

2027



Summary of Benefits

HealthTeam Advantage
Thrive Plan (HMO)
H2624-005

2027 Summary of Benefits

HealthTeam Advantage Thrive Plan (HMO)

January 1, 2027 - December 31, 2027.

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/2027-plan-documents.

To join the HealthTeam Advantage Thrive Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

HealthTeam Advantage Thrive Plan (HMO) Service Area:

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

As a member of the HealthTeam Advantage Thrive Plan, you must use the plan's network of doctors, hospitals, pharmacies, and other providers.

SCAN HERE



Plan
Documents



HealthTeam
Advantage

For more information, contact HealthTeam Advantage at 1-877-905-9216 (TTY 711).

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

Or visit www.htanc.com.

2027 Thrive Plan (HMO)

Premiums and Benefits		HealthTeam Advantage Thrive Plan (HMO)
Monthly Plan Premium	\$0	You must continue to pay your Medicare Part B premium.
Deductible (Medical)	\$0	This plan does not have a deductible for medical services.
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$4,200 annually	The most you pay for copays, coinsurance, and other costs for Medicare-covered medical services, supplies, and Part B-covered medication for the plan year you receive from in-network providers. What you pay out-of-pocket for Part D prescription drugs and certain supplemental benefits (e.g., dental, vision, and hearing aids) does not apply to this amount.
Doctor Visits		
• Primary Care Provider (PCP)	\$0 copay	
• Specialist	\$35 copay	
Preventive Care		
• Original Medicare Preventive Services (e.g., flu vaccine, diabetic screenings)	\$0 copay	
		Any additional preventive services approved by Medicare during the contract year will be covered. Some items not covered at \$0 cost.
Urgent Care		
	\$30 copay	
		Copay is not waived if admitted to hospital.
Emergency Care		
	\$150 copay	
		If you are admitted to the hospital for the same condition within 3 days, the emergency care copay is waived.
Worldwide Travel Coverage		
	Annual Maximum Benefit: \$75,000	
	Worldwide Emergency Care: \$150 copay	
	If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.	
	Worldwide Urgent Care: \$30 copay	
	Copay is not waived if admitted to hospital.	

Premiums and Benefits HealthTeam Advantage Thrive Plan (HMO)

Inpatient Hospital Coverage

\$350 copay per day for days 1 through 6

\$0 copay per day for days 7 through 90

\$0 copay for days 91 and beyond

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

Outpatient Hospital Coverage

- Outpatient Hospital Facility **\$200** copay per visit (non-surgical) or **\$350** copay per visit (surgical)
Prior authorization may be required for some services.

Ambulatory Surgical Center (ASC)

\$125 copay per visit (non-surgical) or **\$200** copay per visit (surgical)

Prior authorization may be required for some services.

Diagnostic Services/Labs

- Lab Services **\$0** copay at a stand-alone lab facility
\$10 copay at an outpatient hospital facility
- Diagnostic Tests and Procedures **\$0** copay at a stand-alone facility
\$10 at an outpatient hospital facility
(Copay varies based on type and place of service.)
- Sleep Studies **\$50** copay at home
\$200 copay at outpatient facility
- Outpatient X-rays **\$10** copay

Prior authorization may be required for some diagnostic services, labs, and procedures.

Diagnostic Tests/Therapeutic Radiological Services

- Diagnostic Radiological Services **\$0-\$350** copay
Copay varies based on type of service.
- EKG Testing **\$0** copay
- Ultrasound **\$75-\$125** copay
- CT Scan **\$150-\$200** copay
- MRI / MRA **\$225-\$350** copay
- PET Scan **\$350** copay
- Nuclear Stress Testing **\$300** copay
- Echocardiography **\$75-\$150** copay
- Therapeutic Radiological Services **20%** coinsurance

Prior authorization may be required for some services.

2027 Thrive Plan (HMO)

Premiums and Benefits	HealthTeam Advantage Thrive Plan (HMO)
Hearing Services	
• Diagnostic Hearing Exam (Medicare covered)	\$35 copay
• Routine Hearing Exam	\$0 copay / one exam visit per year A TruHearing provider must be used for routine hearing benefits.
• Fitting and Evaluation for Hearing Aids	\$0 copay / one year of follow-up provider visits for fitting and adjustments A TruHearing provider must be used for hearing aid benefit.
• Hearing Aids	\$299-\$799 per hearing aid. Advanced and premium hearing aids are available in rechargeable style options for an additional \$50 per aid. You can purchase up to two hearing aids every year (one per ear per year). OTC hearing aids not covered. A TruHearing provider must be used for hearing aid benefit.

