

# Geisinger

## Gold

We'll help you choose the Medicare Advantage Plan that's right for you



Caring

All\_Plans\_19  
Y0032\_18215\_1  
CMS Approved 9/5/18

# Table of Contents

The Geisinger difference .....	3
More benefits than Medicare alone .....	4
Choosing the best plan for you .....	5
Frequently asked questions .....	6
Eligibility and enrollment .....	7
Geisinger Gold benefit overviews .....	8-15
Medicare Prescription Drug Coverage (Part D) .....	16
Geisinger Gold Health+ .....	17
2019 Geisinger Gold premiums .....	18
What else should I know about Medicare Advantage plans? .....	19

## We'll help you every step of the way

If you want to lower your healthcare expenses, look no further than Geisinger Gold. We make it easy for you to get the affordable healthcare protection you need.

You can speak with a Geisinger Gold Medicare Advisor on the phone, at a community meeting, or in person at a location of your choice. They will listen to your needs and concerns and give you the kind of straightforward information you need to make the best decision. There's no obligation.

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

**To find out more, call 800-823-9633 today!**

**TTY: 711**

**8 a.m. to 8 p.m., (7 days a week, Oct 1. - Mar. 31)**

**8 a.m. to 8 p.m., (Mon. - Fri., Apr. 1 - Sept. 30)**

**[GeisingerGold.com](http://GeisingerGold.com)**

# 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 Proven Health Navigator

Geisinger Gold offers specialized, one-on-one assistance for a variety of chronic conditions, including diabetes, heart failure, high blood pressure, osteoporosis, and more. Health managers provide guidance and assistance to help ensure you get the appointments and medications you need. At select Geisinger provider offices, our Proven Health Navigator program provides an on-site Geisinger Gold health manager to directly support our members.

## Getting the right help for you

In addition to making sure you have the right insurance coverage for your health needs and budget, Geisinger Gold can help you find financial and social resources to help overcome any barriers you may have to maintaining a healthy lifestyle.



## Creating an excellent experience

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 everyday. I know every member of the Geisinger family agrees with me in saying we will do everything possible to be sure you say to your family and friends 'I'm with Geisinger; and you should be, too!'

*Steven R. Youso  
President and CEO  
Geisinger Health Plan*

## More benefits than Medicare alone

When you join a Geisinger Gold Medicare Advantage plan, you continue to get all of your Medicare Part A and B benefits. Geisinger Gold Medicare Advantage plans also include a wide range of cost-saving features and wellness programs not available with Medicare Parts A and B.

	Medicare Parts A and B	Geisinger Gold Medicare Advantage plans
Low cost	You must pay your Part B premium	Plans starting at \$0 a month; you must continue to pay your Part B premium.
Part D prescription drug	No	Prescription drug coverage is available, with generic drug copays as low as \$3.
Out-of-pocket protection	No	Yes. Plans have an annual limit on how much you pay in deductibles and copays.
Routine dental services	No	Yes. Included with some plans, optional with others.
Hearing aid benefit	No	Yes. Included with some plans, optional with others.
Routine vision/eyewear benefits	No	Yes. Included with some plans, optional with others.
Fitness benefits	No	Yes. Included with some plans, optional with others.
Care management programs for heart conditions, diabetes, blood pressure, kidney disease, and more	No	Yes
Coverage of preventive services, including certain health screenings and immunizations	Yes	Yes. Services covered with \$0 copay for all Geisinger Gold plans.

# Choosing the best plan for you

---

Geisinger Gold offers health plans to fit your unique needs, including traditional Health Maintenance Organization (HMO) plans, Preferred Provider Organization (PPO) plans, and a Special Needs Plan (SNP). To get started, think about what's important to you.

## Geisinger Gold HMO plans

Health Maintenance Organization (HMO) plan members select a primary care physician (PCP) who works to coordinate your medical care. You are required to use providers and hospitals within the plan's network, but you have the freedom to see specialists without a referral from your PCP.

Geisinger Gold offers three HMO plans to fit a variety of needs and budgets. **Classic Advantage** offers comprehensive benefits with low, fixed copays, no deductible, and a low out-of-pocket maximum. It is available with or without prescription drug coverage and includes extra benefits for vision, hearing, dental, and fitness services. **Classic Complete Rx** provides a balance between premium and out-of-pocket costs, and includes prescription drug coverage and vision, hearing, dental, and fitness benefits. **Classic Essential Rx** offers a \$0 monthly plan premium, no deductible, and includes prescription drug coverage.

