



# Certification Agent Training

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**Plan Year 2023**

# Training Overview

- ❖ Who We Are
- ❖ Plan Benefits
- ❖ Providers
- ❖ Part D Information
- ❖ Enrollments
- ❖ Agent Compensation
- ❖ Agent Concierge
- ❖ End of Training



# Who We Are

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# Ownership & Operations

- ❖ HealthTeam Advantage (HTA) is a Medicare Advantage Plan owned by Cone Health and Novant Health.



- ❖ We have more than 15,000 members in 7 counties.
- ❖ Our legal name is Care N' Care Insurance Company of North Carolina, Inc. d/b/a HealthTeam Advantage.
- ❖ Our office is in Greensboro, N.C. and we have more than 120 employees.
- ❖ We're committed to providing the best possible healthcare with exceptional service.



# HealthTeam Advantage Vision and Mission



## VISION

Be the leading health solutions plan dedicated to *exceptional and caring experiences*



## MISSION

Improve the health and well-being of our communities through a *commitment to personalized service, quality and enhanced care experiences*

## VALUES

### INTEGRITY

We operate with a high level of integrity, doing the right thing in every situation.

### INGENUITY

We seek to maintain what works well today and be forward-thinking and anticipate what will be needed for tomorrow.

### CARING

We care for our communities and for each other.

### EXCELLENCE

We strive for excellence at every touch-point with every member and partner.

# The HealthTeam Advantage Team



Our sales and marketing team is responsible for all marketing and communications to prospects and members in addition to all internal sales efforts. While our team includes digital, graphic, and marketing specialists, these are the teammates you'll be working with directly.



**John Dunn**  
Director of  
Sales & Marketing

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John oversees our sales & marketing department. He is responsible for our FMO and agent relationships.



**Shelby Kline**  
Community Outreach  
Supervisor

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Shelby works to increase community outreach and build brand awareness for HealthTeam Advantage.



**Julie  
Kalin-Hamilton**  
Agent Concierge

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Julie supports agents before, during, and after the enrollment. Julie is also point-of-contact for commissions.

