

# Information Book

HealthTeam Advantage Plan I (PPO) H9808-004

HealthTeam Advantage Plan II (PPO) H9808-005





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## Using your HealthTeam Advantage Health Plan Information Book

HealthTeam Advantage’s Information Book offers important information to help you when choosing the right Medicare Advantage plan for you. This guide includes information on Medicare, plan and benefit details, and contact information to reach a local Medicare Expert. We hope you find these decision making tools useful:

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# Understanding Medicare

Medicare is the federal health insurance program for people 65 and over. People who have disabilities or certain diseases may qualify for Medicare benefits at a younger age.

To understand Medicare, it's helpful to learn a few terms:

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## Original Medicare includes two parts, known as Part A and Part B.

- ◆ **Part A is hospital insurance.** Most people do not pay a monthly premium for Part A.
  - ◆ **Part B is medical insurance.** There is a monthly premium for Part B.
  - ◆ **Original Medicare provides basic coverage,** but there will be gaps in the coverage.
- 

## Part C is an alternative to Original Medicare called Medicare Advantage.

- ◆ This is a Medicare-approved plan from a private insurance company that **includes Part A and Part B.**
  - ◆ **Medicare Advantage plans typically include benefits that original Medicare does not cover,** such as vision, hearing, dental, and Part D (prescription coverage).
  - ◆ **Many Medicare Advantage plans do not have a monthly premium,** but you still have to pay your Part B premium.
- 



# You're eligible for Medicare if:

## You are turning 65 and are already getting benefits from Social Security or the Railroad Retirement Board (RRB).

In some cases, you'll automatically get Part A and Part B starting the first day of the month you turn 65, otherwise you must enroll.

If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.

## You have end-stage renal disease (ESRD).

If you're eligible for Medicare because of ESRD and you qualify for Part A, you can also get Part B. You'll need both Part A and Part B to get the full benefits available under Medicare.

## You are under 65 and have a disability.

You automatically get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the RRB for 24 months.

## You have ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease).

You automatically get Part A and Part B the month your disability benefits begin.

## You live in Puerto Rico and get benefits from Social Security or the RRB.

You automatically get Part A. If you want Part B, you need to sign up for it.

## You'll need to sign up for Medicare if:

- ◆ You are close to 65, but not collecting Social Security or Railroad Retirement Board (RRB) benefits
- ◆ You worked for a railroad

## You'll get Medicare automatically if:

- ◆ You are already collecting Social Security
- ◆ You are already on Railroad Retirement Board (RRB) benefits
- ◆ You have been on Social Security disability for 24 months

**If you're automatically enrolled in Medicare, you will receive your red, white, and blue Medicare card in the mail three months before your 65th birthday or your 25th month of disability.**



# Medicare Enrollment

## When to Enroll

There are certain times of the year or specific circumstances when you can enroll in a Medicare plan.

### Initial Enrollment Period



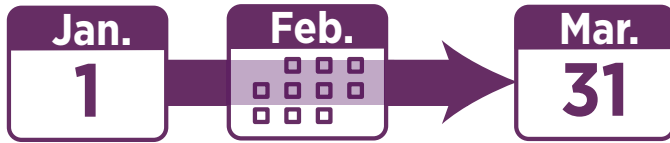
When you're first eligible for Medicare (for example, when you turn 65), you have a 7-month window to sign up for Part A and/or Part B or a Medicare Advantage plan. That time period is 3 months before your birthday month, your birthday month, and 3 months after your birthday month. So, if you turn 65 in March, for example, you can enroll December through June.

### Annual Enrollment Period



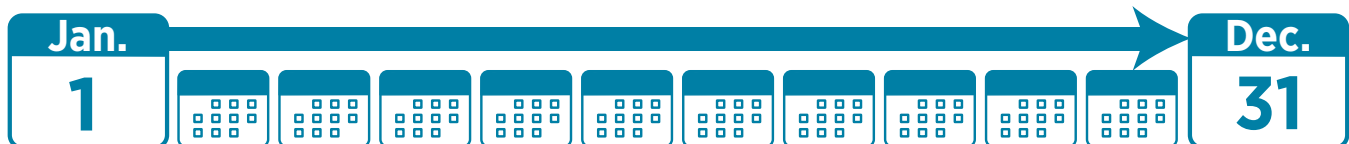
The Annual Enrollment Period (AEP) is October 15-December 7 every year. During this time, you can switch, drop, or join a Medicare Advantage plan.

## Open Enrollment Period



The Open Enrollment Period (OEP) is January 1-March 31 every year. This is your only opportunity outside of the Annual Enrollment Period (AEP) (October 15-December 7) to switch Medicare Advantage plans or return to Original Medicare.

## Special Election Period



There are specific circumstances that make you eligible to enroll in a Medicare Advantage plan any time of the year. If you answer yes to any of the following questions, you qualify for a Special Election Period.

- ◆ Have you recently retired and lost your employer or union coverage?
- ◆ Have you recently moved to a different county or state?
- ◆ Are you currently receiving Extra Help with your healthcare costs?
- ◆ Do you no longer qualify for Extra Help with your healthcare costs?
- ◆ Have you recently left a Program of All-inclusive Care for the Elderly? (PACE)
- ◆ Do you live in a long-term care facility?
- ◆ Have you recently obtained lawful presence in the United States?
- ◆ Will you be moving into a long-term care facility?
- ◆ Have you recently moved out of a long-term care facility?
- ◆ Are you currently receiving Medicaid?
- ◆ Have you recently stopped receiving Medicaid?
- ◆ Have you recently been released from incarceration?
- ◆ Do you qualify for a Special Needs Plan (SNP)?

2025

Plan I (PPO) and Plan II (PPO)

# Benefits of a Medicare Advantage Plan

A Medicare Advantage plan provides all the Part A and Part B benefits of Original Medicare, plus much more.

**Prescription drugs are usually covered.** Most Medicare Advantage plans include Part D prescription drug benefits, so there's no need to find and pay for a separate Part D prescription drug plan.

**Dental, hearing, and vision care are usually covered.** Many Medicare Advantage plans include dental, hearing, and vision care benefits.

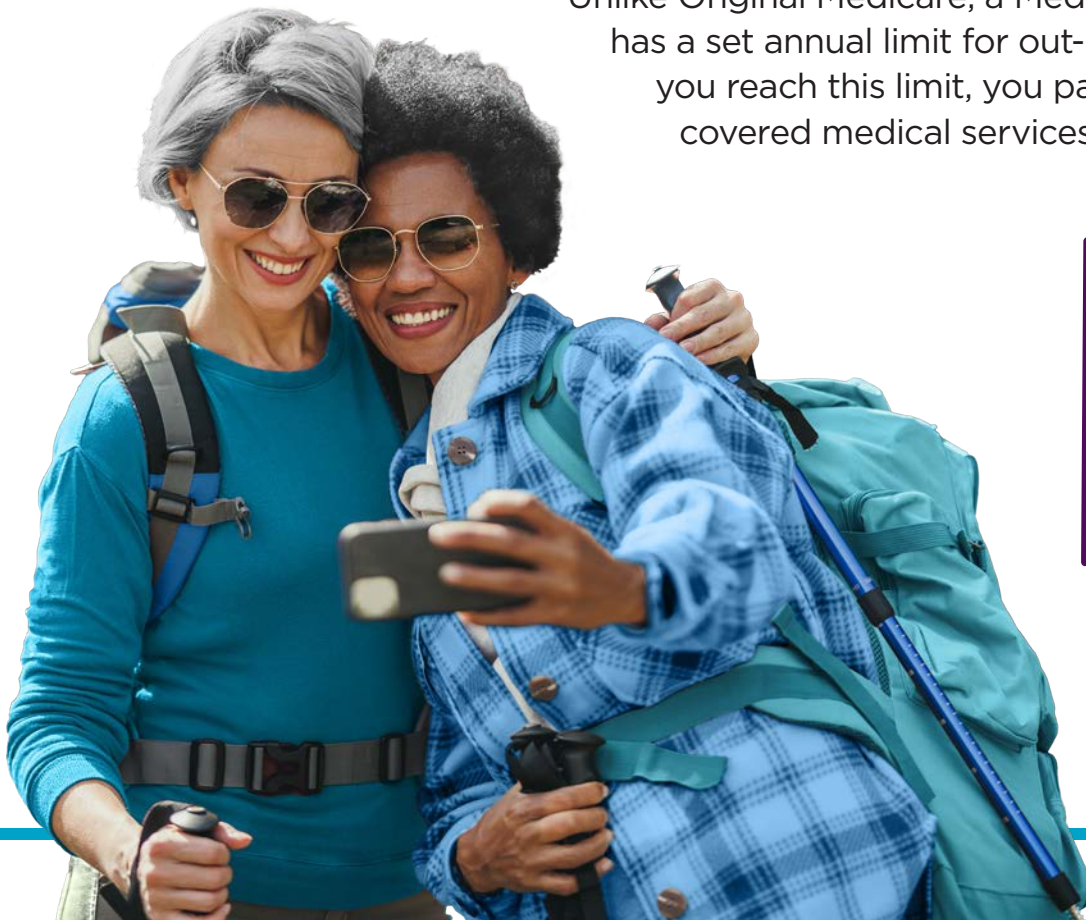
**Some plans even include extra benefits.** For instance, some Medicare Advantage plans include additional benefits like complimentary fitness memberships, an allowance for over-the-counter items, custodial care benefits, and more.

