



2027 Product and Plan Training

Mission: Remove the BS in healthcare

Understanding Troy

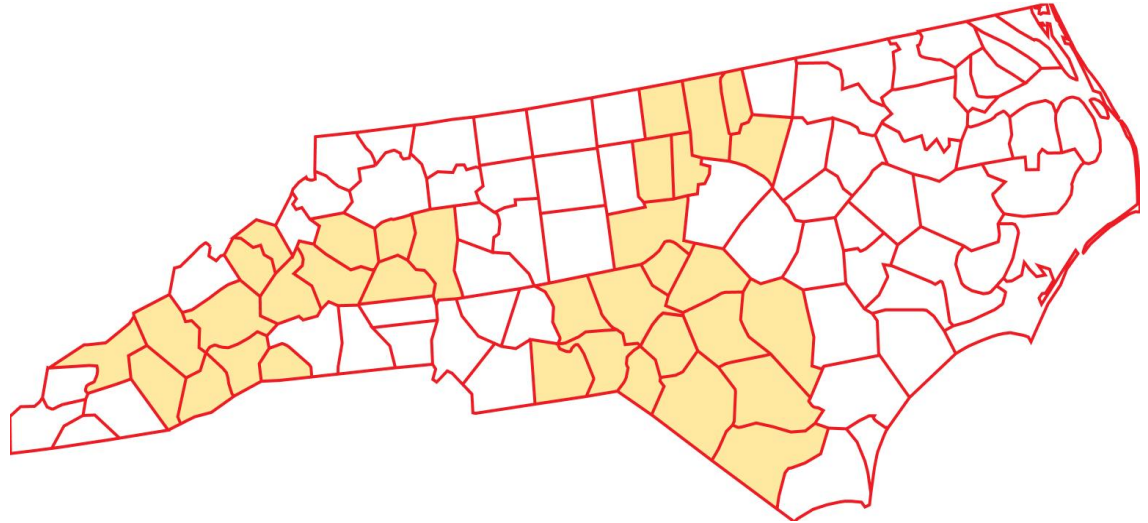


- Mission Statement: We take the BS out of healthcare.
- Troy Medicare is a health insurance company that is **locally** focused with deep roots in the provider community. Troy was started by pharmacy owners that saw the opportunity to improve the quality of care and communication between insurers and providers.
- The only Medicare Advantage plan built by pharmacists to empower providers and pharmacies to strengthen their communities and provide better care to seniors.

2027 Service Area



- | | |
|----------------|------------------|
| 01. Alexander | 19. Jackson |
| 02. Anson | 20. Lee |
| 03. Bladen | 21. McDowell |
| 04. Buncombe | 22. Mitchell |
| 05. Burke | 23. Montgomery |
| 06. Caldwell | 24. Moore |
| 07. Catawba | 25. Orange |
| 08. Chatham | 26. Person |
| 09. Columbus | 27. Polk |
| 10. Cumberland | 28. Richmond |
| 11. Durham | 29. Robeson |
| 12. Franklin | 30. Sampson |
| 13. Granville | 31. Scotland |
| 14. Harnett | 32. Swain |
| 15. Haywood | 33. Transylvania |
| 16. Henderson | 34. Vance |
| 17. Hoke | 35. Yancey |
| 18. Iredell | |



Troy's Network of Providers and Pharmacies



Troy has a robust network of physicians, facilities and pharmacies. We offer an easy-to-use online search tool as well as printed directories.

To search for a provider:

<https://www.troymedicare.com/find-a-provider>

To search for a Pharmacy including Troy's Network of Preferred Pharmacies:

[Troy Pharmacy Network](#)

Administration and Oversight



Troy Medicare is a Medicare Advantage organization with a Medicare contract that also has a contract with state Medicaid. Troy complies with Federal civil rights law and does not discriminate or exclude people because of their race, color, national origin, ancestry, age, disability, ethnicity, sex, sexual orientation, gender, gender identity or expression, marital status, religion, or language.