Premiums and Benefits	HealthTeam Advantage Thrive Plan (HMO)
Dental Services	
Diagnostic and Preventive Dental Services (Non-Medicare covered)	Annual Benefit Maximum: No maximum plan coverage amount for Diagnostic and Preventive non-Medicare-covered dental services. Annual Deductible: \$0 Office Visit Copay: \$0 copay In-Network Coverage Only: 0% coinsurance Routine preventive dental services include oral exams, routine cleanings, and basic X-rays. Fluoride treatment is not a covered service. Must use an FCL Dental participating dental provider. Frequency and visit limits apply.
Comprehensive Dental Services (Non-Medicare covered)	Annual Benefit Maximum: \$1,000 per year for all in-network Comprehensive dental services. Note: Out-of-network dental services are not covered. Annual Deductible: \$100 for in-network Comprehensive dental services Office Visit Copay: \$0 copay In-Network Coverage Only: 50% coinsurance after deductible is met for covered Comprehensive dental services Comprehensive dental services such as fillings, periodontal maintenance and simple extractions, crowns (including implant supported crowns), endodontics, periodontics, dentures, and oral surgery are covered. The surgical placement of implants is not a covered service. Must use an FCL Dental participating dental provider. Frequency and visit limits apply.

2027 Thrive Plan (HMO)

Premiums and Benefits		HealthTeam Advantage Thrive Plan (HMO)
Vision Services		
• Diagnostic Eye Exam (Medicare covered)	\$35 copay	\$0 copay for glaucoma screening
• Eyewear after Cataract Surgery (Medicare covered)	\$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery	Materials covered up to Medicare-approved limits.
• Routine Eye Exam (Non-Medicare covered)	\$0 copay	One routine eye exam per year. Refraction included.
• Routine Eyewear		
- Eyeglasses (lenses and frames)	Allowance of \$250 toward routine eyewear, including contact lenses, each year.	Single vision lenses, lined bifocals, lined trifocals, and lenticular lenses 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, polycarbonate lenses, scratch-resistant coating, and UV protection are covered in full as an upgrade.	Members can use the eyewear allowance toward non-prescription sunglasses or non-prescription blue-light filtering eyeglasses.
Mental Health Services		
• Inpatient Hospital	\$350 copay per day for days 1 through 6	\$0 copay per day for days 7 through 90
	Services require prior authorization.	
• Outpatient Individual Therapy Visit	\$35 copay	
• Outpatient Group Therapy Visit	\$15 copay	
Skilled Nursing Facility (SNF)		
	\$0 copay per day for days 1 through 20	\$221 copay per day for days 21 through 100
	Plan covers up to 100 days in a SNF.	
	Services require prior authorization.	

Premiums and Benefits	HealthTeam Advantage Thrive Plan (HMO)
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Outpatient Rehabilitation Services	
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| • Physical Therapy Visit | \$35 copay |
| • Occupational Therapy Visit | \$35 copay |
| • Speech and Language Therapy Visit | \$35 copay |
| • Cardiac Rehabilitation Services | \$30 copay |
| • Intensive Cardiac Rehabilitation Services | \$45 copay |
| • Pulmonary Rehabilitation Services | \$30 copay |
| Prior authorization may be required for some outpatient rehabilitation services. | |

Ambulance	
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| • Ground Ambulance (Medicare covered) | \$200 copay per one-way trip. |
| • Air Ambulance (Medicare covered) | \$300 copay per one-way trip. |
| Prior authorization required for non-emergency transportation. | |
| Copay not waived if admitted to hospital. | |

Medicare Part B Drugs	
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| • Chemotherapy/Radiation Drugs | 0%-20% coinsurance |
| • Other Part B Drugs | Prior authorization may be required. |
| Does not include Part B insulin drugs. Part B drugs may be subject to Step Therapy. | |
| • Part B Insulin Drugs | \$35 copay |

