Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) offered by Troy Health, Inc. (Troy Medicare)

Annual Notice of Changes for 2023

You are currently enrolled as a member of Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP). Next year, there will be changes to the plan’s costs and benefits. Please see page 5 for a Summary of Important Costs, including Premium.

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at www.troymedicare.com. You may also call Member Services to ask us to mail you an Evidence of Coverage.

What to do now

1. ASK: Which changes apply to you
   - Check the changes to our benefits and costs to see if they affect you.
   - Review the changes to Medical care costs (doctor, hospital).
   - Review the changes to our drug coverage, including authorization requirements and costs.
   - Think about how much you will spend on premiums, deductibles, and cost sharing.
   - Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
   - Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
   - Think about whether you are happy with our plan.

2. COMPARc: Learn about other plan choices
   - Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your Medicare & You 2023 handbook.
   - Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.
3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP).
- Look in section 3.1 page 12 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

**Additional Resources**

- Please contact our Member Services number at 1-888-494-TROY (8769) for additional information. (TTY users should call 711.) Hours are:
  - During the months of April through September, we are available from 8:00 am to 8:00 pm, Monday through Friday.
  - During the months of October through March, we are available from 8:00 am to 8:00 pm, seven (7) days a week.
- Our plan has people and free interpreter services available to answer questions from disabled and non-English speaking members. We can also give you information in braille, in large print, or other alternate formats at no cost if you need it.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

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

- Troy Medicare is a Medicare Advantage organization with a Medicare Contract. Enrollment in Troy Medicare depends on contract renewal. The plan also has a written agreement with the North Carolina Department of Health and Human Services Medicaid program to coordinate your Medicaid benefits.
- When this document says “we,” “us,” or “our,” it means Troy Health, Inc. (Troy Medicare). When it says “plan” or “our plan,” it means Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP).
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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) in several important areas. Please note this is only a summary of costs. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly plan premium*</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>* Your premium may be higher than this amount. See Section 1.1 for details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor office visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visits: $0 per visit</td>
<td></td>
<td>Primary care visits: $0 per visit</td>
</tr>
<tr>
<td>Specialist visits: $0 per visit</td>
<td></td>
<td>Specialist visits: $0 per visit</td>
</tr>
<tr>
<td>Inpatient hospital stays</td>
<td>$0 coinsurance, copayment, or deductible</td>
<td>$0 coinsurance, copayment, or deductible</td>
</tr>
</tbody>
</table>
### Part D prescription drug coverage
(See Section 1.5 for details.)

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible:</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Copayment during the Initial Coverage Stage:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Drug Tier 1:</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>• Drug Tier 2:</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>• Drug Tier 3:</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>• Drug Tier 4:</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>• Drug Tier 5:</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Maximum out-of-pocket amount
This is the most you will pay out-of-pocket for your covered services.
(See Section 1.2 for details.)

| | 2022 (this year) | 2023 (next year) |
| | | |
| **$7,550** | | **$8,300** |

You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
SECTION 1  Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum out-of-pocket amount</td>
<td>$7,550</td>
<td>$8,300</td>
</tr>
<tr>
<td>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.troymedicare.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a
directory. There are changes to our network of providers for next year. Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

There are changes to our network of pharmacies for next year. Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the Annual Notice of Changes tells you about changes to your Medicare and Medicaid benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Additional Telehealth Services</strong></td>
<td>There is no copayment for Additional Telehealth Services for Primary Care Physician Services.</td>
<td>There is no copayment for Additional Telehealth Services for Primary Care Physician Services, Physician Specialist Services, Individual Sessions for Mental Health Specialty Services.</td>
</tr>
</tbody>
</table>

As extra protection, Troy will never have a coinsurance that exceeds any price ceiling mandated by the Centers for Medicare and Medicaid Services for drugs covered under Part B of original Medicare, even if the prices increase faster than inflation.
<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-home Support Services</strong></td>
<td>In-home support services are not covered.</td>
<td>You pay a $0 copayment for in-home support services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In-home support services to connect members with needed services for companionship and activities of daily living including, but not limited to: Assisting members with transportation, grocery shopping, appointment scheduling, care gap reminders and light house help.</td>
</tr>
<tr>
<td><strong>Meal Benefit</strong></td>
<td>Is not covered</td>
<td>$0 copayment for meal benefit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-primary health-related supplemental benefit of $50 per month per member for grocery benefit. Benefit administered as Healthy food card in connection to VBID program.</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Observation</strong></td>
<td>Prior authorization is required.</td>
<td>Prior authorization is not required.</td>
</tr>
<tr>
<td><strong>Over-the-Counter (OTC) Items</strong></td>
<td>There is a $305 per quarter allowance for approved OTC items. This amount does not roll from quarter to quarter.</td>
<td>There is a $325 per quarter allowance for approved OTC items. This amount does not roll from quarter to quarter.</td>
</tr>
</tbody>
</table>
Cost | 2022 (this year) | 2023 (next year)  
---|---|---  
Phone and Internet Benefit | Phone and Internet reimbursement up to $35 per month | Is not covered  
| Phone and Internet Benefit is a Direct Member Reimbursement benefit for Chronically Ill members. Participation requires monthly submission of invoice and proof of payment for reimbursement.  

