2016 Summary of Benefits

Classic Advantage (HMO)
Classic Advantage Rx (HMO)
Classic Complete Rx (HMO)

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 Advantage (HMO), Classic Advantage Rx (HMO), or Classic Complete Rx (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Geisinger Gold Classic Advantage (HMO), Classic Advantage Rx (HMO), and Classic Complete Rx (HMO)** cover and what you pay. If you want to compare our plans 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 Advantage (HMO), Classic Advantage Rx (HMO), and Classic Complete Rx (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Optional Benefits (you must pay an extra premium for these 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 Advantage (HMO), Classic Advantage Rx (HMO), and Classic Complete Rx (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 Advantage (HMO), Classic Advantage Rx (HMO), and Classic Complete Rx (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) 514-0138

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

Who can join?

To join **Geisinger Gold Classic Advantage (HMO)**, **Classic Advantage Rx (HMO), or 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 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, York.

Which doctors and hospitals can I use?

Geisinger Gold Classic Advantage (HMO), Classic Advantage Rx (HMO), and Classic Complete Rx (HMO) have 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 (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.

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

Geisinger Gold Classic Advantage Rx (HMO) and Classic Complete Rx (HMO) 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 with Geisinger Gold Classic Advantage Rx (HMO) and Classic Complete Rx (HMO)?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: 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.

Summary of Benefits

Benefit	Classic Advantage (HMO)	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES			
How much is the monthly premium?	Please refer to the 2016 Monthly Premium Chart to determine the **Geisinger Gold Classic Advantage (HMO)** monthly premium for your county of residence. In addition, you must keep paying your Medicare Part B premium.	Please refer to the 2016 Monthly Premium Chart to determine the **Geisinger Gold Classic Advantage Rx (HMO)** monthly premium for your county of residence. In addition, you must keep paying your Medicare Part B premium.	The **Geisinger Gold Classic Complete Rx (HMO)** monthly premium is $0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.	This plan does not have a 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: $3,400 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.	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: $3,400 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.	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: $5,900 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.

Summary of Benefits

Benefit	Classic Advantage (HMO)	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)
Is there a limit on how much the plan will pay? *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.*	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	No. There are no limits o how much our plan will pay.
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**	Not covered	Not covered	Not covered
Ambulance	• $100 copay If you are admitted to the hospital, you do not have to pay for the ambulance services.	• $100 copay If you are admitted to the hospital, you do not have to pay for the ambulance services.	• $175 copay If you are admitted to the hospital, you do not have to pay for the ambulance services.
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): $20 copay	• Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): $20 copay	• Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): $20 copay

Summary of Benefits

Benefit	Classic Advantage (HMO)	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)
Dental Services[1]	• Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): $0 copay Preventive dental services: • Dental x-ray(s) (for up to 1 every year): $20-30 copay, depending on the service • Dental services: $20 copay for a single office visit that includes: • Cleaning (for up to 1 every six months) • Oral exam (for up to 1 every six months)	• Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): $0 copay Preventive dental services: • Dental x-ray(s) (for up to 1 every year): $20-30 copay, depending on the service. • Dental services: $20 copay for a single office visit that includes: • Cleaning (for up to 1 every six months) • Oral exam (for up to 1 every six months)	• Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): $30 copay
Diabetes Supplies and Services[1]	• Diabetes monitoring supplies: 0-20% of the cost, depending on the supply • Diabetes self-management training: You pay nothing • Therapeutic shoes or inserts: 20% of the cost	• Diabetes monitoring supplies: 0-20% of the cost, depending on the supply • Diabetes self-management training: You pay nothing. • Therapeutic shoes or inserts: 20% of the cost	• Diabetes monitoring supplies: 0-20% of the cost, depending on the supply • Diabetes self-management training: You pay nothing • Therapeutic shoes or inserts: 20% of the cost
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): $25-100 copay, depending on the service • Diagnostic tests and procedures: $5 copay • Lab services: $5 copay • Outpatient x-rays: $25 copay • Therapeutic radiology services (such as radiation treatment for cancer): $25-60 copay, depending on the service	• Diagnostic radiology services (such as MRIs, CT scans): $25-100 copay, depending on the service • Diagnostic tests and procedures: $5 copay • Lab services: $5 copay • Outpatient x-rays: $25 copay • Therapeutic radiology services (such as radiation treatment for cancer): $25-60 copay, depending on the service	• Diagnostic radiology services (such as MRIs, CT scans): $30-225 copay, depending on the service • Diagnostic tests and procedures: $5 copay • Lab services: $5 copay • Outpatient x-rays: $30 copay • Therapeutic radiology services (such as radiation treatment for cancer): $30-60 copay, depending on the service

