



2026 Summary of Benefits

January 1 - December 31, 2026

Troy Medicare HMO



Troy Medicare HMO

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. **To get a complete list of services we cover, call us and ask for the Evidence of Coverage. You can also visit our website at www.TroyMedicare.com to review and obtain.**

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare Health Plan. There are different types of Medicare health plans. **Troy Medicare is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) approved by Medicare and run by a private company.** Troy Medicare has a Medicare contract and enrollment depends on annual renewal of our contract with Medicare.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Troy Medicare covers and what you pay.

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.

If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

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

This document is available in other formats such as Braille, audio, and large print. This document may be available in a non-English language.

For additional information, call us at 1-888-494-TROY (8769). TTY 711.

Things to know about Troy Medicare HMO

Hours of Operation

Our hours of operation depend on the time of the year. We are available:

- 8:00 am to 8:00 pm, Monday through Friday, April through September
- 8:00 am to 8:00 pm, seven (7) days a week, October through March

If you need to contact us, you can contact our Member Services department at the following numbers:

- If you are a member of this plan, call toll-free **1-888-494-TROY (8769)**.
- If you are not a member of this plan, call toll-free **1-888-494-TROY (8769)**.
- For hearing and speech impaired, please dial **711** (TTY/TDD users).
- If you speak a language other than English, we also have language line services free of charge and available to you. We also provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us.
- You can also get plan information on our website at www.troymedicare.com

Who can join?

This plan is available to anyone who is eligible for Medicare Part A and Part B and resides in one of our service areas.

Our current service areas are: **Alexander, Anson, Bladen, Buncombe, Burke, Caldwell, Catawba, Chatham, Columbus, Cumberland, Durham, Franklin, Granville, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Lee, McDowell, Mitchell, Montgomery, Moore, Orange, Person, Polk, Richmond, Robeson, Sampson, Scotland, Swain, Transylvania, Vance, and Yancey counties in North Carolina.**

Which doctors, hospitals, and pharmacies can I use?

Troy Medicare has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must use network pharmacies to fill your prescriptions for covered Part D drugs. Troy has a preferred network of pharmacies. This preferred network of pharmacies is a select network of local pharmacies designed to help save you money on your prescriptions and provide prescription management. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary. Costs for your medications may differ based on pharmacy type or status (for example, preferred/non-preferred, long-term care (LTC) or home infusion) and 30-or 90-day supply.

You can access our provider and pharmacy directories at our website, www.troymedicare.com. Or, you can

call us, and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare Advantage health plans, we cover everything that Original Medicare covers - and more. Our plan members get all the benefits covered by Original Medicare, Part C and Part D plans, as well as supplemental benefits including Dental, Vision, Over the Counter, and Hearing Aids.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website www.troymedicare.com. Or, you can call us, and we will send you a copy of the formulary.

There are certain services that require an authorization, and those services are identified with a note or an asterisk (*).

As a member of this plan, you must choose a Primary Care Provider (PCP) who is responsible for coordinating your health care. Your PCP will work with the plan when an authorization is required. Your PCP will also coordinate your health care with a specialist if you need to see a specialist or are currently seeing a specialist.

Benefits, premiums and/or copayments and/or coinsurance may change on January 1 of each year. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. We provide information on the coverage stages and what you pay at each stage. We also provide you with our coverage tiers and what you pay for drugs within each tier. If you have questions about a specific drug, you can ask us or call us to find out if it is on our formulary and how much it will cost you as a member of our plan.

Summary of benefits

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?	There is no plan premium. You must continue to pay your Medicare Part B Premium and any Late Enrollment Premiums.
How much is the deductible?	There is no plan deductible.
Is there any limit on how much I will pay for my covered services?	There is a maximum out of pocket you could pay of \$3,950 per year.

