



*Cigna-HealthSpring Advantage (HMO) offered by Cigna*

# ANNUAL NOTICE OF CHANGES FOR 2020

You are currently enrolled as a member of Cigna-HealthSpring Advantage (HMO). 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.**

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## 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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**3. CHOOSE:** Decide whether you want to change your plan

- If you want to **keep** Cigna-HealthSpring Advantage (HMO), you don't need to do anything. You will stay in Cigna-HealthSpring Advantage (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

**4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2019**

- If you don't join another plan by **December 7, 2019**, you will stay in Cigna-HealthSpring Advantage (HMO).
- If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

**Additional Resources**

- This document is available for free in Spanish.
- Please contact our Customer Service number at 1-800-668-3813 for additional information. (TTY users should call 711.) Hours are 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.
- To get information from us in a way that works for you, please call Customer Service (phone numbers are in Section 7.1 of this booklet). We can give you information in Braille, in large print, and other alternate formats if you need it.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

**About Cigna-HealthSpring Advantage (HMO)**

- Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.
  - When this booklet says “we,” “us,” or “our,” it means Cigna. When it says “plan” or “our plan,” it means Cigna-HealthSpring Advantage (HMO).
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**Summary of Important Costs for 2020**

The table below compares the 2019 costs and 2020 costs for Cigna-HealthSpring Advantage (HMO) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.cignamedicare.com](http://www.cignamedicare.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

| <b>Cost</b>   | <b>2019 (this year)</b>   | <b>2020 (next year)</b>   |
|---|---|---|
| <b>Monthly plan premium</b>   | \$0   | \$0   |
| <b>Maximum out-of-pocket amount</b><br>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)   | \$4,500   | \$3,900   |
| <b>Doctor office visits</b>   | Primary care visits: \$0 copayment per visit<br>Specialist visits: \$40 copayment per visit | Primary care visits: \$0 copayment per visit<br>Specialist visits: \$40 copayment per visit |
| <b>Inpatient hospital stays</b><br>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day. | Days 1-5: \$355 copayment per day<br>Days 6-90: \$0 copayment per day                       | Days 1-5: \$345 copayment per day<br>Days 6-90: \$0 copayment per day                       |

**Annual Notice of Changes for 2020**  
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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) |
|---|------------------|------------------|
| <b>Monthly premium</b><br>(You must also continue to pay your Medicare Part B premium.) | \$0              | \$0              |
| <b>Optional Supplemental Benefits Monthly Premium</b>                                   | \$46.10          | Not Offered      |

**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. This limit is called the “maximum out-of-pocket amount.” 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)  |
|---|------------------|---|
| <b>Maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. | \$4,500          | \$3,900<br>Once you have paid \$3,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services 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](http://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)   |
|--|---|--|
| <b>Referrals</b>   | Referral from your PCP is required.   | No referral is required, but you must still see a physician within our network.  |
| <b>Dental services</b>   | <p><b>Prior authorization not required for supplemental preventive dental services.</b></p> <p>You pay a copayment of \$0 for the following supplemental preventive dental services:</p> <ul style="list-style-type: none"> <li>– one exam every six months</li> <li>– one bitewing X-ray every calendar year</li> <li>– one full mouth or panoramic X-ray every 36 months</li> <li>– one cleaning every six months</li> </ul> <p>Supplemental comprehensive dental services are not covered.</p> | <p><b>Authorization may be required for supplemental preventive and comprehensive dental services.</b></p> <p>You pay a copayment of \$0 for the following supplemental preventive dental services:</p> <ul style="list-style-type: none"> <li>– one exam every six months</li> <li>– one bitewing X-ray every calendar year</li> <li>– one intraoral periapical X-ray every calendar year</li> <li>– one full mouth panoramic X-ray or intraoral complete series every 36 months</li> <li>– one cleaning every six months</li> </ul> <p>For supplemental comprehensive dental services you pay a copayment of:</p> <ul style="list-style-type: none"> <li>– \$10-\$195 for Restorative services</li> <li>– \$10-\$55 for Periodontics</li> <li>– \$35-\$75 for Extractions</li> <li>– \$25-\$195 for Prosthodontics and Oral Surgery</li> </ul> <p>The plan has a max coverage amount of \$1,000 per year for comprehensive dental services. Members are responsible for all cost above the max coverage amount. Unused amounts do not carry forward to future benefit years.</p> |
| <b>Diabetes self-management training, diabetic services and supplies</b> | You are eligible for one glucose monitor every two years and 200 glucose test strips per 30-day period.   | 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.   |
| <b>Fall risk assessment</b>  | Not offered   | <p>You pay a copayment of \$0 for fall risk assessment benefit.</p> <p>Members will have access to a fall prevention application that can be used on their personal smartphone or device. The application will provide a fall risk assessment and personalized exercise plan to assist with fall prevention.</p>   |

