

# Trusted Medicare Plan

Your local, doctor-directed Medicare Plan



2019

	HEALTHTEAM ADVANTAGE PLAN I (PPO)		HEALTHTEAM ADVANTAGE PLAN II (PPO)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>EYE CARE SERVICES</b>				
Routine Eye Exam	\$5 copay	\$30 copay	\$0 copay	\$30 copay
Eyeglasses (lenses and frames)	\$10 copay for eyeglasses \$10 copay for contact lenses \$50 copay for frame and lens upgrade	Reimbursed up to \$50 for eyeglasses, contact lenses, and upgrade	\$10 copay for eyeglasses \$10 copay for contact lenses \$50 copay for frame and lens upgrade	Reimbursed up to \$50 for eyeglasses, contact lenses, and upgrade
Total Retail Benefit Limit in Eyewear Value	\$200	\$200	\$200	\$200
<b>FITNESS COVERAGE</b>				
Wellness Programs (e.g., fitness) Access to SilverSneakers® network facilities	\$0 copay	\$30 copay	\$0 copay	\$30 copay
<b>PRESCRIPTION DRUG BENEFIT</b>				
	INITIAL COVERAGE PERIOD		INITIAL COVERAGE PERIOD	
In-Network Retail	Retail Rx 30-day supply	Mail Order 90-day supply	Retail Rx 30-day supply	Mail Order 90-day supply
Tier 1 - Preferred Generics	\$5 copay	\$10 copay	\$0 copay	\$0 copay
Tier 2 - Generics	\$15 copay	\$30 copay	\$12 copay	\$24 copay
Tier 3 - Preferred Brand	\$45 copay	\$90 copay	\$40 copay	\$80 copay
Tier 4 - Non-Preferred Drugs	\$90 copay	\$180 copay	\$80 copay	\$160 copay
Tier 5 - Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
<b>OPTIONAL SUPPLEMENTAL COVERAGE</b>				
<b>COMPREHENSIVE DENTAL RIDER</b>				
Monthly Premium	\$25		\$25	



## Plan Benefit Highlights

2019

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

Call toll-free  
1-877-905-9216 (TTY: 711)

HealthTeamAdvantage.com





## Choose a Medicare Advantage plan that's:

### Designed to save you money.

For as little as \$0 a month, our Medicare Advantage PPO plans include a \$0 primary care physician copay,\* dental coverage, hearing and vision coverage, and more.

### Managed by healthcare providers.

You trust your doctor to manage your health. So do we. That's why we work closely with your doctor to make sure you get the coverage and care you deserve.

### Backed by people who care.

Our plans feature your own personal Healthcare Concierge to help you understand your plan benefits and get the very most from your coverage.

## Find out how easy it is to choose a HealthTeam Advantage plan.

Call 1-877-905-9216 (TTY: 711) today.