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does not apply to you.** We sent you a separate
insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2022, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Changes to the Deductible Stage**

<table>
<thead>
<tr>
<th>Stage</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1: Yearly Deductible Stage</strong></td>
<td>Because we have no deductible, this payment stage does not apply to you.</td>
<td>Because we have no deductible, this payment stage does not apply to you.</td>
</tr>
</tbody>
</table>
Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2022 to 2023.

<table>
<thead>
<tr>
<th>Stage 2: Initial Coverage Stage</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</td>
<td>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</td>
<td>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 1: $0 copay</td>
<td>• Drug Tier 1: $0 copay</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 2: $0 copay</td>
<td>• Drug Tier 2: $0 copay</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 3: $0 copay</td>
<td>• Drug Tier 3: $0 copay</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 4: $0 copay</td>
<td>• Drug Tier 4: $0 copay</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 5: $0 copay</td>
<td>• Drug Tier 5: $0 copay</td>
</tr>
<tr>
<td>Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).</td>
<td>Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).</td>
<td></td>
</tr>
</tbody>
</table>

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 $0 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

- Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at $35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

- Additional Resources to Help – Please contact our Member Services number at 1-888-494-TROY (1-888-494-8769) for additional information. (TTY users should call 711.) Hours are 8:00 AM to 8:00 PM EST, seven days a week from October 1 to March 31 or five days a week from April 1 to September 30.
SECTION 2  Administrative Changes

<table>
<thead>
<tr>
<th>Description</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Areas Covered</td>
<td>Troy Medicare for Dual-eligible Beneficiaries’ service area includes the following counties: Alexander, Anson, Bladen, Cabarrus, Catawba, Columbus, Cumberland, Harnett, Hoke, Iredell, Montgomery, Moore, Richmond, Robeson, Rowan, Sampson, Scotland.</td>
<td>Troy Medicare for Dual-eligible Beneficiaries’ service area includes the following counties: Alexander, Anson, Bladen, Catawba, Columbus, Cumberland, Harnett, Hoke, Iredell, Montgomery, Moore, Richmond, Robeson, Sampson, Scotland.</td>
</tr>
</tbody>
</table>

SECTION 3  Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP).
Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the Medicare & You 2023 handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP).
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP).
- To change to Original Medicare without a prescription drug plan, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - or – Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4  Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from October 15 until December 7. The change will take effect on January 1, 2023.
Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage at any time. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

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

It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. Medicare and Seniors’ Health Insurance Information Program (SHIIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Medicare and Seniors’ Health Insurance Information Program (SHIIP at 855-405-1212.

For questions about your North Carolina Medicaid benefits, contact North Carolina Department of Health and Human Services. Here are two ways to get information directly from Medicaid:

- You can call the Medicaid Hotline at 1-800-662-7030 (TTY: 711)
- You can visit the Medicaid website at www.ncdhhs.gov/dma/medicaid/medicare.htm.

Ask how joining another plan or returning to Original Medicare affects how you get your North Carolina Medicaid coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:
• **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
  o 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  o The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  o Your State Medicaid Office (applications).

• **Help from your state’s pharmaceutical assistance program.** North Carolina has a program called North Carolina Aids Drug Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

• **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the North Carolina Aids Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 877-466-2232.

### SECTION 7 Questions?

**Section 7.1 – Getting Help from Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)**

Questions? We’re here to help. Please call Member Services at 888-494-8769. (TTY only, call 711.) We are available for phone calls from 8 am to 8 pm Eastern Standard Time, Monday to Friday (from October 1 to March 31, 8 am to 8 pm Eastern Standard Time, 7 days a week). Calls to these numbers are free.

**Read your 2023 Evidence of Coverage (it has details about next year’s benefits and costs)**

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 Evidence of Coverage for Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP). The Evidence of Coverage is the legal, detailed description of your benefits.
plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at www.troymedicare.com. You may also call Member Services to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at www.troymedicare.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2023

Read the Medicare & You 2023 handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or 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.

Section 7.3 – Getting Help from Medicaid

To get information from Medicaid you can call North Carolina Medicaid at 1-800-662-7030. TTY users should call 711. You can visit the Medicaid website at www.ncdhhs.gov/dma/medicaid/medicare.htm.