

Information Book

HealthTeam Advantage Vitality Plan
(PPO) H9808-010



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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.

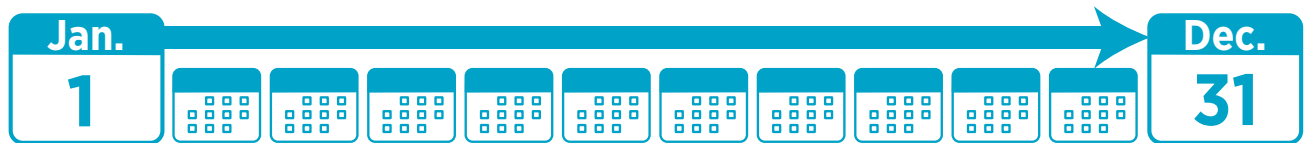


Open Enrollment Period

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**



**Most include
prescription drug
coverage**



**Many include vision,
hearing & dental
coverage**



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

What Medicare Advantage plans cover

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.



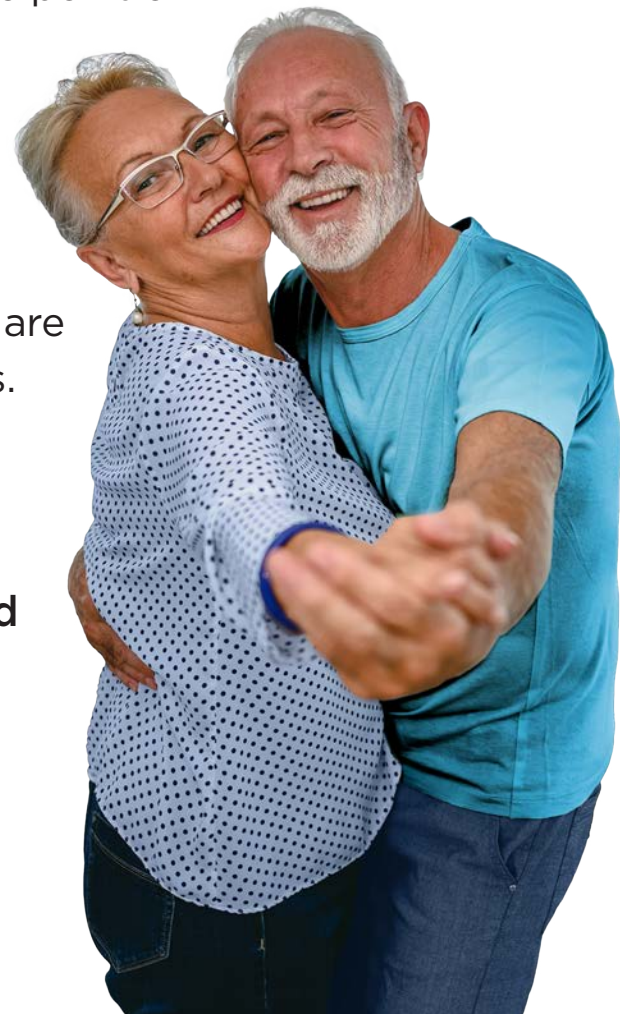
PersonalTouch

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 **Vitality Plan** members can choose to receive care from any provider or hospital in our service area. Since the Vitality Plan is a Preferred Provider Organization (PPO) plan, 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.

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

HealthTeam Advantage Vitality Plan (PPO) Service Area:

- | | |
|-------------|---------------|
| ◆ Alamance | ◆ Lincoln |
| ◆ Alexander | ◆ Mecklenburg |
| ◆ Alleghany | ◆ Montgomery |
| ◆ Anson | ◆ New Hanover |
| ◆ Bladen | ◆ Orange |
| ◆ Brunswick | ◆ Pender |
| ◆ Cabarrus | ◆ Person |
| ◆ Caswell | ◆ Randolph |
| ◆ Chatham | ◆ Richmond |
| ◆ Columbus | ◆ Rockingham |
| ◆ Davidson | ◆ Rowan |
| ◆ Davie | ◆ Scotland |
| ◆ Durham | ◆ Stokes |
| ◆ Forsyth | ◆ Union |
| ◆ Gaston | ◆ Wilkes |
| ◆ Guilford | ◆ Yadkin |
| ◆ Iredell | |





