Geisinger Gold Secure Rx (HMO SNP) offered by Geisinger Health Plan

Annual Notice of Changes for 2018

You are currently enrolled as a member of Geisinger Gold Secure Rx (HMO SNP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Section 1.5 for information about benefit and cost changes for our plan.

☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.

- Will your drugs be covered?
- Are your drugs in a different tier, with different cost-sharing?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
- Review the 2018 Drug List and look in Section 1.6 for information about changes to our drug coverage.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our Provider Directory.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?

- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at https://www.medicare.gov website. Click "Find health & drug plans."
- Review the list in the back of your Medicare & You handbook.
- Look in Section 2.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you want to **keep** Geisinger Gold Secure Rx (HMO SNP), you don't need to do anything. You will stay in Geisinger Gold Secure Rx (HMO SNP).
- If you want to **change to a different plan** that may better meet your needs, you can switch plans at any time. Your new coverage will begin on the first day of the following month. Look in Section 2.2, page 10 to learn more about your choices.

Additional Resources

- Please contact our Member Services number at 1-800-498-9731 for additional information. TTY users should call PA Relay 711 or 1-800-654-5984. (This number requires special telephone equipment and is only for people who have difficulties with hearing and speaking.) Hours are Sunday through Saturday, 8:00 a.m. to 8:00 p.m., seven days a week. Beginning February 15, 2018 through September 30, 2018, Member Services and TTY Hours will be 8:00 a.m. to 8:00 p.m., Monday through Friday.
- Member Services has free language interpreter services available for non-English speakers (phone numbers are in Section 6.1 of this booklet). We can also give you plan information in audio, large print, or other alternate formats if you need it.
- **Coverage under this Plan qualifies as minimum essential coverage (MEC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Geisinger Gold Secure Rx (HMO SNP)

- Geisinger Gold Secure Rx (HMO SNP) is offered by Geisinger Health Plan, a Medicare Advantage HMO with a Medicare Contract. Continued enrollment in Geisinger Gold depends on annual contract renewal. The plan also has a written agreement with the Pennsylvania Medicaid program to coordinate your Medicaid benefits.
- When this booklet says "we," "us," or "our," it means Geisinger Health Plan. When it says "plan" or "our plan," it means Geisinger Gold Secure Rx (HMO SNP).

Summary of Important Costs for 2018

The table below compares the 2017 costs and 2018 costs for Geisinger Gold Secure Rx (HMO SNP) in several important areas. **Please note this is only a summary of changes**. **It is important to read the rest of this *Annual Notice of Changes*** and review the attached *Evidence of Coverage* to see if other benefit or cost changes affect you.

All plan costs depend on member's Medicaid eligibility level.

Cost	2017 (this year)	2018 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$0	$0
Doctor office visits	Primary care visits: $0 per visit Specialist visits: 20% per visit If you are eligible for Medicare cost sharing assistance under Medicaid, you pay $0 per visit.	Primary care visits: $0 per visit Specialist visits: 20% per visit If you are eligible for Medicare cost sharing assistance under Medicaid, you pay $0 per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day**.**	If you are eligible for Medicare cost sharing assistance under Medicaid, you pay $0 per visit.	If you are eligible for Medicare cost sharing assistance under Medicaid, you pay $0 per visit.

Cost	2017 (this year)	2018 (next year)
Part D prescription drug coverage (For details, see Section 1.6 in this booklet and/or Chapter 6, Section 5.2 of your *Evidence of Coverage*.)	Deductible: $400 • 25% Coinsurance during the Initial Coverage Stage: Your cost sharing is dependent on your level of Extra help. Please see your LIS Rider.	Deductible: $405 • 25% Coinsurance during the Initial Coverage Stage: Your cost sharing is dependent on your level of Extra help. Please see your LIS Rider.
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$6,700 If you are eligible for Medicare cost sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and B services.	$6,700 If you are eligible for Medicare cost sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and B services.

All plan costs depend on member's Medicaid eligibility level.

Annual Notice of Changes for 2018
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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2017 (this year)	2018 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0	$0 There is no change for the upcoming benefit year.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2017 (this year)	2018 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** If you are eligible for Medicaid assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$6,700	$6,700 Once you have paid $6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.GeisingerGold.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the**

2018 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at www.GeisingerGold.com. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2018 Pharmacy Directory to see which pharmacies are in our network**.

Section 1.5 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* only tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2018 Evidence of Coverage.* A copy of the *Evidence of Coverage* was included in this envelope.

All plan costs depend on member's Medicaid eligibility level.

Cost	2017 (this year)	2018 (next year)
Emergency Care	You pay a $75 copayment per visit If you are eligible for Medicare cost sharing assistance under Medicaid, you pay a $0 copayment amount.	You pay a $80 copayment per visit If you are eligible for Medicare cost sharing assistance under Medicaid, you pay a $0 copayment amount.
Over-the-Counter-Drugs	$25 allowance per month	$20 allowance per month
Personal Emergency Response System (PERS)	Personal Emergency Response System is not covered.	$700 allowance per year
Medicare Diabetes Prevention Program	Medicare Diabetes Prevention Program is not covered.	You pay a $0 copayment
Vision Care Allowance	$250 allowance for covered eyeglasses, contact lenses, frames and glass lenses every two (2) years.	$240 allowance for covered eyeglasses, contact lenses, frames and glass lenses every two (2) years.