2027 Thrive Plan (HMO)

Premiums and Benefits					HealthTeam Advantage Thrive Plan (HMO)				
Outpatient Prescription Drugs									
Phase 1: Deductible		\$495 Deductible applies to Tiers 3, 4, and 5 only.							
Phase 2: Initial Coverage		In-Network Retail & Mail Order (After you pay your deductible, if applicable)							
		Preferred Pharmacy & Mail Order				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		\$5 copay		\$15 copay		\$20 copay		\$60 copay	
Tier 3 - Preferred Brand		18% coinsurance		18% coinsurance		23% coinsurance		23% coinsurance	
Tier 4 - Non-Preferred Drug		33% coinsurance		33% coinsurance		38% coinsurance		38% coinsurance	
Tier 5 - Specialty Tier (limited to 30-day supply)		28% coinsurance		Not applicable		28% 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 \$2,400 , you move to catastrophic coverage, Phase 3.									
Phase 3: Catastrophic Coverage (After your out-of-pocket costs have reached the \$2,400 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 2027 preferred pharmacy locations and the Part D drug stages, please refer to the Evidence of Coverage.									

Premiums and Benefits		HealthTeam Advantage Thrive Plan (HMO)
Foot Care (podiatry services)		
• Foot Exams and Treatment (Medicare covered)		\$35 copay
• Routine Foot Care		Not covered.
Medical Equipment/Supplies		
• Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)		20% coinsurance
		Services require prior authorization.
• Prosthetics (e.g., artificial limbs)		20% coinsurance
		Services require prior authorization.
• Diabetic Monitors		0% coinsurance for preferred manufacturers
• Diabetic Supplies		25% coinsurance for non-preferred manufacturers
		Preferred 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.
• Therapeutic Shoes/Inserts		25% copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts.

2027 Thrive Plan (HMO)

Premiums and Benefits		HealthTeam Advantage Thrive Plan (HMO)
Fitness Benefit		
Physical Fitness Program	\$0 copay	The fitness program benefit helps you to stay active and connected at participating SilverSneakers® fitness locations at home or in your community. It's available at no additional cost when staying in-network and includes: • Access to a large network of participating SilverSneakers fitness locations • Unlimited gym visits • On-demand workout videos and live-streaming fitness classes
In-Home Support/Companion Services		
In-home or virtual assistance with non-medical services such as light house chores, technology assistance, transportation, and general companionship.	\$0 copay	Benefit may be used up to 45 hours per year. All in-home support/companion services must be provided by the plan's administrator.
Routine Acupuncture		
• Routine acupuncture services for the treatment or diagnoses of neuromusculoskeletal and related disorders, nausea, or pain.	\$35 copay	Limited to 24 visits per year.
Routine Chiropractic Care		
	\$15 copay	Limited to 12 visits per year.
Telehealth Services		
	\$0-\$35 copay / copay is based on provider type	If you choose to receive services via a network telehealth provider, then you must use a network provider that currently offers the service via telehealth. This benefit may not be offered by all providers. Check directly with your providers about the availability of telehealth services.

Non-Discrimination Notice

HealthTeam Advantage complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. HealthTeam Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HealthTeam Advantage:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- ◆ Qualified sign language interpreters
- ◆ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- ◆ Provides free language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters
 - ◆ Information written in other languages

If you need these services, contact HealthTeam Advantage at 1-877-905-9216 (TTY 711) October 1-March 31, 8 a.m. to 8 p.m. ET, 7 days a week; April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

If you believe that HealthTeam Advantage has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

HealthTeam Advantage
Attn: Appeals and Grievances
300 East Wendover Avenue, Suite 121
Greensboro, NC 27401
1-877-905-9216, (TTY 711), or via fax at 800-845-4104

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievances Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, by email OCRMail@hhs.gov, 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: 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 1-877-905-9216 (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 Italiani 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.

We're Here for You!



Online

Visit htanc.com.



In Person

Local Benefit Center

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



By Phone

Prospective members call toll-free **877-905-9216**.

Current members call toll-free **888-965-1965**.

8 a.m.–8 p.m.

Oct. 1–March 31, 7 Days a Week

April 1–Sept. 30, Monday–Friday



TTY Users

TTY users call toll-free 711 for questions related to our Medicare Advantage Plans.



Medicare

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.

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

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

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

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