2023 Summary of Benefits

January 1 - December 31, 2023

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 or visit our website at www.troymedicare.com.

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 an overview 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.

- 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). (TTY: 711)
- For prospective members, contact a licensed sales agent call toll-free 1-866-704-TROY (8769).
- For hearing and speech impaired, please dial 1-833-800-TROY (8769) (TTY: 711)
- If you speak a language other than English, we also have language services available to you at: 1-888-494-TROY (8769)
- You can also get plan information on our website at www.troymedicare.com

Who can join?

Our current service areas are Alexander, Anson, Bladen, Catawba, Columbus, Cumberland, Harnett, Hoke, Iredell, Montgomery, Moore, Richmond, Robeson, Sampson, and Scotland counties in North Carolina.

Which doctors, hospitals, and pharmacies can I use?

Troy Medicare (HMO) has a network of doctors, hospitals, pharmacies and other providers. If you use providers who aren’t in our network, the plan may not pay for these services.

There are certain services that require an authorization, and those services are identified with a note. 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.
Troy Medicare 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 provider and 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, as well as supplemental benefits including Over-the-Counter (OTC) benefits, Preventive and Comprehensive Dental Service, Vision Services, Hearing Services, Transportation Services, additional Telehealth Services, and Fitness Centers.

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 $4,500 per year.

Covered Medical and Hospital Benefits

Inpatient Hospital coverage (prior authorization rules may apply)

- There is a $310 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 $4,500.

Outpatient Hospital (prior authorization rules may apply)

- There is a $310 copayment for Medicare-covered Outpatient services.
- There is a $310 copayment for Medicare-covered Observation services per day.

Ambulatory Surgery Center (prior authorization rules may apply)

- There is a $350 copayment for Medicare-covered Ambulatory Surgery services.
Covered Medical and Hospital Benefits

Doctor Office Visits

- There is a $0 PCP copayment per visit.
- There is a $0 Specialist copayment per visit.

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
Covered Medical and Hospital Benefits

**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.

**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.

**Medicare-covered Hearing Services**
- There is a **$0 copayment** for hearing exams to diagnose and treat hearing and balance issues.

**Hearing Services**
Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.
- There is a **$0 copayment** for hearing exams, or fitting evaluations for hearing aids.
- There is a **$750 allowance** for routine hearing exams and fitting/evaluations for hearing aids, and hearing aids every two years.
Covered Medical and Hospital Benefits

**Medicare-covered Dental Services**

- There is a 20% coinsurance for Medicare Covered Dental Services

**Preventive Dental Services:**

The plan will **pay up to $1,000** for preventive and comprehensive dental services combined, including dentures.

- 2 prophylaxis treatments per calendar year
- 1 periodontal scaling per quadrant per 24 months
- 2 periodontal maintenance per calendar year
- 1 Complete series of oral x-rays every 36 months
- 1 Bitewing x-rays per calendar year

**Comprehensive Dental Services:**

**Extractions:**

- Included as Medically Necessary

**Removable Prosthodontic Services:**

- 1 complete denture per arch every 5 calendar years
- 1 denture adjustment per arch per calendar year
- 1 denture repair per arch per calendar year
- 1 Reline/Rebase denture per arch every 2 calendar years
- 1 Interim denture per arch every 5 calendar years
- 1 tissue conditioning per arch every calendar year

**Oral & Maxillofacial Services:**

- 1 exposure of unerupted tooth every 5 calendar years
- 1 Incisinal biopsy per tooth every 5 calendar years
- 1 Alveoloplasty per site every 5 calendar years
- 1 Removal of lateral exostosis, torus palatinus or torus mandibularis per lifetime
- 1 Excision of pericoronal gingiva per lifetime
- 1 Surgical reduction of fibrous tuberocity per lifetime
Covered Medical and Hospital Benefits

**Comprehensive Dental Services:**

**Diagnostics services:**
- 2 Diagnostic oral exams per calendar year
- 1 Complete series of oral x-rays every 36 months
- 1 Bitewing x-rays per calendar year

**Preventive services:**
- 2 prophylaxis treatments per calendar year
- 1 topical application of fluoride varnish every calendar year