Troy Medicare is:

- Governed by the Centers for Medicare and Medicaid Services
- Overseen by the North Carolina Department of Insurance
- Must follow all applicable Federal Regulations and CMS Marketing and Communications Guidelines published annually by CMS

<https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>

- Utilizes secret shoppers to ensure compliance with marketing/sales by third parties

Medicare and Product Lines



Acronyms



- **PM** - Potential Member
- **HRA** - Health Risk Assessment
- **CMS** - Centers for Medicare and Medicaid Services
- **EOC** - Evidence of Coverage
- **NCDHHS** - NC Medicaid (NC Dept. of Health & Human Services)
- **RWB** - Red White & Blue Card
- **MBI** - Medicare Beneficiary ID Number
- **PA** - Prior Authorization/Prior Approval
- **SB** - Summary of Benefits

Understanding Medicare



Part A



INPATIENT HOSPITAL
CARE
SKILLED NURSING
SERVICES
HOSPICE CARE

Part B



DOCTORS' VISITS
OUTPATIENT HOSPITAL
SERVICES
DURABLE MEDICAL
EQUIPMENT
PHYSICIAN-
ADMINISTERED DRUGS

Part C



MEDICARE ADVANTAGE
PLANS, WHICH
COMBINE PARTS A & B
MAY COVER VISION,
DENTAL, AND HEARING

Part D



PRESCRIPTION DRUG
COVERAGE
STAND ALONE PDP
MAPD



Our Offerings and Eligibility Requirements

Troy offers two Medicare Advantage with Prescription Drug (MAPD) plans. To be eligible for our plans, an individual must

- Have both Medicare Part A and Medicare Part B
 - -- and -- live in our geographic service area
 - -- and -- are a United States citizen or are lawfully present in the United States
-
- **Troy Medicare (HMO)** available to anyone who is eligible for Medicare Part A and Part B and resides in one of our 35 service area counties in North Carolina.
 - **Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)** available to anyone who is eligible for Medicare Part A and Part B and resides in one of our 35 service area counties in North Carolina **AND** is Medicaid eligible that receives certain levels of assistance from the North Carolina Medical Assistance program (FBDE, SLMB Plus, QMB Plus or QMB).

Enrollment Periods



- **Initial Enrollment Period (IEP)** - Starts 3 months before a person gets Medicare and ends 3 months after they get Medicare.
- **Annual Enrollment Period (AEP)** - **October 15th thru December 7th** - enables consumers to change or add Prescription Drug Plans (PDPs), change Medicare Advantage plans, return to Original Medicare, or enroll in an MA plan for the first time even if they did not enroll during their Initial Election Period.
- **Medicare Advantage Open Enrollment Period (MA OEP)** - **January 1st thru March 31st** - gives consumers an annual opportunity to change a different MA plan or disenroll from their MA plan and return to Original Medicare. Individuals on Original Medicare cannot switch/join an MA plan during this time.
- **Special Enrollment Period (SEP)** - Varies. Only for certain life event situations (i.e. moving, losing or changing current coverage, getting Medicaid etc.)
- **Dually Eligible Beneficiaries (Duals)** - Can change MA plans each month

Benefit Highlights - Troy HMO

Benefit Highlights - Troy HMO



- Premium: \$0
- Deductible: \$0
- Rx Deductible: \$0
- Primary and Specialist Copays: \$0 and No Referrals Required
- Urgent Care: \$0
- In-Home Support Services
- Hearing Aid Allowance: \$825/year
- OTC allowance: \$20/month
- Dental Allowance: \$2,000/year *Administered via partnership with Liberty Dental*
- Vision Allowance: \$50 allowance for a visit/exam and \$200 towards eyewear per year
- Transportation: 24 Non-Emergency one-way rides to healthcare providers/suppliers
- Fitness: \$25 per month fitness/gym membership reimbursement

2027 HMO Prescription/Part D Program



Prescription Drug Benefits

Members not receiving Extra Help for drugs, will pay the following

Stage 1 Yearly Deductible	Stage 2 Initial Coverage	Stage 3 Catastrophic Coverage
Because there is no deductible for the plan, this payment stage does not apply to our members.	During this stage, the plan pays its share of the cost of your drugs and the member pays their share of the cost. Members stays in this stage until year-to-date "out-of-pocket prescription drug costs" reach \$2,400. • All Insulins: \$35 Copay or less for a retail 30-day supply. • Cost-sharing is applicable in the Initial Coverage and only applies to beneficiaries who are not eligible for Low Income Subsidy cost-sharing.	During this stage the plan will pay all of the cost of your drugs for the rest of the calendar year (through December 31, 2027).

