2023

- 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)

SUMMARY OF BENEFITS

New Hanover Health Advantage

2023 Summary of Benefits

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.

January 1, 2023 – December 31, 2023

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

H6306_23_11603_M ACCEPTED 09/21/22

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

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.
- 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. 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

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). 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.

We cover the prescriptions drugs listed in our formulary at 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, 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 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, 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, 2024.
- 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.

	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)
MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY			
Premium Each Month You must continue to pay your Medicare Part B premium.	$0	$45	$0
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.			
Medical Deductible	$0	$0	$0
Prescription Drugs Deductible	$150 (Does not apply to Tier 1 and Tier 2 drugs)	$0	N/A
Medicare Part B Premium Buy-down	N/A	N/A	$75 (credit) per month
Maximum Out-of-Pocket Each Year 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	$4,500	$4,500	$4,500
In-network and Out-of-network providers	$8,950	$7,900	$8,950
COVERED MEDICAL AND HOSPITAL BENEFITS			
Inpatient Hospital Care (may require prior authorization)			
In-network:	$300 copay per day for days 1 through 6 $0 copay per day for days 7 through 90	$275 copay per day for days 1 through 6 $0 copay per day for days 7 through 90	$300 copay per day for days 1 through 6 $0 copay per day for days 7 through 90
Out-of-network:	$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
Outpatient Hospital Care (may require prior authorization)			
In-network:	$300 copay for Outpatient Surgery, 20% of the cost for other Outpatient Hospital Services	$275 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
Out-of-network:	$450 copay	$350 copay	$450 copay

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DOCTOR VISITS			
Primary Care Physician Office Visits			
In-network:	$0 copay	$0 copay	$0 copay
Out-of-network:	$0 copay	$0 copay	$0 copay
Physician Specialist Services — Excluding Cardiologists			
In-network:	$35 copay	$25 copay	$35 copay
Out-of-network:	$50 copay	$40 copay	$50 copay
Physician Specialist Services - Cardiologist			
In-network:	$35 copay	$0 copay	$35 copay
Out-of-network:	$50 copay	$40 copay	$50 copay
Intensive Cardiac Rehabilitation Services			
In-network:	$50	$0	$50
Out-of-network:	$65	$15	$65
Virtual Visits through FirstHealth on the Go 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 www.FirstCarolinaCare.com/NHHA 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

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Preventive Care Our plan covers many preventive services, including but not limited to: • Abdominal aortic aneurysm screening • Annual "Wellness" visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Immunizations, including Flu shots, Hepatitis B shots, Pneumococcal shots • Obesity screening and therapy • Prostate cancer screenings (PSA) • Screening and counseling to reduce alcohol misuse • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • "Welcome to Medicare" preventive visit (one-time)			
In-network:	$0 copay	$0 copay	$0 copay
Out-of-network:	$0 copay	$0 copay	$0 copay
EMERGENCY SERVICES			
Emergency Care 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:	$110 copay	$110 copay	$110 copay
Out-of-network:	$110 copay	$110 copay	$110 copay
URGENT CARE SERVICES			
In-network:	$35 copay	$35 copay	$35 copay
Out-of-network:	$35 copay	$35 copay	$35 copay
DIAGNOSTIC SERVICES Costs for these services may vary based on place of service and may require prior authorization.			
Diagnostic Tests, Procedures and Lab Services			
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
Diagnostic Radiology (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

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Outpatient X-rays (such as x-rays and ultrasounds)			
In-network:	$0 - $100	$0 - $100	$0 - $100
Out-of-network:	30% of the cost	30% of the cost	30% of the cost
HEARING, VISION AND DENTAL			
Diagnostic Hearing Exam Exam to diagnose and treat hearing and balance issues.			
In-network:	$35 copay	$25 copay	$35 copay
Out-of-network:	$50 copay	$40 copay	$50 copay
Hearing Aids	$750 allowance per ear	$750 allowance per ear	$750 allowance per ear
Eyewear After Cataract Surgery 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
Eyewear (non-Medicare-covered) Get access to vision services beyond what Original Medicare covers, including a routine vision exam with an in-network provider.			
Frames and Lenses	$150 allowance; eyewear every 24 months	$150 allowance; eyewear every 24 months	$150 allowance; eyewear every 24 months
Glaucoma Screening			
In-network:	$0 copay	$0 copay	$0 copay
Out-of-network:	$0 copay	$0 copay	$0 copay
Vision Exam (1 exam per plan year)			
In-network:	$35 copay	$25 copay	$35 copay
Out-of-network:	$50 copay	$40 copay	$50 copay

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Medicare-covered Comprehensive Dental Services • 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
Non-routine Dental	$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.
Non-Medicare-covered Dental Services (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
PREVENTIVE DENTAL SERVICES			
Exam & Cleaning			
In-network:	100%	100%	100%
Out-of-network:	100%	100%	100%
Bitewing Radiographs			
In-network:	100%	100%	100%
Out-of-network:	100%	100%	100%
MENTAL HEALTH CARE			
Outpatient Individual Mental Health Therapy Visit			
In-network:	$35 copay	$25 copay	$35 copay
Out-of-network:	$50 copay	$40 copay	$50 copay

