



Cigna-HealthSpring Advantage (PPO) offered by Cigna

ANNUAL NOTICE OF CHANGES FOR 2020

You are currently enrolled as a member of Cigna-HealthSpring Advantage (PPO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 1.1 and 1.4 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our *Provider and Pharmacy Directory*.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click "Find health & drug plans."
 - Review the list in the back of your Medicare & You handbook.
 - Look in Section 3.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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SECTION 1 Changes to Benefits and Costs for Next Year**Section 1.1 Changes to the Monthly Premium**

Cost	2019 (this year)	2020 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B Premium Reduction	Cigna will reduce your monthly Medicare Part B Premium by up to \$75	Cigna will reduce your monthly Medicare Part B Premium by up to \$75

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2019 (this year)	2020 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount.	\$3,400	\$3,400 Once you have paid \$3,400 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	\$5,100	\$5,100 Once you have paid \$5,100 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at www.cignamedicare.com. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2020 *Provider and Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.

- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2020 Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
Medicare-covered Preventive Services	<u>Out-of-Network</u> You pay a coinsurance of 50% for any Medicare-covered preventive service.	<u>Out-of-Network</u> There is no coinsurance, copayment, or deductible for members eligible for Medicare-covered preventive services. A separate copay may apply if a non-preventive screening lab test or other non-preventive services are provided at the same time.
Referrals	<u>In-Network</u> Referral from your PCP is required.	<u>In-Network</u> No referral from your PCP is required, but you must see providers within the Cigna network for In-Network cost-shares to apply.
Chiropractic services	<u>In-Network</u> You pay a copayment of \$20 for each Medicare-covered chiropractic visit. <u>Out-of-Network</u> You pay a coinsurance of 50% for each Medicare-covered chiropractic visit.	<u>In-Network</u> You pay a copayment of \$15 for each Medicare-covered chiropractic visit. <u>Out-of-Network</u> You pay a coinsurance of 50% for each Medicare-covered chiropractic visit.

Cost	2019 (this year)	2020 (next year)
Dental services	<p><u>In-Network</u></p> <p>Prior authorization not required for supplemental preventive dental services.</p> <p>You pay a copayment of \$35 for Medicare-covered dental services.</p> <p>You pay a copayment of \$0 for the following supplemental preventive dental services:</p> <ul style="list-style-type: none"> – one exam every six months – one bitewing X-ray every calendar year – one full mouth or panoramic X-ray every 36 months – one cleaning every six months <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for Medicare-covered dental services.</p> <p>You pay a coinsurance of 50% for the following supplemental preventive dental services:</p> <ul style="list-style-type: none"> – one exam every six months – one bitewing X-ray every calendar year – one full mouth or panoramic X-ray every 36 months – one cleaning every six months 	<p><u>In-Network</u></p> <p>Authorization may be required for supplemental preventive dental services.</p> <p>You pay a copayment of \$30 for Medicare-covered dental services.</p> <p>You pay a copayment of \$0 for the following supplemental preventive dental services:</p> <ul style="list-style-type: none"> – one exam every six months – one bitewing X-ray every calendar year – one intraoral periapical X-ray every calendar year – one full mouth panoramic X-ray or intraoral complete series every 36 months – one cleaning every six months <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for Medicare-covered dental services.</p> <p>You pay a coinsurance of 50% for the following supplemental preventive dental services:</p> <ul style="list-style-type: none"> – one exam every six months – one bitewing X-ray every calendar year – one intraoral periapical X-ray every calendar year – one full mouth panoramic X-ray or intraoral complete series every 36 months – one cleaning every six months
Diabetes self-management training, diabetic services and supplies	<p><u>In-Network</u></p> <p>You pay a copayment of \$0 for Medicare-covered diabetes self-management training.</p> <p>You are eligible for one glucose monitor every two years and 200 glucose test strips per 30-day period.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for Medicare-covered diabetes self-management training.</p>	<p><u>In-Network and Out-of-Network</u></p> <p>You pay a copayment of \$0 for Medicare-covered diabetes self-management training.</p> <p><u>In-Network</u></p> <p>You are eligible for one glucose monitor and one continuous glucose monitoring device every two years. You are also eligible for 200 glucose test strips or three sensors per 30-day period depending on your monitor.</p>