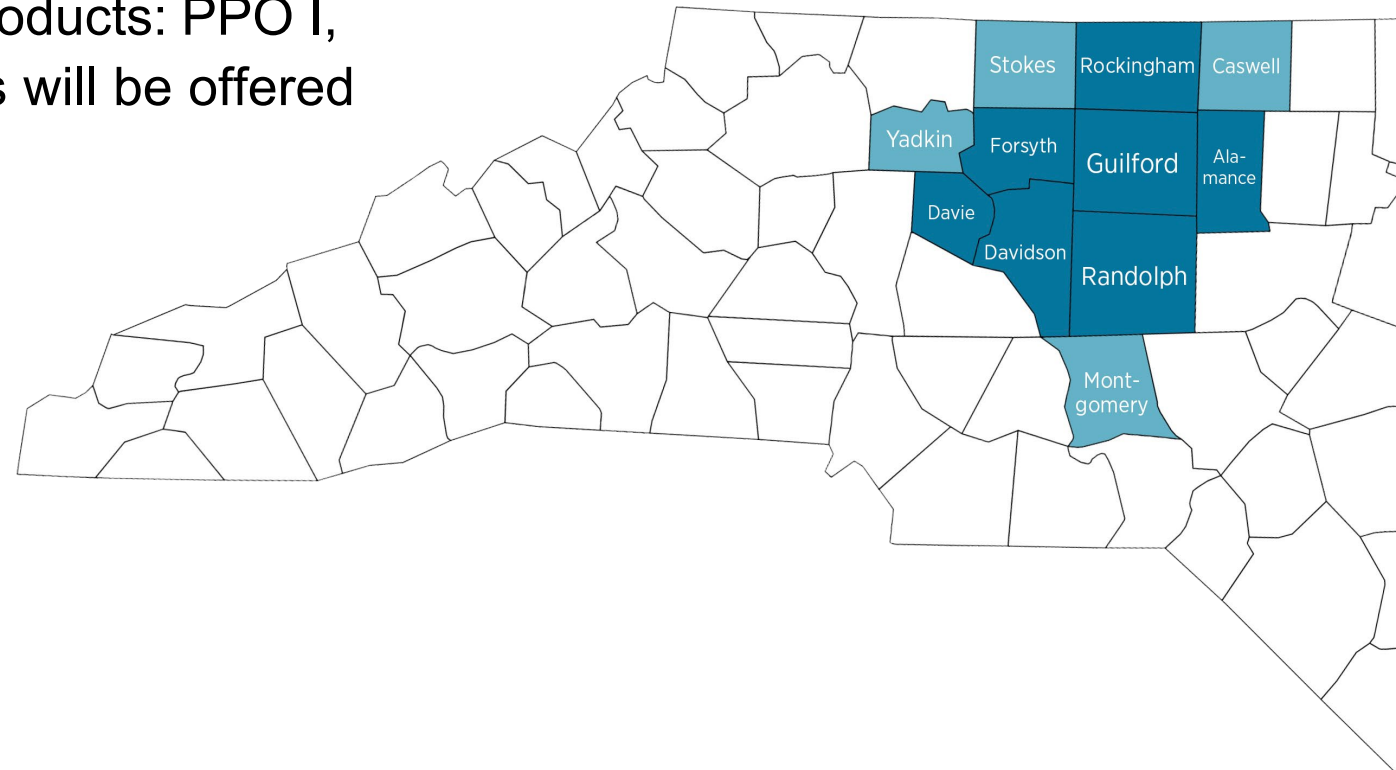
# HealthTeam Advantage Service Area



For 2023, CSNP will be available to Alamance, Guilford, Randolph & Rockingham Counties

HealthTeam Advantage will offer three products: PPO I, PPO II, and HMO CSNP. The PPO plans will be offered in these 11 counties:

- ❖ Alamance
- ❖ Caswell\*
- ❖ Davidson
- ❖ Davie
- ❖ Forsyth
- ❖ Guilford
- ❖ Montgomery\*
- ❖ Randolph
- ❖ Rockingham
- ❖ Stokes\*
- ❖ Yadkin\*



\*New counties





# 2023 Plan Benefits

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# Plan Benefits Summary

We're excited to keep preventive services for all available plans.



## DENTAL

Dental coverage includes

- \$750 for Preventive
- \$3,000 for Comprehensive — Includes Implants



## VISION

Vision includes annual exams with additional benefits for eyeglasses and contact lenses.



## HEARING

Hearing includes screenings and copayment options for hearing aids.



## FITNESS

Fitness includes SilverSneakers membership.



# Plan Benefits Summary

## Overall plan benefits are very similar to the 2022 offerings

- ❖ In-network primary care provider (PCP) copay remains \$0
- ❖ In-network specialist copay remains \$30
- ❖ In-network home health services copay remains \$0
- ❖ Addition of custodial and palliative care benefit after admission or outpatient procedure
  - Up to 20 hours post-inpatient discharge, 60 hours annual max
- ❖ Vision Administrator–VSP
- ❖ Worldwide Emergency Service - \$75,000

## Benefit Enhancements for 2023

- ❖ Enhanced Dental Administrator–Delta Dental
  - Total benefit Preventive & Comprehensive - \$3750
    - \$750 for Preventive
    - \$3000 for Comprehensive – Includes Implants
- ❖ Lower Copay for Physical, Occupational & Speech Therapy
  - \$20 copay for all Plans
- ❖ CSNP OTC will include groceries

# Plan Benefits Summary



2023	HTA Plan I (PPO) 004(H9808)	HTA Plan II (PPO) 005(H9808)	HTA CSNP (HMO) 001(H2624)
Monthly Plan Premium	\$0	\$75	\$0
Deductibles (Medical and Rx)	\$0	\$0	\$0
INN MOOP	\$3,450	\$3,200	\$5000
OON MOOP	\$5,150	\$5,150	N/A
Inpatient Hospital	Days 1-6 - \$325 copay	Days 1-5 - \$250 copay	Days 1-6 - \$225 copay
INN PCP Visit	\$0 copay	\$0 copay	\$0 copay
OON PCP Visit	\$50 copay	\$30 copay	N/A
INN Specialist Visit	\$30 copay	\$20 copay	\$20 copay; \$0 copay for endocrinologist, podiatrist, cardiologist & mental health
OON Specialist Visit	\$75 copay	\$50 copay	N/A

