

Information Book

HealthTeam Advantage Plan I (PPO) H9808-004

HealthTeam Advantage Plan II (PPO) H9808-005



Table of Contents

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:

Understanding Medicare

A brief overview of the ABCs of Medicare, when you are eligible for Medicare and when you can enroll in a Medicare plan.....**Page 2**

Experience HealthTeam Advantage

Experience the HealthTeam Advantage difference: Local, accessible, reliable, and committed.....**Page 8**

Plan Benefits

Detailed information about the benefits and services offered by HealthTeam Advantage beyond what Original Medicare offers.....**Page 14**

Summary of Benefits

A detailed plan overview that provides important plan information..... **Page 25**

Notice of Availability and Non-Discrimination Notice

Provides information on how to file a grievance and how to access free language interpreter services.**Page 40**

Ready to Enroll?

Get next steps for enrolling in a HealthTeam Advantage plan..... **Page 43**

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.

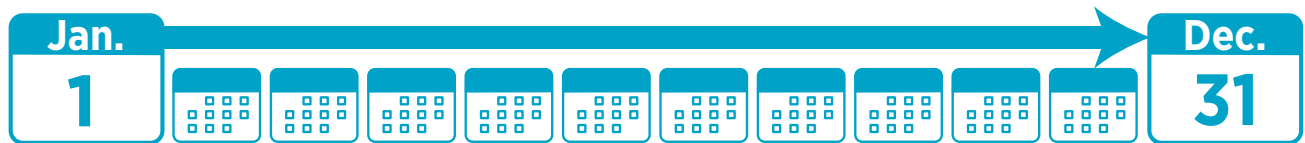


Open Enrollment Period

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**



**Most include
prescription drug
coverage**

What Medicare Advantage plans cover



**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.

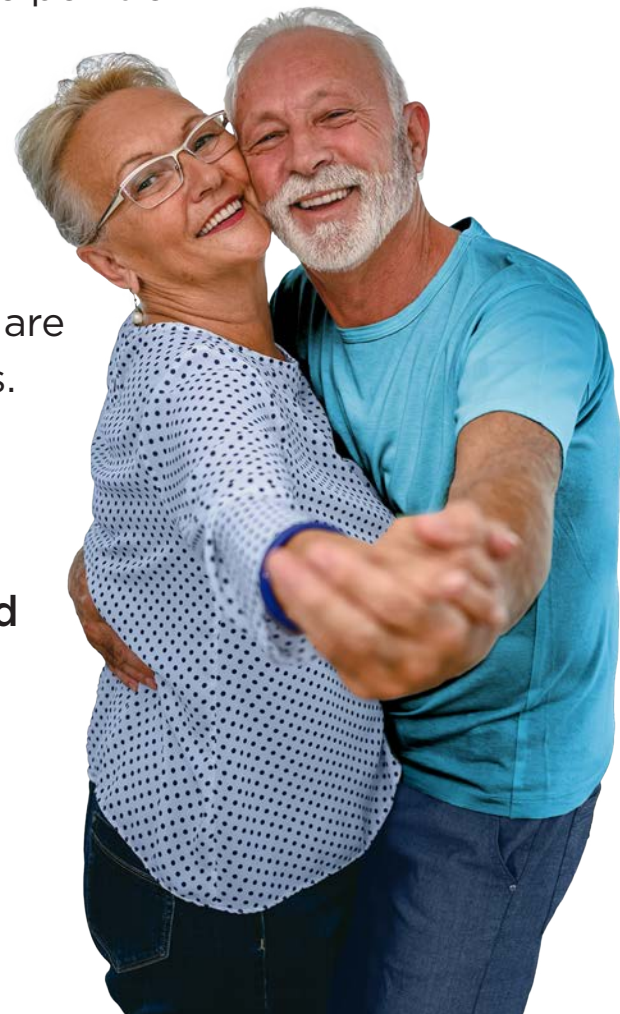
PersonalTouch

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 **Plan I and Plan II** members can choose to receive care from any provider or hospital in our service area. Since Plan I and Plan II are Preferred Provider Organizations (PPO) plans, you don't need a referral for specialists, hospitals, or providers.