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



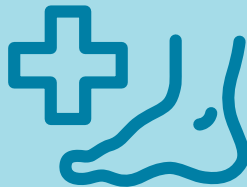
Vision



Hearing



Chiropractic
Care



Foot Care



Worldwide
Travel





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.**



Dental *Benefit*



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

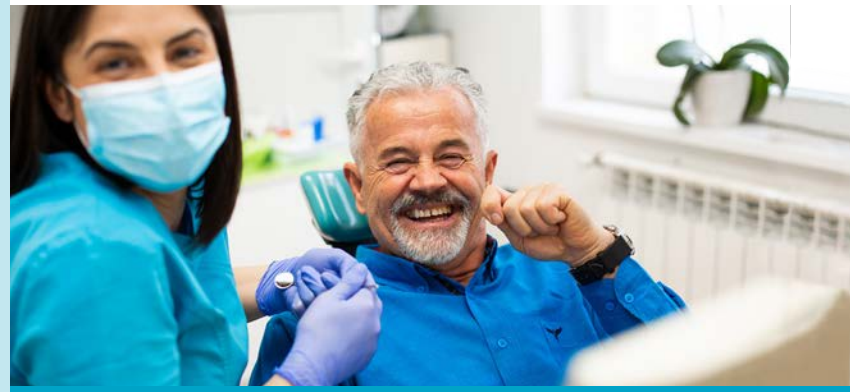
In fact, dental health may influence the development of certain conditions, such as diabetes and heart disease, so it's important to get regular dental care.

Preventive dental services — such as cleanings, exams, X-rays, and Medicare-covered exams — are included. For more comprehensive services, like fillings, crowns, and dentures, a dental rider is available for an additional monthly premium.

HealthTeam Advantage has partnered with Dominion Dental Services, Inc., to offer dental benefits to members. With access to Dominion's dental network across North Carolina, members can easily find a dentist that meets their unique oral health needs.

Highlights:

- ◆ Diagnostic and Preventive dental services include:
 - \$20 office visit copay
 - \$0 annual deductible
 - No annual benefit maximum*
- ◆ Dental rider available to cover comprehensive services:
 - \$45 monthly premium
 - \$1,500 annual benefit maximum
 - \$100 annual deductible
- ◆ 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.

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. MULTI-PLAN_26046_M

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 eye exams (not covered by Medicare) can detect health conditions with no obvious symptoms such as glaucoma, diabetes, and macular degeneration.

HealthTeam Advantage offers vision benefits administered by our 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.



With our Vitality Plan, members without a need for prescription glasses can use their eyewear allowance toward non-prescription sunglasses or blue-light filtering glasses.

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, scratch-resistant coating, polycarbonate lenses, and UV protection.
- ◆ \$150 annual allowance for frames, contact lenses, and some non-prescription glasses (sunglasses or blue-light filtering).
- ◆ For full benefit details, refer to the Evidence of Coverage.



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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*



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

 **nations**
benefits

preloaded on a debit card through NationsBenefits[®], which they use to purchase eligible

OTC items from participating retailers or shop online through NationsBenefits.

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.



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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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Fitness *Benefit*

Designed with a focus on staying fit and active

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.

The Vitality Plan also includes a fitness flex card from NationsBenefits®. This card gives members \$50 per quarter to use on fitness equipment, activity trackers purchased in the NationsBenefits online store or at participating fitness retailers and fitness-related activities such as exercise classes and personal trainer fees.

Highlights:

- ◆ \$0 copay / unlimited visits.
- ◆ Live online and in-person classes led by trained instructors as well as on-demand workout videos.
- ◆ \$50 quarterly allowance for qualifying fitness equipment at participating fitness retailers and certain fitness activities.
- ◆ For full benefit details, refer to the Evidence of Coverage.



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Chiropractic Care *Benefit*

Maintaining Independence and Vitality

Chiropractic care focuses on the musculoskeletal system, particularly the spine, utilizing non-invasive techniques like targeted spinal adjustments to improve alignment and function.

Chiropractic care can help support independence. By improving mobility, managing pain, and enhancing overall well-being, it helps you stay active and live life on your terms.

As we age, aches and pains become more common. The physical, chemical, and emotional stressors of life can cause misalignments in the body, leading to discomfort. Chiropractic care naturally addresses these issues, promoting flexibility, balance, and a stronger immune

system—all without the need for medication.