2027 Troy HMO Rx Tiering Structure and Formulary



Troy's Formulary or "Drug List" can be found on our website at

<https://www.troymedicare.com/prescription-drugs>

Cost-Sharing Tier	Preferred retail cost-sharing (in-network)	Preferred retail cost-sharing (in-network)	Standard retail cost-sharing (in-network)	Standard retail cost-sharing (in-network)
	UP TO A 30-DAY SUPPLY	UP TO A 90-DAY SUPPLY	UP TO A 30-DAY SUPPLY	UP TO A 90-DAY SUPPLY
Tier 1 Preferred Generic	\$0 Copayment	\$0 Copayment	\$10 Copayment	\$30 Copayment
Tier 2 Generic	\$5 Copayment	\$15 Copayment	\$20 Copayment	\$60 Copayment
Tier 3 Preferred Brand	\$25 Copayment	\$75 Copayment	\$40 Copayment	\$120 Copayment
Tier 4 Non-preferred	\$100 Copayment	\$300 Copayment	\$100 Copayment	\$300 Copayment
Tier 5 Specialty	33% Coinsurance	33% Coinsurance	33% Coinsurance	33% Coinsurance

Benefit Highlights - Troy DSNP (HMO)

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- Premium: \$0
- Deductible: \$0
- Rx Deductible: \$0
- Primary and Specialist Copays: \$0 and No Referrals Required
- In-Home Support Services
- Hearing Aid Allowance: \$825/year
- OTC allowance: \$115/month
- Dental Allowance: \$3,000/year *Administered via partnership with Liberty Dental*
- Vision Allowance: \$200 towards eyewear/year and \$50 allowance for a visit/exam
- Transportation: 32 Non-Emergency one-way rides to healthcare providers/suppliers
- Gym: \$25/month gym membership reimbursement
- Healthy Foods: \$50/month
- Utilities: \$25/month

2027 DSNP Prescription/Part D Program



Prescription Drug Benefits

Members not receiving Extra Help for drugs, will pay the following

Stage 1 Yearly Deductible	Stage 2 Initial Coverage	Stage 3 Catastrophic Coverage
If you receive “Extra Help” you will not pay a deductible and the amount shown below will not apply to you. You stay in this stage until your year-to-date total drug costs exceed \$700. This plan was filed with the standard Part D deductible of \$700.	If your eligibility for Medicaid or “Extra Help” changes, your cost sharing may change. 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 “out-of-pocket prescription drug costs” reach \$2,400. Cost-sharing is applicable in the Initial Coverage phase of the Part D benefit, once you have paid \$2,400 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	If your eligibility for Medicaid or “Extra Help” changes, your cost sharing may change. During this stage, the plan will pay all of the cost of your drugs for the rest of the calendar year (through December 31, 2027).

2027 Troy DSNP Rx Tiering Structure and Formulary

Troy's Formulary or "Drug List" can be found on our website at

<https://www.troymedicare.com/prescription-drugs>



Cost-Sharing Tier	Standard retail cost-sharing (in-network) UP TO A 30-DAY SUPPLY	Standard retail cost-sharing (in-network) UP TO A 90-DAY SUPPLY
Tier 1 Preferred Generic	\$0 copayment You pay \$0 per month supply of each covered insulin product on this tier.	\$0 copayment You pay \$0 per month supply of each covered insulin product on this tier.
Tier 2 Generic	Cost varies based on your "Extra Help" level: • You pay between \$0 - \$14.40 per prescription OR 25% of the total cost, whichever is lesser. • You pay between \$0 - \$14.40 per month supply of each covered insulin product on this tier.	Cost varies based on your "Extra Help" level: • You pay between \$0 - \$14.40 per prescription OR 25% of the total cost, whichever is lesser. • You pay between \$0 - \$14.40 per month supply of each covered insulin product on this tier.
Tier 3 Preferred Brand		
Tier 4 Non-preferred		
Tier 5 Specialty		

Where to find or request Plan Documents?



