2016 Summary of Benefits

Secure Rx (HMO SNP)

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 Secure Rx (HMO SNP)**).

Tips for Comparing your Medicare Choices

This Summary of Benefits booklet gives you a summary of what **Geisinger Gold Secure Rx (HMO SNP)** 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 Secure Rx (HMO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug 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 Secure Rx (HMO SNP)

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 Secure Rx (HMO SNP) 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)-514-0138
Our website: http://www.GeisingerGold.com

Who can join?

To join **Geisinger Gold Secure Rx (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid, and live in our service area. Our service area includes the following counties in Pennsylvania: Adams, Berks, Blair, Cambria, Cameron, Carbon, Centre, Clearfield, Clinton, Columbia, Cumberland, Dauphin, 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.

Which doctors, hospitals, and pharmacies can I use?

Geisinger Gold Secure Rx (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory at our website (http://www.GeisingerGold.com). Or, call us and we will send you a copy of the provider and pharmacy directories.

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.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, http://www.GeisingerGold.com. Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

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

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Benefit	Geisinger Gold Secure Rx (HMO SNP)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
How much is the monthly premium?	$0 per month.
How much is the deductible?	This plan does not have a deductible. This plan does not have a deductible for chemotherapy and other drugs administered in your doctor's office (Part B drugs). This plan does not have a deductible for Part D prescription drugs.
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. In this plan, you may pay nothing for some services, depending on your level of Medicaid eligibility. Your yearly limit(s) in this plan: • $6,700 for services you receive from in-network providers. • If you reach the limit on out-of-pocket costs, you keep getting covered 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, 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.
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
Ambulance[1]	You pay nothing
Chiropractic Care[2]	• Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing

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Benefit	Geisinger Gold Secure Rx (HMO SNP)
Dental Services[1,2]	• Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing Preventive dental services: • Cleaning (for up to 1 every six months): $0 copay • Dental x-ray(s) (for up to 1 every six months): $0 copay • Fluoride treatment (for up to 1 every six months): $0 copay • Oral exam (for up to 1 every six months): $0 copay • Our plan pays up to $2,000 every year for preventive dental services.
Diabetes Supplies and Services[1,2]	• Diabetes monitoring supplies: You pay nothing • Diabetes self-management training: You pay nothing • Therapeutic shoes or inserts: You pay nothing
Diagnostic Tests, Lab and Radiology Services, and X-Rays *(Costs for these services may vary based on place of service)*[1]	• Diagnostic radiology services (such as MRIs, CT scans): You pay nothing • Diagnostic tests and procedures: You pay nothing • Lab services: You pay nothing • Outpatient x-rays: You pay nothing • Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing
Doctor's Office Visits[2]	• Primary care physician visit: You pay nothing • Specialist visit: You pay nothing
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*[1]	You pay nothing
Emergency Care	You pay nothing
Foot Care *(podiatry services)*[2]	• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay nothing • Routine foot care (for up to 4 visit(s) every year): You pay nothing
Hearing Services	• Exam to diagnose and treat hearing and balance issues: $0 copay • Routine hearing exam (for up to 1 every year): $0 copay • Hearing aid fitting/evaluation (for up to 1 every three years): $0 copay • Hearing aid: $0 copay • Our plan pays up to $600 every three years for hearing aids
Home Health Care[2]	You pay nothing

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Benefit	Geisinger Gold Secure Rx (HMO SNP)
Mental Health Care[1]	• Inpatient visit: Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. You pay nothing • Outpatient group therapy visit: You pay nothing • Outpatient individual therapy visit: You pay nothing
Outpatient Rehabilitation[1,2]	• Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing • Occupational therapy visit: You pay nothing • Physical therapy and speech and language therapy visit: You pay nothing
Outpatient Substance Abuse[1]	• Group therapy visit: You pay nothing • Individual therapy visit: You pay nothing
Outpatient Surgery[1,2]	• Ambulatory surgical center: You pay nothing • Outpatient hospital: You pay nothing
Over-the-Counter Items	Please visit our website to see our list of covered over-the-counter items.
Prosthetic Devices *(braces, artificial limbs, etc.)*	• Prosthetic devices: You pay nothing • Related medical supplies: You pay nothing
Renal Dialysis[2]	You pay nothing
Transportation	Not covered
Urgently Needed Services	You pay nothing

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Benefit	Geisinger Gold Secure Rx (HMO SNP)
Vision Services	• Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0 copay • Routine eye exam (for up to 1 every year): $0 copay • Contact lenses: $0 copay • Eyeglasses (frames and lenses): $0 copay • Eyeglass frames: $0 copay • Eyeglass lenses: $0 copay • Eyeglasses or contact lenses after cataract surgery: $0 copay • Our plan pays up to $200 every two years for eyewear.
Preventive Care	You pay nothing. Our plan covers many preventive services, including: • 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 Any additional preventive services approved by Medicare during the contract year will be covered. Annual physical exam: You pay nothing.
Hospice	• 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.

