



**Cigna-HealthSpring Rx (PDP) offered by Cigna  
Annual Notice of Changes for 2020**

**Fairfax County Government**

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

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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 2 and 3 for information about benefit and cost changes for our plan.
  
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2020 Drug List and look in Section 2.3 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
  
- 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>. Click “Find health & drug plans.”
- Review the list in the back of your Medicare & You handbook.
- Look in Section 4.2 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.

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

- If you want to **keep** Cigna-HealthSpring Rx (PDP), you don’t need to do anything. You will stay in Cigna-HealthSpring Rx (PDP).
- 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, contact your Plan Sponsor for information about other plan options that may be available to you and any consequences for opting out of this group plan.

- If you **don’t join another plan by December 7, 2019**, you will stay in Cigna-HealthSpring Rx (PDP).

**Additional Resources**

- Please contact our Customer Service team at 1-800-558-9562 for additional information. (TTY users should call 711.) Hours are 8 a.m.–8 p.m., local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1–September 30.
- Customer Service also has free language interpreter services available for non-English speakers.
- This information is available for free in a different format, Braille or large print. Please call Customer Service at the number listed above if you need plan information in another format.

**About Cigna-HealthSpring Rx (PDP)**

- Cigna-HealthSpring Rx (PDP) is a Medicare Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Cigna 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 Rx (PDP).

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**Summary of Important Costs for 2020**

The table below compares the 2019 costs and 2020 costs for Cigna-HealthSpring Rx (PDP) in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes* and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.**

Cost	2019 (this year)	2020 (next year)
<b>Part D prescription drug coverage</b> (See Section 2.3 for details.)	Deductible: \$50	Deductible: \$75
	Copayments or coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: 7 copay</li> <li>• Drug Tier 2: 20% (\$50 max)</li> <li>• Drug Tier 3: 30% (\$100 max)</li> <li>• Drug Tier 4: 30% (\$100 max)</li> </ul>	Copayments or coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$7 copay</li> <li>• Drug Tier 2: 20% (\$50 max)</li> <li>• Drug Tier 3: 30% (\$100 max)</li> <li>• Drug Tier 4: 30% (\$100 max)</li> </ul>

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## **Section 1 Refer to the information you received from your Plan Sponsor if you choose to stay enrolled**

The information in the document tells you about the differences between your current benefits in the Cigna-HealthSpring Rx (PDP) and the benefits you will have on January 1, 2020 as a member of Cigna-HealthSpring Rx (PDP). Please read the letter from your plan sponsor telling you about your membership in Cigna-HealthSpring Rx (PDP). It has important information about the different ways you can get your Medicare coverage, including information about how to make a change in your coverage. If you have any questions, please call customer service at 1-800-558-9562 8 a.m.–8 p.m., local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1–September 30.

## **Section 2 Changes to Benefits and costs for Next Year**

### **Section 2.1 Changes to the Monthly Premium**

Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.

If you have higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Your monthly premium will be less if you are receiving "Extra Help" with your prescription drug costs.

### **Section 2.2 Changes to the Pharmacy Network**

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

There may be changes to our network of pharmacies for next year. An updated pharmacy directory is located on our website at [CignaMedicare.com/group/PDPresources](http://CignaMedicare.com/group/PDPresources). You may also call Customer Service for updated provider information or to ask us to mail you a pharmacy Directory. Please review the 2020 *Pharmacy Directory* to **see which pharmacies are in our network**.

