

2020 Plan Benefits - Summary

2020	HealthTeam Advantage Plan I (PPO) 004(H9808)	HealthTeam Advantage Plan II (PPO) 005(H9808)
	Teal Premier Pro (PPO) 006(H9808)	Teal Premier Pro Plus (PPO) 007(H9808)
Monthly Plan Premium	\$0	\$60
Deductibles (Medical and Rx)	\$0	\$0
INN MOOP	\$3,400	\$3,100
OON MOOP	\$5,100	\$5,100
INN Hospital Coverage	\$295 copay per day; Days 1-6	\$250 copay Day 1; \$125 copay per day, days 2-6
OON Hospital Coverage	\$500 copay per day; Days 1-6	\$500 copay per day; Days 1-6
INN PCP Visit	\$0 copay	\$0 copay
OON PCP Visit	\$50 copay	\$45 copay
INN Specialist Visit	\$30 copay	\$20 copay
OON Specialist Visit	\$50 copay	\$50 copay

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INN Preventative Care	\$0 copay	\$0 copay
OON Preventative Care	\$30 copay	\$30 copay
INN Home Health Svcs	\$0 copay	\$0 copay
OON Home Health Svcs	\$50 copay	\$45 copay
INN and OON Urgently Needed Services	\$30 copay	\$15 copay
INN and OON Emergency Care/Post-Stabilization Care	\$120 copay	\$100 copay
INN and OON Ambulance Ground	\$250 copay for Medicare-covered ambulance benefits per one-way trip.	\$200 copay for Medicare-covered ambulance benefits per one-way trip.
INN and OON Ambulance Air	\$300 copay for Medicare-covered air ambulance benefits per one-way trip.	\$300 copay for Medicare-covered air ambulance benefits per one-way trip.

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INN Diagnostic Test and Procedures	\$0 copay at a laboratory facility \$5 copay at an outpatient hospital facility	\$0 copay at a laboratory facility \$5 copay at an outpatient hospital facility
OON Diagnostic Test and Procedures	\$10 copay at a laboratory facility \$25 copay at an outpatient hospital facility	\$10 copay at a laboratory facility \$25 copay at an outpatient hospital facility
INN Durable Medical Equipment (DME)	20% of the cost	20% of the cost
OON Durable Medical Equipment (DME)	30% of the cost	30% of the cost
INN Diabetic Supplies & Svcs	\$0 copay	\$0 copay
OON Diabetic Supplies & Svcs	20% of the cost	20% of the cost

2020 Plan Benefits - Summary

Included Dental

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	Teal Premier Pro (PPO) 006(H9808)	Teal Premier Pro Plus (PPO) 007(H9808)
Preventive Dental INN Office Visit	\$0 copay	\$0 copay
Preventive Dental OON Office Visit	\$25 copay	\$25 copay
Preventive INN Oral Exam, Prophylaxis (Cleaning), and X - Rays	\$0 copay	\$0 copay
Preventive OON Oral Exam, Prophylaxis (Cleaning), and X - Rays	\$25 copay	\$25 copay
Preventive Dental Plan Coverage Maximum	\$500 per year	\$500 per year

2020 Plan Benefits - Summary

Comprehensive Dental – Additional Benefits to Included Benefits

2020	HealthTeam Advantage Plan I (PPO) 004(H9808)	HealthTeam Advantage Plan II (PPO) 005(H9808)
	Teal Premier Pro (PPO) 006(H9808)	Teal Premier Pro Plus (PPO) 007(H9808)
Monthly Premium \$25	Copay/Limitation(s)	Copay/Limitation(s)
INN Comprehensive Dental MC Benefits	\$25 copay	\$25 copay
OON Comprehensive Dental MC Benefits	\$25 copay	\$25 copay
INN and OON Comprehensive Dental Periodontics Visit	\$50 copay	\$50 copay
Comprehensive Dental Plan Coverage Maximum	\$750 per year	\$750 per year
Periodontics Scaling & Root Planning	\$50, 4 quadrants every two years	\$50, 4 quadrants every two years

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Comprehensive Dental – Additional Benefits to Included Benefits