We do, however, encourage you to choose an in-network provider as your primary care provider. If you do select an out-of-network provider, please make sure the provider accepts Medicare; otherwise, you will be responsible for the full cost of services. Except for emergencies or urgent care, it may cost more to get care from out-of-network providers.

HealthTeam Advantage Plan I and Plan II (PPO) Service Area:

- ◆ Alamance
- ◆ Caswell
- ◆ Davidson
- ◆ Davie
- ◆ Forsyth
- ◆ Guilford
- ◆ Montgomery
- ◆ Orange
- ◆ Randolph
- ◆ Rockingham
- ◆ Stokes
- ◆ Yadkin

We encourage you to choose an In-Network Primary Care Provider (PCP). Here's why:

- ◆ You'll save money with lower copays and out-of-pocket costs
- ◆ Providers in our network emphasize Preventive Care, such as wellness visits, screenings, and vaccines
- ◆ Your 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





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

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

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.

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



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



Worldwide
Travel



In-Home
Support



In-Home
Meal Delivery





Fitness



Over-the-Counter



**Prescription
Drugs**



**Nurse Advice
Line**

**Want
details
on our
benefits?**

**These are just
the highlights!
Turn to page 25
for a full
Summary of
Benefits.**



2026

Plan I (PPO) and Plan II (PPO)



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 can 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 to \$2,000 for comprehensive dental services (varies by plan).
- ◆ 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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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.



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2026

Plan I (PPO) and Plan II (PPO)



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.



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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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Over-the-Counter (OTC) *Benefit*




Highlights:

- ◆ Members receive a prepaid debit card from NationsBenefits® to purchase eligible OTC items.
- ◆ Quarterly allowance varies by plan. (Does not roll over to next benefit period.)
- ◆ For full benefit details, refer to the Evidence of Coverage.

Get over-the-counter products every quarter — at no cost to you.

Think about all the OTC medications and supplies you purchase throughout the year—from non-prescription pain relievers and allergy medications to vitamins and 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.



Learn More!



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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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2026

Plan I (PPO) and Plan II (PPO)



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!



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336-914-2736 (TTY 711)

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2026

Plan I (PPO) and Plan II (PPO)



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

nations
benefits

to the right nutrition. 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.



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NationsBenefits is a registered trademark of NationsBenefits, LLC.

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MULTI-PLAN_26017_M

2026

Plan I (PPO) and Plan II (PPO)



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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Medicare experts or by
scanning the QR code.

336-914-2736 (TTY 711)

Worldwide Travel *Benefit*



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.

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 (Plan I)
- ◆ \$75,000 maximum coverage amount per year (Plan II)
- ◆ For full benefit details, refer to the Evidence of Coverage.



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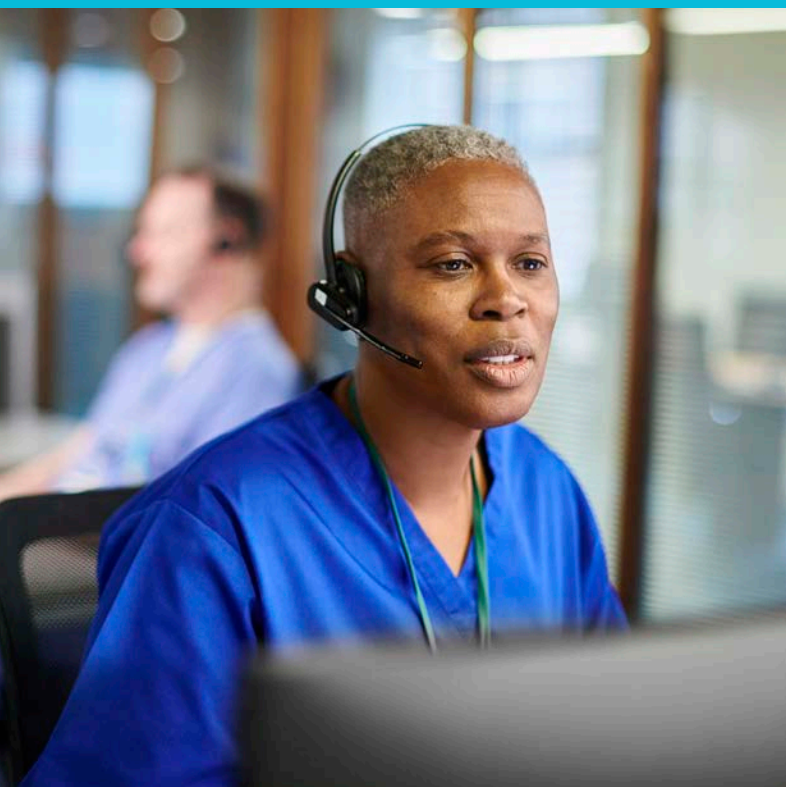
336-914-2736 (TTY 711)

