

This **Summary of Benefits** contains 2017 plan information for:

- **REHP**

For full details of services and costs for each plan, please consult the **Evidence of Coverage** at GeisingerGold.com or call us for more information.

Geisinger Gold Classic is an HMO plan which require members to select a PCP and use network providers for covered services. Referrals to specialty care providers are not required. Prior authorization may be required for certain services.

You can also learn more about this plan in the “Medicare & You” handbook. If you don’t have a copy of this booklet, you can get it at the Medicare website (medicare.gov) or 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.

To join a Geisinger Gold Medicare Advantage Plan, 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: Carbon, Centre, Clinton, Columbia, Lackawanna, Luzerne, Lycoming, Monroe, Montour, Northumberland, Pike, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming.

Call us with any questions!

From October 1 to February 14: 7 days a week from 8 a.m. to 8 p.m.

From February 15 to September 30: Monday through Friday from 8 a.m. to 8 p.m.

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

If you are not a member, call toll-free (800) 514-0138

TTY users should call 711

Or visit our website: GeisingerGold.com

Geisinger Gold 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 (GeisingerGold.com). Or, call us and we will send you a copy of the provider directories.

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. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year. The provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.

2017 Medical Benefits

	REHP
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.
Deductible	\$0
Annual Out-of-Pocket Maximum	\$2,500
Inpatient Hospital Care	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.
Primary Care Physician (PCP) Visit	\$15
Specialty Care Physician Visit	\$20
Annual Routine Physical Exams	\$0
Preventive Care	\$0 copay for Medicare-approved preventive services
Emergency Care	\$50 (waived if admitted)
Urgently Needed Care	\$50 (waived if admitted)
Outpatient Lab	\$0 per day
Outpatient X-Rays	\$0 per day
Outpatient MRI, CT, PET Scans	\$0 per day
Outpatient Radiation Therapy, Nuclear Medicine	\$0 per day
Outpatient All Other Diagnostic Procedures/Tests	\$0 per day
Hearing Services	\$0 copay for Medicare-covered diagnostic hearing exams

	REHP
Dental Services	<p>\$0 copay for Medicare-covered dental benefits</p> <p>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.</p> <p>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.</p>
Vision Services	<p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for in-network glaucoma screening once per year for people who are at high risk of glaucoma.</p>
Mental Health Care	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$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.</p> <p>Outpatient group therapy visit: \$15 copay</p> <p>Outpatient individual therapy visit: \$15 copay</p>
Skilled Nursing Facility	<p>Our plan covers up to 100 days in a SNF.</p> <p>\$0 copay per day for days 1 through 100</p>
Cardiac/Pulmonary Rehab	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$15 copay</p>
Occupational Therapy	<p>Occupational therapy visit: \$15 copay</p>
Physical & Speech Therapy	<p>Physical therapy and speech and language therapy visit: \$15 copay</p>

	REHP
Ambulance	\$0 copay Emergency transportation does not require prior authorization.
Transportation	Not covered
Foot Care (podiatry services)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$20 copay
Durable Medical Equipment (DME)	\$0 copay
Prosthetics and Related Supplies	Prosthetic devices: \$0 copay Related medical supplies: \$0 copay
Health Club/ Fitness Center	\$90 allowance every 3 months
Part B Drugs	\$0
Home Health Services (includes related medical supplies)	\$0
Outpatient Hospital Surgery/Ambulatory Surgical Center	Ambulatory surgical center: \$0 copay Outpatient hospital: \$0 copay
Diabetes Supplies and Services	Diabetes monitoring supplies: \$0 copay Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: \$0 copay
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$15 copay