



## 2019 INFORMATION KIT

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



**The coverage and care**  
*you deserve.*

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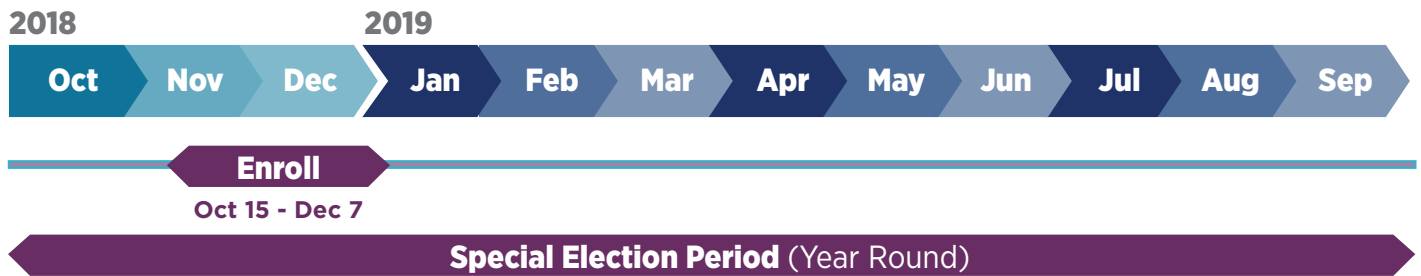
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# Understanding Enrollment Periods



<sup>1</sup>Unless you qualify for a special election period

Annual Enrollment Period: October 15, 2018 through December 7, 2019

This is the time where you may choose to switch, drop or join a Medicare Advantage plan.

Special Election Period:

If you answer yes to any of the following questions, you may be eligible for a Special Election Period. If you think you qualify, talk to your local sales agent.

- Have you recently moved?
- Are you currently receiving *Extra Help* with your health care costs?
- Do you no longer qualify for *Extra Help* with your health care costs?
- Have you recently left a PACE program (Program of All-inclusive Care for the Elderly)?
- Do you live in a long-term care facility?
- Have you recently obtained lawful presence in the United States?
- Have you recently retired and lost your employer or union coverage?
- 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?

Open Enrollment Period: January 1, 2019 to March 31, 2019. At this time if you're enrolled in a Medicare Advantage plan, you'll have a one-time opportunity to:

- Switch to a different Medicare Advantage plan
  - Drop your Medicare Advantage plan and return to Original Medicare, Part A and Part B
  - Sign up for a stand-alone Medicare Part D Prescription Drug Plan (if you return to Original Medicare).
- Most Medicare Advantage plans include prescription drug coverage already. Usually you can't enroll in a stand-alone Medicare Prescription Drug plan if you already have a Medicare Advantage plan, but there are some situations where you can.

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

# *The HealthTeam Advantage* **Provider Network**

As a HealthTeam Advantage PPO health plan member, you can choose to receive care from any provider or hospital. In addition, because HealthTeam Advantage is a PPO plan, you do not need a referral to go to any doctor or hospital. We encourage you to select an in-network provider to act 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.

If you select an out-of-network provider, please make sure that the provider accepts Medicare; otherwise, you will be responsible for the full cost of services. With the exception of emergencies or urgent care, it may cost more to get care from out-of-network providers. To view the most updated list of HealthTeam Advantage providers, go to [www.healthteamadvantage.com](http://www.healthteamadvantage.com).



**PLAN**

*Information*

**2019**



# SUMMARY



# BENEFITS

## 2019

HEALTHTEAM ADVANTAGE PLAN I (PPO)  
HEALTHTEAM ADVANTAGE PLAN II (PPO)

# *Summary* **Of Benefits**

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

This is a summary of drug and health services covered by HealthTeam Advantage PPO.  
January 1, 2019 - December 31, 2019.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of covered services, please call us to request the "Evidence of Coverage."

You can contact us at the numbers listed below or find the Evidence of Coverage on our website at <https://www.healthteamadvantage.com>.

To join a HealthTeam Advantage PPO Health 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, Forsyth, Guilford, Randolph and Rockingham.

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. But if you want to, you can also use providers that are not in our network.

For questions, you can contact the plan at 1-877-905-9216 (TTY:711) October 1 - March 31, 8 a.m. to 8 p.m. ET, 7 days a week or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday. You can also find more information on our website at <https://www.healthteamadvantage.com>. HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

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# Summary of Benefits

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What you should know
Monthly Plan Premium	\$0	\$60	You must continue to pay your Medicare Part B premium.
Deductible	\$0	\$0	These plans do not have a deductible for medical services.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p><b>In Network:</b> \$3,400 annually</p> <p><b>Out-of-Network:</b> \$5,100 annually</p>	<p><b>In Network:</b> \$3,100 annually</p> <p><b>Out-of-Network:</b> \$5,100 annually</p>	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage	<p><b>In Network:</b> \$295 copay per day for days 1 through 6</p> <p>\$0 copay per day for days 7 through 90</p> <p><b>Out-of-Network:</b> \$500 copay per day for days 1 through 6</p> <p>\$0 copay per day for days 7 through 90</p>	<p><b>In Network:</b> \$250 copay per day for day 1</p> <p>\$125 copay for days 2 through 6</p> <p>\$0 copay per day for days 7 through 90</p> <p><b>Out-of-Network:</b> \$500 copay per day for days 1 through 6</p> <p>\$0 copay per day for days 7 through 90</p>	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior Authorization may be required.



Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What you should know
<p>Outpatient Hospital Coverage</p> <ul style="list-style-type: none"> <li>Outpatient Hospital Facility</li> <li>Ambulatory Surgical Center</li> <li>Observation Services</li> </ul>	<p><b>In Network:</b></p> <p>\$225 copay</p> <p>\$175 copay per day</p> <p>\$225 copay</p> <p><b>Out-of-Network:</b></p> <p>\$300 copay</p> <p>\$225 copay per day</p> <p>\$300 copay</p>	<p><b>In Network:</b></p> <p>\$150 copay</p> <p>\$125 copay per day</p> <p>\$150 copay</p> <p><b>Out-of-Network:</b></p> <p>\$300 copay</p> <p>\$200 copay per day</p> <p>\$300 copay</p>	<p>Prior authorization may be required for some services. Please contact the plan for more information.</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> <li>Primary Care Physician (PCP)</li> </ul>	<p><b>In Network:</b></p> <p>Primary care physician visit: \$0 copay</p> <p><b>Out-of-Network:</b></p> <p>Primary care physician visit: \$50 copay</p>	<p><b>In Network:</b></p> <p>Primary care physician visit: \$0 copay</p> <p><b>Out-of-Network:</b></p> <p>Primary care physician visit: \$45 copay</p>	<p>Specialist copays can vary for specific specialists. Please contact the plan for more information.</p>
<ul style="list-style-type: none"> <li>Specialist</li> </ul>	<p><b>Specialist visit:</b></p> <p>\$20 copay</p> <p><b>Out-of-Network:</b></p> <p>Specialist visit: \$50 copay</p> <p><b>Specialist visit:</b></p> <p>\$50 copay</p>	<p><b>Specialist visit:</b></p> <p>\$15 copay</p> <p><b>Out-of-Network:</b></p> <p>Specialist visit: \$45 copay</p> <p><b>Specialist visit:</b></p> <p>\$50 copay</p>	
<p>Preventive Care (e.g., flu vaccine, diabetic screenings)</p>	<p><b>In Network:</b></p> <p>\$0 copay</p> <p><b>Out-of-Network:</b></p> <p>\$30 copay</p>	<p><b>In Network:</b></p> <p>\$0 copay</p> <p><b>Out-of-Network:</b></p> <p>\$30 copay</p>	<p>Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.</p>

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What you should know
Emergency Care	<p><b>In and Out-of-Network:</b></p> <p>\$120 copay</p>	<p><b>In and Out-of-Network:</b></p> <p>\$100 copay</p>	If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.
Urgently Needed Services	<p><b>In and Out-of-Network:</b></p> <p>\$30 copay</p>	<p><b>In and Out-of-Network:</b></p> <p>\$30 copay</p>	
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> <li>Diagnostic Radiology Services (such as MRIs, CT scans)</li> <li>Lab services at a lab facility at outpatient hospital facility <ul style="list-style-type: none"> <li>- at a lab facility</li> <li>- at outpatient hospital facility</li> </ul> </li> </ul>	<p><b>In Network:</b></p> <p>\$50-\$200 copay</p> <p><b>Out-of-Network:</b></p> <p>\$75-\$250 copay</p> <p><b>In Network:</b></p> <p>\$0 copay at a laboratory facility</p> <p>\$10 copay at an outpatient hospital facility</p> <p><b>Out-of-Network:</b></p> <p>\$10 copay at a laboratory facility</p> <p>\$25 copay at an outpatient hospital facility</p>	<p><b>In Network:</b></p> <p>\$50-\$175 copay</p> <p><b>Out-of-Network:</b></p> <p>\$75-\$200 copay</p> <p><b>In Network:</b></p> <p>\$0 copay at a laboratory facility</p> <p>\$10 copay at an outpatient hospital facility</p> <p><b>Out-of-Network:</b></p> <p>\$10 copay at a laboratory facility</p> <p>\$25 copay at an outpatient hospital facility</p>	Prior authorization may be required for some services. Please contact the plan for more information.
<p>Diagnostic Tests &amp; Procedures</p> <ul style="list-style-type: none"> <li>at a lab facility</li> <li>at outpatient hospital facility</li> </ul>	<p><b>In Network:</b></p> <p>\$0 copay at a laboratory facility</p> <p>\$5 copay at an outpatient hospital facility</p> <p><b>Out-of-Network:</b></p> <p>\$10 copay at a laboratory facility</p> <p>\$25 copay at an outpatient hospital facility</p>	<p><b>In Network:</b></p> <p>\$0 copay at a laboratory facility</p> <p>\$5 copay at an outpatient hospital facility</p> <p><b>Out-of-Network:</b></p> <p>\$10 copay at a laboratory facility</p> <p>\$25 copay at an outpatient hospital facility</p>	

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What you should know
<p>Outpatient X-Rays</p> <ul style="list-style-type: none"> <li>included with physician visit</li> <li>at outpatient facility</li> </ul>	<p><b>In Network:</b></p> <p>\$5 copay for x-ray services included with a physician visit</p> <p>\$5 copay for x-ray services at an outpatient facility</p> <p><b>Out-of-Network:</b></p> <p>\$10 copay for x-ray services included with a physician visit</p> <p>\$25 copay for x-ray services at an outpatient facility</p>	<p><b>In Network:</b></p> <p>\$0 copay for x-ray services included with a physician visit</p> <p>\$0 copay for x-ray services at an outpatient facility</p> <p><b>Out-of-Network:</b></p> <p>\$10 copay for x-ray services included with a physician visit</p> <p>\$25 copay for x-ray services at an outpatient facility</p>	
<p>Hearing Services</p> <ul style="list-style-type: none"> <li>Medicare Covered Diagnostic Hearing Exam</li> </ul>	<p><b>In Network:</b></p> <p>\$35 copay for a hearing exam</p> <p><b>Out-of-Network:</b></p> <p>\$45 copay for a hearing exam</p>	<p><b>In Network:</b></p> <p>\$25 copay for a hearing exam</p> <p><b>Out-of-Network:</b></p> <p>\$45 copay for a hearing exam</p>	1 per year
<ul style="list-style-type: none"> <li>Routine Hearing Exam</li> </ul>	<p><b>In Network:</b></p> <p>\$5 copay (one routine hearing exam per year)</p> <p><b>Out-of-Network:</b></p> <p>\$45 copay (one routine hearing exam per year)</p>	<p><b>In Network:</b></p> <p>\$0 copay (one routine hearing exam per year)</p> <p><b>Out-of-Network:</b></p> <p>\$45 copay (one routine hearing exam per year)</p>	
<ul style="list-style-type: none"> <li>Fitting &amp; Evaluation for Hearing Aid</li> </ul>	<p><b>In Network:</b></p> <p>\$0 copay</p> <p><b>Out-of-Network:</b></p> <p>\$45 copay</p>	<p><b>In Network:</b></p> <p>\$0 copay</p> <p><b>Out-of-Network:</b></p> <p>\$45 copay</p>	3 per year

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What you should know
<ul style="list-style-type: none"> <li>Hearing Aid</li> </ul>	<p><b>In Network:</b> \$499-\$699</p> <p><b>Out-of-Network:</b> \$499-\$699</p>	<p><b>In Network:</b> \$499-\$699</p> <p><b>Out-of-Network:</b> \$499-\$699</p>	<p>Up to two TruHearing-branded hearing aids every year (one per ear per year).</p> <p>A TruHearing provider must be used for in- and out-of-network hearing aid benefit.</p>

