

2027



Annual Notice of Change

**HealthTeam Advantage
Vitality Plan (PPO)
H9808-010**

View 2027 Plan Documents Online

Starting October 15, you can visit HealthTeam Advantage online to view or download a printable copy of the following 2027 documents:

SCAN HERE



Plan Documents



Comprehensive Formulary



Provider Directory



Pharmacy Directory



Request Plan Material

Evidence of Coverage

Describes in detail the healthcare benefits covered by HealthTeam Advantage.

2027 Plan Documents will be available on October 15 at htanc.com/members/2027-plan-documents.

Comprehensive Formulary

List of prescription drugs covered by HealthTeam Advantage. Updated monthly.

Provider and Pharmacy Directories

Lists of plan-approved physicians, hospitals, pharmacies, and other plan providers in the HealthTeam Advantage Network. Updated monthly.

If you prefer to have a printed copy mailed to you, scan the QR Code or submit your request at htanc.com/members/request-plan-materials.

Need assistance?

Your Healthcare Concierge is here for you.

By phone: **888-965-1965 (TTY 711)**

By email: **conciergehta@htanc.com**

8 a.m.–8 p.m. | Oct. 1–March 31, 7 Days a Week
April 1–Sept. 30, Monday–Friday

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

Annual Notice of Change for 2027

You're enrolled as a member of HealthTeam Advantage Vitality Plan (PPO).

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in HealthTeam Advantage Vitality Plan (PPO).
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.htanc.com/members/2027-plan-documents/ or call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711) to get a copy by mail.

More Resources

- Call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711). Hours are October 1 – March 31, 8AM – 8PM Eastern, 7 days a week' April 1 – September 30, 8AM – 8PM Eastern, Monday through Friday. This call is free.
- This information is available in Large Print. Please call your Healthcare Concierge at 1-888-965-1965 if you need plan information in another format or language.

About HealthTeam Advantage Vitality Plan (PPO)

- HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.
- When this material says "we," "us," or "our," it means Care N' Care Insurance Company of North Carolina, Inc. (d/b/a HealthTeam Advantage). When it says "plan" or "our plan," it means HealthTeam Advantage Vitality Plan (PPO).

- **If you do nothing by December 7, 2026, you'll automatically be enrolled in HealthTeam Advantage Vitality Plan (PPO).** Starting January 1, 2027, you'll get your medical and drug coverage through HealthTeam Advantage Vitality Plan (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$4,200 From network and out-of-network providers combined: \$6,300	From network providers: \$5,200 From network and out-of-network providers combined: \$10,750
Primary care office visits	<u>In-Network:</u> \$0 copayment per visit. <u>Out-Of-Network:</u> \$50 copayment per visit.	<u>In-Network:</u> \$0 copayment per visit. <u>Out-Of-Network:</u> 50% coinsurance per visit.
Specialist office visits	<u>In-Network:</u> \$35 copayment per visit. <u>Out-Of-Network:</u> \$75 copayment per visit.	<u>In-Network:</u> \$40 copayment per visit. <u>Out-Of-Network:</u> 50% coinsurance per visit.
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care.	<u>In-Network:</u> \$335 copayment per day for days 1-6; \$0 copayment per day for days 7-90.	<u>In-Network:</u> \$375 copayment per day for days 1-6; \$0 copayment per day for days 7-90.

	2026 (this year)	2027 (next year)
Inpatient hospital stays (continued) An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	For additional days after reaching the benefit limit, you pay \$0 copayment per day for days 91 and beyond. <u>Out-Of-Network:</u> 40% coinsurance per stay.	For additional days after reaching the benefit limit, you pay \$0 copayment per day for days 91 and beyond. <u>Out-Of-Network:</u> 50% coinsurance per stay.
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$300 only applies to medications on Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines. <i>Copayment/Coinsurance as applicable</i> during the Initial Coverage Stage: Drug Tier 1: \$0 copayment at a preferred network pharmacy. \$10 copayment at a standard network pharmacy. Drug Tier 2: \$3 copayment at a preferred network pharmacy. \$17 copayment at a standard network pharmacy.	Part D drug coverage deductible \$595 only applies to medications on Tier 3, Tier 4, and Tier 5, except for covered insulin products and most adult Part D vaccines. <i>Copayment/Coinsurance as applicable</i> during the Initial Coverage Stage: Drug Tier 1: \$0 copayment at a preferred network pharmacy. \$10 copayment at a standard network pharmacy. Drug Tier 2: \$3 copayment at a preferred network pharmacy. \$17 copayment at a standard network pharmacy.