Covered Medical and Hospital Benefits

Inpatient Hospital Care* (prior authorization rules may apply)	There is a \$400 copayment per day for days 1-5 for each inpatient admission. There is a \$0 copayment after day 5 for each inpatient admission. Your copayment will be applied for each admission unless you have met your out-of-pocket limit of \$3,950 .
Outpatient Hospital* (prior authorization rules may apply)	There is a \$350 copayment per visit for Medicare-covered Outpatient Hospital services. There is a \$350 copayment per visit for Medicare-covered Observation services.
Ambulatory Surgery Center* (prior authorization rules may apply)	There is a \$350 copayment per visit for Medicare-covered Ambulatory Surgery services.
Doctor Office Visits	There is a \$0 copayment per PCP visit. There is a \$0 copayment per Specialist visit.

Preventive Care

Preventive Care

\$0 copayment for Medicare-covered preventive services including those listed below:

- Abdominal aortic aneurysm screenings
- Alcohol misuse screenings and counseling
- Bone mass measurement
- Breast cancer screening and mammograms
- Cardiovascular disease behavioral therapy
- Cardiovascular disease screenings
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings
- Depression screenings
- Diabetes screenings
- Diabetic self-management training
- Glaucoma tests
- Hepatitis B & C screening tests
- HIV screenings
- Lung cancer screenings
- Medical nutrition therapy services
- Obesity screenings and counseling
- Prostate cancer screenings
- Sexually transmitted infections screenings and counseling
- Shots, including flu shots, hepatitis B shots, pneumococcal, and Covid-19 shots
- Tobacco use cessation counseling
- Welcome to Medicare preventive visit
- Annual Wellness Visit
- Routine Physical Exam
- Medicare Diabetes Prevention Program

Any additional preventive services approved by Medicare during the contract year will be covered.

Emergency Services

Emergency Care

There is a **\$110** copayment for emergent care received in an emergency room.

This copayment is waived if admitted to the hospital within 24 hours of receiving care.

Urgently Needed Services

There is a **\$0** copayment for urgent care received in an urgent care center.

Ambulance

(prior authorization rules may apply for air ambulance services)

There is a **\$255** copayment for Medicare-covered ground ambulance services.

There is a **20%** coinsurance for Medicare-covered air

ambulance services.*

Diagnostic Tests and Imaging

Diagnostic Tests, Lab and Radiology Services, and X-Rays*

(Costs for these services may be different if received in an outpatient surgery setting)
(prior authorization rules may apply)

There is a **\$0** copayment for laboratory testing services.

There is a **\$0** copayment for blood and transfusion services.

There is a **\$10** copayment for X-ray services.

There is a **\$10** copayment for Medicare-covered diagnostic procedures/tests.

There is a **\$50** copayment for advanced radiological services, such as a CT scan, MRI, or MRA.

There is a **20%** coinsurance for radiation therapy services.

Hearing, Dental and Vision Services

Hearing Services

There is no copayment or coinsurance for Medicare-covered hearing services.

There is no copayment or coinsurance for routine hearing services received from an in-network provider.

There is a **\$825** allowance for routine hearing exams, fitting and evaluation for hearing aids, and hearing aids every 2 years for both ears combined from the Troy network provider Hearing Care Solutions.

Dental Services*

See the *Evidence of Coverage* for a full list of covered services.

(prior authorization rules may apply)

There is a **20%** coinsurance for Medicare-covered dental services.

There is a **\$0** copayment for preventive dental services, including exams, cleanings, X-rays, and fluoride.

There is **\$0** copayment for comprehensive dental services including fillings, dentures and root canals.

The plan will pay up to **\$3,000** per calendar year for preventive and comprehensive dental services combined.

Vision Services

There is no copayment Medicare-covered vision services.

There is a **\$50** allowance toward an annual Routine eye exam once a year.

There is a **\$200** allowance toward Routine eyewear each year.

Mental Health Care

Mental Health Care*

(prior authorization rules may apply)

Inpatient Mental Health

There is a **\$400** copayment for days 1-5 for each inpatient admission at a psychiatric hospital.