2026

Plan I (PPO) and Plan II (PPO)



Nurse Advice Line *Benefit*



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

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.



Learn More!



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336-914-2736 (TTY 711)

Summary of Benefits

HealthTeam Advantage Plan I (PPO) H9808-004

HealthTeam Advantage Plan II (PPO) H9808-005



2026 Summary of Benefits

HealthTeam Advantage Plan I (PPO) HealthTeam Advantage Plan II (PPO)

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 our website at www.htanc.com/members/2026-plan-documents.

To join HealthTeam Advantage Plan I or Plan II, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in North Carolina: **Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Orange, Randolph, Rockingham, Stokes, and Yadkin.**

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

For more information, contact 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.

Cover image: Old Salem Coffee Pot, Winston-Salem.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see the Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.	\$40
Deductible (Medical)	\$0 These plans do not have a deductible for medical services.	\$0
Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>)	In-Network: \$3,900 annually Out-of-Network: \$6,300 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.	In-Network: \$3,700 annually Out-of-Network: \$6,300 annually
Doctor Visits		
• Primary Care Provider (PCP)	In-Network: \$0 copay Out-of-Network: \$50 copay	In-Network: \$0 copay Out-of-Network: \$30 copay
• Specialist	In-Network: \$25 copay Out-of-Network: \$75 copay	In-Network: \$20 copay Out-of-Network: \$60 copay
Preventive Care (e.g., flu vaccine, diabetic screenings)		
	In-Network: \$0 copay Out-of-Network: \$30 copay Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.	In-Network: \$0 copay Out-of-Network: \$30 copay
Urgent Care		
	In- and Out-of-Network: \$40 copay This copay is not waived if you are admitted to the hospital.	In- and Out-of-Network: \$30 copay This copay is not waived if you are admitted to the hospital.
Emergency Care		
	In- and Out-of-Network: \$150 copay If you are admitted to the hospital for the same condition within 3 days, the emergency care copay is waived.	In- and Out-of-Network: \$130 copay

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Inpatient Hospital Coverage		
	In-Network: \$325 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 \$0 copay for days 91 and beyond Out-of-Network: 30% coinsurance Plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	In-Network: \$275 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90 \$0 copay for days 91 and beyond Out-of-Network: 20% coinsurance
Outpatient Hospital Coverage		
	In-Network: \$350 copay Out-of-Network: 30% coinsurance Prior authorization may be required for some services.	In-Network: \$325 copay Out-of-Network: 20% coinsurance
Ambulatory Surgical Center (ASC)		
	In-Network: \$250 copay per day Out-of-Network: 30% coinsurance Prior authorization may be required for some services.	In-Network: \$200 copay per day Out-of-Network: 20% coinsurance

