

Summary of Benefits

HealthTeam Advantage Cardinal Plan
(HMO) H2624-004



2025 Summary of Benefits

HealthTeam Advantage Cardinal (HMO) Plan

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/.

To join the HealthTeam Advantage Cardinal (HMO) Plan, you must be entitled to Medicare Part A, enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in North Carolina: **Alamance, Davidson, Davie, Forsyth, Guilford, Randolph, and Rockingham.**

For more information, contact HealthTeam Advantage at 1-336-914-2736 (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.

Premiums and Benefits	HealthTeam Advantage Cardinal Plan (HMO)
Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.
Deductible	\$0 This plan does not have a deductible for medical services.
Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>)	\$3,400 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) do not apply to this amount.
Inpatient Hospital Coverage	
	\$195 copay per day for days 1 through 6
	\$0 copay per day for days 7 through 90
	\$0 copay for days 91 and beyond
	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.
Outpatient Hospital Coverage	
• Outpatient Hospital Facility	\$225 copay Prior authorization may be required for some services. Please contact the plan for more information.
Ambulatory Surgical Center (ASC)	
	\$125 copay per day Prior authorization may be required for some services. Please contact the plan for more information.
Doctor Visits	
• Primary Care Provider (PCP)	\$0 copay
• Specialist	\$5 copay
Preventive Care (e.g., flu vaccine, diabetic screenings)	
	\$0 copay. Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.

Premiums and Benefits (continued) HealthTeam Advantage Cardinal Plan (HMO)

Emergency Care

\$120 copay

If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.

Urgently-needed Services

\$10 copay.

Copay is not waived if admitted to hospital

Diagnostic Radiology Services/Imaging

(Copay varies based on type of service)

Diagnostic Radiological Services	\$125 copay
EKG Testing	\$0 copay
Ultrasound	\$65 copay
CT Scan	\$125 copay
MRI / MRA	\$175 copay
PET Scan	\$275 copay
Nuclear Stress Testing	\$125 copay
Echocardiography	\$50-\$150 copay
Therapeutic Radiological Services	20% coinsurance

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-\$75** copay (Copay varies based on place and type of service.)
 - Outpatient X-rays **\$5** copay for X-ray services
- Prior authorization may be required for some services. Please contact the plan for more information.

Hearing Services

Hearing services covered using the Flex Card Allowance include:

- Routine hearing exam
- Hearing aid allowance

Flex Card Allowance - Up to **\$1,100** maximum spending per year for non-Medicare covered supplemental services related to Dental, Vision, or Hearing. You are responsible for any costs over the annual allowance amount.

Must utilize licensed dental, vision or hearing providers and retailers that operate under their respective merchant category code (MCC) of dental, vision or hearing.

Premiums and Benefits (continued) HealthTeam Advantage Cardinal Plan (HMO)

Dental Services

Dental services covered using the Flex Card Allowance include:

Diagnostic and Preventive Dental Services

- Oral Exams & Cleanings
- Fluoride Treatment
- Dental X-rays
- Other Diagnostic Dental Services

Comprehensive Dental Services

- Restorative Services
- Endodontics
- Periodontics
- Prosthodontics (removeable and fixed)
- Implant Services
- Oral and Maxillofacial Surgery
- Orthodontics
- Adjunctive General Services

Note: Cosmetic dental services are not covered.

Flex Card Allowance - Up to **\$1,100** maximum spending per year for non-Medicare covered supplemental services related to Dental, Vision, or Hearing. You are responsible for any costs over the annual allowance amount.

Must utilize licensed dental, vision or hearing providers and retailers that operate under their respective merchant category code (MCC) of dental, vision or hearing.

Cosmetic dental services are not covered.

Vision Services

Vision services covered using the Flex Card Allowance include:

- Routine eye exam
- Eyewear

Flex Card Allowance - Up to **\$1,100** maximum spending per year for non-Medicare covered supplemental services related to Dental, Vision, or Hearing. You are responsible for any costs over the annual allowance amount.

