Teal Premier

SUMMARY OF *Benefits*

2019

TEAL PREMIER PRO (PPO)
TEAL PREMIER PRO PLUS (PPO)

Teal Premier

2019

Summary of Benefits

Teal Premier Pro (PPO)
Teal Premier Pro Plus (PPO)

This is a summary of drug and health services covered by Teal Premier PPO.
January 1, 2019 - December 31, 2019.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of covered services, please call us to request the "Evidence of Coverage."

You can contact us at the numbers listed below or find the Evidence of Coverage on our website at https://www.tealpremier.com.

To join a Teal Premier PPO Health Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in North Carolina: Anson, Burke, Cleveland, Lincoln, Stanly and Union.

Teal Premier has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

For questions, you can contact the plan at 1-833-338-8325 (TTY:711) October 1 - March 31, 8 a.m. to 8 p.m. ET, 7 days a week or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday. You can also find more information on our website at https://www.tealpremier.com. Teal Premier, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in Teal Premier depends on contract renewal.

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Summary of Benefits

Premiums and Benefits	Teal Premier Pro (PPO)	Teal Premier Pro Plus (PPO)	What you should know
Monthly Plan Premium	$0	$60	You must continue to pay your Medicare Part B premium.
Deductible	$0	$0	These plans do not have a deductible for medical services.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	**In Network:** $3,400 annually **Out-of-Network:** $5,100 annually	**In Network:** $3,100 annually **Out-of-Network:** $5,100 annually	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage	**In Network:** $295 copay per day for days 1 through 6 $0 copay per day for days 7 through 90 **Out-of-Network:** $500 copay per day for days 1 through 6 $0 copay per day for days 7 through 90	**In Network:** $250 copay per day for day 1 $125 copay for days 2 through 6 $0 copay per day for days 7 through 90 **Out-of-Network:** $500 copay per day for days 1 through 6 $0 copay per day for days 7 through 90	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior Authorization may be required.

Premiums and Benefits	Teal Premier Pro (PPO)	Teal Premier Pro Plus (PPO)	What you should know
Outpatient Hospital Coverage • Outpatient Hospital Facility • Ambulatory Surgical Center • Observation Services	**In Network:** $225 copay $175 copay per day $225 copay **Out-of-Network:** $300 copay $225 copay per day $300 copay	**In Network:** $150 copay $125 copay per day $150 copay **Out-of-Network:** $300 copay $200 copay per day $300 copay	Prior authorization may be required for some services. Please contact the plan for more information.
Doctor Visits • Primary Care Physician (PCP)	**In Network:** Primary care physician visit: $0 copay **Out-of-Network:** Primary care physician visit: $50 copay	**In Network:** Primary care physician visit: $0 copay **Out-of-Network:** Primary care physician visit: $45 copay	Specialist copays can vary for specific specialists. Please contact the plan for more information.
• Specialist	**Specialist visit:** $20 copay **Out-of-Network:** Specialist visit: $50 copay **Specialist visit:** $50 copay	**Specialist visit:** $15 copay **Out-of-Network:** Specialist visit: $45 copay **Specialist visit:** $50 copay	
Preventive Care (e.g., flu vaccine, diabetic screenings)	**In Network:** $0 copay **Out-of-Network:** $30 copay	**In Network:** $0 copay **Out-of-Network:** $30 copay	Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at $0 cost.

