Troy
MEDICARE

2026 Enrollment Kit

Troy Medicare (HMO)
Troy Medicare for Dual-Eligible Beneficiaries (HMO D-SNP)

A PLAN
YOU CAN
LOVE ♥

Table of Contents

Scope of Appointment

The Centers for Medicare and Medicaid Services requires sales agents for Troy Medicare to complete a scope of appointment to ensure you understand what will be discussed between you and the Troy Medicare sales agent. All information provided on this form is confidential and should be completed by Medicare beneficiaries, or their representatives, prior to the sales appointment. The appointment must occur 48 hours or more after receipt of the scope of appointment.

Please initial beside boxes you wish the agent to discuss.

- ☐ Medicare Health Maintenance Organization (HMO) – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can get your care only from doctors or hospitals in the plan's network (except in emergencies).
- ☐ Medicare Preferred Provider Organization (PPO) Plan – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.
- ☐ Medicare Private Fee-For-Service (PFFS) Plan – A Medicare Advantage Plan in which you may go to any Medicare-approved provider that accepts the plan's payment, terms and conditions and agrees to treat you. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to treat you and you can see out-of-network providers at a higher cost.
- ☐ Medicare Special Needs Plan (SNP) – A Medicare Advantage Plan that has a benefit package designed for people with special health care needs.
- ☐ Medicare Medical Savings Account (MSA) Plan – MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
- ☐ Medicare Cost Plan – In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services from an out-of-network provider, your Medicare-covered services will be paid for under Original Medicare, but you will be responsible for Medicare coinsurance and deductibles.
- ☐ Stand-alone Medicare. Prescription Drug Plans

By signing this form, you agree to a meeting with a sales agent to discuss the types of plans you indicated above. Please note, the person who will discuss the plan options is a licensed insurance sales agent and affiliated with Medicare Advantage or Prescription Drug Plans. This agent may be paid based on your enrollment with a plan. This agent does not work directly for the Federal government.

By signing this form, you have no obligation to enroll, your current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____ Date: _____

An authorized representative must be appointed to act per State regulations. If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name:	Agent Phone:
Agent Address:	
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Agent Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date of Appointment	

Instructions for Agents:

If you are doing a sales presentation with a Medicare beneficiary, you MUST have a documented Scope of Appointment, what you will be discussing with the beneficiary, prior to the appointment. A beneficiary can not agree to the Scope of Appointment over the phone and sign the document later. Documentation must be in writing in the form of a signed document by the beneficiary. You must send this documentation with each enrollment to Troy Medicare.

If the scope of appointment was signed by the beneficiary at the time of appointment, provide an explanation as to why a Scope of Appointment was not documented prior to the appointment.

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Troy
MEDICARE

Welcome to Troy

Healthcare can be confusing.

Healthcare can be confusing. That's why a passionate group of pharmacists, doctors and engineers determined to remove the confusion founded a healthcare company with plan options that we believe are comprehensive and easy for everyone to understand.

Affordability.

After seeing firsthand the struggles Medicare beneficiaries face when it comes to obtaining prescription medication, Troy was founded with the goal of providing accessible and affordable health insurance to Medicare beneficiaries in rural and underserved communities. Nothing is more important than the peace of mind that comes with knowing you' recovered at a price you can afford. And we make this a reality.

Transparency.

"Health insurance, no BS" is not just a catchy phrase. Transparency—for our members, providers and pharmacists—is what drives our every decision.

Simplicity.

While other plans confuse Medicare beneficiaries with dozens of options and convoluted benefits, we believe in simplicity. Which is why we have 2 very simple plan options. It doesn't get simpler than that.

Community.

We partner with local, independent pharmacies who know their customers well to help meet our members' needs. Working hand-in-hand, we ensure that each member receives tailored, hyper-local care that a large insurance company could never provide.

We look forward to welcoming you to the Troy family.

The ABC and D's of Medicare

Find the plan that's right for you

Original Medicare (Medicare Parts A and B) are provided by the federal government.

A. Medicare Part A (hospital insurance)

Covers hospital stays and inpatient care, including surgery, x-rays and radiation treatment, skilled nursing facility, hospice and home care. Most people do not pay a premium for Part A.

B. Medicare Part B (medical insurance)

Covers doctor visits, Part B covered drugs, preventive services, ambulance, outpatient hospital and home health care. You may have to pay a monthly premium for Part B.

Original Medicare leaves holes in your coverage—such as 20% of your costs (Medicare only covers 80%) and does not cover prescription drugs. As a result, many choose a Medicare Advantage Plan.

