

# Information Book

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





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## Using your HealthTeam Advantage Health Plan Information Book

Our Information Book offers important information to help you when choosing the right Medicare Advantage plan for you. This guide includes information on Medicare, plan and benefit details, and contact information to reach a local Medicare Expert. We hope you find these decision-making tools useful:

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# Understanding Medicare

Medicare is the federal health insurance program for people 65 and over. People who have disabilities or certain diseases may qualify for Medicare benefits at a younger age.

To understand Medicare, it's helpful to learn a few terms:

## Original Medicare includes two parts, known as Part A and Part B.

- ◆ **Part A is hospital insurance.** Most people do not pay a monthly premium for Part A.
- ◆ **Part B is medical insurance.** There is a monthly premium for Part B.
- ◆ **Original Medicare provides basic coverage,** but there will be gaps in the coverage.

## Part C is called Medicare Advantage — an alternative to Original Medicare.

- ◆ Medicare Advantage is a Medicare-approved plan from a private insurance company that **includes Part A and Part B.**
- ◆ **Medicare Advantage plans typically include benefits that original Medicare does not cover,** such as vision, hearing, dental, and Part D (prescription coverage).
- ◆ **Many Medicare Advantage plans do not have a monthly premium,** but you still have to pay your Part B premium.





# You're Eligible for Medicare If:

## **You are 65 or older and a U.S. citizen.**

If you have been a legal resident for at least 5 years, you are also eligible.

## **You are under 65 and have a disability.**

You automatically get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the RRB for 24 months.

## **You are turning 65 and will be receiving benefits from Social Security or the Railroad Retirement Board (RRB).**

In some cases, you'll automatically get Part A and Part B starting the first day of the month you turn 65, otherwise you must enroll.

If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.

## **You have ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease).**

You automatically get Part A and Part B the month your disability benefits begin.

## **You have end-stage renal disease (ESRD).**

If you're eligible for Medicare because of ESRD and you qualify for Part A, you can also get Part B. You'll need both Part A and Part B to get the full benefits available under Medicare.

## **You'll need to sign up for Medicare if:**

- ◆ You are close to 65, but not collecting Social Security or Railroad Retirement Board benefits
- ◆ You worked for a railroad

## **You'll get Medicare automatically if:**

- ◆ You are already collecting Social Security
- ◆ You are already on Railroad Retirement Board benefits
- ◆ You have been on Social Security disability for 24 months

**If you're automatically enrolled in Medicare, you will receive your red, white, and blue Medicare card in the mail three months before your 65th birthday or your 25th month of disability.**



# Medicare Enrollment

## When to Enroll

There are certain times of the year or specific circumstances when you can enroll in a Medicare plan.



When you're first eligible for Medicare (for example, when you turn 65), you have a 7-month window to sign up for Part A and/or Part B or a Medicare Advantage plan. That time period is 3 months before your birthday month, your birthday month, and 3 months after your birthday month. So, if you turn 65 in March, for example, you can enroll December through June.

## Annual Enrollment Period

The Annual Enrollment Period (AEP) is October 15-December 7 every year. During this time, you can switch, drop, or join a Medicare Advantage plan.

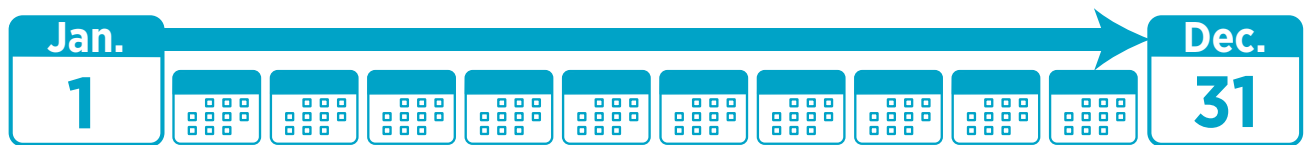


## Open Enrollment Period

The Open Enrollment Period (OEP) is January 1-March 31 every year. This is your only opportunity outside of the Annual Enrollment Period (October 15-December 7) to switch Medicare Advantage plans or return to Original Medicare.



## Special Election Period



There are specific circumstances that make you eligible to enroll in a Medicare Advantage plan any time of the year. If you answer yes to any of the following questions, you qualify for a Special Election Period.

- ◆ Have you recently retired and lost your employer or union coverage?
- ◆ Have you recently moved to a different county or state?
- ◆ Are you currently receiving Extra Help with your healthcare costs?
- ◆ Do you no longer qualify for Extra Help with your healthcare costs?
- ◆ Have you recently left a Program of All-inclusive Care for the Elderly? (PACE)
- ◆ Have you recently obtained lawful presence in the United States?
- ◆ Do you live in a long-term care facility?
- ◆ Will you be moving into a long-term care facility?
- ◆ Have you recently moved out of a long-term care facility?
- ◆ Are you currently receiving Medicaid?
- ◆ Have you recently stopped receiving Medicaid?
- ◆ Have you recently been released from incarceration?
- ◆ Do you qualify for a Special Needs Plan (SNP)?



# Benefits of a Medicare Advantage Plan

A Medicare Advantage plan provides all the Part A and Part B benefits of Original Medicare, plus much more.

**Prescription drugs are usually covered.** Most Medicare Advantage plans include Part D prescription drug benefits, so there's no need to find and pay for a separate Part D prescription drug plan.

**Dental, hearing, and vision care are usually covered.** Many Medicare Advantage plans include dental, hearing, and vision care benefits.

