

GEISINGER GOLD

# Preferred (PPO)

2022 Summary of Benefits

Geisinger



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# Thank you for your interest in Geisinger Gold!

## Dear Prospective Member:

Better health should be easier for you — and for everyone. That's Geisinger's commitment. And it's why Geisinger Gold offers quality, affordable coverage to more than 90,000 Pennsylvania residents. Just a few of the advantages include:

- **Benefits:** Easy-to-use, comprehensive benefits, including worldwide emergency coverage!
- **Extra care:** In addition to your doctor, you'll have a nurse to help you manage a chronic illness, a newly diagnosed condition or provide support by phone after a hospital stay.
- **Stability and security:** The Geisinger name represents a rich heritage in providing quality healthcare and an ongoing commitment to the communities we serve. We've offered coverage to Medicare beneficiaries since 1994.

To help with your decision, this booklet includes the following information:

- A **summary of benefits** for the plan in which you expressed interest. This includes information on medical and prescription drug benefits and costs.
- A **Geisinger Gold Formulary (list of covered drugs)**. Consult this for information on the prescription drugs we cover.
- An **enrollment application** and business reply envelope (in the back pocket).
- Information on our plan's **quality ratings** from the Centers for Medicare and Medicaid Services (CMS).

Call us today for more information. You'll get support from our Medicare advisors every step of the way. We'll work with you to find a plan that fits your needs and budget. For your convenience, you can also compare plans and enroll online at [GeisingerGold.com](https://www.GeisingerGold.com).

The enclosed information may be helpful as you're making a decision. Have questions? Call us — we'll be glad to answer them. We look forward to serving you in 2022 and beyond!

## Medicare coverage options

Choosing the right healthcare coverage for you is an important personal decision. There is no “one-size-fits-all” plan. Considerations include:

- Your overall health
- What prescription drugs you take
- Current or potential chronic conditions
- The need for coverage while traveling or time away from your permanent home.

Part A doesn't have a monthly premium. However, if you've paid Social Security taxes for less than 10 years, you will have to pay a small premium. Part A helps pay for inpatient hospital insurance, covers skilled nursing facility care (only if you've been hospitalized first), home healthcare if you have been hospitalized and hospice care whether or not you've been hospitalized.

Part B has a monthly premium. Part B helps pay for outpatient services such as doctors' fees, outpatient hospital visits, labs, X-rays, ambulance, preventive services, emergency room and urgent care, as well as other medical services and supplies not covered by Part A.

If you're delaying your retirement and have insurance with your employer, you can also delay enrollment in Part B, although it's best to enroll in premium-free Part A at age 65.

### Don't count on Original Medicare to cover everything.

Original Medicare's costs can add up quickly if you have a medical condition that requires frequent care or a lengthy stay in a hospital or skilled nursing facility. And it doesn't provide benefits for many common healthcare services, including:

- Hearing aids
- Routine hearing exams
- Eyeglasses
- Routine eye exams
- Preventive dental care
- Most prescription drugs
- Fitness benefits
- Worldwide emergency medical coverage



# 6 things to consider when choosing a Medicare plan

## 1. Doctors and hospitals

Not all plans let you choose your own doctors and medical facilities. If that's important to you, choose a plan that does.

## 2. Costs

What will you pay for premiums, deductibles, coinsurance and copays? Is there an annual limit on these and other expenses?

## 3. Prescription drugs

Make sure the plan you choose covers the medications you need. Ask what pharmacies you can use.

## 4. Benefits

Does the plan have all the benefits you are looking for, like prescription drug coverage? What about a new pair of glasses?

## 5. Health history

Do you have a chronic condition? How many prescription drugs do you take? Do you need more coverage than Original Medicare?

## 6. Travel

Are you covered if you travel to another state or outside the U.S.? Does the plan have a nationwide network of pharmacies?



**Because  
an excellent  
experience  
means you'll  
love us.**

At Geisinger, caring is at the heart of everything we do. Providing our members with superior coverage, care and service is why we come to work every day. We'll do everything we can to be sure you tell your family and friends, "I'm with Geisinger, and you should be, too!"