# Plan Benefits Summary, continued



2023	HTA Plan I (PPO) 004(H9808)	HTA Plan II (PPO) 005(H9808)	HTA CSNP (HMO) 001(H2624)
INN Preventative Care	\$0 copay	\$0 copay	\$0 copay
OON Preventative Care	\$30 copay	\$30 copay	N/A
INN Home Health Svcs	\$0 copay	\$0 copay	\$0 copay
OON Home Health Svcs	\$50 copay	\$30 copay	N/A
INN and OON Urgently Needed Services	\$30 copay	\$15 copay	\$25
INN and OON Emergency Care/Post-Stabilization Care	\$120 copay	\$90 copay	\$90 copay
INN and OON Ambulance Ground	\$250 copay for Medicare-covered ambulance benefits per one-way trip.	\$200 copay for Medicare-covered ambulance benefits per one-way trip.	\$300 copay for Medicare-covered air ambulance benefits per one-way trip.
INN and OON Ambulance Air	\$300 copay for Medicare-covered air ambulance benefits per one-way trip.	\$300 copay for Medicare-covered air ambulance benefits per one-way trip.	\$300 copay for Medicare-covered air ambulance benefits per one-way trip.

# Plan Benefits Summary, continued



2023	HTA Plan I (PPO) 004(H9808)	HTA Plan II (PPO) 005(H9808)	HTA CSNP (HMO) 001(H2624)
IN Diagnostic Test and Procedures	\$0 copay at a laboratory facility \$5 copay at an outpatient hospital facility	\$0 copay at a laboratory facility \$5 copay at an outpatient hospital facility	\$0 copay at a laboratory facility \$10 copay at an outpatient hospital facility
OON Diagnostic Test and Procedures	\$10 copay at a laboratory facility \$25 copay at an outpatient hospital facility	\$10 copay at a laboratory facility \$25 copay at an outpatient hospital facility	N/A
INN Durable Medical Equipment (DME)	20% of the cost	20% of the cost	20% of the cost
INN Diabetic Supplies & Services	\$0 copay	\$0 copay	\$0 copay
Physical, Occupational & Speech Therapy	\$20 copay	\$20 copay	\$20 copay
OTC	N/A	N/A	\$30 per quarter

# Plan Benefits Summary—Prescription



2023	HTA Plan I (PPO) 004(H9808)	HTA Plan II (PPO) 005(H9808)	HTA CSNP (HMO) 001(H2624)
Rx Drug Benefits	30 day / 90 day	30 day / 90 day	30 day / 90 day
Deductible	\$0	\$0	\$95 Tiers 4&5
Tier 1	\$5 / \$10	\$0 / \$0	\$0 / \$0
Tier 2	\$15 / \$30	\$12 / \$24	\$15 / \$30
Tier 3	\$45 / \$90	\$40 / \$80	\$45 / \$90
Tier 4	\$100 / \$200	\$80 / \$160	\$100 / \$200
Tier 5	33%	33%	31%
Tier 6	N/A	N/A	\$0

# Plan Benefits Summary—Dental



2023	HTA Plan I (PPO) 004(H9808)	HTA Plan II (PPO) 00(H9808)	HTA CSNP (HMO) 001(H2624)
<b>Dental Preventive &amp; Comprehensive</b>			
INN Preventive Services	\$0 copay \$750 annual max	\$0 copay \$750 annual max	\$0 copay \$750 annual max
INN Comprehensive Services	\$0 copay \$3000 annual max	\$0 copay \$3000 annual max	\$0 copay \$3000 annual max
OON Services	N/A	N/A	N/A



# Plan Benefits Summary—Vision



2023	HTA Plan I (PPO) 004(H9808)	HTA Plan II (PPO) 00(H9808)	HTA CSNP (HMO) 001(H2624)
<b>Eye Exams</b>			
INN MC Benefits – Eye Exam	\$0 copay	\$0 copay	\$0 copay
INN Routine Eye Exam <i>One routine eye exam per year.</i>	\$0 copay	\$0 copay	\$0 copay
INN Eye Wear Coverage Maximum - <i>Single vision, trifocal, &amp; lenticular lenses are covered in full and does not count towards the \$100 allowance.</i>	\$100	\$100	\$100

