



## 2024 enrollment guide



New Hanover  
Health Advantage

### ✓ Medicare Advantage & Prescription Drug plans

- New Hanover Health Advantage Select HMO-POS
- New Hanover Health Advantage Platinum HMO-POS

### ✓ Medicare Advantage plan

- New Hanover Health Advantage Freedom HMO-POS

*Serving Brunswick, New Hanover and Pender counties*

These plans offered in partnership with

**First CarolinaCare**  
INSURANCE COMPANY

Sponsored by

**NOVANT**  
HEALTH

Dear Medicare beneficiary,

Novant Health New Hanover Regional Medical Center has proudly served residents of New Hanover and our surrounding counties for decades with a deep commitment to improving lives in the communities we serve. Now that we are part of Novant Health, we are in an even better position to expand this commitment to the southeastern region of North Carolina.

New Hanover Health Advantage plans are offered in partnership with FirstCarolinaCare Insurance Company. They demonstrate Novant Health's dedication to providing affordable Medicare Advantage plans with greater benefit coverage to Medicare beneficiaries while ensuring the delivery of high quality, patient-centered care.

As we continue to gather feedback from you, our committed members, we've tailored our 2024 plans with the flexibility to choose any clinician who accepts Medicare. We have also further expanded our plan offerings to include two Medicare Advantage and Prescription Drug (MAPD) plans as well as a Medicare Advantage (MA) only plan for our veterans, retired state employees, and those who do not participate with Medicare Part D. In addition, we are proud to offer less costly and more flexible prescription drug offerings.

Our network of excellent clinicians is a reminder that you've made the right choice choosing New Hanover Health Advantage to work with you in your journey of meeting your healthcare needs. Selecting the right Medicare Advantage plan is vital to empowering you to live your healthiest life now.

This information booklet will help you explore the benefits of becoming our member. If you have questions about anything in this booklet, please do not hesitate to call us locally at **910-667-NHHA (6442)** or visit **[NewHanoverHealthAdvantage.com](https://www.NewHanoverHealthAdvantage.com)**.

Please note that you may enroll in the plan only during specific times of the year, which is explained on the enclosed enrollment form. Benefits and cost sharing may change from year to year.

Beneficiaries with limited income may qualify for extra help to pay for their prescription drug costs. You may contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, seven days per week. TTY users should call 1-877-486-2048.

If you choose to enroll in a New Hanover Health Advantage plan, you will receive an enrollment confirmation letter followed by your new member welcome kit. This kit includes materials about your plan and information on how to access our evidence of coverage, prescription drug formulary, provider and pharmacy directories.

Thank you for entrusting us with your healthcare needs. We look forward to New Hanover Health Advantage being part of your healthy future.

Sincerely,



Robert L. Hardyman

Executive Director

New Hanover Health Advantage

## Health Plan Sponsor and Major Hospital and Provider Partner



[NovantHealth.org](http://NovantHealth.org)

## Licensed Insurance Company



[www.FirstCarolinaCare.com](http://www.FirstCarolinaCare.com)

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### Hours of Operation:

Our Member Services number is 1-855-291-9336 TTY: 711, 8:00 a.m. to 8:00 p.m. Eastern, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern (except holidays) from April 1 through September 30.

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### Disclaimers:

FirstCarolinaCare Insurance Company's plans are HMO and PPO plans with a Medicare contract. Enrollment in a FirstCarolinaCare plan depends on contract renewal. You must continue to pay your Medicare Part B premium. Out-of-network/non-contracted providers are under no obligation to treat FirstCarolinaCare members, except in emergency situations. For accommodations of persons with special needs at meetings call 1-855-291-9336 TTY: 711, 8 a.m. to 8 p.m. local time. Voicemail used on holidays and weekends, April 1 through September 30. Other pharmacies/physicians/ providers are available in our network. This information is not a complete description of benefits. Call 1-855-291-9336 (TTY: 711) for more information.





## Frequently Asked Questions

<p><b>What is the difference between Medicare Advantage, Part D and Original Medicare?</b></p>	<p><b>Original Medicare</b> (Part A) is hospital coverage that helps cover the costs for inpatient hospital care and skilled nursing facilities (not custodial or long-term care), as well as hospice and home health care.</p> <p><b>Original Medicare</b> (Part B) covers the costs of doctors’ services, other outpatient care, as well as tests and laboratory services.</p> <p><b>Medicare Advantage</b> (Part C) plans offer all the services covered by original Medicare, in addition to some supplemental benefits not covered by Medicare.</p> <p><b>Medicare Drug Coverage</b> (Part D) is offered as a separate purchased plan for individuals with Original Medicare. Part D coverage also may be offered with a Medicare Advantage plan for comprehensive coverage. <b>New Hanover Health Advantage Select and Platinum</b> (MAPD) plans include Parts A and B coverage, plus Part D prescription drug benefits, in addition to some supplemental benefits.</p>
<p><b>Are there any restrictions on what providers I may use?</b></p>	<p>With a New Hanover Health Advantage point of service (POS) plan, you have the freedom to choose any primary care provider, in-network or out-of-network, for no additional copay. You’ll typically pay more for some out-of-network services than for in-network services.</p>
<p><b>I already pay for Medicare — why do I have to pay for a Medicare Advantage plan?</b></p>	<p>Under original Medicare alone, services are not 100% covered and may require significant out-of-pocket costs. Many people enjoy the security of having a plan that limits their total annual out-of-pocket costs in case they should have a significant medical event. Our members also like the fact that New Hanover Health Advantage Select and Platinum plans include a prescription drug benefit.</p>
<p><b>How do I find out more about New Hanover Health Advantage?</b></p>	<p>If you are considering enrolling, and have questions about benefits, Providers or Pharmacies or need help with the enrollment process, we have knowledgeable licensed sales representatives who can get you the answers and help you need. Call 910-667-NHHA (6442) to speak with a local licensed agent, or call FirstCarolinaCare. Hearing impaired persons can call TTY 711.</p>
<p><b>How do I enroll?</b></p>	<ol style="list-style-type: none"> <li>1. Enroll by phone by calling 910-667-NHHA (6442) to speak with a local, licensed agent, or 888-384-4842 to speak with a FirstCarolinaCare representative. Hearing impaired persons can call TTY 711.</li> <li>2. Enroll online by going to <a href="https://NewHanoverHealthAdvantage.com">NewHanoverHealthAdvantage.com</a>.</li> <li>3. Complete a <b>paper</b> enrollment form.</li> <li>4. Medicare beneficiaries may also enroll in any available plan through the CMS Medicare Online Enrollment Center located at <a href="https://www.Medicare.gov">Medicare.gov</a>.</li> </ol>

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# 2024

- New Hanover Health Advantage Select HMO-POS (MAPD)
- New Hanover Health Advantage Platinum HMO-POS (MAPD)
- New Hanover Health Advantage Freedom HMO-POS (MA Only)



New Hanover  
Health Advantage

SUMMARY OF BENEFITS

# 2024 Summary of Benefits

**January 1, 2024 – December 31, 2024**

New Hanover Health Advantage Select (HMO-POS) (MAPD)

New Hanover Health Advantage Platinum (HMO-POS) (MAPD)

New Hanover Health Advantage Freedom (HMO-POS) (MA Only)

Call 888-384-4842 daily from 8 a.m. to 8 p.m. local time.

Voicemail is used on holidays and weekends from April 1 to September 30.

TTY 711

[www.FirstCarolinaCare.com/NHHA](http://www.FirstCarolinaCare.com/NHHA)

This booklet gives you a summary of what our plans cover and what you pay. It doesn't list every service we cover or every limitation or exclusion. For a complete list of covered services, call us and ask for the Evidence of Coverage.