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What you should know
<p>Dental Services</p> <ul style="list-style-type: none"> <li>Preventive Oral Exam &amp; Cleaning</li> </ul>	<p><b>In Network:</b></p> <p>\$0 copay for a preventive dental exam and cleaning</p> <p><b>Out of Network:</b></p> <p>\$25 to \$50 copay for preventive dental services.</p> <p>Office Visit, D9430, 1 every 6 months.</p> <p>Periodic oral evaluation, D0120, 1 every 6 months.</p> <p>Limited oral evaluation, D0140, 1 every 6 months.</p> <p>Comprehensive oral evaluation, D0150, 1 every 3 years.</p> <p>Re-evaluation, limited, problem focused, D0170, 1 every 6 months.</p> <p>Dental cleanings, Prophylaxis, adult, D1110, every 6 months.</p>	<p><b>In Network:</b></p> <p>\$0 copay for a preventive dental exam and cleaning</p> <p><b>Out of Network:</b></p> <p>\$25 to \$50 copay for each preventive dental services.</p> <p>Office Visit, D9430, 1 every 6 months.</p> <p>Periodic oral evaluation, D0120, 1 every 6 months.</p> <p>Limited oral evaluation, D0140, 1 every 6 months.</p> <p>Comprehensive oral evaluation, D0150, 1 every 3 years.</p> <p>Re-evaluation, limited, problem focused, D0170, 1 every 6 months.</p> <p>Dental cleanings, Prophylaxis, adult, D1110, every 6 months.</p>	
<ul style="list-style-type: none"> <li>X-Rays</li> </ul>	<p>Intraoral, complete series of radiographic images, D0210, 1 every 3 years.</p> <p>Intraoral, periapical, first radiographic images, D0220, 2 every 12 months.</p> <p>Intraoral, periapical, first radiographic images, D0230, 2 every 12 months.</p> <p>Bitewing, single radiographic image, D0270, 4 every 12 months.</p>	<p>Intraoral, complete series of radiographic images, D0210, 1 every 3 years.</p> <p>Intraoral, periapical, first radiographic images, D0220, 2 every 12 months.</p> <p>Intraoral, periapical, first radiographic images, D0230, 2 every 12 months.</p> <p>Bitewing, single radiographic image, D0270, 4 every 12 months.</p>	

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What you should know
	<p>Bitewings, two radiographic images, D0272, 2 every 12 months.</p> <p>Bitewings, three radiographic images, D0273, 1 every 12 months.</p> <p>Bitewings, four radiographic images, D0274, 1 every 12 months.</p> <p>Panoramic image, D0330, 1 every 3 years.</p>	<p>Bitewings, two radiographic images, D0272, 2 every 12 months.</p> <p>Bitewings, three radiographic images, D0273, 1 every 12 months.</p> <p>Bitewings, four radiographic images, D0274, 1 every 12 months.</p> <p>Panoramic image, D0330, 1 every 3 years.</p>	
<ul style="list-style-type: none"> <li>Periodontics</li> </ul>	<p>\$25-\$50 copay for periodontics</p> <p>Periodontal scaling &amp; root planing, four or more teeth per quadrant, D4341, \$50, 4 quadrants every 2 years.</p> <p>Periodontal scaling &amp; root planing, one to three teeth per quadrant, D4342, \$25, 4 quadrants every 2 years.</p> <p>Full mouth debridement, D4355, \$25, 1 every 2 years.</p> <p>Annual \$500 maximum benefit.</p> <p><b>Out-of-Network:</b></p> <p>\$25 to \$50 copay for a preventive dental exam and cleaning</p> <p>\$50 copay for a Medicare-covered comprehensive dental services</p>	<p>\$25-\$50 copay for periodontics</p> <p>Periodontal scaling &amp; root planing, four or more teeth per quadrant, D4341, \$50, 4 quadrants every 2 years.</p> <p>Periodontal scaling &amp; root planing, one to three teeth per quadrant, D4342, \$25, 4 quadrants every 2 years.</p> <p>Full mouth debridement, D4355, \$25, 1 every 2 year</p> <p>Annual \$500 maximum benefit.</p> <p><b>Out-of-Network:</b></p> <p>\$25 to \$50 copay for a preventive dental exam and cleaning</p> <p>\$45 copay for a Medicare-covered comprehensive dental services</p>	

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What you should know
<p>Vision Services</p> <ul style="list-style-type: none"> <li>• Medicare-Covered Diagnostic Exam</li> <li>• Medicare-Covered Eye Wear</li> </ul>	<p><b>In-Network:</b></p> <p>\$35 copay</p> <p>\$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p> <p><b>Out-of-Network:</b></p> <p>\$50 copay</p> <p>\$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p>	<p><b>In-Network:</b></p> <p>\$25 copay</p> <p>\$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p> <p><b>Out-of-Network:</b></p> <p>\$45 copay</p> <p>\$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p>	<p>1 per year.</p> <p>Materials covered up to Medicare approved limits.</p>
<ul style="list-style-type: none"> <li>• Routine Eye Exam</li> </ul>	<p><b>In-Network:</b></p> <p>\$5 copay (One routine eye exam per year)</p> <p><b>Out-of-Network:</b></p> <p>\$30 copay (One routine eye exam per year)</p>	<p><b>In-Network:</b></p> <p>\$0 copay (One routine eye exam per year)</p> <p><b>Out-of-Network:</b></p> <p>\$30 copay (One routine eye exam per year)</p>	
<ul style="list-style-type: none"> <li>• Eyeglasses (lenses and frames)</li> <li>• Contact Lenses</li> <li>• Frame &amp; Lens Upgrade</li> </ul>	<p><b>In-Network:</b></p> <p>\$10 copay for eyeglasses</p> <p>\$10 copay for contact lenses</p> <p>\$50 copay for frame and lens upgrade</p> <p><b>Out-of-Network:</b></p> <p>Reimbursed up to \$50 for eyeglasses, contact lenses, and upgrades</p> <p>Lens upgrade: Member pays Coherent's rate.</p>	<p><b>In-Network:</b></p> <p>\$0 copay for eyeglasses</p> <p>\$0 copay for contact lenses</p> <p>\$50 copay for frame and lens upgrade</p> <p><b>Out-of-Network:</b></p> <p>Reimbursed up to \$50 for eyeglasses, contact lenses, and upgrades</p> <p>Lens upgrade: Member pays Coherent's rate.</p>	<p>1 pair of eyeglasses (lenses &amp; frame) with CR-39 clear plastic single vision, lined bi-focal (FT28) or lined tri-focal (FTx28) lenses. Total retail benefit limit of \$200 in eyewear value.</p> <p>1 pair of contact lenses per year.</p> <p>Frame upgrade: Member is responsible for retail price less 15%.</p>



Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What you should know
<p>Mental Health Services</p> <ul style="list-style-type: none"> <li>Inpatient Visit</li> </ul>	<p><b>In-Network:</b></p> <p>\$350 copay per day for days 1 through 5</p> <p>\$0 copay per day for days 6 through 90</p> <p><b>Out-of-Network:</b></p> <p>35% of the cost</p>	<p><b>In-Network:</b></p> <p>\$300 copay per day for days 1 through 5</p> <p>\$0 copay per day for days 6 through 90</p> <p><b>Out-of-Network:</b></p> <p>35% of the cost</p>	<p>Services require prior authorization.</p>
<ul style="list-style-type: none"> <li>Outpatient Individual Therapy Visit</li> </ul>	<p><b>In-Network:</b></p> <p>\$40 copay</p> <p><b>Out-of-Network:</b></p> <p>\$60 copay</p>	<p><b>In-Network:</b></p> <p>\$40 copay</p> <p><b>Out-of-Network:</b></p> <p>\$50 copay</p>	
<ul style="list-style-type: none"> <li>Outpatient Group Therapy Visit</li> </ul>	<p><b>In-Network:</b></p> <p>\$40 copay</p> <p><b>Out-of-Network:</b></p> <p>\$60 copay</p>	<p><b>In-Network:</b></p> <p>\$40 copay</p> <p><b>Out-of-Network:</b></p> <p>\$50 copay</p>	
<p>Skilled Nursing Facility</p>	<p><b>In-Network:</b></p> <p>\$20 copay per day for days 1 through 20</p> <p>\$160 copay per day for days 21 through 100</p> <p><b>Out-of-Network:</b></p> <p>\$40 copay per day for days 1 through 20</p> <p>\$160 copay per day for days 21 through 100</p>	<p><b>In-Network:</b></p> <p>\$10 copay per day for days 1 through 20</p> <p>\$160 copay per day for days 21 through 100</p> <p><b>Out-of-Network:</b></p> <p>\$50 copay per day for days 1 through 20</p> <p>\$160 copay per day for days 21 through 100</p>	<p>Our plan covers up to 100 days in a SNF. Services require prior authorization.</p>

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What you should know
Rehabilitation Services <ul style="list-style-type: none"> <li>Physical Therapy Visit</li> <li>Occupational Therapy Visit</li> <li>Speech &amp; Language Therapy Visit</li> </ul>	<b>In-Network:</b> \$15 copay  <b>Out-of-Network:</b> \$30 copay	<b>In-Network:</b> \$10 copay  <b>Out-of-Network:</b> \$30 copay	
Ambulance	<b>In-Network and Out-of-Network:</b>  \$225 copay for Medicare-covered ambulance benefits per one-way trip.  \$300 copay for Medicare-covered air ambulance benefits per one-way trip.	<b>In-Network and Out-of-Network:</b>  \$200 copay for Medicare-covered 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.
Transportation	Not covered.	Not covered.	
Medicare Part B Drugs	<b>In-Network:</b> 20% of the cost  <b>Out-of-Network:</b> 30% of the cost	<b>In-Network:</b> 20% of the cost  <b>Out-of-Network:</b> 30% of the cost	Prior authorization may be required.

Outpatient Prescription Drugs					
	HealthTeam Advantage Plan I (PPO)		HealthTeam Advantage Plan II (PPO)		What you should know
	Retail Rx 30-day supply	Mail Order 90-day supply	Retail Rx 30-day supply	Mail Order 90-day supply	
Phase 1: Initial Coverage (After you pay your deductible, if applicable)	\$5 copay	\$10 copay	\$0 copay	\$0 copay	Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit.
Tier 1: Preferred Generics					
Tier 2: Generics	\$15 copay	\$30 copay	\$12 copay	\$24 copay	
Tier 3: Preferred Brand	\$45 copay	\$90 copay	\$40 copay	\$80 copay	For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
Tier 4: Non-Preferred Brand	\$90 copay	\$180 copay	\$80 copay	\$160 copay	
Tier 5: Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	
Phase 2: Coverage Gap (After the total amount for the prescription drugs you have filled and refilled reaches \$3,820)	During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 37% of the price for generic drugs. Tier 1 generics are covered at \$0 copay. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$5,100.				
Phase 3: Catastrophic Coverage (After your out-of-pocket costs have reached the \$5,100 limit for the calendar year)	During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2019). Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount (either coinsurance for 5% of the cost of the drug, or \$3.40 for a generic drug or a drug that is treated like a generic and \$8.50 for all other drugs).				

Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What you should know
Home Health	<b>In-Network</b> \$0 copay <b>Out-of-Network</b> \$50 copay	<b>In-Network</b> \$0 copay <b>Out-of-Network</b> \$45 copay	
Foot Care (podiatry services) <ul style="list-style-type: none"> <li>• Foot exams and treatment</li> </ul>	<b>In-Network:</b> \$35 copay <b>Out-of-Network:</b> \$60 copay	<b>In-Network:</b> \$25 copay <b>Out-of-Network:</b> \$50 copay	
<ul style="list-style-type: none"> <li>• Routine foot care</li> </ul>	<b>In-Network:</b> Not covered. <b>Out-of-Network:</b> Not covered.	<b>In-Network:</b> Not covered. <b>Out-of-Network:</b> Not covered.	
Medical Equipment/Supplies  Durable Medical Equipment (e.g., wheelchairs, oxygen)	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 30% of the cost	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 30% of the cost	Services require prior authorization
Prosthetics (e.g., braces, artificial limbs)	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 30% of the cost	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 30% of the cost	Services require prior authorization
Diabetes Supplies	<b>In-Network:</b> \$0 copay <b>Out-of-Network:</b> 20% of the cost	<b>In-Network:</b> \$0 copay <b>Out-of-Network:</b> 20% of the cost	Limited to the following manufacturers: Freestyle, Precision, and One Touch.