Premiums and Benefits (<i>continued</i>)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Diagnostic Services/Labs		
• Lab Services	In-Network: \$10 copay at a stand-alone lab facility \$20 copay at an outpatient hospital facility Out-of-Network: 30% coinsurance	In-Network: \$5 copay at a stand-alone lab facility \$10 copay at an outpatient hospital facility Out-of-Network: 20% coinsurance
• Diagnostic Tests and Procedures	In-Network: \$10 copay at a stand-alone facility \$20 copay at an outpatient hospital facility Out-of-Network: 30% coinsurance	In-Network: \$5 copay at a stand-alone facility \$10 copay at an outpatient hospital facility Out-of-Network: 20% coinsurance
• Sleep Studies	In-Network: \$50 copay at home \$100 copay for outpatient facility Out-of-Network: 30% coinsurance	In-Network: \$50 copay at home \$75 copay for outpatient facility Out-of-Network: 20% coinsurance
• Outpatient X-rays	In-Network: \$10 copay for X-ray services Out-of-Network: 30% coinsurance for X-ray services	In-Network: \$10 copay for X-ray services Out-of-Network: 20% coinsurance for X-ray services

Prior authorization may be required for some services.

Diagnostic Tests/Therapeutic Radiological Services

Diagnostic Radiological Services (Copay varies based on type of service.)

	In-Network	Out-of-Network	In-Network	Out-of-Network
• EKG Testing	\$0 copay	30% coinsurance	\$0 copay	20% coinsurance
• Ultrasound	\$75 copay	30% coinsurance	\$75 copay	20% coinsurance
• CT Scan	\$150 copay	30% coinsurance	\$125 copay	20% coinsurance
• MRI / MRA	\$225 copay	30% coinsurance	\$195 copay	20% coinsurance
• PET Scan	\$300 copay	30% coinsurance	\$275 copay	20% coinsurance
• Nuclear Stress Testing	\$225 copay	30% coinsurance	\$195 copay	20% coinsurance
• Echocardiography	\$75-\$150 copay	30% coinsurance	\$75-\$150 copay	20% coinsurance
• Other Diagnostic Radiological Services	\$225 copay	30% coinsurance	\$195 copay	20% coinsurance
Therapeutic Radiological Services	20% coinsurance	50% coinsurance	20% coinsurance	30% coinsurance

Premiums and Benefits (<i>continued</i>)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Hearing Services		
• Diagnostic Hearing Exam (Medicare covered)	In-Network: \$25 copay for a hearing exam Out-of-Network: \$75 copay for a hearing exam	In-Network: \$20 copay for a hearing exam Out-of-Network: \$60 copay for a hearing exam
• Routine Hearing Exam	In-Network: \$25 copay Out-of-Network: Not covered One exam visit per year A TruHearing provider must be used for routine hearing benefits.	In-Network: \$25 copay Out-of-Network: Not covered
• Fitting and Evaluation for Hearing Aid	In-Network: \$0 copay Out-of-Network: Not covered One year of provider follow-up visits for fitting and adjustments. A TruHearing provider must be used for hearing aid benefit.	In-Network: \$0 copay Out-of-Network: Not covered
• Hearing Aid	In-Network: \$299-\$799 per hearing aid. Advanced and Premium hearing aids are available in rechargeable style options for an additional \$50 per aid. Out-of-Network: Not covered Up to two TruHearing hearing aids every year (one per ear per year). OTC hearing aids not covered. A TruHearing provider must be used for hearing aid benefit.	In-Network: \$299-\$799 per hearing aid. Advanced and Premium hearing aids are available in rechargeable style options at no additional cost per aid. Out-of-Network: Not covered