At HealthTeam Advantage, we recognize the importance of

routine chiropractic care. That's why our Vitality Plan includes a benefit for routine chiropractic care, making it an affordable part of your wellness journey.



Highlights:

- ◆ Routine chiropractic care to maintain spinal health and wellness.
- ◆ \$20 copay for routine services with an in-network provider.
- ◆ Up to 18 visits per year for routine services.
- ◆ For full benefit details, refer to the Evidence of Coverage.



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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
- ◆ For full benefit details, refer to the Evidence of Coverage.



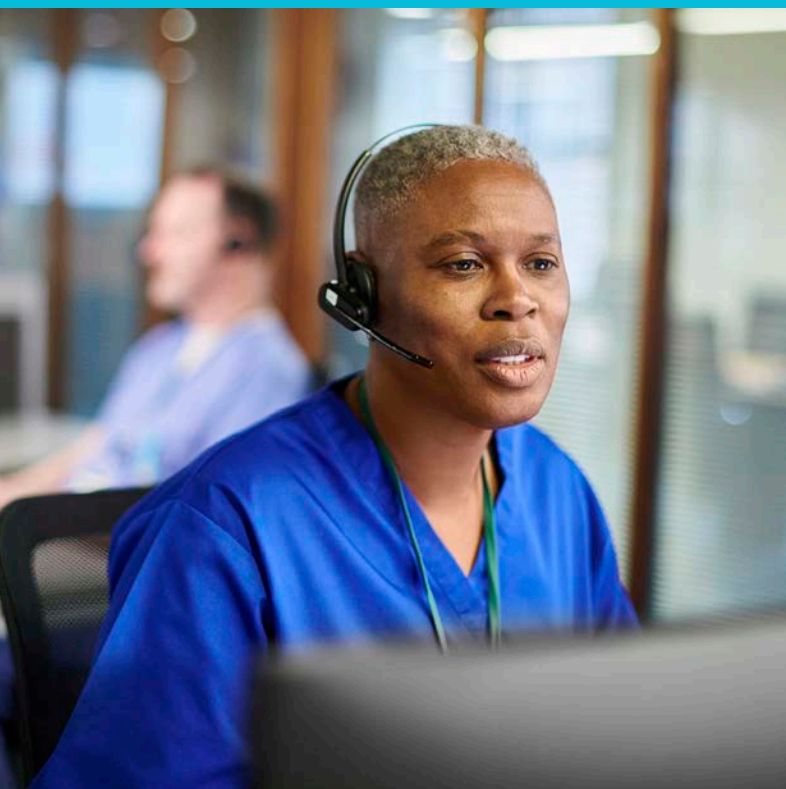
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336-914-2736 (TTY 711)

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.



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Summary of Benefits

HealthTeam Advantage Vitality Plan
(PPO) H9808-010



2026 Summary of Benefits

HealthTeam Advantage Vitality Plan (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 our 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.

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

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

For more information, contact 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: Oak Island Lighthouse

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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2026 Vitality Plan (PPO)

Premiums and Benefits	HealthTeam Advantage Vitality Plan (PPO)
Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.
Deductible	\$0 This plan does not have a deductible for medical services.
Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>)	In-Network: \$4,200 annually Out-of-Network: \$6,300 annually The most you'll pay during the plan year for Medicare-covered medical services and supplies — including copays, coinsurance, and Part B-covered medications — in- or out-of-network.
Doctor Visits	
• Primary Care Provider (PCP)	In-Network: \$0 copay Out-of-Network: \$50 copay
• Specialist	In-Network: \$35 copay Out-of-Network: \$75 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.
Urgent Care	
	In- and Out-of-Network: \$50 copay 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.

**Premiums and
Benefits (continued)**

HealthTeam Advantage Vitality Plan (PPO)

Inpatient Hospital Coverage

In-Network:

\$335 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:

40% coinsurance per day per stay

Plan covers an unlimited number of days for an inpatient hospital stay.
Prior authorization may be required.

Outpatient Hospital Coverage

- Outpatient Hospital Facility

In-Network: \$350 copay

Out-of-Network: 40% coinsurance

Prior authorization may be required for some services.

Ambulatory Surgical Center (ASC)

In-Network: \$225 copay per day

Out-of-Network: 40% coinsurance

Prior authorization may be required for some services.