# Plan Benefits Summary—Hearing



2023	HTA Plan I (PPO) 004(H9808)	HTA Plan II (PPO) 00(H9808)	HTA CSNP (HMO) 001(H2624)
<b>Hearing Exams</b>			
INN MC Benefits - Hearing Exam <i>One routine hearing exam per year.</i>	\$30 copay	\$20 copay	\$20 copay
OON MC Benefits - Hearing Exam <i>One routine hearing exam per year.</i>	\$45 copay	\$45 copay	N/A
INN Routine Hearing Exam <i>One routine hearing exam per year.</i>	\$45 copay	\$0 copay	\$45 copay
OON Routine Hearing Exam <i>One routine hearing exam per year.</i>	\$45 copay	\$45 copay	N/A
INN Fitting/Evaluation for Hearing Aid <i>3 visits per year.</i>	\$0 copay	\$0 copay	\$0 copay
OON Fitting/Evaluation for Hearing Aid <i>3 visits per year.</i>	\$45 copay	\$45 copay	N/A

# Plan Benefits Summary Hearing, continued



2023	HTA Plan I (PPO) 004(H9808)	HTA Plan II (PPO) 00(H9808)	HTA CSNP (HMO) 001(H2624)
<b>Hearing Aids</b>			
<b>INN and OON Hearing Aids</b> <i>Up to two TruHearing-branded hearing aids every year (one per ear per year).</i>	\$499 - \$799	\$499 - \$799	\$499 - \$799
Hearing Exams and Hearing Aids – Authorization and Referrals	Not Required	Not Required	Not Required
<b>INN and OON Hearing Aids</b> <i>Up to two TruHearing-branded hearing aids every year (one per ear per year).</i>	\$499 - \$799	\$499 - \$799	\$499 - \$799

## SilverSneakers

Members receive a complimentary membership to the SilverSneakers fitness program. Staying healthy and active is important to a member's overall health.

### How can a member get started?

1. Verify eligibility (HealthTeam Advantage is a participating health plan), enroll, and receive a member ID
2. Find nearby locations
3. Take the SilverSneakers card or 16-digit member ID to any location

## What's included?

- ❖ Access to fitness equipment
- ❖ Specially-designed, signature exercise classes for all fitness levels\*\*
- ❖ Pools, tennis courts and walking tracks\*\*
- ❖ 14,000+ fitness and community locations nationwide (you can enroll at multiple locations)
- ❖ Social events in the community
- ❖ Online resources with nutrition and fitness tips

*\*\*Classes and amenities vary by location. Classes not offered at all locations.*

# HTA Diabetes & Heart Care HMO-CSNP



The CNSP includes same benefits as PPO plan, with the following differences, specific to the needs of diabetic and chronic heart failure (CHF) members:

- ❖ Available counties: Alamance, Guilford, Randolph & Rockingham
- ❖ \$0 copay for days 1-20 SNF
- ❖ \$90 ER copay/\$20 urgent care copay
- ❖ \$0 copay for cardiologist, endocrinologist, podiatrist & mental health
- ❖ \$0 copay for cardiac & pulmonary rehabilitation
- ❖ \$30/quarter for over-the-counter, will now include groceries

Additional Rx tier (Tier 6) includes medications used to treat diabetes and heart conditions and vaccines. All medications are covered for \$0 copay in the initial coverage phase. Generic medications and Senior Savings model insulins are covered at a stable, predictable \$0 copay through the coverage gap as well. Members who are LIS eligible will be charged their LIS coinsurance in the coverage gap, this is due to CMS guidelines and CMS not allowing members to benefit from 2 discount programs simultaneously.



# Providers

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## How to find a provider:

- ❖ Visit [HealthTeamAdvantage.com](https://HealthTeamAdvantage.com)
- ❖ Click Find a Provider—Search Now on the homepage
- ❖ From the Find a Provider listing, select Find a Provider
- ❖ A PDF Provider Directory is also available online

*The Provider Directory is updated monthly.*



# Part D Information

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## Essential Information

HTA **DOES NOT** have a preferred pharmacy network. We have a national pharmacy network that includes more than 65,000 pharmacies. There is a pharmacy locator tool available on the HTA website.