### **Section 2.3 Changes to Part D Prescription Drug Coverage**

#### **Changes to Our Drug List**

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is included in this mailing. The drug list includes many – but not all- of the drugs that we will cover next year. If you don't see your drug on this list, it might still be covered. You can get the complete list by calling Customer Service (see the back cover) or visiting our website at [myCigna.com](http://myCigna.com).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. For 2020, members in long term care (LTC) facilities will now receive a temporary supply that is the same amount of temporary days' supply provided in all other cases: 31 days of medication rather than the amount provided in 2019 (98 days of medication). (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of *the Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have received a formulary exception to a medication this year the formulary exception request is approved through the date indicated in the approval letter. A new formulary exception request is only needed if the date indicated on the letter has passed. Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Starting in 2020, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. This means if you are taking the brand name drug that is being replaced by the new generic (or the tier or restriction on the brand name drug changes); you will no longer always get notice of the change 60 days before we make it or get a 60-day refill of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Also, starting in 2020, before we make other changes during the year to our Drug List that require us to provide you with advance notice if you are taking a drug, we will provide you with notice 30, rather than 60, days before we make the change. Or we will give you a 30-day, rather than a 60-day, refill of your brand name drug at a network pharmacy.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about the changes we may make to the Drug List, see Chapter 3, Section 6 of the *Evidence of Coverage*.)

### **Changes to Prescription Drug Costs**

*Note:* If you are in a program that helps pay for your drugs ("Extra Help"), the information about costs for Part D prescription drugs may not apply to you. We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this

packet, please call Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 7.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages — the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages — the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in the *Evidence of Coverage*.)

**Changes to the Deductible Stage**

	2019 (this year)	2020 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b> During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible.</p>	The deductible is \$50	The deductible is \$75

**Changes to Your Copayments in the Initial Coverage Stage**

To learn how copayments and coinsurance work, look at Chapter 4, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

	2019 (this year)	2020 (next year)
<p><b>Stage 2: Initial Coverage Stage</b> Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost</b>. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different</p>	<p>Your cost for a one-month supply at a network pharmacy: Copays during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$7 copay</li> <li>• Drug Tier 2: 20% (\$50 max) coinsurance</li> <li>• Drug Tier 3: 30% (\$100 max) coinsurance</li> <li>• Drug Tier 4: 30% (\$100 max) coinsurance</li> </ul> <p>Once your total drugs costs have reached \$3,820, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply at a network pharmacy: Copays during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$7 copay</li> <li>• Drug Tier 2: 20% (\$50 max) coinsurance</li> <li>• Drug Tier 3: 30% (\$100 max) coinsurance</li> <li>• Drug Tier 4: 30% (\$100 max) coinsurance</li> </ul> <p>Once your total drugs costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>

tier; look them up on the Drug List.		
<p><b>Mail Order</b></p> <p>Cost share during the Initial Coverage Stage for prescriptions filled using a network mail-order service for a 90-day supply.</p>	<ul style="list-style-type: none"> <li>• Drug Tier 1: \$14 copay</li> <li>• Drug Tier 2: 20% (\$100 max)</li> <li>• Drug Tier 3: 30% (\$200 max)</li> <li>• Drug Tier 4: N/A</li> </ul> <p><b>Specialty drugs are limited to a 30-day supply</b></p>	<ul style="list-style-type: none"> <li>• Drug Tier 1: \$14 copay</li> <li>• Drug Tier 2: 20% (\$100 max)</li> <li>• Drug Tier 3: 30% (\$200 max)</li> <li>• Drug Tier 4: N/A</li> </ul> <p><b>Specialty drugs are limited to a 30-day supply</b></p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The other two drug coverage stages — the Coverage Gap Stage and the Catastrophic Coverage Stage — are for people with high drug costs. **Most customers do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

**Section 3 Administrative Changes**

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

Process	2019 (this year)	2020 (next year)
<b>Step Therapy</b>	Your plan did not include step therapy edits	Your plan will include step therapy edits which will require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. Please see your 2020 Drug List for more information.
<b>Home Delivery – The Express Scripts Pharmacy</b>	Your plan had several home delivery pharmacies.	For 2020, the Express Scripts Pharmacy® will be added as a home delivery pharmacy for Cigna-HealthSpring Rx (PDP) customers.  There are other home delivery pharmacies available in your Pharmacy Directory.  <a href="http://CignaMedicare.com/group/PDPresources">CignaMedicare.com/group/PDPresources</a>
<b>Cigna Specialty Pharmacy</b>	Cigna Specialty Pharmacy was in the network.	Customers using Cigna Specialty Pharmacy will receive specialty pharmacy services from Accredo®, Cigna's selected specialty pharmacy. Other network pharmacies are available.  Letters with instructions are being sent to customers using Cigna Specialty Pharmacy.