## Geisinger Gold HMO SNP plan

**Geisinger Gold Secure Rx** is a Special Needs HMO plan designed for individuals who are eligible for Medicare Part A, enrolled in Part B, and receive full Medicaid coverage. **Secure Rx** offers \$0 cost-sharing\* for all medical benefits, plus supplemental benefits. Prescription drug coverage is included.

\*Members may be responsible for some cost-sharing not covered by Medicaid.

## Geisinger Gold PPO plans

**Geisinger Gold Preferred** plans are PPO plans where members have the freedom to choose any Medicare-eligible doctor or hospital and referrals are not required to see specialists (in or out-of-network). Covered services can be obtained from either in-network or out-of-network providers at the same cost. **Preferred Advantage Rx** offers rich benefits with low, fixed copays and no deductible. **Preferred Enhanced Rx** offers a balance between monthly premium and out-of-pocket costs and includes additional benefits such as vision, hearing and dental. **Preferred Complete Rx** offers a \$0 monthly plan premium and no deductible. All three plans include prescription drug coverage.

## Additional programs available

**LIFE Geisinger** is an innovative program to help seniors live independently by offering a full range of health and medical services at day health centers and in members' homes. This all-inclusive program helps older adults maintain quality of life while living in their own homes. For eligibility information, visit [LifeGeisinger.org](https://LifeGeisinger.org).

# Geisinger Gold Medicare Advantage

## Frequently asked questions

---

### What is a Medicare Advantage plan?

Medicare Advantage plans were created to give Medicare recipients greater benefits than original Medicare (Medicare Parts A & B) alone. Your Medicare coverage is administered by a private company, rather than by the government.

### Are my doctors in the network?

Visit [GeisingerGold.com](https://www.GeisingerGold.com) for the most up-to-date information about our network. With more than 31,000 physicians, mental health providers, hospitals, and other service providers, chances are the providers you see will be available to you. You can also call a Geisinger Gold Medicare Advisor who will help you find a doctor and answer any questions you may have.

### Are prescription drugs covered?

Yes! With Geisinger Gold, you can get all your coverage from a single source, with generic drug copays as low as \$3.

### Do I qualify for Extra Help?

If you have limited resources and income, you may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; The Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or your state Medicaid office.

### What if I spend time outside the Geisinger Gold service area?

Medical emergency services, as well as urgently needed services, are covered worldwide under all of our HMO and PPO plans. Geisinger Gold Preferred (PPO) plans have in- and out-of-network coverage for routine services with no referrals required. With Preferred (PPO), your costs are the same both in- and out-of-network.



# Geisinger Gold Medicare Advantage

## Eligibility and enrollment

### Who is eligible?

You are eligible to join a Geisinger Gold Medicare Advantage plan as long as you have Medicare Parts A and B, live in the health plan's service area, and do not have End-Stage Renal Disease (ESRD).

### When can I enroll?

Medicare beneficiaries can enroll in Geisinger Gold Medicare Advantage coverage at certain times of the year.

#### Annual Election Period - Oct. 15 - Dec. 7

You can enroll in or switch to a new Medicare Advantage plan or Medicare Advantage prescription drug plan during the Annual Election Period (AEP). For 2019 coverage, the AEP is from **October 15 to December 7, 2018**.

### Initial Coverage Election Period

When you turn 65 or otherwise become eligible for Medicare, you qualify for an Initial Election Period. This is usually a seven-month period that begins three months before your birthday month, the month of, and 3 months after you are first eligible for both Medicare Part A and Part B.

### Special Election Periods

Special Election Periods allow Medicare beneficiaries to make a plan change anytime during the year. Reasons include a change in residence, delayed retirement, disability, loss of benefits if your existing plan's contract is

not renewed by Medicare, loss of low income subsidy, or special needs status. Please call for more information.

### How do I enroll?

We make enrollment easy. Our local Geisinger Gold Medicare Advisors offer personalized advice and assistance. Once you decide what plan is right for you, the Medicare Advisor can complete your enrollment right over the phone! You can also visit [GeisingerGold.com](http://GeisingerGold.com) for plan information and to enroll online. In-person enrollment meetings may also be available.

