

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

- **Geisinger Gold Preferred Advantage Rx (PPO)**
- **Geisinger Gold Preferred Complete Rx (PPO)**

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 Preferred plans are PPO plans which do not require members to select a PCP or obtain referrals for covered services. Members may use out-of-network providers to obtain covered services. 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: 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.

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. You can see our plan’s provider and pharmacy directory at our website (GeisingerGold.com). Or, call us and we will send you a copy of the provider and pharmacy directories.

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In addition to the plan detailed in the enclosed Summary of Benefits, there may be other plans available to you, based on your county of residence. If you would like to discuss other plan options, or have any questions about this packet or the coverage offered by Geisinger Gold, please call (800) 514-0138, seven days a week from 8 a.m. to 8 p.m. (TDD 711) for more information.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to one-hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048. You can also call 1-800-MEDICARE or visit www.medicare.gov for more information about Medicare.

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 formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat Geisinger Gold members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

2017 Medical Benefits

	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)
Premium	\$75 You must also continue to pay your Medicare Part B premium which for most people in 2016 is \$104.90 per month and may change for 2017.	\$0 You must also continue to pay your Medicare Part B premium which for most people in 2016 is \$104.90 per month and may change for 2017.
	In- or Out-of-Network	In- or Out-of-Network
Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$5,900	\$6,700
Inpatient Hospital Care	\$175 per day (days 1-5) \$0 per day (days 6-90)	\$200 per day (days 1-5) \$0 per day (days 6-90)
Primary Care Physician (PCP) Visit	\$5	\$5
Specialty Care Physician Visit	\$25	\$40
Annual Routine Physical Exams	\$5	\$5
Preventive Care	\$0 copay for Medicare-approved preventive services	\$0 copay for Medicare-approved preventive services
Emergency Care	\$75 (waived if admitted)	\$75 (waived if admitted)
Urgently Needed Care	\$25 (waived if admitted)	\$40 (waived if admitted)
Outpatient Lab	\$15 per day	\$20 per day
Outpatient X-Rays	\$25 per day	\$35 per day
Outpatient MRI, CT, PET Scans	\$200 per day	\$265 per day
Outpatient Radiation Therapy, Nuclear Medicine	\$25 per day	\$35 per day
Outpatient All Other Diagnostic Procedures/Tests	\$15 per day	\$20 per day
Diagnostic Hearing Exams	\$25	\$40

	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)
	In- or Out-of-Network	In- or Out-of-Network
Routine Hearing Exams	Available with Health+ for additional monthly cost	Available with Health+ for additional monthly cost
Hearing Aids/Fitting for Hearing Aids	Available with Health+ for additional monthly cost	Available with Health+ for additional monthly cost
Dental Services (Preventive): Oral Exam with or without cleaning	Available with Health+ for additional monthly cost	Available with Health+ for additional monthly cost
Dental Services (Preventive): Dental X-Rays	Available with Health+ for additional monthly cost	Available with Health+ for additional monthly cost
Comprehensive Dental (Original Medicare-Covered Benefit only)	\$25	\$40
Vision Exam (Medical): \$0 for glaucoma screen - office visit copay may apply	\$25	\$40
Vision Exam (Routine)	Available with Health+ for additional monthly cost	Available with Health+ for additional monthly cost
Original Medicare-Covered Eyewear (Post-Cataract Surgery)	\$0 Only Medicare-covered (Basic frames and lenses)	\$0 Only Medicare-covered (Basic frames and lenses)
Routine Eyewear (Non-Medicare Covered Contact Lenses, Eyeglasses, Lenses and Frames)	Available with Health+ for additional monthly cost	Available with Health+ for additional monthly cost
Inpatient Mental Health	\$175 per day (days 1-5) \$0 per day (days 6-90)	\$200 per day (days 1-5) \$0 per day (days 6-90)
Outpatient Mental Health	\$10 group/\$25 individual	\$10 group/\$25 individual
Skilled Nursing Facility	\$0 per day (days 1-20) \$160 per day (days 21-57) \$0 per day (days 58-100)	\$0 per day (days 1-20) \$160 per day (days 21-62) \$0 per day (days 63-100)
Cardiac/Pulmonary Rehab	\$10 per day	\$10 per day
Occupational Therapy	\$25 per day	\$40 per day
Physical & Speech Therapy	\$25 per day	\$40 per day
Ambulance	\$200 (Waived if admitted)	\$200 (Waived if admitted)
Transportation	Not covered	Not covered