## The Geisinger difference

### Caring for our members

As an integral part of the Geisinger family, at Geisinger Gold, everything we do is about caring for our members. Geisinger has a long history of innovative, community-focused, physician-led service to patients and members throughout Pennsylvania.

In addition to the comprehensive, affordable benefits described in this booklet, Geisinger Gold is proud to offer extra services and programs designed to help keep you healthy and make the most of your benefits.

### Customer service, when and where you need it

After enrolling in Geisinger Gold, you can register for our secure online member portal at [GeisingerGold.com](http://GeisingerGold.com), where you can view your benefit details, review claims, download a digital version of your member ID card, and much more! You can even tell us if you want to receive information from Geisinger Gold by mail or online.

### Health management and ProvenHealth Navigator

Geisinger Gold offers specialized, one-on-one help for many chronic conditions, including:

- Diabetes
- Heart failure
- High blood pressure
- Osteoporosis

Get guidance from health managers, who will make sure you get the appointments and medications you need. Some Geisinger provider offices have a ProvenHealth Navigator® program providing an on-site Geisinger Gold health manager to directly support you.

### Getting the right help for you

You need the right insurance coverage for your health needs and budget. Geisinger Gold can help — and with our financial and social resources, you can overcome any barriers to maintaining a healthy lifestyle.

## This summary of benefits contains 2022 plan information for:

Geisinger Gold Preferred Advantage Rx (PPO)

Geisinger Gold Preferred Enhanced Rx (PPO)

Geisinger Gold Preferred Complete Rx (PPO)

Geisinger Gold Preferred 360 Rx (PPO)

For full details of services and costs for each plan, consult the Evidence of Coverage at [GeisingerGold.com](https://www.GeisingerGold.com) or call us for more information.

Geisinger Gold Preferred plans are PPO plans which do not require members to select a PCP or obtain referrals for covered services. Members may use out-of-network providers to obtain covered services. Prior authorization may be required for certain services.

You can also learn more about this plan in the “Medicare & You” handbook. If you don’t have a copy of this booklet, you can get it at the Medicare website ([medicare.gov](https://www.medicare.gov)) or by calling 800-MEDICARE (800-633-4227), 24/7. TTY users should call 877-486-2048.

To join a Geisinger Gold Medicare Advantage Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Pennsylvania: Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Chester, Clearfield, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming and York.

## Call us with any questions.

From Oct. 15 to Dec. 7: 7 days a week from 8 a.m. to 8 p.m.

From Dec. 8 to Oct. 14: Monday through Friday from 8 a.m. to 8 p.m.

If you’re a member, great! Call toll-free 800-498-9731.

If you’re not a member, we’d love to have you join us. Call toll-free 855-908-0581.

TTY users call 711.

Or visit our website: [GeisingerGold.com](https://www.GeisingerGold.com)

Geisinger Gold has a network of doctors, hospitals and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You can see our plan’s provider and pharmacy directory at our website ([GeisingerGold.com](https://www.GeisingerGold.com)). Or, call us and we will send you a copy of the provider and pharmacy directories.



Besides the plan detailed in the enclosed Summary of Benefits, other plans may be available to you, based on your county of residence. Want to discuss other plan options? Have questions about this packet or the coverage Geisinger Gold offers? Call 855-908-0581, 7 days a week, from 8 a.m. to 8 p.m. (TTY 711) for more information.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to 100 percent of drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. If you qualify, you won't be subject to the coverage gap or a late enrollment penalty. You may be eligible for these savings and not know it. For more information about this Extra Help, contact your local Social Security office or call 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048. You can also call 800-MEDICARE or visit [medicare.gov](https://www.medicare.gov) for more information about Medicare.

Geisinger Gold Medicare Advantage HMO, PPO and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal. Members must obtain their covered dental benefits from SkyGen network providers and their covered hearing aid benefits from AudioNet network providers.

This information is not a complete description of benefits. Contact the plan for more information.

