

2016 Summary of Benefits

PEBTF

Summary Of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover, or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits. One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Geisinger Gold Classic (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Geisinger Gold Classic (HMO)** covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

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 <http://www.medicare.gov> or get a copy 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.

Sections in this booklet

- Things to Know About **Geisinger Gold Classic (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at (800)-498-9731.

Things to Know About Geisinger Gold Classic (HMO)

Hours of Operation

From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.

From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Geisinger Gold Classic (HMO) Phone Numbers and Website

If you are a member of this plan, call toll-free (800)-498-9731

If you are not a member of this plan, call toll-free (800)-540-8653

Our website: <http://www.GeisingerGold.com>

Who can join?

To join **Geisinger Gold Classic (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 the following counties in Pennsylvania: Adams, Lackawanna, Pike, Berks, Lancaster, Schuylkill, Bradford, Lebanon, Snyder, Carbon, Lehigh, Sullivan, Centre, Luzerne, Susquehanna, Clinton, Lycoming, Tioga, Columbia, Mifflin, Union, Cumberland, Monroe, Wayne, Dauphin, Montour, Wyoming, Franklin, Northampton, York, Fulton, Northumberland, Juniata, Perry.

Which doctors and hospitals can I use?

Geisinger Gold Classic (HMO) 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 directory at our website (<http://www.GeisingerGold.com>). Or, call us and we will send you a copy of the provider directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*. **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less. **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

Geisinger Gold Classic (HMO) covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.

If you have any questions about this plan's benefits or costs, please contact Geisinger Gold for details.

Summary of Benefits

Benefit

REHP

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

How much is the monthly premium?

You must pay your monthly Medicare premiums to remain covered for benefits under the REHP. Retirees that retired on or after 7/1/05 must also pay their retiree REHP contribution.

How much is the deductible?

This plan does not have a deductible.

Is there any limit on how much I will pay for my covered services?

Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

- Your yearly limit(s) in this plan:
 - \$2,500 for services you receive from in-network providers.
- If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the year.
- Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Is there a limit on how much the plan will pay?

Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Geisinger Gold Medicare Advantage HMO plan is offered by Geisinger Health Plan, a health plan with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal.

COVERED MEDICAL AND HOSPITAL BENEFITS

NOTE: SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION. SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

OUTPATIENT CARE AND SERVICES

Acupuncture and Other Alternative Therapies

Not covered

Ambulance¹

- \$0 copay
- Emergency transportation does not require prior authorization.

Chiropractic Care²

- Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$15 copay

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Dental Services¹	<ul style="list-style-type: none"> • \$0 copay for Medicare-covered dental benefits • In general, you pay 100% for dental services. Dental implants are covered under very limited medical conditions to restore function lost through disease when no other treatment option is available. • Dental implants will be covered in the following instances: Dental implants are the only alternative following oral surgery to reconstruct a jaw following the removal of a tumor, or after oral surgery to reconstruct a jaw due to a developmental (congenital) malformation, and where a review of your situation by a dental consultant confirms that dental implants are the only viable alternative.
Diabetes Supplies and Services¹	<ul style="list-style-type: none"> • Diabetes monitoring supplies: \$0 copay • Diabetes self-management training: You pay nothing • Therapeutic shoes or inserts: \$0 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays (<i>Costs for these services may vary based on place of service</i>) ¹	<ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans): \$0 copay • Diagnostic tests and procedures: \$0 copay • Lab services: \$0 copay • Outpatient x-rays: \$0 copay • Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay
Doctor's Office Visits²	<ul style="list-style-type: none"> • Primary care physician visit: \$10 copay • Specialist visit: \$15 copay
Durable Medical Equipment (<i>wheelchairs, oxygen, etc.</i>) ¹	<ul style="list-style-type: none"> • \$0 copay
Emergency Care	<ul style="list-style-type: none"> • \$50 copay <p>If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>
Foot Care (<i>podiatry services</i>) ²	<ul style="list-style-type: none"> • Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$15 copay
Hearing Services	<ul style="list-style-type: none"> • \$0 copay for Medicare-covered diagnostic hearing exams
Home Health Care²	You pay nothing

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Mental Health Care¹	<ul style="list-style-type: none"> • Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. • \$0 copay for each Medicare covered hospital stay. • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. • Outpatient group therapy visit: \$15 copay • Outpatient individual therapy visit: \$15 copay
Outpatient Rehabilitation^{1,2}	<ul style="list-style-type: none"> • Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$10 copay • Occupational therapy visit: \$10 copay • Physical therapy and speech and language therapy visit: \$10 copay
Outpatient Substance Abuse¹	<ul style="list-style-type: none"> • Group therapy visit: \$0 copay • Individual therapy visit: \$0 copay
Outpatient Surgery²	<ul style="list-style-type: none"> • Ambulatory surgical center: \$0 copay • Outpatient hospital: \$0 copay
Over-the-Counter Items	Not Covered
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>) ¹	<ul style="list-style-type: none"> • Prosthetic devices: \$0 copay • Related medical supplies: \$0 copay
Renal Dialysis²	<ul style="list-style-type: none"> • \$0 copay
Transportation	Not covered
Urgently Needed Services	<ul style="list-style-type: none"> • \$50 copay <p>If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgently needed services. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Vision Services	<ul style="list-style-type: none"> • \$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery • \$0 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye. • \$0 copay for in-network glaucoma screening once per year for people who are at high risk of glaucoma.

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Preventive Care	<p>You pay nothing. Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit • Annual Physical Exam • Any additional preventive services approved by Medicare during the contract year will be covered.
Hospice	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p>
INPATIENT CARE	
Inpatient Hospital Care¹	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$0 copay for each Medicare covered hospital stay. • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
Inpatient Mental Health Care	<p>For inpatient mental health care, see the “Mental Health Care” section of this booklet.</p>
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 100

Summary of Benefits

Benefit

REHP

Fitness Benefits

Our plan offers \$90 per quarter reimbursement for eligible fitness expenses (such as gym memberships or fitness equipment)