	2026 (this year)	2027 (next year)
Part D drug coverage (continued)	Drug Tier 3: 20% coinsurance at a preferred network pharmacy. 25% coinsurance at a standard network pharmacy. You pay the lesser of Tier 3 coinsurance or \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 35% coinsurance at a preferred network pharmacy. 45% coinsurance at a standard network pharmacy. You pay the lesser of Tier 4 coinsurance or \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 29% coinsurance at a preferred and standard network pharmacy. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.	Drug Tier 3: 20% coinsurance at a preferred network pharmacy. 25% coinsurance at a standard network pharmacy. You pay the lesser of Tier 3 coinsurance or \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 26% coinsurance at a preferred network pharmacy. 31% coinsurance at a standard network pharmacy. You pay the lesser of Tier 4 coinsurance or \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 27% coinsurance at a preferred and standard network pharmacy. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 There is no change to your monthly plan premium for the upcoming benefit year.
Additional premium for optional supplemental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	Dental Rider \$45/monthly	Dental Rider \$45/monthly

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

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

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

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$4,200	\$5,200 Once you've paid \$5,200 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services.	\$6,300	\$10,750 Once you've paid \$10,750 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* at www.htanc.com/find-a-provider-2027/ to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.htanc.com/find-a-provider-2027/.
- Call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

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

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* at www.htanc.com/find-a-pharmacy-2027/ to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.htanc.com/find-a-pharmacy-2027/.
- Call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

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

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Annual physical exam	<u>Out-Of-Network:</u> \$30 copayment for an annual physical exam.	<u>Out-Of-Network:</u> 50% of the total cost for an annual physical exam.
Ambulance services - Air	\$500 copayment for each Medicare-covered air ambulance service.	\$300 copayment for each Medicare-covered air ambulance service.
Ambulance services - Ground	\$300 copayment for each Medicare-covered ground ambulance service.	\$200 copayment for each Medicare-covered ground ambulance service.
Cardiac Rehabilitation Services	<u>In-Network:</u> \$35 copayment for each Medicare-covered cardiac rehabilitation and intensive cardiac rehabilitation services visit. <u>Out-Of-Network:</u> 40% of the total cost for each Medicare-covered cardiac and intensive cardiac rehabilitation services visit.	<u>In-Network:</u> \$40 copayment for each Medicare-covered cardiac rehabilitation services visit. \$45 copayment for each Medicare-covered intensive cardiac rehabilitation services visit. <u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered cardiac and intensive cardiac rehabilitation services visit.

	2026 (this year)	2027 (next year)
Chiropractic services	<u>In-Network:</u> \$20 copayment for each Medicare-covered chiropractic visit. <u>Out-Of-Network:</u> \$75 copayment for each Medicare-covered chiropractic visit.	<u>In-Network:</u> \$15 copayment for each Medicare-covered chiropractic visit. <u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered chiropractic visit.
Chiropractic services – Routine	<u>In-Network:</u> \$20 copayment for each routine chiropractic visit. <u>Out-Of-Network:</u> 40% of the total cost for each routine chiropractic visit.	<u>In-Network:</u> \$15 copayment for each routine chiropractic visit. <u>Out-Of-Network:</u> 50% of the total cost for each routine chiropractic visit.
Dental Services	<u>In-Network:</u> \$35 copayment for each Medicare-covered dental visit. <u>Out-Of-Network:</u> 40% of the total cost for each Medicare-covered dental visit.	<u>In-Network:</u> \$40 copayment for each Medicare-covered dental visit. <u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered dental visit.
Dental Services - Supplemental (Non-Medicare-covered) Diagnostic and Preventive Dental Services	<u>Limitations:</u> Oral evaluations are not combined.	<u>Limitations:</u> Two oral evaluations can be combined in any calendar year.

	2026 (this year)	2027 (next year)
Dental Services - Optional Supplemental Dental Rider (Non-Medicare-covered) Comprehensive Dental Services	<u>Annual Benefit Maximum:</u> \$2,000 maximum plan coverage amount every year for all in- and out-of-network combined Comprehensive dental services. <u>In-Network:</u> 20% of the total cost after the annual deductible is met for non-Medicare-covered Comprehensive dental services – fillings, periodontal maintenance and simple extractions. <u>Out-Of-Network:</u> 50% of the total cost after the annual deductible is met plus any additional costs up to the provider billed amount for non-Medicare covered Comprehensive dental services – fillings, periodontal maintenance and simple extractions. <u>Limitations:</u> Crowns, Inlays and Onlays not limited to 2 per year. <u>Prior Authorization:</u> Comprehensive dental Services do not require prior authorization.	<u>Annual Benefit Maximum:</u> \$1,500 maximum plan coverage amount every year for all in- and out-of-network combined Comprehensive dental services. <u>In-Network:</u> 50% of the total cost after the annual deductible is met for all non-Medicare-covered Comprehensive dental services. <u>Out-Of-Network:</u> 50% of the total cost after the annual deductible is met plus any additional costs up to the provider billed amount for all non-Medicare-covered Comprehensive dental services. <u>Limitations:</u> Limitation of 2 per year for Crowns, Inlays and Onlays. <u>Prior Authorization:</u> Comprehensive dental Services may require prior authorization.

