

SUMMARY of BENEFITS

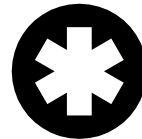
Troy Medicare (HMO)

January 1 - December 31, 2022

H4676_001_SB2022_M File & Use 10042021

OMB Approval 0938-1051 (Expires: December 31, 2022)

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 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).

Things to know about Troy Medicare HMO

Hours of Operation

Our hours of operation depend on the time of the year.

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.

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, Cabarrus, Catawba, Columbus, Cumberland, Harnett, Hoke, Iredell, Montgomery, Moore, Richmond, Robeson, Rowan, Sampson, and Scotland 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

<p>How much is the monthly premium?</p>	<p>There is no plan premium. You must continue to pay your Medicare Part B Premium and any Late Enrollment Premiums.</p>
<p>How much is the deductible?</p>	<p>There is no plan deductible.</p>
<p>Is there any limit on how much I will pay for my covered services?</p>	<p>There is a Maximum out of pocket you could pay of \$5000 per year.</p>

Covered Medical and Hospital Benefits

<p>Inpatient Hospital Care (prior authorization rules may apply)</p>	<ul style="list-style-type: none"> • There is a <u>\$310 copayment</u> for days 1-5 for each inpatient admission. • There is a <u>\$0 copayment</u> 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 \$5000.
<p>Outpatient Hospital (prior authorization rules may apply)</p>	<ul style="list-style-type: none"> • There is a <u>\$310 copayment</u> for Medicare-covered Outpatient services. • There is a <u>\$310 copayment</u> for Medicare-covered Observation services per day.
<p>Ambulatory Surgery Center (prior authorization rules may apply)</p>	<ul style="list-style-type: none"> • There is a <u>\$350 copayment</u> for Medicare-covered Ambulatory Surgery services.
<p>Doctor Office Visits</p>	<ul style="list-style-type: none"> • There is a <u>\$0 PCP copayment</u> per visit. • There is a <u>\$0 Specialist copayment</u> per visit.

Covered Medical and Hospital Benefits

Preventive Care	<p><u>\$0 copayment</u> for Medicare-covered preventive services including those listed below:</p> <ul style="list-style-type: none">• 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
Emergency Care	<ul style="list-style-type: none">• There is a <u>\$90 copayment</u> 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	<ul style="list-style-type: none">• There is a <u>\$50 copayment</u> for urgent care received in an urgent care center.• This copayment is waived if admitted to the hospital within 24 hours of receiving care.

Covered Medical and Hospital Benefits

<p>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)</p>	<ul style="list-style-type: none"> • There is a <u>\$0 copayment</u> for laboratory testing services. • There is a <u>\$0 copayment</u> for blood and transfusion services. • There is a <u>\$10 copayment</u> for X-ray services. • There is a <u>\$50 copayment</u> for advanced radiological services, such as a CT scan, MRI, or MRA. • There is a <u>20% coinsurance</u> for radiation therapy services.
<p>Hearing Services</p>	<ul style="list-style-type: none"> • There is a <u>\$0 copayment</u> for hearing exams, or fitting evaluations for hearing aids. • There is a <u>\$500 allowance</u> for routine hearing exams and fitting / evaluations for hearing aids, and hearing aids every two years.
<p>Dental Services</p>	<ul style="list-style-type: none"> • There is a <u>\$0 copayment for preventive dental services</u> listed. <p>Preventive Dental includes:</p> <ul style="list-style-type: none"> 2 Periodic or Comprehensive oral exams per calendar year 1 Complete series of oral x-rays every 36 months 1 Bitewing x-rays per calendar year 2 prophylaxis treatments per calendar year 1 periodontal scaling per quadrant per 24 months 2 periodontal maintenance per calendar year
<p>Vision Services</p>	<ul style="list-style-type: none"> • There is a <u>\$50 allowance</u> toward an annual eye exam once a year. • There is a <u>\$150 allowance</u> toward lenses and eyewear purchased each year.