**2019**

**MONTHLY PLAN PREMIUM**

**\$0**

**\$60**

**DEDUCTIBLE**

**\$0**

**\$0**

	HEALTHTEAM ADVANTAGE PLAN I (PPO)		HEALTHTEAM ADVANTAGE PLAN II (PPO)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>OUT-OF-POCKET MAXIMUM</b>	\$3,400	\$5,100	\$3,100	\$5,100
<b>DOCTOR OFFICE VISITS</b>				
Primary Care Physician (PCP)	\$0 copay	\$50 copay	\$0 copay	\$45 copay
Specialist Visits*	\$20 copay	\$50 copay	\$15 copay	\$50 copay
<b>ANNUAL PHYSICAL EXAM</b>	\$0 copay	\$30 copay	\$0 copay	\$30 copay
<b>INPATIENT HOSPITAL COVERAGE</b>	Days 1-6: \$295 copay per day Days 7-90: \$0 copay per day	Days 1-6: \$500 copay per day Days 7-90: \$0 copay per day	Day 1: \$250 copay per day Days 2-6: \$125 copay per day Days 7-90: \$0 copay per day	Days 1-6: \$500 copay per day Days 7-90: \$0 copay per day
<b>SKILLED NURSING FACILITY (SNF)</b>	Days 1-20: \$20 copay per day Days 21-100: \$160 copay per day	Days 1-20: \$40 copay per day Days 21-100: \$160 copay per day	Days 1-20: \$10 copay per day Days 21-100: \$160 copay per day	Days 1-20: \$50 copay per day Days 21-100: \$160 copay per day
<b>OUTPATIENT SERVICES</b>				
<b>WORLDWIDE EMERGENCY CARE</b>		\$120 copay		\$100 copay
<b>URGENTLY NEEDED SERVICES</b>		\$30 copay		\$30 copay
<b>OUTPATIENT HOSPITAL COVERAGE</b>				
Outpatient Hospital Facility	\$225 copay	\$300 copay	\$150 copay	\$300 copay
Ambulatory Surgical Center	\$175 copay per day	\$225 copay per day	\$125 copay per day	\$200 copay per day
Observation Services	\$225 copay	\$300 copay	\$150 copay	\$300 copay
<b>PHYSICAL/SPEECH LANGUAGE/OCCUPATIONAL THERAPY VISITS</b>	\$15 copay	\$30 copay	\$10 copay	\$30 copay
<b>HOME HEALTH SERVICES</b>	\$0 copay	\$50 copay	\$0 copay	\$45 copay
<b>AMBULANCE</b>	\$225 copay for Medicare-covered ambulance benefits per one-way trip. \$300 copay for Medicare-covered air ambulance benefits per one-way trip.		\$200 copay for Medicare-covered ambulance benefits per one-way trip. \$300 copay for Medicare-covered air ambulance benefits per one-way trip.	
<b>DIAGNOSTIC SERVICES/LABS/IMAGING</b>				
<b>DIAGNOSTIC RADIOLOGY SERVICE (E.G., MRIs, CT SCANS)</b>	\$50 - \$200 copay	\$75 - \$250 copay	\$50 - \$175 copay	\$75 - \$200 copay
<b>LAB SERVICES</b>				
at a lab facility	\$0 copay	\$10 copay	\$0 copay	\$10 copay
at outpatient hospital facility	\$10 copay	\$25 copay	\$10 copay	\$25 copay
<b>DIAGNOSTIC TESTS AND PROCEDURES</b>				
at a lab facility	\$0 copay	\$10 copay	\$0 copay	\$10 copay
at outpatient hospital facility	\$5 copay	\$25 copay	\$5 copay	\$25 copay
<b>OUTPATIENT X-RAYS</b>				
included with physician visit	\$5 copay	\$10 copay	\$0 copay	\$10 copay
at outpatient facility	\$5 copay	\$25 copay	\$0 copay	\$25 copay
<b>DENTAL SERVICES (LIMITS APPLY)**</b>				
Oral Exam & Cleaning	\$0 copay	\$25 - \$50 copay	\$0 copay	\$25 - \$50 copay
X-Rays	\$0 copay	\$25 copay	\$0 copay	\$25 copay
Periodontics	\$25 - \$50 copay	\$25 - \$50 copay	\$25 - \$50 copay	\$25 - \$50 copay
<b>HEARING SERVICES</b>				
Medicare-Covered Diagnostic Hearing Exam	\$35 copay	\$45 copay	\$25 copay	\$45 copay
Hearing Aid	\$499 - \$699	\$499 - \$699	\$499 - \$699	\$499 - \$699
Routine Hearing Exam	\$5 copay	\$45 copay	\$0 copay	\$45 copay



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 a language other than English, language assistance services, free of charge, are available to you. Call 1-877-905-9216 (TTY: 711). October 1 - March 31, 8 a.m. to 8 p.m., seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m., Monday through Friday.

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.

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

Out-of-network/non-contracted providers are under no obligation to treat HealthTeam Advantage members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

\*Specialist copays can vary for specific specialists. Please contact the plan for more information.

\*\*Comprehensive dental benefits are available with an additional premium.