**Some plans even include extra benefits.** For instance, some Medicare Advantage plans include additional benefits like complimentary fitness memberships, an allowance for over-the-counter items, worldwide travel benefits, and more.

**And your out-of-pocket costs are capped.** Unlike Original Medicare, a Medicare Advantage plan has a set annual limit for out-of-pocket costs. Once you reach this limit, you pay nothing more for covered medical services.



## ! IMPORTANT

Even if you choose to be covered by a Medicare Advantage plan, you must first enroll in Medicare Parts A and B.



Medicare  
Part A benefits



Medicare  
Part B benefits

## What Medicare Advantage plans cover



Most include  
prescription drug  
coverage



Many include vision,  
hearing & dental  
coverage



Plus, much more  
for a low or \$0  
premium

# *Experience* **HealthTeam Advantage**

## **We're local, based right here in North Carolina.**

We know the same doctors and hospitals who'll provide your care. We're also doctor-guided, so we understand your healthcare needs.

**We're accessible.** When you become a HealthTeam Advantage member, you'll be assigned your own Healthcare Concierge who will answer your questions, explain plan benefits, and more.

**We're reliable.** Our members—your friends and neighbors—trust us and give us high satisfaction scores year after year. Our most recent Net Promoter Score of 82 is one of the highest in the industry.



## **We're committed.**

Our mission is to improve the health and well-being of our communities through a commitment to personalized service, quality, and enhanced care experiences.

# PersonalTouch

When you join HealthTeam Advantage, you're more than just a member, you're part of our family. North Carolina is our home, and we are dedicated to providing our members with the very best customer experience.

Your Healthcare Concierge is your single point of contact and trusted partner committed to working with you throughout your entire healthcare experience. They are local experts who are knowledgeable about Medicare. They understand how HealthTeam Advantage plans work and are available to answer all of your questions.

## Your Healthcare Concierge can:

- ◆ Help find a primary care provider and assist with scheduling appointments
- ◆ Answer plan and benefit questions
- ◆ Help with special healthcare needs
- ◆ Offer prescription drug assistance
- ◆ Assist with claim questions and billing resolution



*"I am a fan of the concierge system and my personal concierge in particular. She is efficient, responsive, friendly, and a great help to me and my husband!"*

*—HealthTeam Advantage Member*



# Our Provider Network

HealthTeam Advantage **Diabetes & Heart Care Plan** members can choose to receive care from any in-network providers and hospitals in our service area. Since the Diabetes & Heart Care Plan is a health maintenance organization (HMO) plan, you must use **in-network providers** for your medical care and services, with very limited exceptions.

These exceptions include the following situations only:

- ◆ emergencies
- ◆ urgently needed services when the network isn't available (generally when you're out of the area)
- ◆ out-of-area dialysis services
- ◆ cases in which HealthTeam Advantage authorizes use of out-of-network providers

## Here are some benefits of our Provider Network:

- ◆ Providers in our network emphasize Preventive Care, such as wellness visits, screenings, and vaccines
- ◆ Your Primary Care Provider (PCP) can coordinate care with other providers in our network, helping your whole care team stay connected
- ◆ Network providers are familiar with our plan's processes, meaning less hassles for you

## HealthTeam Advantage Diabetes & Heart Care Plan Service Area:

- ◆ Alamance
- ◆ Davidson
- ◆ Davie
- ◆ Forsyth
- ◆ Guilford
- ◆ Randolph
- ◆ Rockingham





## Here are some of our network providers:

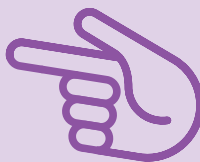
- ◆ **Atrium Health**, including Cabarrus, Carolinas Medical Center, Cleveland, Lincoln, Pineville, Stanly, Union, and more hospitals
- ◆ **Atrium Wake Forest Baptist Health**, including High Point Regional, NC Baptist, Davie, and Lexington hospitals
- ◆ **CaroMont Health and Regional Medical Center**
- ◆ **Cone Health**, including Alamance Regional, Moses H. Cone, Wesley Long, and Annie Penn hospitals
- ◆ **Conway Health and Medical Center**
- ◆ **Dosher Memorial Hospital**
- ◆ **First Health**, including Montgomery, Moore Regional, Richmond, and Hoke hospitals
- ◆ **Grand Strand Health and Medical Center**
- ◆ **Iredell Health and Memorial Hospital**
- ◆ **Novant Health**, including Forsyth, New Hanover, Presbyterian, Rowan, Thomasville, and more hospitals
- ◆ **Randolph Health**
- ◆ **UNC Physicians Network**, UNC Hospitals at Chapel Hill, and UNC Rockingham

**Note:**  
All facilities are included for the health systems listed above except UNC.

SCAN ME!



## Explore our Provider Network!



Use your smartphone camera to scan this QR code to access the most current list of providers or visit [www.htanc.com/find-a-provider](http://www.htanc.com/find-a-provider)



# 3 Ways to Fill Your Prescriptions

You may need medicine for a very short time to treat something like an infection. Or you may need to take medicine for a long time to treat a condition such as diabetes. Either way, our prescription (Part D) benefit helps HealthTeam Advantage members save time and money.

## Preferred Pharmacies

Our Preferred Pharmacy locations offer a lower copay for drugs on Tiers 1 and 2. Locations include national chains such as CVS and Walmart in addition to many local, independent pharmacies.

