

# Benefits at a Glance

<b>2022 HealthTeam Advantage Diabetes &amp; Heart Care (HMO CSNP)</b>	
<b>Monthly Plan Premium</b>	<b>\$0</b>
<b>Deductible</b> (Medical & Prescription)	<b>\$0</b>
<b>Out-of-Pocket Maximum</b>	\$5,000
<b>Doctor Office Visits</b>	
Primary Care Provider, Cardiologist, Endocrinologist, Podiatrist, Mental Health Provider	\$0 copay
Other Specialist Visits*	\$20 copay
<b>Annual Physical Exam</b>	\$0 copay
<b>Inpatient Hospital Coverage</b>	Days 1-6: \$225 copay/day Days 7-90: \$0 copay/day
<b>Skilled Nursing Facility (SNF)</b>	Days 1-20: \$0 copay/day Days 21-100: \$184 copay/day
<b>Outpatient Services</b>	
<b>Emergency Care</b>	\$90 copay
<b>Urgently-Needed Services</b>	\$25 copay
<b>Ambulance</b>	\$300 copay for Medicare-covered ambulance benefits/one-way trip. \$300 copay for Medicare-covered air ambulance benefits/one-way trip.
<b>Outpatient hospital coverage</b>	
Outpatient Hospital Facility	\$225 copay
Ambulatory Surgical Center	\$225 copay/day
Observation Services	\$225 copay
<b>Physical/Speech Language/ Occupational Therapy Visits</b>	\$20 copay
<b>Home Health Services</b>	\$0 copay
<b>Diagnostic Services/Labs/Imaging</b>	
<b>Diagnostic Radiology Service (E.G., MRIs, CT SCANS)</b>	\$50-\$175 copay
<b>Lab Services</b>	
at a lab facility	\$0 copay
at outpatient hospital facility	\$10 copay
<b>Diagnostic Tests and Procedures</b>	
at a lab facility	\$0 copay
at outpatient hospital facility	\$10 copay
<b>Outpatient X-Rays</b>	
included with physician visit	\$10 copay
at outpatient facility	\$10 copay
<b>Dental Services (Limits Apply)**</b>	
Oral Exam & Cleaning	\$10 copay
X-Rays	\$10 copay

## 2022 HealthTeam Advantage Diabetes & Heart Care (HMO CSNP)

Hearing Services		
Medicare-Covered Diagnostic Hearing Exam	\$20 copay	
Hearing Aid	\$499-\$799 (per aid)	
Routine Hearing Exam (one per year)	\$45 copay	
Vision Services		
Routine Eye Exam	\$0 copay	
Total Retail Benefit Limit in Eyewear Value	\$100	
Additional Benefits		
SilverSneakers®	\$0 copay	
Telehealth Visits	\$0 copay	
24-Hour Nurse Advice Line	\$0 copay	
Prescription Drug Benefit		Initial Coverage Period
<b>Rx Deductible</b>	Tiers 4 & 5 only: \$95	
<b>In-Network Retail</b>	Retail Rx 30-day supply	Mail Order 90-day supply
Tier 1 - Preferred Generics	\$0 copay	\$0 copay
Tier 2 - Generics	\$15 copay	\$30 copay
Tier 3 - Preferred Brand	\$45 copay	\$90 copay
Tier 4 - Non-Preferred Drugs	\$100 copay	\$200 copay
Tier 5 - Specialty Drugs	31% coinsurance	31% coinsurance
Tier 6 - Select Care Drugs•••	\$0 copay	\$0 copay
Optional Supplemental Coverage		
<b>Comprehensive Dental Rider</b>		
Monthly Premium	\$25	

\*Specialist copays can vary. Contact the plan for more information.

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

•••Includes Select Insulins

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.