	2026 (this year)	2027 (next year)
Diabetes self-management training, diabetic services, and supplies	Diabetic supplies and monitors are limited to those from the following preferred manufacturers and brands: <u>Blood Glucose Meter (BGM) and testing supplies:</u> Accu-Chek and Contour. <u>Continuous Glucose Monitor (CGM) and supplies:</u> FreeStyle Libre Systems.	Diabetic monitors and supplies are limited to those from the following preferred manufacturers and brands: <u>Blood Glucose Meter (BGM) and testing supplies:</u> Abbott Freestyle, Abbott Precision Xtra and Roche Accu-Chek. <u>Continuous Glucose Monitor (CGM) and supplies:</u> Dexcom and Abbott FreeStyle Libre Systems.
	<u>In-Network:</u> 20% of the total cost for non-preferred Medicare-covered diabetic monitoring supplies. <u>Out-Of-Network:</u> 40% of the total cost for non-preferred Medicare-covered diabetic monitoring supplies.	<u>In-Network:</u> 25% of the total cost for non-preferred Medicare-covered diabetic monitors and supplies. <u>Out-Of-Network:</u> 40% of the total cost for preferred Medicare-covered diabetic monitors and supplies. 50% of the total cost for non-preferred Medicare-covered diabetic monitors and supplies.

	2026 (this year)	2027 (next year)
Diabetes self-management training, diabetic services, and supplies (continued)	<u>In-Network:</u> \$0 copayment for Medicare-covered diabetic therapeutic shoes or inserts. <u>Out-Of-Network:</u> 40% of the total cost for Medicare-covered diabetic therapeutic shoes or inserts. <u>Out-Of-Network:</u> 40% of the total cost for Medicare-covered diabetes self-management training services.	<u>In-Network:</u> 25% of the total cost for Medicare-covered diabetic therapeutic shoes or inserts. <u>Out-Of-Network:</u> 50% of the total cost for Medicare-covered diabetic therapeutic shoes or inserts. <u>Out-Of-Network:</u> 50% of the total cost for Medicare-covered diabetes self-management training services.
Durable Medical Equipment (DME), Prosthetics and Medical-related supplies	<u>Out-Of-Network:</u> 40% of the total cost for Medicare-covered durable medical equipment, prosthetic and orthotic devices, and Medical-related supplies.	<u>Out-Of-Network:</u> 50% of the total cost for Medicare-covered durable medical equipment, prosthetic and orthotic devices, and Medical-related supplies.
EKG following the “Welcome to Medicare” visit	<u>Out-Of-Network:</u> 40% of the total cost for an EKG following the “Welcome to Medicare” visit.	<u>Out-Of-Network:</u> 50% of the total cost for an EKG following the “Welcome to Medicare” visit.
Emergency Care	\$150 copayment for each Medicare-covered emergency room visit.	\$130 copayment for each Medicare-covered emergency room visit.

	2026 (this year)	2027 (next year)
Health and Wellness Education Programs (Non-Medicare-covered) Physical Fitness Benefit	<u>Out-Of-Network:</u> Not Covered.	<u>Out-Of-Network:</u> 75% of the total cost for physical fitness membership or fitness classes outside of the SilverSneakers® program.
Hearing services	<u>In-Network:</u> \$35 copayment for each Medicare-covered exam to diagnose and treat hearing and balance issues. <u>Out-Of-Network:</u> 40% of the total cost for each Medicare-covered exam to diagnose and treat hearing and balance issues.	<u>In-Network:</u> \$40 copayment for each Medicare-covered exam to diagnose and treat hearing and balance issues. <u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered exam to diagnose and treat hearing and balance issues.

	2026 (this year)	2027 (next year)
Hearing services – Supplemental (Non-Medicare-covered)	<u>In-Network:</u> \$25 copayment for each routine hearing exam. Limit of 1 exam per year. \$299 copayment per aid for TruHearing Standard Aids. \$499 copayment per aid for TruHearing Advanced Aids. \$799 copayment per aid for TruHearing Premium Aids. <u>Out-Of-Network:</u> Not covered outside of the TruHearing network of providers.	<u>In-Network:</u> \$0 copayment for each routine hearing exam. Limit of 1 exam per year combined in- and out-of-network. \$399 copayment per aid for TruHearing Standard Aids. \$599 copayment per aid for TruHearing Advanced Aids. \$899 copayment per aid for TruHearing Premium Aids. <u>Out-Of-Network:</u> 75% of the total cost for each routine hearing exam. Limit of 1 exam per year combined in- and out-of-network. 75% of the total cost per aid, including hearing aids that are available in rechargeable battery option styles. Limit of one aid per ear annually, combined in- and out-of-network. 75% of the total cost for each hearing aid fitting/evaluation visit with a non-TruHearing provider.