Out-of-network/non-contracted providers are under no obligation to treat Geisinger Gold members, except in emergency situations. To know whether we will cover an out-of-network service, you or your provider can ask us for a pre-service organization determination before you receive the service. Call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

# 2022 Medical Benefits

	Preferred Enhanced Rx (PPO)
Premium	See chart on page 17. You must also continue to pay your Medicare Part B premium, which for most people in 2021 is \$148.50 per month and may change for 2022.
Deductible	\$0
Part B buyback	\$25 in select counties
Out-of-pocket max (cap on annual medical expenses)	\$7,550 (combined in & out)
Inpatient hospital – acute*	\$325 per stay, not to exceed \$975 annually
Outpatient surgery/services*	\$305
Primary care physician	\$5
Specialty care physician	\$35
Preventive services (Medicare approved)	\$0
Annual routine physical exams	\$10
Emergency care (waived if admitted)	\$90
Urgent care (waived if admitted)	\$35
Outpatient all other diagnostic procedures/tests	\$20 per day
Outpatient lab	\$20 per day
Outpatient X-rays	\$35 per day
Outpatient ultrasound, fluoroscopy, DEXA imaging	\$35 per day
Outpatient MRI, CT, PET scans*, etc.	\$300 per day
Outpatient standard radiation therapy	\$35 per day
Outpatient all other therapeutic radiology	\$60 per day
Teladoc e-visits	\$5 PCP \$10 mental health/substance abuse
Hearing exams – diagnostic only	\$35
Routine hearing exams	\$20 – 1 per year
Hearing aids/fitting for hearing aids	\$100 benefit limit per year
Dental services (preventive): Oral exam with or without cleaning	\$0 – 2 per year
Dental services (preventive): Dental X-rays	\$0 – 1 per year
Comprehensive dental (Original Medicare-covered)	\$35
Comprehensive dental (non-Medicare-covered)	\$650 annual maximum benefit amount. Applies to preventive and comprehensive non-Medicare covered services.

\*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Preferred Enhanced Rx (PPO)
Vision exam (medical): \$0 for glaucoma screen	\$35
Vision exam (routine)	\$20 – 1 per year
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)
Eyewear (routine) non-Medicare-covered	\$250 benefit limit per year
Outpatient mental health*	Individual session: \$10 Group session: \$5
Skilled nursing facility*	\$0/day (days 1–20) \$160/day (days 21–68) \$0/day (days 69–100)
Occupational/physical/speech therapy	\$35 per day
Ambulance (waived if admitted)	\$275
Worldwide coverage (waived if admitted)	Urgent care: \$35 Emergency care: \$90 Ground: \$275 Air: \$1000 Total benefit limit: \$100,000
Flex card – dental, vision, hearing devices	\$500 allowance per year
Part B Drugs*	Insulin: 5% coinsurance All others: 20% coinsurance
Medicare Part D Prescription Drug Coverage	Included
OTC approved products	\$25 per month
Home health services	\$0
Chiropractic services	\$20
Podiatry	\$35
Fitness	\$25 annual fee in-network to Silver&Fit® facilities 20% coinsurance out-of-network
Cardiac/pulmonary rehab	\$25 per day
Durable medical equipment (DME)*	20%
Prosthetics and related supplies*	20%
Diabetic supplies*	One Touch preferred brand glucometer - \$0 (one every two years) OneTouch preferred brand supplies (test strips, lancets and lancet devices) – 20% Non-preferred glucometers and supplies – 20%
Diabetic supplies – therapeutic shoes or inserts	20%
Nursing hotline	\$0