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Monthly Premium \$25	Copay/Limitation(s)	Copay/Limitation(s)
<p style="text-align: center;">Fillings</p> <ul style="list-style-type: none"> • Amalgam Filling - 1 surface (D2140) • Amalgam Filling - 2 surfaces (D2150) • Amalgam Filling - 3 surfaces (D2160) • Resin-Based Composite Filling Anterior - 1 surface (D2330) • Resin-Based Composite Filling Anterior - 2 surfaces (D2331) • Resin-Based Composite Filling Anterior - 3 surfaces (D2332) 	<p>\$80 copay Up to 4 total fillings per year.</p>	<p>\$80 copay Up to 4 total fillings per year.</p>
<p style="text-align: center;">Extractions</p> <ul style="list-style-type: none"> • Erupted Tooth (D7140) • Surgical (D7210) 	<p>\$70 \$90 Up to 4 per year.</p>	<p>\$70 \$90 Up to 4 per year.</p>
<p style="text-align: center;">Crowns</p> <ul style="list-style-type: none"> • Porcelain Fused to Base Metal (D2751) • Porcelain Fused to Noble Metal (D2752) • Full Cast Base Metal (D2791) • Full Cast Noble Metal (D2792) 	<p>\$350 copay Total of 2 per year. Crowns have a 6-month waiting period.</p>	<p>\$350 copay Total of 2 per year. Crowns have a 6-month waiting period.</p>

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Monthly Premium \$25	Copay/Limitation(s)	Copay/Limitation(s)
Denture Adjustment (D5410/ D5411)	\$30 copay Adjustments are covered on new dentures for the first 3 months post-delivery	\$30 copay Adjustments are covered on new dentures for the first 3 months post-delivery
Dentures <ul style="list-style-type: none"> • Complete denture, maxillary (D5110) <ul style="list-style-type: none"> • Complete denture, mandibular (D5120) • Immediate denture, maxillary (D5130) • Immediate denture, mandibular (D5140) • Maxillary partial denture, resin based (D5211) <ul style="list-style-type: none"> • Mandibular partial denture, resin based (D5212) • Maxillary partial denture, cast metal , resin based (D5213) • Mandibular partial denture, cast metal, resin based (D5214) 	\$650 copay 1 set of full or partial dentures every 5 years.	\$650 copay 1 set of full or partial dentures every 5 years.

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Included Vision

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Eye Exams		
INN MC Benefits – Eye Exam	\$0 copay	\$0 copay
OON MC Benefits – Eye Exam	\$50 copay	\$45 copay
INN Routine Eye Exam <i>One routine eye exam per year.</i>	\$0 copay	\$0 copay
OON Routine Eye Exam <i>One routine eye exam per year.</i>	\$30 copay	\$30 copay

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Eye Wear		
INN and OON MC Covered – Eye Wear	\$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.	\$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.
INN Contact Lenses <i>1 pair of contact lenses per year</i>	\$0 copay	\$0 copay
INN Eyeglasses (Lenses & Frames) <i>1 pair of eyeglasses. \$100 limit for eyewear value.</i>	\$0 copay	\$0 copay
INN and OON Eye Wear Coverage Maximum	\$100	\$100
Eye Exam and Eye Wear – Authorization or Referrals	Not Required	Not Required

2020 Plan Benefits - Summary

Included Hearing

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Hearing Exams		
INN MC Benefits - Hearing Exam <i>One routine hearing exam per year.</i>	\$30 copay	\$20 copay
OON MC Benefits - Hearing Exam <i>One routine hearing exam per year.</i>	\$45 copay	\$45 copay
INN Routine Hearing Exam <i>One routine hearing exam per year.</i>	\$45 copay	\$45 copay
OON Routine Hearing Exam <i>One routine hearing exam per year.</i>	\$45 copay	\$45 copay
INN Fitting/Evaluation for Hearing Aid <i>3 visits per year.</i>	\$0 copay	\$0 copay
OON Fitting/Evaluation for Hearing Aid <i>3 visits per year.</i>	\$45 copay	\$45 copay

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Included Hearing

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Hearing Aids		
INN and OON Hearing Aids <i>Up to two TruHearing-branded hearing aids every year (one per ear per year).</i>	\$499 - \$799	\$499 - \$799
Hearing Exams and Hearing Aids – Authorization and Referrals	Not Required	Not Required

HTA Diabetes & Heart Care Plan HMO-CSNP



DHCP includes same benefits as PPO plan, with the following differences, specific to the needs of Diabetic and CHF patients –

- HMO Plan with more focused network
- Available only for residents of Guilford County
- \$0 Copay for days 1-20 SNF
- \$90 ER copay / \$20 Urgent Care copay
- \$0 Copay for Cardiologist, Endocrinologist, Podiatrist
- \$0 Copay for Cardiac & Pulmonary Rehabilitation
- \$10/month for Over The Counter Medicare approved items
- Additional Rx Tier to cover chronic prescriptions (Tier 6)