Premiums and Benefits <i>(continued)</i>		HealthTeam Advantage Vitality Plan (PPO)	
Diagnostic Services/Labs			
• Lab Services		In-Network: \$0 copay at a stand-alone lab facility In-Network: \$10 copay at an outpatient hospital facility Out-of-Network: 40% coinsurance	
• Diagnostic Tests and Procedures		In-Network: \$0 copay at a stand-alone facility In-Network: \$10 copay at an outpatient hospital facility Out-of-Network: 40% coinsurance	
• Sleep Studies		In-Network: \$50 (Home) / \$100 (OP Facility) copay Out-of-Network: 40% coinsurance	
• Outpatient X-rays		In-Network: \$10 copay Out-of-Network: 40% coinsurance Prior authorization may be required for some services.	
Diagnostic Tests/Therapeutic Radiological Services			
		In-Network	Out-of-Network
• Diagnostic Radiological Services <i>Copay varies based on type of service.</i>		\$0-\$300 copay	40% coinsurance
- EKG Testing		\$0 copay	40% coinsurance
- Ultrasound		\$75 copay	40% coinsurance
- CT Scan		\$150 copay	40% coinsurance
- MRI / MRA		\$225 copay	40% coinsurance
- PET Scan		\$300 copay	40% coinsurance
- Nuclear Stress Testing		\$225 copay	40% coinsurance
- Echocardiography		\$75 - \$150 copay	40% coinsurance
- Other Diagnostic Radiological Servies		\$225 copay	40% coinsurance
• Therapeutic Radiological Services		20% coinsurance	40% coinsurance

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Vitality Plan (PPO)
Hearing Services	
Diagnostic Hearing Exam (Medicare covered)	In-Network: \$35 copay Out-of-Network: 40% coinsurance
Routine Hearing Exams (Non-Medicare)	In-Network: \$25 copay / one exam visit per year A TruHearing provider must be used for routine hearing benefits.
Fitting and Evaluation for Hearing Aid	In-Network: \$0 copay / one year of follow-up provider visits for fitting and adjustments A TruHearing provider must be used for hearing aid benefit.
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. 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.

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Vitality Plan (PPO)

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Vitality Plan (PPO)
Dental Services	
Diagnostic and Preventive Dental Services (Non-Medicare covered)	Annual Benefit Maximum: No maximum plan coverage amount for Diagnostic and Preventive in- and out-of-network non-Medicare-covered dental services. Annual Deductible: \$0 Office Visit Copay: \$20 copay In-Network: 0% coinsurance after office visit copay Out-of-Network: 50% coinsurance after office visit copay Diagnostic and Preventive dental services include cleanings, dental X-rays, and oral examinations (periodic and comprehensive). Must use a Dominion Dental participating dental provider for in-network coverage to apply. Frequency and visit limits apply.
Optional Supplemental Comprehensive Dental Rider	
Comprehensive Dental Services (Non-Medicare covered)	Monthly Premium: \$45 Annual Benefit Maximum: \$1,500 per year for all in- and out-of-network combined non-Medicare-covered Comprehensive dental services. Note: There is no separate annual benefit maximum for out-of-network dental services. Annual Deductible: \$100 combined for in- and out-of-network dental services Office Visit Copay: \$0 copay In-Network: 20%-50% coinsurance after deductible is met for covered dental services Out-of-Network: 50% coinsurance after deductible is met for covered dental services 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 not a covered service. Must use a Dominion Dental participating dental provider for in-network coverage to apply. Frequency and visit limits apply. Refer to the Dental Code Quick Reference Guide for administrative coverage details, covered dental procedures and associated dental codes, and frequency and visit limits.