Must utilize licensed dental, vision or hearing providers and retailers that operate under their respective merchant category code (MCC) of dental, vision or hearing.

Premiums and Benefits (continued) HealthTeam Advantage Cardinal Plan (HMO)

Mental Health Services

Inpatient Hospital **\$195** copay per day for days 1 through 8
\$0 copay per day for days 9 through 90
 Services require prior authorization.

Outpatient Individual Therapy Visit **\$5** copay

Outpatient Group Therapy Visit **\$5** copay

Skilled Nursing Facility

\$0 copay per day for days 1 through 20
\$214 copay per day for days 21 through 100
 Our plan covers up to 100 days in a SNF.
 Services require prior authorization.

Outpatient Rehabilitation Services

- Physical Therapy Visit **\$5** copay
- Speech and Language Therapy Visit **\$5** copay
- Occupational Therapy Visit **\$5** copay
- Cardiac Rehab Services **\$5** copay
- Pulmonary Rehab Services **\$5** copay

Ambulance

\$200 copay for Medicare-covered ground ambulance benefits per one-way trip.
\$300 copay for Medicare-covered air ambulance benefits per one-way trip.
 Prior authorization required for non-emergency transportation.
 Copay not waived if admitted to hospital.

Premiums and Benefits (continued) **HealthTeam Advantage Cardinal Plan (HMO)**
Medicare Part B Drugs

0%-20% coinsurance
 Prior authorization may be required.

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.

Phase 2: Initial Coverage	In-Network Retail (After you pay your deductible, if applicable)			
	Preferred* Pharmacies		Other Retail Pharmacies	
	30-day supply	100-day supply	30-day supply	100-day supply
Tier 1 - Preferred Generics	\$0 copay	\$0 copay	\$10 copay	\$25 copay
Tier 2 - Generics	\$5 copay	\$12.50 copay	\$20 copay	\$50 copay
Tier 3 - Preferred Brands	\$47 copay	\$117.50 copay	\$47 copay	\$117.50 copay
Tier 4 - Non-Preferred Drugs	40% coinsurance	40% coinsurance	50% coinsurance	50% coinsurance
Tier 5 - Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
	In-Network Mail Order (After you pay your deductible, if applicable)			
	Mail Order			
	30-day supply		100-day supply	
Tier 1 - Preferred Generics	\$0 copay		\$0 copay	
Tier 2 - Generics	\$5 copay		\$12.50 copay	
Tier 3 - Preferred Brands	\$47 copay		\$117.50 copay	
Tier 4 - Non-Preferred Drugs	40% coinsurance		40% coinsurance	
Tier 5 - Specialty Drugs	33% coinsurance		33% 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.

* \$0 copay applies to preferred pharmacy locations

Premiums and Benefits (continued) HealthTeam Advantage Cardinal Plan (HMO)

Over-the-Counter (OTC) Items

OTC Items Our plan provides a **\$145** allowance per quarter for qualifying OTC items. Qualifying OTC items can be purchased at participating retailers or through the NationsBenefits online store. Any unused portion can be carried forward to the next quarter. All funds must be used by 12/31/25 otherwise they will be forfeited.

Foot Care (podiatry services)

• Foot Exams and Treatment **\$5** copay

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.

• Diabetes Supplies **\$0** copay for preferred and **20%** coinsurance for non-preferred
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
Prior authorization required for non-preferred diabetic supplies.
\$0 copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts.

Wellness Programs Health Club Membership

SilverSneakers® **\$0** copay
HealthTeam Advantage covers the full cost of this benefit through participating SilverSneakers fitness locations. SilverSneakers fitness program offers access to thousands of fitness locations nationwide. SilverSneakers also provides virtual resources and a mobile app.

Premiums and Benefits (continued) HealthTeam Advantage Cardinal Plan (HMO)

Memory Fitness

\$0 copay

Online program offered through BrainHQ with dozens of exercises to improve focus and memory.

