

2024 Benefits at a Glance

HealthTeam Advantage Plan I (PPO)
H9808-004

HealthTeam Advantage Plan II (PPO)
H9808-005

	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Monthly Plan Premium	\$0	\$50
Deductible (Medical & Prescription)	\$0	\$0
	In-Network	In-Network
Out-of-Pocket Maximum	\$3,200	\$3,000
Doctor Visits		
Primary Care Provider (PCP)	\$0 copay	\$0 copay
Specialist	\$20 copay	\$10 copay
Inpatient Hospital Coverage	Days 1-6: \$295 copay/day Days 7-90: \$0 copay/day Day 91 & beyond: \$0 copay/day	Days 1-5: \$200 copay/day Days 6-90: \$0 copay/day Day 91 & beyond: \$0 copay/day
Outpatient Services		
Emergency Care	\$135 copay	\$110 copay
Urgently-Needed Services	\$20 copay	\$10 copay
Ambulance	\$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.
Ambulatory Surgical Center	\$200 copay/day	\$100 copay/day
Physical/Speech Language/ Occupational Therapy Visits	\$15 copay	\$10 copay
Home Health Services/Custodial Care	\$0 copay	\$0 copay
Outpatient X-Rays	\$5 copay	\$0 copay



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.

	HealthTeam Advantage Plan I (PPO)				HealthTeam Advantage Plan II (PPO)			
	In-Network				In-Network			
Diagnostic Services/Labs/Imaging								
Diagnostic Radiology Services (such as MRIs, CT scans)	\$0-\$200 copay				\$0-\$175 copay			
Lab Services / Diagnostic Test & Procedures	\$0-\$75 copay				\$0-\$75 copay			
Additional Benefits								
Hearing Aids	\$299-\$799 (per aid)				\$299-\$799 (per aid)			
Dental Services	\$3,000 allowance with annual deductible of \$50 for Comprehensive Services to include Basic and Major Services				\$3,000 allowance with annual deductible of \$50 for Comprehensive Services to include Basic and Major Services			
Vision Services	\$200 retail benefit for eyewear				\$200 retail benefit for eyewear			
SilverSneakers®	\$0 copay				\$0 copay			
Prescription Drug Benefit	Initial Coverage Period				Initial Coverage Period			
In-Network Retail (After you pay your deductible, if applicable)	Preferred Pharmacies or Mail Order		Other Retail Pharmacies or Mail Order		Preferred Pharmacies or Mail Order		Other Retail Pharmacies or Mail Order	
	30-day supply	100-day supply	30-day supply	100-day supply	30-day supply	100-day supply	30-day supply	100-day supply
Tier 1 - Preferred Generics	\$0 copay	\$0 copay	\$5 copay	\$10 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 - Generics	\$5 copay	\$10 copay	\$15 copay	\$30 copay	\$0 copay	\$0 copay	\$12 copay	\$24 copay
Tier 3 - Preferred Brands	\$47 copay	\$94 copay	\$47 copay	\$94 copay	\$47 copay	\$94 copay	\$47 copay	\$94 copay
Tier 4 - Non-Preferred Drugs	\$100 copay	\$200 copay	\$100 copay	\$200 copay	\$100 copay	\$200 copay	\$100 copay	\$200 copay
Tier 5 - Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

Let us help you find a plan that fits your needs.
Call toll-free 877-905-9216 (TTY: 711).

8am-8pm | April 1-Sept. 30, Monday-Friday | Oct. 1-March 31, 7 Days a Week



MEDICARE ADVANTAGE PLANS