



Geisinger

2024 Summary of Benefits

Geisinger Gold Classic Complete Rx (HMO)

H3954, Plan 158 S14

Jan. 1 – Dec. 31, 2024

Geisinger Gold Classic Complete Rx (HMO) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call Member Services at 1-800-498-9731 (TTY 711 or 1-800-654-5984) and request the *Evidence of Coverage* or access it online at www.geisingergold.com.

Call us with any questions. From Oct. 1 to Dec. 7: Daily, 8 a.m. to 8 p.m. From Dec. 8 to Sept. 30: Weekdays, 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 855-589-1423. TTY users call 711. Or visit our website: geisingergold.com.

To join Geisinger Gold Classic Complete Rx (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes these counties in Pennsylvania: Columbia, Luzerne, Montour, Northumberland, Schuylkill, Snyder, and Union.

Geisinger Gold Classic Complete Rx (HMO) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at www.geisingergold.com. Except in emergency situations, if you use providers that are not in our network, the plan may not pay for these services.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

	Geisinger Gold Classic Complete Rx (HMO)
Monthly Plan Premium (<i>includes both medical and drugs</i>)	\$38
Deductible	No deductible for medical.
Maximum out-of-pocket amount (<i>does not include Part D prescription drugs</i>)	\$4,900
Inpatient Hospital coverage*	\$200 copayment each day for days 1 to 5 and \$0 copayment each day for days 6 to 90 for Medicare-covered hospital care. \$0 copayment for additional Medicare-covered days.
Outpatient Hospital coverage*	
Outpatient hospital services	\$0 - \$245 copayment
Outpatient hospital observation services	\$0 - \$245 copayment per day
Ambulatory Surgical Center (ASC)*	\$0 - \$245 copayment
Doctor Visits	
Primary Care Providers	\$0 copayment
Specialists	\$35 copayment
Preventive Care (e.g., flu vaccine, diabetic screenings)	\$0 copayment
Emergency care	\$120 copayment Copayment is waived if you are admitted to a hospital within 3 days for the same condition.
Urgently needed services	\$35 copayment Copayment is waived if you are admitted to a hospital within 3 days for the same condition.

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

	Geisinger Gold Classic Complete Rx (HMO)
Diagnostic Services/Labs/Imaging* Diagnostic tests and procedures Lab services Diagnostic radiology services (e.g. MRI, CAT Scan) Outpatient X-rays Therapeutic Radiology	\$5 copayment \$5 copayment \$35 - \$265 copayment \$35 copayment \$35 - \$60 copayment
Hearing services Exam to diagnose and treat hearing and balance issues Routine hearing exam Fitting-evaluation(s) for hearing aids Hearing aids ○ All types	\$35 copayment \$20 copayment \$0 copayment Up to a \$1,250 annual allowance for per ear every three years for hearing aids. \$500 copayment
Dental Services Preventive dental services ○ Oral Exams ○ Prophylaxis (Cleaning) ○ Dental X-Rays Comprehensive dental services* ○ Restorative Services ○ Periodontics	Up to a \$750 combined annual allowance every year for all additional preventive and comprehensive dental services. \$0 copayment \$0 copayment \$0 copayment \$0 copayment \$0 copayment

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	Geisinger Gold Classic Complete Rx (HMO)
<ul style="list-style-type: none"> ○ Endodontics ○ Extractions ○ Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services 	<p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p>
<p>Vision care</p> <p>Exam to diagnose and treat diseases and conditions of the eye</p> <p>For people with diabetes, screening for diabetic retinopathy is covered once per year.</p> <p>Eyewear after cataract surgery</p> <p>Glaucoma screening</p> <p>Routine eye exam</p> <p>Additional routine eyewear</p> <ul style="list-style-type: none"> ○ Contact lenses ○ Eyeglass lenses ○ Eyeglass frames ○ Eyeglasses (lenses and frames) 	<p>\$0 - \$35 copayment</p> <p>\$0 - \$35 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$20 copayment</p> <p>Up to a \$100 combined annual allowance every year.</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p>
<p>Mental Health Services*</p> <p>Inpatient visit</p> <p>Outpatient group therapy visit</p>	<p>\$200 copayment each day for days 1 to 5 and \$0 copayment each day for days 6 to 90 for Medicare-covered hospital care. \$0 copayment for an additional 60 lifetime reserve days.</p> <p>\$5 copayment</p>

