

Summary of Benefits

HealthTeam Advantage Eagle Plan (PPO) H9808-009



2024

Summary of Benefits

HealthTeam Advantage Eagle Plan (PPO)

This is a summary of health services covered by HealthTeam Advantage Eagle Plan (PPO).

January 1, 2024 - December 31, 2024.

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 Eagle (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, Orange, Randolph, Rockingham, Stokes, and Yadkin.

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

For more information, contact 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 Eagle Plan (PPO)
Monthly Plan Premium	<p>\$0</p> <p>You must continue to pay your Medicare Part B premium.</p>
Deductible	<p>\$0</p> <p>These plans do not have a deductible for medical services.</p>
Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>)	<p>In-Network: \$6250 annually Out-of-Network: \$9500 annually</p> <p>The most you pay for copays, coinsurance, and other costs for medical services for the year.</p>
Inpatient Hospital Coverage	
	<p>In-Network: \$300 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90 Out-of-Network: 40% coinsurance</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.</p>
Outpatient Hospital Coverage	
<ul style="list-style-type: none"> • Outpatient Hospital Facility 	<p>In-Network: \$250 copay Out-of-Network: 40% coinsurance</p> <p>Prior authorization may be required for some services. Please contact the plan for more information.</p>

Premiums and Benefits **HealthTeam Advantage Eagle Plan (PPO)**

Ambulatory Surgical Center

In-Network: \$150 copay per day
Out-of-Network: 40% coinsurance
 Prior authorization may be required for some services. Please contact the plan for more information.

Doctor Visits

- Primary Care Provider (PCP) **In-Network: \$0** copay
Out-of-Network: \$50 copay
- Specialist **In-Network: \$30** copay
Out-of-Network: \$75 copay

Preventive Care (e.g., flu vaccine, diabetic screenings)

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

Premiums and Benefits (continued) HealthTeam Advantage Eagle Plan (PPO)

Urgently-needed Services

In- and Out-of-Network: \$35 copay

Diagnostic Services/Labs/Imaging

- Diagnostic Radiology Services (such as MRIs, CT scans) **In-Network: \$0 to \$200** copay
Out-of-Network: 40% coinsurance
 - Lab Services at a lab facility **In-Network: \$0** copay at a lab facility
Out-of-Network: 40% coinsurance
 - Lab Services at an outpatient hospital facility **In-Network: \$10** copay at an outpatient hospital facility
Out-of-Network: 40% coinsurance
 - Diagnostic Tests and Procedures at a lab facility **In-Network: \$0** copay at a lab facility
Out-of-Network: 40% coinsurance
 - Diagnostic Tests and Procedures at an outpatient hospital facility **In-Network: \$5** copay at an outpatient hospital facility
Out-of-Network: 40% coinsurance
- Prior authorization may be required for some services. Please contact the plan for more information.
- Outpatient X-rays included with physician visit **In-Network: \$10** copay for X-ray services included with a physician visit
Out-of-Network: 40% coinsurance
 - Outpatient X-rays at an outpatient facility **In-Network: \$10** copay for X-ray services at an outpatient facility
Out-of-Network: 40% coinsurance

Hearing Services

In-Network and Out-of-Network:
Flexible spending allowance of **\$1,000** to use toward dental, vision and hearing expenses.

Dental Services

In- and Out-of-Network:
Flexible spending allowance of **\$1,000** to use toward dental, vision and hearing expenses.

Vision Services

In- and Out-of-Network:
Flexible spending allowance of **\$1,000** to use toward dental, vision and hearing expenses.

Premiums and Benefits (continued) HealthTeam Advantage Eagle Plan (PPO)

Mental Health Services

Inpatient Visit
In-Network:
\$300 copay per day for days 1 through 5
\$0 copay per day for days 6 through 90
Out-of-Network: 40% coinsurance
 Services require prior authorization.

Outpatient Individual Therapy Visit **In-Network: \$30** copay
Out-of-Network: \$75 copay

Outpatient Group Therapy Visit **In-Network: \$0** copay
Out-of-Network: \$75 copay

Skilled Nursing Facility

In-Network:
\$0 copay per day for days 1 through 20
\$203 copay per day for days 21 through 100
Out-of-Network:
 40% coinsurance
 Our plan covers up to 100 days in a SNF.
 Services require prior authorization.

