

# SUMMARY of BENEFITS

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Troy Medicare for Dual-eligible Beneficiaries (D-SNP HMO) Jan 1 – Dec 31, 2021

H4676\_002\_SB2021\_M File & Use 10072020

OMB Approval 0938-1051 (Expires: December 31, 2021)

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-494-TROY (8769).

### Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [www.troymedicare.com](http://www.troymedicare.com) or call 1-800-494-TROY (8769) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ You must keep paying your Medicare Part B premium. The Part B premium may be covered through your State Medicaid Program.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a Dual-eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. To be eligible for our plan you must be eligible for both Medicare and certain levels Medicaid: (QMB, QMB+, SLMB+ and FBDE).

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

This *Summary of Benefits* booklet gives you a summary of what Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) covers 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 for Dual-eligible Beneficiaries (HMO D-SNP) is a Special Needs Plan with a Medicare contract and a contract with the North Carolina Division of Medical Assistance. Enrollment in Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) plan depends on contract renewal.

## Tips for comparing your Medicare choices

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 [www.medicare.gov](http://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 [www.medicare.gov](http://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 for Dual-eligible Beneficiaries (HMO D-SNP)
- 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 for Dual-eligible Beneficiaries (HMO D-SNP)

## 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](http://www.troymedicare.com)

## Who can join?

To enroll in Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP), a Dual-eligible Special Needs Plan, you must be entitled to Medicare Part A and enrolled in Medicare Part B, live in our service area and also receive certain levels of assistance from the North Carolina Medical Assistance program (Medicaid). If you receive both Medicare and Medicaid benefits, this means you are a Dual-eligible beneficiary.

Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) may enroll dual-eligible beneficiaries who are FBDE, SLMB Plus, QMB Plus and QMB.

Our current service area is Robeson county in North Carolina.

## **Which doctors, hospitals, and pharmacies can I use?**

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

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](http://www.troymedicare.com).

Or, you can call us and we will send you a copy of the provider and pharmacy directories.

## **More about Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)**

The Comprehensive Benefit Chart shows the benefits you will receive from Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) and how Medicaid covers your cost sharing for those plan benefits.

The Medicaid Benefits chart lists the benefits you could receive from Medicaid if you are eligible for full Medicaid benefits. If you are entitled to Medicaid benefits, your care coordinator will work with you to assist you in understanding and accessing the Medicare and Medicaid benefits you may be entitled to. For the most current North Carolina Medicaid coverage information, please visit the North Carolina Medicaid website at [www.ncdhhs.gov/dma/mcicaid/mcicare.htm](http://www.ncdhhs.gov/dma/mcicaid/mcicare.htm) or call the Medicaid Hotline at 1-800-662-7030 (TTY: 711).

Be sure to show your Medicaid ID card in addition to your Troy Medicare membership card to make your provider aware that you may have additional coverage. Your services are paid first by Troy Medicare and then by Medicaid.

## Getting Care

As a member of Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP), you have access to Care Managers. Care Managers are nurses or care coordinators who support your health and well-being by providing additional services including acute and chronic-care management, telephonic and in-person health support; assistance in coordinating Medicare and Medicaid benefits, educational resources and support for families and caregivers.

Our plan members also get extra benefits. These extra benefits include: Over-the-counter (OTC) benefits, Dental, Vision, Hearing, and Transportation.

# SUMMARY OF BENEFITS

## Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

Monthly plan premium	\$0
Medical Deductible	The plan does not have a deductible.
Pharmacy (Part D) Deductible	The plan does not have a deductible.
Maximum out-of-pocket responsibility	The plan does not have a maximum out-of-pocket responsibility.

## Covered Medical and Hospital Benefits

For members protected by North Carolina Medicaid from cost sharing, Medicaid pays coinsurance, copays and deductibles for Original Medicare-covered services.