## Options for Getting Medicare Benefits

- Original Medicare (fee-for-service), which is run by the federal government
- Medicare Advantage through a private company, like FirstCarolinaCare Insurance Company

## Tips for Comparing Medicare Options

This booklet allows you to compare costs and benefits for our plans.

- If you want to compare our plans with other Medicare Advantage plans, ask other plans for their Summary of Benefits booklets or use the Medicare Plan Finder at [medicare.gov](https://www.medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your Medicare and You handbook. You can find it at [medicare.gov](https://www.medicare.gov). You can also 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.

## Booklet Sections

- Things to Know
- Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Additional Covered Benefits
- About Us

This document is available in other formats, such as Braille and large print. For more information, call 1-855-291-9336 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

## Hours of Operation

Call daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

## Contact Info

- If you're a current member: 1-855-291-9336 (TTY 711)
- If you're not yet a member: 1-888-384-4842 (TTY 711)
- [www.FirstCarolinaCare.com/NHHA](https://www.FirstCarolinaCare.com/NHHA)



# Eligibility

To join any of our Medicare Advantage plans, you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area.

Our service area includes these counties in North Carolina: **Brunswick, New Hanover and Pender.**

## **Doctors, Hospitals and Pharmacies**

Our plans have a large network of doctors, hospitals, pharmacies, and other providers to choose from.

With our POS plans, we recommend having a PCP in network to oversee your care. You generally pay less to stay in-network.

You must use network pharmacies to fill your prescriptions in most cases.

You can see our provider directory and pharmacy directory at our website ([www.FirstCarolinaCare.com/NHHA](http://www.FirstCarolinaCare.com/NHHA)). You can call us, and we will send you a copy.

## **What We Cover**

Like all Medicare Advantage plans, we cover everything Original Medicare covers, but we also cover more.

For some benefits, you may pay less in our plan than you would in Original Medicare, and for some, you may pay more. This booklet outlines many of our extra benefits and perks that Original Medicare doesn't cover.

For plans with drug coverage, we cover the prescriptions drugs listed in our formulary at [www.FirstCarolinaCare.com/NHHA](http://www.FirstCarolinaCare.com/NHHA). You can read it online or call us for a copy.

## **Determining Drug Costs**

Each of the drugs we cover is grouped into one of five tiers. The amount you pay depends on the drug's tier and what stage of the benefit you've reached (Initial Coverage, Coverage Gap or Catastrophic Coverage). You can find out what tier your drug is on in our formulary at [www.FirstCarolinaCare.com/NHHA](http://www.FirstCarolinaCare.com/NHHA), and we discuss the benefit stages later in this booklet.

# Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, call 910-667-NHHA(6442) to speak with a local, licensed agent, or 1-888-384-4842 to speak with a FirstCarolinaCare representative. Hearing impaired persons can call TTY 711.

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [www.FirstCarolinaCare.com/NHHA](http://www.FirstCarolinaCare.com/NHHA) or call 888-384-4842 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

## Understanding Important Rules

- In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.
- Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.

	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)
<b>MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY</b>			
<b>Premium Each Month</b> You must continue to pay your Medicare Part B premium.	\$0	\$55	\$0
<b>Medicare Part B Premium Buy-down</b>	N/A	N/A	\$75 (credit) per month
New Hanover Health Advantage Select and Platinum HMO-POS plans include prescription drug coverage. The New Hanover Health Advantage Freedom HMO-POS plan does not include prescription drug coverage. For more information about how these plans compare, contact your broker or New Hanover Health Advantage.			
<b>Medical Deductible</b>	\$0	\$0	\$0
<b>Prescription Drugs Deductible</b>	\$100 (Does not apply to Tier 1 and Tier 2 drugs)	\$0	N/A
<b>Maximum Out-of-Pocket Each Year</b> The most you pay for copays, coinsurance and other costs for medical services for the year. You still need to pay your monthly premiums.			
In-network providers	\$3,350	\$2,900	\$3,600
In-network and Out-of-network providers	\$8,950	\$7,900	\$8,950
<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>			
<b>Inpatient Hospital Care</b> (may require prior authorization)			
<b>In-network:</b>	\$300 copay per day for days 1 through 6 \$0 copay per day for days 7 and beyond	\$275 copay per day for days 1 through 6 \$0 copay per day for days 7 and beyond	\$300 copay per day for days 1 through 6 \$0 copay per day for days 7 and beyond
<b>Out-of-network:</b>	\$450 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90	\$400 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90	\$450 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90
<b>Outpatient Hospital Care</b> (may require prior authorization)			
<b>In-network:</b>	\$265 copay for Outpatient Surgery, 20% of the cost for other Outpatient Hospital Services	\$250 copay for Outpatient Surgery, \$0 copay for other Outpatient Hospital Services	\$300 copay for Outpatient Surgery, 20% of the cost for other Outpatient Hospital Services
<b>Out-of-network:</b>	\$450 copay	\$350 copay	\$450 copay

	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)
<b>Outpatient Surgery at an Ambulatory Surgical Center</b> (may require prior authorization)			
In-network:	\$215 copay	\$175 copay	\$250 copay
Out-of-network:	\$350 copay	\$350 copay	\$350 copay
<b>DOCTOR VISITS</b>			
<b>Primary Care Physician Office Visits</b>			
In-network:	\$0 copay	\$0 copay	\$0 copay
Out-of-network:	\$0 copay	\$0 copay	\$0 copay
<b>Physician Specialist Services — Excluding Cardiologists</b>			
In-network:	\$25 copay	\$0	\$35 copay
Out-of-network:	\$50 copay	\$40 copay	\$50 copay
<b>Physician Specialist Services - Cardiologist</b>			
In-network:	\$25 copay	\$0 copay	\$35 copay
Out-of-network:	\$50 copay	\$40 copay	\$50 copay
<b>Intensive Cardiac Rehabilitation Services</b>			
In-network:	\$50	\$0	\$50
Out-of-network:	\$65	\$15	\$65
<b>Virtual Visits through FirstHealth on the Go</b>			
Our plan covers visits with a provider by phone or online, 24/7. You must use FirstHealth on the Go to obtain in-network benefits for these services. Go to <a href="http://www.FirstCarolinaCare.com/NHHA">www.FirstCarolinaCare.com/NHHA</a> or your Evidence of Coverage for more information.			
In-network:	\$0 copay	\$0 copay	\$0 copay
Out-of-network:	\$0 copay	\$0 copay	\$0 copay

	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)
<b>Preventive Care</b>			
Our plan covers many preventive services, including but not limited to:			
<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual “Wellness” visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, Cologuard fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Immunizations, including Flu shots, Hepatitis B shots, Pneumococcal shots and shingles shots</li> <li>• Obesity screening and therapy</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul>			
In-network:	\$0 copay	\$0 copay	\$0 copay
Out-of-network:	\$0 copay	\$0 copay	\$0 copay
<b>EMERGENCY SERVICES</b>			
<b>Emergency Care</b>			
If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.			
In-network:	\$135 copay	\$135 copay	\$135 copay
Out-of-network:	\$135 copay	\$135 copay	\$135 copay
<b>URGENT CARE SERVICES</b> All plans, in and out-of-network			
In-network:	\$40 copay	\$40 copay	\$40 copay
Out-of-network:	\$40 copay	\$40 copay	\$40 copay
<b>DIAGNOSTIC SERVICES</b> Costs for these services may vary based on place of service and may require prior authorization.			
<b>Diagnostic Tests, Procedures and Lab Services</b>			
In-network:	\$0 - \$85 copay	\$0 - \$85 copay	\$0 - \$85 copay
Out-of-network:	40% of the cost	40% of the cost	40% of the cost
<b>Diagnostic Radiology</b> (such as MRIs, CT scans)			
In-network:	\$0 - \$275 copay	\$0 - \$275 copay	\$0 - \$275 copay
Out-of-network:	40% of the cost	40% of the cost	40% of the cost



