



2024 Summary of Benefits

January 1 - December 31, 2024

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 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

Troy Medicare Contact Information

If you need to contact us, you can contact our member service 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.
- 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.

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.

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 Penalties.

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 **\$350 copayment** 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** for Medicare-covered Outpatient services.
 - There is a **\$350 copayment** for Medicare-covered Observation services.
-

Ambulatory Surgery Center*

(prior authorization rules may apply)

- There is a **\$350 copayment** 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

\$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 **\$120 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.

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 **\$750 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 **\$350 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 **\$178 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.

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.

TRANSPORTATION

Non-Emergency Transportation*

(prior authorization rules may apply)

- There is no coinsurance, copayment, or deductible for covered non-emergency Transportation Services.
- You are covered for **24 one-way trips** to plan-approved locations within the plan service area.

ADDITIONAL COVERED MEDICAL BENEFITS

Medicare Part B prescription drugs*

(prior authorization rules may apply)

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

Additional Telehealth Services

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

Durable Medical Equipment (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.

Supplemental Benefits (continued)

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 **quarterly \$65 allowance** for Medicare-eligible Over-the-Counter drugs and health-related items. This amount does not roll over to the next quarter if unused.

Prescription Drug Benefits



If you have questions about the Drug List, please contact our Member Services at 1-888-494-TROY (8769) (TTY:711).

Stage 1 (Yearly Deductible Stage)	Stage 2 (Initial Coverage Stage)	Stage 3 (Coverage Gap Stage)	Stage 4 (Catastrophic Coverage Stage)
<p>Because there is no deductible for the plan, <u>this payment stage does not apply to you.</u></p>	<p>You begin in this stage when you fill your first prescription of the year.</p> <p>During this stage, the plan pays its share of the cost of your drugs and <u>you pay your share of the cost.</u></p> <p>You stay in this stage until your year-to-date “<u>total drug costs</u>” reach \$5,030.</p> <p>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. You will pay \$0 for Tier 1 insulin products at preferred retail pharmacies and \$10 for Tier 1 insulin products at standard retail pharmacies. You will pay \$25 for Tier 3 insulin products at preferred retail pharmacies and \$35 for Tier 3 insulin products at standard retail pharmacies.</p> <p>Cost-sharing is applicable in the Initial Coverage and Coverage Gap phases of the Part D benefit, and only apply to beneficiaries who are not eligible for Low Income Subsidy cost-sharing.</p>	<p>During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.</p> <p>You stay in this stage until your year-to-date “<u>out-of-pocket costs</u>” (your payments) reach a total of \$8,000.</p> <p>This amount and rules for counting costs toward this amount have been set by Medicare.</p> <p>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. You will pay \$0 for Tier 1 insulin products at preferred retail pharmacies and \$10 for Tier 1 insulin products at standard retail pharmacies. You will pay \$25 for Tier 3 insulin products at preferred retail pharmacies and \$35 for Tier 3 insulin products at standard retail pharmacies.</p> <p>Cost-sharing is applicable in the Initial Coverage and Coverage Gap phases of the Part D benefit, and only apply to beneficiaries who are not eligible for Low Income Subsidy cost-sharing.</p>	<p>During this stage <u>the plan will pay all of the cost of your drugs</u> for the rest of the calendar year (through December 31, 2024).</p>

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 drugs)	\$0 copayment	\$0 copayment	\$10 copayment	\$30 copayment
Tier 2 (Generic)	\$5 copayment	\$15 copayment	\$20 copayment	\$60 copayment
Tier 3 (Preferred brand drugs)	\$25 copayment	\$75 copayment	\$40 copayment	\$120 copayment
Tier 4 (Non-preferred drugs)	\$100 copayment	\$300 copayment	\$100 copayment	\$300 copayment
Tier 5 (Specialty Drugs)	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 is limited to certain situations) (up to a 30-day supply)
Tier 1 (Preferred generic drugs)	\$10 copayment	\$10 copayment
Tier 2 (Generic)	\$20 copayment	\$20 copayment
Tier 3 (Preferred brand drugs)	\$40 copayment	\$40 copayment
Tier 4 (Non-preferred drugs)	\$100 copayment	\$100 copayment
Tier 5 (Specialty Drugs)	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. You will pay \$0 for Tier 1 insulin products at preferred retail pharmacies and \$10 for Tier 1 insulin products at standard retail pharmacies. You will pay \$25 for Tier 3 insulin products at preferred retail pharmacies and \$35 for Tier 3 insulin products at standard retail pharmacies.

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.

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 another way based on race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, 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:

Troy Medicare
ATTN: Chief Compliance Officer
P.O. Box 30516 Charlotte, NC 28230

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>.

Multi-language Interpreter Services



English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1- 888-494-TROY (8769) (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-494-TROY (8769) (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-494-TROY (8769) (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-494-TROY (8769) (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888- 494-TROY (8769) (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-494-TROY (8769) (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1- 888-494-TROY (8769) (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-494-TROY (8769) (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-494-TROY (8769) (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Multi-language Interpreter Services



Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-494-TROY (8769) (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا (1-888-494-TROY (8769) برقيقاً 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-494-TROY (8769) (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-494-TROY (8769) (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-494-TROY (8769) (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-494-TROY (8769) (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1- 888-494-TROY (8769) (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-494-TROY (8769) (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



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

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.

Limitations, copayments, and restrictions may apply.

Benefits, formulary, provider, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.