C. Medicare Part C (Medicare Advantage)

Medicare Advantage plans cover all of the Medicare Part A and Part B benefits, plus many include Part D coverage for prescription drugs and extra benefits such as hearing, vision, dental coverage and more. You must continue paying for Part B coverage and you may have to pay a monthly premium for Part C.

D. Medicare Part D (drug coverage)

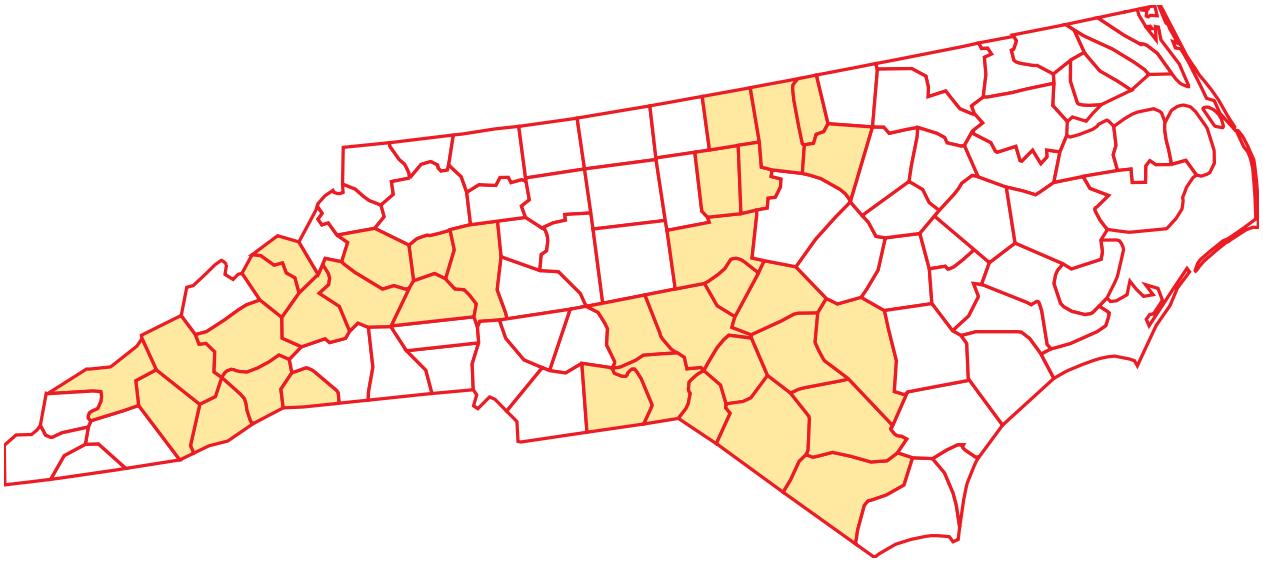
Part D plans are prescription drug plans and while many Medicare Advantage plans include this drug coverage, plans can also be purchased separately as standalone Part D coverage for those on Original Medicare. You may pay a monthly premium for Part D unless you qualify for extra help.

Who is Eligible to Join Troy Medicare?

Our plans are available to anyone who is eligible for Medicare Part A and Part B and resides in one of our service areas. *

CURRENT SERVICE AREAS

Anson, Alexander, 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, Yancey



*Prospective Members must also be eligible for Medicaid to enroll in our HMO SNP plan. 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 for Dual-eligible Beneficiaries (HMO D-SNP) also has a contract with state Medicaid.

Troy
MEDICARE

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.
	(No Referral Required)

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 tele-health 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.	You begin in this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** You stay in this stage until your year-to-date **"out-of-pocket prescription drug costs"** reach $2,100. • 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) UP TO A 30-DAY SUPPLY	**Preferred retail cost-sharing** (in-network) UP TO A 90-DAY SUPPLY	**Standard retail cost-sharing** (in-network) UP TO A 30-DAY SUPPLY	**Standard retail cost-sharing** (in-network) 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

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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)

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Tips for comparing your Medicare choices

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Sections in this booklet

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- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
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- Prescription Drug Benefits
- Medicaid Benefits

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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:

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- 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?