### When will my coverage become effective?

If you enroll between October 15 and December 7, 2018, your coverage will become effective on January 1, 2019.

### What if I change my mind?

During the Open Enrollment Period, from January 1 to March 31, you can make a **one-time** plan selection change. Options include selecting a new Medicare Advantage plan, changing to a Medicare Supplement plan, or disenrolling from a Medicare Advantage plan and returning to Original Medicare. Depending on the change you make, you could be eligible to enroll in a stand-alone Prescription Drug Plan (PDP).

You will not be able to make any further changes until the next Annual Election Period (unless you qualify for a special election period during the year).

# HMO plans benefit overview

	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)
Deductible	\$0	\$0	\$0
Out of Pocket Max (cap on annual medical expenses)	\$3,400	\$4,900	\$6,700
Primary Care Physician	\$0	\$5	\$10
Specialty Care Physician	\$20	\$35	\$40
Inpatient Hospital - Acute	\$175/day (days 1-6) \$0/day (days 7-90)	\$200/day (days 1-6) \$0/day (days 7-90)	\$225/day (days 1-6) \$0/day (days 7-90)
Skilled Nursing Facility	\$0/day (days 1-20) \$160/day (days 21-42) \$0/day (days 43-100)	\$0/day (days 1-20) \$160/day (days 21-51) \$0/day (days 52-100)	\$0/day (days 1-20) \$160/day (days 21 - 62) \$0/day (days 63-100)
Cardiac/Pulmonary Rehab	\$0	\$0	\$0
Emergency Care (Waived if Admitted)	\$120	\$90	\$90
Urgent Care (Waived if Admitted)	\$20	\$35	\$40
Worldwide Coverage (Waived if Admitted)	Urgent: \$20 Emergency: \$120 Transportation: \$100 Total Annual Benefit Limit: \$100,000	Urgent: \$35 Emergency: \$90 Transportation: \$200 Total Annual Benefit Limit: \$100,000	Urgent: \$40 Emergency: \$90 Transportation: \$200 Total Annual Benefit Limit: \$100,000
Home Health Services	\$0	\$0	\$0
Chiropractic Services	\$20	\$20	\$20
Podiatry	\$20	\$35	\$40
Occupational/Physical/Speech Therapy	\$20 per day	\$35 per day	\$40 per day
Outpatient All Other Diagnostic Procedures/Tests	\$5 per day	\$5 per day	\$10 per day
Outpatient Lab	\$5 per day	\$5 per day	\$10 per day
Outpatient X-Rays	\$25 per day	\$30 per day	\$35 per day
Outpatient MRI, CT, PET Scans	\$150 per day	\$225 per day	\$225 per day
Outpatient Standard Radiation Therapy	\$25 per day	\$30 per day	\$35 per day



## HMO plans benefit overview

	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)
Outpatient All Other Therapeutic Radiology	\$60 per day	\$60 per day	\$60 per day
Other Diagnostic/ General Imaging	\$150 per day	\$225 per day	\$225 per day
Outpatient Surgery/ Services	\$200	\$245	\$350
Outpatient Mental Health	Individual Session: \$25 Group Session: \$10	Individual Session: \$25 Group Session: \$10	Individual Session: \$25 Group Session: \$10
Ambulance (Waived if Admitted)	\$100	\$200	\$200
Part B Drugs	20%	20%	20%
Durable Medical Equipment (DME)	20%	20%	20%
Prosthetics and Related Supplies	20%	20%	20%
Annual Routine Physical Exams	\$0	\$5	\$10
Diabetic Supplies	Preferred Brand Glucometer - \$0 (one every two years) Preferred Brand Supplies (test strips, lancets, and lancet devices) - 0% Non-Preferred Glucometers and Supplies - 20%	Preferred Brand Glucometer - \$0 (one every two years) Preferred Brand Supplies (test strips, lancets, and lancet devices) - 20% Non-Preferred Glucometers and Supplies - 20%	Preferred Brand Glucometer - \$0 (one every two years) Preferred Brand Supplies (test strips, lancets, and lancet devices) - 20% Non-Preferred Glucometers and Supplies - 20%
Diabetic Supplies - Therapeutic Shoes or Inserts	20%	20%	20%
Health Club/ Fitness Center	\$90 / every 3 months	\$90 / every 3 months	Not Covered
Nursing Hotline	\$0	\$0	\$0
Dental Services (Preventive): Oral Exam with or without cleaning	\$0 / 2 per year	\$0 / 2 per year	Not Covered
Dental Services (Preventive): Dental X-Rays	\$0 / 1 per year	\$0 / 1 per year	Not Covered