	2026 (this year)	2027 (next year)
Home-Based Palliative Care	<u>Out-Of-Network:</u> \$0 copayment for up to 20 hours of care after a qualifying event, maximum of 60 hours annually (combined in- and out-of-network).	<u>Out-Of-Network:</u> 50% of the total cost for up to 20 hours of care after a qualifying event, maximum of 60 hours annually (combined in- and out-of-network).
Home health agency care	<u>Out-Of-Network:</u> 40% of the total cost for Medicare-covered home health services.	<u>Out-Of-Network:</u> 50% of the total cost for Medicare-covered home health services.
Home infusion therapy	<u>Out-Of-Network:</u> 40% of the total cost for Medicare-covered home infusion therapy services.	<u>Out-Of-Network:</u> 50% of the total cost for Medicare-covered home infusion therapy services.
Inpatient hospital care	<u>In-Network:</u> \$335 copayment per day for days 1-6 for Medicare-covered inpatient hospital stays. <u>Out-Of-Network:</u> 40% of the total cost per stay.	<u>In-Network:</u> \$375 copayment per day for days 1-6 for Medicare-covered inpatient hospital stays. <u>Out-Of-Network:</u> 50% of the total cost per stay.

	2026 (this year)	2027 (next year)
Inpatient services in a psychiatric hospital	<u>In-Network:</u> \$300 copayment per day for days 1-8 for Medicare-covered inpatient mental health stays; \$0 copayment per day for days 9-90 for Medicare-covered inpatient mental health stays. <u>Out-Of-Network:</u> 40% of the total cost per stay.	<u>In-Network:</u> \$375 copayment per day for days 1-6 for Medicare-covered inpatient mental health stays; \$0 copayment per day for days 7-90 for Medicare-covered inpatient mental health stays. <u>Out-Of-Network:</u> 50% of the total cost per stay.
Medicare Part B drugs	<u>Out-Of-Network:</u> 40% of the total cost for FDA-approved Medicare-covered Part B chemotherapy and radiation drugs, and other Medicare Part B drugs.	<u>Out-Of-Network:</u> 50% of the total cost for FDA-approved Medicare-covered Part B chemotherapy and radiation drugs, and other Medicare Part B drugs.

	2026 (this year)	2027 (next year)
Medicare-covered Preventive services: • Abdominal aortic aneurysm screening • Annual wellness visit • Bone Mass Measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit • Cardiovascular disease screening tests • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • HIV screening • Immunizations (Part B) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Pre-exposure prophylaxis (PrEP) for HIV prevention	<u>Out-Of-Network:</u> \$30 copayment for each Medicare-covered preventive service.	<u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered preventive service.

	2026 (this year)	2027 (next year)
Medicare-covered Preventive services (continued): • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for Hepatitis C Virus infection • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation • Welcome to Medicare preventive visit	<u>Out-Of-Network:</u> \$30 copayment for each Medicare-covered preventive service.	<u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered preventive service.
Medicare-covered Physician/Practitioner services, including doctor's office visits – Primary Care: • Chronic pain management and treatment services	<u>Out-Of-Network:</u> \$50 copayment for each Medicare-covered primary care visit.	<u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered primary care visit.

	2026 (this year)	2027 (next year)
Medicare-covered Physician/Practitioner services, including doctor's office visits – Specialty Care: • Acupuncture for chronic low back pain • Chronic pain management and treatment services • Other health care professionals	<u>In-Network:</u> \$35 copayment for each Medicare-covered specialist visit. <u>Out-Of-Network:</u> \$75 copayment for each Medicare-covered specialist visit.	<u>In-Network:</u> \$40 copayment for each Medicare-covered specialist visit. <u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered specialist visit.
Medicare-covered Physician/Practitioner services - Telehealth	<u>In-Network:</u> For additional telehealth benefits, you pay a \$0 to \$35 copayment for primary care, physician specialist, and other healthcare professional services. (Copay is based on provider type)	<u>In-Network:</u> For additional telehealth benefits, you pay a \$0 to \$40 copayment for primary care, physician specialist, and other healthcare professional services. (Copayment amount is based on provider type and is the same as for in-person services)

	2026 (this year)	2027 (next year)
Opioid treatment program services	<u>In-Network:</u> \$35 copayment for each Medicare-covered opioid treatment program services. <u>Out-Of-Network:</u> 40% of the total cost for each Medicare-covered opioid treatment services. 40% of the total cost for FDA-approved Medicare-covered Part B drugs. <u>Prior Authorization:</u> Opioid treatment program services do not require prior authorization.	<u>In-Network:</u> \$40 copayment for each Medicare-covered opioid treatment program services. <u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered opioid treatment services. 50% of the total cost for FDA-approved Medicare-covered Part B drugs. <u>Prior Authorization:</u> Opioid treatment program services may require prior authorization.
Outpatient diagnostic tests and therapeutic services: - CT scan with an approved amount up to \$750 - CT scan with an approved amount over \$750	<u>Out-Of-Network:</u> 40% of the total cost. <u>In-Network:</u> \$150 copayment. <u>Out-Of-Network:</u> 40% of the total cost.	<u>Out-Of-Network:</u> 50% of the total cost. <u>In-Network:</u> \$200 copayment. <u>Out-Of-Network:</u> 50% of the total cost.