| Cost  | 2019 (this year)  | 2020 (next year)  |
|---|---|---|
| <b>Inpatient hospital care</b>  | You pay a copayment of: <ul style="list-style-type: none"> <li>– Days 1-5: \$355 per day</li> <li>– Days 6-90: \$0 per day</li> </ul> For each Medicare-covered hospital stay.<br>The plan covers days 1 through 90 of inpatient hospital care for each benefit period.                             | You pay a copayment of: <ul style="list-style-type: none"> <li>– Days 1-5: \$345 per day</li> <li>– Days 6-90: \$0 per day</li> </ul> For each Medicare-covered hospital stay.<br>The plan covers an unlimited number of days of inpatient hospital care for each benefit period.                   |
| <b>Inpatient mental health care</b>                                   | You pay a copayment of: <ul style="list-style-type: none"> <li>– Days 1-4: \$355 per day</li> <li>– Days 5-90: \$0 per day</li> </ul> For each Medicare-covered Inpatient mental hospital stay.   | You pay a copayment of: <ul style="list-style-type: none"> <li>– Days 1-4: \$345 per day</li> <li>– Days 5-90: \$0 per day</li> </ul> For each Medicare-covered Inpatient mental hospital stay.   |
| <b>Opioid treatment services</b>                                      | Not Medicare-covered.   | <b>Authorization rules may apply.</b><br>You pay a copayment of \$40 for Medicare-covered opioid treatment services.  |
| <b>Outpatient mental health care</b>                                  | You pay a copayment of: <ul style="list-style-type: none"> <li>\$35 for Medicare-covered individual or group therapy visit.</li> <li>\$35 for Medicare-covered individual or group therapy visit with a psychiatrist.</li> <li>\$35 Medicare-covered Telehealth-Behavioral health visit.</li> </ul> | You pay a copayment of: <ul style="list-style-type: none"> <li>\$40 for Medicare-covered individual or group therapy visit.</li> <li>\$40 for Medicare-covered individual or group therapy visit with a psychiatrist.</li> <li>\$40 Medicare-covered Telehealth-Behavioral health visit.</li> </ul> |
| <b>Outpatient substance abuse services</b>                            | You pay a copayment of \$35 for Medicare-covered individual or group substance abuse outpatient treatment visits.   | You pay a copayment of \$40 for Medicare-covered individual or group substance abuse outpatient treatment visits.   |
| <b>Over-the-Counter Items and Services</b>                            | Not covered.  | Limited to \$25 every three months for specific over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog.  |
| <b>Physician/Practitioner/Other Health Care Professional services</b> | <b>Authorization rules may apply for Medicare-covered other health care professional visits and Medicare-covered specialist visits.</b><br>You pay a copayment of \$0 for each Medicare-covered Primary Care Physician doctor visit.  | <b>No prior authorization required for Medicare-covered other health care professional visits and Medicare-covered specialist visits.</b><br>You pay a copayment of \$0 for each Medicare-covered Primary Care Physician doctor visit and each Medicare-covered MD Live telehealth doctor visit.    |
| <b>Skilled nursing facility (SNF) care</b>                            | You pay a copayment of: <ul style="list-style-type: none"> <li>– Days 1-20: \$0 per day</li> <li>– Days 21-100: \$172 per day</li> </ul> For each Medicare-covered SNF stay.  | You pay a copayment of: <ul style="list-style-type: none"> <li>– Days 1-20: \$0 per day</li> <li>– Days 21-100: \$178 per day</li> </ul> For each Medicare-covered SNF stay.  |