There is a **\$0** copayment after day 5 for each inpatient admission at a psychiatric hospital.

Your copayment will be applied for each admission unless you have met your out-of-pocket limit of **\$3,950**.

Outpatient Mental Health and Substance Abuse

There is a **\$45** copayment for each individual or group outpatient mental health therapy session.

Skilled Nursing and Rehabilitation

Skilled Nursing Facility (SNF)*

(prior authorization rules may apply)

There is no copayment for Medicare-covered SNF admission for days 1-20.

There is a **\$214** copayment per day for days 21 – 100.

Outpatient Rehabilitation*

(prior authorization rules may apply)

There is a **\$20** copayment for each physical therapy visit.

There is a **\$20** copayment for each occupational therapy visit.

There is a **\$20** copayment for each speech therapy visit.

Transportation

Non-Emergency Transportation*

(prior authorization rules may apply)

There is no coinsurance, copayment, or deductible for covered non-emergency Transportation Services.

You are covered for **24** one-way trips to plan-approved locations within the plan service area.

Additional Covered Medical Benefits

Medicare Part B prescription drugs*

(prior authorization rules may apply)

There is a **20%** coinsurance for each Medicare-covered Part B Drug.

Additional Telehealth Services

You pay a **\$0** copayment for telehealth services with your Primary Care Physician, Specialists and for individual outpatient mental health sessions.

Durable Medical Equipment (DME) (wheelchairs, oxygen, etc.)*

(prior authorization rules may apply)

There is a **20%** coinsurance for DME items

Diabetes Supplies and Services*

(prior authorization rules may apply)

There is a **\$0** copayment for preferred diabetic testing supply brands: ACCU-CHEK®, Dexcom, and FreeStyle Libre®.

There is a **20%** coinsurance for therapeutic custom-molded shoes and inserts.

Additional Covered Benefits

Supplemental Benefits*

(prior authorization rules may apply)

There is no copayment for the following supplemental benefits:

Physical Fitness:

Members may choose a Fitness Center membership or an online fitness platform, to support fitness activity at home.

Health Education:

Telephonic coaching: Health education program that allows members to request written education materials relevant to their health profile and personal goals. Services include assigned care manager and regular telephonic engagement.

Enhanced Disease Management:

Outreach and Engagement: Focused outreach and engagement for members with complex disease states. Services include assigned care manager and regular telephonic engagement.

Readmission Prevention:

Includes medication reconciliation, enhanced pharmacy services and telephonic coaching.

In-Home Support Services:

In-home support services to connect members with needed services for activities of daily living including, but not limited to: Assisting members with transportation, grocery shopping, appointment scheduling, care gap reminders and light house help.

Over-the-Counter Allowance

Medication that does not require a prescription and/or health-related medical supplies.

There is a **monthly \$20** allowance for Medicare-eligible Over-the-Counter drugs and health-related items. This amount does not roll over to the next month if unused.

Pest Control Services**

Members may request reimbursement for Pest control services for covered pests to regulate or eliminate the intrusion of household pests that may impact a chronic condition and ensure the health, welfare, and safety of members.

Up to 3 (three) visits per year reimbursed. Contact Member Services for details on how to request reimbursement. Contact your Troy Medicare Care Manager for information about accessing these services, limitations and requirements.

****Important SSBCI Information:**

These benefits are offered under the Special Supplemental Benefits for the Chronically Ill (SSBCI) program. Chronic conditions covered under the SSBCI program include, but are not limited to the following: Cancer, Cardiovascular disorders, Chronic heart failure, Diabetes, Sleep and Stroke. Coverage is subject to eligibility requirements and all applicable eligibility requirements must be met before the benefit is provided.

Eligibility for this benefit cannot be guaranteed based solely on your chronic condition.

Coverage is dependent upon additional factors. Not all members will qualify. For more information, please reach out to our customer service team.

