

2024 Benefits at a Glance

HealthTeam Advantage Cardinal Plan (HMO) H2624-004





Our Benefits

Our HMO plans cover everything Medicare Parts A and B cover plus all the other things you need, such as prescriptions, dental, vision, hearing, and fitness.

Our Cardinal plan features:

- \$0 monthly premium
- \$0 copays for in-network primary care providers and specialists
- \$0 deductibles for medical and prescriptions
- \$1,100 Flexible Spending allowance for Dental, Vision, or Hearing costs
- Quarterly Over-The-Counter (OTC) allowance
- Fitness benefits
- 24-hour nurse advice line
- Custodial care

Our unwavering commitment is to provide Medicare Advantage plans with benefits that are affordable for everyone. HealthTeam Advantage is a smart, sensible choice for North Carolinians like you.



HealthTeam Advantage Cardinal (HMO)					
Monthly Plan Premium	\$0				
Deductible (Medical & Prescription)	\$0				
Out-of-Pocket Maximum	\$2,900				
Doctor Office Visits					
Primary Care Provider (PCP)	\$0 copay				
Specialist	\$0 copay				
Inpatient Hospital Coverage	Days 1-5: \$200 copay/day Days 6-90: \$0 copay/day				
Outpatient Services					
Emergency Care	\$100 copay				
Urgently-Needed Services	\$10 copay				
Ambulance	\$200 copay for Medicare-covered ambulance benefits/one-way trip.\$300 copay for Medicare-covered air ambulance benefits/one-way trip.				
Outpatient Hospital Coverage					
Ambulatory Surgical Center	\$150 copay/day				
Physical/Speech Language/ Occupational Therapy Visits	\$0 copay				
Home Health Services	\$0 copay				
Diagnostic Services/Labs/Imaging					
Diagnostic Radiology Service (e.g., MRIs, CT Scans)	\$50-\$175 copay				
Lab Services/X-Rays/Diagnostic Tests & Procedures	\$0-\$50 copay				

^{*} Specialist copays can vary. Contact the plan for more information.

HealthTeam Advantage Cardinal Plan (HMO)						
Dental, Vision and Hearing	Flexible	Flexible spending allowance of \$1,100 to use toward dental, vision and hearing expenses.				
24-Hour Nurse Advice Line		\$0 copay				
Over the Counter (OTC) Benefit		\$175 per quarter				
SilverSneakers®		\$0 copay				
Memory Fitness		\$0 copay				
Custodial Care		\$0 copay				
In-Home Support/ Companion Services		\$0 copay				
Prescription Drug Benefit		Initial Coverage Period				
In-Network Retail		Preferred Pharmacies & Mail Order		Other Pharmacies & Mail Order		
	30-day supply	100-day supply	30-day supply	100-day supply		
Tier 1 - Preferred Generics	\$0 copay	\$0 copay	\$10 copay	\$20 copay		
Tier 2 - Generics	\$5 copay	\$10 copay	\$20 copay	\$40 copay		
Tier 3 - Preferred Brands	\$47 copay	\$94 copay	\$47 copay	\$94 copay		
Tier 4 - Non-Preferred Drugs	\$100 copay	\$200 copay	\$100 copay	\$200 copay		
Tier 5 - Specialty Drugs	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