**And your out-of-pocket costs are capped.**

Unlike Original Medicare, a Medicare Advantage plan has a set annual limit for out-of-pocket costs. Once you reach this limit, you pay nothing more for covered medical services.

## ! IMPORTANT

Even if you choose to be covered by a Medicare Advantage plan, you must first enroll in Medicare Parts A and B.







Medicare  
Part A benefits



Medicare  
Part B benefits

## What Medicare Advantage plans cover



Most include  
prescription drug  
coverage



Many include vision,  
hearing & dental  
coverage



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

**2025**

**Plan I (PPO) and Plan II (PPO)**



# Experience HealthTeam Advantage!

## We're local, based right here in North Carolina.

We know the same doctors and hospitals who'll provide your care. We're also doctor-guided, so we understand your healthcare needs.

**We're accessible.** When you become a HealthTeam Advantage member you'll be assigned your own Healthcare Concierge who will answer your questions, explain plan benefits, help you find a network doctor, schedule appointments, and more.

**We're reliable.** We work hard to earn the trust of our members (your friends and neighbors), who give us high marks for satisfaction year after year.

**We're committed.** Our mission is to improve the health and well-being of our communities through a commitment to personalized service, quality, and enhanced care experiences.

2025

Plan I (PPO) and Plan II (PPO)

## Personal Touch

As a member of HealthTeam Advantage, you're more than just a member, you're part of our family. North Carolina is our home, and we are dedicated to providing our members with the very best customer experience.

Your Healthcare Concierge is your single point of contact and trusted partner committed to working with you throughout your entire healthcare experience. They are local experts, knowledgeable about Medicare, understand how HealthTeam Advantage plans work and available to answer all of your questions.

### Your Healthcare Concierge can:

- ◆ Help find a primary care provider and assist with scheduling appointments
- ◆ Answer plan and benefit questions
- ◆ Help with special healthcare needs
- ◆ Offer prescription drug assistance
- ◆ Assist with claim questions and billing resolution



“I am a fan of the concierge system and my personal concierge in particular. She is efficient, responsive, friendly, and a great help to me and my husband!”

—HealthTeam Advantage Member

# Our Provider Network

HealthTeam Advantage PPO plan members can choose to receive care from any provider or hospital in our service area of Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Orange, Randolph, Rockingham, Stokes, and Yadkin counties. And, since HealthTeam Advantage is a Preferred Provider Organization (PPO) plan, you don't need a referral for any specialists, hospitals, or providers.

We do, however, encourage you to choose an in-network provider as your primary care provider (PCP) because you'll have a dedicated doctor who will focus on your individual healthcare needs and coordinate your care with other in-network providers if needed. This allows you to keep your out-of-pocket costs lower and more predictable.

## Our network providers include\*:

- ◆ **Alamance Regional Medical Center**
- ◆ **Annie Penn Hospital**
- ◆ **Atrium Health Wake Forest Baptist**
- ◆ **Atrium Health Wake Forest Baptist Lexington Medical Center**
- ◆ **Atrium Health Wake Forest Baptist Medical Center**
- ◆ **Cone Health**
- ◆ **Davie Medical Center**
- ◆ **Eagle Physicians and Associates PA**
- ◆ **FirstHealth of the Carolinas**
- ◆ **High Point Medical Center**
- ◆ **Moses H. Cone Memorial Hospital**
- ◆ **Novant Health**
- ◆ **Novant Health Forsyth Medical Center**
- ◆ **Novant Health Medical Park Hospital**
- ◆ **Novant Health Thomasville Medical Center**
- ◆ **Randolph Health**
- ◆ **UNC Hospitals at Chapel Hill**
- ◆ **UNC Physicians Network**
- ◆ **UNC Rockingham Hospital**
- ◆ **Wesley Long Community Hospital**

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

**\*This is not a complete list of providers. To access the most current list, visit [www.htanc.com/find-a-provider/](http://www.htanc.com/find-a-provider/) or scan the QR Code.**



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

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MULTI-PLAN\_25134\_M

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Plan I (PPO) and Plan II (PPO)

“I have been with this group for five years. They are great. Every time I have questions, they help me get answers and are very nice.”

—HealthTeam  
Advantage Member

## Benefits at a Glance



Dental



Vision



Hearing



Fitness



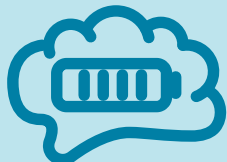
Over-the-Counter



Healthcare  
Concierge



Custodial  
Care



Memory  
Fitness



Companion  
Services



Nurse Advice  
Line

**Want  
details  
on our  
benefits?**

These are just  
the highlights!  
Turn to page 31  
for a full  
Summary of  
Benefits.





# More Benefits



2025

Plan I (PPO) and Plan II (PPO)

# Fitness Benefit

## Feel your best with SilverSneakers!

Maintaining an active lifestyle is important to both physical and mental health. That's why our members have access to SilverSneakers, a nationally recognized leader in fitness for mature adults.

SilverSneakers is a program designed with you in mind. HealthTeam Advantage members have the opportunity to join, at no extra cost, a group of like-minded people focused on maintaining good health and independence.



With HealthTeam Advantage and SilverSneakers you have the opportunity to improve your health, gain confidence and connect with your community.

## Highlights:

- ◆ SilverSneakers is available to members at no cost.
- ◆ Benefit includes access to thousands of participating SilverSneakers fitness locations.
- ◆ Classes are offered in person or online.



## Learn More!



by calling our local Medicare experts or online by scanning the QR code.

**336-914-2736 (TTY 711)**

Participating locations ("PL") not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

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# Dental Benefit



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

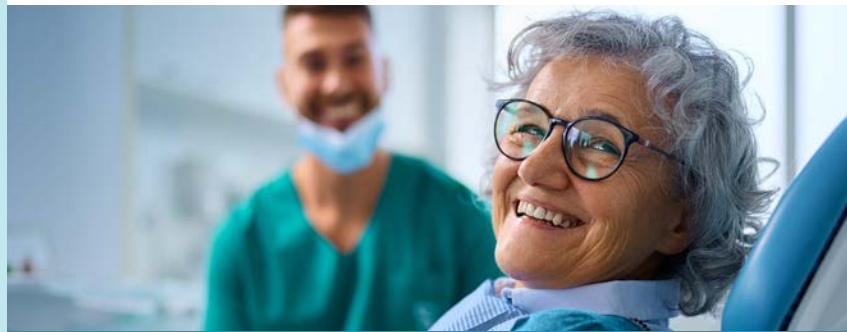
In fact, dental health may influence the development of certain conditions, such as diabetes and heart disease, so it's important to get regular dental care.

Preventive dental services are included in all benefit offerings and include dental cleanings, oral exams, X-rays, and Medicare-covered exams. Most plans also include comprehensive dental care for services such as fillings, dentures, and crowns.