Summary of Benefits

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Doctor's Office Visits[2]	• Primary care physician visit: $5 copay • Specialist visit: $20 copay	• Primary care physician visit: $5 copay • Specialist visit: $20 copay	• Primary care physician visit: $5 copay • Specialist visit: $30 copay
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*[1]	20% of the cost	20% of the cost	20% of the cost
Emergency Care	• $75 copay 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.	• $75 copay 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.	• $75 copay 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.
Foot Care *(podiatry services)*[2]	• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: $20 copay • Routine foot care (for up to 4 visit(s) every year): You pay nothing	• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: $20 copay • Routine foot care (for up to 4 visit(s) every year): You pay nothing	• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: $30 copay • 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: $20 copay • Routine hearing exam (for up to 1 every year): $20 copay • Hearing aid fitting/evaluation: $0 copay • Hearing aid: $0 copay Our plan pays up to $800 every three years for hearing aids.	• Exam to diagnose and treat hearing and balance issues: $20 copay • Routine hearing exam (for up to 1 every year): $20 copay • Hearing aid fitting/evaluation: $0 copay • Hearing aid: $0 copay Our plan pays up to $800 every three years for hearing aids.	• Exam to diagnose and treat hearing and balance issues: $30 copay
Home Health Care[2]	You pay nothing	You pay nothing	You pay nothing

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Benefit	Classic Advantage (HMO)	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)
Mental Health Care[1]	• Inpatient visit: • Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. • 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. • $125 copay per day for days 1 through 5. • You pay nothing per day for days 6 through 90 • Outpatient group therapy visit: $10 copay • Outpatient individual therapy visit: $25 copay	• Inpatient visit: • Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. • 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. • $125 copay per day for days 1 through 5. • You pay nothing per day for days 6 through 90. • Outpatient group therapy visit: $10 copay • Outpatient individual therapy visit: $25 copay	• Inpatient visit: • Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. • 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. • $170 copay per day for days 1 through 9. • You pay nothing per day for days 10 through 90. • Outpatient group therapy visit: $10 copay • Outpatient individual therapy visit: $25 copay

Summary of Benefits

Benefit	Classic Advantage (HMO)	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)
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): $10 copay • Occupational therapy visit: $10 copay • Physical therapy and speech and language therapy visit: $10 copay	• 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	• 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: $30 copay • Physical therapy and speech and language therapy visit: $30 copay
Outpatient Substance Abuse[1]	• Group therapy visit: $10 copay • Individual therapy visit: $25 copay	• Group therapy visit: $10 copay • Individual therapy visit: $25 copay	• Group therapy visit: $10 copay • Individual therapy visit: $25 copay
Outpatient Surgery[2]	• Ambulatory surgical center: $200 copay • Outpatient hospital: $200 copay	• Ambulatory surgical center: $200 copay • Outpatient hospital: $200 copay	• Ambulatory surgical center: $300 copay • Outpatient hospital: $300 copay
Over-the-Counter Items	Not Covered	Not Covered	Not Covered
Prosthetic Devices *(braces, artificial limbs, etc.)*[1]	• Prosthetic devices: 20% of the cost. • Related medical supplies: 20% of the cost	• Prosthetic devices: 20% of the cost • Related medical supplies: 20% of the cost	• Prosthetic devices: 20% of the cost • Related medical supplies: 20% of the cost
Renal Dialysis[2]	20% of the cost	20% of the cost	20% of the cost
Transportation	Not covered	Not covered	Not covered
Urgently Needed Services	• $20 copay 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.	• $20 copay 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.	• $30 copay 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.