- ❖ There are five (5) cost-sharing tiers for drugs on the formulary (or drug list).
- ❖ The Part D benefit **DOES NOT** have a deductible.
- ❖ There is a Medication Lookup tool and a Comprehensive Formulary (pdf) on the HTA website that is updated monthly. We also post a Formulary Addendum that contains the positive and negative changes that occur each month.
- ❖ **NOT ALL** insulins are covered under Part D. If the insulin is being used in an infusion pump (considered Durable Medical Equipment. (DME)) that was paid for by Medicare Part B or the supplies (DME) are being covered under Part B, THEN the insulin is covered under Part B.
- ❖ Generic medications can be found on any tier of the formulary. NOT ALL generics are low cost.

## The Five Drug Tiers Definitions

Tier	Name	Composition
Tier 1	Preferred Generics	Generic drugs that are available at the lowest cost share for this plan
Tier 2	Generics	Generic and some very low-cost brand drugs that are available at a higher cost to you than drugs in Tier 1.
Tier 3	Preferred Brands	Generic or brand drugs that are available at a lower cost to you than drugs in Tier 4
Tier 4	Non-Preferred Drugs	Generic or brand drugs that are available at a higher cost to you than drugs in Tier 3
Tier 5	Specialty Drugs	Generic or brand drugs that are the highest-cost. This tier is not eligible for a Tiering Exception

## Copays or Coinsurance, continued

Stage 1 Yearly Deductible Stage	Stage 2 Initial Coverage Stage	Stage 3 Coverage Gap Stage
<p>Because there is NO deductible for the plan, this payment stage does NOT apply to the member..</p>	<p>Plan pays its share of the drug costs and the member pays their share.</p> <p>Start in this stage - when the member fills first prescription of the year.</p> <p>During this stage - the plan pays its share of the cost of drugs and the member pays their share of the cost.</p> <p>Remain in this stage - until the year-to-date “total drug costs” (the members cost plus any Part D plan’s cost) total \$4,660.</p> <p>(Details are in the EOC)</p>	<p>Plan provides some drug coverage.</p> <p>For Tier 1 generic drugs - member pays either Tier 1 copayment or 25% of the costs, whichever is lower. For all other covered generic drugs - the member pays 25% of the costs.</p> <p>For covered brand name drugs - the member pays 25% of the price (plus a portion of the dispensing fee). Remain in this stage - until the member year-to-date “out of-pocket costs” (the members cost or TrOOP) reach a total of \$7,400.</p> <p>This amount and rules for counting costs toward this amount have been set by Medicare.</p> <p>(Details are in the EOC)</p>

## Vaccine Benefits

- ❖ Some vaccines are considered **ALWAYS** medical benefits. (Ex: Influenza vaccine and Pneumonia vaccines)
- ❖ Please see Chapter 4 of the EOC for coverage information
- ❖ Other vaccines are considered Part D drugs. (Ex: Shingles vaccine)

**Part D covered vaccines will process at the Tier identified in the formulary.**

## Cost for Part D vaccines

- ❖ Two parts to the coverage of Part D vaccines:
  - The cost of the vaccine medication itself.
  - The cost of administration of the vaccine.
- ❖ Where is the vaccine being purchased and administered?
  - **Pharmacy**—North Carolina allows pharmacists to administer some vaccines but not all states allow
    - Member will only pay their share of the cost which is determined by the Tier and benefit phase and the plan will pay the remainder
  - **Doctors office**
    - Member will have to pay the entire cost for both the vaccine medication and administration of the vaccine. Member can ask the plan to pay back for share of the cost by following the procedures described in Chapter 7 of the EOC.

## Medication Look Up at [www.HealthTeamAdvantage.com](http://www.HealthTeamAdvantage.com)

1. Click “**For Members**” on the homepage
2. Click “**2023 Pharmacy Information**”.
3. Click “**Medication Look Up**”.
4. Type the first three letters of the drug name.
5. Select the correct drug by the full name as well as the dosage form and strength.

*Examples to Reference  
Testing may apply to specific examples*

Example Search #1

Selection  
Drug Search: novolin n suspension 100 unit/ml subcutaneous  
1 drug(s) found  
To view other medications in a therapeutic class, click any class hyperlink in your search results.