For your convenience, plan documents such as our Summary of Benefits and Evidence of Coverage as well as additional information about our plans are always available online at www.troymedicare.com/documents-and-forms

Materials and additional links are also available in our secure Broker Portal.

Members can also request a mailed, hard copy of any of these materials to be sent to them by calling the Troy Medicare Member Services department at 1-888-494-TROY

Additional Plan Information and Resources

Additional Plan & Coverage Information



- Approved enrollees/applicants will receive Enrollment Verification and Approval notice as well as a new Member Welcome Kit, Troy Membership ID Card, Healthy benefits (OTC or OTC and Healthy Foods) card in the mail. New Members should be reminded to not use their Medicare RWB card when obtaining services but to use their Troy issued card(s).
- Members are encouraged to choose a PCP at the time of enrollment to help navigate and coordinate their care. Members may change their PCP at any time.
- Referrals Not Required - A member's PCP may "refer" them to a specialist, but they can go to any specialist in our network without a referral.
- Some covered services may require Prior Approval/Prior Authorization (PA) from the Plan. Those services that require PA are listed in our plan materials and are noted with an asterisk (*).
- Members are offered and encouraged to complete a Health Risk Assessment (HRA) to better understand their health. Answers to the HRA allow our Care Managers to work with members to improve their health.
- Emergency and Urgent Care Coverage is provided within the United States and US Territories only.

Troy's Care Management



- Every member is assigned a Care Manager to assist with care coordination and management of the member's healthcare needs.
- Members can work with their care manager for support, health education and assisting with connecting to community resources.
- We work with members to determine which program is best for the member at no-cost.

Third-Party Partners

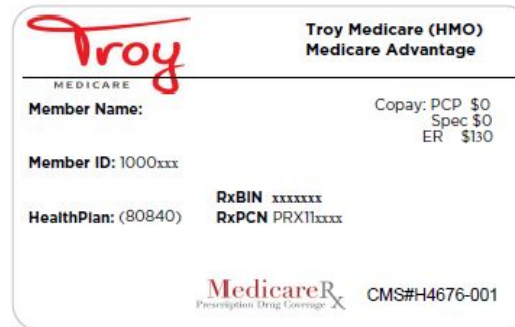


- **MedImpact - Part D TPA/Pharmacy Benefit Manager**
- **Solutran/Optum: Healthy Benefits - OTC and OTC/Healthy Foods Card**
- **Liberty Dental: Dental Benefit Manager**
- **SafeRide - Non-Emergent Transportation**
- **TruHearing - Hearing Aid Supplier**
- **Integra - DME Supplier**
- **PapaPals - In-Home Support Services**
- **Nirvana Health - Operational TPA for Part C activities such as Customer Service, Medical Claims Processing, Enrollment, etc.**

ID Cards

All members receive both a Troy ID Card . . .

. . . and their Healthy Benefits Card for their OTC/Food benefit usage.



Special Notes:

- All members will receive new cards for 2027
- Members do not receive separate ID cards for their extra benefits, including dental benefits administered by Liberty Dental; the Liberty dental information is on the back of their Troy ID card.

Key Conversation Points with Applicants



- **Introductions: You and Troy Medicare**
- **Review current plan(s): Verify current coverage (Remember: **Must have Part A & Part B**) and obtain MBI and other required information for application**
- **Review medications: Generics versus brand**
- **Review doctors: We honor a 60-day continuation of care**
- **Educate on Troy benefits**
- **Set expectations: Enrollment Letters/Effective date/ID card issuance**
- **Ensure understanding and confirm enrollment**

Commitment to Compliance

Commitment to Compliance



Troy is committed to upholding the highest ethical standards and complying with applicable laws and regulations, federal health care program requirements, Code of Conduct, and Troy policies and procedures, including health care fraud and identity theft laws. This commitment applies to all aspects of our work, and the ethics and integrity with which we conduct our business. As our FDR, you are also responsible for complying with these requirements.

Troy's [Code of Conduct](#) governs our business activities and relationships. The Code is based on the laws, rules and regulations that apply to our work. **As an FDR, you are required to comply with these laws, rules and regulations, including health care fraud and identity theft laws.**

Troy's [First-Tier, Downstream, and Related Entities \(FDRs\) Medicare Compliance Program Guide](#) is available for your reference and to further explain FDR compliance obligations.