Our administrator for dental benefits is Dominion Dental Services, Inc. Members can choose dentists from their extensive North Carolina dental network ensuring they find the best fit for their oral health needs.

## Highlights:

- ◆ No annual benefit maximum for periodic and comprehensive oral exams, cleanings, and bitewing X-rays.\*
- ◆ Covers comprehensive dental services such as fillings, dentures, and crowns.\*
- ◆ Annual deductible ranging from \$50 to \$100 for comprehensive dental services and some diagnostic services (varies by plan).
- ◆ Annual benefit maximum of \$2,500 to \$3,000 for comprehensive dental services and some diagnostic services (varies by plan).



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Dental benefits are administered by Dominion Dental Services, Inc. \*Frequency and visit limits apply.

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Plan I (PPO) and Plan II (PPO)

# Over-the-Counter (OTC) Benefit



## Get Over-the-Counter Products Every Quarter — No Cost to you.

Think about all the over-the-counter (OTC) medications and supplies you purchase throughout the year—from non-prescription pain relievers and allergy medications to vitamins, COVID-19 home tests, and first aid kits. These items can get expensive, especially if you are managing a chronic condition, supplies for wound care, or other OTC items on a regular basis.

To help with the cost of these supplies, members receive their quarterly allowance preloaded on a debit card through NationsBenefits® which members use to purchase eligible OTC items from participating retailers or shop online (with free home delivery) through NationsBenefits.

## Highlights:

- ◆ Members receive a prepaid debit card from NationsBenefits® to purchase eligible OTC items.
- ◆ Allowance varies by plan.
- ◆ Free home delivery with online shopping.



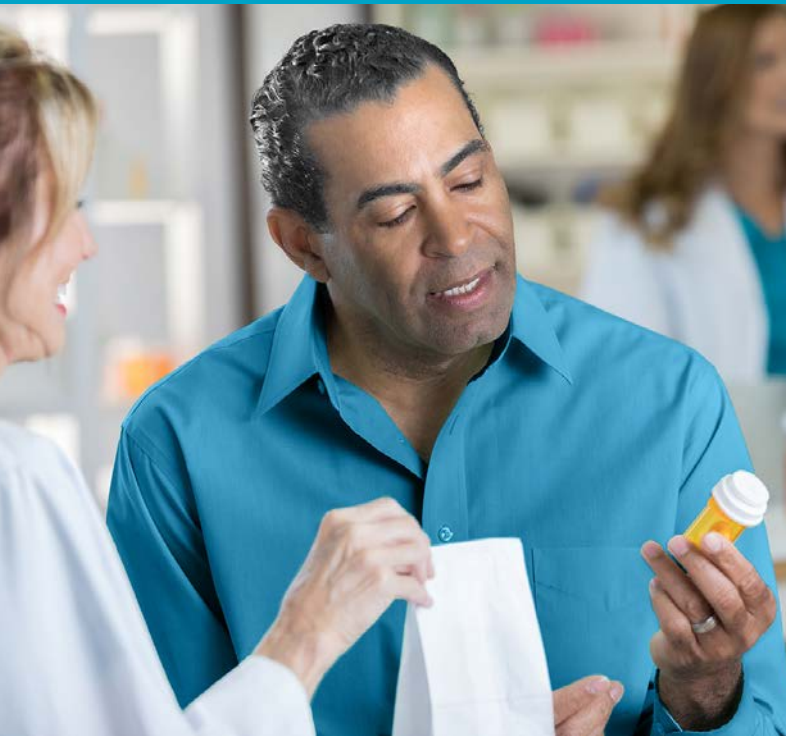
## Learn More!



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# Preferred Pharmacy Locations



## Highlights:

- ◆ Preferred Pharmacies offer lower copays for some drugs.
- ◆ Locations include national chains and local, independent pharmacies.
- ◆ Home delivery and adherence packaging available with no extra cost through Cone Health Community Pharmacy at Wesley Long.



## Members save money on prescriptions with Preferred Pharmacies.

Our Preferred Pharmacy locations offer a lower copay for drugs on Tiers 1 and 2. Locations include national chains such as CVS and Walmart in addition to many local, independent pharmacies. Cone Health Community Pharmacy is also an option, which allows prescriptions to be seamlessly integrated into member medical records.

Cone Health also operates a home delivery pharmacy (Cone Health Community Pharmacy at Wesley Long) with no cost for shipping prescription medications.

## Preferred Pharmacy Locations:

- ◆ Cone Health Community Pharmacy (8 locations for 2025)
- ◆ CVS
- ◆ Wal-Mart/Sam's Club
- ◆ Harris Teeter
- ◆ Many independent pharmacies

## Learn More!



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2025

Plan I (PPO) and Plan II (PPO)

# Hearing Benefit



## Highlights:

- ◆ Up to two TruHearing Standard, Advanced or Premium hearing aids are covered per year (one per ear).
- ◆ Routine Hearing Exam - \$25 copay (limited to 1 per year).
- ◆ Copays range from \$299-\$799 per hearing aid.
- ◆ Includes unlimited provider visits for fitting and adjustments for one year after purchase.

## Good hearing is important to your health and safety.

Some types of hearing loss can be treated with medicine or surgery. Permanent hearing loss, however, is usually treated with hearing aids.

Hearing aids are not a one-size-fits-all product. If you have hearing loss, having the hearing aid that best meets your

**TruHearing**<sup>®</sup> specific needs can make a world of difference. Our hearing aid benefits are through TruHearing<sup>®</sup>, an exclusive national hearing aid savings program for members.



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by calling our local Medicare experts or online by scanning the QR code.

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Rechargeable battery option available on select styles for up to an additional \$50 per aid. Exam must be performed by a TruHearing network provider.

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# Vision Benefit



## Highlights:

- ◆ Coverage for diagnostic and routine eye exams. Copays and coinsurance vary by plans.
- ◆ \$0 copay for single vision, lined bifocal, lined trifocal, and lenticular lenses.
- ◆ Includes allowance based on plan for frames or contact lenses.



## Healthy eyes and vision are important to your well-being.

It's important to get regular eye exams even if you don't wear prescription lenses. Routine (not covered by Medicare) eye exams can detect health conditions with no obvious symptoms such as glaucoma, diabetes, and macular degeneration.



Our vision benefits are through a national vision partner, VSP® Vision Care. VSP has thousands of providers nationwide and more than 950 across North Carolina. The providers are one-stop shops offering exams and eyewear.

## Learn More!



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2025

Plan I (PPO) and Plan II (PPO)

# Custodial Care Benefit



## Highlights:

- ◆ Benefit includes non-medical care (self-care tasks, household chores, and mobility tasks) performed by professional caregivers.
- ◆ Covers up to 20 hours of care after a hospital stay or qualifying outpatient procedure, for a maximum of 60 hours per year, at no cost to members.

## Personal, professional, non-medical care when you need it most.

Sometimes after a hospital stay or an outpatient procedure, you might need extra help with basic everyday tasks. We call that help custodial care, or non-medical care performed by professional caregivers. It includes help with everyday tasks such as:

- ◆ eating, dressing, and bathing
- ◆ cooking, running errands, and laundry
- ◆ lifting and carrying items

Although custodial care is not covered by Original Medicare, we think it's important to help you get back on your feet after surgery or other qualifying procedures.

*Note: Some limits apply for outpatient procedures.*



## Learn More!



by calling our local Medicare experts or online by scanning the QR code.

**336-914-2736 (TTY 711)**



# In-Home Support & Companion Benefit



## Built on human connection, friendly helpers offer companionship and support with everyday tasks.

Through our partnership with Papa, members have access to vital social support through a network of trained and vetted non-medical helpers called Papa Pals. Papa Pals support members' social needs in countless ways - by helping with everyday tasks such as running errands, driving to appointments, meal prep, folding laundry, helping with pets, playing a game, engaging in great conversation and more.

Papa Pals are available in person and by phone.

Papa Pals cannot assist with medical or personal care that a licensed professional would handle or do house tasks you would normally pay a professional to do.