Optional Supplemental Benefits-Dental Services Only

Premiums and Benefits	HealthTeam Advantage Plan I (PPO) HealthTeam Advantage Plan II (PPO)	What you should know
Monthly Premium	\$25	
Fillings	\$80 copay  Amalgam Filling - 1 surface (D2140)  Amalgam Filling - 2 surfaces (D2150)  Amalgam Filling - 3 surfaces (D2160)  Resin-Based Composite Filling Anterior - 1 surface (D2330)  Resin-Based Composite Filling Anterior - 2 surfaces (D2331)  Resin-Based Composite Filling Anterior - 3 surfaces (D2332)	Up to 4 total fillings per year.
Denture Adjustment	\$30 copay  (D5410/ D5411)	Adjustments are covered on new dentures for the first 3 months post-delivery
Dentures	\$650 copay  Complete denture, maxillary (D5110)  Complete denture, mandibular (D5120)  Immediate denture, maxillary (D5130)  Immediate denture, mandibular (D5140)  Maxillary partial denture, resin based (D5211)  Mandibular partial denture, resin based (D5212)  Maxillary partial denture, cast metal, resin based (D5213)  Mandibular partial denture, cast metal, resin based (D5214)	1 set of full or partial dentures every 5 years.

**Optional Supplemental Benefits-Dental Services Only**

Premiums and Benefits	HealthTeam Advantage Plan I (PPO) HealthTeam Advantage Plan II (PPO)	What you should know
Extractions	\$70 copay  \$90 copay  Erupted Tooth (D7140)  Surgical (D7210)	Up to 4 per year.
Crowns	\$350 copay  Porcelain Fused to Base Metal (D2751)  Porcelain Fused to Noble Metal (D2752)  Full Cast Base Metal (D2791)  Full Cast Noble Metal (D2792)	Total of 2 per year. Crowns have a 6 month waiting period.

If you want to know more about the coverage and costs of original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.

TTY users should call 1-877-486-2048. This document is available in other formats such as Braille, large print or other alternate formats.

You can see our plan’s provider directory at our website at [www.healthteamadvantage.com](http://www.healthteamadvantage.com). You can see our plan’s pharmacy directory at our website at [www.healthteamadvantage.com](http://www.healthteamadvantage.com).

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary

(list of Part D prescription drugs) and any restrictions on our website at [www.healthteamadvantage.com](http://www.healthteamadvantage.com).

HealthTeam Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call 1-877-905-9216 (TTY:711).

HealthTeam Advantage cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-877-905-9216 (TTY: 711).

HealthTeam Advantage 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-905-9216 (TTY: 711)

# Healthcare

## Concierge Service

Personal assistance from a HealthTeam Advantage Concierge.

**At HealthTeam Advantage, your Healthcare Concierge is your single point of contact and trusted partner committed to working with you throughout your entire healthcare experience.**

When you enroll in a HealthTeam Advantage PPO plan, you will have a personal Healthcare Concierge who will work closely with you each time you need assistance. As a member of HealthTeam Advantage, you are more than just a member – you are part of our family.

### **Your HealthTeam Advantage Healthcare Concierge can help:**

- **EXPLAIN HEALTH BENEFITS.** Your Healthcare Concierge will take the guesswork out of understanding your health plan coverage. Give them a call or send an email and they can answer questions you may have about your health plan benefits, services, pending claims, or account status.
- **FIND A HEALTHCARE PROVIDER.** Your Healthcare Concierge is available to help you access the healthcare you need. Your Healthcare Concierge can assist with locating providers within the HealthTeam Advantage network as well as assist you with scheduling an appointment.
- **VERIFY HEALTH PLAN COVERAGE AND ASSIST WITH CLAIMS AND BILLING PROCESS.** Navigating the healthcare system can sometimes be confusing. Your Healthcare Concierge can confirm your health plan coverage, verify status and assist you with the claims and billing process.

Your Healthcare Concierge's first priority is to make sure you are provided with excellent member service. Members will be able to contact their Personal Healthcare Concierge by phone, email, or video conference by appointment.

**HealthTeam Advantage - Not just caring for you, caring about you!**



# *Fitness*

# Benefit

The SilverSneakers<sup>®</sup> Exercise & Healthy Aging Program - is a way to help achieve your best health in mind, body and spirit.

**Whether you play tennis, swim laps or lift weights, SilverSneakers<sup>®</sup> has you covered. HealthTeam Advantage members have access to SilverSneakers<sup>®</sup> for FREE.**

With this benefit HealthTeamAdvantage members have FREE access to:

- trained instructors for support
- classes for all levels, designed to improve energy levels, strength, balance, flexibility and endurance
- participating locations nationwide
- online fitness and nutrition tips plus daily workout videos

SilverSneakers<sup>®</sup> can help you live a healthier, more active life. You have access to certified instructors who lead specially designed group exercise classes. At fitness locations\* nationwide you can take classes plus use exercise equipment and other amenities. In addition to SilverSneakers classes offered in fitness classrooms, more than 50 SilverSneakers FLEX<sup>®</sup> options are available in settings outside traditional fitness locations. SilverSneakers BOOM<sup>™</sup> classes, MIND, MUSCLE and MOVE, offer more intense workouts inside fitness locations. SilverSneakers also includes a support network and online resources such as daily exercise videos. All you need to get started is your personal SilverSneakers ID number. Go to [SilverSneakers.com](http://SilverSneakers.com) to learn more about the benefit, or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.