\*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Preferred 360 Rx (PPO)*	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)
Unless noted, cost-sharing is the same in-network or out-of-network			
Premium	\$0 You must also continue to pay your Medicare Part B premium which for most people in 2021 is \$148.50 per month and may change for 2022.	See chart on page 17. You must also continue to pay your Medicare Part B premium, which for most people in 2021 is \$148.50 per month and may change for 2022.	\$0 You must also continue to pay your Medicare Part B premium, which for most people in 2021 is \$148.50 per month and may change for 2022.
Deductible	\$0	\$0	\$0
Out-of-pocket max (cap on annual medical expenses)	\$7,550	\$4,000 (combined in & out)	\$6,700 (combined in & out)
Inpatient hospital – acute**	\$175/day (days 1–6) \$0/day (days 7–90)	\$200/day (days 1–6), not to exceed \$1,200 annually \$0/day (days 7–90)	\$225/day (days 1–6), not to exceed \$1,350 annually \$0/day (days 7–90)
Outpatient surgery/ services**	\$350	\$250	\$350
Primary care physician	\$5	\$10	\$15
Specialty care physician	\$35	\$25	\$40
Preventive services (Medicare-approved)	\$0	\$0	\$0
Annual routine physical exams	\$0	\$10	\$15
Emergency care (waived if admitted)	\$90	\$90	\$90
Urgent care (waived if admitted)	\$35	\$25	\$40
Outpatient all other diagnostic procedures/tests	\$20 per day	\$15 per day	\$30 per day
Outpatient lab	\$20 per day	\$15 per day	\$30 per day
Outpatient X-rays	\$35 per day	\$30 per day	\$40 per day

	Preferred 360 Rx (PPO)*	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)
Unless noted, cost-sharing is the same in-network or out-of-network			
Outpatient ultrasound, fluoroscopy, DEXA imaging**	\$35 per day	\$30 per day	\$40 per day
Outpatient MRI, CT, PET scans, etc.**	\$345 per day	\$275 per day	\$365 per day
Outpatient standard radiation therapy	\$35 per day	\$25 per day	\$40 per day
Outpatient all other therapeutic radiology	\$60 per day	\$60 per day	\$60 per day
Teladoc e-visits	\$5 PCP \$10 mental health/ substance abuse	\$10 PCP \$10 mental health/ substance abuse	\$15 PCP \$10 mental health/ substance abuse
Hearing exams – diagnostic only	\$35	\$25	\$40
Routine hearing exams	\$20 – 1 per year	Not covered; see health+ optional benefits	Not covered; see health+ optional benefits
Hearing aids/fitting for hearing aids	Not covered; see health+ optional benefits	Not covered; see health+ optional benefits	Not covered; see health+ optional benefits
Dental services (preventive): oral exam with or without cleaning	\$0 – 2 per year	Not covered; see health+ optional benefits	Not covered; see health+ optional benefits
Dental services (preventive): dental X-rays	\$0 – 1 per year	Not covered; see health+ optional benefits	Not covered; see health+ optional benefits
Comprehensive dental (original Medicare-covered)	\$35	\$25	\$40
Comprehensive dental (non-Medicare covered) Simple fillings, simple extractions, dentures, crowns and root canals	\$500 annual maximum benefit amount applies to preventive and comprehensive non-Medicare-covered services	Not covered; see health+ optional benefits	Not covered; see health+ optional benefits

\*Plan available in Adams, Lehigh, Northampton, York

\*\*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Preferred 360 Rx (PPO)*	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)
Unless noted, cost-sharing is the same in-network or out-of-network			
Vision exam (medical): \$0 for glaucoma screen	\$35	\$25	\$40
Vision exam (routine)	\$20 – 1 per year	Not covered; see health+ optional benefits	Not covered; see health+ optional benefits
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)
Eyewear (routine) non-Medicare covered	\$100 benefit limit per year	Not covered; see health+ optional benefits	Not covered; see health+ optional benefits
Outpatient mental health**	Individual session: \$10 Group session: \$5	Individual session: \$10 Group session: \$5	Individual session: \$10 Group session: \$5
Skilled nursing facility**	\$0/day (days 1–20) \$160/day (days 21–68) \$0/day (days 69–100)	\$0/day (days 1–20) \$160/day (days 21–45) \$0/day (days 46–100)	\$0/day (days 1–20) \$160/day (days 21–62) \$0/day (days 63–100)
Occupational/physical/speech therapy	\$35 per day	\$25 per day	\$40 per day
Ambulance (waived if admitted)	\$275	\$200	\$275
Worldwide coverage (waived if admitted)	Urgent care: \$35 Emergency care: \$90 Ground: \$275 Air: \$1000 Total benefit limit: \$100,000	Urgent: \$25 Emergency: \$90 Ground: \$200 Air: \$1000 Total annual benefit limit: \$100,000	Urgent: \$40 Emergency: \$90 Ground: \$275 Air: \$1000 Total annual benefit limit: \$100,000
Fitness	\$25 annual fee in-network to Silver&Fit® facilities 20% coinsurance out-of-network	Not covered; see health+ optional benefits	Not covered; see health+ optional benefits
Part B drugs**	Insulin: 5% coinsurance All others: 20% coinsurance	Insulin: 5% coinsurance All others: 20% coinsurance	Insulin: 5% coinsurance All others: 20% coinsurance
Medicare Part D prescription drug coverage	Included	Included	Included
OTC approved products	\$20 allowance per month	Not included	Not included