## Highlights:

- ◆ Papa Pals help with everyday tasks and provide companionship.
- ◆ \$0 copay or No cost for a set number of hours of help (30 or 60 hours) per year based on plan.
- ◆ Papa Pals are available in person or by phone.
- ◆ Help members achieve whole health and reduce loneliness.



## Learn More!



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by scanning the QR code.

**336-914-2736 (TTY 711)**

2025

Plan I (PPO) and Plan II (PPO)

# Nurse Advice Line Benefit



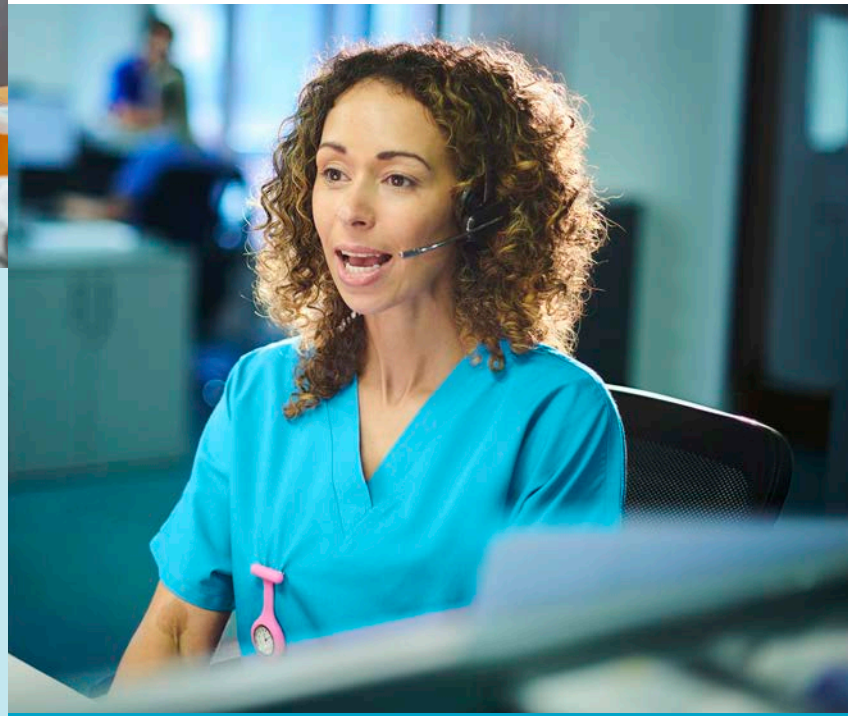
## Registered nurses are available 24/7 to help members get the care they need.

Our 24-hour Nurse Advice line is staffed with a highly trained, caring team of registered nurses who are ready to help members:

- ◆ Determine if they should visit the ER, a doctor, or an urgent care center
- ◆ Answer non-emergency health questions
- ◆ Get information or support on chronic conditions such as diabetes, high blood pressure, COPD, or heart disease

## Highlights:

- ◆ Registered nurses available by phone 24/7 to answer questions and offer support.
- ◆ Can help members determine what type of care they need.
- ◆ Available at no cost to members.



## Learn More!



by calling our local Medicare experts or online by scanning the QR code.

**336-914-2736 (TTY 711)**

# In-Home Meal Delivery Benefit



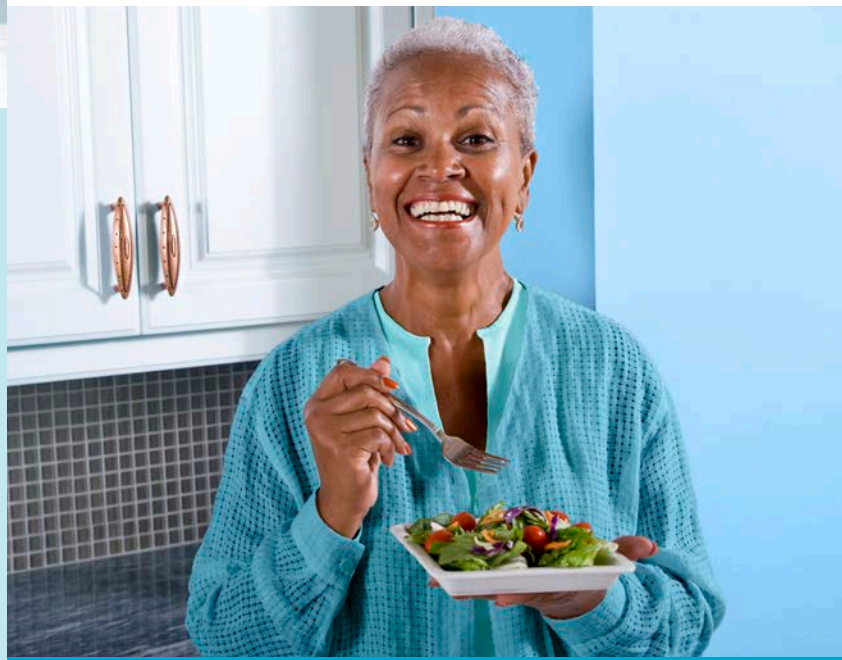
## Get the support you need with meal assistance.

After being discharged from the hospital, HealthTeam Advantage recognizes the importance of rest and recovery with access to the right nutrition. To ease this transition, we've partnered with NationsBenefits® to provide meal delivery services following a hospital stay, surgery, or skilled nursing facility discharge. Members with certain chronic conditions may also qualify for this benefit.

Eligible members receive two meals per day, delivered directly to their home at no cost. The duration of benefit depends on your plan. Meals are crafted by registered dietitians and can be customized to meet specific health needs.

## Highlights:

- ◆ Fresh, never frozen meals delivered to your home after discharge from hospital or skilled nursing facility.
- ◆ Includes two medically tailored fresh meals per day (varies by plan).
- ◆ Menus can be tailored to support common health conditions.



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by scanning the QR code.

**336-914-2736 (TTY 711)**

2025

Plan I (PPO) and Plan II (PPO)

# Memory Fitness Benefit



## Your brain needs exercise, too.

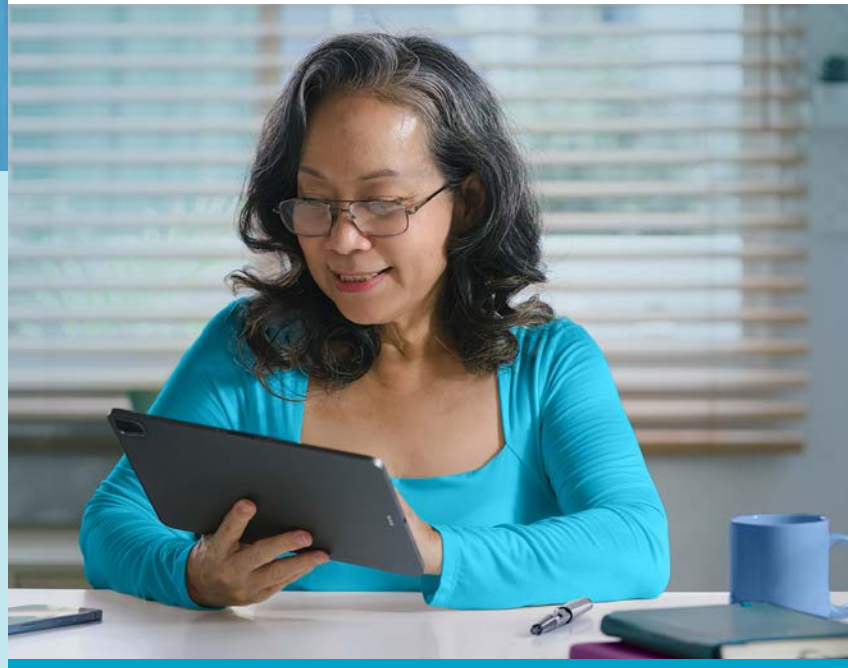
Just as exercise is important for physical health, brain training exercises can improve memory and cognitive performance. That's why HealthTeam Advantage offers BrainHQ, a program of online exercises that work on attention, brain speed, memory, people skills, and navigation.

Members can do these exercises at home on a computer or mobile device. There is **no cost to members** and no big time commitment — it takes less than five minutes to complete each BrainHQ level.