Summary of Benefits

Benefit	Classic Advantage (HMO)	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)
Vision Services	• Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0-20 copay, depending on the service • Routine eye exam (for up to 1 every year): $20 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.	• Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0-20 copay, depending on the service • Routine eye exam (for up to 1 every year): $20 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.	• Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0-30 copay, depending on the service • Eyeglasses or contact lenses after cataract surgery: $0 copay
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)	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)	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)

Summary of Benefits

Benefit	Classic Advantage (HMO)	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)
Preventive Care	• 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.	• 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.	• 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.
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.	• 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.	• 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.

Summary of Benefits

Benefit	Classic Advantage (HMO)	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)
INPATIENT CARE			
Inpatient Hospital Care[1]	• Our plan covers an unlimited number of days for an inpatient hospital stay. • $125 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 • You pay nothing per day for days 91 and beyond	• Our plan covers an unlimited number of days for an inpatient hospital stay. • $125 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90. • You pay nothing per day for days 91 and beyond	• Our plan covers an unlimited number of days for an inpatient hospital stay. • $180 copay per day for days 1 through 9 • You pay nothing per day for days 10 through 90. • 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.	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	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 per day for days 1 through 20 • $160 copay per day for days 21 through 42 • You pay nothing per day for days 43 through 100	Our plan covers up to 100 days in a SNF. • You pay nothing per day for days 1 through 20 • $160 copay per day for days 21 through 42 • You pay nothing per day for days 43 through 100	Our plan covers up to 100 days in a SNF. • You pay nothing per day for days 1 through 20 • $160 copay per day for days 21 through 57 • You pay nothing per day for days 58 through 100
PRESCRIPTION DRUG BENEFITS **How much do I pay?**	• For Part B drugs such as chemotherapy drugs[1]: 20% of the cost • Other Part B drugs[1]: 20% of the cost • Our plan does not cover Part D prescription drug.	• For Part B drugs such as chemotherapy drugs[1]: 20% of the cost • Other Part B drugs[1]: 20% of the cost	• For Part B drugs such as chemotherapy drugs[1]: 20% of the cost • Other Part B drugs[1]: 20% of the cost

Summary of Benefits

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PRESCRIPTION DRUG BENEFITS

Initial Coverage

Classic Advantage (HMO)

Classic Advantage Rx (HMO)

- You pay the following until your total yearly drug costs reach $3,310.
- Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-month supply
Tier 1 (Preferred Generic)	$3 copay
Tier 2 (Generic)	$20 copay
Tier 3 (Preferred Brand)	$47 copay
Tier 4 (Non-Preferred Brand)	$100 copay
Tier 5 (Specialty Tier)	33% of the cost

Tier	Three month supply
Tier 1 (Preferred Generic)	$9 copay
Tier 2 (Generic)	$60 copay
Tier 3 (Preferred Brand)	$141 copay
Tier 4 (Non-Preferred Brand)	$300 copay
Tier 5 (Specialty Tier)	Not offered

Classic Complete Rx (HMO)

- You pay the following until your total yearly drug costs reach $3,310.
- Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-month supply
Tier 1 (Preferred Generic)	$3 copay
Tier 2 (Generic)	$20 copay
Tier 3 (Preferred Brand)	$47 copay
Tier 4 (Non-Preferred Brand)	$100 copay
Tier 5 (Specialty Tier)	33% of the cost

Tier	Three month supply
Tier 1 (Preferred Generic)	$9 copay
Tier 2 (Generic)	$60 copay
Tier 3 (Preferred Brand)	$141 copay
Tier 4 (Non-Preferred Brand)	$300 copay
Tier 5 (Specialty Tier)	Not offered

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PRESCRIPTION DRUG BENEFITS **How much do I pay?**		**Standard Mail Order Cost-Sharing** Tier 1 (Preferred Generic): $9 copay Tier 2 (Generic): $60 copay Tier 3 (Preferred Brand): $141 copay Tier 4 (Non-Preferred Brand): $300 copay 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, but may pay more than you pay at an in-network pharmacy.	**Standard Mail Order Cost-Sharing** Tier 1 (Preferred Generic): $9 copay Tier 2 (Generic): $60 copay Tier 3 (Preferred Brand): $141 copay Tier 4 (Non-Preferred Brand): $300 copay 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, but may pay more than you pay at an in-network pharmacy.
Coverage Gap		• Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $3,310.	• Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $3,310.