## HMO plans benefit overview

	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)
Comprehensive Dental (Original Medicare-covered)	\$20	\$35	\$40
Comprehensive Dental (Non-Medicare Covered)	\$500 annual maximum benefit amount applies to preventive and comprehensive non-Medicare covered services	\$500 annual maximum benefit amount applies to preventive and comprehensive non-Medicare covered services	Not Covered
Vision Exam (Medical): \$0 for glaucoma screen	\$20	\$35	\$40
Vision Exam (Routine)	\$20 / 1 per year	\$20 / 1 per year	Not Covered
Original Medicare-Covered Eyewear (Post-Cataract Surgery)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)
Eyewear (Routine) Non-Medicare Covered	\$200 benefit limit / every 2 years	\$100 benefit limit / every year	Not Covered
Hearing Exams - Diagnostic Only	\$20	\$35	\$40
Routine Hearing Exams	\$20 / 1 per year	\$20 / 1 per year	Not Covered
Hearing Aids/Fitting for Hearing Aids	\$500 copay per ear \$3000 max benefit limit per ear every 3 years	\$500 copay per ear \$3000 max benefit limit per ear every 3 years	Not Covered
Medicare Part D Prescription Drug Coverage	Included with Classic Advantage Rx; not included with Classic Advantage	Included	Included

## PPO plans benefit overview

	Preferred Advantage Rx (PPO)	Preferred Enhanced Rx (PPO)	Preferred Complete Rx (PPO)
Unless noted, cost sharing is the same in-network or out-of-network			
Deductible	\$0	\$0	\$0
Out of Pocket Max	\$4,000 (combined in & out)	\$5,500 (combined in & out)	\$6,700 (combined in & out)
Primary Care Physician	\$5	\$10	\$15
Specialty Care Physician	\$25	\$35	\$40
Inpatient Hospital - Acute	\$200/day (days 1-6) \$0/day (days 7-90)	\$225/day (days 1-6) \$0/day (days 7-90)	\$225/day (days 1-6) \$0/day (days 7-90)
Skilled Nursing Facility	\$0/day (days 1-20) \$160/day (days 21-45) \$0/day (days 46-100)	\$0/day (days 1-20) \$160/day (days 21-54) \$0/day (days 55-100)	\$0/day (days 1-20) \$160/day (days 21-62) \$0/day (days 63-100)
Cardiac/Pulmonary Rehab	\$0	\$0	\$0
Emergency Care (Waived if Admitted)	\$90	\$90	\$90
Urgent Care (Waived if Admitted)	\$25	\$35	\$40
Worldwide Coverage (Waived if Admitted)	Urgent: \$25 Emergency: \$90 Transportation: \$200 Total Annual Benefit Limit: \$100,000	Urgent: \$35 Emergency: \$90 Transportation: \$275 Total Annual Benefit Limit: \$100,000	Urgent: \$40 Emergency: \$90 Transportation: \$275 Total Annual Benefit Limit: \$100,000
Home Health Services	\$0	\$0	\$0
Chiropractic Services	\$20	\$20	\$20
Podiatry	\$25	\$35	\$40
Occupational/Physical/Speech Therapy	\$25 per day	\$35 per day	\$40 per day
Outpatient All Other Diagnostic Procedures/Tests	\$15 per day	\$20 per day	\$30 per day
Outpatient Lab	\$15 per day	\$20 per day	\$30 per day
Outpatient X-Rays	\$25 per day	\$35 per day	\$40 per day
Outpatient MRI, CT, PET Scans	\$200 per day	\$265 per day	\$275 per day
Outpatient Standard Radiation Therapy	\$25 per day	\$35 per day	\$40 per day
Outpatient All Other Therapeutic Radiology	\$60 per day	\$60 per day	\$60 per day