	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)
<b>Outpatient X-rays</b> (such as X-rays and ultrasounds)			
In-network:	\$0 - \$100 copay	\$0 - \$100 copay	\$0 - \$100 copay
Out-of-network:	30% of the cost	30% of the cost	30% of the cost
<b>HEARING, DENTAL AND VISION</b>			
<b>Diagnostic Hearing Exam</b> Exam to diagnose and treat hearing and balance issues.			
In-network:	\$35 copay	\$0 copay	\$35 copay
Out-of-network:	\$50 copay	\$40 copay	\$50 copay
<b>Hearing Aids</b>	\$750 allowance per ear	\$750 allowance per ear	\$750 allowance per ear
<b>Medicare-covered Comprehensive Dental Services</b> • Extractions of teeth to prepare jaw for radiation treatment of neoplastic disease • Non-covered procedures or services (e.g. tooth removal) if performed by a dentist incident to and as an integral part of an otherwise Medicare-covered procedure • Dental exams prior to kidney transplantation			
In-network:	\$35 copay	\$25 copay	\$35 copay
Out-of-network:	\$50 copay	\$40 copay	\$50 copay
<b>Non-routine Dental</b>	\$35 copay	\$35 copay	\$0 copay or coinsurance
	Plan pays for covered services up to annual max benefit of \$3,000; excluding members copay and coinsurance as applicable.		Plan pays for covered services up to \$3,000 annual max benefit with no member copay or coinsurance responsibility.
<b>Non-Medicare-covered Dental Services</b> (up to \$3,000 per plan year) These benefit options are included with your plan through New Hanover Health Advantage in partnership with Delta Dental of North Carolina. Benefits Include: oral exam, cleaning, and X-rays. You will be responsible for any cost above the dental services maximum benefit limit.			
	2 Oral Exams, 2 Cleanings per year, 1 set of X-rays per year: \$0 copay	2 Oral Exams, 2 Cleanings per Year, 1 set of X-rays per year: \$0 copay	2 Oral Exams, 2 Cleanings per year, 1 set of X-rays per year: \$0 copay
<b>Exam &amp; Cleaning</b>			
In-network:	100%	100%	100%
Out-of-network:	100%	100%	100%

	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)
<b>Bitewing Radiographs</b>			
In-network:	100%	100%	100%
Out-of-network:	100%	100%	100%
<b>Eyewear After Cataract Surgery</b> One pair of eyeglasses or contact lenses after each cataract surgery.			
In-network:	20% of the cost	20% of the cost	20% of the cost
Out-of-network:	20% of the cost	20% of the cost	20% of the cost
<b>Eyewear</b> (non-Medicare-covered) Get access to vision services beyond what Original Medicare covers, including a routine vision exam with an in-network provider.			
<b>Frames and Lenses</b>	\$300 annual allowance	\$300 annual allowance	\$300 annual allowance
<b>Glaucoma Screening</b>			
In-network:	\$0 copay	\$0 copay	\$0 copay
Out-of-network:	\$0 copay	\$0 copay	\$0 copay
<b>Vision Exam Routine</b> (1 exam per plan year)			
In-network:	\$0 copay	\$0 copay	\$0 copay
Out-of-network:	Not covered	Not covered	Not covered
<b>Vision Exam</b> (Medicare-covered)			
In-network:	\$0 - \$35 copay	\$0 copay	\$0 - \$35 copay
Out-of-network:	\$50 copay	\$40 copay	\$50 copay
<b>MENTAL HEALTH CARE</b>			
<b>Outpatient Individual Mental Health Therapy Visit</b>			
In-network:	\$35 copay	\$25 copay	\$35 copay
Out-of-network:	\$50 copay	\$40 copay	\$50 copay

	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)
<b>Outpatient Group Mental Health Therapy Visit</b>			
In-network:	\$35 copay	\$25 copay	\$35 copay
Out-of-network:	\$50 copay	\$40 copay	\$50 copay
<b>Inpatient Mental Health Visit</b>			
Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. (may require prior authorization)			
In-network:	\$160 copay per day for days 1 through 10 \$0 copay per day for days 11 through 90	\$160 copay per day for days 1 through 10 \$0 copay per day for days 11 through 90	\$160 copay per day for days 1 through 10 \$0 copay per day for days 11 through 90
Out-of-network:	\$285 copay per day for days 1 through 10 \$0 copay per day for days 11 through 90	\$285 copay per day for days 1 through 10 \$0 copay per day for days 11 through 90	\$285 copay per day for days 1 through 10 \$0 copay per day for days 11 through 90
<b>SKILLED NURSING FACILITIES</b>			
<b>Skilled Nursing Facility (SNF)</b> Our plan covers up to 100 days in an SNF. (may require prior authorization)			
In-network:	\$0 copay per day for days 1 through 20 \$203 copay per day for days 21 through 41 \$0 copay per day for days 42 through 100	\$0 copay per day for days 1 through 20 \$203 copay per day for days 21 through 41 \$0 copay per day for days 42 through 100	\$0 copay per day for days 1 through 20 \$203 copay per day for days 21 through 41 \$0 copay per day for days 42 through 100
Out-of-network:	\$0 copay per day for days 1 through 20 \$203 copay per day for days 21 through 41 \$0 copay per day for days 42 through 100	\$0 copay per day for days 1 through 20 \$203 copay per day for days 21 through 41 \$0 copay per day for days 42 through 100	\$0 copay per day for days 1 through 20 \$203 copay per day for days 21 through 41 \$0 copay per day for days 42 through 100
<b>PHYSICAL THERAPY</b>			
<b>Outpatient Physical Therapy</b> (may require prior authorization)			
In-network:	\$35 copay	\$25 copay	\$35 copay
Out-of-network:	\$50 copay	\$40 copay	\$50 copay

	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)
<b>TRANSPORTATION SERVICES</b>			
<b>Ambulance</b> (Authorization for non-emergency transportation by ambulance is required.)			
In-network:	\$265 copay	\$265 copay	\$265 copay
Out-of-network:	\$265 copay	\$265 copay	\$265 copay
<b>Transportation</b> (within the U.S. and its territories)	26 one-way health-related trips, 25-miles from your permanent residence to an in-network location: \$0 copay	26 one-way health-related trips, 25-miles from your permanent residence to an in-network location \$0 copay	26 one-way health-related trips, 25-miles from your permanent residence to an in-network location: \$0 copay
<b>Worldwide Emergency Transportation</b>	\$265 copay	\$265 copay	\$265 copay
(\$10,000 lifetime limit for worldwide urgent or emergency coverage, including transportation outside the United States)			
<b>MEDICARE PART B DRUGS</b>			
<b>Medicare Part B Drugs such as Chemotherapy Drugs</b> (may require prior authorization)			
In-network:	20% of the cost	20% of the cost	20% of the cost
Out-of-network:	20% of the cost	20% of the cost	20% of the cost
<b>Other Medicare Part B Drugs</b> (may require prior authorization)			
In-network:	20% of the cost	20% of the cost	20% of the cost
Out-of-network:	20% of the cost	20% of the cost	20% of the cost
<b>PART D PRESCRIPTION DRUGS</b>			
<p>You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. Once you have reached this amount, you will move to the next stage (the Coverage Gap Stage).</p> <p>Costs may differ based on pharmacy type or status (e.g., mail order, long-term care (LTC) or home infusion, and 30, 60, or 90 day supply).</p> <p>You may get your drugs at network retail pharmacies and mail-order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p>			
<p><b>Important Message About What You Pay for Vaccines</b> - Our plan covers most Part D vaccines at no cost to you <i>[even if you haven't paid your deductible]</i>. Call Member Services for more information.</p>			
<p><b>Important Message About What You Pay for Insulin</b> - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on <i>[even if you haven't paid your deductible]</i>.</p>			