**Restorative services:**
- 1 amalgam or resin-based composite per tooth per 3 calendar years
- 1 crown per tooth every 5 calendar years
- 1 pin retention per tooth every 5 calendar years
- 1 post and core per tooth every 5 calendar years

**Endodontic services:**
- 1 endodontic therapy per tooth per lifetime
- 1 retreatment of root canal per tooth per lifetime
- 1 apicoectomy per tooth per lifetime

**Periodontal services:**
- 1 Gingivectomy or gingivoplasty per quadrant every 2 calendar years
- 1 Osseous surgery per quadrant every 3 calendar years
- 1 Pedicle soft tissue graft procedure per tooth every 2 calendar years
- 1 periodontal scaling per quadrant per 2 calendar years
- 1 Full mouth debridement every 3 calendar years

**Fixed Prosthodontic Services:**
- 1 Pontic or Retainer per tooth every 5 calendar years
- 1 fixed partial denture repair per arch every 2 calendar years
## Covered Medical and Hospital Benefits

### Comprehensive Dental Services:
- 1 Palliative (emergency) treatment per calendar year
- 1 Fixed partial denture sectioning per calendar year
- Deep sedation/general anesthesia, Maximum of 5 units per day not to exceed 75 minutes
- Inhalation of nitrous oxide/analgesia, anxiolysis, 3 every 1 calendar year
- Intravenous moderate (conscious) sedation/analgesia, Maximum of 6 units per day not to exceed 90 minutes
- Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation, 3 every calendar year

### Adjunctive general services:
- $0 copayment for exams to diagnose and treat diseases and conditions of the eye.
- $0 copayment for eyewear after cataract surgery.

### Medicare-covered Vision Services
- There is a $50 allowance toward an annual eye exam once a year.
- There is a $150 allowance toward eyewear each year.
Covered Medical and Hospital Benefits

**Mental Health Care**
(prior authorization rules may apply)

Inpatient Mental Health
- There is a **$310 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 $4,500.

Outpatient Mental Health and Substance Abuse
- There is a **$20 copayment** for each individual or group outpatient mental health therapy session.

**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.
Covered Medical and Hospital Benefits

**Transportation**
- There is no coinsurance, copayment, or deductible for covered non-emergency Transportation Services.
- You are **covered for 12 one-way trips** to plan-approved locations within the plan service area.

**Medicare Part B prescription drugs**
- 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® and FreeStyle Libre®.
  - There is a **20% coinsurance** for therapeutic custom-molded shoes.

**Over-the-Counter Allowance**
- Medication that does not require a prescription and/or health-related medical supplies.
  - There is an **allowance of $40 every 3 months** for Medicare-eligible Over-the-Counter drugs and health-related items. This amount does not roll over to the next quarter if unused.

*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.*
# Supplemental Benefits

## Physical Fitness
- 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. Members can also receive a FitBit or fitness tracker at **no cost**.

## In-Home Support Aid
Members receive up to **36 hours** annually of in-home aid or caregiver support for help with:
- Companionship
- House Task
- Child/Parental Support
- Transportation
- Grocery Shopping
- Pet Care

## Additional Supplemental Benefits
- There is no copayment for the following supplemental benefits:

  **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.

  **Re-admission Prevention:** Includes medication reconciliation, enhanced pharmacy services and telephonic coaching.
## Prescription Drug Benefits

<table>
<thead>
<tr>
<th><strong>Stage 1</strong> (Yearly Deductible Stage)</th>
<th><strong>Stage 2</strong> (Initial Coverage Stage)</th>
<th><strong>Stage 3</strong> (Coverage Gap Stage)</th>
<th><strong>Stage 4</strong> (Catastrophic Coverage Stage)</th>
</tr>
</thead>
</table>
| 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 “**total drug costs**” reach $4,660.  
- **Select Insulins: $25 Copay** or less for a retail 30-day supply.  
- 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.  
- To find out which drugs are Select Insulins, review the most recent Drug List at www.troy Medicare.com. If you have questions about the Drug List, please contact our Member Services at 1-888-494-TROY (8769). | 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. You stay in this stage until your year-to-date “**out-of-pocket costs**” (your payments) reach a total of $7,400.  
- **Select Insulins: $25 Copay** or less for a retail 30-day supply.  
- 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.  
- To find out which drugs are Select Insulins, review the most recent Drug List at www.troy Medicare.com. If you have questions about the Drug List, please contact our Member Services at 1-888-494-TROY (8769). | During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2023). |
Troy Medicare Pharmacy Network

Our pharmacy network includes non-preferred 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.