	2026 (this year)	2027 (next year)
Outpatient diagnostic tests and therapeutic services (continued): - Blood services - Echocardiography with an approved amount up to \$300 - Echocardiography with an approved amount over \$300 - EKG Testing - Therapeutic Radiological services - X-rays	<u>Out-Of-Network:</u> 40% of the total cost.	<u>Out-Of-Network:</u> 50% of the total cost.
- MRI, MRA with an approved amount up to \$1,000 - MRI, MRA with an approved amount over \$1,000	<u>Out-Of-Network:</u> 40% of the total cost. <u>In-Network:</u> \$225 copayment. <u>Out-Of-Network:</u> 40% of the total cost.	<u>Out-Of-Network:</u> 50% of the total cost. <u>In-Network:</u> \$275 copayment. <u>Out-Of-Network:</u> 50% of the total cost.
Nuclear Stress Testing	<u>In-Network:</u> \$225 copayment. <u>Out-Of-Network:</u> 40% of the total cost.	<u>In-Network:</u> \$275 copayment. <u>Out-Of-Network:</u> 50% of the total cost.

	2026 (this year)	2027 (next year)
Outpatient diagnostic tests and therapeutic services (continued): Outpatient Lab services	<u>In-Network:</u> \$0 copayment at a stand-alone lab facility. \$10 copayment at an outpatient hospital facility. <u>Out-Of-Network:</u> 40% of the total cost.	<u>In-Network:</u> \$5 copayment at a stand-alone lab facility. \$15 copayment at an outpatient hospital facility. <u>Out-Of-Network:</u> 50% of the total cost.
PET Scan	<u>In-Network:</u> \$300 copayment. <u>Out-Of-Network:</u> 40% of the total cost.	<u>In-Network:</u> \$275 copayment. <u>Out-Of-Network:</u> 50% of the total cost.
Sleep studies	<u>In-Network:</u> \$100 copayment at an outpatient facility for Medicare-covered Sleep study services. <u>Out-Of-Network:</u> 40% of the total cost for Medicare-covered Sleep study services.	<u>In-Network:</u> \$200 copayment at an outpatient facility for Medicare-covered Sleep study services. <u>Out-Of-Network:</u> 50% of the total cost for Medicare-covered Sleep study services.
Ultrasound with an approved amount up to \$200	<u>Out-Of-Network:</u> 40% of the total cost.	<u>Out-Of-Network:</u> 50% of the total cost.
Ultrasound with an approved amount over \$200	<u>In-Network:</u> \$75 copayment. <u>Out-Of-Network:</u> 40% of the total cost.	<u>In-Network:</u> \$125 copayment. <u>Out-Of-Network:</u> 50% of the total cost.

	2026 (this year)	2027 (next year)
Outpatient hospital observation	<u>In-Network:</u> \$0 copayment for Medicare-covered outpatient hospital observation services. <u>Out-Of-Network:</u> 40% of the total cost for Medicare-covered outpatient hospital observation services. <u>Prior Authorization:</u> Outpatient hospital observation services do not require prior authorization.	<u>In-Network:</u> \$375 copayment for Medicare-covered outpatient hospital observation services. <u>Out-Of-Network:</u> 50% of the total cost for Medicare-covered outpatient hospital observation services. <u>Prior Authorization:</u> Outpatient hospital observation services may require prior authorization.
Outpatient mental health care services, including psychiatric services and substance use disorder services	<u>In-Network:</u> \$35 copayment for each Medicare-covered individual or group therapy visit. <u>Out-Of-Network:</u> 40% of the total cost for each Medicare-covered individual or group therapy visit. <u>Prior Authorization:</u> Outpatient substance use individual and/or group therapy visits do not require prior authorization.	<u>In-Network:</u> \$40 copayment for each Medicare-covered individual therapy visit. \$20 copayment for each Medicare-covered group therapy visit. <u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered individual or group therapy visit. <u>Prior Authorization:</u> Outpatient substance use individual and/or group therapy visits may require prior authorization.