Cost	2019 (this year)	2020 (next year)
Hearing services	<p><u>In-Network</u> You pay a copayment of \$10 in Primary Care Physician office or \$35 in a Specialist office for Medicare-covered diagnostic hearing exams.</p> <p><u>Out-of-Network</u> You pay a coinsurance of 50% for Medicare-covered diagnostic hearing exams.</p>	<p><u>In-Network</u> You pay a copayment of \$10 in Primary Care Physician office or \$30 in a Specialist office for Medicare-covered diagnostic hearing exams.</p> <p><u>Out-of-Network</u> You pay a coinsurance of 50% for Medicare-covered diagnostic hearing exams.</p>
Inpatient hospital care	<p><u>In-Network</u> You pay a copayment of: – Days 1-5: \$195 per day – Days 6-90: \$0 per day For each Medicare-covered hospital stay.</p> <p><u>Out-of-Network</u> You pay a coinsurance of 50% for each Medicare-covered hospital stay.</p>	<p><u>In-Network</u> You pay a copayment of: – Days 1-5: \$180 per day – Days 6-90: \$0 per day For each Medicare-covered hospital stay.</p> <p><u>Out-of-Network</u> You pay a coinsurance of 50% for each Medicare-covered hospital stay.</p>
Opioid treatment services	<p><u>In-Network and Out-of-Network</u> Not Medicare-covered.</p>	<p><u>In-Network</u> Authorization rules may apply. You pay a copayment of \$30 for Medicare-covered opioid treatment services.</p> <p><u>Out-of-Network</u> You pay a coinsurance of 50% for Medicare-covered opioid treatment services.</p>
Outpatient diagnostic tests and therapeutic services and supplies	<p><u>In-Network</u> You pay a copayment of \$35 for Medicare-covered therapeutic radiology services.</p> <p><u>Out-of-Network</u> You pay a coinsurance of 50% for Medicare-covered therapeutic radiologic services.</p>	<p><u>In-Network</u> You pay a copayment of \$60 for Medicare-covered therapeutic radiology services.</p> <p><u>Out-of-Network</u> You pay a coinsurance of 50% for Medicare-covered therapeutic radiologic services.</p>
Outpatient hospital observation	<p><u>In-Network</u> You pay a coinsurance of 20% for outpatient hospital observation.</p> <p><u>Out-of-Network</u> You pay a coinsurance of 50% for outpatient hospital observation.</p>	<p><u>In-Network</u> You pay a copayment of \$195 for outpatient hospital observation.</p> <p><u>Out-of-Network</u> You pay a coinsurance of 50% for outpatient hospital observation.</p>

Cost	2019 (this year)	2020 (next year)
Outpatient mental health care	<p><u>In-Network</u></p> <p>You pay a copayment of:</p> <p>\$35 for Medicare-covered individual or group therapy visit.</p> <p>\$35 for Medicare-covered individual or group therapy visit with a psychiatrist.</p> <p>Medicare-covered Telehealth-Behavioral health visit not covered.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of:</p> <p>50% for Medicare-covered individual or group therapy visit.</p> <p>50% for Medicare-covered individual or group therapy visit with a psychiatrist.</p> <p>Medicare-covered Telehealth-Behavioral health visit not covered.</p>	<p><u>In-Network</u></p> <p>You pay a copayment of:</p> <p>\$30 for Medicare-covered individual or group therapy visit.</p> <p>\$30 for Medicare-covered individual or group therapy visit with a psychiatrist.</p> <p>\$30 for Medicare-covered Telehealth-Behavioral health visit.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of:</p> <p>50% for Medicare-covered individual or group therapy visit.</p> <p>50% for Medicare-covered individual or group therapy visit with a psychiatrist.</p> <p>Medicare-covered Telehealth-Behavioral health visit not covered.</p>
Outpatient rehabilitation services	<p><u>In-Network</u></p> <p>You pay a copayment of:</p> <p>\$35 for Medicare-covered Occupational Therapy visits.</p> <p>\$35 for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of:</p> <p>50% for Medicare-covered Occupational Therapy visits.</p> <p>50% for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.</p>	<p><u>In-Network</u></p> <p>You pay a copayment of:</p> <p>\$30 for Medicare-covered Occupational Therapy visits.</p> <p>\$30 for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of:</p> <p>50% for Medicare-covered Occupational Therapy visits.</p> <p>50% for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.</p>
Outpatient substance abuse services	<p><u>In-Network</u></p> <p>You pay a copayment of \$35 for Medicare-covered individual or group substance abuse outpatient treatment visits.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for Medicare-covered individual or group substance abuse outpatient treatment visits.</p>	<p><u>In-Network</u></p> <p>You pay a copayment of \$30 for Medicare-covered individual or group substance abuse outpatient treatment visits.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for Medicare-covered individual or group substance abuse outpatient treatment visits.</p>