Benefit	What you pay on this Troy Medicare plan
<b>Inpatient Hospital Care</b> (prior authorization rules may apply)	\$0 copay
<b>Outpatient Hospital</b> (prior authorization rules may apply)	\$0 copay
<b>Ambulatory Surgery Center</b> (prior authorization rules may apply)	\$0 copay
<b>Doctor Office Visits</b>	\$0 copay for PCP visits \$0 copay for specialist visits

## Covered Medical and Hospital Benefits

### Preventative Care

\$0 copay for many preventive services including:

- Abdominal aortic aneurysm screening
  - Alcohol misuse counseling
  - Bone mass measurement
  - Breast cancer screening (mammogram)
  - Cardiovascular disease (behavioral therapy)
  - Cardiovascular screenings
  - Cervical and vaginal cancer screening
  - Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
  - Depression screening
  - Diabetes screenings
  - HIV screening
  - Medical nutrition therapy services
  - Obesity screening and counseling
  - Prostate cancer screenings (PSA)
  - Sexually transmitted infections screening and counseling
  - Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
  - Vaccines, including flu shots, hepatitis B shots, pneumococcal shots
  - "Welcome to Medicare" preventive visit (one-time)
  - Annual Wellness Visit
  - Lung cancer screening
  - Routine physical exam
  - Medicare diabetes prevention program
- Any additional preventive services approved by Medicare during the contract year will be covered.



## Covered Medical and Hospital Benefits

<b>Emergency Care</b> If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for the emergency care.	\$0 copay
<b>Urgently Needed Services</b>	\$0 copay
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b> (Costs for these services may be different if received in an outpatient surgery setting) (prior authorization rules may apply)	\$0 copay
<b>Hearing Services</b> 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.	<ul style="list-style-type: none"> <li>• There is a \$0 copayment for hearing exams and/or fitting evaluations for hearing aids.</li> <li>• There is a <b><u>\$750 allowance</u></b> for routine hearing exams and fitting/evaluations for hearing aids, and hearing aids</li> </ul>
<b>Medicare-covered Dental Services</b>	\$0 copay

## Covered Medical and Hospital Benefits

<p><b>Comprehensive Dental Services</b> Some service limitations by category apply – please contact the plan for service limitations.</p>	<ul style="list-style-type: none"> <li>• \$0 copay for preventative and comprehensive dental services.</li> <li>• <b><u>\$2,500 limit</u></b> on all covered dental services.</li> <li>• Some service limitations by category apply – Available services include: <ul style="list-style-type: none"> <li>○ Diagnostics services</li> <li>○ Preventative services</li> <li>○ Restorative services</li> <li>○ Endodontic services</li> <li>○ Periodontal services</li> <li>○ Removable Prosthodontic Services</li> <li>○ Fixed Prosthodontic Services</li> <li>○ Oral &amp; Maxillofacial Services</li> <li>○ Adjunctive general services</li> </ul> </li> </ul>
<p><b>Vision Services</b></p>	<ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered vision services</li> <li>• There is a <b><u>\$50 allowance</u></b> toward an annual eye exam once a year.</li> <li>• The plan will reimburse <b><u>\$200 towards eyewear</u></b> purchased each year.</li> </ul>
<p><b>Mental Health Care</b> (prior authorization rules may apply)</p>	<ul style="list-style-type: none"> <li>• \$0 copay for inpatient mental health care in a psychiatric hospital</li> <li>• \$0 copay for outpatient group and individual therapy visits</li> </ul>
<p><b>Skilled Nursing Facility (SNF)</b> (prior authorization rules may apply)</p>	<p>\$0 copay</p>
<p><b>Outpatient Rehabilitation</b> (prior authorization rules may apply)</p>	<p>\$0 copay</p>
<p><b>Ambulance</b> (prior authorization rules may apply for air ambulance services)</p>	<p>\$0 copay</p>

## Covered Medical and Hospital Benefits

<b>Transportation</b>	<p>\$0 copay for up to <b>32 one-way trips</b> to plan approved locations.</p> <p>You must contact transportation vendor to arrange transportation. Scheduling process includes assessment of most appropriate form of transportation, including public and private resources.</p>
<b>Medicare Part B prescription drugs</b>	\$0 copay
<b>Medicare Part D prescription drugs</b>	See chart below for plan coverage information for prescription drugs
<b>Medicare-covered foot care (podiatry)</b>	\$0 copay
<b>Medicare-covered chiropractic services</b>	\$0 copay
<b>Durable Medical Equipment (wheelchairs, oxygen, etc.)</b> (prior authorization rules may apply)	\$0 copay
<b>Diabetes Supplies and Services</b> (prior authorization rules may apply)	<ul style="list-style-type: none"> <li>• \$0 copay for preferred diabetic testing supply brands: ACCU-CHEK® and FreeStyle Libre®.</li> <li>• \$0 copay for diabetic self-management training.</li> <li>• \$0 copay for therapeutic custom-molded shoes.</li> </ul>
<b>Over-the-Counter Allowance</b> Medication that does not require a prescription and/or health-related medical supplies.	There is a quarterly <b>\$275 allowance (up to \$1,100/year)</b> 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

This plan does not have a deductible. Depending on the level of Extra Help you receive, you'll pay one of the following cost-share amounts each time you fill your drug.