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Vitality Plan (PPO)
Vision Services	
Diagnostic Eye Exam (Medicare covered)	In-Network: \$35 copay Out-of-Network: 40% coinsurance
Eyewear (Medicare covered)	In-Network: \$0 copay for Medicare-covered frames or contact lenses after cataract surgery. Out-of-Network: 40% coinsurance for Medicare-covered eyeglasses or contact lenses after cataract surgery. Materials covered up to Medicare-approved limits.
Routine Eye Exam (Non-Medicare covered)	In-Network: \$25 copay Out-of-Network: 40% coinsurance One routine eye exam per year (refraction included)
Eyeglasses (lenses and frames)	In- and Out-of-Network: Reimbursed up to \$150 towards routine eyewear, including contact lenses each year. Single vision, lined bifocals, lined trifocals, and lenticular lenses are covered in full.
Contact Lenses	\$60 copay for contact lens fitting/evaluation Vision allowance is limited to one pair of eyeglasses or contacts per year.
Lens Upgrades	Standard progressive lenses, scratch-resistant coating, polycarbonate lenses, and UV protection are covered in full upgrades. Members can use their eyewear allowance amount towards non-prescription sunglasses or non-prescription blue-light filtering glasses.

2026 Vitality Plan (PPO)

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Vitality Plan (PPO)
Mental Health Services	
• Inpatient Hospital	In-Network: \$300 copay per day for days 1 through 8 \$0 copay per day for days 9 through 90 Out-of-Network: 40% coinsurance Services require prior authorization.
• Outpatient Individual Therapy Visit	In-Network: \$35 copay Out-of-Network: 40% coinsurance
• Outpatient Group Therapy Visit	In-Network: \$35 copay Out-of-Network: 40% 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: 40% coinsurance Plan covers up to 100 days in a SNF. Services require prior authorization.

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Vitality Plan (PPO)
Rehabilitation Services	
• Physical Therapy Visit	In-Network: \$15 copay Out-of-Network: 40% coinsurance
• Speech and Language Therapy Visit	In-Network: \$35 copay Out-of-Network: 40% coinsurance
• Occupational Therapy Visit	In-Network: \$35 copay Out-of-Network: 40% coinsurance
• Cardiac Rehabilitation Services	In-Network: \$35 copay Out-of-Network: 40% coinsurance
• Intensive Cardiac Rehabilitation Services	In-Network: \$35 copay Out-of-Network: 40% coinsurance
• Pulmonary Rehabilitation Services	In-Network: \$35 copay Out-of-Network: 40% coinsurance
Ambulance	
• Ground Ambulance (Medicare covered)	In- and Out-of-Network: \$300 copay per one-way trip
• Air Ambulance (Medicare covered)	\$500 copay per one-way trip
Prior authorization required for non-emergency transportation. Copay or coinsurance not waived if admitted to hospital.	
Medicare Part B Drugs	
In-Network: 0%-20% coinsurance Out-of-Network: 40% coinsurance	
Prior authorization may be required.	
Does not include Part B insulin drugs.	

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Vitality Plan (PPO)

Premiums and Benefits <i>(continued)</i>		HealthTeam Advantage Vitality Plan (PPO)			
Outpatient Prescription Drugs					
Phase 1: Deductible		\$300			
		Deductible applies to Tiers 4 and 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	\$17 copay	\$51 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 30-day supply)	29% coinsurance	Not applicable	29% 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 30-day supply)	29% 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 Vitality Plan (PPO)
Over-the-Counter (OTC) Items		\$60 allowance 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.
Foot Care (podiatry services)		
• Foot Exams and Treatment (Medicare covered)		In-Network: \$35 copay Out-of-Network: 40% coinsurance
• Routine Foot Care		In-Network: \$35 copay Out-of-Network: 40% coinsurance Limited to 2 visits per year
Medical Equipment/Supplies		
• Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)		In-Network: 20% coinsurance Out-of-Network: 40% coinsurance Services require prior authorization.
• Prosthetics (e.g., artificial limbs)		In-Network: 20% coinsurance Out-of-Network: 40% coinsurance Services require prior authorization.
• Diabetic Supplies		In-Network: 0% coinsurance for preferred manufacturers 20% coinsurance for non-preferred manufacturers Out-of-Network: 40% coinsurance Diabetic Supplies and Services limited to those from our preferred manufacturers for: • Blood Glucose Meter and testing supplies. • Continuous Glucose Monitor and supplies. 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: 40% coinsurance

2026 Vitality Plan (PPO)

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Vitality Plan (PPO)
Fitness Program	
• Physical Fitness	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.
• Fitness Allowance	\$50 quarterly fitness benefit allowance in addition to the SilverSneakers physical fitness benefit. Designed to help offset out-of-pocket fitness expenses. Eligible fitness items and services include: • Weights, exercise bands, exercise peddlers, yoga mats, and yoga balls • Wearable items such as fitness tracking devices • Personal trainers in a fitness facility • Fitness fees for activities such as pickleball, yoga, dance, or cycling Unused allowance amounts cannot be carried forward to the next quarter. Any unused benefit dollars will expire at the end of the year.
Routine Chiropractic Care	
• Routine chiropractic manipulations, including maintenance and other services for indications other than subluxation.	In-Network: \$20 copay Out-of-Network: 40% coinsurance Limited to 18 visits per year.
Telehealth Services	
	\$0-\$35 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.

