2023 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, 2023 - December 31, 2023.

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 your Evidence of Coverage booklet. You can request a copy from your Healthcare Concierge or view it on the website at 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, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, 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 the plan 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 us online at 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.

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Monthly Plan Premium	$0	$75	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)*	**In-Network:** $3,200 annually **Out-of-Network:** $5,100 annually	**In-Network:** $3,000 annually **Out-of-Network:** $5,100 annually	The most you pay for copays, coinsurance, and other costs for medical services for the year.
Inpatient Hospital Coverage	**In-Network:** $295 copay per day for days 1 through 6 $0 copay per day for days 7 through 90 $0 copay for days 91 and beyond **Out-of-Network:** $650 copay per day for days 1 through 6 $0 copay per day for days 7 through 90 $0 copay for days 91 and beyond	**In-Network:** $200 copay per day for days 1 through 5 $0 copay per day for days 6 through 90 $0 copay for days 91 and beyond **Out-of-Network:** $500 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.

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Outpatient Hospital Coverage o Outpatient Hospital Facility o Observation Services	**In-Network:** $225 copay $225 copay per stay **Out-of-Network:** $300 copay $300 copay	**In-Network:** $200 copay $200 copay per stay **Out-of-Network:** $300 copay $300 copay	Prior authorization may be required for some services. Please contact the plan for more information.
Ambulatory Surgery Center	**In-Network:** $200 copay per day **Out-of-Network:** $250 copay per day	**In-Network:** $100 copay per day **Out-of-Network:** $200 copay per day	Prior authorization may be required for some services. Please contact the plan for more information.
Doctor Visits o Primary Care Provider (PCP) o Specialist	**In-Network:** Primary care provider visit: $0 copay Specialist visit: $25 copay **Out-of-Network:** Primary care provider visit: $50 copay Specialist visit: $75 copay	**In-Network:** Primary care provider visit: $0 copay Specialist visit: $15 copay **Out-of-Network:** Primary care provider visit: $30 copay Specialist visit: $50 copay	

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Preventive Care (e.g., flu vaccine, diabetic screenings)	**In-Network:** $0 copay **Out-of-Network:** $30 copay	**In-Network:** $0 copay **Out-of-Network:** $30 copay	Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at $0 cost.
Emergency Care	**In- and Out-of-Network:** $120 copay	**In- and Out-of-Network:** $90 copay	If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.
Urgently-needed Services	**In- and Out-of-Network:** $25 copay	**In- and Out-of-Network:** $15 copay If you are admitted to the hospital within 1 calendar day for the same condition, you do not have to pay your share coinsurance for urgent care.	

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Diagnostic Services/Labs/ Imaging ○ Diagnostic Radiology Services (such as MRIs, CT scans)	**In-Network:** $50 to $200 copay **Out-of-Network:** $75 to $250 copay	**In-Network:** $50 to $175 copay **Out-of-Network:** $75 to $200 copay	Prior authorization may be required for some services. Please contact the plan for more information.
○ Lab Services • at a lab facility • at an outpatient hospital facility	**In-Network:** $0 copay at a lab facility $10 copay at an outpatient hospital facility **Out-of-Network:** $10 copay at a lab facility $25 copay at an outpatient hospital facility	**In-Network:** $0 copay at a lab facility $10 copay at an outpatient hospital facility **Out-of-Network:** $10 copay at a lab facility $25 copay at an outpatient hospital facility	
○ Diagnostic Tests and Procedures • at a lab facility • at an outpatient hospital facility	**In-Network:** $0 copay at a lab facility $5 copay at an outpatient hospital facility **Out-of-Network:** $10 copay at a lab facility $25 copay at an outpatient hospital facility	**In-Network:** $0 copay at a lab facility $5 copay at an outpatient hospital facility **Out-of-Network:** $10 copay at a lab facility $25 copay at an outpatient hospital facility	

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Diagnostic Services/Labs/ Imaging (continued) o Outpatient X-rays • included with physician visit • at an outpatient facility	**In-Network:** $5 copay for X-ray services included with a physician visit $5 copay for X-ray services at an outpatient facility **Out-of-Network:** $10 copay for X-ray services included with a physician visit $25 copay for X-ray services at an outpatient facility	**In-Network:** $0 copay for X-ray services included with a physician visit $0 copay for X-ray services at an outpatient facility **Out-of-Network:** $10 copay for X-ray services included with a physician visit $25 copay for X-ray services at an outpatient facility	
Hearing Services o Medicare-covered Diagnostic Hearing Exam	**In-Network:** $30 copay for a hearing exam **Out-of-Network:** $45 copay for a hearing exam	**In-Network:** $20 copay for a hearing exam **Out-of-Network:** $45 copay for a hearing exam	1 per year
o Routine Assessment for Hearing Aids	**In-Network:** $45 copay **Out-of-Network:** Not covered	**In-Network:** $0 copay **Out-of-Network:** Not covered	1 per year A TruHearing provider must be used for routine hearing benefits.