	Retail pharmacy cost-sharing (in-network) (up to a 90-day supply)
All drugs	\$0 copay; or \$1.30 copay; or \$3.70 copay; or \$4 copay; or \$9.20 copay

Cost sharing may change when you enter another phase of the Part D benefit and if you qualify for "Extra Help." To find out if you qualify for "Extra Help," please contact the Social Security Office at 1-800-772-1213 Monday — Friday, 7 a.m. — 7 p.m. TTY users should call 1-800-325-0778.

For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our "Evidence of Coverage" online.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.

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](http://www.troymedicare.com).

### Days' Supply Available

Unless otherwise specified, you can get your Part D drug in the following days' supply amounts:

- One-month supply (up to 30 days) unless filled by a long-term care pharmacy (one month supply is then up to 31-days)
- Two-month supply (31-60 days)
- Three-month supply (61-90 days)

## Catastrophic Coverage

After your yearly out-of-pocket drug costs (including what you or other qualified parties on your behalf have spent) reach \$6,550, you pay \$0 for all drugs.

## Home and Community Based Waiver Services

Dual-eligible members who meet financial criteria for full Medicaid coverage may also be eligible to receive Waiver services. Waiver services are limited to individuals who meet additional waiver eligibility criteria. For information on waiver services and eligibility, contact North Carolina Medicaid: 1-800-662-7030 (TTY: 711).

The Medicaid information included in this section is current as of 10/1/2020. All Medicaid covered services are subject to change at any time. For the most current North Carolina Medicaid coverage information, please visit the North Carolina Medicaid website at <http://www.ncdhhs.gov/dma/medicaid/medicare.htm> or call the Medicaid Hotline at 1-800-662-7030 (TTY: 711).

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

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

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 has failed to provide these services or discriminated in any 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 [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2021 based on a review of Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)'s Model of Care.

## Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid. The benefits described below are covered by Medicaid. You can see what Division of Medical Assistance covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. Coverage of the benefits described below depends upon your level of Medicaid eligibility. Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. Please see your Medicaid Member Handbook for details on the cost sharing and additional benefits covered.

The Medicaid information included in this section is current as of 10/1/2020. All Medicaid covered services are subject to change at any time. For the most current North Carolina Medicaid coverage information, please visit the North Carolina Medicaid website at [www.ncdhhs.gov/dma/medicaid/medicare.htm](http://www.ncdhhs.gov/dma/medicaid/medicare.htm) or call the Medicaid Hotline at 1-800-662-7030 (TTY: 711).

### Benefits

	North Carolina Medicaid	Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Preventive Care	Covered Age 21 or over	Covered
Emergency Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X Rays	Covered	Covered
Hearing Services	Covered Adult only	Covered
Dental Services	Covered	Covered
Vision Services	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered

Transportation (Routine)	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Covered - Limited	Covered
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered



# 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, funksjonshemning 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: شود. از قوانین مدنی فدرال مربوطه تبعیت می کند و Troy Medicare هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، ناتوانی یا جنسیت افراد قایل 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 diskriminaciju 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، قابلِ اط Troy Medicare 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 웹사이트를 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 لصتا. ناجملا ب كل رفاوتت قيوغلا ةدعاسملا تامدخ نإف ،ةغللا ركذا ثدحتت تنك اذا:ةظوحلم 711). مكبلاو مصلا قناه.مقر (1-888-494-TROY 8769)

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 [Deutsch (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).

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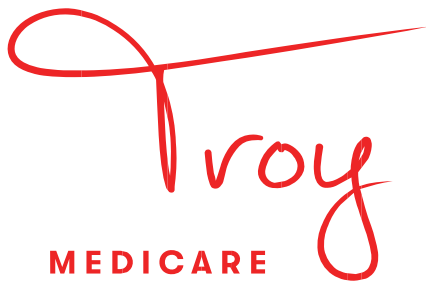
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