| Cost  | 2019 (this year)  | 2020 (next year)  |
|---|---|---|
| <b>Transportation</b>                       | Not covered.  | <p><b>Authorization rules may apply.</b></p> <p>You pay a copayment of \$0 for up to 10 one-way trips to plan-approved locations every year.</p>  |
| <b>Vision services</b>                      | <p>\$0 copayment up to the plan coverage limit for Medicare-covered eyewear (one pair of eyeglasses with standard frames/lenses or one set of standard contact lenses after cataract surgery that implants an intraocular lens).</p> <p>Supplemental routine eye exam and supplemental routine eyewear not covered.</p>   | <p>You pay a copayment of \$0 for:</p> <ul style="list-style-type: none"> <li>– Medicare-covered eyewear (one pair of eyeglasses with standard frames/lenses or one set of standard contact lenses after cataract surgery that implants an intraocular lens)</li> <li>– up to one supplemental routine eye exam every year</li> </ul> <p>\$0 copayment up to the plan coverage limit for:</p> <ul style="list-style-type: none"> <li>– up to one pair of eyeglasses (lenses and frames) every year</li> <li>– unlimited contact lenses up to plan coverage limit</li> <li>– up to one pair of eyeglass lenses every year</li> <li>– up to one eyeglass frame every year</li> <li>– upgrades</li> </ul> <p>\$250 plan coverage limit for supplemental eyewear every year. Supplemental annual eyewear allowance applies to the retail value only. Applicable taxes are not covered. The plan specified allowance may be applied to one set of the member's choice of eyewear, to include the eyeglass frame/ lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.</p> |
| <b>Optional Supplemental Dental Package</b> | <p><b><u>Dental Services</u></b></p> <p>For supplemental comprehensive dental services you pay a \$0 copayment for:</p> <ul style="list-style-type: none"> <li>– Restorative</li> <li>– Periodontics</li> <li>– Extractions</li> <li>– Prosthodontics and Oral Surgery</li> </ul> <p>The plan has a max coverage amount of \$1,000 per year for comprehensive dental services. Members are responsible for all cost above the max coverage amount. Unused amounts do not carry forward to future benefit years.</p> | <p><b><u>Dental Services</u></b></p> <p>Optional Supplemental Dental services not offered. Supplemental comprehensive dental services are included in the base plan. See 'Dental services' benefit above.</p>   |



| Cost | 2019 (this year)   | 2020 (next year)  |
|------|--|---|
|      | <p><b><u>Vision Services</u></b></p> <p>\$0 copayment for up to one supplemental routine eye exam every year</p> <p>\$0 copayment for:</p> <ul style="list-style-type: none"> <li>– up to one pair of eyeglasses (lenses and frames) every year</li> <li>– up to one pair of eyeglass lenses every year</li> <li>– up to one eyeglass frame(s) every year</li> <li>– upgrades</li> <li>– unlimited contact lenses up to plan coverage limit</li> </ul> <p>\$250 plan coverage limit for supplemental eyewear every year. Supplemental annual eyewear allowance applied to the retail value only. Applicable taxes are not covered. The plan specified allowance may be applied to one set of the member's choice of eyewear, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.</p> | <p><b><u>Vision Services</u></b></p> <p>Optional Supplemental Vision services not offered. Supplemental vision services, including eyewear, are included in the base plan. See 'Vision services' benefit above.</p> |

## SECTION 2 Administrative Changes

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

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

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## SECTION 3 Deciding Which Plan to Choose

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### 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 (SHIP) (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 "Review and Compare Your Coverage Options." **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 our plan.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from our plan.
- 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.

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## SECTION 4 Deadline for Changing Plans

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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*.

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## SECTION 5 Programs That Offer Free Counseling about Medicare

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The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. Here is a list of the State Health Insurance Assistance Programs in each state we serve:

- In Kansas, the SHIP is called Senior Health Insurance Counseling for Kansas (SHICK)
- In Missouri, the SHIP is called CLAIM - State Health Insurance Assistance Program

The State Health Insurance Assistance Program (SHIP) 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. State Health Insurance Assistance Program 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 Kansas' SHIP, Senior Health Insurance Counseling for Kansas (SHICK), at 1-800-860-5260 or Missouri's SHIP, CLAIM - State Health Insurance Assistance Program, at 1-800-390-3330.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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).
- **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 Kansas, the ADAP is the Kansas AIDS Drug Assistance Program. In Missouri, the ADAP is the Missouri AIDS Drug Assistance 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 Kansas AIDS Drug Assistance Program, please call 1-785-296-6174. To contact the Missouri AIDS Drug Assistance Program, please call 1-573-751-6113 or 1-866-628-9891.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Kansas' ADAP, the Kansas AIDS Drug Assistance Program, at 1-785-296-6174, or Missouri's ADAP, the Missouri AIDS Drug Assistance Program, at 1-573-751-6113 or 1-866-628-9891.

## 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 (HMO). 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](http://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](http://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.