Premiums and Benefits (<i>continued</i>)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Dental Services		
<ul style="list-style-type: none"> Diagnostic and Preventive Dental Services (Non-Medicare Covered) 	<p>Annual Benefit Maximum: No maximum plan coverage amount for Diagnostic and Preventive in- and out-of-network non-Medicare covered dental services.</p> <p>Annual Deductible: \$0</p> <p>Office Visit: \$0 copay</p> <p>In-Network: 0% coinsurance</p> <p>Out-of-Network: 50% 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 for in-network coverage to apply. Frequency and visit limits apply.</p> <p>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.</p>	<p>Annual Benefit Maximum: No maximum plan coverage amount for Diagnostic and Preventive in- and out-of-network non-Medicare covered dental services.</p> <p>Annual Deductible: \$0</p> <p>Office Visit: \$0 copay</p> <p>In-Network: 0% coinsurance</p> <p>Out-of-Network: 50% 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 for in-network coverage to apply. Frequency and visit limits apply.</p> <p>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.</p>
<ul style="list-style-type: none"> Comprehensive Dental Services (Non-Medicare Covered) 	<p>Annual Benefit Maximum: \$1,500 per year for all in- and out-of-network combined non-Medicare covered Comprehensive dental services.</p> <p>Note: There is no separate annual benefit maximum for out-of-network dental services.</p> <p>Annual Deductible: \$100 combined for all in- and out-of-network Comprehensive dental services.</p> <p>Office Visit: \$0 copay</p> <p>In-Network: 20%-50% coinsurance after Deductible is met for covered Comprehensive dental services.</p> <p>Out-of-Network: 50%-75% 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.</p> <p>Must use a Dominion Dental participating dental provider for in-network coverage to apply. Frequency and visit limits apply.</p> <p>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.</p>	<p>Annual Benefit Maximum: \$2,000 per year for all in- and out-of-network combined non-Medicare covered Comprehensive dental services.</p> <p>Note: There is no separate annual benefit maximum for out-of-network dental services.</p> <p>Annual Deductible: \$100 combined for all in- and out-of-network Comprehensive dental services.</p> <p>Office Visit: \$0 copay</p> <p>In-Network: 20%-50% coinsurance after Deductible is met for covered Comprehensive dental services.</p> <p>Out-of-Network: 50%-75% 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.</p> <p>Must use a Dominion Dental participating dental provider for in-network coverage to apply. Frequency and visit limits apply.</p> <p>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.</p>

Premiums and Benefits (<i>continued</i>)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Vision Services		
<ul style="list-style-type: none"> Diagnostic Eye Exam (Medicare covered) Eyewear (Medicare covered) 	<p>In-Network: \$25 copay Out-of-Network: \$75 copay</p> <p>In-Network: \$0 copay Out-of-Network: 30% coinsurance for Medicare-covered eyeglasses or contact lenses after cataract surgery. Materials covered up to Medicare-approved limits.</p>	<p>In-Network: \$20 copay Out-of-Network: \$60 copay</p> <p>In-Network: \$0 copay Out-of-Network: 20% coinsurance for Medicare-covered eyeglasses or contact lenses after cataract surgery.</p>
<ul style="list-style-type: none"> Routine Eye Exam (Non-Medicare covered) 	<p>In-Network: \$25 copay Out-of-Network: 30% coinsurance</p> <p>One routine eye exam per year. Refraction included.</p>	<p>In-Network: \$25 copay Out-of-Network: 20% coinsurance</p>
<ul style="list-style-type: none"> Eyeglasses (lenses and frames) Contact Lenses 	<p>In-Network: Reimbursed up to \$125 towards eyewear, including contact lenses, each year. Single vision lenses, lined bifocals, lined trifocals, and lenticular lenses covered in full.</p> <p>Vision allowance is limited to one pair of eyeglasses or contacts per year.</p>	<p>In-Network: Reimbursed up to \$125 towards eyewear, including contact lenses, each year. Single vision lenses, lined bifocals, lined trifocals, and lenticular lenses covered in full.</p>
<ul style="list-style-type: none"> Contact lens fitting/evaluation 	\$60 copay	\$60 copay
<ul style="list-style-type: none"> Lens Upgrades 	Standard progressive lenses and scratch-resistant coating are covered in full as an upgrade. No other upgrades are covered.	Standard progressive lenses and scratch-resistant coating are covered in full as an upgrade. No other upgrades are covered.

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Mental Health Services		
• Inpatient Hospital	In-Network: \$325 copay per day for days 1 through 8 \$0 copay per day for days 9 through 90 Out-of-Network: 30% coinsurance Services require prior authorization.	In-Network: \$275 copay per day for days 1 through 8 \$0 copay per day for days 9 through 90 Out-of-Network: 20% coinsurance
• Outpatient Individual Therapy Visit	In-Network: \$25 copay Out-of-Network: 30% coinsurance	In-Network: \$20 copay Out-of-Network: 20% coinsurance
• Outpatient Group Therapy Visit	In-Network: \$25 copay Out-of-Network: 30% coinsurance	In-Network: \$20 copay Out-of-Network: 20% coinsurance
Skilled Nursing Facility (SNF)		
	In-Network: \$0 copay per day for days 1 through 20 \$218 copay per day for days 21 through 100 Out-of-Network: 30% coinsurance Plan covers up to 100 days in a SNF. Services require prior authorization.	In-Network: \$0 copay per day for days 1 through 20 \$218 copay per day for days 21 through 100 Out-of-Network: 20% coinsurance