	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)		NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)		NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)	
Initial Coverage for Standard Retail Cost-Sharing						
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
<b>Tier 1 - Preferred Generic</b>						
30-day supply	\$2 copay	\$2 copay	\$2 copay	\$2 copay	N/A	N/A
60-day supply	\$4 copay	No coverage	\$4 copay	No coverage		
90-day supply	\$6 copay		\$6 copay			
<b>Tier 2 - Generic</b>						
30-day supply	\$8 copay	\$8 copay	\$8 copay	\$8 copay	N/A	N/A
60-day supply	\$16 copay	No coverage	\$16 copay	No coverage		
90-day supply	\$24 copay		\$24 copay			
<b>Tier 3 – Preferred Brand</b>						
30-day supply	\$45 copay <i>(after deductible)</i>	\$45 copay	\$45 copay	\$45 copay	N/A	N/A
60-day supply	\$90 copay <i>(after deductible)</i>	No coverage	\$90 copay	No coverage		
90-day supply	\$135 copay <i>(after deductible)</i>		\$135 copay			
<b>Tier 4 – Non-Preferred Drug</b>						
30-day supply	\$100 copay <i>(after deductible)</i>	\$100 copay	50% of the cost	50% of the cost	N/A	N/A
60-day supply	\$200 copay <i>(after deductible)</i>	No coverage		No coverage		
90-day supply	\$300 copay <i>(after deductible)</i>					
<b>Tier 5 – Specialty Tier</b>						
30-day supply	31% of cost <i>(after deductible)</i>	31% of cost	33% of cost	33% of cost	N/A	N/A
		No coverage		No coverage		



	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)		NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)		NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)	
Initial Coverage for Standard Mail-Order Cost-Sharing						
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
<b>Tier 1 - Preferred Generic</b>						
30-day supply	\$2 copay	No coverage	\$2 copay	No coverage	N/A	N/A
60-day supply	\$6 copay		\$6 copay			
90-day supply	\$0 copay		\$0 copay			
<b>Tier 2 - Generic</b>						
30-day supply	\$8 copay	No coverage	\$8 copay	No coverage	N/A	N/A
60-day supply	\$20 copay		\$20 copay			
90-day supply	\$0 copay		\$0 copay			
<b>Tier 3 - Preferred Brand</b>						
30-day supply	\$45 copay	No coverage	\$45 copay	No coverage	N/A	N/A
60-day supply	\$90 copay		\$90 copay			
90-day supply	\$112.50 copay		\$112.50 copay			
<b>Tier 4 - Non-Preferred Drug</b>						
30-day supply	\$100 copay	No coverage	50% of the cost	50% of the cost	N/A	N/A
60-day supply	\$200 copay			No coverage		
90-day supply	\$250 copay			No coverage		
<b>Tier 5 - Specialty Tier</b>						
30-day supply	31% of cost	No coverage	33% of cost	No coverage	N/A	N/A

	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)
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**Coverage Gap**

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.

After you enter the coverage gap, for Tier 1, you continue to pay your copay; for Tiers 2-5 you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap.

Not everyone will enter the coverage gap.

**Catastrophic Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay the greater of: 5% of the cost, or \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs.

**ADDITIONAL BENEFITS**

**Chemotherapy**

For Part B chemotherapy drugs. (may require prior authorization)

In-network:	20% of the cost	20% of the cost	20% of the cost
Out-of-network:	20% of the cost	20% of the cost	20% of the cost

**Chiropractic Care**

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). (may require prior authorization)

In-network:	\$20 copay	\$20 copay	\$20 copay
Out-of-network:	\$50 copay	\$40 copay	\$50 copay

**Durable Medical Equipment**

Wheelchairs, oxygen, etc. (may require prior authorization)

In-network:	20% of the cost	20% of the cost	20% of the cost
Out-of-network:	20% of the cost	20% of the cost	20% of the cost

	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)
<b>Diabetes Monitoring Supplies</b>			
Manufacturer (Abbott Laboratories) limitations apply only to Blood Glucose Meters and Strips, and these items have a member coinsurance of 0% in-network.			
In-network:	0%-20% of the cost, depending on the supplier	0%-20% of the cost, depending on the supplier	0%-20% of the cost, depending on the supplier
Out-of-network:	20% of the cost	20% of the cost	20% of the cost
<b>Diabetes Self-Management Training</b>			
In-network:	\$0 copay	\$0 copay	\$0 copay
Out-of-network:	\$0 copay	\$0 copay	\$0 copay
<b>Foot Care</b> (Podiatry Services)			
Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.			
In-network:	\$35 copay	\$25 copay	\$35 copay Routine foot care: not covered
Out-of-network:	\$50 copay	\$40 copay	\$50 copay
<b>Home Health Care</b>			
In-network:	\$0 copay	\$0 copay	\$0 copay
Out-of-network:	\$0 copay	\$0 copay	\$0 copay
<b>Hospice</b>			
\$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare. Please contact us for more details.			
In-network:	\$0 copay	\$0 copay	\$0 copay
<b>Outpatient Cardiac Rehabilitation Service</b>			
For a maximum of two one-hour sessions per day for up to 36 sessions up to 36 weeks.			
In-network:	\$20 copay	\$0 copay	\$20 copay
Out-of-network:	\$50 copay	\$15 copay	\$50 copay
<b>Outpatient Occupational Therapy Visit</b> (may require prior authorization)			
In-network:	\$40 copay	\$30 copay	\$40 copay
Out-of-network:	\$55 copay	\$45 copay	\$55 copay

	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)
<b>Outpatient Speech and Language Therapy Visit</b> (may require prior authorization)			
In-network:	\$35 copay	\$25 copay	\$35 copay
Out-of-network:	\$50 copay	\$40 copay	\$50 copay
<b>Outpatient Substance Abuse Group Therapy Visit</b>			
In-network:	\$35 copay	\$25 copay	\$35 copay
Out-of-network:	\$50 copay	\$40 copay	\$50 copay
<b>Outpatient Substance Abuse Individual Therapy Visit</b>			
In-network:	\$35 copay	\$25 copay	\$35 copay
Out-of-network:	\$50 copay	\$40 copay	\$50 copay
<b>Outpatient Surgery at an Outpatient Hospital</b> (may require prior authorization)			
In-network:	\$265 copay	\$250 copay	\$300 copay
Out-of-network:	\$450 copay	\$350 copay	\$450 copay
<b>Prosthetic Devices and Related Medical Supplies</b> Braces, Artificial Limbs, etc. (may require prior authorization)			
In-network:	20% of cost	20% of cost	20% of cost
Out-of-network:	20% of cost	20% of cost	20% of cost
<b>Renal Dialysis</b>			
In-network:	20% of cost	20% of cost	20% of cost
Out-of-network:	20% of cost	20% of cost	20% of cost
<b>Therapeutic Shoes or Inserts for Diabetics</b>			
In-network:	20% of cost	20% of cost	20% of cost
Out-of-network:	20% of cost	20% of cost	20% of cost

**NEW HANOVER HEALTH ADVANTAGE  
SELECT (HMO-POS)**

**NEW HANOVER HEALTH ADVANTAGE  
PLATINUM (HMO-POS)**

**NEW HANOVER HEALTH ADVANTAGE  
FREEDOM (HMO-POS) (MA only)**

**EXTRAS**

**Over-the-Counter Items** Our plan covers a quarterly Over-the-Counter (OTC) benefit, which allows you to purchase OTC products. OTC quarterly limits do not carry forward. This allowance can be spent on a variety of brand-name and generic health and wellness products. You may qualify for up to an additional \$50 in over-the-counter benefits upon completion of an Annual Wellness Visit and Health Risk Assessment.