Results

Brand Name Generic Name	Therapeutic Class Sub-class	Dose/Strength	Status	Notes & Restrictions
Novolin N Suspension 100 Unit/ML Subcutaneous <i>insulin nph (human) (isophane)</i>	<a href="#">Blood Glucose Regulators</a> <a href="#">Insulins</a>	SUSPENSION 100 UNIT/ML	<b>T3</b> Tier 3	










Example Search #2

Selection  
Drug Search: zostavax suspension reconstituted 19400 unt/0.65ml subcutaneous  
1 drug(s) found  
To view other medications in a therapeutic class, click any class hyperlink in your search results.

Results

Brand Name Generic Name	Therapeutic Class Sub-class	Dose/Strength	Status	Notes & Restrictions
Zostavax Suspension Reconstituted 19400 Unt/0.65MI Subcutaneous <i>zoster vaccine live</i>	<a href="#">Immunological Agents</a> <a href="#">Vaccines</a>	SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	<b>T3</b> Tier 3	 NO MAIL

## Formulary Restrictions

Definition of Restrictions		
Icon	Restriction	Definition
	Gap Coverage	We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
	HR	According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available. These medications require prior authorization if you are 65 years of age or older.
	Limited Access	This Prescription May be Available Only at Certain Pharmacies
	NMO	Not available through Mail Order.
	Prior Authorization	Prior Authorization Required for All Patients
	Prior Authorization - New Starts	Prior Authorization Required Only for Patients Not Previously Receiving This Medication
	Prior Authorization- Part B vs. Part D	Prior Authorization- Part B vs. Part D, This Prescription May be Covered Under Medicare Part B or D Depending on the Circumstances
	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.



# Enrollments

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## Submitting Enrollment Application Forms

You may submit an enrollment application by selecting one of the methods below:

### Complete an online enrollment as a Sales Agent. (Preferred Method)

Agent Enrollment Form Link: <https://healthteamadvantage.com/for-agents/>

- Locate the proper online enrollment link, per benefit year under plan website
- The “**Agent ID**” is the Nation Producer Number (NPN)
- Agents will receive a confirmation number after the submission is complete
- Agents will have the option to save and/or print the copy of the enrollment at the end
- Automatically feeds into our enrollment system
- Although it is not necessary to send these two forms to HTA (Scope of Appointment (SOA) and Application Checklist) we strongly recommend (especially when entering an online enrollment) maintaining copies of both for your records and in the event HTA requests copies for audit and/or compliance purposes.

## Submitting Enrollment Application Forms, continued

### Fax the physical/paper enrollment application form.

- Agent Support General **Fax Number:** (800) 905-9131
- If the email confirmation is **NOT** received within **four hours**, please contact the Agent Concierge immediately by phone (855)547-0344



# Agent Compensation

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## Compensation Rate Adjustment for CY 2023

As provided in 42 C.F.R. §§422.2274(b)(1) and 423.2274(b), the compensation amount paid to an independent agent or broker for an enrollment must be **at or below** the fair market value (FMV) cut-off amounts published yearly by CMS. The chart below summarizes the CY 2023 FMV cut-off amounts for all organizations.

- ❖ The Initial Year amount is the maximum allowable to be paid for enrollments during compensation cycle-year 1.
- ❖ The 2-renewal amount is the maximum allowable to be paid for enrollments during compensation cycle-years 2 and beyond.

# Agent Compensation, continued



## Proration Schedule

Commissions payable by the Plan will be distributed in the following manner:

	January	February	March	April	May	June
<b>Cycle Year 1</b>	\$601.00	\$601.00	\$601.00	\$601.00	\$601.00	\$601.00
<b>Renewal</b>	\$25.08	\$25.08	\$25.08	\$25.08	\$25.08	\$25.08
<b>Like Product</b>	\$301.00	\$275.92	\$250.83	\$225.75	\$200.67	\$175.59
	July	August	September	October	November	December
<b>Cycle Year 1</b>	\$601.00	\$601.00	\$601.00	\$601.00	\$601.00	\$601.00
<b>Renewal</b>	\$25.08	\$25.08	\$25.08	\$25.08	\$25.08	\$25.08
<b>Like Product</b>	\$150.51	\$125.43	\$100.34	\$75.26	\$50.16	\$25.08