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.

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 iyang 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.

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.

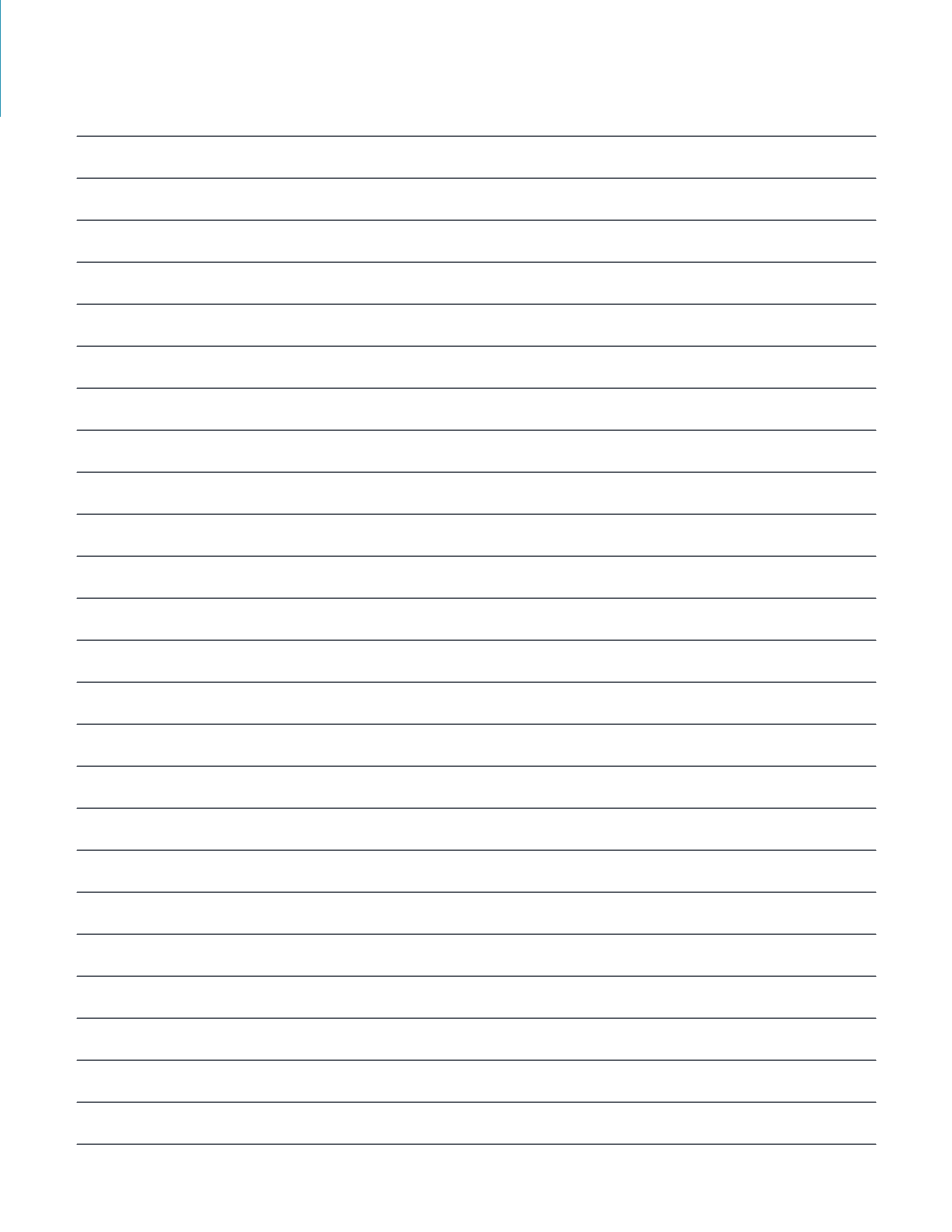
Enrollment with HealthTeam Advantage—Easy as 1, 2, 3!