### Highlights:

- ◆ Preferred Pharmacies offer lower copays for some drugs.
- ◆ Locations include national chains and local, independent pharmacies.
- ◆ Home delivery available at some locations.

### Preferred Pharmacy locations include:

- ◆ Cone Health Community Pharmacy (8 locations)
- ◆ Atrium Health Pharmacy
- ◆ Novant Health Pharmacy
- ◆ CVS
- ◆ Walmart/Sam's Club
- ◆ Harris Teeter
- ◆ Realo Discount Drugs
- ◆ Many independent pharmacies



## Cone Health Community Pharmacies

One of our Preferred Pharmacies now with 8 locations in various counties offering HealthTeam Advantage members:

- ◆ Prescription medications
- ◆ Over-the-counter medications
- ◆ Vaccinations
- ◆ Flexible hours
- ◆ Adherence Packaging (organizing medications into single-use packages)
- ◆ Some locations have drive-through or curbside delivery

Scan the QR code to find the nearest Cone Health Community Pharmacy.



Using a Cone Health Community Pharmacy also can be helpful if you see a Cone Health provider because your prescriptions can be seamlessly integrated into your medical records.

## Mail Order

Too busy to stop by the pharmacy? We'll bring your medications to you! Members can have prescription medications delivered free through Cone Health Community Pharmacy at Wesley Long. It's safe, fast, and easy to sign up.

Those who take medications for chronic conditions can order a 100-day supply, saving both time and money.



**Scan QR Code to Learn More**

## Find a Pharmacy Near You

Of course, Preferred and Mail Order Pharmacies are just part of our large, nationwide network of pharmacies. Whether you are looking for the closest pharmacy or one that's open 24 hours, it's easy to search our network with the Pharmacy Locator Tool.

### Learn More

Scan the QR code to search our large pharmacy network.





# *Benefits* at a Glance



Dental



Vision



Hearing



In-Home  
Support



Transportation



Care Management  
Team





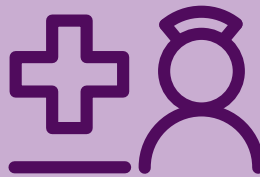
**Fitness**



**Over-the-Counter**



**Prescription  
Drugs**



**Nurse Advice  
Line**

**Want  
details  
on our  
benefits?**

**These are just  
the highlights!  
Turn to page 27  
for a full  
Summary of  
Benefits.**



**2026**

**Diabetes & Heart Care (HMO C-SNP)**



# Dental *Benefit*



## Dental care can have a direct impact on your overall health.

In fact, dental health may influence the development of certain conditions, such as diabetes and heart disease, so it's important to get regular dental care.

Preventive dental services are included in all benefit offerings and include dental cleanings, oral exams, and X-rays. This plan also includes comprehensive dental care for services such as fillings, dentures, and crowns.

Our administrator for dental benefits is Dominion Dental Services, Inc. Members must choose dentists from their North Carolina dental network, ensuring they find the best fit for their oral health needs.

## Highlights:

- ◆ No annual benefit maximum for oral exams, cleanings, and X-rays.\*
- ◆ Covers comprehensive dental services such as fillings, dentures, and crowns.\*
- ◆ \$100 annual deductible for all comprehensive dental services.
- ◆ Annual benefit maximum of \$1,500 for comprehensive dental services.
- ◆ Member coinsurance varies based on service.
- ◆ For full benefit details, refer to the Evidence of Coverage.



## Learn More!



by calling our local  
Medicare experts or by  
scanning the QR code.

**336-914-2736 (TTY 711)**

Dental benefits are administered by Dominion Dental Services, Inc. \*Frequency and visit limits apply.

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Diabetes & Heart Care (HMO C-SNP)



# Vision *Benefit*



## Healthy eyes and vision are important to your well-being.

It's important to get regular eye exams even if you don't wear prescription lenses. Routine (not covered by Medicare) eye exams can detect health conditions with no obvious symptoms such as glaucoma, diabetes, and macular degeneration.



Our vision benefits are administered through a national vision partner, VSP® Vision Care. VSP

has thousands of providers nationwide and more than 950 across North Carolina. The providers are one-stop shops offering exams and eyewear.

## Highlights:

- ◆ Coverage for diagnostic and routine eye exams. Copays and coinsurance vary by plan.
- ◆ \$0 copay for single vision, lined bifocal, lined trifocal, and lenticular lenses.
- ◆ \$0 copay for standard progressive lenses and scratch-resistant coating.
- ◆ Includes an annual allowance based on plan for frames or contact lenses.
- ◆ For full benefit details, refer to the Evidence of Coverage.



## Learn More!



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**336-914-2736 (TTY 711)**



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Diabetes & Heart Care (HMO C-SNP)



# Hearing *Benefit*



## Good hearing is important to your health and safety.

Some types of hearing loss can be treated with medicine or surgery. Permanent hearing loss, however, is usually treated with hearing aids.

Hearing aids are not a one-size-fits-all product. If you have hearing loss, having the hearing aid that best meets your

**TruHearing** specific needs can make a world of difference. Our hearing aid benefits are administered by TruHearing®, an exclusive national hearing aid savings program and provider network for members.

## Highlights:

- ◆ \$25 copay for Routine Hearing Exam (limited to one per year).
- ◆ Up to two TruHearing Premium, Advanced, or Standard hearing aids are covered per year (one per ear).
- ◆ Copays range from \$299-\$799 per hearing aid.
- ◆ Includes unlimited TruHearing provider visits for fitting and adjustments for one year after purchase.
- ◆ For full benefit details, refer to the Evidence of Coverage.



