Addendum to
Troy Medicare (HMO)
Evidence of Coverage and Summary of Benefits

This is important information on changes in your Troy Medicare (HMO) coverage.

The Evidence of Coverage (EOC) provides information about your coverage as an enrollee in our plan. This notice is to let you know there is an update in your EOC. Below you will find information describing the updated information. Please keep this information for your reference. The updated EOC can be found on our website at troymedicare.com.

This addendum is to inform and provide additional guidance to our Troy Medicare Members in reference to the coverage of Part B rebatable drugs and Part B Insulin. Your Evidence of Coverage and Summary of Benefits documents provide you information about coverage for Part B Drugs. Please go to the section, “Medicare Part B prescription drugs.”

<table>
<thead>
<tr>
<th>Where you can find the updated information in your 2023 EOC</th>
<th>Original Information</th>
<th>Updated Information</th>
<th>What does this mean for you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>On page 62, under “Section 2.1 Your medical benefits and costs as a member of the plan” your Evidence of Coverage includes the Medical Benefits Chart - Medicare Part B prescription drugs.</td>
<td>There is a 20% coinsurance for each Medicare covered Part B drug. Certain Part B drugs may be subject to Step Therapy.</td>
<td>There is a 20% coinsurance for each Medicare covered Part B drug. Certain Part B drugs may be subject to Step Therapy. 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.</td>
<td>You will pay 20% coinsurance for Medicare covered Part B prescription drugs, up to any Medicare mandated price ceiling.</td>
</tr>
</tbody>
</table>
In your 2023 Summary of Benefits, page 12, under the “Medicare Part B prescription drugs” this information is updated to include this language:

“PLEASE NOTE: 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.”

You are not required to take any action in response to this document, but we recommend you keep this information for future reference.

If you have any questions regarding your coverage or the cost of your Part B Prescription Drugs, please call Member Services toll free at 1-888-494-TROY (8769) TTY:711.

We are available to take your call at 1-888-494-TROY (8769) from:

8am - 8pm Eastern
7 - days a week Oct 1st ➔ March 31st
Monday – Friday April 1st ➔ Sept 30th

Troy complies with Federal civil rights law and does not discriminate based on race, color, national origin, age, disability, or sex.

Disclaimer: Troy Medicare is an HMO and HMO-SNP Plan with a Medicare contract and a State of North Carolina Medicaid contract. Enrollment in Troy Medicare depends on contract renewal. Additional benefit limitations may apply, please refer to your plan’s Summary of Benefits or Evidence of Coverage for more information. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.