Custodial Care

- Home-Based Palliative and Custodial Care

\$0 copay

Up to 20 hours post-inpatient discharge or qualifying outpatient procedure, maximum of 60 hours annually.

Prior authorization is required for some services. Please contact the plan for more information.

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

Up to 30 hours per year with a Papa Pal for in-home support and companion services.

All in-home support/companion services must be provided by the Plan's administrator, Papa.

Meal Delivery

\$0 copay

Up to 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. This benefit may be used for an unlimited number of times per calendar year based on a qualifying inpatient stay. You must use the Plan's designated vendor for this benefit.

\$0 copay

If part of your care plan for a chronic condition means changing how you eat, or you are diagnosed with a qualifying chronic illness that requires you stay at home, you can have meals delivered to your home to support your condition.

Qualifying chronic illnesses include chronic heart failure, diabetes, and/or chronic lung disease.

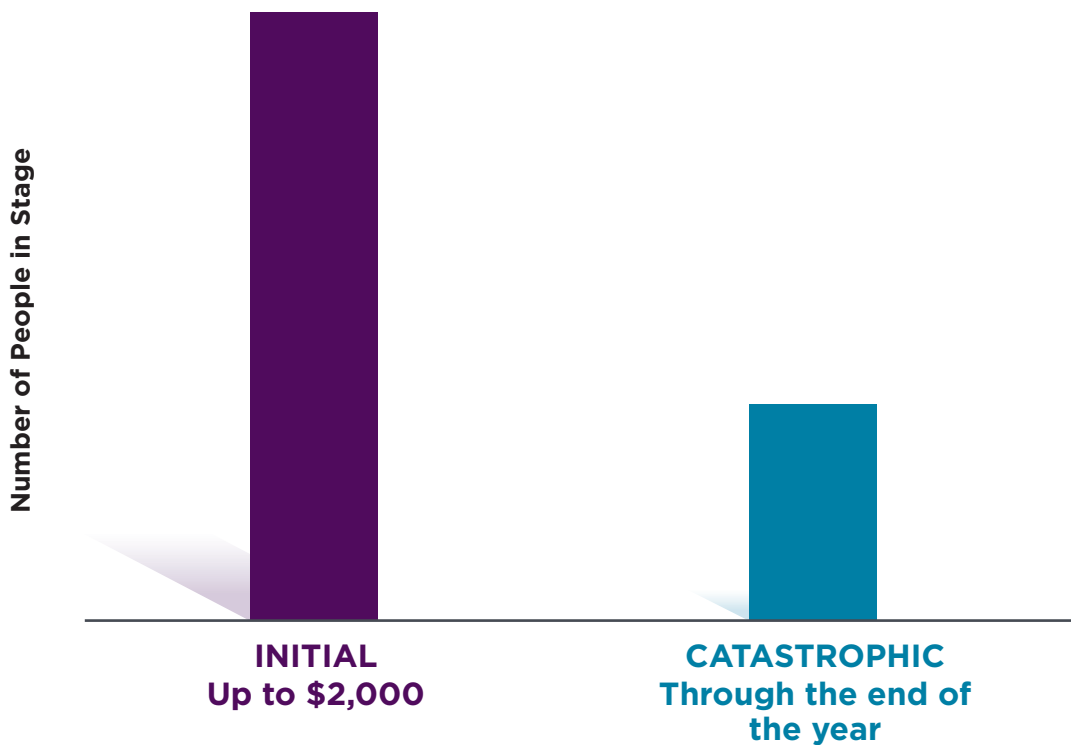
You can receive up to 28 meals (2 meals per day over a 14-day period). You can use this service once per calendar year, per qualifying diagnosis.

Additional Telehealth Services

\$0-\$5 copay (Copay is 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.

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, 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.

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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 panggagamot. 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 대해 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。



We're Here for You!



Online

Visit 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**

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.



Connect with us on Facebook and YouTube



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