Cost	2017 (this year)	2018 (next year)
Worldwide Coverage	*Worldwide Emergency/Urgent Care You pay a $0 copayment (waived if admitted to hospital) ***$25,000 combined service limit**	*Worldwide Emergency Coverage You pay a $0 copayment (waived if admitted to hospital) *Worldwide Emergency Transportation Coverage You pay a $0 copayment (waived if admitted to hospital) *Worldwide Urgent Care Coverage You pay a $0 copayment (waived if admitted to hospital) ***$25,000 combined service limit**

Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is in this envelope.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
    - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage* (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.

- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage.*) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you were approved for a formulary exception in 2017, unless otherwise noted in your Notice of Approval of Medical Coverage letter, a new formulary exception will not be needed for 2018 as long as you remain a member of the same plan.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. Because you receive "Extra Help" and haven't received this insert by September 30, 2017, please call Member Services and ask for the "LIS Rider." Phone numbers for Member Services are in Section 6.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2.1 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the attached *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2017 (this year)	2018 (next year)
Stage 1: Yearly Deductible Stage	The deductible is $400 Your costs depend on the level of Extra Help you receive. Please see your LIS Rider	The deductible is $405 Your costs depend on the level of Extra Help you receive. Please see your LIS Rider

Changes to Your Cost-sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2017 to 2018.

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2017 (this year)	2018 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** The costs in this row are for a one month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage.*	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: 25% Coinsurance during the Initial Coverage Stage: Your cost sharing is dependent on your level of Extra help. Please see your LIS Rider. Once your total drugs costs have reached $3,700, you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: 25% Coinsurance during the Initial Coverage Stage: Your cost sharing is dependent on your level of Extra help. Please see your LIS Rider. Once your total drugs costs have reached $3,750, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage**.

For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Geisinger Gold Secure Rx (HMO SNP)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2018.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2018 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan at any time,
- -- *OR*-- You can change to Original Medicare at any time.

Your new coverage will begin on the first day of the following month. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2018*, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to https://www.medicare.gov and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Geisinger Health Plan offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Geisinger Gold Secure Rx (HMO SNP).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Geisinger Gold Secure Rx (HMO SNP).

- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

  If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment

SECTION 3 Deadline for Changing Plans

Because you are eligible for Medicare and Full Medicaid Benefits you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Pennsylvania, the SHIP is called Apprise.

Apprise is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Apprise counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Apprise at 1-800-783-7067. You can learn more about Apprise by visiting their website at www.aging.pa.gov/aging-services/insurance.

For questions about your Pennsylvania Medicaid benefits, contact

Method	**Pennsylvania Department of Human Services, Medical Assistance (Medicaid program) – Contact Information**
CALL	1-800-692-7462 Department of Human Services Helpline (for in-state calls only). Calls to this number are free. Hours: Monday - Friday 8:30 a.m. - 4:45 p.m.
TTY	1-800-451-5886 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Method	Pennsylvania Department of Human Services, Medical Assistance (Medicaid program) – Contact Information
VISIT	You may visit your local county assistance office. A list of county assistance offices is available online at the state website listed below.
WEBSITE	www.dhs.pa.gov/citizens/healthcaremedicalassistance/index.htm

Ask how joining another plan or returning to Original Medicare affects how you get your Pennsylvania Medicaid coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in 'Extra Help,' also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Pennsylvania has a program called PACE that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 4 of this booklet).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Special Pharmaceutical Benefits Program (SPBP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-922-9384.

SECTION 6 Questions?

Section 6.1 – Getting Help from Geisinger Gold Secure Rx (HMO SNP)

Questions? We're here to help. Please call Member Services at 1-800-498-9731. TTY only, call PA Relay 711 or 1-800-654-5984. (This number requires special telephone equipment and is only for people who have difficulties with hearing and speaking.) We are available for phone calls seven days a week from 8 a.m. to 8 p.m. (October 1 through February 14) or Monday through Friday from 8 a.m. to 8 p.m. (February 15 through September 30). Calls to these numbers are free.

Read your 2018 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2018. For details, look in the 2018 *Evidence of Coverage* for Geisinger Gold Secure Rx (HMO SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is included in this envelope.

Visit our Website

You can also visit our website at www.GeisingerGold.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (https://www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to https://www.medicare.gov and click on "Find health & drug plans.")

Read *Medicare & You 2018*

You can read *Medicare & You 2018* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (https://www.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.

Section 6.3 – Getting Help from Medicaid

To get information from Pennsylvania Medicaid you can call the Pennsylvania Department of Human Services at 1-800-692-7462. TTY users should call 1-800-451-5886.