Premiums and Benefits (<i>continued</i>)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Rehabilitation Services		
• Physical Therapy Visit	In-Network: \$25 copay Out-of-Network: 30% coinsurance	In-Network: \$20 copay Out-of-Network: 20% coinsurance
• Occupational Therapy Visit	In-Network: \$25 copay Out-of-Network: 30% coinsurance	In-Network: \$20 copay Out-of-Network: 20% coinsurance
• Speech and Language Therapy Visit	In-Network: \$25 copay Out-of-Network: 30% coinsurance	In-Network: \$20 copay Out-of-Network: 20% coinsurance
• Cardiac Rehabilitation Services	In-Network: \$25 copay Out-of-Network: 30% coinsurance	In-Network: \$20 copay Out-of-Network: 20% coinsurance
• Intensive Cardiac Rehabilitation Services	In-Network: \$25 copay Out-of-Network: 30% coinsurance	In-Network: \$20 copay Out-of-Network: 20% coinsurance
• Pulmonary Rehabilitation Services	In-Network: \$25 copay Out-of-Network: 30% coinsurance	In-Network: \$20 copay Out-of-Network: 20% coinsurance
Ambulance		
• Ground Ambulance (Medicare covered)	In- and Out-of-Network: \$250 copay per one-way trip	In- and Out-of-Network: \$200 copay per one-way trip
• Air Ambulance (Medicare covered)	\$350 copay per one-way trip	\$300 copay per one-way trip
Prior authorization required for non-emergency transportation. Copay is not waived if admitted to hospital.		
Medicare Part B Drugs		
	In-Network: 0% - 20% coinsurance Out-of-Network: 30% coinsurance	In-Network: 0% - 20% coinsurance Out-of-Network: 30% coinsurance
Prior authorization may be required. Does not include Part B insulin drugs.		

Premiums and Benefits <i>(continued)</i>		HealthTeam Advantage Plan I (PPO)			
Outpatient Prescription Drugs					
Phase 1: Deductible		\$250			
Deductible applies to Tier 4 and Tier 5 only.					
Phase 2: Initial Coverage	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	\$3 copay	\$9 copay	\$15 copay	\$45 copay	
Tier 3 - Preferred Brand	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	
Tier 4 - Non-Preferred Drug	35% coinsurance	35% coinsurance	45% coinsurance	45% coinsurance	
Tier 5 - Specialty Tier (limited to a 30-day supply)	30% coinsurance	Not applicable	30% coinsurance	Not applicable	
	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	\$3 copay		\$9 copay		
Tier 3 - Preferred Brand	20% coinsurance		20% coinsurance		
Tier 4 - Non-Preferred Drug	35% coinsurance		35% coinsurance		
Tier 5 - Specialty Tier (limited to a 30-day supply)	30% coinsurance		Not applicable		
		You won't pay more than \$35 or Tier coinsurance for a one-month supply of each covered insulin product.			
		Once your out-of-pocket costs reach \$2,100 (2026), you move to catastrophic coverage, Phase 3.			
Phase 3: Catastrophic Coverage (After your out-of-pocket costs have reached the \$2,100 limit for the calendar year)		In this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.			
		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.