Cost	2019 (this year)	2020 (next year)
<p>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</p>	<p><u>In-Network</u> You pay a coinsurance of: 0% or 20% for each Medicare-covered outpatient hospital facility visit. 0% for any surgical procedures (i.e. polyp removal) during a colorectal screening. 20% for all other Outpatient Services including observation and outpatient surgical services not provided in an Ambulatory Surgical Center. 0% or 20% for each Medicare-covered ambulatory surgical center visit. 0% for any surgical procedures (i.e. polyp removal) during a colorectal screening. 20% for all other Ambulatory Surgical Center (ASC) services.</p> <p><u>Out-of-Network</u> You pay a coinsurance of: 50% for each Medicare-covered outpatient hospital facility visit. 50% coinsurance for each Medicare-covered ambulatory surgical center visit.</p>	<p><u>In-Network</u> You pay a copayment of: \$0 or \$195 for each Medicare-covered outpatient hospital facility visit. \$0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. \$195 for all other Outpatient Services including observation and outpatient surgical services not provided in an Ambulatory Surgical Center. \$0 or \$175 for each Medicare-covered ambulatory surgical center visit. \$0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. \$175 for all other Ambulatory Surgical Center (ASC) services.</p> <p><u>Out-of-Network</u> You pay a coinsurance of: 50% for each Medicare-covered outpatient hospital facility visit. 50% coinsurance for each Medicare-covered ambulatory surgical center visit.</p>
<p>Over-the-Counter Items and Services</p>	<p><u>In-Network and Out-of-Network</u> Not offered in 2019.</p>	<p><u>In-Network</u> Limited to \$25 every three months for specific over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog.</p>
<p>Partial hospitalization services</p>	<p><u>In-Network</u> You pay a copayment of \$35 for Medicare-covered partial hospitalization program services.</p> <p><u>Out-of-Network</u> You pay a coinsurance of 50% for Medicare-covered partial hospitalization program services.</p>	<p><u>In-Network</u> You pay a copayment of \$55 for Medicare-covered partial hospitalization program services.</p> <p><u>Out-of-Network</u> You pay a coinsurance of 50% for Medicare-covered partial hospitalization program services.</p>

Cost	2019 (this year)	2020 (next year)
Physician/Practitioner/Other Health Care Professional services	<p><u>In-Network</u></p> <p>Authorization rules may apply for Medicare-covered other health care professional visits and Medicare-covered specialist visits.</p> <p>You pay a copayment of:</p> <p>\$10 for each Medicare- covered Primary Care Physician visit.</p> <p>\$35 for each Medicare-covered specialist visit.</p> <p>\$10 in a Primary Care Physician office or \$35 in a Specialist office for Medicare-covered Other Health Care Professional Service.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for each Medicare-covered Primary Care Physician visit, specialist visit and Medicare-covered Other Health Care Professional Service.</p>	<p><u>In-Network</u></p> <p>No prior authorization required for Medicare-covered other health care professional visits and Medicare-covered specialist visits.</p> <p>You pay a copayment of:</p> <p>\$10 for each Medicare- covered Primary Care Physician visit and each Medicare-covered MD Live telehealth doctor visit.</p> <p>\$30 for each Medicare-covered specialist visit.</p> <p>\$10 in a Primary Care Physician office or \$30 in a Specialist office for Medicare-covered Other Health Care Professional Service.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for each Medicare-covered Primary Care Physician visit, specialist visit and Medicare-covered Other Health Care Professional Service.</p> <p>Medicare-covered MDLive telehealth doctor visit not covered.</p>
Podiatry services	<p><u>In-Network</u></p> <p>You pay a copayment of \$35 for each Medicare-covered podiatry visit.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for each Medicare-covered podiatry visit.</p>	<p><u>In-Network</u></p> <p>You pay a copayment of \$30 for each Medicare-covered podiatry visit.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for each Medicare-covered podiatry visit.</p>
Skilled nursing facility (SNF) care	<p><u>In-Network</u></p> <p>You pay a copayment of:</p> <ul style="list-style-type: none"> – Days 1-20: \$20 per day – Days 21-100: \$172 per day <p>For each Medicare-covered SNF stay.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for each Medicare-covered SNF stay.</p>	<p><u>In-Network</u></p> <p>You pay a copayment of:</p> <ul style="list-style-type: none"> – Days 1-20: \$20 per day – Days 21-100: \$178 per day <p>For each Medicare-covered SNF stay.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for each Medicare-covered SNF stay.</p>