Premiums and Benefits	Teal Premier Pro (PPO)	Teal Premier Pro Plus (PPO)	What you should know
Emergency Care	**In and Out-of-Network:** $120 copay	**In and Out-of-Network:** $100 copay	If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.
Urgently Needed Services	**In and Out-of-Network:** $30 copay	**In and Out-of-Network:** $30 copay	
Diagnostic Services/Labs/ Imaging • Diagnostic Radiology Services (such as MRIs, CT scans) • Lab services at a lab facility at outpatient hospital facility - at a lab facility - at outpatient hospital facility	**In Network:** $50-$200 copay **Out-of-Network:** $75-$250 copay **In Network:** $0 copay at a laboratory facility $10 copay at an outpatient hospital facility **Out-of-Network:** $10 copay at a laboratory facility $25 copay at an outpatient hospital facility	**In Network:** $50-$175 copay **Out-of-Network:** $75-$200 copay **In Network:** $0 copay at a laboratory facility $10 copay at an outpatient hospital facility **Out-of-Network:** $10 copay at a laboratory facility $25 copay at an outpatient hospital facility	Prior authorization may be required for some services. Please contact the plan for more information.
Diagnostic Tests and Procedures • at a lab facility • at outpatient hospital facility	**In Network:** $0 copay at a laboratory facility $5 copay at an outpatient hospital facility **Out-of-Network:** $10 copay at a laboratory facility $25 copay at an outpatient hospital facility	**In Network:** $0 copay at a laboratory facility $5 copay at an outpatient hospital facility **Out-of-Network:** $10 copay at a laboratory facility $25 copay at an outpatient hospital facility	

Premiums and Benefits	Teal Premier Pro (PPO)	Teal Premier Pro Plus (PPO)	What you should know
Outpatient X-Rays • included with physician visit • at outpatient facility	**In Network:** $5 copay for x-ray services included with a physician visit $5 copay for x-ray services at an outpatient facility **Out-of-Network:** $10 copay for x-ray services included with a physician visit $25 copay for x-ray services at an outpatient facility	**In Network:** $0 copay for x-ray services included with a physician visit $0 copay for x-ray services at an outpatient facility **Out-of-Network:** $10 copay for x-ray services included with a physician visit $25 copay for x-ray services at an outpatient facility	
Hearing Services • Medicare Covered Diagnostic Hearing Exam	**In Network:** $35 copay for a hearing exam **Out-of-Network:** $45 copay for a hearing exam	**In Network:** $25 copay for a hearing exam **Out-of-Network:** $45 copay for a hearing exam	1 per year
• Routine Hearing Exam	**In Network:** $5 copay (one routine hearing exam per year) **Out-of-Network:** $45 copay (one routine hearing exam per year)	**In Network:** $0 copay (one routine hearing exam per year) **Out-of-Network:** $45 copay (one routine hearing exam per year)	
• Fitting and evaluation for hearing aid	I**n Network:** $0 copay **Out-of-Network:** $45 copay	**In Network:** $0 copay **Out-of-Network:** $45 copay	3 per year

Premiums and Benefits	Teal Premier Pro (PPO)	Teal Premier Pro Plus (PPO)	What you should know
• Hearing Aid	**In Network:** $499-$699 **Out-of-Network:** $499-$699	**In Network:** $499-$699 **Out-of-Network:** $499-$699	Up to two TruHearing-branded hearing aids every year (one per ear per year). A TruHearing provider must be used for in- and out-of-network hearing aid benefit.

Premiums and Benefits	Teal Premier Pro (PPO)	Teal Premier Pro Plus (PPO)	What you should know
Dental Services • Preventive Oral exam & Cleaning	**In Network:** $0 copay for a preventive dental exam and cleaning **Out of Network:** $25 to $50 copay for preventive dental services. Office Visit, D9430, 1 every 6 months. Periodic oral evaluation, D0120, 1 every 6 months. Limited oral evaluation, D0140, 1 every 6 months. Comprehensive oral evaluation, D0150, 1 every 3 years. Re-evaluation, limited, problem focused, D0170, 1 every 6 months. Dental cleanings, Prophylaxis, adult, D1110, every 6 months.	**In Network:** $0 copay for a preventive dental exam and cleaning **Out of Network:** $25 to $50 copay for each preventive dental services. Office Visit, D9430, 1 every 6 months. Periodic oral evaluation, D0120, 1 every 6 months. Limited oral evaluation, D0140, 1 every 6 months. Comprehensive oral evaluation, D0150, 1 every 3 years. Re-evaluation, limited, problem focused, D0170, 1 every 6 months. Dental cleanings, Prophylaxis, adult, D1110, every 6 months.	
• X-rays	Intraoral, complete series of radiographic images, D0210, 1 every 3 years. Intraoral, periapical, first radiographic images, D0220, 2 every 12 months. Intraoral, periapical, first radiographic images, D0230, 2 every 12 months. Bitewing, single radiographic image, D0270, 4 every 12 months.	Intraoral, complete series of radiographic images, D0210, 1 every 3 years. Intraoral, periapical, first radiographic images, D0220, 2 every 12 months. Intraoral, periapical, first radiographic images, D0230, 2 every 12 months. Bitewing, single radiographic image, D0270, 4 every 12 months.	

