



Annual Notice of Change for 2026

You're enrolled as a member of **Troy Medicare (HMO)**.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Troy Medicare (HMO).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at troymedicare.com or call Member Services at 1-888-494-TROY (8769) (TTY users call 711) to get a copy by mail.

More Resources

- *We must provide a Notice of Availability of language assistance services and auxiliary aids and services that at a minimum states that our plan provides language assistance services and appropriate auxiliary aids and services free of charge.* Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call Member Services at 1-888-494-TROY (8769) (TTY users call 711) for more information.
- Hours are:
 - 8:00 am to 8:00 pm EST, Monday through Friday, April through September
 - 8:00 am to 8:00 pm EST, seven (7) days a week, October through March.

This call is free.

- Our plan has people and free interpreter service available to answer questions from disabled and non-English speaking members. We can also give you information in braille, in large print or other alternate formats at no cost if you need it.

About Troy Medicare (HMO)

- Troy Medicare is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in Troy Medicare depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Troy Health Inc. When it says “plan” or “our plan,” it means Troy Medicare (HMO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Troy Medicare (HMO).** Starting January 1, 2026, you'll get your medical and drug coverage through Troy Medicare (HMO). Go to Section 2 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section [edit section number as needed] 1 for details.)	\$3950	\$3950
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$0 per visit	\$0 per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	There is a \$400 copayment for days 1-5 for each inpatient admission. There is a \$0 copayment after day 5 for each inpatient admission.	There is a \$400 copayment for days 1-5 for each inpatient admission. There is a \$0 copayment after day 5 for each inpatient admission.
Part D drug coverage deductible (Go to Section 1 for details.)	Deductible: \$0 Copayment/Coinsurance as applicable during the Initial Coverage Stage at a standard pharmacy:	Deductible: \$0 Copayment/Coinsurance as applicable during the Initial Coverage Stage at a standard pharmacy:

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Section) 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$10 copayment • Drug Tier 2: \$20 copayment • Drug Tier 3: \$40 copayment • Drug Tier 4: \$100 copayment • Drug Tier 5: 33% coinsurance • Drug Tier 6: \$0 copayment <p>Copayment/Coinsurance as applicable during the Initial Coverage Stage at a preferred pharmacy:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copayment Tier 1 Insulin: \$0 • Drug Tier 2: \$5 copayment • Drug Tier 3: \$25 copayment Tier 3 Insulin: \$25 copayment • Drug Tier 4: \$100 copayment • Drug Tier 5: \$33% coinsurance <p>Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p>Copayment, Coinsurance as applicable during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$10 copayment • Drug Tier 2: \$20 copayment • Drug Tier 3: \$40 copayment • Drug Tier 4: \$100 copayment • Drug Tier 5: 33% coinsurance • Drug Tier 6: \$0 copayment <p>Copayment, Coinsurance as applicable during the Initial Coverage Stage at a preferred pharmacy:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copayment Tier 1 Insulin: \$0 • Drug Tier 2: \$5 copayment • Drug Tier 3: \$25 copayment Tier 3 Insulin: \$25 copayment • Drug Tier 4: \$100 copayment • Drug Tier 5: \$33% coinsurance

	2025 (this year)	2026 (next year)
		Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1: Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$3950	\$3950 Once you've paid \$3950 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 Provider Directory at troymedicare.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider Directory:

- Visit our website at troymedicare.com.
- Call Member Services at 1-888-494-TROY (8769) (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-888-494-TROY (8769) (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* at troymedicare.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at troymedicare.com
- Call Member Services at 1-888-494-TROY (8769) (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-888-494-TROY (8769) (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Pest Control Services	<p>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.</p> <p>Up to 5 (five) visits per year reimbursed.</p>	<p>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.</p> <p>Up to 3 (three) visits per year reimbursed.</p>
Emergency Room Services	\$120 Copay	\$110 Copay
Outpatient Hospital Services	\$350 Copay	<p>\$350 Copay</p> <p>Diagnostic colonoscopy: \$150 Copay</p>

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.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically. **You can get the complete Drug List** by calling Member Services at 1-888-494-TROY (8769) (TTY users call 711) or visiting our website at troymedicare.com.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-888-494-TROY (8769) (TTY users call 711) for more information.

We can immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name

drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions.

Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: [www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You can also call Member Services at 1-888-494-TROY (8769) (TTY users call 711) or ask your health care provider, prescriber, or pharmacist for more information.]

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by October 15, call Member Services at 1-888-494-TROY (8769) (TTY users call 711) and ask for the LIS Rider.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 Preferred Generic:	<p><i>Standard cost sharing:</i> You pay \$10.</p> <p>You pay \$10 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$0.</p> <p>You pay \$0 per month supply of each covered insulin product on this tier.</p>	<p><i>Standard cost sharing:</i> You pay \$10.</p> <p>You pay \$10 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$0.</p> <p>\$0 per month supply of each covered insulin product on this tier.</p>
Tier 2 Generic:	<p><i>Standard cost sharing:</i> You pay \$20.</p> <p>You pay \$20 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$5.</p> <p>You pay \$5 per month supply of each covered insulin product on this tier.</p>	<p><i>Standard cost sharing:</i> You pay \$20.</p> <p>You pay \$20 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$5.</p> <p>You pay \$5 per month supply of each covered insulin product on this tier.</p>