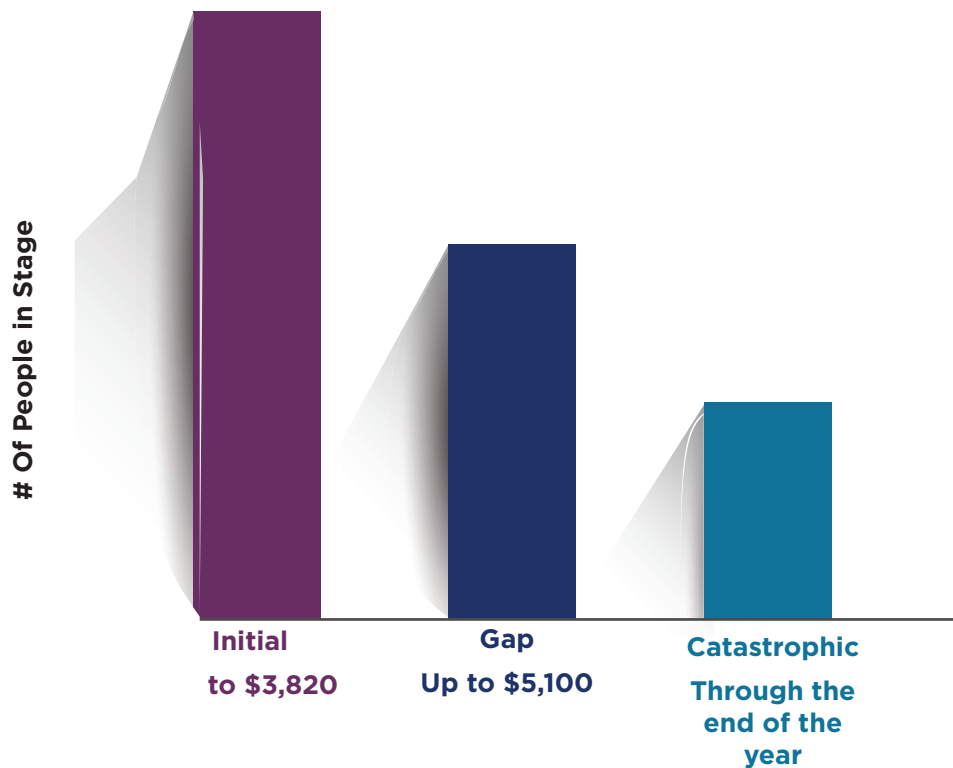
\*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

To find out more about the SilverSneakers Program, please go to **[www.SilverSneakers.com](http://www.SilverSneakers.com)** or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.

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# Understanding 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.

**The plan pays the rest until your total drug costs (paid by you and the plan) reach \$3,820.**

## Coverage Gap Stage

During this stage you pay 25% of the total cost for brand name drugs and 37% of the total cost for generic drugs.

**Once your out-of-pocket costs reach \$5,100, you move to catastrophic coverage.**

## Catastrophic Coverage Stage

In this stage you pay only a small copay or coinsurance for each filled prescription.

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

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## Dental Health:

# Included Benefits

### Dental Health Benefits Included with Every Plan

At HealthTeam Advantage, we believe your dental health can have a direct impact on your overall health and well-being, and may have an influence on the development of certain conditions, such as diabetes and heart disease.

HealthTeam Advantage now includes preventative dental services in all benefit offerings.

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
<b>Dental Services</b> <ul style="list-style-type: none"> <li>Preventive Oral Exam &amp; Cleaning</li> </ul>	<p><b>In Network:</b></p> <p>\$0 copay for a preventive dental exam and cleaning</p> <p><b>Out of Network:</b></p> <ul style="list-style-type: none"> <li>\$25 to \$50 copay for each preventive dental service.</li> </ul> <p><b>Services</b></p> <ul style="list-style-type: none"> <li>Office Visit, D9430, 1 every 6 months</li> <li>Periodic oral evaluation, D0120, 1 every 6 months.</li> <li>Limited oral evaluation, D0140, 1 every 6 months.</li> <li>Comprehensive oral evaluation, D0150, 1 every 3 years.</li> <li>Re-evaluation, limited, problem focused, D0170, 1 every 6 months</li> <li>Dental cleanings, Prophylaxis, adult, D1110, every 6 months.</li> </ul>	<p><b>In Network:</b></p> <p>\$0 copay for a preventive dental exam and cleaning</p> <p><b>Out of Network:</b></p> <ul style="list-style-type: none"> <li>\$25 to \$50 copay for each preventive dental service.</li> </ul> <p><b>Services</b></p> <ul style="list-style-type: none"> <li>Office Visit, D9430, 1 every 6 months.</li> <li>Periodic oral evaluation, D0120, 1 every 6 months.</li> <li>Limited oral evaluation, D0140, 1 every 6 months.</li> <li>Comprehensive oral evaluation, D0150, 1 every 3 years.</li> <li>Re-evaluation, limited, problem focused, D0170, 1 every 6 months.</li> <li>Dental cleanings, Prophylaxis, adult, D1110, every 6 months.</li> </ul>

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
<ul style="list-style-type: none"> <li>X-Rays</li> </ul>	<p>Intraoral, complete series of radiographic images, D0210, 1 every 3 years.</p> <p>Intraoral, periapical, first radiographic images, D0220, 2 every 12 months.</p> <p>Intraoral, periapical, first radiographic images, D0230, 2 every 12 months.</p> <p>Bitewing, single radiographic image, D0270, 4 every 12 months.</p> <p>Bitewings, two radiographic images, D0272, 2 every 12 months.</p> <p>Bitewings, three radiographic images, D0273, 1 every 12 months.</p> <p>Bitewings, four radiographic images, D0274, 1 every 12 months.</p> <p>Panoramic image, D0330, 1 every 3 years.</p>	<p>Intraoral, complete series of radiographic images, D0210, 1 every 3 years.</p> <p>Intraoral, periapical, first radiographic images, D0220, 2 every 12 months.</p> <p>Intraoral, periapical, first radiographic images, D0230, 2 every 12 months.</p> <p>Bitewing, single radiographic image, D0270, 4 every 12 months.</p> <p>Bitewings, two radiographic images, D0272, 2 every 12 months.</p> <p>Bitewings, three radiographic images, D0273, 1 every 12 months.</p> <p>Bitewings, four radiographic images, D0274, 1 every 12 months.</p> <p>Panoramic image, D0330, 1 every 3 years.</p>
<ul style="list-style-type: none"> <li>Periodontics</li> </ul>	<p>\$25-\$50 copay for periodontics</p> <p>Periodontal scaling &amp; root planing, four or more teeth per quadrant, D4341, \$50 per quadrant, 4 quadrants every 2 years.</p> <p>Periodontal scaling &amp; root planing, one to three teeth per quadrant, D4342, \$25 per quadrant, 4 quadrants every 2 years.</p> <p>Full mouth debridement, D4355, \$25 per quadrant, 1 every 2 years.</p> <p>Annual \$500 maximum benefit.</p>	<p>\$25-\$50 copay for periodontics</p> <p>Periodontal scaling &amp; root planing, four or more teeth per quadrant, D4341, \$50 per quadrant, 4 quadrants every 2 years.</p> <p>Periodontal scaling &amp; root planing, one to three teeth per quadrant, D4342, \$25 per quadrant, 4 quadrants every 2 years.</p> <p>Full mouth debridement, D4355, \$25 per quadrant, 1 every 2 years.</p> <p>Annual \$500 maximum benefit.</p>
	<p><b>Out-of-Network:</b></p> <p>\$25 to \$50 copay for a preventive dental exam and cleaning</p> <p>\$50 copay for a Medicare-covered comprehensive dental services</p>	<p><b>Out-of-Network:</b></p> <p>\$25 to \$50 copay for a preventive dental exam and cleaning</p> <p>\$45 copay for a Medicare-covered comprehensive dental services</p>

# Hearing Health: Included Benefits

HealthTeam Advantage offers hearing health services to all members.