Premiums and Benefits	Teal Premier Pro (PPO)	Teal Premier Pro Plus (PPO)	What you should know
	Bitewings, two radiographic images, D0272, 2 every 12 months. Bitewings, three radiographic images, D0273, 1 every 12 months. Bitewings, four radiographic images, D0274, 1 every 12 months. Panoramic image, D0330, 1 every 3 years.	Bitewings, two radiographic images, D0272, 2 every 12 months. Bitewings, three radiographic images, D0273, 1 every 12 months. Bitewings, four radiographic images, D0274, 1 every 12 months. Panoramic image, D0330, 1 every 3 years.	
• Periodontics	$25-$50 copay for periodontics Periodontal scaling & root planing, four or more teeth per quadrant, D4341, $50, 4 quadrants every 2 years. Periodontal scaling & root planing, one to three teeth per quadrant, D4342, $25, 4 quadrants every 2 years. Full mouth debridement, D4355, $25, 1 every 2 years. Annual $500 maximum benefit.	$25-$50 copay for periodontics Periodontal scaling & root planing, four or more teeth per quadrant, D4341, $50, 4 quadrants every 2 years. Periodontal scaling & root planing, one to three teeth per quadrant, D4342, $25, 4 quadrants every 2 years. Full mouth debridement, D4355, $25, 1 every 2 year Annual $500 maximum benefit.	
	Out-of-Network: $25 to $50 copay for a preventive dental exam and cleaning $50 copay for a Medicare-covered comprehensive dental services	**Out-of-Network:** $25 to $50 copay for a preventive dental exam and cleaning $45 copay for a Medicare-covered comprehensive dental services	

Premiums and Benefits	Teal Premier Pro (PPO)	Teal Premier Pro Plus (PPO)	What you should know
Vision Services • Medicare-Covered Diagnostic Exam • Medicare-Covered eye wear	**In-Network:** $35 copay $0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed $100. **Out-of-Network:** $50 copay $0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed $100.	**In-Network:** $25 copay $0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed $100. **Out-of-Network:** $45 copay $0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed $100.	1 per year. Materials covered up to Medicare approved limits.
• Routine Eye Exam	**In-Network:** $5 copay (One routine eye exam per year) **Out-of-Network:** $30 copay (One routine eye exam per year)	**In-Network:** $0 copay (One routine eye exam per year) **Out-of-Network:** $30 copay (One routine eye exam per year)	
• Eyeglasses (lenses and frames) • Contact lenses • Frame and lens upgrade	**In-Network:** $10 copay for eyeglasses $10 copay for contact lenses $50 copay for frame and lens upgrade **Out-of-Network:** Reimbursed up to $50 for eyeglasses, contact lenses, and upgrades Lens upgrade: Member pays Coherent's rate.	**In-Network:** $0 copay for eyeglasses $0 copay for contact lenses $50 copay for frame and lens upgrade **Out-of-Network:** Reimbursed up to $50 for eyeglasses, contact lenses, and upgrades Lens upgrade: Member pays Coherent's rate.	1 pair of eyeglasses (lenses & frame) with CR-39 clear plastic single vision, lined bi-focal (FT28) or lined tri-focal (FTx28) lenses. Total retail benefit limit of $200 in eyewear value for in-network. 1 pair of contact lenses per year. Frame upgrade: Member is responsible for retail price less 15%.