	\$60 quarterly	\$120 quarterly	\$90 quarterly
<b>Post-hospitalization Healthy Meals</b>	Plan provides the meal benefit post-discharge to any Congestive Heart Failure member, Diabetes member, or any member with 2 or more of the top 5 chronic conditions (asthma, CHF, COPD, diabetes, vascular) who has an inpatient stay for any reason or is discharged from a Skilled Nursing Facility, or discharged from an inpatient hospital with Home Care. Plan provides up to 2 home delivered meals per day, for up to 14 days. Up to 3 instances.		N/A

**WELLNESS PROGRAM**

**Fitness Benefit**

Allowance for gym membership up to \$300/year. Members can use their flex spending card to pay for gym membership fees and approved services. Does not apply to out-of-pocket maximum.

**Personal Emergency Response System Benefit**

All New Hanover Health Advantage plan members are eligible to receive personal emergency response system technology for 24/7 in-home monitoring and tools for on-the-go health monitoring. Monitoring package options available to fit members' lifestyles and budgets.

FirstCarolinaCare Insurance Company's plans are HMO and PPO plans with a Medicare contract. Enrollment in a FirstCarolinaCare plan depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat New Hanover Health Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Other Pharmacies/Physicians/Providers are available in our network.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.





# About Us

New Hanover Health Advantage is sponsored by Novant Health, southeast North Carolina's leading healthcare network. Novant Health strives to meet the highest standards for quality care and has been nationally recognized for their focus on continuous improvement.

New Hanover Health Advantage is straightforward and easy to understand, with a local team devoted to helping our members get the most out of their Medicare Advantage plan. Plus, you'll have convenient access to local hospitals and clinics. You can rest easy knowing our network includes the trusted providers and world-class specialists in Brunswick, New Hanover and Pender counties, and elsewhere throughout the region, including South Carolina in 2024. It's our objective to ensure our members receive excellent care from doctors they already know and trust.

## True Service with a Local Touch

When you call, if you are interested in meeting with us locally, let your representative know and they will arrange a meeting with one of our local New Hanover Health Advantage representatives to discuss your plan options. Our representatives are available weekdays from 8 a.m. to 5 p.m. As your trusted consultant, they can facilitate all your questions concerning:

- Benefits and how to access them
- How to navigate the information available online at [www.FirstCarolinaCare.com/NHHA](http://www.FirstCarolinaCare.com/NHHA)
- Guide you through the enrollment process and options

## Some of Our Many Extra Perks and Programs

- 24-hour Nurse Advice Line to answer your health-related questions, day or night
- Fitness benefit
- Care coordination to help you deal with chronic conditions
- Over the Counter pre-paid benefit card
- 16 one-way non-emergency medical transportation trips
- Open Dental network with \$3,000 in benefits
- Post hospitalization meals up to 14 days for certain chronic conditions (Platinum Plan Only)

**Call 1-888-384-4842 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.**

# Supplemental Benefits

## Learn More About Your Supplemental Benefits

	<p><b>Over-the-Counter Medication/ Meal Benefit/ Hearing Aid Benefit Administrator</b> 877-212-1469 NationsOTC.com/NewHanoverHealthAdvantage</p>
	<p><b>Pharmacy Benefit Administrator</b> OptumRX.com</p>
	<p><b>Dental Benefit Administrator</b> DeltaDental.com</p>
	<p><b>Vision Benefit Administrator</b> CECVision.com</p>
 VitaLine	<p><b>24-Hour Nurse Line Partner</b> 888-815-5188</p>
	<p><b>Transportation Vendor Partner Coastal CCS</b> 910-879-NEMT (6368) CoastalCCS.com</p>
	<p><b>Transportation Vendor Partner Port City Taxi</b> 910-762-1165</p>
	<p><b>Transportation Vendor Partner Wilmington Transport</b> 910-777-3900 WilmingtonTransport.com</p>



## Over-the-Counter Medication Benefits

New Hanover Health Advantage has partnered with NationsOTC® to offer members a benefit allowance to spend on a variety of brand-name and generic health and wellness products.

Over-the-Counter Item Coverage		
Plan	Benefit Allowance	Frequency
New Hanover Health Advantage Select (HMO-POS) (MAPD)	\$60	Quarterly
New Hanover Health Advantage Platinum (HMO-POS) (MAPD)	\$120	Quarterly
New Hanover Health Advantage Freedom (HMO-POS) (MA Only)	\$90	Quarterly

### Convenient Shopping Options

- Use your pre-paid card at participating retail pharmacies.
- Online at NationsOTC.com/NewHanoverHealthAdvantage
- By phone at 877-212-1469
- By mail by completing a paper order form

### Members also have access to a personalized OTC Member Portal, where you can easily:

- Search by category, price and more
- See product descriptions, images, and related condition information
- View available benefit allowance
- Order health and wellness products
- Track order status in real time

### Need help?

Reach out to FirstCarolinaCare Insurance Company Member Services at 855-291-9336 TTY: 711.

# Don't Let Cavities Eat Into Your Retirement Savings

Enroll in a **New Hanover Health Advantage Plan** that now includes a **\$3,000** annual benefit. The dental allowance includes coverage for:

- Preventive services (exams and cleanings)
- Diagnostic services (radiographs - X-rays)
- Comprehensive services (fillings, crowns, bridges, and more)

## With dental coverage through New Hanover Health Advantage, you can:

- Have access to your dentist of choice
- Choose a Medicare Advantage network provider that offers the most significant discounts, no balance billing and files claims on your behalf
- Enjoy improved overall health because



1  
120+ signs of nondental disease can be detected in a routine oral exam<sup>1</sup>



2  
A buildup of dental plaque can increase the risk for heart disease<sup>2</sup>



3  
Gum disease has been linked to diabetes risk by making the body more resistant to insulin<sup>3</sup>

Learn more and enroll in a New Hanover Health Advantage Plan today by visiting [www.firstcarolinacare.com/NHHA](http://www.firstcarolinacare.com/NHHA) or call (855) 291-9336.

Visit [www.providers4you.com/NorthcarolinaMedicareAdvantage](http://www.providers4you.com/NorthcarolinaMedicareAdvantage) to find a Medicare Advantage network provider.

FirstCarolinaCare Insurance Company is a health plan with a Medicare contract. Enrollment in FirstCarolinaCare depends on contract renewal.

<sup>1</sup> James W. Little et al., Dental Management of the Medically Compromised Patient (St. Louis: Mosby, 2012)

<sup>2</sup> TE Van Dyke and AJ van Winkelhoff, "Infection and Inflammatory Mechanisms," Journal of Clinical Periodontology 40, suppl. 14 (2013): S1-S7.

<sup>3</sup> Centers for Disease Control and Prevention. (2021, May 7). Diabetes and Oral Health. Centers for Disease Control and Prevention. Retrieved June 8, 2022, from <https://www.cdc.gov/diabetes/managing/diabetes-oral-health.html>



Visit [www.providers4you.com/Northcarolina MedicareAdvantage](http://www.providers4you.com/NorthcarolinaMedicareAdvantage) to find a Medicare Advantage network provider.