Rehabilitation Services

- Physical Therapy Visit **In-Network: \$30** copay
Out-of-Network: 40% coinsurance
- Speech and Language Therapy Visit **In-Network: \$30** copay
Out-of-Network: 40% coinsurance
- Occupational Therapy Visit **In-Network: \$30** copay
Out-of-Network: 40% coinsurance

Ambulance

In- and Out-of-Network:
\$300 copay for Medicare-covered ambulance benefits per one-way trip.
 20% coinsurance copay for Medicare-covered air ambulance benefits per one-way trip.
 Prior authorization required for non-emergency transportation.

Premiums and Benefits (continued) HealthTeam Advantage Eagle Plan (PPO)

Transportation

\$0 copay for 24 one-way trips per year to or from approved health-related locations provided by the SafeRide service provider. Limited up to a 50 miles maximum per one-way trip.

Medicare Part B Drugs

In-Network: 20% coinsurance
Out-of-Network: 40% coinsurance
 Prior authorization may be required.

Over-the-Counter (OTC) Items

\$125/Quarter
 Allowance per quarter for OTC items.
 Any unused portion can be carried forward to the next quarter.
 All funds must be used by 12/31/24.

Foot Care (podiatry services)

- Foot Exams and Treatment **In-Network: \$30** copay
Out-of-Network: 40% coinsurance

Medical Equipment/Supplies

- Durable Medical Equipment (e.g., wheelchairs, oxygen, braces) **In-Network:** 20% coinsurance
Out-of-Network: 40% coinsurance
 Services require prior authorization.

- Prosthetics (e.g., artificial limbs) **In-Network:** 20% coinsurance
Out-of-Network: 40% coinsurance
 Services require prior authorization.

- Diabetes Supplies **In-Network:**
\$0 copay for preferred and 20% coinsurance for non-preferred
Out-of-Network: 40% 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.

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

Wellness Programs Health Club Membership

In-Network: \$0 copay

You must choose from a SilverSneakers® participating facility.

Memory Fitness

\$0 copay

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

Custodial Care

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.

In-Home Support/Companion Services

In-Network: \$0

Up to 30 hours per year with Papa Pal companionship services.

No coverage for companionship services when not administered by Papa.

Telehealth Services

In-Network: \$0 copay

Out-of-Network: \$0 copay per hour

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). 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)

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 Ave, Suite 121
Greensboro, North Carolina, 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.

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Non-Discrimination Notice

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 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 मफू त मे भाषा सहायता सेवाएं उपलब्ध है । 1-888-965-1965 TTY: 711 पर कॉल करे।

Laotian: ໂປດຊາບ: ຖ້າ ຈົ່ ຈ ທ່ ຈນເວັ ຈພາສາ ລາວ, ການບໍລິການຊ່ ອອສໂຕມ່ ນມີ ພັ ອມໃຫ້ ທ່ ຈນ. ໂທ 1-888-965-1965 TTY: 711. ອດ້ ຈນພາສາ, ໂດຍບໍ່ເສັ ງຄ່ ຈ,

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, ប្រសិនបើអ្នកនិយាយភាសា ប្រយោជន៍គឺតុល្យស្តូល គឺអាចមានសេវាបំប្រែភាសា។ ចូរ ទូរស័ព្ទ 1-888-965-1965 TTY: 711។

(Arabic):
ك ت دحت ت ركذا، غ ل ل ن إ ف ت ام دخ ة دع اس م ل ا ة ي و غ ل ل ا ر ف ا و ت ت ك ل ن ا ج م ل ا ب. ل ص ت ا م ق ر ب
ن ا ذ ا ت ن
1-888-965-1965 (711: TTY) و ح ل م: ا ذ ا ت ن



CONTACT INFORMATION



Online

Visit [HTANC.com](https://www.htanc.com).



Address

300 East Wendover Ave, Suite 121
Greensboro, North Carolina, 27401

Sales



Prospective members call toll-free 877-905-9216 for questions related to our Medicare Advantage Plans.

October 1-March 31, 8 a.m. to 8 p.m. ET, seven days a week.

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 our Medicare Advantage Plans.



Prescription Drug Benefit

Prospective members call toll-free 877-905-9216 for questions related to our Part D Prescription Drug Benefit.



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](https://www.Medicare.gov).



Connect with us on Facebook and YouTube



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