Premiums and Benefits	Teal Premier Pro (PPO)	Teal Premier Pro Plus (PPO)	What you should know
Mental Health Services • Inpatient Visit	**In-Network:** $350 copay per day for days 1 through 5 $0 copay per day for days 6 through 90 **Out-of-Network:** 35% of the cost	**In-Network:** $300 copay per day for days 1 through 5 $0 copay per day for days 6 through 90 **Out-of-Network:** 35% of the cost	Services require prior authorization.
• Outpatient Individual Therapy Visit	**In-Network:** $40 copay **Out-of-Network:** $60 copay	**In-Network:** $40 copay **Out-of-Network:** $50 copay	
• Outpatient Group Therapy Visit	**In-Network:** $40 copay **Out-of-Network:** $60 copay	**In-Network**: $40 copay **Out-of-Network:** $50 copay	
Skilled Nursing Facility	**In-Network:** $20 copay per day for days 1 through 20 $160 copay per day for days 21 through 100 **Out-of-Network:** $40 copay per day for days 1 through 20 $160 copay per day for days 21 through 100	**In-Network:** $10 copay per day for days 1 through 20 $160 copay per day for days 21 through 100 **Out-of-Network:** $50 copay per day for days 1 through 20 $160 copay per day for days 21 through 100	Our plan covers up to 100 days in a SNF. Services require prior authorization.

Premiums and Benefits	Teal Premier Pro (PPO)	Teal Premier Pro Plus (PPO)	What you should know
Rehabilitation Services • Physical Therapy Visit • Occupational Therapy Visit • Speech and Language Therapy Visit	**In-Network:** $15 copay **Out-of-Network:** $30 copay	**In-Network:** $10 copay **Out-of-Network:** $30 copay	
Ambulance	**In-Network and Out-of-Network:** $225 copay for Medicare-covered ambulance benefits per one-way trip. $300 copay for Medicare-covered air ambulance benefits per one-way trip.	**In-Network and Out-of-Network:** $200 copay for Medicare-covered ambulance benefits per one-way trip. $300 copay for Medicare-covered air ambulance benefits per one-way trip.	Prior Authorization required for non- emergency transportation.
Transportation	Not covered.	Not covered.	
Medicare Part B Drugs	**In-Network:** 20% of the cost **Out-of-Network:** 30% of the cost	**In-Network:** 20% of the cost **Out-of-Network:** 30% of the cost	Prior authorization may be required.

Outpatient Prescription Drugs					
	Teal Premier Pro (PPO)		Teal Premier Pro Plus (PPO)		What you should know
	Retail Rx 30-day supply	Mail Order 90-day supply	Retail Rx 30-day supply	Mail Order 90-day supply	
Phase 1: Initial Coverage (After you pay your deductible, if applicable)	$5 copay	$10 copay	$0 copay	$0 copay	Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit.
Tier 1: Preferred Generics					
Tier 2: Generics	$15 copay	$30 copay	$12 copay	$24 copay	
Tier 3: Preferred Brand	$45 copay	$90 copay	$40 copay	$80 copay	For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
Tier 4: Non-Preferred Brand	$90 copay	$180 copay	$80 copay	$160 copay	
Tier 5: Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	
Phase 2: Coverage Gap (After the total amount for the prescription drugs you have filled and refilled reaches $3,820)	During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 37% of the price for generic drugs. Tier 1 generics are covered at $0 copay. You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of $5,100.				
Phase 3: Catastrophic Coverage (After your out-of-pocket costs have reached the $5,100 limit for the calendar year)	During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2019). Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount (either coinsurance for 5% of the cost of the drug, or $3.40 for a generic drug or a drug that is treated like a generic and $8.50 for all other drugs).				