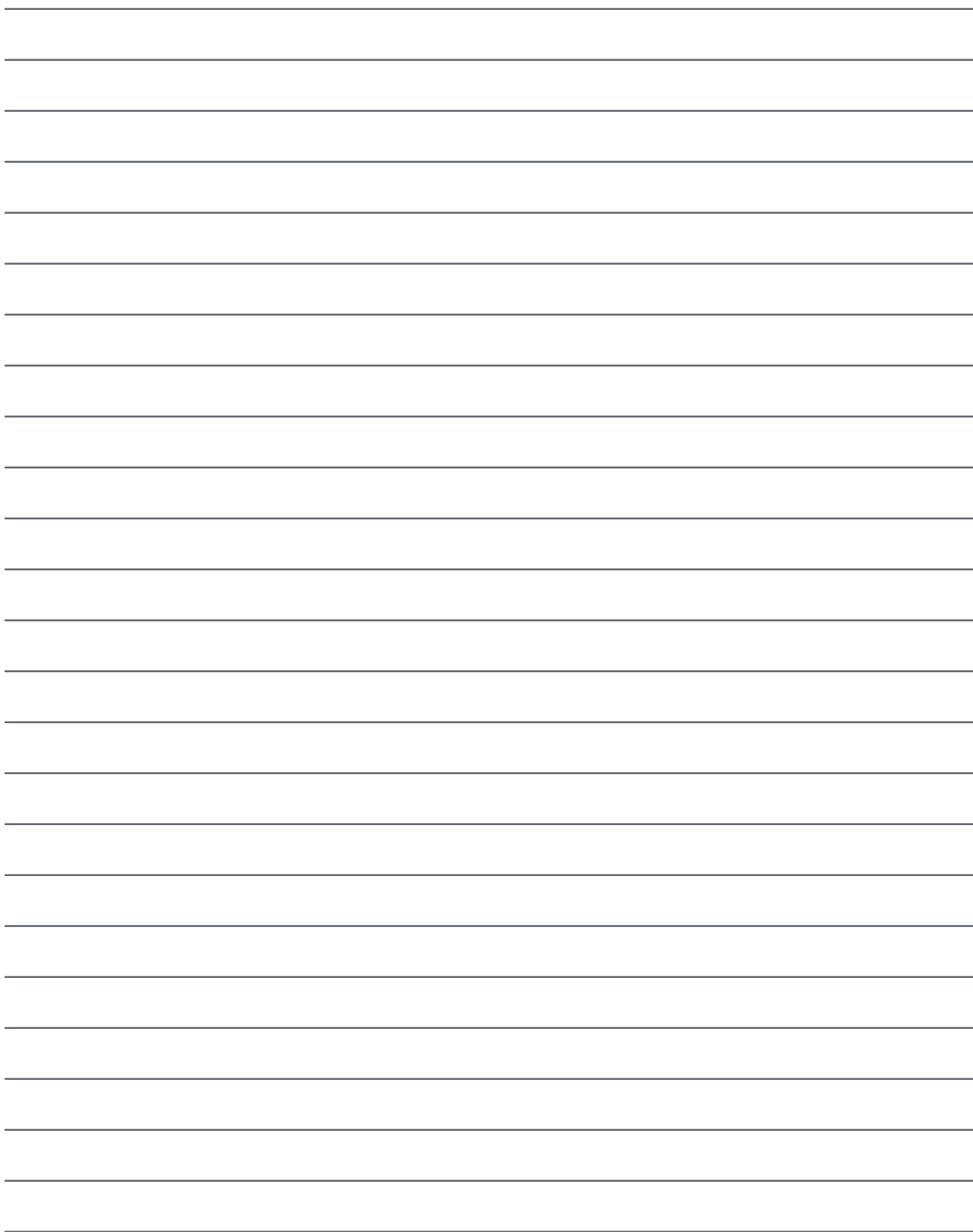
- 1** | Review your Information Book with a licensed sales agent to learn more about plan benefits and decide on the plan that best fits your needs.
- 2** | Complete the enrollment form.
- 3** | Your licensed sales agent will submit your enrollment form to HealthTeam Advantage.

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?





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).

Connect with us



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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