## Learn More!



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A TruHearing network provider must be used for routine hearing exam and hearing aid benefit. TruHearing® is a registered trademark of TruHearing, Inc.

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**2026**

**Diabetes & Heart Care (HMO C-SNP)**



# Over-the-Counter (OTC) *Benefit*



## Get over-the-counter products and healthy foods every quarter — at no cost to you.

Think about all the OTC medications and supplies you purchase throughout the year—from allergy medications and vitamins to first aid kits. These items can get expensive, especially if you are managing a chronic condition and need OTC items on a regular basis.

To help with the cost of these supplies, members receive their quarterly allowance preloaded on a debit card through NationsBenefits®, which they use to purchase eligible OTC items from participating retailers or shop online through NationsBenefits.

In addition, Diabetes & Heart Care Plan members can purchase healthy foods such as groceries, fresh produce, and even prepared meals with this benefit through NationsBenefits online store and participating retailers.

## Highlights:

- ◆ Prepaid debit card from NationsBenefits® to purchase eligible OTC items and healthy foods.
- ◆ Allowance is \$70 per quarter. (Does not roll over to next benefit period.)
- ◆ For full benefit details, refer to the Evidence of Coverage.

The NationsBenefits logo, consisting of the word "nations" in white lowercase letters inside a dark blue rounded rectangle, with the word "benefits" in grey lowercase letters below it.

nations  
benefits



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Medicare experts or by  
scanning the QR code.

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The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC. NationsBenefits is a registered trademark of NationsBenefits, LLC.

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Diabetes & Heart Care (HMO C-SNP)



# Fitness *Benefit*

## Feel your best with SilverSneakers!

Maintaining an active lifestyle is important to both physical and mental health. That's why our members have access to SilverSneakers®, a nationally recognized leader in fitness for mature adults.

SilverSneakers is a program designed with you in mind. HealthTeam Advantage members have the opportunity to join, at no extra cost, a group of like-minded people focused on maintaining good health and independence.



With HealthTeam Advantage and SilverSneakers, you have the opportunity to improve your health, gain confidence, and connect with your community.

## Highlights:

- ◆ \$0 copay / unlimited visits.
- ◆ Access to thousands of participating SilverSneakers fitness locations.
- ◆ Live online and in-person classes led by trained instructors as well as on-demand workout videos.
- ◆ For full benefit details, refer to the Evidence of Coverage.



## Learn More!



by calling our local Medicare experts or by scanning the QR code.

**336-914-2736 (TTY 711)**

Participating locations ("PL") not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. SilverSneakers and the SilverSneakers shoe logo are registered trademarks of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.

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Diabetes & Heart Care (HMO C-SNP)



# Transportation *Benefit*



## Never miss another appointment!

Attending medical appointments, getting to the pharmacy, and sticking to care plans are key parts of staying healthy.

We've partnered with SafeRide Health to offer our transportation services benefit. With SafeRide, members can get rides to medical appointments and other plan-approved, health-related locations at no cost, and can choose one support person (such as a spouse or friend) to ride with you. SafeRide will ensure you have the right ride at the right time for an optimal, secure transportation experience.

## SafeRide

## Highlights:

- ◆ \$0 copay for up to 48 one-way rides (up to 100 miles one way) to or from plan-approved, health-related locations.
- ◆ Offers Rideshare, Ambulatory Non-Emergency Medical Transportation, or Wheelchair Van.
- ◆ Provides on-demand service for last-minute needs.
- ◆ For full benefit details, refer to the Evidence of Coverage.



## Learn More!



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## 336-914-2736 (TTY 711)

2026

Diabetes & Heart Care (HMO C-SNP)



# In-Home Meal Delivery *Benefit*



## Get the support you need with meal assistance.

After being discharged from the hospital, HealthTeam Advantage recognizes the importance of rest and recovery with access

to the right nutrition.

**nations**  
benefits

To ease this transition, we've partnered with NationsBenefits®

to provide an in-home meal benefit immediately following a hospital stay, surgery, or skilled nursing facility discharge.

Eligible members receive two meals per day, delivered directly to their home at no cost. The duration of this benefit depends on your plan. Meals are crafted by registered dietitians and can be customized to meet specific health needs.

## Highlights:

- ◆ Fresh, never frozen meals delivered to your home after discharge from hospital or skilled nursing facility.
- ◆ \$0 copay for two medically tailored fresh meals per day (duration varies by plan).
- ◆ Menus can be tailored to support common health conditions.
- ◆ For full benefit details, refer to the Evidence of Coverage.



## Learn More!



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**336-914-2736 (TTY 711)**

NationsBenefits is a registered trademark of NationsBenefits, LLC.

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MULTI-PLAN\_26017\_M



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Diabetes & Heart Care (HMO C-SNP)



# In-Home Support & Companion *Benefit*



## Built on human connection, friendly helpers offer companionship and support with everyday tasks.

Through our partnership with Papa, members have access to vital social in-home support through a network of trained and vetted non-medical helpers called Papa Pals. Papa Pals support members' needs in countless ways — by helping with everyday tasks such as running errands, driving to appointments, grocery shopping and meal prep, laundry, helping with pets, playing a game, engaging in great conversation, and more. Papa Pals are available in person and by phone.

Papa Pals cannot assist with medical or personal care that a licensed professional would handle or do house tasks you would normally pay a professional to do.