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 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. 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

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	
How much is the monthly premium?	**$0** with full "Extra Help”
How much is the deductible?	There is no plan deductible.
Is there any limit on how much I will pay for my covered services?	**$0**
Covered Medical and Hospital Benefits	
Inpatient Hospital Care* (prior authorization rules may apply)	**$0** copay
Outpatient Hospital* (prior authorization rules may apply)	**$0** copay
Ambulatory Surgery Center* (prior authorization rules may apply)	**$0** copay
Doctor Office Visits	**$0** copayment per PCP visit. **$0** copayment per Specialist visit. (No Referral Required)

Preventive Services	**$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	**$0** copayment for emergent care received in an emergency room.
Urgently Needed Services	**$0** copayment for urgent care received in an urgent care center.
Ambulance (prior authorization rules may apply for air ambulance services)	**$0** copayment for Medicare-covered ground ambulance services. **$0** copayment 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.	**$0** copayment for laboratory testing services. **$0** copayment for blood and transfusion services. **$0** copayment for X-ray services. **$0** copayment for Medicare-covered diagnostic procedures/tests **$0** copayment for advanced radiological services, such as a CT scan, MRI, or MRA. **$0** copayment 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 **$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.
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

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 32 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 **$0** copayment for each Medicare-covered Part B Drug.
Additional Tele-health Services	You pay a **$0** copayment for tele-health 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

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.

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.
General Support for Living**	Members may request reimbursement of General living expenses like rent assistance, utilities, internet payments, etc. **up to $25 per month.** This amount does not roll over to the next month if unused.
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.

**** 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		
Stage 1 Yearly Deductible	**Stage 2** Initial Coverage	**Stage 3** Catastrophic Coverage
If you receive "Extra Help" you will not pay a deductible and the amount shown below will not apply to you. You stay in this stage until your year-to-date total drug costs exceed **$615.** This plan was filed with the standard Part D deductible of **$615.**	If your eligibility for Medicaid or "Extra Help" changes, your cost sharing may change. During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** You stay in this stage until your year-to-date **"out-of- pocket prescription drug costs"** 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).	If your eligibility for Medicaid or "Extra Help" changes, your cost sharing may change. 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

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
Tier 1 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.
Tier 2 Generic	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.
Tier 3 Preferred Brand	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.

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
Tier 4 Non-preferred	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.
Tier 5 Specialty	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.
Tier 6 Vaccines	$0 copayment	$0 copayment

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	$0 copayment. You pay $0 per month supply of each covered insulin product on this tier.r.	$0 copayment. You pay $0 per month supply of each covered insulin product on this tier.
Tier 2 Generic	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.
Tier 3 Preferred Brand	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.

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 4 Non-preferred	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.
Tier 5 Specialty	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.	Cost varies based on your "Extra Help" level: • You pay between $0 - $12.65 per prescription OR 25% of the total cost, whichever is lesser. • You pay between $0 - $12.65 per month supply of each covered insulin product on this tier OR 25% of the total cost, whichever is lesser.
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 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
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).**

Benefit	North Carolina Medicaid	Troy Medicare for Dual- eligible Beneficiaries (HMO D-SNP)
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

Benefit	North Carolina Medicaid	Troy Medicare for Dual- eligible Beneficiaries (HMO D-SNP)
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
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

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

Notice of Availability

Of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

Language(s)	Attention Notice
English	ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-494-8769 (TTY: 711) or speak to your provider.
Español/Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-494-8769 (TTY: 711) o hable con su proveedor.
中文/Chinese	注意:如果您说 中文 ,我们将免费为您提供语言协助服务。我们还免费提 供适当的辅助工具和服务,以无障碍格式提供信息。致电 1-888-494-8769(文本电话:711)或咨询您的服务 提供商。
Việt/Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-494-8769 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.
한국어/Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-494-8769 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Français/French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-494-8769 (TTY : 711) ou parlez à votre fournisseur.