Cost	2019 (this year)	2020 (next year)
<p>Special supplemental benefits for the chronically ill</p> <p>–Indoor air quality equipment and services</p>	<p><u>In-Network and Out-of-Network</u></p> <p>Not offered in 2019.</p>	<p><u>In-Network and Out-of-Network</u></p> <p>Authorization rules may apply.</p> <p>\$150 allowance every year for indoor air quality equipment and services (air conditioner).</p> <p>Members must be diagnosed with COPD and participate in the TX Respiratory Care Management program. Member will be required to submit a direct member reimbursement form and a receipt from retailer/supplier. Member is responsible for any amount beyond the maximum coverage allowance.</p>
<p>Vision services</p>	<p><u>In-Network</u></p> <p>You pay a copayment of \$0 or \$35 for Medicare-covered exams to diagnose and treat diseases and conditions of the eye. \$0 copayment for glaucoma screenings and diabetic retinal exams. \$35 copayment for all other Medicare-covered vision services.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening and diabetic retinal exams for people at risk.</p> <p>You pay a copayment of \$0 for one routine eye exam every year.</p>	<p><u>In-Network</u></p> <p>You pay a copayment of \$0 or \$30 for Medicare-covered exams to diagnose and treat diseases and conditions of the eye. \$0 copayment for glaucoma screenings and diabetic retinal exams. \$30 copayment for all other Medicare-covered vision services.</p> <p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 0% or 50% for Medicare-covered exams to diagnose and treat diseases and conditions of the eye. 0% for glaucoma screenings and diabetic retinal exams. 50% for all other Medicare-covered vision services.</p> <p>You pay a coinsurance of 50% for one routine eye exam every year.</p>

SECTION 2 Administrative Changes

Please see the table below for other important changes to your plan.

Process	2019 (this year)	2020 (next year)
<p>Plan's Website</p>	<p>The plan's website is www.cignahealthspring.com.</p>	<p>The plan's website is www.cignamedicare.com.</p>
<p>Customer Service Hours</p>	<p>Customer Service is available October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8:00 a.m. – 8:00 p.m. local time; Saturday 8:00 a.m. – 5:00 p.m. local time.</p> <p>Messaging service used weekends, after hours, and on federal holidays.</p>	<p>Customer Service is available October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8:00 a.m. – 8:00 p.m. local time.</p> <p>Messaging service used weekends, after hours, and on federal holidays.</p>

Process	2019 (this year)	2020 (next year)
How to view the plan's <i>Evidence of Coverage</i>	The 2019 <i>Evidence of Coverage</i> was mailed to you along with your <i>Annual Notice of Changes</i> .	The 2020 <i>Evidence of Coverage</i> is not included in this mailing. Please see the insert we included with this <i>Annual Notice of Changes</i> to learn how to view the <i>Evidence of Coverage</i> online or request that a copy be mailed to you.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 If you want to stay in our plan

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2020.

Section 3.2 If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- — *OR* — You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Cigna offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from Cigna-HealthSpring Advantage (PPO).
 - To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from Cigna-HealthSpring Advantage (PPO).
- To change to Original Medicare without a prescription drug plan, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - — *or* — Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2020.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or

without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Texas, the SHIP is called Texas Health Information Counseling & Advocacy Program (HICAP).

Texas Health Information Counseling & Advocacy Program (HICAP) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Texas Health Information Counseling & Advocacy Program (HICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Texas Health Information Counseling & Advocacy Program (HICAP) at 1-800-252-9240.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Texas has a program called Kidney Health Care Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance. In Texas, the ADAP is the Texas HIV Medication Program. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.
- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. To contact the Texas HIV Medication Program, please call 1-800-255-1090.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Texas HIV Medication Program at 1-800-255-1090.

SECTION 7 Questions?

Section 7.1 Getting Help from our plan

Questions? We’re here to help. Please call Customer Service at 1-800-668-3813 (TTY only, call 711). We are available for phone calls October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8:00 a.m. – 8:00 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. Calls to these numbers are free.

Read your 2020 *Evidence of Coverage* (it has details about next year’s benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 *Evidence of Coverage* for Cigna-HealthSpring Advantage (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.cignamedicare.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.cignamedicare.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*).

Section 7.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans.”)

Read *Medicare & You 2020*

You can read *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or 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.