	Preferred 360 Rx (PPO)*	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)
Unless noted, cost-sharing is the same in-network or out-of-network			
Home health services	\$0	\$0	\$0
Chiropractic services	\$20	\$20	\$20
Podiatry	\$35	\$25	\$40
Cardiac/pulmonary rehab	\$25 per day	\$25 per day	\$25 per day
Durable medical equipment (DME)**	20%	20%	20%
Prosthetics and related supplies**	20%	20%	20%
Diabetic supplies**	One Touch preferred brand glucometer - \$0 (one every two years) OneTouch preferred brand supplies (test strips, lancets and lancet devices) - 20% Non-preferred glucometers and supplies - 20%	One Touch preferred brand glucometer - \$0 (one every two years) OneTouch preferred brand supplies (test strips, lancets and lancet devices) - 20% Non-preferred glucometers and supplies - 20%	One Touch preferred brand glucometer - \$0 (one every two years) OneTouch preferred supplies (test strips, lancets and lancet devices) - 20% Non-preferred glucometers and supplies - 20%
Diabetic supplies – therapeutic shoes or inserts	20%	20%	20%
Nursing hotline	\$0	\$0	\$0
Geisinger Gold Health+ optional benefits	Not available	Coverage for preventive dental, routine vision and hearing care, and fitness center benefits. See page 16 for details on this valuable benefits package.	Coverage for preventive dental, routine vision and hearing care, and fitness center benefits. See page 16 for details on this valuable benefits package.

\*Plan available in Adams, Lehigh, Northampton, York

\*\*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

# 2022 Prescription Drug Coverage

Preferred Advantage Rx, Preferred Enhanced Rx, Preferred Complete Rx, Preferred 360 Rx			
Annual Deductible	\$0		
Initial Coverage Limit (until total yearly drug costs reach \$4,430)			
Preferred Complete Rx Preferred Advantage Rx	30-day retail copay: <ul style="list-style-type: none"> <li>Tier 1 - \$3</li> <li>Tier 2 - \$20</li> <li>Tier 3 - \$47</li> <li>Tier 4 - \$100</li> <li>Tier 5 - 33%</li> <li>Tier 6 - \$0 vaccines</li> </ul>	100-day retail copay: <ul style="list-style-type: none"> <li>Tier 1 - \$7.50</li> <li>Tier 2 - \$50</li> <li>Tier 3 - \$117.50</li> <li>Tier 4 - \$250</li> <li>Tier 5 - Not available</li> </ul>	100-day mail order copay: <ul style="list-style-type: none"> <li>Tier 1 - \$0</li> <li>Tier 2 - \$0</li> <li>Tier 3 - \$70.50</li> <li>Tier 4 - \$150</li> <li>Tier 5 - Not available</li> </ul>
Preferred Enhanced Rx Preferred 360 Rx	30-day retail copay: <ul style="list-style-type: none"> <li>Tier 1 - \$0</li> <li>Tier 2 - \$5</li> <li>Tier 3 - \$47</li> <li>Tier 4 - \$100</li> <li>Tier 5 - 33%</li> <li>Tier 6 - \$0 vaccines</li> </ul>	100-day retail copay: <ul style="list-style-type: none"> <li>Tier 1 - \$0</li> <li>Tier 2 - \$12.50</li> <li>Tier 3 - \$117.50</li> <li>Tier 4 - \$250</li> <li>Tier 5 - Not available</li> </ul>	100-day mail order copay: <ul style="list-style-type: none"> <li>Tier 1 - \$0</li> <li>Tier 2 - \$0</li> <li>Tier 3 - \$70.50</li> <li>Tier 4 - \$150</li> <li>Tier 5 - Not available</li> </ul>