## Highlights:

- ◆ Papa Pals help with everyday tasks and provide social interaction and companionship.
- ◆ \$0 copay for a set number of hours of help (30 or 60 hours) per year based on plan.
- ◆ Papa Pals are available in person or by phone.
- ◆ Help members achieve whole health and reduce loneliness.
- ◆ For full benefit details, refer to the Evidence of Coverage.



## Learn More!



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**336-914-2736 (TTY 711)**



**2026**

**Diabetes & Heart Care (HMO C-SNP)**



# Nurse Advice Line *Benefit*



## Highlights:

- ◆ Registered nurses available by phone 24/7 to answer questions and offer support.
- ◆ Can help members determine what type of care they need.
- ◆ Available at no cost to members.
- ◆ For full benefit details, refer to the Evidence of Coverage.

## Registered nurses are available 24/7 to help members get the care they need.

Our 24-hour Nurse Advice Line is staffed with a highly trained, caring team of registered nurses who are ready to help members:

- ◆ Determine if they should see a doctor, visit urgent care, or go to the emergency room
- ◆ Answer non-emergency health questions
- ◆ Get information or support on chronic conditions such as diabetes, high blood pressure, COPD, or heart disease



## Learn More!



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**336-914-2736 (TTY 711)**

2026

Diabetes & Heart Care (HMO C-SNP)



# Care Management *Team*



## Helping members and providers better manage chronic conditions.

Care management helps members improve their health and well-being by coordinating care among providers, reducing hospital visits, boosting patient engagement, and helping to manage chronic conditions.

Our Diabetes & Heart Care plan is designed for people who are ready and willing to partner with their doctors and care teams by:

- ◆ Actively participating in managing a chronic condition.
- ◆ Partnering with a dedicated nurse case manager in managing the condition and reaching healthcare goals.
- ◆ Working with an Interdisciplinary Care Team to manage physical, psychological, and social needs.

## Highlights:

- ◆ Care Management team works to help manage chronic conditions by coordinating care among providers.
- ◆ Dedicated nurse case manager and an Interdisciplinary Care Team collaborate with members to manage their needs.
- ◆ Available at no cost to members.



## Learn More!



by calling our local Medicare experts or by scanning the QR code.

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Diabetes & Heart Care (HMO C-SNP)



# Worldwide Travel *Benefit*



## Highlights:

Coverage for urgent care or emergency care outside the United States and its territories includes:

- ◆ \$0 copay for each urgent care visit
- ◆ \$0 copay for each emergency care visit
- ◆ \$50,000 maximum coverage amount per year
- ◆ For full benefit details, refer to the Evidence of Coverage.

**If you travel outside the United States, you may wonder if you have healthcare coverage while you're out of the country.**

HealthTeam Advantage realizes the importance of having access to medical care when you travel, so our plans include coverage for emergency services and urgent care worldwide. This means you can be reimbursed for qualifying expenses up to your maximum coverage amount.



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**336-914-2736 (TTY 711)**



# Summary of Benefits

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







# 2026

## Summary of Benefits

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

January 1, 2026 - December 31, 2026.

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/2026-plan-documents](http://www.htanc.com/members/2026-plan-documents).

To join the HealthTeam Advantage Diabetes & Heart Care 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, Chronic Heart Failure, and/or Cardiovascular disorders. 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 Plan, you must use the plan's network of doctors, hospitals, pharmacies, and other providers.

For more information, contact HealthTeam Advantage at 1-877-905-9216 (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 from April 1 - September 30. Or visit [www.htanc.com](http://www.htanc.com).

*Cover image: Linn Cove Viaduct*

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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| Premiums and Benefits                                          |                                                                                                              | HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Plan Premium                                           | <b>\$0</b>                                                                                                   | You must continue to pay your Medicare Part B premium.                                                                                                                                                                                                                                                                                                                           |
| Deductible (Medical)                                           | <b>\$0</b>                                                                                                   | This plan does not have a deductible for medical services.                                                                                                                                                                                                                                                                                                                       |
| Maximum Out-of-Pocket<br>(does not include prescription drugs) | <b>\$3,900</b> 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. |
| Doctor Visits                                                  |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                  |
| • Primary Care Provider (PCP)                                  | <b>\$0</b> copay                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                  |
| • Cardiologist, Endocrinologist, and Podiatrist                | <b>\$0</b> copay                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                  |
| • Other Specialists                                            | <b>\$25</b> copay                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                  |
| Preventive Care (e.g., flu vaccine, diabetic screenings)       |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                | <b>\$0</b> copay                                                                                             | Any additional preventive services approved by Medicare during the contract year will be covered. Some items not covered at <b>\$0</b> cost.                                                                                                                                                                                                                                     |
| Urgent Care                                                    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                | <b>\$30</b> copay                                                                                            | Copay is not waived if admitted to hospital.                                                                                                                                                                                                                                                                                                                                     |
| Emergency Care                                                 |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                | <b>\$150</b> copay                                                                                           | If you are admitted to the hospital for the same condition within three days, the emergency copay is waived.                                                                                                                                                                                                                                                                     |
| Inpatient Hospital Coverage                                    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                | <b>\$300</b> copay per day for days 1 through 6                                                              |                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                | <b>\$0</b> copay per day for days 7 through 90                                                               |                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                | <b>\$0</b> copay for days 91 and beyond                                                                      |                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                | Plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required. |                                                                                                                                                                                                                                                                                                                                                                                  |
| Outpatient Hospital Coverage                                   |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                  |
| • Outpatient Hospital Facility                                 | <b>\$300</b> copay                                                                                           | Prior authorization may be required for some services.                                                                                                                                                                                                                                                                                                                           |
| Ambulatory Surgical Center (ASC)                               |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                | <b>\$175</b> copay per day                                                                                   | Prior authorization may be required for some services.                                                                                                                                                                                                                                                                                                                           |