Benefits	Teal Premier Pro (PPO)	Teal Premier Pro Plus (PPO)	What you should know
Home Health	**In-Network:** $0 copay **Out-of-Network:** $50 copay	**In-Network:** $0 copay **Out-of-Network:** $45 copay	
Foot Care (podiatry services) • Foot exams and treatment • Routine foot care	**In-Network:** $35 copay **Out-of-Network:** $60 copay	**In-Network:** $25 copay **Out-of-Network:** $50 copay	
	In-Network: Not covered. **Out-of-Network:** Not covered.	**In-Network:** Not covered. **Out-of-Network:** Not covered.	
Medical Equipment/ Supplies Durable Medical Equipment (e.g., wheelchairs, oxygen)	**In-Network:** 20% of the cost **Out-of-Network:** 30% of the cost	**In-Network:** 20% of the cost **Out-of-Network:** 30% of the cost	Services require prior authorization
Prosthetics (e.g., braces, artificial limbs)	**In-Network:** 20% of the cost **Out-of-Network:** 30% of the cost	**In-Network:** 20% of the cost **Out-of-Network:** 30% of the cost	Services require prior authorization
Diabetes Supplies	**In-Network:** $0 copay **Out-of-Network:** 20% of the cost	**In-Network:** $0 copay **Out-of-Network:** 20% of the cost	Limited to the following manufacturers: Freestyle, Precision, and One Touch.
Wellness Programs (e.g., fitness)	**In-Network:** $0 copay	**In-Network:** $0 copay	Access to Silver Sneakers network facilities.
	Out-of-Network: $30 copay	**Out-of-Network:** $30 copay	

Optional Supplemental Benefits-Dental Services Only		
Premiums and Benefits	Teal Premier Pro (PPO) Teal Premier Pro Plus (PPO)	What you should know
Monthly Premium	$25	
Fillings	$80 copay 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)	Up to 4 total fillings per year.
Denture Adjustment	$30 copay (D5410/ D5411)	Adjustments are covered on new dentures for the first 3 months post-delivery
Dentures	$650 copay Complete denture, maxillary (D5110) Complete denture, mandibular (D5120) Immediate denture, maxillary (D5130) Immediate denture, mandibular (D5140) Maxillary partial denture, resin based (D5211) Mandibular partial denture, resin based (D5212) Maxillary partial denture, cast metal, resin based (D5213) Mandibular partial denture, cast metal, resin based (D5214)	1 set of full or partial dentures every 5 years.

Optional Supplemental Benefits-Dental Services Only		
Premiums and Benefits	Teal Premier Pro (PPO) Teal Premier Pro Plus (PPO)	What you should know
Extractions	$70 copay $90 copay Erupted Tooth (D7140) Surgical (D7210)	Up to 4 per year.
Crowns	$350 copay Porcelain Fused to Base Metal (D2751) Porcelain Fused to Noble Metal (D2752) Full Cast Base Metal (D2791) Full Cast Noble Metal (D2792)	Total of 2 per year. Crowns have a 6 month waiting period.

If you want to know more about the coverage and costs of original Medicare, look in your current "Medicare & You" handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.

TTY users should call 1-877-486-2048. This document is available in other formats such as Braille, large print or other alternate formats.

You can see our plan's provider directory at our website at www.tealpremier.com. You can see our plan's pharmacy directory at our website at www.tealpremier.com.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.tealpremier.com.

Teal Premier complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call 1-888-272-0202 (TTY:711).

Teal Premier cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-888-272-0202 (TTY: 711).

Teal Premier 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-272-0202 (TTY: 711)

TEAL PREMIER HEALTH PLAN

Contact Information

WEB ADDRESS
Visit Teal Premier at TealPremier.com.

HEALTHCARE CONCIERGE
Current Teal Premier members call your Healthcare Concierge toll-free at **1-833-338-8325** for questions related to your Teal Premier Medicare Advantage Plan from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

SALES INFORMATION
Prospective members call toll-free **1-888-272-0202** for questions related to Teal Premier Medicare Advantage Plans from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

TTY USERS
TTY users call toll-free 711 for questions related to Medicare Advantage Plans.

PRESCRIPTION DRUG BENEFIT
Current Teal Premier members call toll-free **1-833-338-8325** for questions related to your Teal Premier Part D Prescription Drug Benefit. Prospective members call toll-free **1-888-272-0202** for questions related to the Teal Premier Part D Prescription Drug Benefit.

MEDICARE INFORMATION
For more information about Medicare, call Medicare at **1-800-Medicare** (1-800-633-4227). TTY users should call **1-877-486-2048**. You can call 24 hours a day, seven days a week or visit medicare.gov.