You have an obligation to report all suspected violations of any law or regulation. Reporting is critical for the prevention, detection and correction of FWA. If any FDR knows of, or suspects, an issue of potential noncompliance or FWA that impacts Troy Health, you must report it to us. Troy prohibits retaliation against anyone for reporting in good faith suspected misconduct, noncompliance or potential FWA.

All reporting can be made anonymously via the Troy Ethics & Compliance Hotline:

[Troy Ethics & Compliance Reporting Portal](#)

Troy's Compliance policies and procedures can be found at the bottom of the homepage on troymedicare.com

Policies

[Medical Policies](#)

[Compliance Policies](#)

[Code of Conduct](#)

[FDR Code of Ethical Business Conduct](#)

Fraud

- ❖ Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.
- ❖ The Criminal Health Care Fraud Statute (18 United States Code (USC) 1347) makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment up to 10 years and is subject to criminal fines up to \$250,000.

The statute prohibits knowingly and willfully executing, or attempting to execute, a scheme or lie connected to delivering or paying for health care benefits, items, or services to either:

- Defraud any health care benefit program
- Get (by means of false or fraudulent pretenses, representations, or promises) money or property owned by, or controlled by, any health care benefit program

In other words, fraud is intentionally submitting false information to the Government or Government contractor to get money or a benefit.

Fraud, Waste & Abuse Differences

There are differences between fraud, waste, and abuse. One of the primary differences is intent and knowledge.

- Fraud requires intent to get payment and knowledge the actions are wrong.
- Waste and abuse may involve getting an improper payment or creating unnecessary costs to the Medicare Program but don't require the same intent and knowledge.

Criminal Health Care Fraud Statute

The Criminal Health Care Fraud Statute (18 USC 1346–1349) states, “Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice to defraud any health care benefit program or obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program ... shall be fined under this title or imprisoned not more than 10 years, or both.”

Conviction under the statute doesn't require proof the violator had knowledge of the law or had specific intent to violate the law.

Criminal Health Care Fraud Statute (continued)

Persons who knowingly make a false claim have committed health care fraud and may be subject to:

- Criminal fines up to \$250,000, and/or
- Imprisonment for up to 20 years

If the violations resulted in death, the individual may be imprisoned for any term of years or for life.

EXAMPLE: A Pennsylvania pharmacist:

- Submitted Medicare Part D claims for non-existent prescriptions and drugs not dispensed
- Pleaded guilty to health care fraud
- Got a 15-month prison sentence and was ordered to pay more than \$166,000 in restitution to the plan

Federal Criminal Identity Fraud Statute



This law makes it a federal crime to knowingly transfer, possess, or use, without lawful authority, another person's identification with the intent to commit—or to aid or abet—any unlawful activity.

How It Applies to Us in Medicare Advantage

As employees, we handle sensitive member identification information every day. This includes, but is not limited to:

- Medicare Beneficiary Identifiers (MBIs)
- Social Security Numbers (SSNs)
- Driver's License Numbers
- Member ID Cards

Using this information for any purpose other than conducting legitimate company business is strictly prohibited and may be illegal.

Red Flags & Prohibited Actions

Violations of this law in our work could include:

- **Submitting False Claims:** Using a member's MBI to bill for services that were never rendered.
- **Unauthorized Enrollment:** Using an individual's information to enroll them in a plan without their consent.
- **Improper Data Handling:** Possessing or sharing a list of member IDs for a non-business purpose, such as selling it to a third party.
- **Creating "Ghost" Members:** Fabricating or using stolen identities to create fake members and generate payments.

Your Responsibility: Protect & Report

- **Protect:** Always handle member identification with the highest level of security and confidentiality.
- **Report:** If you suspect that member information is being misused or you witness any of the red flags above, you **must** report it immediately to the Compliance Department or through the anonymous ethics hotline.

Violating this law can lead to severe penalties, including significant fines and imprisonment.