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Hearing Services (continued) o Fitting and Evaluation for Hearing Aid	**In-Network:** $0 copay **Out-of-Network:** Not covered	**In-Network:** $0 copay **Out-of-Network:** Not covered	Unlimited visits A TruHearing provider must be used for routine hearing benefits.
o Hearing Aid	**In-Network:** $499-$799 per hearing aid Premium hearing aids are available in rechargeable style options for an additional $50 per aid. **Out-of-Network:** Not covered	**In-Network:** $499-$799 per hearing aid Premium hearing aids are available in rechargeable style options at no additional cost per aid. **Out-of-Network:** Not covered	Up to two TruHearing hearing aids every year (one per ear per year). A TruHearing provider must be used for hearing aid benefit.
Dental Services o Medicare-covered Dental Services	**In-Network:** $0 copay for each Medicare-covered dental service **Out-of-Network:** $0 copay for each Medicare-covered dental service	**In-Network:** $0 copay for each Medicare-covered dental service **Out-of-Network:** $0 copay for each Medicare-covered dental service	
o Non-Medicare-covered Routine Dental/Preventive Dental Services	**In- and Out-of-Network:** Preventive oral exams, cleanings, X-rays, and routine dental services are covered at no cost to you, up to $750 maximum annually.	**In- and Out-of-Network:** Preventive oral exams, cleanings, X-rays, and routine dental services are covered at no cost to you, up to $750 maximum annually.	Limits apply. For a complete list of covered services, please refer to your Evidence of Coverage.

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Dental Services (continued) o Non-Medicare-covered Comprehensive Dental Services	**In- and Out-of-Network:** Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics are covered at no cost to you, up to $3,000 maximum annually.	**In- and Out-of-Network:** Comprehensive dental services such as fillings, dentures, crowns, extractions, implants, and periodontics are covered at no cost to you, up to $3,000 maximum annually.	Limits apply. For a complete list of covered services, please refer to your Evidence of Coverage.
Vision Services o Medicare-covered Diagnostic Exam o Medicare-covered Eye Wear	**In-Network:** $0 copay $0 copay for Medicare-covered frames or contact lenses after cataract surgery with a maximum benefit amount not to exceed $100. **Out-of-Network:** $30 copay $50 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed $100.	**In-Network:** $0 copay $0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed $100. **Out-of-Network:** $30 copay $50 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed $100.	1 per year Materials covered up to Medicare-approved limits.
o Routine Eye Exam	**In-Network:** $0 copay **Out-of-Network:** $30 copay (one routine eye exam per year)	**In-Network:** $0 copay **Out-of-Network:** $30 copay (one routine eye exam per year)	Refraction included

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Vision Services (continued) o Eyeglasses (lenses and frames) o Contact Lenses	**In-Network:** Reimbursed up to $200 towards eye wear, including contact lenses. Single vision, lined bifocals, lined trifocals, and lenticular lenses are covered in full. **Out-of-Network:** Reimbursed up to $50 for 1 pair of eyeglasses or 1 pair of contact lenses every year.	**In-Network:** Reimbursed up to $200 towards eye wear, including contact lenses. Single vision, lined bifocals, lined trifocals, and lenticular lenses are covered in full. **Out-of-Network:** Reimbursed up to $50 for 1 pair of eyeglasses or 1 pair of contact lenses every year.	
Mental Health Services o Inpatient Visit	**In-Network:** $295 copay per day for days 1 through 6 $0 copay per day for days 7 through 90 **Out-of-Network:** 50% coinsurance	**In-Network:** $200 copay per day for days 1 through 5 $0 copay per day for days 6 through 90 **Out-of-Network:** 35% coinsurance	Services require prior authorization.
o Outpatient Individual Therapy Visit	**In-Network:** $25 copay **Out-of-Network:** $75 copay	**In-Network:** $15 copay **Out-of-Network:** $50 copay	