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Preferred retail cost-sharing (in-network) (up to a 30-day supply)</th>
<th>Standard retail cost-sharing (in-network) (up to a 30-day supply)</th>
<th>Long-term care (LTC) cost-sharing (up to a 31-day supply)</th>
<th>Out-of-network cost-sharing (Coverage is limited to certain situations) (up to a 30-day supply)</th>
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</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong> (Preferred generic drugs)</td>
<td>$0 copayment</td>
<td>$10 copayment</td>
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<tr>
<td><strong>Select Insulins</strong> Note: 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.</td>
<td></td>
<td></td>
<td>Select Insulins: $0 Copay or less for a retail 30-day supply. To find out which drugs are Select Insulins, review the most recent Drug List at <a href="http://www.troymedicare.com">www.troymedicare.com</a>. If you have questions about the Drug List, please contact our Member Services at 1-888-494-TROY (8769).</td>
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<tr>
<td><strong>Tier 2</strong> (Generic)</td>
<td>$5 copayment</td>
<td>$20 copayment</td>
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<tr>
<td>Tier</td>
<td>Description</td>
<td>Preferred retail cost-sharing (in-network) (up to a 30-day supply)</td>
<td>Standard retail cost-sharing (in-network) (up to a 30-day supply)</td>
<td>Long-term care (LTC) cost-sharing (up to a 31-day supply)</td>
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<tr>
<td>Tier 3</td>
<td>Preferred brand drugs</td>
<td>$25 copayment</td>
<td>$40 copayment</td>
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<tr>
<td><strong>Select Insulins</strong></td>
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<tr>
<td>Tier 4</td>
<td>Non-preferred brand drugs</td>
<td></td>
<td>$100 copayment</td>
<td></td>
</tr>
<tr>
<td>Tier 5</td>
<td>Specialty Drugs</td>
<td></td>
<td>33% coinsurance</td>
<td></td>
</tr>
<tr>
<td>Tier 6</td>
<td>Vaccines</td>
<td></td>
<td>$0 copayment</td>
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</tbody>
</table>

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 if there are any lower-cost preferred pharmacies in your area, please call customer service at 1-888-494-TROY (8769), TTY users dial 711. Or consult the online directory at www.troymedicare.com.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call customer service for more information.

**Important Message About What You Pay for Insulin** - You won’t pay more than $25 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 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 aids and services to people with disabilities to communicate effectively with us at no cost, 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 Service at 1-888-494-TROY (8769) TTY:711.
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 1-888-494-8769. 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 1-888-494-8769. 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。如果您需要此项翻译服务，请致电1-888-494-8769。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在疑問，為此我們提供免費的翻譯 服務。如需翻譯 服務，請致電1-888-494-8769。我們講中文的同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 tagasasaling-wika, tawagan lamang kami sa 1-888-494-8769. Maaari kayong tulong 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 1-888-494-8769. 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 1-888-494-8769 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.


**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-494-8769 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로운영됩니다.
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 1-888-494-8769. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على متعدد فوري، ليس عليك سوى الاتصال بنا على 888-494-8769. 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 दुर्मविशिष्ट सेवाएँ उपलब्ध हैं. एक दुर्मविशिष्ट प्राप्त करने के लिए, बस हमें 1-888-494-8769 पर फोन करें. कोई व्यक्ति जो हिंदी 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 1-888-494-8769. Un nostro incaricato che parla Italiano fornirà l’assistenza necessaria. È un servizio gratuito.

Portuguese: Disponemos 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, contate-nos através do número 1-888-494-8769. 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 1-888-494-8769. 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 1-888-494-8769. 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ございます。通訳をご用命になるには、1-888-494-8769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。

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