	Select Plan	Platinum Plan	Freedom Plan
	Annual Dental Benefit: \$3,000 (Applies to all covered services in-network and out-of-network)	Annual Dental Benefit: \$3,000 (Applies to all covered services in-network and out-of-network)	Annual Dental Allowance: \$3,000 (Applies to all covered services in-network and out-of-network)
<b>Preventive:</b>			
Exam & cleaning	Covered at 100%	Covered at 100%	Covered at 100%
Bitewing Radiographs	Covered at 100%	Covered at 100%	Covered at 100%
<b>Diagnostic:</b>			
Emergency Palliative Treatment - to relieve pain	\$35 Copay, then 30% Coinsurance	\$35 Copay, then 30% Coinsurance	Covered at 100%
Radiographs - full mouth series, periapical or panoramic X-ray, payable once every 5 years	\$35 Copay, then 30% Coinsurance	\$35 Copay, then 30% Coinsurance	Covered at 100%
<b>Comprehensive Services:</b>			
Fillings - amalgam & resin based composite fillings only	\$35 Copay, then 30% Coinsurance	\$35 Copay, then 30% Coinsurance	Covered at 100%
Endodontics - root canals	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Periodontics Services - to treat gum disease	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Oral Surgery - extractions and dental surgery	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Crown or Partial Crown Services (inlay and onlay), Crown repair	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Implants	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Surgical drainage of an abscess tooth	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
<b>Dentures</b>			
Complete Upper Denture	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Complete Lower Denture	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Upper Partial Denture	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Lower Partial Denture	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Denture Adjustment, Repair or Reline - for upper and lower	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
<b>Anesthesia</b>			
Evaluation for sedation or generation anesthesia	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Deep Sedation/General Anesthesia	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
IV Sedation	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
<b>Occlusal Guard</b>			
Adjustment of Occlusal Guard	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Full-Arch Hard Occlusal Guard - top or bottom	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%

# A LOOK AT YOUR CEC VISION COVERAGE

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## **SEE HEALTHY AND LIVE HAPPY WITH HELP FROM DELTA DENTAL, NEW HANOVER HEALTH ADVANTAGE, AND CEC**

As a member, you get personalized care from a CEC network doctor at low out-of-pocket costs.

### **Using Your CEC Benefit is Easy**

- 1. Create an account at [cecvision.com](http://cecvision.com).** Review your personalized benefit information.
- 2. Find a network eye doctor who's right for you.**  
Visit [cecvision.com/search](http://cecvision.com/search) or call 844-357-0358.
- 3. At your appointment, tell them you have CEC.** Present your health plan medical ID card to your network doctor.

**That's it! We'll handle the rest** — there are no claim forms to complete when you see a CEC network doctor.

### **Importance of an Eye Exam**

Your CEC network doctor will help keep you and your eyes healthy with a comprehensive exam that can detect signs of health conditions such as glaucoma, diabetes, and macular degeneration.

Early diagnosis, especially with the rapid growth of pre-diabetes and diabetes, gets you the personalized care you deserve to manage your health and feel your best.

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### **Contact Us**

Call 844-357-0358  
TTY 800-428-4833  
[www.cecvision.com](http://www.cecvision.com)

CEC Member Services is available:

Monday - Friday, 8:00 a.m. - 8:00 p.m. ET, Saturday - Sunday, 8:00 a.m. - 8:00 p.m. ET



# A LOOK AT YOUR CEC VISION COVERAGE



Delta Dental, New Hanover Health Advantage, and CEC provide you with an affordable eye care plan.

Doctor Network: CEC

Plan Effective Date: 01/01/2024

Benefit	Description	Copay	Frequency
Your Coverage with a CEC Provider			
Eye Exam	Fully covered annual routine eye exam.	\$0	Every 12 months
Eyewear Allowance	A \$300 flexible annual allowance for eyewear.  You can get frames, lenses, contact lenses, lens enhancements and non-prescription eyewear with your allowance.	\$0	Every 12 months
Contact Lens Fitting or Evaluation	Fully covered annual contact lens fitting, refit, or evaluation.	\$0	Every 12 months
Additional Savings Through In-Network Providers	Members who exceed their allowance are eligible for discounts on the overage – a 20% for glasses and a 10% discount for contact lenses.		
CEC guarantees coverage from CEC network doctors only.			

**Contact Us:** [cecvision.com](http://cecvision.com) | 844-357-0358

# Improve Health and Wellness with Your Hearing Aid Benefit

Welcome to **NationsHearing®**! As a valued **New Hanover Health Advantage** member, you have a hearing aid benefit that gives you everything you need to manage your hearing health.

## YOUR BENEFIT INCLUDES:



### **An annual hearing test with no out-of-pocket cost**

*Convenient ways to take your hearing test:*

- Call **877-212-1469 (TTY: 711)** to speak with a Member Experience Advisor who will schedule your hearing test with a local hearing aid provider
- Visit **NationsHearing.com/NewHanoverHealthAdvantage** to access your online hearing test



### **Exceptional service delivery**

*Going above and beyond your expectations with:*

- Quality care from a hearing aid provider in your area
- Access to a dedicated team of Member Experience Advisors 8 a.m. to 8 p.m. Monday through Friday
- Three follow-up visits to ensure your complete satisfaction<sup>1</sup>



### **Our promise to you**

*The latest technology from all major manufacturers, plus:*

- 60-day, 100% money-back guarantee
- Three-year manufacturers' warranty
- Three years of batteries included<sup>2</sup>

**CALL TODAY OR GO ONLINE TO GET STARTED!**

<sup>1</sup>Within the first year of fitting date <sup>2</sup>Not applicable to the purchase of rechargeable hearing aid models

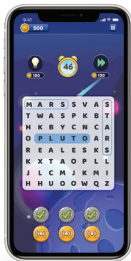
## Why Hearing Health is Important

Hearing impairment can impact almost every aspect of a person’s life. Studies have linked untreated hearing loss to conditions like diabetes, dizziness, falls, strained relationships, and compromised safety.<sup>3</sup> Fortunately, around 95% of people with hearing impairment could benefit from wearing hearing aids.<sup>4</sup> That’s why providers in our network work with you to select hearing aids that meet your lifestyle needs.

## Use your hearing aid benefit to connect with the world around you.

### State-of-the-Art Technology

Hearing technology has improved over the years. Today’s hearing aids have features designed for your comfort and convenience.



### Introducing Hearing Hunt

The game uses a multi-themed display with sound clues that ask you to listen and find hidden words while earning rewards and receiving healthy hearing tips. The auditory experience is especially helpful when paired with Bluetooth® hearing aids.

Download today!



## GET STARTED TODAY!

Call **877-212-1469 (TTY: 711)** or visit **NationsHearing.com/NewHanoverHealthAdvantage**

Member Experience Advisors are ready to serve you 8 a.m. to 8 p.m. local time, Monday through Friday. Language support services are available free of charge.



<sup>3</sup>“Hearing Loss: A Common Problem for Older Adults.” National Institute on Aging, U.S. Department of Health and Human Services, [www.nia.nih.gov/health/hearing-loss-common-problem-older-adults](http://www.nia.nih.gov/health/hearing-loss-common-problem-older-adults).

<sup>4</sup>“Quick Statistics About Hearing.” National Institute of Deafness and Other Communication Disorders, U.S. Department of Health and Human Services, 1 Apr. 2021, [www.nidcd.nih.gov/health/statistics/quick-statistics-hearing](http://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing).

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## Nurse Advice Line



VitaLine

### VitaLine:

- \$0 copay
- Call Us: 888-815-5188
- We're here 24 hours a day, seven days a week.
- VitaLine provides free prompt, confidential and personal access to health information all day and all night from experienced registered nurses and other professionally trained staff.

### Talk with a Nurse:

If you or a family member are sick or injured, a registered nurse will answer your questions and help you decide what to do.

### Physician Referral:

Nurses will give you the name of a physician who accepts your insurance, practices in a specialty you need and is close to your home or business.

### Automated Health Information:

If you are uncomfortable talking about your health care concerns and questions, a free, automated health line is available for you. If during a recording you decide you want to talk to someone, a touch of a button will immediately connect you to a registered nurse.

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## Personal Emergency Response System (PERS)

All New Hanover Health Advantage plan members can maintain their independence and give their caretakers peace of mind with 24/7 health monitoring services through NationsBenefits. The personal emergency response system (PERS) benefit includes in-home Medical Alert base units and On-The-Go systems with help buttons and ADT monitoring to fit members' lifestyles and budgets. The PERS solution offers safety at home or on-the-go with GPS location capability.