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Mental Health Services (continued) o Outpatient Group Therapy Visit	**In-Network:** $25 copay **Out-of-Network:** $75 copay	**In-Network:** $15 copay **Out-of-Network:** $50 copay	
Skilled Nursing Facility	**In-Network:** $0 copay per day for days 1 through 20 $184 copay per day for days 21 through 100 **Out-of-Network:** $50 copay per day for days 1 through 20 $184 copay per day for days 21 through 100	**In-Network:** $0 copay per day for days 1 through 20 $184 copay per day for days 21 through 100 **Out-of-Network:** $50 copay per day for days 1 through 20 $184 copay per day for days 21 through 100	Our plan covers up to 100 days in a SNF. Services require prior authorization.
Rehabilitation Services o Physical Therapy Visit o Speech and Language Therapy Visit	**In-Network:** $15 copay **Out-of-Network:** $75 copay	**In-Network:** $15 copay **Out-of-Network:** $50 copay	
o Occupational Therapy Visit	**In-Network:** $15 copay **Out-of-Network:** $30 copay	**In-Network:** $10 copay **Out-of-Network:** $30 copay	

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Ambulance	**In- and Out-of-Network:** $250 copay for Medicare-covered ambulance benefits per one-way trip. $300 copay for Medicare-covered air ambulance benefits per one-way trip.	**In- and Out-of-Network:** $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	**In-Network:** 20% coinsurance **Out-of-Network:** 50% coinsurance	**In-Network:** 20% coinsurance **Out-of-Network:** 30% coinsurance	Prior authorization may be required.

Outpatient Prescription Drugs			
	HealthTeam Advantage Plan I (PPO)	**HealthTeam Advantage Plan II (PPO)**	**What You Should Know**
Phase 1: Deductible	$0	$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.

	HealthTeam Advantage Plan I (PPO)		**HealthTeam Advantage Plan II (PPO)**		**What You Should Know**
Phase 2: Initial Coverage (After you pay your deductible, if applicable)	**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	Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. 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 2: Generics	$15 copay	$30 copay	$12 copay	$24 copay	
Tier 3: Preferred Brands	$45 copay	$90 copay	$40 copay	$80 copay	
Tier 4: Non-Preferred Drugs	$100 copay	$200 copay	$80 copay	$160 copay	
Tier 5: Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	

	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Phase 3: Coverage Gap (After the total amount for the prescription drugs you have filled and refilled reaches $4,660)	During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. Tier 1 generics are covered at a $5 copay or 25% of the cost, whichever is lower. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of $7,400.	During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. Tier 1 generics are covered at a $0 copay. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of $7,400.	
Phase 4: Catastrophic Coverage (After your out-of-pocket costs have reached the $7,400 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, 2023). 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 $4.15 for a generic drug or a drug that is treated like a generic and $10.35 for all other drugs).		

Benefits (continued)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Foot Care (podiatry services) o Foot Exams and Treatment	**In-Network:** $25 copay **Out-of-Network:** $75 copay	**In-Network:** $15 copay **Out-of-Network:** $50 copay	
Medical Equipment/Supplies o Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)	**In-Network:** 20% coinsurance **Out-of-Network:** 50% coinsurance	**In-Network:** 20% coinsurance **Out-of-Network:** 30% coinsurance	Services require prior authorization.
o Prosthetics (e.g. artificial limbs)	**In-Network:** 20% coinsurance **Out-of-Network:** 50% coinsurance	**In-Network:** 20% coinsurance **Out-of-Network:** 30% coinsurance	Services require prior authorization.

Benefits (continued)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Medical Equipment/Supplies (continued) o Diabetes Supplies	**In-Network:** $0 copay for preferred and 20% coinsurance for non-preferred **Out-of-Network:** 20% coinsurance	**In-Network:** $0 copay for preferred and 20% coinsurance for non-preferred **Out-of-Network:** 20% coinsurance	Diabetic Supplies and Services limited to those from the following manufacturers: - Blood Glucose Meter and testing supplies - One Touch - Continuous Glucose Monitor and supplies - FreeStyle Libre $0 coinsurance for preferred and 20% cost share for non-preferred. Authorization required for non-preferred. $0 copay for one pair of Medicare-covered therapeutic shoes and up to two pairs of inserts.
Wellness Programs Health Club Membership	**In-Network:** $0 copay	**In-Network:** $0 copay	You must choose from a SilverSneakers® participating facility.

Benefits (continued)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Custodial Care	**In-Network:** $0 copay **Out-of-Network:** $30 copay per hour	**In-Network:** $0 copay **Out-of-Network:** $30 copay per hour	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.
Telehealth Services	**In-Network:** $0 copay **Out-of-Network:** $0 copay	**In-Network:** $0 copay **Out-of-Network:** $0 copay	If you choose to receive services via telehealth, you must use a provider that currently offers the service via telehealth.

If you want to know more about the coverage and costs of original Medicare, review your current "Medicare & You" handbook. View it online at 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 access our Provider/Pharmacy Directory and the complete plan formulary (list of Part D prescription drugs) as well as any restrictions on our website, www.HealthTeamAdvantage.com. We cover Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).

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).