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Outpatient individual therapy visit	\$10 copayment
Skilled nursing facility*	\$0 copayment each day for days 1 to 20, \$160 copayment each day for days 21 to 51, and \$0 copayment each day for days 52 to 100 for Medicare-covered skilled nursing facility care.
Physical Therapy*	\$35 copayment
Ambulance services	
Ground Ambulance	\$200 copayment (waived if admitted)
Air Ambulance	\$200 copayment
Transportation Services	<u>Not</u> covered
Medicare Part B prescription drugs*	
Chemotherapy/Radiation drugs	0% - 20% coinsurance
Other Part B drugs	0% - 20% coinsurance; Insulin capped at \$35

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Additional Benefits

	Geisinger Gold Classic Complete Rx (HMO)
Annual routine physical exam	\$0 copayment
Chiropractic services We cover only manual manipulation of the spine to correct subluxation	\$20 copayment
Diabetic monitoring supplies*	0% - 20% coinsurance
Diabetic therapeutic shoes or inserts*	20% coinsurance
Durable medical equipment (DME) and related supplies*	20% coinsurance
Fitness program	\$0 copayment \$90 benefit limit every three months toward purchase of fitness center membership
Home health agency care*	\$0 copayment
Hospice	\$0 copayment
Nursing hotline	\$0 copayment
Opioid treatment program services*	20% coinsurance
Outpatient diagnostic tests and therapeutic services and supplies*	\$35 - \$60 copayment

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	Geisinger Gold Classic Complete Rx (HMO)
Outpatient rehabilitation services* Services provided by an occupational therapist	\$35 copayment
Outpatient substance abuse services*	\$10 copayment for each Medicare-covered Individual Session. \$5 copayment for each Medicare-covered Group Session.
Partial hospitalization services for mental health*	\$55 copayment per day
Podiatry services	\$35 copayment
Additional routine foot care	\$0 copayment
Prosthetic devices and related supplies*	20% coinsurance
Pulmonary rehabilitation services	\$0 copayment
Services to treat kidney disease Dialysis Services	10% - 20% coinsurance
Welcome to Medicare preventive visit	\$0 copayment
Worldwide Emergency Coverage	\$120 copayment
Worldwide emergency transportation	\$200 - \$1,000 copayment
Worldwide urgent care coverage	\$35 copayment

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Prescription Drug Coverage	Geisinger Gold Classic Complete Rx (HMO)
Stage 1: Annual Prescription Deductible	
Deductible	This plan has no deductible for Part D drugs, this payment stage doesn't apply.
Stage 2: Initial Coverage (after you pay your deductible, if applicable) until total yearly drug costs reach \$5,030	
Standard Retail cost-sharing (30-day supply)	
Tier 1 (Preferred Generic)	\$3 copayment
Tier 2 (Generic)	\$20 copayment
Tier 3 (Preferred Brand)	\$47 copayment
Tier 4 (Non-Preferred Drug)	\$100 copayment
Tier 5 (Specialty Tier)	33% coinsurance
Tier 6 (Vaccines Tier)	\$0 copayment
Mail-order cost sharing (up to a 100-day supply)	
Tier 1 (Preferred Generic)	\$0 copayment
Tier 2 (Generic)	\$0 copayment
Tier 3 (Preferred Brand)	\$70.50 copayment
Tier 4 (Non-Preferred Drug)	\$150 copayment
Tier 5 (Specialty Tier)	Not Available
Tier 6 (Vaccines Tier)	\$0 copayment

Prescription Drug Coverage	Geisinger Gold Classic Complete Rx (HMO)
Stage 3: Coverage Gap	
	After your total drug costs (including what our plan has paid and what you have paid) reach \$5,030, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.
Stage 4: Catastrophic Coverage	
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay nothing.

You won't pay more than \$35 for a one-month supply, \$70 for tier 3 and \$70 for tier 4 for a two-month supply, and \$87.50 for tier 3 and \$87.50 for tier 4 for a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long term (100-day supply).

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-498-9731.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.geisingergold.com or call 1-800-498-9731 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

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 copayments/co-insurance may change on January 1, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. 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.