



# 2026 Summary of Benefits

January 1 - December 31, 2026

**Troy Medicare for Dual-eligible  
Beneficiaries (HMO D-SNP)**



# Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)

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, visit our website at [www.TroyMedicare.com](http://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 for Dual-eligible Beneficiaries (HMO D-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) approved by Medicare and run by a private company.** Troy has a Medicare contract and enrollment depends on annual renewal of our contract with Medicare. Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) also has a contract with state Medicaid.

## 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 for dual-eligible beneficiaries (HMO D-SNP)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Medicaid 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 users should call 711).**

# Things to know about Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)

## 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

## Troy Medicare Contact Information

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](http://www.troymedicare.com)

## Who can join?

To enroll in Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP), a Dual-eligible Special Needs Plan, you must be entitled to Medicare Part A and enrolled in Medicare Part B, live in our service area and also receive certain levels of assistance from the North Carolina Medical Assistance program (Medicaid). If you receive both Medicare and Medicaid benefits, this means you are a Dual-eligible beneficiary.

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.**

**Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) may enroll dual-eligible beneficiaries who are in one of these Medicaid Categories:**

**Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).

**Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited

assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

**Full Benefit Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

## **More about Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)**

The Comprehensive Benefit Chart shows the benefits you will receive from Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) and how Medicaid covers your cost sharing for those plan benefits.

The Medicaid Benefits chart lists the benefits you could receive from Medicaid if you are eligible for full Medicaid benefits. If you are entitled to Medicaid benefits, your care coordinator will work with you to assist you in understanding and accessing the Medicare and Medicaid benefits you may be entitled to. For the most current North Carolina Medicaid coverage information, please visit the North Carolina Medicaid website at [www.ncdhhs.gov/dma/medicaid/medicare.htm](http://www.ncdhhs.gov/dma/medicaid/medicare.htm) or call the Medicaid Hotline at 1-800-662-7030 (TTY: 711).

## **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. Our pharmacy network may change at any time. You will receive notice when necessary.

You can access our provider and pharmacy directories at our website, [www.troymedicare.com](http://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](http://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

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change from the amounts below.

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

#### All costs reflect NC Medicaid Cost Share Assistance

<b>How much is the monthly premium?</b>	<b>\$0</b> with full "Extra Help"
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<b>How much is the deductible?</b>	There is no plan deductible.
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<b>Is there any limit on how much I will pay for my covered services?</b>	<b>\$0</b>
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### Covered Medical and Hospital Benefits

<b>Inpatient Hospital Care*</b> (prior authorization rules may apply)	<b>\$0</b> copay
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<b>Outpatient Hospital*</b> (prior authorization rules may apply)	<b>\$0</b> copay
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<b>Ambulatory Surgery Center*</b> (prior authorization rules may apply)	<b>\$0</b> copay
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<b>Doctor Office Visits</b>	<p><b>\$0</b> copayment per PCP visit.</p> <p><b>\$0</b> copayment per Specialist visit. (No Referral Required)</p>
<b>Preventive Services</b>	<p><b>\$0</b> copayment for Medicare-covered preventive services including those listed below:</p> <ul style="list-style-type: none"> <li>● Abdominal aortic aneurysm screenings</li> <li>● Alcohol misuse screenings and counseling</li> <li>● Bone mass measurement</li> <li>● Breast cancer screening and mammograms</li> <li>● Cardiovascular disease behavioral therapy</li> <li>● Cardiovascular disease screenings</li> <li>● Cervical and vaginal cancer screenings</li> <li>● Colorectal cancer screenings</li> <li>● Depression screenings</li> <li>● Diabetes screenings</li> <li>● Diabetic self-management training</li> <li>● Glaucoma tests</li> <li>● Hepatitis B &amp; C screening tests</li> <li>● HIV screenings</li> <li>● Lung cancer screenings</li> <li>● Medical nutrition therapy services</li> <li>● Obesity screenings and counseling</li> <li>● Prostate cancer screenings</li> <li>● Sexually transmitted infections screenings and counseling</li> <li>● Shots, including flu shots, hepatitis B shots, pneumococcal, and Covid-19 shots</li> <li>● Tobacco use cessation counseling</li> <li>● Welcome to Medicare preventive visit</li> <li>● Annual Wellness Visit</li> <li>● Routine Physical Exam</li> <li>● Medicare Diabetes Prevention Program</li> <li>● Any additional preventive services approved by Medicare during the contract year will be covered</li> </ul>

## Emergency Services

<b>Emergency Care</b>	<b>\$0</b> copayment for emergent care received in an emergency room.
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<b>Urgently Needed Services</b>	<b>\$0</b> copayment for urgent care received in an urgent care center.
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<b>Ambulance</b> (prior authorization rules may apply for air ambulance services)	<b>\$0</b> copayment for Medicare-covered ground ambulance services. <b>\$0</b> copayment for Medicare-covered air ambulance services.*
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## Diagnostic Tests and Imaging

<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays*</b>	<b>\$0</b> copayment for laboratory testing services. <b>\$0</b> copayment for blood and transfusion services. <b>\$0</b> copayment for X-ray services.
(Costs for these services may be different if received in an outpatient surgery setting) (prior authorization rules may apply)	<b>\$0</b> copayment for Medicare-covered diagnostic procedures/tests <b>\$0</b> copayment for advanced radiological services, such as a CT scan, MRI, or MRA. <b>\$0</b> copayment for radiation therapy services.