## Highlights:

- ◆ Program built on 30 years of brain research.
- ◆ Online exercises adapt based on your needs.
- ◆ Work on attention, brain speed, memory, and more.



## Learn More!



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# Healthcare Concierge Team



## Fast, efficient and always personal assistance.

At HealthTeam Advantage, we are dedicated to providing our members with the best member experience. Our Healthcare Concierges are local experts, knowledgeable about Medicare, understand how our Medicare Advantage plans work, and are devoted to answering all your questions.

We are committed to providing members with access to the best healthcare and member service. HealthTeam Advantage members are more than just members — they are part of our family!

## Highlights:

- ◆ A dedicated personal Healthcare Concierge for assistance.
- ◆ Help find a provider or make an appointment.
- ◆ Assist in verifying health plan coverage and answering questions about claims.



## Learn More!



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Medicare experts or online  
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**336-914-2736 (TTY 711)**



# Summary of Benefits

HealthTeam Advantage Plan I (PPO) H9808-004

HealthTeam Advantage Plan II (PPO) H9808-005







# 2025 Summary of Benefits

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

January 1, 2025 - December 31, 2025.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service we cover or every limitation or exclusion. For a complete list of covered services refer to the Evidence of Coverage booklet. You can request a copy from HealthTeam Advantage or view it on our website at [www.htanc.com/members/2025-plan-documents/](http://www.htanc.com/members/2025-plan-documents/).

To join HealthTeam Advantage Plan I (PPO) or Plan II (PPO) 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, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Orange, Randolph, Rockingham, Stokes, and Yadkin.**

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

For more information, contact HealthTeam Advantage at 1-888-965-1965 (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, April 1 - September 30, or visit online at [www.htanc.com](http://www.htanc.com).

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\_2513\_M

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Monthly Plan Premium	<b>\$0</b> You must continue to pay your Medicare Part B premium.	<b>\$44</b>
Deductible	<b>\$0</b> These plans do not have a deductible for medical services.	<b>\$0</b>
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	<b>In-Network: \$3,400</b> annually <b>Out-of-Network: \$5,950</b> annually The most you pay for copays, coinsurance and other costs for Medicare-covered medical services, supplies, and Part B-covered medication for the plan year you receive from in- and out-of-network providers. What you pay out-of-pocket for Part D prescription drugs and certain supplemental benefits (e.g., dental, vision, and hearing aids) does not apply to this amount.	<b>In-Network: \$3,200</b> annually <b>Out-of-Network: \$5,950</b> annually
<b>Inpatient Hospital Coverage</b>		
	<b>In-Network:</b> <b>\$325</b> copay per day for days 1 through 6 <b>\$0</b> copay per day for days 7 through 90 <b>\$0</b> copay for days 91 and beyond <b>Out-of-Network:</b> <b>30%</b> coinsurance	<b>In-Network:</b> <b>\$250</b> copay per day for days 1 through 5 <b>\$0</b> copay per day for days 6 through 90 <b>\$0</b> copay for days 91 and beyond <b>Out-of-Network:</b> <b>20%</b> coinsurance
	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	
<b>Outpatient Hospital Coverage</b>		
• Outpatient Hospital Facility	<b>In-Network: \$325</b> copay <b>Out-of-Network: 30%</b> coinsurance	<b>In-Network: \$325</b> copay <b>Out-of-Network: 20%</b> coinsurance
	Prior authorization may be required for some services. Please contact the plan for more information.	

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
<b>Ambulatory Surgical Center (ASC)</b>		
	<b>In-Network:</b> <b>\$225</b> copay per day <b>Out-of-Network:</b> <b>30%</b> coinsurance	<b>In-Network:</b> <b>\$200</b> copay per day <b>Out-of-Network:</b> <b>20%</b> coinsurance
<p>Prior authorization may be required for some services. Please contact the plan for more information.</p>		
<b>Doctor Visits</b>		
• Primary Care Provider (PCP)	<b>In-Network: \$0</b> copay <b>Out-of-Network: \$50</b> copay	<b>In-Network: \$0</b> copay <b>Out-of-Network: \$30</b> copay
• Specialist	<b>In-Network: \$20</b> copay <b>Out-of-Network: \$75</b> copay	<b>In-Network: \$15</b> copay <b>Out-of-Network: \$60</b> copay
<b>Preventive Care (e.g., flu vaccine, diabetic screenings)</b>		
	<b>In-Network: \$0</b> copay <b>Out-of-Network: \$30</b> copay	<b>In-Network: \$0</b> copay <b>Out-of-Network: \$30</b> copay
<p>Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at <b>\$0</b> cost.</p>		
<b>Emergency Care</b>		
	<b>In- and Out-of-Network:</b> <b>\$140</b> copay	<b>In- and Out-of-Network:</b> <b>\$130</b> copay
<p>If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.</p>		

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
<b>Urgently Needed Services</b>		
	<b>In- and Out-of-Network:</b> <b>\$25</b> copay This copay is not waived if you are admitted to the hospital.	<b>In- and Out-of-Network:</b> <b>\$20</b> copay This copay is not waived if you are admitted to the hospital.
<b>Diagnostic Radiology Services/Imaging</b>		
(Copay varies based on type of service)		
<ul style="list-style-type: none"> <li>• EKG Testing</li> <li>• Ultrasound</li> <li>• CT Scan</li> <li>• MRI / MRA</li> <li>• PET Scan</li> <li>• Nuclear Stress Testing</li> <li>• Echocardiography</li> </ul>	<b>In-Network:</b> <b>\$0</b> copay <b>\$75</b> copay <b>\$150</b> copay <b>\$225</b> copay <b>\$300</b> copay <b>\$225</b> copay <b>\$150-\$225</b> copay <b>Out-of-Network:</b> <b>30%</b> coinsurance	<b>In-Network:</b> <b>\$0</b> copay <b>\$75</b> copay <b>\$125</b> copay <b>\$195</b> copay <b>\$275</b> copay <b>\$195</b> copay <b>\$75-\$150</b> copay <b>Out-of-Network:</b> <b>20%</b> coinsurance
<ul style="list-style-type: none"> <li>• Therapeutic Radiological Services</li> </ul>	<b>In-Network:</b> <b>20%</b> coinsurance <b>Out-of-Network:</b> <b>50%</b> coinsurance	<b>In-Network:</b> <b>20%</b> coinsurance <b>Out-of-Network:</b> <b>30%</b> coinsurance
<b>Diagnostic Services/Labs</b>		
<ul style="list-style-type: none"> <li>• Lab Services</li> </ul>	<b>In-Network:</b> <b>\$10</b> copay at a lab facility <b>Out-of-Network:</b> <b>30%</b> coinsurance	<b>In-Network:</b> <b>\$5</b> copay at a lab facility <b>Out-of-Network:</b> <b>20%</b> coinsurance
<ul style="list-style-type: none"> <li>• Diagnostic Tests and Procedures</li> </ul>	<b>In-Network:</b> <b>\$10</b> copay at a stand-alone facility <b>\$20</b> copay at an outpatient hospital facility <b>Out-of-Network:</b> <b>30%</b> coinsurance	<b>In-Network:</b> <b>\$5</b> copay at a stand-alone facility <b>\$10</b> copay at an outpatient hospital facility <b>Out-of-Network:</b> <b>20%</b> coinsurance
Prior authorization may be required for some services. Please contact the plan for more information.		
<ul style="list-style-type: none"> <li>• Outpatient X-rays</li> </ul>	<b>In-Network:</b> <b>\$10</b> copay for X-ray services <b>Out-of-Network:</b> <b>30%</b> coinsurance for X-ray services	<b>In-Network:</b> <b>\$10</b> copay for X-ray services <b>Out-of-Network:</b> <b>20%</b> coinsurance for X-ray services