| Premiums and Benefits                              |                                                                                                                                                                                                                                                                                                                           | HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP) |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Diagnostic Tests/Therapeutic Radiological Services |                                                                                                                                                                                                                                                                                                                           |                                                        |
| • Diagnostic Radiological Services                 | \$0-\$300 copay (Copay varies based on type of service.)                                                                                                                                                                                                                                                                  |                                                        |
| - 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                                                                                                                                                                                                                                                                                                        |                                                        |
| - Other Diagnostic Radiological Services           | \$150 copay                                                                                                                                                                                                                                                                                                               |                                                        |
| • Therapeutic Radiological Services                | 20% coinsurance                                                                                                                                                                                                                                                                                                           |                                                        |
| Diagnostic Services/Labs                           |                                                                                                                                                                                                                                                                                                                           |                                                        |
| • Lab Services                                     | \$0 copay at a stand-alone lab facility<br>\$10 copay at an outpatient hospital facility                                                                                                                                                                                                                                  |                                                        |
| • Diagnostic Tests and Procedures                  | \$0-\$100 copay<br>(Copay varies based on type and place of service.)                                                                                                                                                                                                                                                     |                                                        |
| • Outpatient X-rays                                | \$10 copay<br>Prior authorization may be required for some services.                                                                                                                                                                                                                                                      |                                                        |
| Hearing Services                                   |                                                                                                                                                                                                                                                                                                                           |                                                        |
| • Diagnostic Hearing Exam (Medicare covered)       | \$25 copay                                                                                                                                                                                                                                                                                                                |                                                        |
| • Routine Hearing Exams                            | \$25 copay / one exam visit per year<br>A TruHearing provider must be used for routine hearing benefits.                                                                                                                                                                                                                  |                                                        |
| • Fitting and Evaluation for Hearing Aid           | \$0 copay / one year of follow-up provider visits for fitting and adjustments<br>A TruHearing provider must be used for hearing aid benefit.                                                                                                                                                                              |                                                        |
| • Hearing Aid                                      | \$299-\$799 per hearing aid.<br>Advanced and Premium hearing aids are available in rechargeable style options for an additional \$50 per aid.<br>Up to two TruHearing hearing aids every year (one per ear per year).<br>OTC hearing aids are not covered.<br>A TruHearing provider must be used for hearing aid benefit. |                                                        |

**Premiums and Benefits (continued) HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)****Dental Services**

|                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Diagnostic and Preventive Dental Services (Non-Medicare covered)</li> </ul> | <p><b>Annual Benefit Maximum:</b> No maximum plan coverage amount for Diagnostic and Preventive in-network non-Medicare-covered dental services.</p> <p><b>Annual Deductible: \$0</b></p> <p><b>Office Visit Copay: \$0</b> copay</p> <p><b>In-Network Coverage Only: 0%</b> coinsurance</p> <p>Diagnostic and Preventive dental services include cleanings, bitewing X-rays, periodic or comprehensive oral evaluations, re-evaluation - post-operative office visit, and tomographic survey.</p> <p>Must use a Dominion Dental participating dental provider.</p> <p>Frequency and visit limits apply.</p>                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>Comprehensive Dental Services (Non-Medicare covered)</li> </ul>             | <p><b>Annual Benefit Maximum: \$1,500</b> per year for all in-network non-Medicare-covered Comprehensive dental services.</p> <p><b>Note:</b> Out-of-network dental services are not covered.</p> <p><b>Annual Deductible: \$100</b> for in-network comprehensive dental services</p> <p><b>Office Visit Copay: \$0</b> copay</p> <p><b>In-Network: 20%-50%</b> coinsurance after deductible is met for covered comprehensive dental services</p> <p>Comprehensive dental services such as fillings, periodontal maintenance and simple extractions, crowns (including implant supported crowns), endodontics, periodontics, dentures and oral surgery. The surgical placement of implants is <b>not</b> a covered service.</p> <p>Must use a Dominion Dental participating dental provider.</p> <p>Frequency and visit limits apply.</p> <p><b>Refer to the <i>Dental Code Quick Reference Guide</i> for administrative coverage details, covered dental procedures and associated dental codes, and frequency and visit limits.</b></p> |

**Vision Services**

|                                                                                           |                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Diagnostic Eye Exam (Medicare covered)</li> </ul>  | <p><b>\$0</b> copay for Medicare-covered Diabetic Eye Exam</p> <p><b>\$25</b> copay for all other Medicare-covered Diagnostic Eye Exams</p>                                                             |
| <ul style="list-style-type: none"> <li>Eyewear (Medicare covered)</li> </ul>              | <p><b>\$0</b> copay for Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>Materials covered up to Medicare-approved limits.</p>                                               |
| <ul style="list-style-type: none"> <li>Routine Eye Exam (Non-Medicare covered)</li> </ul> | <p><b>\$25</b> copay</p> <p>One visit per year, refraction included</p>                                                                                                                                 |
| <ul style="list-style-type: none"> <li>Eyeglasses (lenses and frames)</li> </ul>          | <p>Reimbursed up to <b>\$100</b> towards routine eyewear, including contact lenses, each year.</p> <p>Single vision lenses, lined bifocals, lined trifocals, and lenticular lenses covered in full.</p> |
| <ul style="list-style-type: none"> <li>Contact Lenses</li> </ul>                          | <p><b>\$60</b> copay for contact lens fitting/evaluation</p> <p>Vision allowance is limited to one pair of eyeglasses or contacts per year.</p>                                                         |
| <ul style="list-style-type: none"> <li>Lens Upgrades</li> </ul>                           | <p>Standard progressive lenses and scratch resistant coating are covered in full as an upgrade. No other upgrades are covered.</p>                                                                      |



