b>\$25 copayment for routine eye exam.</b> <u>Out-of-Network</u> <b>40% of the total cost for routine eye exam.</b> <u>In – and Out-of-Network (Combined)</u> <b>Limited to one routine eye exam (refraction included) per year.</b> <u>Eyewear Allowance</u> <b>\$125 annual allowance per year for frames or contact lenses (1 pair of eyeglasses or 1 pair of contact lenses per year).</b>

	2025 (this year)	2026 (next year)
<b>Vision Care – Supplemental (Non-Medicare-covered)</b> (continued)		<p><b><u>In – and Out-of-Network (Combined)</u></b></p> <p><b>\$60 copayment for contact lens fitting and evaluation.</b></p> <p><b>Standard progressive lenses and scratch resistant coating are a covered in full lens upgrade. No other upgrades covered.</b></p> <p><b>Routine vision care services and eyewear must be provided by the plan’s vision administrator, VSP Vision. To receive in-network benefits, you must see a participating VSP provider for supplemental non-Medicare covered vision services.</b></p>

## SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
<b>Dental Benefit Administrator</b>	Dental benefit administration delivered via Prepaid Debit Card administered by NationsBenefits®.	<b>Dental benefit administration and claims processing handled by Dominion Dental Services, Inc.</b>

	2025 (this year)	2026 (next year)
<b>Hearing Services Administrator</b>	Hearing services administration delivered via Prepaid Debit Card administered by NationsBenefits®.	<b>Hearing services administration and claims processing handled by TruHearing.</b>
<b>Organization Marketing Name</b>	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA	<b>HealthTeam Advantage</b>
<b>Vision Care Services Administrator</b>	Vision care services administration delivered via Prepaid Debit Card administered by NationsBenefits®.	<b>Vision care services administration and claims processing handled by VSP Vision.</b>

### SECTION 3 How to Change Plans

**To stay in HealthTeam Advantage Eagle Plan (PPO), you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our HealthTeam Advantage Eagle Plan (PPO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from HealthTeam Advantage Eagle Plan (PPO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from HealthTeam Advantage Eagle Plan (PPO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.

- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without separate Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## SECTION 4 Get Help Paying for Prescription Drugs

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You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.

- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
- Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** North Carolina has a program called NC MedAssist 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 (SHIP). To get the phone number for your state, visit [shiphelp.org](http://shiphelp.org), or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the North Carolina HIV Medication Assistance Program (HMAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-877-466-2232. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 5 Questions?

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### Get Help from HealthTeam Advantage Eagle Plan (PPO)

- **Call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711.)**

We're 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 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for HealthTeam Advantage Eagle Plan (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at <https://htanc.com/members/2026-plan-documents> or call your Healthcare Concierge 1-888-965-1965 (TTY users call 711) to ask us to mail you a copy.

- Visit <https://htanc.com/members/2026-plan-documents>

Our website has the most up-to-date information about our provider network (*Provider Directory*).

## Get 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).

Call North Carolina Seniors' Health Insurance Information Program (SHIIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call North Carolina Seniors' Health Insurance Information Program (SHIIP) at 1-855-408-1212. Learn more about North Carolina Seniors' Health Insurance Information Program (SHIIP) by visiting ([www.ncdoi.gov/SHIIP/](http://www.ncdoi.gov/SHIIP/)).

## Get Help 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 can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.