

This **Summary of Benefits** contains 2018 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, Bradford, 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, 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.

2018 Medical Benefits

	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)
	in-network or out-of-network	in-network or out-of-network
Premium	See chart on page 9. You must also continue to pay your Medicare Part B premium which for most people in 2017 is \$134.00 per month and may change for 2018.	\$0 You must also continue to pay your Medicare Part B premium which for most people in 2017 is \$134.00 per month and may change for 2018.
Deductible	\$0	\$0
Out of Pocket Max	\$5,900 (combined in & out)	\$6,700 (combined in & out)
Inpatient Hospital - Acute	\$175/day (days 1-5) \$0/day (days 6-90)	\$200/day (days 1-5) \$0/day (days 6-90)
Outpatient Surgery/Services	\$225	\$350
Primary Care Physician	\$5	\$10
Specialty Care Physician	\$25	\$40
Annual Routine Physical Exams	\$5	\$10
Emergency Care (Waived if Admitted)	\$80	\$80
Urgent Care (Waived if Admitted)	\$25	\$40
Worldwide Coverage (Waived if Admitted)	Urgent: \$25 Emergency: \$80 Transportation: \$200 Total Benefit Limit: \$25,000	Urgent: \$40 Emergency: \$80 Transportation: \$275 Total Benefit Limit: \$25,000
Outpatient All Other Diagnostic Procedures/Tests	\$15 per day	\$30 per day
Outpatient Lab	\$15 per day	\$30 per day
Outpatient X-Rays	\$25 per day	\$40 per day
Outpatient MRI, CT, PET Scans	\$200 per day	\$275 per day
Outpatient Standard Radiation Therapy	\$25 per day	\$40 per day
Outpatient All Other Therapeutic Radiology	\$60 per day	\$60 per day
Other Diagnostic/General Imaging	\$200 per day	\$275 per day
Hearing Exams - Diagnostic Only	\$25	\$40
Comprehensive Dental (Original Medicare-Covered)	\$25	\$40
Vision Exam (Medical): \$0 for glaucoma screen	\$25	\$40
Original Medicare-Covered Eye-wear (Post Cataract Surgery)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)

	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)
	in-network or out-of-network	in-network or out-of-network
Outpatient Mental Health	Individual Session: \$25 Group Session: \$10	Individual Session: \$25 Group Session: \$10
Skilled Nursing Facility	\$0/day (days 1-20) \$160/day (days 21-57) \$0/day (days 58-100)	\$0/day (days 1-20) \$160/day (days 21-62) \$0/day (days 63-100)
Occupational/Physical/Speech Therapy	\$25 per day	\$40 per day
Ambulance (Waived if Admitted)	\$200	\$275
Part B Drugs	20%	20%
Medicare Part D Prescription Drug Coverage	Included	Included
Home Health Services	\$0	\$0
Chiropractic Services	\$20	\$20
Podiatry	\$25	\$40
Cardiac/Pulmonary Rehab	\$0	\$0
Durable Medical Equipment (DME)	20%	20%
Prosthetics and Related Supplies	20%	20%
Diabetic Supplies	Preferred Brand Glucometer - \$0 (one every two years) Preferred Brand Supplies (test strips, lancets, and lancet devices) - 20% Non-Preferred Glucometers and Supplies - 20%	Preferred Brand Glucometer - \$0 (one every two years) Preferred Brand Supplies (test strips, lancets, and lancet devices) - 20% Non-Preferred Glucometers and Supplies - 20%
Diabetic Supplies - Therapeutic Shoes or Inserts	20%	20%
Nursing Hotline	\$0	\$0
Geisinger Gold Health+ Optional Benefits	Coverage for preventive dental, routine vision and hearing care, and fitness center benefits. Please see page 8 for details on this valuable benefits package.	Coverage for preventive dental, routine vision and hearing care, and fitness center benefits. Please see page 8 for details on this valuable benefits package.

2018 Prescription Drug Coverage

Annual Deductible	\$0		
Initial Coverage (Until total yearly drug costs reach \$3,750)	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 	90-day mail order copay: <ul style="list-style-type: none"> • Tier 1 - \$4.50 • Tier 2 - \$30 • Tier 3 - \$70.50 • Tier 4 - \$150 • Tier 5 – Not available
Coverage Gap (After total yearly drug costs reach \$3,750, but before member out-of-pocket reaches \$5,000)	Member pays: <ul style="list-style-type: none"> • \$3 copay for Tier 1 • 44% of costs for Tier 2 • 35% of costs for Tier 3 & above 		
Catastrophic Coverage (After \$5,000 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"> • \$3.35 copay for generics • \$8.35 copay for brands 		

Geisinger Gold Health+

Geisinger Gold Health+ is an optional supplemental benefits package available for purchase by members enrolled in:

- Preferred Advantage Rx
- Preferred Complete Rx

Premium	<ul style="list-style-type: none">• \$38 per month
Dental	<ul style="list-style-type: none">• \$500 max benefit per year that includes:<ul style="list-style-type: none">– 2 routine exams per year (with or without cleaning)– 1 set of x-rays per year (bitewing or panoramic)– Simple fillings, simple extractions and dentures– See any provider who is approved by Medicare
Vision	<ul style="list-style-type: none">• \$0 copay (Preferred Advantage Rx); \$20 copay (Preferred Complete Rx)• 1 routine exam per year• \$100 hardware allowance per year (contacts, glasses, lenses, frames)• See any provider who is approved by Medicare
Hearing	<ul style="list-style-type: none">• \$20 copay• 1 routine exam per year• \$500 hearing aid & fitting allowance per year• See any provider who is approved by Medicare
Fitness	<ul style="list-style-type: none">• \$90 allowance per quarter for fitness center membership fees

2018 Premiums by County	Preferred Advantage Rx (PPO)
Adams	\$82
Berks	\$77
Blair	\$102
Bradford	\$102
Cambria	\$102
Cameron	\$102
Carbon	\$77
Centre	\$102
Clearfield	\$102
Clinton	\$102
Columbia	\$107
Cumberland	\$77
Dauphin	\$77
Fulton	\$102
Huntingdon	\$102
Jefferson	\$102
Juniata	\$102
Lackawanna	\$102
Lancaster	\$77
Lebanon	\$77
Lehigh	\$77
Luzerne	\$107
Lycoming	\$102
Mifflin	\$102
Monroe	\$102
Montour	\$107
Northampton	\$77
Northumberland	\$107
Perry	\$77
Potter	\$102
Schuylkill	\$107
Snyder	\$107
Somerset	\$102
Sullivan	\$102
Susquehanna	\$102
Tioga	\$102
Union	\$107
Wayne	\$102
Wyoming	\$102
York	\$82