

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.

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. H9808_26003_M

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.

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Vitality Plan (PPO)

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)	<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 Copay: \$20 copay</p> <p>In-Network: 0% coinsurance after office visit copay</p> <p>Out-of-Network: 50% coinsurance after office visit copay</p> <p>Diagnostic and Preventive dental services include cleanings, dental X-rays, and oral examinations (periodic and comprehensive).</p> <p>Must use a Dominion Dental participating dental provider for in-network coverage to apply.</p> <p>Frequency and visit limits apply.</p>
Optional Supplemental Comprehensive Dental Rider	
Comprehensive Dental Services (Non-Medicare covered)	<p>Monthly Premium: \$45</p> <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 in- and out-of-network dental services</p> <p>Office Visit Copay: \$0 copay</p> <p>In-Network: 20%-50% coinsurance after deductible is met for covered dental services</p> <p>Out-of-Network: 50% coinsurance after deductible is met for covered 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>The surgical placement of implants is not a covered service.</p> <p>Must use a Dominion Dental participating dental provider for in-network coverage to apply.</p> <p>Frequency and visit limits apply.</p> <p>Refer to the Dental Code Quick Reference Guide 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 Vitality Plan (PPO)
Vision Services	
<ul style="list-style-type: none"> Diagnostic Eye Exam (Medicare covered) 	In-Network: \$35 copay Out-of-Network: 40% coinsurance
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Routine Eye Exam (Non-Medicare covered) 	In-Network: \$25 copay Out-of-Network: 40% coinsurance One routine eye exam per year (refraction included)
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Contact Lenses 	\$60 copay for contact lens fitting/evaluation Vision allowance is limited to one pair of eyeglasses or contacts per year.
<ul style="list-style-type: none"> 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.

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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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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		
		<p>\$60 allowance per quarter for qualifying OTC items, which can be purchased at participating retailers or through the NationsBenefits online store.</p> <p>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.</p> <p>Nicotine Replacement Therapy is not covered as part of the OTC benefit.</p>
Foot Care (podiatry services)		
• Foot Exams and Treatment (Medicare covered)		<p>In-Network: \$35 copay</p> <p>Out-of-Network: 40% coinsurance</p>
• Routine Foot Care		<p>In-Network: \$35 copay</p> <p>Out-of-Network: 40% coinsurance</p> <p>Limited to 2 visits per year</p>
Medical Equipment/Supplies		
• Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)		<p>In-Network: 20% coinsurance</p> <p>Out-of-Network: 40% coinsurance</p> <p>Services require prior authorization.</p>
• Prosthetics (e.g., artificial limbs)		<p>In-Network: 20% coinsurance</p> <p>Out-of-Network: 40% coinsurance</p> <p>Services require prior authorization.</p>
• Diabetic Supplies		<p>In-Network:</p> <p>0% coinsurance for preferred manufacturers</p> <p>20% coinsurance for non-preferred manufacturers</p> <p>Out-of-Network: 40% coinsurance</p> <p>Diabetic Supplies and Services limited to those from the following preferred manufacturers:</p> <ul style="list-style-type: none"> - Blood Glucose Meter and testing supplies - One Touch - Continuous Glucose Monitor and supplies - FreeStyle Libre Systems <p>Prior authorization required for non-preferred diabetic supplies.</p>
• Diabetic Therapeutic Shoes/ Inserts		<p>In-Network:</p> <p>\$0 copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts.</p> <p>Out-of-Network: 40% coinsurance</p>

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Vitality Plan (PPO)

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Vitality Plan (PPO)
Fitness Program	
• Physical Fitness	<p>SilverSneakers: \$0 copay / unlimited visits</p> <p>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.</p>
• Fitness Allowance	<p>\$50 quarterly fitness benefit allowance in addition to the SilverSneakers physical fitness benefit.</p> <p>Designed to help offset out-of-pocket fitness expenses. Eligible fitness items and services include:</p> <ul style="list-style-type: none"> • 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 <p>Unused allowance amounts cannot be carried forward to the next quarter. Any unused benefit dollars will expire at the end of the year.</p>
Routine Chiropractic Care	
• Routine chiropractic manipulations, including maintenance and other services for indications other than subluxation.	<p>In-Network: \$20 copay Out-of-Network: 40% coinsurance</p> <p>Limited to 18 visits per year.</p>
Telehealth Services	
	<p>\$0-\$35 copay based on provider type</p> <p>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.</p>

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 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.

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.

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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



HealthTeamAdvantageHTA



@healthteamadvantage



@healthteamadvantage

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