Prescription Drug Benefits

If you don't receive Extra Help for your drugs, you will pay the following.

Stage 1 Yearly Deductible	Stage 2 Initial Coverage	Stage 3 Catastrophic Coverage
Because there is no deductible for the plan, this payment stage does not apply to you.	<p>You begin in this stage when you fill your first prescription of the year.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>You stay in this stage until your year-to-date “out-of-pocket prescription drug costs” reach \$2,100.</p> <ul style="list-style-type: none">● All Insulins: \$35 Copay or less for a retail 30-day supply.● Cost-sharing is applicable in the Initial Coverage and only applies to beneficiaries who are not eligible for Low Income Subsidy cost-sharing.	During this stage the plan will pay all of the cost of your drugs for the rest of the calendar year (through December 31, 2026).

Troy Medicare Pharmacy Network

Our pharmacy network includes ***standard and preferred pharmacies***. You can go to either type of network pharmacy to receive your covered prescriptions drugs. **However, your cost share is lower at a preferred pharmacy.**

Cost-Sharing Tier	Preferred retail cost-sharing (in-network)	Preferred retail cost-sharing (in-network)	Standard retail cost-sharing (in-network)	Standard retail cost-sharing (in-network)
	UP TO A 30-DAY SUPPLY	UP TO A 90-DAY SUPPLY	UP TO A 30-DAY SUPPLY	UP TO A 90-DAY SUPPLY
Tier 1 Preferred Generic	\$0 copayment	\$0 copayment	\$10 copayment	\$30 copayment
Tier 2 Generic	\$5 copayment	\$15 copayment	\$20 copayment	\$60 copayment
Tier 3 Preferred Brand	\$25 copayment	\$75 copayment	\$40 copayment	\$120 copayment
Tier 4 Non-preferred	\$100 copayment	\$300 copayment	\$100 copayment	\$300 copayment
Tier 5 Specialty	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6 Vaccines	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment

Troy Medicare's pharmacy network includes **limited lower-cost, preferred pharmacies in our service areas**. The lower costs advertised in our plan materials for these pharmacies may not be at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call member service at **1-888-494-TROY (8769)**, TTY users dial **711**.

Or consult the online directory at www.troymedicare.com.

Cost-Sharing Tier	Long-Term Care Pharmacy (in-network) UP TO A 31-DAY SUPPLY	Out-of-network cost-sharing Coverage limited to certain situations UP TO A 30-DAY SUPPLY
Tier 1 Preferred generic	\$10 copayment	\$10 copayment
Tier 2 Generic	\$20 copayment	\$20 copayment
Tier 3 Preferred Brand	\$40 copayment	\$40 copayment
Tier 4 Non-preferred	\$100 copayment	\$100 copayment
Tier 5 Specialty	33% coinsurance	33% coinsurance
Tier 6 Vaccines	\$0 copayment	\$0 copayment

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. 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.

Troy Medicare HMO complies with applicable Federal civil rights laws and does not discriminate or treat people differently because of race, color, national origin, ancestry, age, disability, ethnicity, sex, sexual orientation, gender, gender identity or expression, marital status, religion or language.

Troy Medicare HMO:

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 Member Services at **1-888-494-TROY (8769) TTY 711**.

If you believe that Troy Medicare HMO has failed to provide these services or discriminated in any way based on race, color, national origin, age, disability, or sex, you can file a grievance by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. Troy Medicare's Civil Rights Coordinator can be contacted by mail:

Online: compliance@troymedicare.com

Mail: Civil Rights Coordinator

Troy Medicare Compliance Department

P.O. Box 1378

Westborough, MA 01581

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, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Troy Medicare, PO Box 1293, Westborough, MA 01581

1-888-494-TROY (8769)

(TTY/TDD users, please call 711)



www.troymedicare.com

We're here for you from:

October - March: 8:00 am - 8:00 pm 7-days a week

April - September: 8:00 am - 8:00 pm Monday through Friday