# PPO plans benefit overview

	Preferred Advantage Rx (PPO)	Preferred Enhanced Rx (PPO)	Preferred Complete Rx (PPO)
Unless noted, cost sharing is the same in-network or out-of-network			
Other Diagnostic/ General Imaging	\$200 per day	\$265 per day	\$275 per day
Outpatient Surgery/ Services	\$225	\$275	\$350
Outpatient Mental Health	Individual Session: \$25 Group Session: \$10	Individual Session: \$25 Group Session: \$10	Individual Session: \$25 Group Session: \$10
Ambulance (Waived if Admitted)	\$200	\$275	\$275
Part B Drugs	20%	20%	20%
Durable Medical Equipment (DME)	20%	20%	20%
Prosthetics and Related Supplies	20%	20%	20%
Diabetic Supplies	Preferred Brand Glucometer - \$0 (one every two years) Preferred Brand Supplies (test strips, lancets, and lancet devices) - 20% Non-Preferred Glucometers and Supplies - 20%	Preferred Brand Glucometer - \$0 (one every two years) Preferred Brand Supplies (test strips, lancets, and lancet devices) - 20% Non-Preferred Glucometers and Supplies - 20%	Preferred Brand Glucometer - \$0 (one every two years) Preferred Brand Supplies (test strips, lancets, and lancet devices) - 20% Non-Preferred Glucometers and Supplies - 20%
Diabetic Supplies - Therapeutic Shoes or Inserts	20%	20%	20%
Annual Routine Physical Exams	\$5	\$10	\$15
Health Club	Not Covered; See Health+ Optional Benefits	In-network: \$25 annual fee to access unlimited Silver & Fit facilities/classes  Out-of-network: 20% co-insurance	Not Covered; See Health+ Optional Benefits
Nursing Hotline	\$0	\$0	\$0
Dental Services (Preventive): Oral Exam with or without cleaning	Not Covered; See Health+ Optional Benefits	\$0 / 2 per year	Not Covered; See Health+ Optional Benefits

## PPO plans benefit overview

	Preferred Advantage Rx (PPO)	Preferred Enhanced Rx (PPO)	Preferred Complete Rx (PPO)
Unless noted, cost sharing is the same in-network or out-of-network			
Dental Services (Preventive): Dental X-Rays	Not Covered; See Health+ Optional Benefits	\$0 / 1 per year	Not Covered; See Health+ Optional Benefits
Comprehensive Dental (Original Medicare-Covered)	\$25	\$35	\$40
Comprehensive Dental (Non-Medicare Covered)	Not Covered; See Health+ Optional Benefits	\$650 annual maximum benefit amount. Applies to preventive and comprehensive non-Medicare covered services.	Not Covered; See Health+ Optional Benefits
Vision Exam (Medical): \$0 for glaucoma screen	\$25	\$35	\$40
Vision Exam (Routine)	Not Covered; See Health+ Optional Benefits	\$20	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	Not Covered; See Health+ Optional Benefits	\$250 benefit limit / every year	Not Covered; See Health+ Optional Benefits
Hearing Exams - Diagnostic Only	\$25	\$35	\$40
Routine Hearing Exams	Not Covered; See Health+ Optional Benefits	\$20	Not Covered; See Health+ Optional Benefits
Hearing Aids/Fiting for Hearing Aids	Not Covered; See Health+ Optional Benefits	Not Covered	Not Covered; See Health+ Optional Benefits
Medicare Part D Prescription Drug Coverage	Included	Included	Included
Geisinger Gold Health+ Optional Benefits	Coverage for preventive dental, routine vision and hearing care, and fitness center benefits. See page 17 for details on this valuable benefits package.	N/A	Coverage for preventive dental, routine vision and hearing care, and fitness center benefits. See page 17 for details on this valuable benefits package.