<p>Mental Health Care (prior authorization rules may apply)</p>	<p>Inpatient Mental Health</p> <ul style="list-style-type: none">• There is a <u>\$310 copayment</u> for days 1-5 for each inpatient admission.• There is a <u>\$0 copayment</u> 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 \$5000. <p>Outpatient Mental Health and Substance Abuse</p> <ul style="list-style-type: none">• There is a <u>\$20 copayment</u> for each individual or group outpatient mental health therapy session.
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Covered Medical and Hospital Benefits

<p>Skilled Nursing Facility (SNF) (prior authorization rules may apply)</p>	<ul style="list-style-type: none"> • There is a <u>\$0 copayment</u> for Medicare-covered SNF admission for days 1-20. • There is a <u>\$178 copayment</u> per day for days 21 – 100.
<p>Outpatient Rehabilitation (prior authorization rules may apply)</p>	<ul style="list-style-type: none"> • There is a <u>\$20 copayment</u> for each physical therapy visit. • There is a <u>\$20 copayment</u> for each occupational therapy visit. • There is a <u>\$20 copayment</u> for each speech therapy visit.
<p>Ambulance (prior authorization rules may apply for air ambulance services)</p>	<ul style="list-style-type: none"> • There is a <u>\$255 copayment</u> for Medicare-covered ground ambulance services. • There is a <u>20% coinsurance</u> for Medicare-covered air ambulance services.
<p>Transportation</p>	<ul style="list-style-type: none"> • There is no coinsurance, copayment, or deductible for covered non-emergency Transportation Services. • You are covered for <u>12 one-way</u>, to plan-approved locations within the plan service area.
<p>Medicare Part B prescription drugs</p>	<ul style="list-style-type: none"> • There is a <u>20% coinsurance</u> for each Medicare-covered Part B Drug.
<p>Additional Telehealth Services</p>	<ul style="list-style-type: none"> • There is <u>\$0 copayment</u> for Additional Telehealth Services for Primary Care Physician Services.
<p>Durable Medical Equipment (wheelchairs, oxygen, etc.) (prior authorization rules may apply)</p>	<ul style="list-style-type: none"> • There is a <u>20% coinsurance</u> for DME items

<p>Diabetes Supplies and Services (prior authorization rules may apply)</p>	<ul style="list-style-type: none"> • There is a \$0 copayment for preferred diabetic testing supply brands: ACCU-CHEK® and FreeStyle Libre®. • There is a 20% coinsurance for therapeutic custom-molded shoes.
<p>Physical Fitness Benefit</p>	<ul style="list-style-type: none"> • There is \$0 copayment for eligible Physical Fitness benefits • You are covered for access to either a Fitness Center Membership or a Home Fitness Kit Program to support fitness activity.
<p>Over-the-Counter Allowance Medication that does not require a prescription and/or health-related medical supplies.</p>	<ul style="list-style-type: none"> • There is a \$40 per quarter 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

<p>Stage 1 Yearly Deductible Stage</p>	<p>Stage 2 Initial Coverage Stage</p>	<p>Stage 3 Coverage Gap Stage</p>	<p>Stage 4 Catastrophic Coverage Stage</p>
<p>\$0 Deductible</p> <p>Because there is no deductible for the plan, this payment stage does not apply to you.</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 you pay your share of the cost.</p> <p>You stay in this stage until your year-to-date “total drug costs” reach \$4,430.</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 “out-of-pocket costs” (your payments) reach a total of \$7,050.</p> <p>This amount and rules for counting costs toward this amount have been set by Medicare.</p>	<p>During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2022).</p>

Troy Medicare Pharmacy Network

	Preferred retail cost-sharing (in-network) (up to a 30-day supply)	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)	Out-of-network cost-sharing (Coverage is limited to certain situations) (up to a 30-day supply)
Cost-Sharing Tier 1 (Preferred generic drugs)	\$0	\$10	\$10	\$10
Cost-Sharing Tier 2 (Non-preferred generic drugs)	\$5	\$20	\$20	\$20
Cost-Sharing Tier 3 (Preferred brand name drugs)	\$25	\$40	\$40	\$40
Cost-Sharing Tier 4 (Non-preferred brand name drugs)	\$100	\$100	\$100	\$100
Cost-Sharing Tier 5 Specialty Drugs	33%	33%	33%	33%

Select Insulins: **\$35 Copay** *or less* for a retail 30-day supply.