	2026 (this year)	2027 (next year)
Outpatient rehabilitation services	<u>In-Network:</u> \$35 copayment for each Medicare-covered occupational or speech-language pathology therapy visit. <u>Out-Of-Network:</u> 40% of the total cost for each Medicare-covered occupational, physical or speech-language pathology therapy visit. <u>Prior Authorization:</u> Occupational, physical, and/or speech-language pathology therapy do not require prior authorization.	<u>In-Network:</u> \$40 copayment for each Medicare-covered occupational or speech-language pathology therapy visit. <u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered occupational, physical or speech-language therapy visit. <u>Prior Authorization:</u> Occupational, physical, and/or speech-language therapy may require prior authorization.
Outpatient surgery – Ambulatory surgical center	<u>In-Network:</u> \$225 copayment per visit for Medicare-covered services at an ambulatory surgical center. <u>Out-Of-Network:</u> 40% of the total cost per visit for Medicare-covered services at an ambulatory surgical center.	<u>In-Network:</u> \$150 copayment per visit for Medicare-covered non-surgical services/treatment room at an ambulatory surgical center. \$225 copayment per visit for Medicare-covered surgical procedures at an ambulatory surgical center. <u>Out-Of-Network:</u> 50% of the total cost per visit for Medicare-covered services at an ambulatory surgical center.

	2026 (this year)	2027 (next year)
Outpatient surgery – Outpatient Hospital	<u>In-Network:</u> \$350 copayment per visit for Medicare-covered services at an outpatient hospital facility. <u>Out-Of-Network:</u> 40% of the total cost per visit for Medicare-covered services at an outpatient hospital.	<u>In-Network:</u> \$225 copayment per visit for Medicare-covered non-surgical services/treatment room at an outpatient hospital facility. \$375 copayment per visit for surgical procedures at an outpatient hospital setting. <u>Out-Of-Network:</u> 50% of the total cost per visit for Medicare-covered services at an outpatient hospital.
Over-the-counter (OTC) items	\$60 allowance every 3 months (quarterly). COVID tests are covered as part of the OTC benefit and quarterly allowance. Unused allowance amount cannot be carried forward to the next 3-month (quarterly) benefit period or new plan year.	\$45 allowance every 3 months (quarterly). COVID tests are covered as part of the OTC benefit and quarterly allowance. Unused allowance amount cannot be carried forward to the next 3-month (quarterly) benefit period or new plan year.

	2026 (this year)	2027 (next year)
Partial hospitalization services and intensive outpatient services	<u>In-Network:</u> \$55 copayment per day for Medicare-covered partial hospitalization and intensive outpatient services. <u>Out-Of-Network:</u> \$150 copayment per day for Medicare-covered partial hospitalization and intensive outpatient services.	<u>In-Network:</u> \$155 copayment per day for Medicare-covered partial hospitalization services. \$160 copayment for Medicare-covered intensive outpatient services. <u>Out-Of-Network:</u> 50% of the total cost per day for Medicare-covered partial hospitalization services and intensive outpatient services.
Podiatry services	<u>In-Network:</u> \$35 copayment for each Medicare-covered podiatry services visit. <u>Out-Of-Network:</u> 40% of the total cost for each Medicare-covered podiatry services visit. <u>In-Network:</u> \$35 copayment for each routine podiatry care visit. <u>Out-Of-Network:</u> 40% of the total cost for each routine podiatry care visit.	<u>In-Network:</u> \$40 copayment for each Medicare-covered podiatry services visit. <u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered podiatry services visit. <u>In-Network:</u> \$40 copayment for each routine podiatry care visit. <u>Out-Of-Network:</u> 50% of the total cost for each routine podiatry care visit.

	2026 (this year)	2027 (next year)
Prostate cancer screening exams	<u>Out-Of-Network:</u> \$30 copayment for an annual PSA test. \$30 copayment for an annual Medicare-covered digital rectal exam.	<u>Out-Of-Network:</u> 50% of the total cost for an annual PSA test. 50% of the total cost for an annual Medicare-covered digital rectal exam.
Pulmonary rehabilitation services	<u>Out-Of-Network:</u> 40% of the total cost for each Medicare-Covered pulmonary rehabilitation services visit.	<u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered pulmonary rehabilitation services visit.
Services to treat kidney disease	<u>Out-Of-Network:</u> 40% of the total cost for Medicare-covered kidney disease education services. 40% of the total cost for Medicare-covered dialysis services.	<u>Out-Of-Network:</u> 50% of the total cost for Medicare-covered kidney disease education services. 50% of the total cost for Medicare-covered dialysis services.
Skilled nursing facility (SNF) care	<u>In-Network:</u> \$218 copayment per day for days 21–100. <u>Out-Of-Network:</u> 40% of the total cost per stay.	<u>In-Network:</u> \$221 copayment per day for days 21–100. <u>Out-Of-Network:</u> 50% of the total cost per stay.