Good hearing is important to your health. That’s why HealthTeam Advantage offers you a hearing aid benefit through TruHearing®. Hearing aids can be expensive—but your benefit makes addressing hearing loss more affordable with copayments of \$699 or less. To locate a participating TruHearing Provider, call 1-866-201-9886, or call your HCC.

## Hearing Services

	DESCRIPTION	LIMITATIONS	HEALTHTEAM ADVANTAGE	HEALTHTEAM ADVANTAGE
			PLAN I COPAY	PLAN II COPAY
A	Routine Hearing Exam In Network	One routine eye exam per year	\$5	\$0
	Routine Hearing Exam Out-of-Network		\$45	\$45
B	Medicare-Covered Diagnostic Hearing Exam In Network	One per year	\$35	\$25
	Medicare-Covered Diagnostic Hearing Exam Out-of-Network		\$45	\$45
C	Fitting & Evaluation for Hearing Aid In Network	Three per year	\$0	\$0
	Fitting & Evaluation for Hearing Aid Out-of-Network		\$45	\$45
D	Hearing Aid In Network	Up to two TruHearing branded hearing aids every year (one per ear per year)	\$499-\$699	\$499-\$699
	Hearing Aid Out-of-Network	A TruHearing provider must be used for in- and out-of-network hearing aid benefit.	\$499-\$699	\$499-\$699

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

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## *Eye Care:*

# Included Benefits

HealthTeam Advantage offers vision services to all members, regardless of plan.

Comprehensive eye exams allow your eye doctor to thoroughly analyze the health of your eye using a combination of tests. Many eye and vision conditions present no obvious symptoms, which is why regular comprehensive eye exams are so important. The earlier an eye disease or condition is diagnosed, the more effective treatment is likely to be to help maintain clear, healthy vision. HealthTeam Advantage strives to make many of these services accessible to members.

### Vision Exam Benefits

	DESCRIPTION	LIMITATIONS	HEALTHTEAM ADVANTAGE	HEALTHTEAM ADVANTAGE
			PLAN I COPAY	PLAN II COPAY
<b>A</b>	Routine Eye Exam In Network	One routine eye exam per year	\$5	\$0
	Routine Eye Exam Out-of-Network		\$30	\$30
<b>B</b>	Medicare-Covered Diagnostic Exam In Network	1 per year. Materials covered up to Medicare approved limits.	\$35	\$25
	Medicare-Covered Diagnostic Exam Out-of-Network		\$50	\$45
<b>C</b>	Medicare-Covered Eye Wear - In and Out-of-Network	\$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.	\$0	\$0

<b>D</b>	Eyeglasses (lenses and frames) In Network	1 pair of eyeglasses (lenses & frame) with CR-39 clear plastic single vision, lined bifocal (FT28) or lined trifocal (FT7x28) lenses.  Total Retail Benefit limit of \$200.00 in eyewear value.	\$10	\$0
<b>E</b>	Contact Lenses In-Network	1 pair of contact lenses per year	\$10	\$0
<b>F</b>	Frame & Lens Upgrade	Frame upgrade: Member is responsible for retail price less 15%.  Lens upgrade: Member pays Coherent's rate.	\$50	\$50
<b>G</b>	Eyeglasses (lenses and frames), Contact Lenses & Frame & Lens Upgrades Out-of-Network	Reimbursed up to \$50 for eyeglasses, contact lenses, and upgrades.		

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.



## Telehealth Service

# Included Benefit: MDLIVE

Avoid the wait. Your life is 24/7. Now your doctor is too.

Why use a Video Visit?

- Video Visit is an inexpensive alternative to the emergency room or urgent care center, the service is available to members at no additional charge.
- Video Visits are available after hours, nights, weekends and even holidays
- Your primary care physician is not always available or booked for weeks
- Prescriptions can be faster and more convenient (when appropriate)\*
- Getting medical care during business trips and vacations is easier and less stressful

Non-emergency conditions treated by MDLIVE:

• Acne	• Insect bites
• Allergies	• Nausea / Vomiting
• Cold / Flu	• Pink eye
• Constipation	• Rash
• Cough	• Respiratory problems
• Diarrhea	• Sore throats
• Ear problems	• Urinary problems / UTI*
• Fever*	• Vaginitis
• Headache	• And more

How it works

1. Sign-up and activate your account online at: <https://members.mdlive.com>
2. Choose a doctor from a large network of board-certified doctors
3. Resolve your issue - select the method of using the service (phone, video or app) and receive care when you need it

For additional support contact MDLIVE by phone at: 1-888-798-8062 TTY:1-800-770-5531  
24 hours a day, 7 days a week

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# *Specialist Copays:* **Details by Specialty**

## Visiting Your Specialist

Specialists are doctors who have advanced training and degrees in a specific branch of medicine, such as heart health or bone health. You may call them simply doctors, but most have extra expertise in one type of medicine or another. In fact, there are several hundred medical specialties and subspecialties.

You have found the specialist you want to see, but what will it cost? Most specialist visits will have a fixed copay of \$20, however some specialist will have a different copay with HealthTeam Advantage. Here are some of the most popular specialists, and what it will cost for an office visit.

Specialist	HealthTeam Advantage Plan I (PPO)		HealthTeam Advantage Plan II (PPO)	
	In Network	Out of Network	In Network	Out of Network
<b>Chiropractor</b>	\$15	\$30	\$10	\$30
<b>Podiatrists</b>	\$35	\$60	\$25	\$50
<b>Mental Health</b>	\$40	\$60	\$40	\$50

This is just a small list of the many specialists you can see. For more information on specialists and your copays, call your Healthcare Concierge at 1-888-965-1965.

## Dental Health: Comprehensive Rider

Comprehensive Dental Rider: Taking care of your health includes caring for your teeth, too.

At HealthTeam Advantage, we believe your dental health can have a direct impact on your overall health and well-being, and may have an influence on the development of certain conditions, such as diabetes and heart disease.