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Outpatient Group Mental Health Therapy Visit			
In-network:	$35 copay	$25 copay	$35 copay
Out-of-network:	$50 copay	$40 copay	$50 copay
Inpatient Mental Health Visit 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
SKILLED NURSING FACILITIES			
Skilled Nursing Facility (SNF) 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 $196 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 $196 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 $196 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 $196 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 $196 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 $196 copay per day for days 21 through 41 $0 copay per day for days 42 through 100
PHYSICAL THERAPY			
Outpatient Physical Therapy (may require prior authorization)			
In-network:	$35 copay	$25 copay	$35 copay
Out-of-network:	$50 copay	$40 copay	$50 copay

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TRANSPORTATION SERVICES			
Ambulance (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
Transportation (within the U.S. and its territories)	16 one-way health-related trips, 25-miles from your permanent residence to an in-network location: $0 copay	16 one-way health-related trips, 25-miles from your permanent residence to an in-network location $0 copay	16 one-way health-related trips, 25-miles from your permanent residence to an in-network location: $0 copay
Worldwide Emergency Transportation	$265 copay	$265 copay	$265 copay
($10,000 lifetime limit for worldwide urgent or emergency coverage, including transportation outside the United States)			
MEDICARE PART B DRUGS			
Medicare Part B Drugs such as 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
Other Medicare Part B 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
PART D PRESCRIPTION DRUGS			
You pay the following until your total yearly drug costs reach $4,600. 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). 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). 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.			
Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you *[even if you haven't paid your deductible].* Call Member Services for more information. **Important Message About What You Pay for Insulin** - 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 *[even if you haven't paid your deductible].*			

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Initial Coverage for Standard Retail Cost-Sharing						
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Tier 1 - Preferred Generic						
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			
Tier 2 - Generic						
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			
Tier 3 – Preferred Brand						
30-day supply	$45 copay *(after deductible)*	$45 copay	$45 copay	$45 copay	N/A	N/A
60-day supply	$90 copay *(after deductible)*	No coverage	$90 copay	No coverage		
90-day supply	$135 copay *(after deductible)*		$135 copay			
Tier 4 – Non-Preferred Drug						
30-day supply	$100 copay *(after deductible)*	$100 copay	50% of the cost	50% of the cost	N/A	N/A
60-day supply	$200 copay *(after deductible)*	No coverage		No coverage		
90-day supply	$300 copay *(after deductible)*					
Tier 5 – Specialty Tier						
30-day supply	30% of cost *(after deductible)*	30% of cost	33% of cost	33% of cost	N/A	N/A
60-day supply		No coverage		No coverage		
90-day supply						

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Initial Coverage for Standard Mail-Order Cost-Sharing						
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Tier 1 - Preferred Generic						
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			
Tier 2 - Generic						
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			
Tier 3 – Preferred Brand						
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			
Tier 4 – Non-Preferred Drug						
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					
Tier 5 – Specialty Tier						
30-day supply	30% of cost	No coverage	33% of cost	No coverage	N/A	N/A
60-day supply						
90-day supply						

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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 $4,660. 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 $7,400, 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 $7,400, 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

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Diabetes Monitoring Supplies 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
Diabetes Self-Management Training			
In-network:	$0 copay	$0 copay	$0 copay
Out-of-network:	$0 copay	$0 copay	$0 copay
Foot Care (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
Home Health Care			
In-network:	$0 copay	$0 copay	$0 copay
Out-of-network:	$0 copay	$0 copay	$0 copay
Hospice $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
Outpatient Cardiac Rehabilitation Service 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
Outpatient Occupational Therapy Visit (may require prior authorization)			
In-network:	$35 copay	$25 copay	$35 copay
Out-of-network:	$50 copay	$40 copay	$50 copay

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Outpatient Speech and Language Therapy Visit (may require prior authorization)			
In-network:	$35 copay	$25 copay	$35 copay
Out-of-network:	$50 copay	$40 copay	$50 copay
Outpatient Substance Abuse Group Therapy Visit			
In-network:	$35 copay	$25 copay	$35 copay
Out-of-network:	$50 copay	$40 copay	$50 copay
Outpatient Substance Abuse Individual Therapy Visit			
In-network:	$35 copay	$25 copay	$35 copay
Out-of-network:	$50 copay	$40 copay	$50 copay
Outpatient Surgery at an Ambulatory Surgical Center (may require prior authorization)			
In-network:	$250 copay	$200 copay	$250 copay
Out-of-network:	$350 copay	$350 copay	$350 copay
Outpatient Surgery at an Outpatient Hospital (may require prior authorization)			
In-network:	$300 copay	$275 copay	$300 copay
Out-of-network:	$450 copay	$350 copay	$450 copay
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, as well as healthy food items.			
	$60 quarterly	$90 quarterly	$90 quarterly
Post-hospitalization Healthy Meals	N/A	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

	NEW HANOVER HEALTH ADVANTAGE SELECT (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE PLATINUM (HMO-POS)	NEW HANOVER HEALTH ADVANTAGE FREEDOM (HMO-POS) (MA only)
Prosthetic Devices and Related Medical Supplies 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
Renal Dialysis			
In-network:	20% of cost	20% of cost	20% of cost
Out-of-network:	20% of cost	20% of cost	20% of cost
Therapeutic Shoes or Inserts for Diabetics			
In-network:	20% of cost	20% of cost	20% of cost
Out-of-network:	20% of cost	20% of cost	20% of cost

WELLNESS PROGRAM

Fitness Benefit
Reimbursement for gym membership up to $300/year. Members can submit receipts monthly, quarterly or at the end of the year. Does not apply to out-of-pocket maximum.

Personal Emergency Response System Benefit
Platinum and Select 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 2023. 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 8:00 a.m. to 5:00 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
- 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 $3000 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.