	2026 (this year)	2027 (next year)
Supervised Exercise Therapy (SET)	<u>In-Network:</u> \$30 copayment for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD) treatment. <u>Out-Of-Network:</u> 40% of the total cost for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD) treatment.	<u>In-Network:</u> \$25 copayment for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD) treatment. <u>Out-Of-Network:</u> 50% of the total cost for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD) treatment.
Urgently needed services	\$50 copayment for each Medicare-covered visit.	\$45 copayment for each Medicare-covered visit.
Vision care	<u>In-Network:</u> \$35 copayment for each eye exam to diagnose and treat diseases and conditions of the eye. <u>Out-Of-Network:</u> 40% of the total cost for each eye exam to diagnose and treat diseases and conditions of the eye. 40% of the total cost for an annual glaucoma screening. 40% of the total cost for one pair of eyeglasses or contact lenses after cataract surgery.	<u>In-Network:</u> \$40 copayment for each eye exam to diagnose and treat diseases and conditions of the eye. <u>Out-Of-Network:</u> 50% of the total cost for each eye exam to diagnose and treat diseases and conditions of the eye. 50% of the total cost for an annual glaucoma screening. 50% of the total cost for one pair of eyeglasses or contact lenses after cataract surgery.

	2026 (this year)	2027 (next year)
Vision care – Supplemental (Non-Medicare-covered)	<u>Eyewear Maximum Allowance:</u> You receive a \$150 allowance (combined in- and out-of-network) per year to use for frames/lenses or contact lenses. <u>In-Network:</u> \$25 copayment for each routine eye exam. (Limited to one eye exam per year combined in- and out-of-network.)	<u>Eyewear Annual Benefit Maximum:</u> You receive a \$125 allowance (combined in- and out-of-network) per year to use for frames/lenses or contact lenses. <u>In-Network:</u> \$0 copayment for each routine eye exam. (Limited to one eye exam per year combined in- and out-of-network.)

	2026 (this year)	2027 (next year)
Vision care – Supplemental (Non-Medicare-covered) (continued)	<u>Out-Of-Network:</u> 40% of the total cost for each routine eye exam \$60 copayment for contact lens fitting and evaluation. \$0 copayment for routine eyewear up to the eyewear maximum allowance amount. Lenses - \$0 copayment for single vision, lined bifocal or lined trifocal lenses, or lenticular lenses. Lens upgrades – Standard progressive lenses, polycarbonate lenses, anti-scratch resistant lens coating, and UV protection are covered upgrades.	<u>Out-Of-Network:</u> 75% of the total cost for each routine eye exam. 75% of the total cost for contact lens fitting and evaluation. 75% of the total cost for routine eyewear up to the eyewear annual benefit maximum amount. Lenses – 75% of the total cost up to the eyewear annual benefit maximum amount for single vision, lined bifocals, lined trifocals, and lenticular lenses. Lens upgrades - 75% of the total cost up to the eyewear annual benefit maximum amount for standard progressive lenses, polycarbonate lenses, anti-scratch resistant lens coating, and UV protection lens upgrades.

	2026 (this year)	2027 (next year)
Worldwide emergency and urgently needed care services	\$0 copayment for each emergency care visit outside of the United States and its territories. \$0 copayment for each urgently needed care visit outside of the United States and its territories.	\$130 copayment for each emergency care visit outside of the United States and its territories. Emergency copay is waived if you are admitted to the hospital within 3 days due to the same condition and you do not have to pay your share of the cost for emergency care. \$45 copayment for each urgently needed care visit outside of the United States and its territories. Urgent care copay is <u>not</u> waived if you are admitted to the hospital.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically and posted online at www.htanc.com/members/2027-plan-documents/.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and didn't get this material by September 30th, call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 – Preferred Brand, Tier 4 – Non-Preferred Drug, and Tier 5 – Specialty drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	\$300 During this stage, you pay \$0-\$10 cost sharing for drugs on Tier 1 – Preferred Generic drugs, \$3-\$15 cost sharing on Tier 2 – Generic drugs, and 20% - 25% of the total cost for Tier 3 – Preferred Brand drugs and the full cost of drugs on Tier 4 – Non-Preferred drugs and Tier-5 Specialty drugs until you reach the yearly deductible. In addition, you will pay the lesser of the tier coinsurance or \$35 per month supply of insulin.	\$595 During this stage, you pay \$0-\$10 cost sharing for drugs on Tier 1 – Preferred Generic drugs, \$3-\$17 cost sharing on Tier 2 – Generic drugs, and the full cost of drugs on Tier 3 – Preferred Brand drugs, Tier 4 – Non-Preferred drugs, and Tier 5 – Specialty drugs until you’ve reached the yearly deductible. In addition, you will pay the lesser of the tier coinsurance or \$35 per month supply of insulin.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 – Preferred Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost sharing:</i> You pay \$10 copayment. Your cost for a one-month mail-order prescription is \$0 copayment. <i>Preferred cost sharing:</i> You pay \$0 copayment.	<i>Standard cost sharing:</i> You pay \$10 copayment. Your cost for a one-month mail-order prescription is \$0 copayment. <i>Preferred cost sharing:</i> You pay \$0 copayment.
Tier 2 – Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost sharing:</i> You pay \$17 copayment. Your cost for a one-month mail-order prescription is \$3 copayment. <i>Preferred cost sharing:</i> You pay \$3 copayment.	<i>Standard cost sharing:</i> You pay \$17 copayment. Your cost for a one-month mail-order prescription is \$3 copayment. <i>Preferred cost sharing:</i> You pay \$3 copayment.