## Hearing, Dental and Vision Services

<b>Hearing Services</b>	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 <b>\$825</b> 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.
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### Dental Services\*

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

(prior authorization rules may apply)

There is a **\$0** copayment 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.

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### Vision Services

There is no copayment Medicare-covered vision services.

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

There is a **\$200** allowance toward eyewear each year (eyeglasses or contact lenses).

## Mental Health Care

### Mental Health Care\*

(prior authorization rules may apply)

#### Inpatient Mental Health

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

#### Outpatient Mental Health and Substance Abuse

There is a **\$0** 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 stay.

### Outpatient Rehabilitation\*

(prior authorization rules may apply)

- There is a \$0 copayment for each physical therapy visit.
- There is a \$0 copayment for each occupational therapy visit.
- There is a \$0 copayment for each speech therapy visit.

## Transportation

<b>Non-Emergency Transportation*</b> <p>(prior authorization rules may apply)</p>	<ul style="list-style-type: none"> <li>• There is no coinsurance, copayment, or deductible for covered non-emergency Transportation Services.</li> <li>• You are covered for <b>32 one-way trips</b> to plan-approved locations within the plan service area.</li> </ul>
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## Additional Covered Medical Benefits

### Medicare Part B prescription drugs\*

(prior authorization rules may apply)

There is a **\$0** copayment 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\*

(wheelchairs, oxygen, etc.)

(prior authorization rules may apply)

There is a **\$0** copayment 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 **\$0** copayment for therapeutic custom-molded shoes

## Additional Covered Benefits

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**Supplemental Benefits\***

(prior authorization rules may apply)

There is no copayment for the following supplemental benefits:

**Physical Fitness:**

Members may choose both a Fitness Center membership or an online fitness program 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.

Contact Member Services for details on how to utilize these benefits.

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**Over-the-Counter Allowance**

Medication that doesn't require a prescription and/or health-related medical supplies.

There is a **\$115 monthly** allowance for Medicare-eligible Over-the-Counter drugs and health-related items. This amount does not roll over to the next month if unused.

Contact Member Services for details on how to utilize this benefit.

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**General Support for Living\*\***

Members may request reimbursement of General living expenses like rent assistance, utilities, internet payments, etc. **up to \$25 per**

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**month.** This amount does not roll over to the next month if unused.

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**Healthy Foods Debit Card\*\***

Members receive a **\$60 monthly** allowance, on a Healthy Foods Debit Card to spend at participating retailers towards the purchase of healthy foods. This amount does not roll over to the next month if unused.

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**\*\* 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

<b>Stage 1</b> Yearly Deductible	<b>Stage 2</b> Initial Coverage	<b>Stage 3</b> Catastrophic Coverage
<p><b><u>If you receive “Extra Help” you will not pay a deductible and the amount shown below will not apply to you.</u></b></p> <p>You stay in this stage until your year-to-date total drug costs exceed \$615.</p> <p>This plan was filed with the standard Part D deductible of \$615.</p>	<p>If your eligibility for Medicaid or “Extra Help” changes, your cost sharing may change.</p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>You stay in this stage until your year-to-date <b>“out-of-pocket prescription drug costs”</b> reach \$2,100. Cost-sharing is applicable in the Initial Coverage phase of the Part D benefit, once you have paid \$2,100 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>If your eligibility for Medicaid or “Extra Help” changes, your cost sharing may change.</p> <p>During this stage, the plan will pay <b>all of the cost of your drugs</b> for the rest of the calendar year (through December 31, 2026).</p>

## Troy Medicare Pharmacy Network

Cost-Sharing Tier	Standard retail cost-sharing (in-network)  UP TO A 30-DAY SUPPLY	Standard retail cost-sharing (in-network)  UP TO A 90-DAY SUPPLY
<b>Tier 1</b> Preferred Generic	\$0 copayment  You pay \$0 per month supply of each covered insulin product on this tier.	\$0 copayment  You pay \$0 per month supply of each covered insulin product on this tier.
<b>Tier 2</b> Generic	Cost varies based on your “Extra Help” level:  <ul style="list-style-type: none"> <li>You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>	Cost varies based on your “Extra Help” level:  <ul style="list-style-type: none"> <li>You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>
<b>Tier 3</b> Preferred Brand	Cost varies based on your “Extra Help” level:  <ul style="list-style-type: none"> <li>You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is</li> </ul>	Cost varies based on your “Extra Help” level:  <ul style="list-style-type: none"> <li>You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>