Note: This cost-sharing applies to beneficiaries who do not qualify for a program that helps pay for your drugs (“Extra Help”).

To find out which drugs are Select Insulins, review the most recent Drug List at

<https://website-files-troymedicare.s3.amazonaws.com/Troy-Senior-Savings-Model-Insulin-List.pdf>.

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

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.

Troy Medicare HMO complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. Troy Medicare HMO does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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). 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>.

Nondiscrimination Statement

English: Troy Medicare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: Troy Medicare cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

French: Troy Medicare respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

French Creole: Troy Medicare konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Italian: Troy Medicare è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso.

Portuguese: Troy Medicare cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo.

German: Troy Medicare erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Norwegian: Troy Medicare overholder gjeldende føderale lover om borgerrettigheter og diskriminerer ikke på grunnlag av etnisitet, farge, nasjonal opprinnelse, alder, funksjonshemming eller kjønn.

Russian: Troy Medicare соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

Persian: از قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و Medicare Troy هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، ناتوانی یا جنسیت افراد قابل نمی

Greek: Troy Medicare συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους για τα ατομικά δικαιώματα και δεν προβαίνει σε διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο.

Serbo-Croatian: Troy Medicare pridržava se važećih saveznih zakona o građanskim pravima i ne pravi dis- kriminaciju po osnovu rase, boje kože, nacionalnog porijekla, godina starosti, invaliditeta ili pola.

Urdu: ق وفاقی شہری حقوق کے قوانین کی تعمیل کرتا ہے اور یہ کہ نسل، قابل اط Medicare Troy رنگ، قومیت، عمر، معذوری یا جنس کی بنیاد پر امتیاز نہیں کرتا۔

Hindi: Troy Medicare

ध्यान दें: अगर आप बात करने में सक्षम हैं हिंदी, तो नि शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। अपने सदस्य आईडी कार्ड या इस वेबपेज पर सूचीबद्ध नंबर पर फोन करें।

Chinese: Troy Medicare 遵守適用的聯邦民權法律規定，不因種族、膚色、民族 血統、年齡、殘障或性別而歧視任何人。

Japanese: Troy Medicare は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。

Korean: Troy Medicare

주의: 한국어를 하시는 분들을 위해 무료 통역 서비스가 제공됩니다. 귀하의 회원 ID 카드 또는 본 웹페이지를 통해 제공되는 번호로 문의해 주시기 바랍니다.

Vietnamese: Troy Medicare tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Tagalog: Sumusunod ang Troy Medicare sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

Multi-Language Interpreter Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-494-TROY (8769) (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-494-TROY (8769) (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-859-6152 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-494-TROY (8769) (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-494-TROY (8769) (TTY: 711).

مقرب لصتنا. ناچملاب كل رفاوتت قيوغلا ءءعاسملا تامءخ نإف، ءغلا ركذا ءءءتت تنك اذا: ءظوالم. (117: مكبلاو مصلا قئاھ.مقر) (9678) YORT-494-888-1

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-494-TROY (8769) (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-494-TROY (8769) (TTY: 711) まで、お電話にてご連絡ください。

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-494-TROY (8769) (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-888-494-TROY (8769) (TTY: 711)번으로 전화해 주십시오.

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-888-494-TROY (8769) (TTY: 711).

ध्यान ढदनुहोसः तपाइले नेपालो बोलुहुन्छ भन तपाइको ढनिम्त भाषा सहायता सवाहरूे ढनःशलु क रूपमा उपलब्ध छ । फोन

गनुहोस 1-888-494-TROY (8769) (ढटढटवाइः (TTY: 711) ।

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-494-TROY (8769) (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-494-TROY (8769) (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-494-TROY (8769) (TTY: 711).

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-888-494-TROY (8769) (TTY: 711).

Troy Medicare, P.O. Box 30516, Charlotte, NC 28230

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 seven days a week

April – September: 8:00 am – 8:00 pm Monday through Friday

OMB Approval 0938-1051 (Expires: December 31, 2022)