Federal Civil False Claims Act (FCA)

(31 USC §§3729-3733)

The civil provisions of the FCA make a person liable to pay damages to the government if he or she knowingly:

- Conspires to violate the FCA
- Carries out other acts to get government property by misrepresentation
- Conceals or improperly avoids or decreases an obligation to pay the government
- Makes or uses a false record or statement supporting a false claim
- Presents a false claim for payment or approval

“Knowingly” includes not only actual knowledge but includes deliberate ignorance or reckless disregard of the truth or falsity of the information.

Additionally, **under the criminal FCA (18 USC 287)**, individuals or entities may face criminal penalties, including fines, imprisonment, or both for submitting false, fictitious, or fraudulent claims.

Your Responsibilities with FWA

You play a vital part in preventing, detecting and correcting potential FWA and Medicare non-compliance.

1. **First**, you must comply with all applicable statutory, regulatory and other Medicare Part C or Part D requirements, including adopting and implementing an effective compliance program.
2. **Second**, you have a duty to the Medicare program to report any compliance concerns and suspected or actual violations of which you may be aware.
3. **Third**, you have a duty to follow Troy's Code of Conduct and Compliance policies that describes your and the Company's commitment to standards of conduct and ethical rules of behavior.

All employees, agents, contractors, consultants and directors must comply with all state and federal laws and requirements, including FWA, data management and security and identity theft.

How to Prevent FWA

- ❖ Look for suspicious activity
- ❖ Conduct yourself in an ethical manner
- ❖ Ensure accurate data and documentation of your work activities
- ❖ Know and understand FWA policies and procedures, standards of conduct, laws, regulations and CMS' guidance
- ❖ Verify all information that you receive
- ❖ Report overpayments
- ❖ If you see something or suspect something, speak up! Tell your supervisor or the Compliance Department!

Know the Policies and Procedures

Know Troy's policies and procedures:

- ❖ Code of Conduct
- ❖ Your department's policies and procedures
- ❖ Compliance, FWA and HIPAA policies and procedures

Every Medicare Advantage Organization and Prescription Drug Program (PDP) Sponsor and First-Tier, Downstream, and Related Entity (FDR) must have policies and procedures that address FWA. These procedures should help you detect, prevent, report and correct FWA.

The Troy Medicare Compliance Policies and procedures can be accessed at:
<https://www.troymedicare.com/compliance-policies>.

The Code of Conduct communicates to employees and FDRs that compliance is everyone's responsibility, from the Company's top to bottom.

Report Suspected FWA

Everyone must report suspected FWA. Troy's Code of Conduct clearly states this obligation. The Company will not retaliate against you for making a report in good faith.

Report any potential FWA concerns you have to the Compliance Department. The Compliance Department will investigate and make the proper determination.

Troy has an Ethics & Compliance Hotline that allows for anonymous reporting of suspected FWA and other potential non-compliance. When in doubt, reach out to the Compliance Department or use the Ethics & Compliance Hotline!

Reminders and Next Steps

Important Dates



- Plan information (including information in this presentation may not be shared with any member of the public before 10/01/2026)
- Enrollment forms, online enrollments, or Enrollment Packets may not be completed or handed out prior to 10/15/2026
- The 2026 Plan year enrollment application will go live on our dedicated, secure Troy Broker Portal on 10/15/2026
- Enrollment forms received after 11:59 pm on December 7, 2026 will not be accepted for a 1/1/27 effective date (unless there is a valid SEP)

For any questions regarding Troy products, processes or complying with Troy policies and procedures, please contact compliance@troymedicare.com.

Closing and Confirmation



- **Be sure applicant has Troy's contact information!**

Troy Medicare Main Line

M-F 8:00 am – 8:00 pm EST (April - September; 7 days a week October - March)

888-494-TROY (8769)

Visit the Website: <https://www.troymedicare.com/>

Provider Lookup: <https://www.troymedicare.com/find-a-provider>

Pharmacy and Prescription Lookup:

<https://www.troymedicare.com/prescription-drugs>

SBs/EOCs: <https://www.troymedicare.com/documents-and-forms>

Thank You!!



Congratulations! You've completed this course. You can review this training, other training materials or move on to the exam if you are ready.

Once you begin the exam, you must complete in one sitting.

You will have three opportunities to obtain an 85% pass rate on the exam.