## Secure Rx benefit overview

	Secure Rx (HMO SNP)*
Deductible	None to member Medicare FFS Part A deductible billed to Medicaid
Out of Pocket Max (cap on annual medical expenses)	\$6,700
Primary Care Physician	\$0 to member
Specialty Care Physician	\$0 to member
Inpatient Hospital - Acute	\$0 to member
Skilled Nursing Facility	\$0 to member
Cardiac/Pulmonary Rehab	\$0 to member
Emergency Care	\$0 to member
Urgent Care	\$0 to member
Worldwide Coverage	\$0 to member
Home Health Services (includes related medical supplies)	\$0 to member
Chiropractic Services	\$0 to member
Podiatry	\$0 to member
Occupational/Physical/Speech Therapy	\$0 to member
Outpatient All Other Diagnostic Procedures/ Tests	\$0 to member
Outpatient Lab	\$0 to member
Outpatient X-Rays	\$0 to member
Outpatient MRI, CT, PET Scans	\$0 to member
Outpatient Standard Radiation Therapy	\$0 to member
Outpatient All Other Therapeutic Radiology	\$0 to member
Other Diagnostic/General Imaging	\$0 to member
Outpatient Surgery/Services	\$0 to member

\*Secure Rx (HMO SNP) premiums and costs based on Medicaid eligibility. Members must be eligible for Medicare Part A, Medicare Part B, and be receiving full Medicaid benefits and assigned a qualifying category and program code as defined by Medicaid (Medical Assistance). Members may be responsible for some cost-sharing not covered by Medicaid.

## Secure Rx benefit overview

	Secure Rx (HMO SNP)*
Outpatient Mental Health	\$0 to member
Ambulance	\$0 to member
Part B Drugs	\$0 to member
Durable Medical Equipment (DME)	\$0 to member
Prosthetics and Related Supplies	\$0 to member
Diabetic Supplies	\$0 to member Preferred Brand Glucometer limited to one every two years
Diabetic Supplies - Therapeutic Shoes or Inserts	\$0 to member
Annual Routine Physical Exams	\$0 to member
Health Club	\$120 allowance per quarter
Nursing Hotline	\$0 to member
Dental Services (Preventive & Comprehensive): Non-Medicare Covered	\$0 to member; \$3,000 maximum benefit per year; includes simple fillings, extractions, crowns, dentures, and 2 visits per year for exams, cleanings, fluoride treatments, x-rays
Comprehensive Dental (Original Medicare-Covered)	\$0 to member
Vision Exam (Medical): \$0 for glaucoma screen	\$0 to member
Vision Exam (Routine)	\$0 to member; 1 per year
Original Medicare-Covered Eyewear (Post-Cataract Surgery)	\$0 to member
Eyewear (Routine) Non-Medicare Covered	\$0 to member \$300 maximum benefit per year
Hearing Exams - Diagnostic Only	\$0 to member
Routine Hearing Exams	\$0 to member; 1 per year
Hearing Aids/Fitting for Hearing Aids	\$350 copay per ear \$3,000 maximum benefit limit per ear, every 3 years
Medicare Part D Prescription Drug Coverage	Part D drugs covered with appropriate LIS cost-sharing & premium subsidies
Over-the-Counter Drugs	\$50 allowance per month
Personal Emergency Response System	\$700 allowance per year
Transportation	\$500 allowance per year

# Here's what you'll pay with Geisinger Gold

## Medicare Prescription Drug Coverage (Part D)

Classic Advantage Rx, Classic Complete Rx, Classic Essential Rx, Preferred Advantage Rx, Preferred Enhanced Rx, Preferred Complete Rx			
Annual Deductible	\$0		
Initial Coverage  (Until total yearly drug costs reach \$3,820)	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> </ul>	90-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>	90-day mail order copay: <ul style="list-style-type: none"> <li>Tier 1 - \$4.50</li> <li>Tier 2 - \$30</li> <li>Tier 3 - 70.50</li> <li>Tier 4 - \$150</li> <li>Tier 5 – Not available</li> </ul>
Coverage Gap  (After total yearly drug costs reach \$3,820, but before member out-of-pocket reaches \$5,100)	Member pays: <ul style="list-style-type: none"> <li>\$3 copay for Tier 1</li> <li>37% of costs for Tier 2</li> <li>25% of costs for Tier 3 &amp; above</li> </ul>		
Catastrophic Coverage  (After \$5,100 is paid out-of-pocket)	Member pays the greater of: <ul style="list-style-type: none"> <li>5% coinsurance; or</li> <li>\$3.40 copay for generics</li> <li>\$8.50 copay for brands</li> </ul>		

Secure Rx	
Annual Deductible	Member pays \$0*
Depending on level of Extra Help, member pays the following: <ul style="list-style-type: none"> <li>\$0, \$1.25, or \$3.80 copays for generic drugs**</li> <li>\$0, \$3.40, or \$8.50 copays for brand drugs**</li> </ul>	
After \$5,100 is paid out-of-pocket, member pays: <ul style="list-style-type: none"> <li>\$0 copay for generic and brand drugs**</li> </ul>	

\*Generally, members in Secure Rx will not be subject to a deductible or the coverage gap.