Language(s)	Attention Notice
Arabic/العربي	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كم تتوفر وسائل المساعدة والخدمات المناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها. مجانا اتصل على الرقم 8764-498-881-71 أو تحدث إلى مقدم الخدمة: TTY.
Hmoob Dawb / Hmong	LUG CEEV TSHWJ XEEB: yog has tas koj has lug Hmoob muaj cov kev paab cuam txhais lug pub dlawb rua koj. Cov kev paab hab cov kev paab cuam ntxiv kws tsim nyog txhawm rua muab lug qha paub ua cov hom ntaub ntawv kws tuaj yeem nkaag cuag tau rua los kuj yeej tseem muaj paab dlawb tsis xaam tug nqe dlaab tsi tuab yaam nkaus. Hu rua 888-494-8769 (TTY: 711) los yog thaam nrug koj tug kws muab kev saib xyuas khu mob.
Русский/Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услугиязыковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-494-8769 (TTY: 711) или обратитесь ксвоему поставщику услуг.
Tagalog/Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naaaccess na format. Tumawag sa 1-888-494-8769 (TTY: 711) o makipag-usap sa iyong provider.
ગજુ રાતી/Gujarati	ધ્યાન આપો: જો તમેગજુ રાતી બોલતા હોવ તો, મફત ભાષાકીય સહાયતા સવે ાઓ તમારા માટેઉપલબ્ધછે. યોગ્ય ઑક્ઝિ લરી સહાય અનેઍક્સસિેસિબલ ફૉર્મેટમેંમાંમાહિ તી પરૂી પાડવા માટેની સવે ાઓ પણ વિ ના મલ્ૂયેઉપલબ્ધ છે. 888-494-8769 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથેવાત કરો.
ភាសាខ្មែរ / Mon-Khmer, Cambodian	ការយកចិត្តទុកដាក់: បសិនបើអ្នកនិយាយភាសាខ្មែរ សវាកម្មជំនួយភាសាឥតគិតថ្លៃមានសម្រាប់អ្នក។ ជំនួយ និងសវាកម្មជំនួយសមសបដើមបីផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលបើបានក៏មានដោយឥត គិតថ្លៃផងដែរ។ សូមទូរស័ព្ទទៅលេខ 1-888-494-8769 (TTY: 711) ឬនិយាយជាមួយអ្នកផ្តល់សវារបស់អ្នក។
Deutsch/German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-494-8769 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Language(s)	Attention Notice
ह ि ंदी/Hindi	ध्यान दें: यदद आप द ि ंदी बोलतेै ं, तो आपकेदलए दनि ः शल ुक भाषा स ा यता सेवाएि ं उपलब्ध ो ती ै ं। सलु भ प्रारूपोि ं मेंजानकारी प्रदान करनेकेदलए उपयक् ुत स ा यक साधन और सेवाएँभी दनि ः शल ुक उपलब्ध ै ं। 1-888-494-8769 (TTY: 711) पर कॉल करेंया अपनेप्रदाता सेबात करें।
ລາວ/Laotian	ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເຫມາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບ ທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 888-494-8769 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.
日本語/Japanese	**重要なお知らせ:**日本語を話される方には、無料の言語支援サービスをご利用いただけま す。アクセスしやすい形式で情報を提供するための適切な補助具やサービスも無料でご利用 いただけます。1-888-494-8769 (TTY: 711) までお電話いただくか、担当の医療提供者にご相 談ください。

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a licensed sales agent at:

866-704-TROY (8769) TTY:711 We are available **8am** to **8pm** Eastern Time.	October 1 to March 31st, 7 days a week April 1 to September 30, Monday to Friday

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.troymedicare.com or call 1-888-494- TROY (8769) TTY:711 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- ☐ Except in emergency or urgent situations, we do not cover services by out- of-network providers (doctors who are not listed in the provider directory).
- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

☐ For the Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) plan: This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Troy Medicare Enrollment Request Form

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

  Important: To join a Medicare Advantage Plan, you must also have both:
- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.

- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to: Troy Medicare, PO Box 1293, Westborough, MA 01581

Once they process your request to join, they'll contact you.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

How do I get help with this form?

Call Troy Medicare at 1-888-494-8769. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. En español: Llame a Troy Medicare al 1-888-494-8769 / TTY: 711 o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

❑ Troy Medicare (HMO) — $0 per month
❑ Troy Medicare for Dual-eligible Beneficiaries (D-SNP) — $0 per month

First name: _____ Last name: _____ [Optional: Middle Initial]: _____

Birth date: (MM/DD/YYYY) (____ / ____ / _____)

Sex: ❑ Male ❑ Female

Phone Number: (_____)_____

* Cell Phone: (_____) _____

Permanent Residence street address (Don't enter a PO Box):

City: _____ County: _____ State: _____ ZIP Code: _____

Mailing address, if different from your permanent address (PO Box allowed):

Street address: _____ City: _____ State: ____ ZIP Code: _____

Your Medicare information:

Medicare Number ___ ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Troy Medicare?

❑ Yes ❑ No

Name of other coverage _____

Member number for this coverage _____

Group number for this coverage _____

Are you enrolled in your State's Medicaid program? If yes, please provide your Medicaid number:

Medicaid number _____

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Troy Medicare.
- By joining this Medicare Advantage, I acknowledge that Troy Medicare will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Troy Medicare coverage begins, I must get all of my medical and prescription drug benefits from Troy Medicare. Benefits and services provided by Troy Medicare and contained in my Troy Medicare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Troy Medicare will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that: 1) This person is authorized under State law to complete this enrollment, and 2) Documentation of this authority is available upon request by Medicare.

