

## 2024 Benefits at a Glance

### HealthTeam Advantage Diabetes & Heart Care (HMO CSNP) H2624-001



## Our Benefits

Our HMO CSNP plan covers everything from Medicare Parts A and B—plus all the other things you need, like prescriptions, dental, vision, hearing, and more!

HealthTeam Advantage Diabetes & Heart Care (HMO CSNP) features:

- \$0 monthly premium
- \$0 copays for primary care providers, cardiologists, endocrinologists, and podiatrists
- \$0 copay for many of the drugs used to treat diabetes and heart conditions
- Low maximum out-of-pocket (\$3,500)
- Dental coverage including preventive and comprehensive services such as fillings, dentures and crowns
- Vision coverage for exams and eyewear
- Hearing benefit through a national hearing aid savings program
- Fitness and memory fitness benefits
- 24-hour nurse advice line
- Prescription drug coverage
- Custodial care
- Over-the-counter benefit
- Transportation benefit

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

\$0					
\$0					
\$3,500					
<b>\$0</b> copay					
<b>\$20</b> copay					
Days 1-6: <b>\$225</b> copay/day Days 7-90: <b>\$0</b> copay/day					
Outpatient Services					
<b>\$120</b> copay					
<b>\$20</b> copay					
<ul> <li>\$300 copay for Medicare- covered ambulance benefits/one-way trip.</li> <li>\$300 copay for Medicare- covered air ambulance benefits/one-way trip.</li> </ul>					
Outpatient Hospital Coverage					
<b>\$200</b> copay/day					
<b>\$15</b> copay					
<b>\$0</b> copay					
Diagnostic Services/Labs/Imaging					
<b>\$50-\$175</b> copay					
<b>\$0-\$70</b> copay					

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

HealthTeam Advantage Diabetes & Heart Care (HMO CSNP)				
Hearing Aid	<b>\$299-\$799</b> (per aid)			
Fitting and Evaluation for Hearing Aid	<b>\$0</b> copay			
Routine Eye Exam	<b>\$0</b> copay			
Total Retail Benefit Limit in Eyewear Value	\$200 allowance			
Dental	<b>\$3,000</b> allowance with annual deductible of <b>\$50</b> for Comprehensive Services to include Basic and Major Services			
24-Hour Nurse Advice Line	<b>\$0</b> copay			
Over the Counter (OTC) Benefit	<b>\$60</b> per quarter			
Transportation	30 one-way trips up to 50 miles			
Meals	2 meals per day/14 days post discharge			
Prescription Drug Benefit	Initial Coverage Period			
Rx Deductible	Tiers 4 & 5 only: <b>\$95</b>			
In-Network Retail	Preferred Pharmacies & Mail Order		Other Ph & Mail	armacies Order
	30-day supply	100-day supply	30-day supply	100-day supply
Tier 1 - Preferred Generics	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$5</b> copay	<b>\$10</b> copay
Tier 2 - Generics	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$15</b> copay	<b>\$30</b> copay
Tier 3 - Preferred Brands	<b>\$47</b> copay	<b>\$94</b> copay	<b>\$47</b> copay	<b>\$94</b> copay
Tier 4 - Non-Preferred Drugs	<b>\$100</b> copay	<b>\$200</b> copay	<b>\$100</b> copay	<b>\$200</b> copay
Tier 5 - Specialty Drugs	31% coinsurance	31% coinsurance	31% coinsurance	31% coinsurance
Tier 6 - Select Care Drugs*	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$0</b> copay

The Select Insulins are formulary insulins that are covered in Tier 6 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump then the insulin must be covered under Part B and will not be eligible for the Part D copay.

# Let us help you find a plan that fits your needs. **Call toll-free 877-905-9216** <sup>8am-8pm</sup> | April 1-Sept. 30, Monday-Friday (TTY: 711)



### \* Includes Select Insulins

#### **MEDICARE ADVANTAGE PLANS**

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.