\*\*Actual cost-sharing depends on the level of Extra Help (LIS) the member receives.



# Geisinger Gold Health+

Geisinger Gold Health+ is an optional supplemental benefits package available for purchase by members enrolled in:

- Preferred Advantage Rx
- Preferred Complete Rx

Premium	<ul style="list-style-type: none"> <li>• \$38 per month</li> </ul>
Dental	<ul style="list-style-type: none"> <li>• \$500 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, and dentures</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>

## 2019 Geisinger Gold monthly premiums

Plan Name	Classic Advantage	Classic Advantage Rx	Classic Complete Rx	Classic Essential Rx	Preferred Advantage Rx	Preferred Enhanced Rx	Preferred Complete Rx
<b>Midwest Region:</b> Blair, Cambria, Cameron, Clearfield, Fulton, Huntingdon, Jefferson, Potter, Somerset	\$75	\$158	\$38	\$0	\$112	\$45	\$0
Bradford, Tioga	\$75	\$158	\$38	\$0	\$112	\$45	\$0
<b>Midstate Region:</b> Centre, Clinton, Juniata, Lycoming, Mifflin, Sullivan	\$75	\$158	\$38	\$0	\$112	\$45	\$0
<b>Central Region:</b> Columbia, Luzerne, Montour, Northumberland, Schuylkill, Snyder, Union	\$90	\$183	\$38	\$0	\$117	\$45	\$0
Franklin	\$75	\$158	\$38	\$0	\$112	\$45	\$0
Adams, Lebanon, York	\$40	\$154	\$38	\$0	\$87	\$45	\$0
Lackawanna, Pike, Susquehanna, Wayne, Wyoming	\$35	\$125	\$38	\$0	\$112	\$45	\$0
Bucks, Carbon, Lehigh, Monroe, Northampton	\$30	\$135	\$38	\$0	\$87	\$45	\$0
Berks, Cumberland, Dauphin, Lancaster, Perry	\$30	\$149	\$38	\$0	\$87	\$45	\$0

Secure Rx (HMO SNP) has a \$0 monthly premium, which can vary based on Medicaid eligibility. Secure Rx is available in all service areas except Bucks, Franklin and Pike counties. For information, call 800-823-9633 (TTY 711)]



## What else should I know about Medicare Advantage plans?

Geisinger Gold Medicare Advantage HMO, PPO, and HMO 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.

This information is not a complete description of benefits. Call 800-823-9633 (TTY 711) for more information. In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. Benefits, premiums and/or copayments/co-insurance may change on January 1 each year. Secure Rx (HMO SNP) members must meet certain eligibility requirements. Secure Rx (HMO SNP) costs may vary based on the level of Extra Help you receive. Please contact the plan for further details. For accommodation of persons with special needs at meetings call 800-823-9633 (TTY 711)

Out-of-network/non-contracted providers are under no obligation to treat Geisinger Gold members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please 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.

Members must get their prescriptions from network pharmacies. In case of emergency, members may go to a non-network pharmacy. You may only enroll in one prescription drug plan at a time. If you are enrolled in a Medicare Advantage plan which offers prescription drug coverage, you must take your prescription drug coverage from that plan.

Prescription drug coverage from Geisinger Gold is offered exclusively to Geisinger Gold members. You cannot enroll in a standalone prescription drug plan, unless you disenroll from your Medicare Advantage plan. If you are enrolled in a Medicare Supplement or Medical Savings Account plan, you can enroll in any stand-alone prescription drug plan.

Geisinger Gold complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. **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).

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

Geisinger Gold Medicare Advisors are offering free consultations by phone, at community meetings, 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 800-823-9633 today!

TTY: 711

8 a.m. to 8 p.m., (7 days a week, Oct 1. - Mar. 31)

8 a.m. to 8 p.m., (Mon. - Fri., Apr. 1 - Sept. 30)

[GeisingerGold.com](https://www.GeisingerGold.com)

# Geisinger Gold

100 N. Academy Avenue  
Danville, PA 17822-3240