Signature:	**Today's date:**
If you're the authorized representative, sign above and fill out these fields:	
Name:	Address:
Phone number:	Relationship to enrollee:

** By providing your phone number, you consent to receive text messages from us regarding important updates, reminders, and information related to your health insurance coverage. Message frequency may vary. Standard message and data rates may apply. You can opt-out at any time by replying STOP to any message.*

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in an accessible format.

❑ Braille ❑ Large print ❑ Audio CD ❑ Data CD

Please contact Troy Medicare at 1-888-494- TROY (8769) if you need information in an accessible format other than what's listed above. Our office hours are Monday through Friday from 8am to 8pm EST during the months of April through September. During the months of October through March, we are available from 8:00 am to 8:00 pm, seven (7) days a week. TTY users should call 711.

Do you work? ❑ Yes ❑ No	Does your spouse work? ❑ Yes ❑ No

List your Primary Care Physician (PCP), clinic, or health center:

_____

PCP National Provider Identifier (NPI) 10-digit number (optional): _____

I want to get the following materials via email. Select one or more.

❑ Summary of Benefits ❑ Evidence of Coverage

E-mail address: _____

Paying your plan premiums

You can pay your monthly plan premium (including any Late Enrollment Penalty (LEP) that you currently have or may owe) by mail each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay Troy Medicare the Part D-IRMAA.

❑ Automatic deduction from your monthly Social Security or Railroad Retirement Board benefit check.

Please note: The Social Security / RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. Before the deduction begins, you may receive invoices for your premium. You will be responsible for paying your monthly premium directly to Troy Medicare from your effective date until the date your withholding begins. Invoices will stop once the deduction is approved. If Social Security or RRB does not approve your request for automatic deduction, we will send you a letter and paper bill for your monthly premiums.

I get monthly benefits from: ❑ Social Security ❑ Railroad Retirement Board

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: _____ Relationship to enrollee: _____

Signature: _____

National Producer Number (Agents/Brokers only): _____

PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

By providing your phone number, you consent to receive text messages from us regarding important updates, reminders, and information related to your health insurance coverage. Message frequency may vary. Standard message and data rates may apply. You can opt-out at any time by replying STOP to any message.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- ☐ I have Medicare and get full Medicaid benefits. I want to join or switch to a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)).
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.
- ☐ I recently left a PACE program on (insert date) _____.

- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- ☐ I am leaving employer or union coverage on (insert date) _____.
- ☐ I'm in a qualified State Pharmaceutical assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please call Troy Medicare (HMO) and Troy Medicare for Dual-eligibles Beneficiaries (HMO D-SNP) to see if you are eligible to enroll at 1-888-494-TROY (8769). TTY users should call 711. During the months of April through September, we are available Monday through Friday from 8:00 am to 8:00 pm EST. During the months of October through March, we are available from 8:00 am to 8:00 pm EST, seven (7) days a week.

Thank you.

Troy Medicare is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in Troy Medicare depends on annual contract renewal. Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) also has a contract with state Medicaid.

Enrollment Receipt

This sheet must be left with the enrollee for each enrollment.

Applicant 1	Applicant 2 (if applicable)
Enrollment Receipt Date	Enrollment Receipt Date
Beneficiary Name	Beneficiary Name
Plan Name	Plan Name
Proposed Effective Date	Proposed Effective Date
Plan Benefit Package (PBP) Number	Plan Benefit Package (PBP) Number
Confirmation Number (if available)	Confirmation Number (if available)
PCP Name	PCP Name

Enrollment Receipt Date	Enrollment Receipt Date
Beneficiary Name	Beneficiary Name

*Prospective Members must also be eligible for Medicaid to enroll in our HMO SNP plan. 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 for Dual-eligible Beneficiaries (HMO D-SNP) also has a contract with state Medicaid. Questions? **Call 1-888-494-8769 TTY:711**

Troy
MEDICARE

For support, please contact Troy Medicare or your licensed sales representative.

Call to speak to a licensed sales representative toll-free at:

866-704-8769 TTY: 711

Available 8:00am to 8:00pm ET
Monday- Friday (October 1st to March
31st, 8:00am to 8:00pm 7 days a week)

www.troymedicare.com

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage document for more information, including the cost-sharing that applies to out-of-network services. 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.

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.