Coverage Gap (total member drug costs reach \$7,050)			
Preferred Complete Rx Preferred Advantage Rx	30-day retail copay: <ul style="list-style-type: none"> <li>\$3 for tier 1 generics</li> <li>25% for tier 2 generics</li> <li>25% for tier 3 &amp; above brands</li> <li>\$35 copay for insulin</li> <li>Tier 6 - \$0 vaccines</li> </ul>	100-day retail copay: <ul style="list-style-type: none"> <li>\$7.50 for tier 1 generics</li> <li>25% for tier 2 generics</li> <li>25% for tier 3 &amp; above brands</li> </ul>	100-day mail order copay: <ul style="list-style-type: none"> <li>\$0 for tier 1 generics</li> <li>25% for tier 2 generics</li> <li>25% for tier 3 &amp; above brands</li> </ul>
Preferred Enhanced Rx Preferred 360 Rx	30-day retail copay: <ul style="list-style-type: none"> <li>\$0 for tier 1 generics</li> <li>25% for tier 2 generics</li> <li>25% for tier 3 &amp; above brands</li> <li>\$35 copay for insulin</li> <li>Tier 6 - \$0 vaccines</li> </ul>	100-day retail copay: <ul style="list-style-type: none"> <li>\$0 for tier 1 generics</li> <li>25% for tier 2 generics</li> <li>25% for tier 3 &amp; above brands</li> </ul>	100-day mail order copay: <ul style="list-style-type: none"> <li>\$0 for tier 1 generics</li> <li>25% for tier 2 generics</li> <li>25% for tier 3 &amp; above brands</li> </ul>
Catastrophic Coverage (after \$7,050 is paid out of pocket)			
Member pays the greater of: <ul style="list-style-type: none"> <li>5% coinsurance; or               <ul style="list-style-type: none"> <li>\$3.95 copay for generics</li> <li>\$9.85 copay for brands</li> </ul> </li> </ul>			

Tier 1 (preferred generic)

Tier 3 (preferred brand)

Tier 5 (specialty tier)

Tier 2 (generic)

Tier 4 (non-preferred brand)

Tier 6 (vaccines)

Insulin Savings Program	
Retail supply	Mail-order supply
30-day copay - \$35	30-day copay - \$35
60-day copay - \$70	60-day copay - \$52.50
100-day copay - \$87.50	100-day copay - \$52.50

*Copays on formulary covered insulin in the initial coverage limit and through the coverage gap. This applies to all HMO and PPO plans, except Classic Advantage without drug and Secure Rx.*



# Geisinger Gold Health+

Geisinger Gold Health+ is an optional supplemental benefits package available for purchase if you are enrolled in:

Preferred Advantage Rx

Preferred Complete Rx

Premium: \$38 per month	
Dental	<ul style="list-style-type: none"><li>• \$600 max benefit per year that includes:<ul style="list-style-type: none"><li>– 2 routine exams per year (with or without cleaning)</li><li>– 1 set of X-rays per year (bitewing or panoramic)</li><li>– Simple fillings, simple extractions, dentures, crowns and root canals</li><li>– See any provider who is approved by Medicare</li></ul></li></ul>
Vision	<ul style="list-style-type: none"><li>• \$20 copay</li><li>• 1 routine exam per year</li><li>• \$100 hardware allowance per year (contacts, glasses, lenses, frames)</li><li>• See any provider who is approved by Medicare</li></ul>
Hearing	<ul style="list-style-type: none"><li>• \$20 copay</li><li>• 1 routine exam per year</li><li>• \$500 hearing aid &amp; fitting allowance per year</li><li>• See any provider who is approved by Medicare</li></ul>
Fitness	<ul style="list-style-type: none"><li>• \$90 allowance per quarter for fitness center membership fees and exercise classes</li></ul>