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Benefit	Geisinger Gold Secure Rx (HMO SNP)
INPATIENT CARE	
Inpatient Hospital Care[1]	• Our plan covers an unlimited number of days for an inpatient hospital stay. You pay nothing.You pay nothing per day for days 91 and beyond.
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)[1]	• Our plan covers up to 100 days in a SNF. • You pay nothing
PRESCRIPTION DRUG BENEFITS	
How much do I pay?	• For Part B drugs such as chemotherapy drugs[1]: You pay nothing • Other Part B drugs[1]: You pay nothing
Initial Coverage	• Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.95 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $7.40 copay • You may get your drugs at network retail pharmacies and mail order pharmacies. • If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.
Catastrophic Coverage	You pay nothing

Please note: Medical Assistance (Medicaid) benefits and costs listed below are based on Pennsylvania DPW "Categorically Needy" Medical Assistance coverage and cost sharing. Specific coverage of any service or item depends on the recipient's Medical Assistance category and meeting coverage criteria for a specific benefit.

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

When medically necessary services or items are covered by both Medicare and Medicaid, Medicare always pays first, whether you receive Medicare coverage through Original Medicare or through a Medicare Advantage Plan such as Secure Rx (HMO SNP).

Pennsylvania Medical Assistance continues to cover your Medicaid benefits, and provides coverage for Medicaid-covered services and items not covered by Medicare or Secure Rx (HMO SNP).

Benefit Name	**Medical Assistance Cost Sharing and Applicable Limits**	**Secure Rx (HMO SNP) Cost Sharing and Applicable Limits**
	Most benefits covered if medically necessary; some items have specific age or specific medical condition requirements for coverage	
Inpatient Hospital Services	$0-$3 per day up to $21 per admission, depending on level of assistance - Covered when medically necessary	$0 Copayment No limit to the number of days covered by the plan each hospital stay. You will not be charged additional cost sharing for professional services. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
Inpatient Hospital Medical Rehabilitation Admission (Skilled Nursing Facility)	$0-$3.80 copay, depending on level of assistance - One admission per fiscal year	$0 Copayment for covered Skilled Nursing Facility Care. Plan covers up to 100 days each benefit period. No prior hospital stay is required. There are no limits on the number of benefit periods per year. Prior Authorization may be required.

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Combined maximum of 18 visits per year for Clinic, office, or home visits to:		
Primary care physicians	$0-$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	$0 Copayment for each Medicare-covered primary care doctor visit. There are no limits on the number of visits per year for covered services
Specialty physicians	$0-$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	$0 Copayment for each Medicare-covered specialist visit. There are no limits on the number of visits per year for covered services. A Referral from your PCP is required.
CRNPs (Nurse Practitioners)	$0-$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	$0 Copayment Secure Rx (HMO SNP) coverage of care provided by a qualified in-network licensed Nurse Practitioner (CPRN) or a qualified in-network Physician Assistant (PA) is the same as coverage for services provided by an in-network physician.
Optometrists	$0-$3.80 copay, depending on level of assistance - Vision Examinations covered. Counts toward combined 18 visit limit	Medically Necessary Ophthalmologist visits are also covered with a referral from your Primary Care Provider. $0 Copayment for Medicare-covered diagnosis and treatment for diseases and conditions of the eye. There are no limits on the number of medically-necessary covered visits per year. A Referral from your Primary Care Physician (PCP) is required. $0 Copayment for up to one (1) supplemental routine eye exam (vision exam) every year. No referral is necessary.

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Chiropractors	$0-$3.80 copay, depending on level of assistance - Benefits limited to evaluation exam and manual manipulation of the spine. Visits counts toward combined 18 visit limit	$0 Copayment for each Medicare-covered chiropractic visit. Benefit is limited to manual manipulation of the spine. A referral from your PCP is required.
Podiatrists	$0-$3.80 copay, depending on level of assistance - Limited to Medically Necessary Podiatry Services. Counts toward combined 18 visit limit.	$0 Copayment for up to 4 supplemental routine podiatry visit(s) covered each year. $0 Copayment for each Medicare-covered podiatry visit* Medicare-covered podiatry visits are for medically-necessary foot care. A referral from your PCP may be required.
Independent medical clinics	$0-$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services. A referral from your primary care provider for specialist care and services may be required.
Rural health clinics	$0-$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services. A referral from your primary care provider for specialist care and services may be required.
Federally qualified health clinics	$0-$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services. A referral from your primary care provider for specialist care and services may be required.