Premiums and Benefits <i>(continued)</i>		HealthTeam Advantage Plan II (PPO)			
Outpatient Prescription Drugs					
Phase 1: Deductible		\$150			
		Deductible applies to Tier 4 and Tier 5 only.			
Phase 2: Initial Coverage	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	\$5 copay	\$15 copay	
Tier 2 - Generic	\$0 copay	\$0 copay	\$15 copay	\$45 copay	
Tier 3 - Preferred Brand	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	
Tier 4 - Non-Preferred Drug	35% coinsurance	35% coinsurance	45% coinsurance	45% coinsurance	
Tier 5 - Specialty Tier (limited to a 30-day supply)	31% coinsurance	Not applicable	31% coinsurance	Not applicable	
	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	20% coinsurance		20% coinsurance		
Tier 4 - Non-Preferred Drug	35% coinsurance		35% coinsurance		
Tier 5 - Specialty Tier (limited to a 30-day supply)	31% coinsurance		Not applicable		
		You won't pay more than \$35 or Tier coinsurance for a one-month supply of each covered insulin product.			
		Once your out-of-pocket costs reach \$2,100 (2026), you move to catastrophic coverage, Phase 3.			
Phase 3: Catastrophic Coverage (After your out-of-pocket costs have reached the \$2,100 limit for the calendar year)		In this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.			
		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.

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Over-the-Counter (OTC) Items		
	\$60/Quarter Allowance is per quarter for qualifying OTC items, which can be purchased at participating retailers or through the NationsBenefits online store. 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. Nicotine Replacement Therapy is not covered as part of the OTC benefit.	\$60/Quarter
Foot Care (podiatry services)		
• Foot Exams and Treatment (Medicare covered)	In-Network: \$25 copay Out-of-Network: \$75 copay	In-Network: \$20 copay Out-of-Network: \$60 copay
• Routine Foot Care	Not covered.	Not covered.
Medical Equipment/Supplies		
• Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)	In-Network: 25% coinsurance Out-of-Network: 50% coinsurance	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
	Services require prior authorization.	
• Prosthetics (e.g., artificial limbs)	In-Network: 25% coinsurance Out-of-Network: 50% coinsurance	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
	Services require prior authorization.	
• Diabetic Supplies	In-Network: 0% coinsurance for preferred manufacturers 20% coinsurance for non-preferred manufacturers Out-of-Network: 30% coinsurance	In-Network: 0% coinsurance for preferred manufacturers 20% coinsurance for non-preferred manufacturers Out-of-Network: 20% coinsurance
	Diabetic Supplies and Services limited to those from the following preferred manufacturers: - Blood Glucose Meter and testing supplies - One Touch - Continuous Glucose Monitor and supplies - FreeStyle Libre Systems Prior authorization required for non-preferred diabetic supplies.	
• Diabetic Therapeutic Shoes / Inserts	In-Network: \$0 copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts Out-of-Network: 30% coinsurance	In-Network: \$0 copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts Out-of-Network: 20% coinsurance

Premiums and Benefits (<i>continued</i>)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Fitness Program		
<ul style="list-style-type: none"> SilverSneakers® 	In-Network: \$0 copay HealthTeam Advantage covers the full cost of this benefit through participating SilverSneakers fitness locations. SilverSneakers fitness program offers unlimited visits with access to thousands of fitness locations nationwide, plus virtual resources and a mobile app.	In-Network: \$0 copay
In-Home Support/Companion Services		
<ul style="list-style-type: none"> In-home or virtual assistance with non-medical services such as light house chores, technology assistance, transportation, and general companionship. 	In-Network: \$0 copay Up to 30 hours per year with a Papa Pal for in-home support and companion services.	In-Network: \$0 copay Up to 60 hours per year with a Papa Pal for in-home support and companion services.
Services must be provided by the plan's administrator, Papa.		
In-Home Meal Delivery		
	In-Network: \$0 copay per meal Up to a total of 28 meals (2 meals per day over a 14-day period). Benefits may be used immediately following a qualifying event such as surgery or discharge from an inpatient hospital or skilled nursing stay. 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 vendor for this benefit.	In-Network: \$0 copay per meal Up to a total of 28 meals (2 meals per day over a 14-day period).
Telehealth Services		
	\$0-\$25 copay based on provider type. If you choose to receive services via telehealth, you must use an in-network provider that currently offers the service via telehealth. This benefit may not be offered by all providers. Check directly with your providers about the availability of telehealth services.	\$0-\$20 copay based on provider type.

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 serbisyonang 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: Wenn 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.

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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, 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.

Ready to Enroll?