## Local Transportation and Worldwide Emergency Health Benefits

### Non-Emergency Transportation

Non-emergency transportation is provided through three locally trusted vendors: :

To schedule a ride for your medical appointments, your reservation must be made three-days in advance of your appointment:

Non-Emergency Transportation Vendors	New Hanover	Brunswick	Pender
Coastal CCS	Yes	Yes	Yes
Port City Taxi	Yes	No	No
Wilmington Transport	Yes	Yes	Yes

- Your ride will arrive within 15 minutes of scheduled pick up time
- 26 one-way trips annually to medical appointment (25-mile one-way limit) per beneficiary

### Contact Information

Coastal CCS  
 910-616-7718  
 CoastalCCS.com

Port City Taxi  
 910-762-1165

Wilmington Transport  
 910-777-3900  
 WilmingtonTransport.com

## Worldwide Emergency/Urgent Coverage

### \$10,000 ANNUAL LIMIT FOR COVERAGE OUTSIDE THE UNITED STATES AND ITS TERRITORIES

Under this benefit, enrollees may obtain only services that would be classified as emergency and urgently needed services had they been covered inside the United States. This coverage also includes ambulance services worldwide.

## Fitness Allowance Program

New Hanover Health Advantage offers our members the flexibility of choosing a fitness club of their choice through an allowance program that provides up to \$300 annually.

Fitness allowance funds can be used to pay for membership at commercial, public fitness facilities that have a full complement of supervised fitness activities and equipment; public or private golf courses; or recreational athletic sports clubs.

Members of all New Hanover Health Advantage plans can use their Flex cards to pay for covered fitness services. Each member's account will be credited \$75 quarterly for fitness expenses. There is no paperwork to fill out and no receipts need to be submitted.

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## Annual Physicals

Once you have selected your primary care provider, annual physicals and wellness visits are covered by New Hanover Health Advantage plans for no copay, whether your provider is in-network or out-of-network.

You may qualify for up to an additional \$50 in over-the-counter benefits upon completion of an Annual Wellness Visit and Health Risk Assessment.

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## Meals Benefit through NationsBenefits

After a discharge from an inpatient hospital stay, members of the New Hanover Health Advantage Platinum and Select plans with congestive heart failure (CHF) or diabetes, or any member with two or more of the top five chronic conditions (Asthma, CHF, COPD, Diabetes, and Vascular) are eligible to receive up to two home-delivered meals per day for 14 days (up to 28 meals per discharge). Plan members can utilize this benefit up to three times per benefit year.

NationsBenefits offers healthy, fresh, prepared meals that meet your nutritional needs. These thoughtfully designed meals are made from scratch, full of flavor, and contain premium ingredients.

Our prepared meals solution contributes to an overall more nutritionally balanced diet, helps with weight control, reduces stress by avoiding last-minute decisions on dining options, and saves time and money. Available chef-prepared menu options include general wellness, diabetic, low-sodium, kosher, and vegetarian options to make it easier and more convenient for you to take the necessary steps toward better health and wellness.



## Enrollment Quick Reference Guide

To start your enrollment application, you will need:



### Medicare Card

The application requires you to enter your Medicare number and your Part A and Part B effective dates.

### List of medications

So you can check the drug lookup tool to make sure your medications are covered by us.

### Primary Care Provider's Name

So you can check to make sure your primary care provider participates in our plans



Call toll free at

**1-888-384-4842.**

Hearing impaired persons call TTY 711.



By mail- Send a completed enrollment form to:

**New Hanover Health Advantage**

Application Processing Center

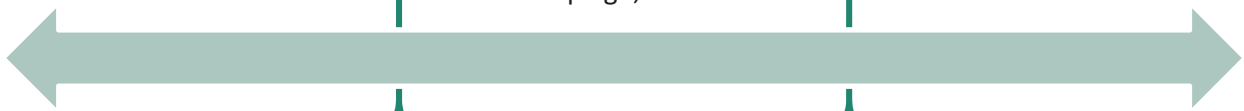
3310 Fields South Drive  
Champaign, IL 61822



Online:

Go to

[NewHanoverHealthAdvantage.com](http://NewHanoverHealthAdvantage.com)





## EVIDENCE OF COVERAGE, PROVIDER AND PHARMACY DIRECTORIES AND FORMULARY/DRUG WEB LOOK UP

### New Hanover Health Advantage is **Green!**

Help us reduce paper usage by searching for your 2024 Evidence of Coverage (EOC), network Providers, Pharmacies, or for your Formulary (a list of covered drugs) through our website. When you visit [www.NewHanoverHealthAdvantage.com](http://www.NewHanoverHealthAdvantage.com), you have access to a complete listing of plan Providers and Pharmacies, as well as a complete list of covered drugs, and a search tool you can use to find your drug on our formulary list.

#### What if I need help or would like to receive a printed copy of any of these documents?

- If you need help with these tools, or need help finding a network provider and/or pharmacy, or if you have a question about covered drugs, please call **1-855-291-9336** or visit [www.NewHanoverHealthAdvantage.com](http://www.NewHanoverHealthAdvantage.com) to access our online searchable directories.
- If you would like an Evidence of Coverage, Provider or Pharmacy Directory or a Formulary mailed to you, you may call the number above, or request one at the website link provided above.

Calls to our Member Services line are free. We are available for phone calls 8 a.m. - 8 p.m. Eastern from October 1- March 31, 7 days a week, and from April 1- September 30, Monday through Friday. Member Services also has free language interpreter services available for non-English speakers. New Hanover Health Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

## Multi-Language Insert

### Multi-Language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at (877) 210-9167 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (877) 210-9167 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 (877) 210-9167 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 (877) 210-9167 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa (877) 210-9167 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au (877) 210-9167 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi (877) 210-9167 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter (877) 210-9167 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (877) 210-9167 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону (877) 210-9167 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (877-210-9167) TTY: 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें (877) 210-9167 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero (877) 210-9167 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número (877) 210-9167 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan (877) 210-9167 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer (877) 210-9167 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、(877) 210-9167 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

## Discrimination is Against the Law

FirstCarolinaCare Insurance Company complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

FirstCarolinaCare Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

- FirstCarolinaCare Insurance Company provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact Customer Service. If you believe that FirstCarolinaCare Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity), you can file a grievance with: FirstCarolinaCare Insurance Company, Customer Service, 3310 Fields South Drive, Champaign, Illinois 61822, telephone: (800) 481-1092, fax: (217) 902-9705, [CustomerService@FirstCarolinaCare.com](mailto:CustomerService@FirstCarolinaCare.com).

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Service is available to help you.

You can also file a Civil Rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHS Building, Washington, DC 20201, (800) 368-1019, (800) 537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a sales appointment prior to any sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**Please initial below beside the type of product(s) you want the agent to discuss.  
(Please turn over for product descriptions.)**

	<b>Stand-Alone Medicare Prescription Drug Plans (Part D)</b>
	<b>Medicare Advantage Plans (Part C) and Cost Plans</b>

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan, and does not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

- Agent must wait at least 48 hours after obtaining SOA to meet with beneficiary.  
Exceptions: walk-ins and if beneficiary is 4 days or less from end of a valid election period.
- SOAs are valid only for a 12 month period from date of completion or from date enrollee requests additional information.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment or automatically enroll you in a Medicare plan.

\_\_\_\_\_  
Beneficiary or Authorized Representative Signature Date

If you are the authorized representative, please sign above and print below:

Representative's Name: \_\_\_\_\_

Your Relationship to Beneficiary: \_\_\_\_\_

**To be completed by agent:** Date Appointment Completed: \_\_\_\_\_

Agent Name and Phone:
Beneficiary Name:
Beneficiary Phone and Address:
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)
Plan(s) the agent represented during this meeting:
Agent's Signature:

If the form was signed by the beneficiary at the appointment, provide an explanation as to why the scope of appointment was not documented prior to meeting:

\*Scope of Appointment documentation is subject to CMS record retention requirements.