## 2022 Geisinger Gold monthly premiums

	Preferred Advantage Rx
<b>Northeast, Central &amp; Midwest regions:</b> Blair, Bradford, Cambria, Cameron, Centre, Clearfield, Clinton, Columbia, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Montour, Northumberland, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming	\$111
<b>South &amp; East regions:</b> Adams, Berks, Bucks, Carbon, Chester, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Lehigh, Monroe, Northampton, Perry, York	\$86

	Preferred Enhanced Rx
<b>PA Mountains &amp; Valleys:</b> Carbon, Centre, Clearfield, Clinton, Huntingdon, Juniata, Mifflin, Monroe, Perry, Pike, Schuylkill, Sullivan, Susquehanna, Wayne, Wyoming	\$0
<b>PA Town &amp; Country:</b> Blair, Bradford, Cambria, Cumberland, Dauphin, Lackawanna, Luzerne, Lycoming	\$0 with \$25 Part B buyback
<b>PA Heartland:</b> Adams, Berks, Bucks, Cameron, Chester, Columbia, Franklin, Fulton, Lancaster, Lebanon, Lehigh, Montour, Northampton, Northumberland, Potter, Snyder, Somerset, Tioga, Union, York	\$45

## Important resources

### Center for Medicare and Medicaid Services

800-Medicare (800-633-4227),  
877-486-2048 (TTY)  
24 hours a day, 7 days a week

**medicare.gov**

Get basic Medicare information and request documents.

### Social Security

800-772-1213, 800-325-0778 (TTY)

**SocialSecurity.gov**

Sign up for Medicare, apply for extra help or get a paper application, request a replacement card or report a change in address.

### Railroad Retirement Board

877-772-5772, 312-751-4701 (TTY)

**rrb.gov**

Sign up for Medicare, request a replacement card or report a change in address.

### PA MEDI

800-783-7067

This is the State Health Insurance Assistance Program in Pennsylvania.

### PACE/PACENET (State Pharmaceutical Assistance Program)

800-225-7223

## Contact us

Have questions about eligibility, plan options and costs? Our knowledgeable Medicare advisors can answer them. More than 90,000 Medicare beneficiaries already trust Geisinger Gold, and we can help you find the best plan for your needs and budget. To help you find the best plan for your situation, we offer free in-home consultations without obligation.

### Geisinger Gold Medicare advisors

855-908-0581 (TTY: 711)

8 a.m. – 8 p.m.

Daily, Oct. 15 – Dec. 7

Weekdays, Dec. 8 – Oct. 14

**GeisingerGold.com**



*Geisinger Gold Medicare Advantage HMO and PPO plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company/Geisinger Quality Options Inc., health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal. Members must obtain their covered dental benefits from Avesis network providers and their covered hearing aid benefits from AudioNet network providers.*

**Before you make an enrollment decision, you should understand our benefits and rules. Have questions? Talk with a customer service representative at 855-908-0581 (TTY: 711).**

### Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor for. Visit [GeisingerGold.com](http://GeisingerGold.com) or call 855-908-0581 (TTY: 711) to view a copy of the EOC.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy isn't listed, you will likely have to choose a new pharmacy for your prescriptions.

### Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Benefits, premiums and/or copays/coinsurance may change on Jan. 1 each year.





# Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the "Health Plan") comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator  
Geisinger Health Plan Appeals Department  
100 North Academy Avenue  
Danville, PA 17822-3220  
Phone: 866-577-7733, TTY: 711  
Fax: 570-271-7225  
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F  
HHH Building, Washington, DC 20201  
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ចូរសុំ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).



# Talk to us about the many options available to you.

Geisinger Gold Medicare advisors are offering free consultations by phone or in person at a location of your choice, without any obligation.

Call us today, and we can help you enroll right over the phone. For your convenience, online enrollment is also available at [GeisingerGold.com](https://www.GeisingerGold.com).

To find out more, call 855-908-0581 today. TTY: 711

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