**Premiums and Benefits (continued) HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)**
**Mental Health Services**

- Inpatient Hospital **\$300** 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 **\$25** copay
- Outpatient Group Therapy Visit **\$25** copay

**Skilled Nursing Facility (SNF)**

**\$0** copay per day for days 1 through 20  
**\$218** copay per day for days 21 through 100  
 Plan covers up to 100 days in a SNF.  
**Services require prior authorization.**

**Outpatient Rehabilitation Services**

- Physical Therapy Visit **\$25** copay
- Occupational Therapy Visit **\$25** copay
- Speech and Language Therapy Visit **\$25** copay
- Cardiac Rehabilitation Services **\$0** copay
- Intensive Cardiac Rehabilitation Services **\$0** copay
- Pulmonary Rehabilitation Services **\$0** copay

**Ambulance**

- Ground Ambulance (Medicare covered) **\$250** copay per one-way trip.
- Air Ambulance (Medicare covered) **\$300** copay 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 (NEMT).  
 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.  
**All transportation must be provided by the plan's transportation administrator, SafeRide Health.**

**Medicare Part B Drugs**

**0% - 20%** coinsurance  
 Prior authorization may be required.

| Premiums and Benefits<br>(continued)                                | HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)                                                                                                                                                                                                                                                                                                                                               |                 |                          |                 |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|-----------------|
| Outpatient Prescription Drugs                                       |                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                          |                 |
| Phase 1: Deductible                                                 | <b>\$300</b> for Tier 4 Non-Preferred Drugs and Tier 5 Specialty Drugs<br>During this stage, you pay the full cost of your Tier 4 Non-Preferred Drugs and Tier 5 Specialty Drugs.<br>During this stage, your out-of-pocket costs for Select Insulins will be <b>\$0</b> .<br>You stay in this stage until you have paid <b>\$300</b> 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* Pharmacy                                                                                                                                                                                                                                                                                                                                                                                  |                 | Standard Retail Pharmacy |                 |
|                                                                     | 30-day supply                                                                                                                                                                                                                                                                                                                                                                                        | 100-day supply  | 30-day supply            | 100-day supply  |
| Tier 1 - Preferred Generic                                          | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                            | \$0 copay       | \$10 copay               | \$30 copay      |
| Tier 2 - Generic                                                    | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                            | \$0 copay       | \$20 copay               | \$60 copay      |
| Tier 3 - Preferred Brand                                            | 25% coinsurance                                                                                                                                                                                                                                                                                                                                                                                      | 25% coinsurance | 25% coinsurance          | 25% coinsurance |
| Tier 4 - Non-Preferred Drug                                         | 40% coinsurance                                                                                                                                                                                                                                                                                                                                                                                      | 40% coinsurance | 50% coinsurance          | 50% coinsurance |
| Tier 5 - Specialty (limited to 30-day supply)                       | 29% coinsurance                                                                                                                                                                                                                                                                                                                                                                                      | Not applicable  | 29% coinsurance          | Not applicable  |
| Tier 6 - Select Care Drugs**<br>NOTE: This includes select insulins | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                            | \$0 copay       | \$0 copay                | \$0 copay       |
|                                                                     | Mail Order (After you pay your deductible, if applicable)                                                                                                                                                                                                                                                                                                                                            |                 |                          |                 |
|                                                                     | Mail Order                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                 |
|                                                                     | 30-day supply                                                                                                                                                                                                                                                                                                                                                                                        |                 | 100-day supply           |                 |
| Tier 1 - Preferred Generic                                          | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                            |                 | \$0 copay                |                 |
| Tier 2 - Generic                                                    | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                            |                 | \$0 copay                |                 |
| Tier 3 - Preferred Brand                                            | 25% coinsurance                                                                                                                                                                                                                                                                                                                                                                                      |                 | 25% coinsurance          |                 |
| Tier 4 - Non-Preferred Drug                                         | 40% coinsurance                                                                                                                                                                                                                                                                                                                                                                                      |                 | 40% coinsurance          |                 |
| Tier 5 - Specialty (limited to 30-day supply)                       | 29% coinsurance                                                                                                                                                                                                                                                                                                                                                                                      |                 | Not applicable           |                 |
| Tier 6 - Select Care Drugs**<br>NOTE: This includes select insulins | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                            |                 | \$0 copay                |                 |

Once your out-of-pocket costs reach \$2,100 (2026), you move to catastrophic coverage, Phase 3.