	2026 (this year)	2027 (next year)
Tier 3 – Preferred Brand: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost sharing:</i> You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 20% of the total cost. <i>Preferred cost sharing:</i> You pay 20% of the total cost.	<i>Standard cost sharing:</i> You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 20% of the total cost. <i>Preferred cost sharing:</i> You pay 20% of the total cost.
Tier 4 – Non-Preferred Drug: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost sharing:</i> You pay 45% of the total cost. Your cost for a one-month mail-order prescription is 35% of the total cost. <i>Preferred cost sharing:</i> You pay 35% of the total cost.	<i>Standard cost sharing:</i> You pay 31% of the total cost. Your cost for a one-month mail-order prescription is 26% of the total cost. <i>Preferred cost sharing:</i> You pay 26% of the total cost.
Tier 5 – Specialty Tier: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost sharing:</i> You pay 29% of the total cost. Your cost for a one-month mail-order prescription is 29% of the total cost. <i>Preferred cost sharing:</i> You pay 29% of the total cost.	<i>Standard cost sharing:</i> You pay 27% of the total cost. Your cost for a one-month mail-order prescription is 27% of the total cost. <i>Preferred cost sharing:</i> You pay 27% of the total cost.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Dental Benefit Administrator	Non-Medicare covered dental benefits are administered by Dominion National on behalf of HealthTeam Advantage.	Non-Medicare covered dental benefits are administered by First Continental Life on behalf of HealthTeam Advantage.
Medicare Prescription Payment Plan (MPPP)	The Medicare Prescription Payment Plan (MPPP) is administered by Capital Rx, Inc.	Capital Rx, Inc. has been rebranded as Judi Rx™. The MPPP program remains the same.
Medication Therapy Management Program (MTMP)	The Medication Therapy Management Program (MTMP) is administered by Clarest Health.	The Medication Therapy Management Program is administered by Outcomes®.
Pharmacy Benefit Manager (PBM)	Pharmacy benefits are administered by RxAdvance / nirvanaHealth.	Pharmacy benefits are administered by MedImpact Healthcare Systems, Inc.
Utilization Management Prior Authorization Review Functions	Utilization management prior authorization review is performed by HealthTeam Advantage.	Utilization management prior authorization review is performed by Cohere Health, Inc. on behalf of HealthTeam Advantage.

SECTION 3 How to Change Plans

To stay in HealthTeam Advantage Vitality Plan (PPO), you don't need to do anything.

Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our HealthTeam Advantage Vitality Plan (PPO).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from HealthTeam Advantage Vitality Plan (PPO). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from HealthTeam Advantage Vitality Plan (PPO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Care N' Care Insurance Company of North Carolina, Inc. (d/b/a HealthTeam Advantage) offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

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

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

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

If you recently moved into or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** North Carolina has a program called NC MedAssist that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the North Carolina HIV Medication Assistance Program (HMAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-877-466-2232. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-888-965-1965 (TTY users should call 711) or visit [Medicare.gov](https://www.medicare.gov).

SECTION 5 Questions?

Get Help from HealthTeam Advantage Vitality Plan (PPO)

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

We're available for phone calls October 1 – March 31, 8AM – 8PM Eastern, 7 days a week; April 1 – September 30, 8AM – 8PM Eastern, Monday through Friday. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for HealthTeam Advantage Vitality Plan (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.htanc.com/members/2027-plan-documents/ or call your Healthcare Concierge at 1-888-965-1965 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.htanc.com/members/2027-plan-documents/**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In North Carolina, the SHIP is called North Carolina Seniors' Health Insurance Information Program (SHIIP).

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

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

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

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

- **Write to Medicare**

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

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

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

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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 1-888-965-1965 (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
1-888-965-1965, (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 1-888-965-1965 (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 1-888-965-1965 (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 1-888-965-1965 (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 1-888-965-1965（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 1-888-965-1965（TTY 711）或與您的提供者討論。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-965-1965 (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 1-888-965-1965 (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 1-888-965-1965 (Người khuyết tật: TTY 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

German: UWenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-965-1965 (TTY 711) an oder sprechen Sie mit Ihrem Provider.

Notice of Availability

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. 1-888-965-1965 (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 1-888-965-1965 (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 مجانًا. اتصل على الرقم 1-888-965-1965 (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। 1-888-965-1965 (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 1-888-965-1965 (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 1-888-965-1965 (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 1-888-965-1965 (TTY 711) lub porozmawiaj ze swoim dostawcą.

We're Here for You!



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Local Benefit Center

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



By Phone

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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