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Outpatient hospital clinics	$0-$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services. A referral from your primary care provider for specialist care and services may be required.
Outpatient Hospital Services:		
Short Procedure Unit	$0-$3.80 Copayment, depending on level of assistance - Covered	$0 Copayment for each Medicare-covered outpatient hospital facility visit $0 Copayment for Outpatient Hospital Surgery
Ambulatory Surgical Center	$0-$3.80 Copayment, depending on level of assistance - Covered	$0 Copayment for each Medicare-covered ambulatory surgical center visit
Psychiatric Partial Hospitalization	$0-$3.80 Copayment, depending on level of assistance - Up to 180 three-hour sessions, total of 540 hours, per fiscal year	$0 Copayment for Medicare-covered partial hospitalization program services. There is no limit on the number of visits for covered services. Prior Authorization may be required.
Laboratory and X-ray services:		
Outpatient lab services	$0-$1 Copayment, depending on level of assisstance - Covered	$0 Copayment for Medicare-covered lab services
Portable x-ray services (radiology)	$0-$1 Copayment, depending on level of assistance - Covered	$0 Copayment for Medicare-covered X-rays
Nursing Facility Care	$0-$1 Copayment, depending on level of assistance - Covered	$0 Copayment for covered Skilled Nursing Facility Care. Plan covers up to 100 days each benefit period. No prior hospital stay is required. There are no limits on the number of benefit periods per year.

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Nursing Facility Services	$0-$1 Copayment, depending on level of assistance - Covered	$0 Copayment for covered Skilled Nursing Facility Care. Plan covers up to 100 days each benefit period. No prior hospital stay is required. There are no limits on the number of benefit periods per year.
Intermediate Care	$0-$1 Copayment, depending on level of assistance - Covered	$0 Copayment for covered Skilled Nursing Facility Care. Plan covers up to 100 days each benefit period. No prior hospital stay is required. There are no limits on the number of benefit periods per year. Non Skilled supportive care is not covered by Secure Rx
Inpatient psychiatric care	$0-$3 per day up to $21 per admission, depending on level of assistance - 30 days per fiscal year. Not all benefit levels are eligible at all ages; coverage for certain benefit categories may be limited to coverage for those under age 21 or age 65 and older.	$0 Copayment You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Home health care	$0-$3.80 Copayment, depending on level of assistance - Covered -Must medically necessary and must be ordered by a physician. Covered when	$0 Copayment for Medicare-covered home health visits
	1. Services provided would avoid or delay the need for treatment in a hospital or other institutional setting OR	To receive home health services you must be homebound, which means leaving home is a major effort.
	2. The recipient has an illness or injury that justifies providing services at the patient's residence instead of in an outpatient setting.	
	$0-$3.80 Copayment, depending on level of assistance - Skilled Nursing Care, Home health aide services, physical and occupational therapy, Speech pathology and Medical supplies are covered under the Home Health Agency Services Medical Assistance Benefit.	$0 Copayment for Medicare-covered home health visits. $0 Copayment for Medicare-covered Outpatient Occupational Therapy visits. $0 Copayment for Medicare-covered Outpatient Physical Therapy and/or Speech and Language Pathology visits. $0 Copayment for Medicare-covered durable medical equipment. Some services may require a referral from your PCP or Prior Authorization
	(Medicare does not cover non-medical home health aide services)	*(Medicare and Secure Rx (HMO SNP) does not cover non-medical home health aide services)*
Clinic services		
Independent medical clinic	Covered	$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services.
Ambulatory surgical center	$0-$3.80 Copayment, depending on level of assistance - Covered	$0 Copayment for each Medicare-covered ambulatory surgical center visit