HealthTeam Advantage's Dental Comprehensive Rider helps meet most of your everyday dental needs. The rider covers additional services beyond the preventative dental services in what is included with HealthTeam Advantage plan membership, without the need for a referral or preauthorization. Members receive all of the services with only a \$25 additional monthly premium, when using our contracted network of dentists.

Please refer to the summary of benefits or the evidence of coverage for the details regarding preventative dental services which are included with all plan benefits, and includes: dental cleanings, oral exams, x-rays, Medicare-covered exams and periodontics.

### Fillings:

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
A	D2140	Amalgam Filling - one surface	Up to 4 total fillings per year	\$80
B	D2150	Amalgam Filling - two surfaces		
C	D2160	Amalgam Filling - three surfaces		
D	D2330	Resin-Based Composite - one surface, anterior		
E	D2331	Resin-Based Composite - two surfaces, anterior		
F	D2332	Resin-Based Composite - three surfaces, anterior		

### Crowns:

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
A	D2751	Crown - Porcelain Fused to Base Metal	Total of 2 per year. Crowns have a 6 month waiting period.	\$350
B	D2752	Crown - Porcelain Fused to Noble Metal		
C	D2791	Crown - Full Cast Base Metal		
D	D2792	Crown - Full Cast Noble Metal		

**Denture Adjustments:**

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
	D5410 or D5411	Denture Adjustment	Adjustments are covered on new dentures for the first 3 months post-delivery.	\$30

**Dentures:**

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
<b>A</b>	D5110	Complete denture, maxillary	1 set of full or partial dentures every 5 years.	\$650
<b>B</b>	D5120	Complete denture, mandibular		
<b>C</b>	D5130	Immediate denture, maxillary		
<b>D</b>	D5140	Immediate denture, mandibular		
<b>E</b>	D5211	Maxillary partial denture, resin based		
<b>F</b>	D5212	Mandibular partial denture, resin based		
<b>G</b>	D5213	Maxillary partial denture, cast metal, resin based		
<b>H</b>	D5214	Mandibular partial denture, cast metal, resin based		

**Extractions:**

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
<b>A</b>	D7140	Extraction, Erupted Tooth	Up to 4 per year	\$70
<b>B</b>	D7210	Extraction, Surgical		\$90

**OUT-OF-NETWORK BENEFIT**

Member reimbursed according to the current out-of-network fee schedule reimbursement rate. Member must submit bill showing paid in full to provider. For more information contact the plan.

This Additional Coverage is Available with HealthTeam Advantage's Comprehensive Dental Rider for more information please visit: [HealthTeam Advantage.com](http://HealthTeam Advantage.com)

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

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# *Non-Discrimination* **Notice**

HealthTeam Advantage complies with applicable federal civil rights laws and does not discriminate on the basis of 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 1-888-965-1965 (TTY: 711) October 1 - March 31, 8 a.m. to 8 p.m. ET, 7 days a week; April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

If you believe that HealthTeam Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: HealthTeam Advantage, Inc. Attn: Appeals and Grievances, 7800 McCloud Road, Suite 100, Greensboro, NC 27409, 1-888-965-1965, (TTY 711), or via fax at 1-800-845-4104. 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/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-965-1965 TTY: 711.

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-965-1965 ATS: 711.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur

Verfügung. Rufnummer: 1-888-965-1965 TTY: 711.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-965-1965 телетайп: 711.

Gujarati: સચના: જો તમે ગજરાતી બોલતા હો, તો નન:શલ્ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-965-1965 TTY711.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-965-1965 TTY711.

Chinese: 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-888-965-1965 TTY: 711。

Japanese: 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-888-965-1965 TTY: 711. まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-965-1965 TTY: 711 번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-965-1965 TTY: 711.

Hindi: ध्यान दःयदद आप ह दि बोलते है तो आपके दलए मफु त मे भाषा सहायता सेवाएं उपलब्ध है। 1-888-965-1965 TTY: 711 पर कॉल करे।

Laotian: ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານ ວ່າ ພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອແມ່ນ ນຳ ພ້ອມໃຫ້ ທ່ານ. ໂທ 1-888-965-1965 TTY: 711. ອດ້ານພາສາ, ໂດຍບໍ່ເສຍ ງຄ່າ າ,

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-965-1965 TTY: 711.

Cambodian: ប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, បេសវាជំនួយខុសនកភាសា បេសវាមិនគិតប្រាក់ គឺអាចមានសំណួរសួរអ្នក។ ចូរ ទូរស័ព្ទ 1-888-965-1965 TTY: 711។

(Arabic): 1-888-965-1965 ت ك ل ل ن ا ج م ل ا ب. ل ص ت ا م ق ر ب ة ظ و ح ل م: اذ ات ن ك ت د ح ت ت ر ك ذ ا ء غ ل ل ن ل ا ف ت ا م د خ ة د ع ا س م ل ا ة ي و غ ل ل ا ر ف ا و ت ت ك ل ل ن ا ج م ل ا ب. ل ص ت ا م ق ر ب ة ظ و ح ل م: اذ ات ن

1965 (711: TTY)

## CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA - H9808

### 2019 Medicare Star Ratings\*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2019, CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA received the following Overall Star Rating from Medicare.

★★★  
3 Stars

We received the following Summary Star Rating for CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA's health/drug plan services:

Health Plan Services: ★★★★★  
3.5 Stars

Drug Plan Services: ★★★★★  
3 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 1-888-965-1965 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Current members please call 1-888-965-1965 (toll-free) or 711 (TTY).

\*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

# HealthTeam Advantage Health Plan

## Contact Information

### Web Address

Visit HealthTeam Advantage at [www.healthteamadvantage.com](http://www.healthteamadvantage.com).

### Sales Information

Prospective members call toll-free 1-877-905-9216 for questions related to HealthTeam Advantage Medicare Advantage Plans October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

### Healthcare Concierge

Current HealthTeam Advantage members call your Healthcare Concierge toll-free at 1-888-965-1965 for questions related to your HealthTeam Advantage Medicare Advantage Plan, October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

### TTY Users

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

### Prescription Drug Benefit

Current HealthTeam Advantage members call toll-free 1-888-965-1965 for questions related to your HealthTeam Advantage Part D Prescription Drug Benefit. Prospective members call toll-free 1-877-905-9216 for questions related to the HealthTeam Advantage Part D Prescription Drug Benefit.

### Medicare Information

For more information about Medicare, call Medicare at 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week or visit <https://www.medicare.gov>.



[HealthTeamAdvantage.com](http://HealthTeamAdvantage.com)