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
<b>Hearing Services</b>		
<ul style="list-style-type: none"> <li>• Medicare-covered Diagnostic Hearing Exam</li> </ul>	<p><b>In-Network:</b>  <b>\$20</b> copay for a hearing exam</p> <p><b>Out-of-Network:</b>  <b>\$75</b> copay for a hearing exam</p>	<p><b>In-Network:</b>  <b>\$15</b> copay for a hearing exam</p> <p><b>Out-of-Network:</b>  <b>\$60</b> copay for a hearing exam</p>
<ul style="list-style-type: none"> <li>• Routine Assessment for Hearing Aids</li> </ul>	<p><b>In-Network:</b> <b>\$25</b> copay</p> <p><b>Out-of-Network:</b> not covered</p> <p>1 per year</p> <p>A TruHearing provider must be used for routine hearing benefits.</p>	<p><b>In-Network:</b> <b>\$25</b> copay</p> <p><b>Out-of-Network:</b> not covered</p>
<ul style="list-style-type: none"> <li>• Fitting and Evaluation for Hearing Aid</li> </ul>	<p><b>In-Network:</b> <b>\$0</b> copay</p> <p><b>Out-of-Network:</b> not covered</p> <p>Unlimited visits</p> <p>A TruHearing provider must be used for routine hearing benefits.</p>	<p><b>In-Network:</b> <b>\$0</b> copay</p> <p><b>Out-of-Network:</b> not covered</p>
<ul style="list-style-type: none"> <li>• Hearing Aid</li> </ul>	<p><b>In-Network:</b>  <b>\$299-\$799</b> per hearing aid.            Advanced and premium hearing aids are available in rechargeable style options for an additional <b>\$50</b> per aid.</p> <p><b>Out-of-Network:</b> Not covered</p> <p>Up to two TruHearing hearing aids every year (one per ear per year).            A TruHearing provider must be used for hearing aid benefit.</p>	<p><b>In-Network:</b>  <b>\$299-\$799</b> per hearing aid.            Advanced and premium hearing aids are available in rechargeable style options at no additional cost per aid.</p> <p><b>Out-of-Network:</b> Not covered</p>

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
<b>Dental Services</b> (Dominion Dental Services)		
	<p><b>Annual Benefit Maximum: \$2,500</b>  <b>Annual Deductible: \$100</b></p> <p>Annual benefit maximum amount (in- and out-of-network combined) each year with an annual deductible for all Comprehensive dental services and some other diagnostic dental services.</p> <p>There is no separate benefit maximum or deductible for out-of-network dental services.</p>	<p><b>Annual Benefit Maximum: \$3,000</b>  <b>Annual Deductible: \$50</b></p> <p>Annual benefit maximum amount (in- and out-of-network combined) each year with an annual deductible for all Comprehensive dental services and some other diagnostic dental services.</p> <p>There is no separate benefit maximum or deductible for out-of-network dental services.</p>
<ul style="list-style-type: none"> <li>Diagnostic and Preventive Dental Services</li> </ul>	<p><b>In-Network Deductible</b></p> <p><b>\$0</b> Deductible for <b>most</b> Diagnostic and Preventive services.</p> <p><b>\$100</b> Deductible for <b>some</b> Diagnostic and Preventive services and all Comprehensive in- and out-of-network dental services.</p> <p><b>Annual Benefit Maximum:</b>            No maximum plan coverage amount for most Diagnostic and Preventive in- and out-of-network non-Medicare covered dental services.</p>	<p><b>In-Network Deductible</b></p> <p><b>\$0</b> Deductible for <b>most</b> Diagnostic and Preventive services.</p> <p><b>\$50</b> Deductible for <b>some</b> Diagnostic and Preventive services and all Comprehensive in- and out-of-network dental services.</p> <p><b>Annual Benefit Maximum:</b>            No maximum plan coverage amount for most Diagnostic and Preventive in- and out-of-network non-Medicare covered dental services.</p>
<ul style="list-style-type: none"> <li>Comprehensive Dental Services (Non-Medicare Covered)</li> </ul>	<p><b>\$2,500</b> maximum plan coverage amount every year for <b>some</b> Diagnostic and Preventive in- and out-of-network non-Medicare-covered dental services and all in- and out-of-network Comprehensive dental services.</p> <p>There is no separate plan maximum for out-of-network dental services.</p> <p>Comprehensive dental services including fillings, dentures, crowns, extractions, and periodontic procedures are covered. Surgical placement of implants is <b>not</b> a covered service. Frequency and visit limits apply.</p>	<p><b>\$3,000</b> maximum plan coverage amount every year for <b>some</b> Diagnostic and Preventive in- and out-of-network non-Medicare-covered dental services and all in- and out-of-network Comprehensive dental services.</p> <p>There is no separate plan maximum for out-of-network dental services.</p> <p>Comprehensive dental services including fillings, dentures, crowns, extractions, and periodontic procedures are covered. Surgical placement of implants is <b>not</b> a covered service. Frequency and visit limits apply.</p>

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
<b>Vision Services</b>		
<ul style="list-style-type: none"> <li>• Medicare-covered Diagnostic Eye Exam</li> </ul>	<p><b>In-Network: \$20</b> copay</p> <p><b>Out-of-Network: \$75</b> copay</p>	<p><b>In-Network: \$15</b> copay</p> <p><b>Out-of-Network: \$60</b> copay</p>
<ul style="list-style-type: none"> <li>• Medicare-covered Eyewear</li> </ul>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network: \$50</b> copay for Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>Materials covered up to Medicare-approved limits.</p>	<p><b>In-Network: \$0</b> copay</p> <p><b>Out-of-Network: 20%</b> coinsurance for Medicare-covered eyeglasses or contact lenses after cataract surgery.</p>
<ul style="list-style-type: none"> <li>• Routine Eye Exam (non-Medicare covered)</li> </ul>	<p><b>In-Network: \$25</b> copay</p> <p><b>Out-of-Network: 30%</b> coinsurance</p>	<p><b>In-Network: \$25</b> copay</p> <p><b>Out-of-Network: 20%</b> coinsurance</p>
One routine eye exam per year. Refraction included.		
<ul style="list-style-type: none"> <li>• Eyeglasses (lenses and frames)</li> <li>• Contact Lenses</li> <li>• Lens Upgrades</li> </ul>	<p><b>In-Network:</b> Reimbursed up to <b>\$125</b> towards eye wear, including contact lenses. Single vision lenses, lined bifocals, lined trifocals, lenticular lenses covered in full.</p> <p>Standard progressive lenses and scratch-resistant coating are a covered in full upgrade.</p>	<p><b>In-Network:</b> Reimbursed up to <b>\$150</b> towards eye wear, including contact lenses, single vision, lined bifocals, lined trifocals, lenticular lenses.</p> <p>Progressive lenses and scratch-resistant coating are a covered in full upgrade.</p>
<ul style="list-style-type: none"> <li>• Contact lens fitting/evaluation</li> </ul>	<p><b>\$60</b> copay</p> <p>Maximum plan benefit coverage amount is combined for both in-network and out-of-network services.</p>	<p><b>\$60</b> copay</p> <p>Maximum plan benefit coverage amount is combined for both in-network and out-of-network services.</p>

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
<b>Mental Health Services</b>		
<ul style="list-style-type: none"> <li>Inpatient Hospital</li> </ul>	<p><b>In-Network:</b>  <b>\$315</b> copay per day for days 1 through 8  <b>\$0</b> copay per day for days 9 through 90  <b>Out-of-Network:</b>  <b>30%</b> coinsurance</p> <p>Services require prior authorization.</p>	<p><b>In-Network:</b>  <b>\$250</b> copay per day for days 1 through 8  <b>\$0</b> copay per day for days 9 through 90  <b>Out-of-Network:</b>  <b>20%</b> coinsurance</p>
<ul style="list-style-type: none"> <li>Outpatient Individual Therapy Visit</li> </ul>	<p><b>In-Network:</b>  <b>\$20</b> copay  <b>Out-of-Network:</b>  <b>30%</b> coinsurance</p>	<p><b>In-Network:</b>  <b>\$15</b> copay  <b>Out-of-Network:</b>  <b>20%</b> coinsurance</p>
<ul style="list-style-type: none"> <li>Outpatient Group Therapy Visit</li> </ul>	<p><b>In-Network:</b>  <b>\$20</b> copay  <b>Out-of-Network:</b>  <b>30%</b> coinsurance</p>	<p><b>In-Network:</b>  <b>\$15</b> copay  <b>Out-of-Network:</b>  <b>20%</b> coinsurance</p>
<b>Skilled Nursing Facility</b>		
	<p><b>In-Network:</b>  <b>\$0</b> copay per day for days 1 through 20  <b>\$214</b> copay per day for days 21 through 100  <b>Out-of-Network:</b>  <b>30%</b> coinsurance</p> <p>Our plan covers up to 100 days in a SNF.            Services require prior authorization.</p>	<p><b>In-Network:</b>  <b>\$0</b> copay per day for days 1 through 20  <b>\$214</b> copay per day for days 21 through 100  <b>Out-of-Network:</b>  <b>20%</b> coinsurance</p>



Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
<b>Rehabilitation Services</b>		
• Physical Therapy Visit	<b>In-Network: \$15</b> copay <b>Out-of-Network: 30%</b> coinsurance	<b>In-Network: \$15</b> copay <b>Out-of-Network: 20%</b> coinsurance
• Speech and Language Therapy Visit	<b>In-Network: \$15</b> copay <b>Out-of-Network: 30%</b> coinsurance	<b>In-Network: \$15</b> copay <b>Out-of-Network: 20%</b> coinsurance
• Occupational Therapy Visit	<b>In-Network: \$15</b> copay <b>Out-of-Network: 30%</b> coinsurance	<b>In-Network: \$15</b> copay <b>Out-of-Network: 20%</b> coinsurance
• Cardiac and Pulmonary Rehab	<b>In-Network: \$15</b> copay <b>Out-of-Network: 30%</b> coinsurance	<b>In-Network: \$15</b> copay <b>Out-of-Network: 20%</b> coinsurance
<b>Ambulance</b>		
	<b>In- and Out-of-Network: \$250</b> copay for Medicare-covered ground ambulance benefits per one-way trip. <b>\$350</b> copay for Medicare-covered air ambulance benefits per one-way trip. Prior authorization required for non-emergency transportation. Copay is not waived if admitted to hospital.	<b>In- and Out-of-Network: \$200</b> copay for Medicare-covered ground ambulance benefits per one-way trip. <b>\$300</b> copay for Medicare-covered air ambulance benefits per one-way trip. Prior authorization required for non-emergency transportation. Copay is not waived if admitted to hospital.
<b>Transportation</b>		
	Not covered.	Not covered.
<b>Medicare Part B Drugs</b>		
	<b>In-Network: 0% - 20%</b> coinsurance <b>Out-of-Network: 30%</b> coinsurance Prior authorization may be required.	<b>In-Network: 0% - 20%</b> coinsurance <b>Out-of-Network: 30%</b> coinsurance Prior authorization may be required.

**Premiums and Benefits (continued)** **HealthTeam Advantage Plan I (PPO)**

**Outpatient Prescription Drugs**

**Phase 1: Deductible** **\$0**  
 Because there is no prescription drug deductible for the plan, this payment phase does not apply to you. You begin in the Initial Coverage phase when you fill your first prescription of the year.

<b>Phase 2: Initial Coverage</b>	<b>In-Network Retail</b> (After you pay your deductible, if applicable)			
	<b>Preferred Pharmacies</b>		<b>Other Retail Pharmacies</b>	
	<b>30-day supply</b>	<b>100-day supply</b>	<b>30-day supply</b>	<b>100-day supply</b>
<b>Tier 1 - Preferred Generics</b>	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$10</b> copay	<b>\$25</b> copay
<b>Tier 2 - Generics</b>	<b>\$5</b> copay	<b>\$12.50</b> copay	<b>\$20</b> copay	<b>\$50</b> copay
<b>Tier 3 - Preferred Brands</b>	<b>\$47</b> copay	<b>\$117.50</b> copay	<b>\$47</b> copay	<b>\$117.50</b> copay
<b>Tier 4 - Non-Preferred Drugs</b>	<b>\$100</b> copay	<b>\$250</b> copay	<b>\$100</b> copay	<b>\$250</b> copay
<b>Tier 5 - Specialty Drugs</b>	<b>33%</b> coinsurance	<b>33%</b> coinsurance	<b>33%</b> coinsurance	<b>33%</b> coinsurance
	<b>In-Network Mail Order</b> (After you pay your deductible, if applicable)			
	<b>Mail Order</b>			
	<b>30-day supply</b>		<b>100-day supply</b>	
<b>Tier 1 - Preferred Generics</b>	<b>\$0</b> copay		<b>\$0</b> copay	
<b>Tier 2 - Generics</b>	<b>\$5</b> copay		<b>\$12.50</b> copay	
<b>Tier 3 - Preferred Brands</b>	<b>\$47</b> copay		<b>\$117.50</b> copay	
<b>Tier 4 - Non-Preferred Drugs</b>	<b>\$100</b> copay		<b>\$250</b> copay	
<b>Tier 5 - Specialty Drugs</b>	<b>33%</b> coinsurance		<b>33%</b> coinsurance	

You won't pay more than **\$35** for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

**Phase 3: Catastrophic Coverage** (After your out-of-pocket costs have reached the **\$2,000** limit for the calendar year)  
 In this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. (See the EOC for details).  
**The plan and Medicare pay the rest until the end of the calendar year.**

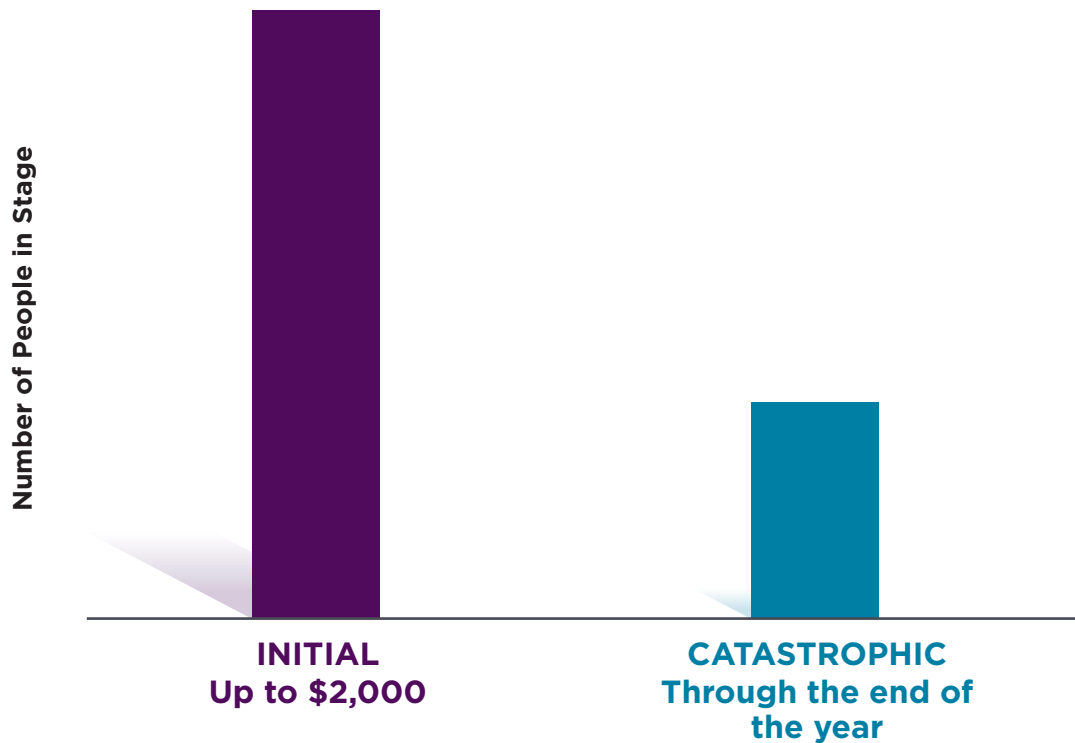
Premiums and Benefits <i>(continued)</i>		HealthTeam Advantage Plan II (PPO)			
<b>Outpatient Prescription Drugs</b>					
<b>Phase 1: Deductible</b>	<b>\$0</b>	Because there is no prescription drug deductible for the plan, this payment phase does not apply to you. You begin in the Initial Coverage phase when you fill your first prescription of the year.			
<b>Phase 2: Initial Coverage</b>	<b>In-Network Retail</b> (After you pay your deductible, if applicable)				
	<b>Preferred Pharmacies</b>		<b>Other Retail Pharmacies</b>		
	<b>30-day supply</b>	<b>100-day supply</b>	<b>30-day supply</b>	<b>100-day supply</b>	
<b>Tier 1 - Preferred Generics</b>	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$0</b> copay	
<b>Tier 2 - Generics</b>	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$12</b> copay	<b>\$30</b> copay	
<b>Tier 3 - Preferred Brands</b>	<b>\$47</b> copay	<b>\$117.50</b> copay	<b>\$47</b> copay	<b>\$117.50</b> copay	
<b>Tier 4 - Non-Preferred Drugs</b>	<b>\$100</b> copay	<b>\$250</b> copay	<b>\$100</b> copay	<b>\$250</b> copay	
<b>Tier 5 - Specialty Drugs</b>	<b>33%</b> coinsurance	<b>33%</b> coinsurance	<b>33%</b> coinsurance	<b>33%</b> coinsurance	
	<b>In-Network Mail Order</b> (After you pay your deductible, if applicable)				
	<b>Mail Order</b>				
	<b>30-day supply</b>		<b>100-day supply</b>		
<b>Tier 1 - Preferred Generics</b>	<b>\$0</b> copay		<b>\$0</b> copay		
<b>Tier 2 - Generics</b>	<b>\$0</b> copay		<b>\$0</b> copay		
<b>Tier 3 - Preferred Brands</b>	<b>\$47</b> copay		<b>\$117.50</b> copay		
<b>Tier 4 - Non-Preferred Drugs</b>	<b>\$100</b> copay		<b>\$250</b> copay		
<b>Tier 5 - Specialty Drugs</b>	<b>33%</b> coinsurance		<b>33%</b> coinsurance		
	You won't pay more than <b>\$35</b> for a one-month supply of each covered insulin product regardless of the cost-sharing tier.				
<b>Phase 3: Catastrophic Coverage</b> (After your out-of-pocket costs have reached the <b>\$2,000</b> limit for the calendar year)	In this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. (See the EOC for details). <b>The plan and Medicare pay the rest until the end of the calendar year.</b>				