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Psychiatric clinic services	$0-$1.50 per unit, depending on level of assistance (Limit 5 hours psychotherapy per 30 days) - Covered	$0 Copayment for each Medicare covered group or individual therapy visit. There is no limit on the number of visits for covered services.
Drug and alcohol clinic	$0-$3.80 Copayment, depending on level of assistance (Limit 8 hours psychotherapy per 30 days; 7 methadone visits per week; 42 opiate detox visits per 365 days) - Covered	$0 Copayment for each Medicare covered group or individual therapy visit
Ambulance services	$0-$3.80 Copayment, depending on level of assistance - Covered	$0 Copayment for Medicare-covered ambulance benefits
Emergency Room	$0-$3.80 Copayment, depending on level of assistance - Covered; limited to emergency situations	$0 Copayment for Medicare-covered emergency room visits Worldwide coverage
Dental Services	$0-$3.80 Copayment, depending on level of assistance (Limits: Dental exams and prophylaxis are limited to 1 per 180 days, per recipient; crowns, endodontic and periodontal services will not be covered; and dentures will be limited to one upper arch or partial and one lower arch or partial, or one full set of dentures per lifetime) - Medically Necessary dental services are covered. General comprehensive dental services such as fillings and extractions are covered. Additional services may be covered with prior authorization	$0 Copayment for the following preventive dental benefits: - up to 1 oral exam(s) every six months - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every six months - up to 1 dental x-ray(s) every six months - simple fillings and extractions $0 Copayment for Medicare-covered dental benefits $2,000 plan coverage limit for preventive dental benefits every year
Medical equipment, supplies and prosthetics	$0-$3.80 Copayment, depending on level of assistance - Covered	$0 Copayment for Medicare-covered durable medical equipment and related supplies $0 Copayment for Medicare-covered prosthetic devices and related supplies

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Family Planning	Covered	Family Planning Services is not a Medicare-covered benefit. You would continue to be covered by Medical Assistance for Family Planning Services.
Orthopedic Shoes when medically necessary	Orthopedic shoes, molded shoes and shoe inserts prescribed for eligible persons - prior approval required	$0 Copayment for one pair of Medicare-covered therapeutic shoes and inserts per calendar year for people with severe diabetic foot disease.
Vision Aids, Including Eyewear (Glasses, Lenses, Frames, Contacts)	$0-$3.80 Copayment, depending on level of assistance - Covered only for those 20 years old and younger	$0 Copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery. No age restrictions apply. $0 Copayment for glasses, contacts, lenses and/or frames, covered up to a $200 plan coverage limit every two years. No age restrictions apply.
Hearing Services and Hearing Aids	$0-$3.80 Copayment, depending on level of assistance - Covered only for those 20 years old and younger	$0 Copayment for Medicare-covered diagnostic hearing exams $0 Copayment for up to one (1) supplemental routine hearing exam every year $0 Copayment for up to one (1) hearing aid every three years $600 plan coverage limit for hearing aids every three years. $0 Copayment for fitting and evaluation for a hearing aid every three years. Fitting and evaluation are included in the $600 Hearing Aid benefit coverage limit. No age restrictions apply.

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Medicare Part B prescription drugs	$3 Copayment brand, $1 Copayment generic - Limits may apply to the type and number of prescriptions/refills per month, depending on category of Medical Assistance. Part D Drug Cost Sharing is determined by your Medicare Part D “Extra Help” (LIS) benefit.”	See Prescription Drug Benefits in the Summary of Benefits for details on Prescription Drug Coverage. Part D Drug Cost Sharing is determined by your Medicare Part D “Extra Help” (LIS) benefit.”
Out-of-state Urgent Care	$0-$3.80 Copayment, depending on level of assistance - Covered, but only when out of state.	$0 Copayment for Medicare-covered urgently-needed-care visits
	Please see the Summary of Benefits (SB) or contact Geisinger Gold member services at (800) 514-0138 for more details about Secure Rx (HMO SNP) benefit coverage.	
Important Information about Medical Assistance and Geisinger Gold		
If a person has both Medical Assistance and Medicare/Medicare Advantage coverage, the Medicare/Medicare Advantage coverage will always be used first. Medical Assistance will cover anything not covered by Medicare/ Medicare Advantage.		
Participating providers cannot deny services to Medical Assistance recipients due to inability to pay any related costs. All Secure Rx members have $0 Copayments for most covered services.		
A participating provider may not charge a Medical Assistance recipient more for services than is allowed by the Medical Assistance fee structure.		
Prior Authorization is required for many services. Geisinger Gold Secure Rx also requires Primary Care Provider referrals for specialty care.		
Both Medical Assistance and Geisinger Gold Secure Rx have a network of providers. Covered services must be obtained from network providers in order for those services to be paid for. If services are obtained from non-network providers, or are not covered by the benefit plan, the member is responsible for all costs.		