Follow these steps to enroll
in a HealthTeam Advantage plan.

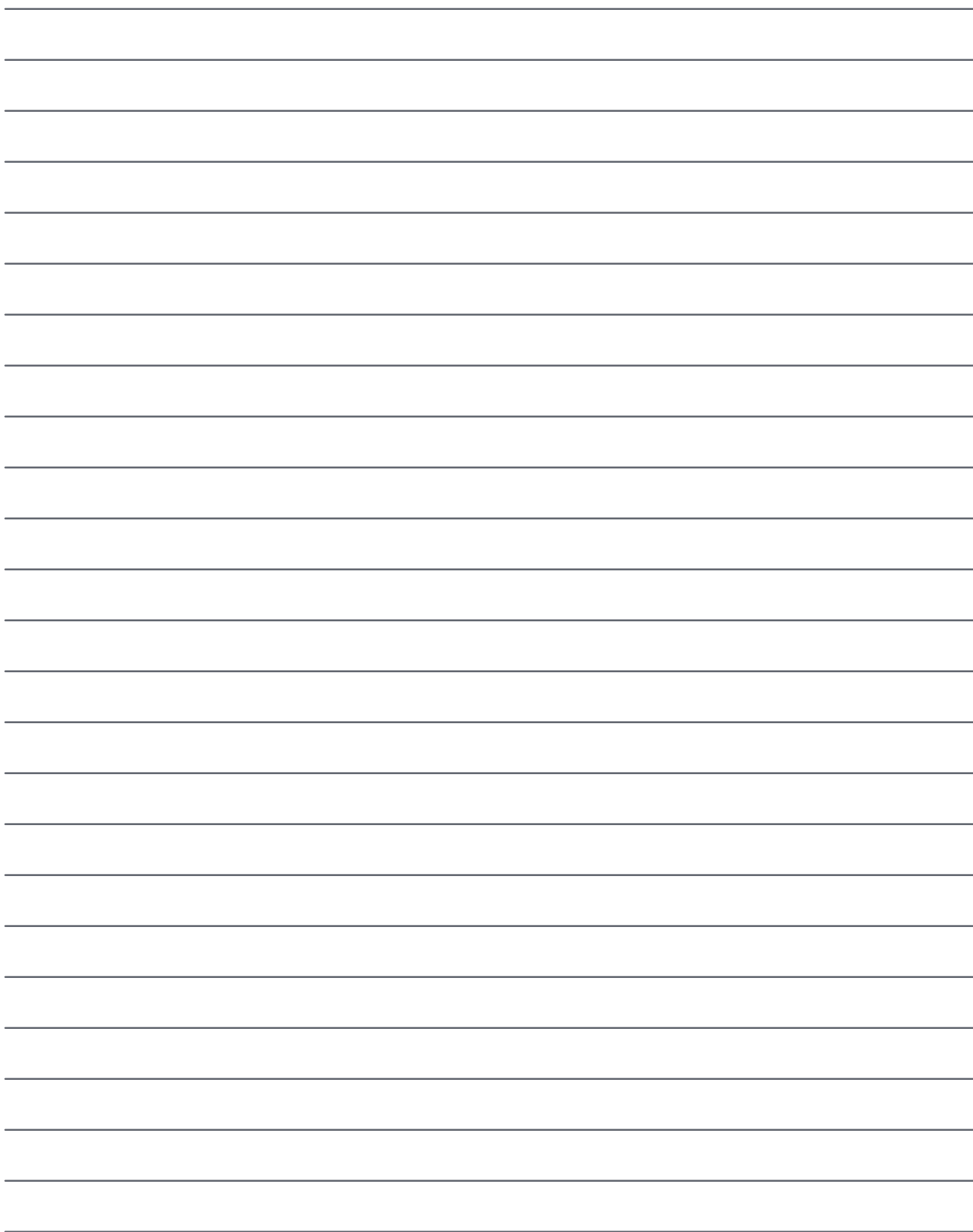
Enrollment with HealthTeam Advantage—Easy as 1, 2, 3!

- 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?



We're Here for You!



Online

Visit 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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Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see the Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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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