

# Benefits at a Glance



## Monthly Plan Premium

**Deductible** (Medical & Prescription)

## Out-of-Pocket Maximum

### Doctor Visits

Primary Care Provider (PCP)

Specialist

### Annual Physical Exam

## Inpatient Hospital Coverage

## Skilled Nursing Facility (SNF)

### Outpatient Services

### Emergency Care

## Urgently-Needed Services

## Ambulance

### Ambulatory Surgical Center

### Outpatient Hospital Coverage

Outpatient Hospital Facility

Observation Services

### Physical/Speech Language/ Occupational Therapy Visits

## Home Health Services

### Outpatient X-Rays

included with physician visit  
at outpatient facility

HealthTeam Advantage Plan I (PPO)		HealthTeam Advantage Plan II (PPO)	
<b>\$0</b>		<b>\$75</b>	
<b>\$0</b>		<b>\$0</b>	
In-Network	Out-of-Network	In-Network	Out-of-Network
\$3,450	\$5,150	\$3,200	\$5,150
\$0 copay	\$50 copay	\$0 copay	\$30 copay
\$30 copay	\$75 copay	\$20 copay	\$50 copay
\$0 copay	\$30 copay	\$0 copay	\$30 copay
Days 1-6: \$325 copay/day Days 7-90: \$0 copay/day Day 91 & beyond: \$0 copay/day	Days 1-6: \$650 copay/day Days 7-90: \$0 copay/day Day 91 & beyond: \$0 copay/day	Days 1-5: \$250 copay/day Days 6-90: \$0 copay/day Day 91 & beyond: \$0 copay/day	Days 1-6: \$500 copay/day Days 7-90: \$0 copay/day Day 91 & beyond: \$0 copay/day
Days 1-20: \$0 copay/day Days 21-100: \$184 copay/day	Days 1-20: \$50 copay/day Days 21-100: \$184 copay/day	Days 1-20: \$0 copay/day Days 21-100: \$184 copay/day	Days 1-20: \$50 copay/day Days 21-100: \$184 copay/day
\$120 copay		\$90 copay	
\$30 copay		\$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 of the cost for urgent care.	
\$250 copay for Medicare-covered ambulance benefits/one-way trip. \$300 copay for Medicare-covered air ambulance benefits/one-way trip.		\$200 copay for Medicare-covered ambulance benefits/one-way trip. \$300 copay for Medicare-covered air ambulance benefits/one-way trip.	
\$200 copay/day	\$250 copay/day	\$100 copay/day	\$200 copay/day
\$225 copay	\$300 copay	\$200 copay	\$300 copay
\$225 copay/stay	\$300 copay	\$200 copay/stay	\$300 copay
\$30 copay	\$75 copay	\$20 copay	\$50 copay
\$0 copay	\$50 copay	\$0 copay	\$50 copay
\$5 copay	\$10 copay	\$0 copay	\$10 copay
\$5 copay	\$25 copay	\$0 copay	\$25 copay



**Diagnostic Services/Labs/Imaging**

**Diagnostic Radiology Services (such as MRIs, CT scans)**

**Lab Services**

at a lab facility

at outpatient hospital facility

**Diagnostic Tests and Procedures**

at a lab facility

at outpatient hospital facility

**Hearing Services**

Medicare-Covered Diagnostic Hearing Exam

Hearing Aid

Routine Assessment for Hearing Aids

Fitting and Evaluation for Hearing Aid

**Additional Benefits**

SilverSneakers

Telehealth Visits

24-Hour Nurse Advice Line

**Prescription Drug Benefit**

**In-Network Retail**

(After you pay your deductible, if applicable)

Tier 1 - Preferred Generics

Tier 2 - Generics

Tier 3 - Preferred Brand

Tier 4 - Non-Preferred Drugs

Tier 5 - Specialty Drugs

**Optional Supplemental Coverage**

**Comprehensive Dental Rider**

Monthly Premium

HealthTeam Advantage Plan I (PPO)		HealthTeam Advantage Plan II (PPO)	
In-Network	Out-of-Network	In-Network	Out-of-Network
\$50-\$200 copay	\$75-\$250 copay	\$50-\$175 copay	\$75-\$200 copay
\$0 copay	\$10 copay	\$0 copay	\$10 copay
\$10 copay	\$25 copay	\$10 copay	\$25 copay
\$0 copay	\$10 copay	\$0 copay	\$10 copay
\$5 copay	\$25 copay	\$5 copay	\$25 copay
\$30 copay	\$45 copay	\$20 copay	\$45 copay
\$499-\$799 (per aid) Premium hearing aids are available in rechargeable style options at \$50 additional cost per aid.	Not Covered	\$499-\$799 (per aid) Premium hearing aids are available in rechargeable style options at no additional cost per aid.	Not Covered
\$45 copay	Not Covered	\$0 copay	Not Covered
\$0 copay	Not Covered	\$0 copay	Not Covered
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	N/A	\$0 copay	N/A
Initial Coverage Period		Initial Coverage Period	
Retail Rx 30-day supply	Mail Order 90-day supply	Retail Rx 30-day supply	Mail Order 90-day supply
\$5 copay	\$10 copay	\$0 copay	\$0 copay
\$15 copay	\$30 copay	\$12 copay	\$24 copay
\$45 copay	\$90 copay	\$40 copay	\$80 copay
\$100 copay	\$200 copay	\$80 copay	\$160 copay
33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
\$25		\$25	

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