**Note:** The FMV amounts for CY 2023 are rounded to the nearest dollar.

## Processing Payments

- ❖ Commissions are paid the **month of the effective date** and payments are made according to the guidelines set fourth by the FMO (in agreement with the plan).
- ❖ FMO has the option to receive the full payment and they will distribute the agent's portion, or they can only receive their override portion and the agent portion will then be paid direct to the agent either by check or direct deposit.
- ❖ FMOs also have the option to set up payments for sub agencies.
- ❖ Commissions payable by HTA on the **15th of each month** to all sales entities.
  - Holidays and weekends may impact delivery date

## Important Reminders

- ❖ To begin and/or continue offering plan benefits and receive compensation, agents must be currently licensed by the North Carolina Department of Insurance (NCDOI) and complete all the annual trainings and re-certifications.
  - Medicare core
  - CMS FWA
  - CMS Compliance
  - HTA training & exam
- ❖ No commissions can be earned or paid without a fully executed agent and FMO agreement.
- ❖ Renewal compensation for renewal years will not be paid if the agreement is terminated for cause.
- ❖ Plan-to-Plan changes are not compensated.
- ❖ Optional Comprehensive Rider(s) are not compensated.
- ❖ The following forms offered by HTA could impact a book of business and/or compensations:
  - Book of Business Transfer Form
  - Assignment of Commission Form
  - FMO Transfer Release Form.

## Payment Type Definitions, continued

- ❖ **Renewals**—Enrollment year two and beyond at a rate of 1/12th of 50% of the annual fair market value, as determined by CMS. For 2023, the Renewal Compensation rate is \$25.08 per enrollee, per month. Renewal Compensation for renewal years will not be paid if the agreement is terminated for cause.
- ❖ **Chargeback**—Plan shall have the right to require the agent to promptly refund all compensation paid to agent for any enrollee who:
  - Voluntarily dis-enrolls from a plan product within the **first three months** of the Initial Enrollment Year; or
  - If CMS retroactively dis-enrolls the individual, to the date of such dis-enrollment
- ❖ If an Enrollee dis-enrolls from a plan product after the **first three months**, plan will prorate the refund
- ❖ Agent shall not be required to refund agent compensation if the reason for the dis-enrollment is on the list of reasons provided by CMS that specifically disallows such chargeback (i.e. death, move, low income subsidy eligibility).
- ❖ Plan shall have the right to withhold the amount of any refund due to plan from all future payments of compensation until the amount of the refund is satisfied.
- ❖ **Adjustments For a Payment or a Chargebacks (“Off-sets”)**—Plan may offset any agent compensation by any amount owed by agent to plan or owed by plan to the agent. Retroactively pay or recoup funds based on retroactive beneficiary changes (retroactive enrollment or disenrollment) for the current calendar year and the previous calendar year.





# Agent Concierge

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## Assisting Sales Agents

The Agent Concierge is dedicated to assist licensed agents who are contracted with HealthTeam Advantage. The Agent Concierge is here to help throughout the sales and enrollment process. As well as assisting with member matters, and more!

### Our Agent Concierge Can Help:

- ❖ Check Application Status
- ❖ Check Enrollment Status
- ❖ Check Eligibility
- ❖ Answer Benefit Questions (*does not guarantee coverage*)
- ❖ Product Certification/Contracting
- ❖ Answer Commission Questions
- ❖ Provide Enrollment Kits & Supplies
- ❖ Online Application Support
- ❖ Redirect member matters to the Healthcare Concierge's Department

### Contact Information

HealthTeam Advantage Agent Concierge

Phone: (855) 547-0344

Email for Assistance:

[agentsupport@htanc.com](mailto:agentsupport@htanc.com)

The Agent Concierge is available from  
8 a.m. to 5 p.m., Monday through Friday.

# End of Training—What's Next?



Now that you've viewed each slide of the product training presentation you may proceed to the 2023 HealthTeam Advantage Certification Exam.

You will have six attempts to successfully pass the exam with a minimum score of 85%.

Good Luck!

For a copy of this training presentation please contact Agent Support at (855) 547-0344 or [agentsupport@htanc.com](mailto:agentsupport@htanc.com).