\* For more information regarding our 2025 preferred pharmacy locations, please see your Evidence of Coverage, Chapter 5, Section 2.2..

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
<b>Over-the-Counter (OTC) Items</b>		
	<b>\$70/Quarter</b>	<b>\$60/Quarter</b>
	Allowance per quarter for OTC items. Any unused portion can be carried forward to the next quarter. This benefit ends on 12/31/25. Any unused funds cannot be carried forward to the new plan year.	
<b>Foot Care (podiatry services)</b>		
• Medicare-covered Foot Exams and Treatment	<b>In-Network: \$20</b> copay <b>Out-of-Network: \$75</b> copay	<b>In-Network: \$15</b> copay <b>Out-of-Network: \$60</b> copay
<b>Medical Equipment/Supplies</b>		
• Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)	<b>In-Network: 25%</b> coinsurance <b>Out-of-Network: 50%</b> coinsurance	<b>In-Network: 20%</b> coinsurance <b>Out-of-Network: 30%</b> coinsurance
	Services require prior authorization.	
• Prosthetics (e.g., artificial limbs)	<b>In-Network: 25%</b> coinsurance <b>Out-of-Network: 50%</b> coinsurance	<b>In-Network: 20%</b> coinsurance <b>Out-of-Network: 30%</b> coinsurance
	Services require prior authorization.	
• Diabetes Supplies	<b>In-Network:</b> <b>\$0</b> copay for preferred and <b>20%</b> coinsurance for non-preferred <b>Out-of-Network: 30%</b> coinsurance	<b>In-Network:</b> <b>\$0</b> copay for preferred and <b>20%</b> coinsurance for non-preferred <b>Out-of-Network: 20%</b> coinsurance
	Diabetic Supplies and Services limited to those from the following preferred manufacturers: - Blood Glucose Meter and testing supplies - One Touch - Continuous Glucose Monitor and supplies - FreeStyle Libre Systems Prior authorization required for non-preferred.	
• Therapeutic Shoes	<b>In-Network:</b> <b>\$0</b> copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts <b>Out-of-Network: 30%</b> coinsurance	<b>In-Network:</b> <b>\$0</b> copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts <b>Out-of-Network: 20%</b> coinsurance

Premiums and Benefits <i>(continued)</i>	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
<b>Wellness Programs Health Club Membership</b>		
	<b>In-Network: \$0</b> copay You must choose from a SilverSneakers® participating facility.	<b>In-Network: \$0</b> copay
<b>Memory Fitness</b>		
	<b>\$0</b> copay Online program offered through BrainHQ with dozens of exercises to improve focus and memory.	<b>\$0</b> copay
<b>Home-Based Palliative and Custodial Care</b>		
	<b>In- and Out-of-Network: \$0</b> copay Up to 20 hours post-inpatient discharge or qualifying outpatient procedure, maximum of 60 hours annually. This is combined for In-Network and Out-of-Network. Prior authorization is required for some services. Please contact the plan for more information.	<b>In- and Out-of-Network: \$0</b> copay
<b>In-Home Support/Companion Services</b>		
<ul style="list-style-type: none"> <li>In-home or virtual assistance with non-medical services such as light house chores, technology assistance, transportation and general companionship.</li> </ul>	<b>In-Network: \$0</b> Up to 30 hours per year with a Papa Pal for in-home support and companion services.	<b>In-Network: \$0</b> Up to 60 hours per year with a Papa Pal for in-home support and companion services.
	No coverage for services when not administered by Papa.	
<b>Meal Delivery</b>		
	<b>\$0</b> copay per meal Up to a total of 28 meals (2 meals per day over a 14-day period). Benefits may be used immediately following a qualifying event such as surgery, discharge from an inpatient hospital or skilled nursing stay, or an initial diagnosis of chronic heart failure, chronic lung disease, and/or diabetes. You must use the Plan's designated vendor for this benefit.	<b>\$0</b> copay per meal Up to a total of 28 meals (2 meals per day over a 14-day period).
<b>Additional Telehealth Services</b>		
	<b>\$0-\$20</b> copay based on provider type. If you choose to receive services via telehealth, you must use an in-network provider that currently offers the service via telehealth. This benefit may not be offered by all providers. Check directly with your providers about the availability of telehealth services.	<b>\$0-\$15</b> copay based on provider type.

# Understanding Medicare Drug Payment Stages



## Initial Coverage Stage

During this stage, you pay a flat fee (copay) or a percentage of a drug's total cost (coinsurance) for each prescription you fill.

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

**Once your out-of-pocket costs reach \$2,000 (2025) you move to catastrophic stage.**

## Catastrophic Coverage Stage

In this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. (See the EOC for details).

**The plan and Medicare pay the rest until the end of the calendar year.**

# 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 your Healthcare Concierge at 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

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](mailto: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 888-965-1965 TTY: 711, and you will be connected to an interpreter who will assist you at no cost.

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal. MULTI-PLAN\_25110\_C

# Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-965-1965. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-965-1965. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-965-1965。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-965-1965。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-965-1965. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-965-1965. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-965-1965 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-965-1965. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-965-1965 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-965-1965. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-965-1965. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-965-1965 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**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. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-965-1965. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-965-1965. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-965-1965. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-965-1965 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

# Ready to Enroll?

Follow these steps to enroll in a HealthTeam Advantage plan.

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

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

### **IMPORTANT**

#### Questions to ask your licensed sales agent:

- ◆ How much is the monthly premium?
- ◆ What are my out-of-pocket costs if I need care?
- ◆ Is my doctor in the network?
- ◆ Are my prescription drugs covered?
- ◆ Is there a max out-of-pocket?





# We're Here for You!



## Online

Visit [HTANC.com](http://HTANC.com).



## In-Person

Local Benefit Center

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



## Call Us

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, seven days a week.

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



Connect with us on Facebook and YouTube



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