### Stand-Alone Medicare Prescription Drug Plans (Part D)

**Medicare Prescription Drug Plan (PDP)** — A stand-alone drug plan that adds prescription drug coverage to the Original Medicare plan, some Medicare cost plans, some Medicare private-fee-for-service plans and Medicare medical savings account plans.

### Medicare Advantage Plans (Part C) and Cost Plans

**Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Point of Service (POS) Plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. Like an HMO, you get care from an in-network primary care provider (PCP), but like a PPO, you can go out-of-network. You will generally pay less for in-network care.

**Medicare Preferred Provider Organization (PPO) Plan** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.

**Medicare Private Fee-For-Service (PFFS) Plan** — A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you—not all providers will. If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Special Needs Plan (SNP)** — A Medicare Advantage plan that has a benefit package designed for people with special healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan** — MSA plans combine a high-deductible health plan with a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** — In a Medicare cost plan, you can go to providers both in- and out-of-network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare, but you will be responsible for Medicare coinsurance and deductibles.

### Medicare Supplement Plans

**Medicare Supplement** plans are offered by private companies to help cover medical expenses Original Medicare doesn't cover. You must have Original Medicare to purchase a Medicare Supplement plan. With a Medicare Supplement plan, you can see any doctor and go to any hospital that accepts Medicare patients, but these plans don't include prescription drug coverage.

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**Who can use this form?**

**People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug Plan**

**To join a plan, you must:**

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan’s service area

**Important:** To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

**When do I use this form?**

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you’re allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

**What do I need to complete this form?**

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1. The items in Section 2 are optional — you can’t be denied coverage because you don’t fill them out.

**Reminders:**

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan’s premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

**What happens next?**

Send your completed and signed form to:

New Hanover Health Advantage  
Application Processing Center  
3310 Fields South Drive  
Champaign, IL 61822

Once they process your request to join, they’ll contact you.

**How do I get help with this form?**

Call New Hanover Health Advantage at (888) 384-4842 (TTY 711).

Or, call Medicare at (800) MEDICARE (800-633-4227). TTY users can call (877) 486-2048.

En español: Llame a New Hanover Health Advantage al (888) 384-4842 o a Medicare gratis al (800) 633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

**Individuals experiencing homelessness**

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**IMPORTANT**

**Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren’t about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See “What happens next?” on this page to send your completed form to the plan.**



# New Hanover Health Advantage

## 2024 Medicare Advantage (MA) and Medicare Advantage Prescription Drug Plan (MAPD) Individual Enrollment Form

Please contact New Hanover Health Advantage if you need information in another language or format (Braille or Large Print).

### Section 1 – All fields on this page are required (unless marked optional)

#### Select the plan you want to join:

- \$55 per month      New Hanover Health Advantage Platinum (HMO-POS)
- \$0 per month      New Hanover Health Advantage Select (HMO-POS)
- \$0 per month      New Hanover Health Advantage Freedom (HMO-POS) \* MA only

FIRST Name: \_\_\_\_\_ LAST Name: \_\_\_\_\_ Middle Initial (Optional): \_\_\_\_\_

Birth Date: ( ____ / ____ / ____ ) M M    D D    Y Y    Y Y	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number: (    )    -    ____
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Permanent Residence street address (Don't enter a PO Box):  
 \_\_\_\_\_

City: \_\_\_\_\_ County (Optional): \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing address, if different from your permanent address (PO Box allowed):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### Your Medicare information:

Medicare Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Answer these important questions:

Will you have other prescription drug coverage (like VA, Tricare) in addition to New Hanover Health Advantage?  
 Yes    No    If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: \_\_\_\_\_ Member number for this coverage: \_\_\_\_\_ Group number for this coverage: \_\_\_\_\_

### IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in New Hanover Health Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that New Hanover Health Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my New Hanover Health Advantage coverage begins, I must get all of my medical and prescription drug benefits from New Hanover Health Advantage. Benefits and services provided by New Hanover Health Advantage and contained in my New Hanover Health Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor New Hanover Health Advantage will pay for benefits or services that are not covered.

- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:

- 1) This person is authorized under State law to complete this enrollment, and
- 2) Documentation of this authority is available upon request by Medicare.

<b>Signature:</b> <b>X</b>	<b>Today's Date:</b>
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If you are the authorized representative, you must sign above and provide the following information:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Relationship to Enrollee:** \_\_\_\_\_

### Section 2 - All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin   | <input type="checkbox"/> Yes, Puerto Rican             |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a          | <input type="checkbox"/> Yes, Cuban                    |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> <b>I choose not to answer</b> |

What's your race? Select all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Black or African American     |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Filipino               | <input type="checkbox"/> Guamanian or Chamorro         |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Native Hawaiian               |
| <input type="checkbox"/> Other Asian                      | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan                        |
| <input type="checkbox"/> Vietnamese                       | <input type="checkbox"/> White                  | <input type="checkbox"/> <b>I choose not to answer</b> |

Select one if you want us to send you information in a language other than English.

- Spanish

Select one if you want us to send you information in an accessible format.

- Braille     Large print     Audio CD

Please contact New Hanover Health Advantage at (888) 384-4842 (TTY 711) if you need information in an accessible format or language other than what is listed above. Our office hours are seven days a week, 8 a.m. to 8 p.m. Voicemail is used on holidays and weekends from April 1 to September 30.

Do you work?  Yes  No

Does your spouse work?  Yes  No

List your Primary Care Physician (PCP), clinic, or health center:

I want to get the following materials via email. Select one or more.

- Using your coverage  
 Information and updates about your plan

E-mail address: \_\_\_\_\_

### Paying your plan premiums

You can pay your monthly plan premium by mail, "Electronic Funds Transfer (EFT)", or credit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

**If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay New Hanover Health Advantage the Part D-IRMAA.

#### OFFICE USE ONLY: Plan

Requested Effective Date: Mo. \_\_\_\_\_ /2023

Date Received: \_\_\_\_\_

Name of staff

member/agent/broker

(if assisted in enrollment): \_\_\_\_\_ Agent NPN: \_\_\_\_\_

ICEP/IEP

AEP

SEP  (type):

Notes:

#### PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



### Attestation of Eligibility for an Enrollment Period

**IMPORTANT: This completed form must accompany your application.**

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I have had Medicare prior to now, but am turning 65.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I'm enrolling during the Annual Enrollment Period from October 15 through December 7.
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) \_\_\_\_\_.
- I recently was released from incarceration. I was released on (insert date) \_\_\_\_\_.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) \_\_\_\_\_.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) \_\_\_\_\_.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on (insert date) \_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help or lost Extra Help) on (insert date) \_\_\_\_\_.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in or recently moved out of a Long-Term Care Facility (for example, a nursing home or other long-term care facility). I moved/will move into/out of the facility on (insert date) \_\_\_\_\_.

- I recently left a PACE program on (insert date) \_\_\_\_\_.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) \_\_\_\_\_.
- I am leaving employer or union coverage on (insert date) \_\_\_\_\_.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) \_\_\_\_\_.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) \_\_\_\_\_.
- My plan is affected by nonrenewal or service area reduction effective January 1.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency [FEMA]). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.
- Other: \_\_\_\_\_.

If none of these statements applies to you or you're not sure, please contact FirstCarolinaCare at the number for your area listed below to see if you are eligible to enroll. TTY/TDD users call 711. We are open daily 8 a.m. to 8 p.m. Voicemail is used on holidays and weekends from April 1 to September 30.

<b>Medicare Sales:</b>	
New Hanover:	(888) 384-4842

FirstCarolinaCare Insurance Company's plans are HMO and PPO plans with a Medicare contract. Enrollment in a FirstCarolinaCare Insurance Company plan depends on contract renewal. Other providers are available in our network.





NewHanoverHealthAdvantage.com