Cost-Sharing Tier	Standard retail cost-sharing (in-network)  UP TO A 30-DAY SUPPLY	Standard retail cost-sharing (in-network)  UP TO A 90-DAY SUPPLY
	lesser.	
<b>Tier 4</b> Non-preferred	Cost varies based on your “Extra Help” level: <ul style="list-style-type: none"> <li>You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>	Cost varies based on your “Extra Help” level: <ul style="list-style-type: none"> <li>You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>
<b>Tier 5</b> Specialty	Cost varies based on your “Extra Help” level: <ul style="list-style-type: none"> <li>You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>	Cost varies based on your “Extra Help” level: <ul style="list-style-type: none"> <li>You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>
<b>Tier 6</b> Vaccines	\$0 copayment	\$0 copayment

<b>Cost-Sharing Tier</b>	<b>Long-Term Care Pharmacy (in-network)</b>  UP TO A 31-DAY SUPPLY	<b>Out-of-network cost-sharing</b> Coverage limited to certain situations  UP TO A 30-DAY SUPPLY
<b>Tier 1</b> Preferred Generic	<ul style="list-style-type: none"> <li>• \$0 copayment.</li> <li>• You pay \$0 per month supply of each covered insulin product on this tier.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copayment.</li> <li>• You pay \$0 per month supply of each covered insulin product on this tier.</li> </ul>
<b>Tier 2</b> Generic	<p>Cost varies based on your “Extra Help” level:</p> <ul style="list-style-type: none"> <li>• You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>• You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>	<p>Cost varies based on your “Extra Help” level:</p> <ul style="list-style-type: none"> <li>• You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>• You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>
<b>Tier 3</b> Preferred Brand	<p>Cost varies based on your “Extra Help” level:</p> <ul style="list-style-type: none"> <li>• You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>• You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>	<p>Cost varies based on your “Extra Help” level:</p> <ul style="list-style-type: none"> <li>• You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>• You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>



<b>Cost-Sharing Tier</b>	<b>Long-Term Care Pharmacy (in-network)</b>  UP TO A 31-DAY SUPPLY	<b>Out-of-network cost-sharing</b> Coverage limited to certain situations  UP TO A 30-DAY SUPPLY
<b>Tier 4</b> Non-preferred	<p>Cost varies based on your “Extra Help” level:</p> <ul style="list-style-type: none"> <li>You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>	<p>Cost varies based on your “Extra Help” level:</p> <ul style="list-style-type: none"> <li>You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>
<b>Tier 5</b> Specialty Drugs	<p>Cost varies based on your “Extra Help” level:</p> <ul style="list-style-type: none"> <li>You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>	<p>Cost varies based on your “Extra Help” level:</p> <ul style="list-style-type: none"> <li>You pay <i>between</i> \$0 - \$12.65 per prescription OR 25% of the total cost, whichever is lesser.</li> <li>You pay <i>between</i> \$0 - \$12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.</li> </ul>
<b>Tier 6</b> 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 for Dual-eligible Beneficiaries (HMO D-SNP) complies with applicable Federal civil rights laws and does not discriminate 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 for Dual-eligible Beneficiaries (HMO D-SNP):**

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 users dial 711**.

If you believe that Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) 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](mailto: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>.

## NC Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid. The benefits described below are covered by Medicaid. You can see what North Carolina Division of Health Benefits covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. Coverage of the benefits described below depends upon your level of Medicaid eligibility. Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. Please see your Medicaid Member Handbook for details on the cost sharing and additional benefits covered.

The Medicaid information included in this section is current as of 10/1/2025. All Medicaid covered services are subject to change at any time. For the most current North Carolina Medicaid coverage information, please visit the North Carolina Medicaid website at <https://medicaid.ncdhhs.gov/> or call the Medicaid Hotline at 1-800-662-7030 (TTY: 711).

<b>Benefit</b>	<b>North Carolina Medicaid</b>	<b>Troy Medicare for Dual- eligible Beneficiaries (HMO D-SNP)</b>
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Preventive Care	Covered Age 21 or over	Covered
Emergency Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-rays	Covered	Covered
Hearing Services	Covered Adult only	Covered
Dental Services	Covered	Covered
Vision Services	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered

Ambulance	Covered	Covered
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<b>Benefit (continued)</b>	<b>North Carolina Medicaid</b>	<b>Troy Medicare for Dual- eligible Beneficiaries (HMO D-SNP)</b>
Transportation (Routine)	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Covered - Limited	Covered
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered



**Troy Medicare, PO Box 1293, Westborough, MA 01581**

**1-888-494-TROY (8769)**

(TTY/TDD users, please call 711)

**[www.troymedicare.com](http://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