Tier 3 Preferred Brand:	<p><i>Standard cost sharing:</i></p> <p>You pay \$40.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i></p> <p>You pay \$25.</p> <p>You pay \$25 per month supply of each covered insulin product on this tier.</p>	<p><i>Standard cost sharing:</i></p> <p>You pay \$40.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i></p> <p>You pay \$25.</p> <p>You pay \$25 per month supply of each covered insulin product on this tier.</p>
Tier 4 Non-Preferred Brand:	<p><i>Standard cost sharing:</i></p> <p>You pay \$100 per prescription.</p> <p><i>Preferred cost sharing:</i></p> <p>You pay \$100 per prescription.</p>	<p><i>Standard cost sharing:</i></p> <p>You pay \$100 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i></p> <p>You pay \$100 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>
Tier 5 Specialty:	<p><i>Standard cost sharing:</i></p> <p>You pay 33% of the total cost.</p>	<p><i>Standard cost sharing:</i></p> <p>You pay 33% of the total cost.</p> <p>You pay \$35 per month supply of each covered</p>

	<p>Preferred cost sharing: You pay 33% of the total cost.</p>	<p>insulin product on this tier.</p> <p>Preferred cost sharing: You pay 33% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>
Tier 6 Vaccines:	<p>Standard cost sharing: You pay \$0 per prescription.</p> <p>Preferred cost sharing: You pay \$0 per prescription.</p> <p>Once you have paid \$2000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Standard cost sharing: You pay \$0 per prescription.</p> <p>Preferred cost sharing: You pay \$0 per prescription.</p> <p>Once you have paid \$2100 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2: How to Change Plans

To stay in Troy Medicare (HMO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our *Troy Medicare (HMO)*.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from *Troy Medicare (HMO)*.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from *Troy Medicare (HMO)*.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-888-494-TROY (8769) (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the Medicare & You 2026 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3: Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** North Carolina has a program called Medicare and Seniors' Health Insurance Information Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the HMAP (HIV Medication Assistance Program). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call HMAP (HIV Medication Assistance Program). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare

health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 1-704-709-1920 (TTY users call 711) or visit www.Medicare.gov.

SECTION 4: Questions?

Get Help from Troy Medicare (HMO)

- **Call Member Services at 1-888-494-TROY (8769). (TTY users call 711.)** Calls to these numbers are free.

We're available for phone calls:

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

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Troy Medicare (HMO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at troymedicare.com or call Member Services at 1-888-494-TROY (8769) (TTY users call 711) to ask us to mail you a copy.

- **Visit troymedicare.com**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In North Carolina, the SHIP is called Medicare and Seniors' Health Insurance Information Program.

Call Medicare and Seniors' Health Insurance Information Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Medicare and Seniors' Health Insurance Information Program at 1-855-408-1212. Learn more about Medicare and Seniors' Health Insurance Information Program by visiting ncdoi.com/SHIIP.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2026**

The *Medicare & You* 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notification of Availability of Electronic Materials

Current Plan Materials and forms can be found online at: <https://www.troymedicare.com> under "Plan Information" at the top. Here you can access: Your plan *Summary of Benefits*, *Provider and Pharmacy Directories*, *Formulary* or "*Drug List*", and your plan *Evidence of Coverage*.

The 2026 Troy Medicare (HMO) *Evidence of Coverage* and updated plan materials will be available at <https://www.troymedicare.com> no later than October 15th, 2025. You may request a printed "hard copy" of these materials by calling Member Services at: 1-888-494-TROY (8769) TTY: 711.

Troy Medicare Contacting you via Text Messaging

When you enrolled with Troy Medicare, you may have provided us with your cellular phone number. By providing your phone number, you consented to receive text messages from us regarding important updates, reminders, and information related to your health insurance coverage. If you do not want to be included any longer, please contact our Member Services to stop receiving these texts. Message and data rates may apply. You can end text messages when you receive them by replying STOP. For more information, please contact Troy Medicare Member Services.

Opt-Out Notice

You may decide at any time to opt out of being contacted by Troy Medicare about plan business or other Medicare products we may offer. You will still receive calls regarding your current Troy Medicare plan. To opt out, please call MemberServices at: 1-888-494-TROY (8769) TTY: 711.

Disclaimers

Plans are offered through Troy Medicare, a Medicare Advantage HMO and HMO SNP organization with a Medicare contract. Enrollment in these plans depends on the plan's contract renewal with Medicare. Troy Medicare HMO SNP also has a contract with state Medicaid. Benefits, formulary, provider, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year. Troy may offer supplemental benefits in addition to Part C benefits and Part D benefits. Troy does not discriminate or exclude people because of their race, color, national origin, ancestry, age, disability, ethnicity, sex, sexual orientation, gender, gender identity or expression, marital status, religion, or language.

We offer services that may help you. These services include aids for people with disabilities, language assistance through interpreters and information written in other languages. These are free at no charge to you. If you need any of these services, please call us at the number on the back of your member ID card.

If you think you were treated unfairly because of your race, color, national origin, age, disability, or sex, you can send a complaint (also called a grievance) to the Civil Rights Coordinator. If you need help filing a grievance, the Plan's Civil Rights Coordinator can help you.

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 online: <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 <https://www.hhs.gov/ocr/complaints/index.html>.