<b>How to view the plan’s Evidence of Coverage</b>	The 2019 Evidence of Coverage and Evidence of Coverage Snapshot were mailed to you along with your Annual Notice of Changes.	The 2020 Evidence of Coverage along with the Evidence of Coverage Snapshot (included in this mailing), showing your benefits, can be viewed online at <a href="http://myCigna.com">myCigna.com</a> .
<b>The Plan’s Website</b>	The plan’s website is <a href="http://www.cignahealthspring.com">www.cignahealthspring.com</a>	For 2020, the plan materials, claim forms, and provider directory will be located at <a href="http://CignaMedicare.com/group/PDPresources">CignaMedicare.com/group/PDPresources</a> .

## Section 4 Deciding Which Plan to Choose

### Section 4.1 If you want to stay in Cigna-HealthSpring Rx (PDP)

If you want to keep your membership in Cigna-HealthSpring Rx (PDP) for 2020, refer to the information received from your Plan Sponsor.

### Section 4.2 If you want to change plans

Before you decide to leave Cigna-HealthSpring Rx (PDP) please contact your Plan Sponsor for information about other plan options that may be available to you and any consequences for opting out of this group plan.

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,
- *OR*-- you can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- *OR*—you can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

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 <http://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

#### Step 2: Change your coverage

**Before making any changes to your plan, please contact your Plan Sponsor for information about other plan options that may be available to you and any consequences for opting out of this group plan.**

- To change **to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Cigna-HealthSpring Rx (PDP).
- To change **to a Medicare health plan**, enroll in the new plan. Depending on which type you choose, you may be automatically disenrolled from Cigna-HealthSpring Rx (PDP).
  - You will automatically be disenrolled from Cigna-HealthSpring Rx (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be

disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.

- If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Cigna-HealthSpring Rx (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Cigna-HealthSpring Rx (PDP). If you are enrolling in this plan type and want to leave our plan, contact your plan sponsor or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- To change to Original Medicare without a prescription drug plan; you must either:
  - Contact your Plan Sponsor or refer to information you received from your Plan Sponsor for instructions.
  - – *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 5 Deadline for Changing Plans

**Before making any changes to your plan, please contact your Plan Sponsor for information about other plan options that may be available to you and any consequences for opting out of this group plan. Refer to the information about when you are allowed to make changes to your plan.**

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 or during your Open Enrollment period**. 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 are allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you are in a drug management program, you may not be able to change plans.

## Section 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. See your Evidence of Coverage, Appendix A State Health Insurance Assistance Program – SHIP chart for the state SHIP name.

SHIPs are 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. The SHIP 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. For a listing of the state specific SHIPs, see your *Evidence of Coverage*, Appendix A.

## Section 7 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.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays for some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, 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.** There is a program called the State Pharmaceutical Assistance 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 (for the name and phone numbers for this organization, refer to the Evidence of Coverage).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, refer to the Evidence of Coverage to locate the phone number for the ADAP in your state.

## Section 8 Questions?

### Section 8.1 – Getting Help from Cigna-HealthSpring Rx (PDP)

Help is always here. If you have any questions, customer service is here to help. We go above and beyond to make sure you have everything you need to understand and get the most from your plan. 1-800-558-9562 (TTY 711) October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. Customer service also has free language interpreter services available for non-English speakers.

### 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 additional details, look in the 2020 *Evidence of Coverage* for Cigna-HealthSpring Rx (PDP). 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. Visit [CignaMedicare.com/group/PDPresources](https://www.CignaMedicare.com/group/PDPresources) for a copy of the Evidence of Coverage.

### Visit our Website

You can also visit us online at [CignaMedicare.com/group/PDPresources](https://www.CignaMedicare.com/group/PDPresources) to find a pharmacy, view plan information, and more.

### Section 8.2 – 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 (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug 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 <http://www.medicare.gov> and click on “Find health & drug plans”).

**Read *Medicare & You 2020***

You can read the *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 (<http://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.