	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)
	In- or Out-of-Network	In- or Out-of-Network
Podiatry (Original Medicare Benefits)	\$25	\$40
Podiatry - Routine Nail Trimming	\$0 (4 every year)	\$0 (4 every year)
Durable Medical Equipment (DME)	20%	20%
Prosthetics and Related Supplies	20%	20%
Health Club/ Fitness Center	Available with Health+ for additional monthly cost	Available with Health+ for additional monthly cost
Part B Drugs	20%	20%
Home Health Services (includes related medical supplies)	\$0	\$0
Outpatient Hospital Surgery/Ambulatory Surgical Center	\$225	\$350
Diabetes Supplies - Preferred Brand Glucometer	\$0 for Preferred Brand Glucometers every 2 years	\$0 Preferred Brand Glucometer every 2 years
Diabetes Supplies - All Other	20% for non-preferred brand glucometers; 20% for preferred & non-preferred brand test strips; 0% for all lancets & lancet devices (prior auth required for non-preferred brand supplies)	20% for non-preferred brand glucometers; 20% for preferred & non-preferred brand test strips; 0% for all lancets & lancet devices (prior auth required for non-preferred brand supplies)
Diabetes - Therapeutic Shoes or Inserts	20%	20%
Chiropractic Services	\$20	\$20

2017 Prescription Drug Coverage

Annual Deductible	\$0	
Initial Coverage (Until total yearly drug costs reach \$3,700)	30-day retail copay: <ul style="list-style-type: none"> • Tier 1 - \$3 • Tier 2 - \$20 • Tier 3 - \$47 • Tier 4 - \$100 • Tier 5 – 33% 	90-day retail copay: <ul style="list-style-type: none"> • Tier 1 - \$7.50 • Tier 2 - \$50 • Tier 3 - \$117.50 • Tier 4 - \$250 • Tier 5 – Not available
Coverage Gap (After total yearly drug costs reach \$3,700, but before member out-of-pocket reaches \$4,950)	Member pays: <ul style="list-style-type: none"> • \$3 copay for Tier 1 generics • 51% of costs for Tier 2 generics • 40% of costs for Tier 3 & above brands* 	
Catastrophic Coverage (After \$4,950 is paid out-of-pocket)	Member pays the greater of: <ul style="list-style-type: none"> • 5% coinsurance; or <ul style="list-style-type: none"> ○ \$3.30 copay for generics ○ \$8.25 copay for brands 	

Geisinger Gold Health+ is an optional supplemental benefits package available with Preferred Advantage Rx (PPO) and Preferred Complete Rx (PPO).

Premium	\$38 per month
Dental	<p>\$500 max benefit per year that includes:</p> <ul style="list-style-type: none"> • 2 routine exams per year (with or without cleaning) • 1 set of x-rays per year (bitewing & panoramic) • Simple fillings, simple extractions and dentures • See any provider
Vision	<ul style="list-style-type: none"> • \$20 copay • 1 routine exam per year • \$100 hardware allowance per year (contacts, glasses, lenses, frames) • See any provider
Hearing	<ul style="list-style-type: none"> • \$20 copay • 1 routine exam per year • \$500 hearing aid & fitting allowance per year • See any provider
Fitness	<ul style="list-style-type: none"> • \$90 allowance per quarter • Access to facilities of your choice • Can be applied to any fitness service the facility offers (excludes food & beverage)