Summary of Benefits

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PRESCRIPTION DRUG BENEFITS **Coverage Gap**		• After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total $4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap. • Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you. **Standard Retail Cost-Sharing** **Tier** / **Drugs Covered** Tier 1 (Preferred Generic) / All **One month Supply** / $3 copay **Three month supply** / $9 copay **Standard Mail Order Cost-Sharing** **Tier** / **Drugs Covered** Tier 1 (Preferred Generic) / All **Three month supply** / $9 copay	• After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total $4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap. • Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you. **Standard Retail Cost-Sharing** **Tier** / **Drugs Covered** Tier 1 (Preferred Generic) / All **One month Supply** / $3 copay **Three month supply** / $9 copay **Standard Mail Order Cost-Sharing** **Tier** / **Drugs Covered** Tier 1 (Preferred Generic) / All **Three month supply** / $9 copay

Summary of Benefits

Benefit	Classic Advantage (HMO)	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)
Catastrophic Coverage		• After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,850, you pay the greater of: • 5% of the cost, or • $2.95 copay for generic (including brand drugs treated as generic) and a $7.40 copayment for all other drugs.	• After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,850, you pay the greater of: • 5% of the cost, or • $2.95 copay for generic (including brand drugs treated as generic) and a $7.40 copayment for all other drugs.
Optional Benefits *(you must pay an extra premium each month for these benefits)*			
Package 1: Geisinger Gold Health+			Benefits include: • Eligible Supplemental Benefits • Preventive Dental • Eye Exams • Eyewear • Hearing Exams • Hearing Aids
How much is the monthly premium?			• Additional $38 per month. • You must keep paying your Medicare Part B premium and your **Geisinger Gold Classic Complete Rx (HMO)** $0 monthly plan premium
How much is the deductible?			This package does not have a deductible.
Is there a limit on how much the plan will pay?			Our plan has a coverage limit for certain benefits.

2016 Monthly Premiums by County of Residence

County	Classic Advantage (HMO)	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)
Adams	$70	$124	$0
Berks	$30	$119	$0
Blair	$80	$129	$0
Cambria	$80	$129	$0
Cameron	$80	$129	$0
Carbon	$30	$119	$0
Centre	$80	$129	$0
Clearfield	$80	$129	$0
Clinton	$80	$129	$0
Columbia	$90	$149	$0
Cumberland	$70	$124	$0
Dauphin	$70	$124	$0
Fulton	$80	$129	$0
Huntingdon	$80	$129	$0
Jefferson	$80	$129	$0
Juniata	$80	$129	$0
Lackawanna	$75	$139	$0
Lancaster	$70	$124	$0
Lebanon	$70	$124	$0
Lehigh	$30	$119	$0
Luzerne	$90	$149	$0
Lycoming	$80	$129	$0
Mifflin	$80	$129	$0
Monroe	$75	$139	$0
Montour	$90	$149	$0
Northampton	$30	$119	$0
Northumberland	$90	$149	$0
Perry	$70	$124	$0
Pike	$75	$139	$0
Potter	$80	$129	$0
Schuylkill	$90	$149	$0
Snyder	$90	$149	$0
Somerset	$80	$129	$0
Sullivan	$80	$129	$0
Susquehanna	$75	$139	$0
Tioga	$80	$129	$0
Union	$90	$149	$0
Wayne	$75	$139	$0
Wyoming	$75	$139	$0
York	$70	$124	$0