\* \$0 copay applies to preferred pharmacy locations

\*\* Includes Select Insulins. 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.

| Premiums and Benefits<br>(continued)                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP) |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Outpatient Prescription Drugs (continued)                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |
| <b>Phase 3: Catastrophic Coverage</b> (After your out-of-pocket costs have reached the <b>\$2,100</b> limit for the calendar year)     | In this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.<br>The plan and Medicare pay the rest until the end of the calendar year.                                                                                                                                                                                                                                                                                                                  |                                                        |
| For more information regarding 2026 preferred pharmacy locations and the Part D drug stages, please refer to the Evidence of Coverage. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |
| Over-the-Counter (OTC) Items                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |
| <ul style="list-style-type: none"><li>• OTC Items</li><li>• Healthy Foods</li></ul>                                                    | <b>\$70</b> allowance per quarter for qualifying OTC items and healthy foods<br>Quarterly allowance for qualifying OTC items, healthy foods, and produce, which can be purchased at participating retailers or through NationsBenefits online store.<br>Unused allowance amounts cannot be carried forward to the next quarter. Any unused benefit dollars will expire at the end of the year, 12/31/2026.<br>Nicotine Replacement Therapy is not covered as part of the OTC benefit. |                                                        |
| Foot Care (podiatry services)                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |
| <ul style="list-style-type: none"><li>• Foot Exams and Treatment (Medicare covered)</li><li>• Routine Foot Care</li></ul>              | <b>\$0</b> copay<br><b>\$0</b> copay / 8 visits per year                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |
| Medical Equipment/Supplies                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |
| <ul style="list-style-type: none"><li>• Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)</li></ul>                        | <b>20%</b> coinsurance<br><br><b>Services require prior authorization.</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |
| <ul style="list-style-type: none"><li>• Prosthetics (e.g., artificial limbs)</li></ul>                                                 | <b>20%</b> coinsurance<br><br><b>Services require prior authorization.</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |
| <ul style="list-style-type: none"><li>• Diabetic Supplies</li></ul>                                                                    | <b>0%</b> coinsurance for preferred manufacturers<br><b>20%</b> coinsurance for non-preferred manufacturers<br><br>Preferred Diabetic Supplies and Services limited to those from our preferred manufacturers for: <ul style="list-style-type: none"><li>• Blood Glucose Meter and testing supplies.</li><li>• Continuous Glucose Monitor and supplies.</li></ul> <b>Prior authorization required for non-preferred diabetic supplies.</b>                                            |                                                        |
| <ul style="list-style-type: none"><li>• Therapeutic Shoes/Inserts</li></ul>                                                            | <b>\$0</b> copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts.                                                                                                                                                                                                                                                                                                                                                                                   |                                                        |



**Premiums and Benefits (continued) HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)****Fitness Program**

SilverSneakers®

**\$0** copay / unlimited visits

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, plus virtual resources and a mobile app.

**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.**

**In-Home Meal Delivery****\$0** copay

Immediately after an inpatient stay or surgery in a hospital or a skilled nursing facility (SNF) stay, you can receive up to 28 meals (2 meals per day over a 14-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.

**You must use the plan's designated meals administrator, NationsBenefits, for this in-home meal benefit.**

**Telehealth Services****\$0 - \$25** copay / copay is based on provider type

If you choose to receive services via a network telehealth provider, then you must use a network provider that currently offers the service via telehealth. This benefit may not be offered by all providers. Check directly with your providers about the availability of telehealth services.

# 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 HealthTeam Advantage at 1-877-905-9216 (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

1-877-905-9216, (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 1-877-905-9216 TTY 711, and you will be connected to an interpreter who will assist you at no cost.

# Notice of Availability

**English:** Free assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-905-9216 (TTY 711) or speak to your provider.

**Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-905-9216 (TTY 711) o hable con su proveedor.

**Simplified Chinese:** 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-905-9216（文本电话：711）或咨询您的服务提供商。

**Traditional Chinese:** 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-905-9216 (TTY 711) 或與您的提供者討論。

**Tagalog:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-905-9216 (TTY 711) o makipag-usap sa iyong provider.

**French:** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-905-9216 (TTY 711) ou parlez à votre fournisseur.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-905-9216 (Người khuyết tật: TTY 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

**German:** UWenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-905-9216 (TTY 711) an oder sprechen Sie mit Ihrem Provider.



**Korean:** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-905-9216 (TTY 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-905-9216 (TTY 711) или обратитесь к своему поставщику услуг.

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-877-905-9216 (TTY 711) أو تحدث إلى مقدم الخدمة.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-905-9216 (TTY 711) पर कॉल करें या अपने प्रदाता से बात करें।

**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 1-877-905-9216 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-905-9216 (TTY 711) ou fale com seu provedor.

**Polish:** Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-905-9216 (TTY 711) lub porozmawiaj ze swoim dostawcą.

# Ready to Enroll?

Follow these steps to enroll in a HealthTeam Advantage plan.

## Enrollment with HealthTeam Advantage—Easy as 1, 2, 3!

- 1** | Review your Information Book with a licensed sales agent to learn more about plan benefits and decide on the plan that best fits your needs.
- 2** | Complete the enrollment form.
- 3** | Your licensed sales agent will submit your enrollment form to HealthTeam Advantage.

### **! IMPORTANT**

#### Questions to ask your licensed sales agent:

- ◆ How much is the monthly premium?
- ◆ What are my out-of-pocket costs if I need care?
- ◆ Is my doctor in the network?
- ◆ Are my prescription drugs covered?
- ◆ Is there a max out-of-pocket?





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## We're Here for You!

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### Online

Visit [htanc.com](https://htanc.com).



### In Person

Local Benefit Center

5815 Samet Dr., Suite 107, High Point, NC 27265



### By Phone

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, 7 days a week.

TTY users should call 1-877-486-2048. Or visit [Medicare.gov](https://www.Medicare.gov).

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## Connect with us

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