

This **Summary of Benefits** contains 2018 plan information for:

- **Geisinger Gold Secure Rx (HMO SNP)**

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 Secure Rx is a Special Needs Plan which is available to anyone who has both Medical Assistance from the State and Medicare. Secure Rx premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Members must 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: 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. 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 (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.

2018 Medical Benefits

	Secure Rx (HMO SNP)
Premium	\$0
Deductible	None to member Medicare FFS Part A deductible billed to Medicaid
Out of Pocket Max (cap on annual medical expenses)	\$6,700
Inpatient Hospital - Acute	\$0 to member
Outpatient Surgery/Services	\$0 to member
Primary Care Physician	\$0 to member
Specialty Care Physician	\$0 to member
Annual Routine Physical Exams	\$0 to member
Emergency Care	\$0 to member
Urgent Care	\$0 to member
Worldwide Coverage	\$0 to member
Outpatient All Other Diagnostic Procedures/Tests	\$0 to member
Outpatient Lab	\$0 to member
Outpatient X-Rays	\$0 to member
Outpatient MRI, CT, PET Scans	\$0 to member
Outpatient Standard Radiation Therapy	\$0 to member
Outpatient All Other Therapeutic Radiology	\$0 to member
Other Diagnostic/General Imaging	\$0 to member

	Secure Rx (HMO SNP)
Hearing Exams - Diagnostic Only	\$0 to member
Routine Hearing Exams	\$0 to member; 1 per year
Hearing Aids/Fitting for Hearing Aids	\$0 to member \$1,000 maximum benefit every 3 years
Dental Services (Preventive & Comprehensive): Non-Medicare Covered	\$0 to member; \$3,000 maximum benefit per year; includes simple fillings, extractions, dentures, and 2 visits per year for exams, cleanings, fluoride treatments, x-rays
Comprehensive Dental (Original Medicare-Covered)	\$0 to member
Vision Exam (Medical): \$0 for glaucoma screen	\$0 to member
Vision Exam (Routine)	\$0 to member; 1 per year
Original Medicare-Covered Eyewear (Post Cataract Surgery)	\$0 to member
Eyewear (Routine) Non-Medicare Covered	\$0 to member \$240 maximum benefit every 2 years
Outpatient Mental Health	\$0 to member
Skilled Nursing Facility	\$0 to member
Occupational/Physical/Speech Therapy	\$0 to member
Ambulance	\$0 to member
Part B Drugs	\$0 to member
Medicare Part D Prescription Drug Coverage	Part D drugs covered with appropriate LIS cost-sharing & premium subsidies
Home Health Services (includes related medical supplies)	\$0 to member
Chiropractic Services	\$0 to member
Podiatry	\$0 to member
Health Club	\$120 allowance per quarter
Personal Emergency Response System	\$700 allowance year

	Secure Rx (HMO SNP)
Cardiac/Pulmonary Rehab	\$0 to member
Durable Medical Equipment (DME)	\$0 to member
Prosthetics and Related Supplies	\$0 to member
Diabetic Supplies	\$0 to member Preferred Brand Glucometer limited to one every two years
Diabetic Supplies - Therapeutic Shoes or Inserts	\$0 to member
Nursing Hotline	\$0 to member
Over-the-Counter Drugs	\$20 allowance per month

2018 Prescription Drug Coverage

Secure Rx	
Annual Deductible	Member pays \$0*
Depending on level of Extra Help, member pays the following: <ul style="list-style-type: none">• \$0, \$1.25, or \$3.35 copays for generic drugs**• \$0, \$3.70, or \$8.35 copays for brand drugs**	
After \$5,000 is paid out-of-pocket, member pays: <ul style="list-style-type: none">• \$0 copay for generic and brand drugs**	

*Generally, members in Secure Rx will not be subject to a deductible or the coverage gap

**Actual cost-sharing depends on the level of Extra Help (LIS) the member receives

Please note: Medical Assistance (Medicaid) benefits and costs listed below are based on Pennsylvania DHS "Categorically Needy" Medical Assistance coverage and cost sharing. Specific coverage of any service or item depends on the recipient's Medical Assistance category and meeting coverage criteria for a specific benefit.

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

When medically necessary services or items are covered by both Medicare and Medicaid, Medicare always pays first, whether you receive Medicare coverage through Original Medicare or through a Medicare Advantage Plan such as Secure Rx (HMO SNP).

Pennsylvania Medical Assistance continues to cover your Medicaid benefits, and provides coverage for Medicaid-covered services and items not covered by Medicare or Secure Rx (HMO SNP).

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
	<p>Most benefits covered if medically necessary; some items have specific age or specific medical condition requirements for coverage</p>	
<p>Inpatient Hospital Services</p>	<p>\$3 per day up to \$21 per admission, depending on level of assistance - Covered when medically necessary</p>	<p>\$0 Copayment No limit to the number of days covered by the plan each hospital stay. You will not be charged additional cost sharing for professional services. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>Inpatient Hospital Medical Rehabilitation Admission (Skilled Nursing Facility)</p>	<p>\$3 per day up to \$21 per admission, depending on level of assistance - One admission per fiscal year</p>	<p>\$0 Copayment for covered Skilled Nursing Facility Care. Plan covers up to 100 days each benefit period. No prior hospital stay is required. There are no limits on the number of benefit periods per year. Prior Authorization may be required.</p>
<p>Combined maximum of 18 visits per year for Clinic, office, or home visits to:</p>		
<p>Primary care physicians</p>	<p>\$.65 - \$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit</p>	<p>\$0 Copayment for each Medicare-covered primary care doctor visit. There are no limits on the number of visits per year for covered services</p>

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Specialty physicians	\$.65 - \$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	<p>\$0 Copayment for each Medicare-covered specialist visit.</p> <p>There are no limits on the number of visits per year for covered services. A Referral from your PCP is required.</p>
CRNPs (Nurse Practitioners)	\$.65 - \$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	<p>\$0 Copayment</p> <p>Secure Rx (HMO SNP) coverage of care provided by a qualified in-network licensed Nurse Practitioner (CPRN) or a qualified in-network Physician Assistant (PA) is the same as coverage for services provided by an in-network physician.</p>
Optometrists	\$.65 - \$3.80 copay, depending on level of assistance - Vision Examinations covered. Counts toward combined 18 visit limit	<p>Medically Necessary</p> <p>Ophthalmologist visits are also covered with a referral from your Primary Care Provider.</p> <p>\$0 Copayment for Medicare-covered diagnosis and treatment for diseases and conditions of the eye. There are no limits on the number of medically-necessary covered visits per year. A Referral from your Primary Care Physician (PCP) is required.</p> <p>\$0 Copayment for up to one (1) supplemental routine eye exam (vision exam) every year. No referral is necessary.</p>
Chiropractors	\$.65 - \$3.80 copay, depending on level of assistance - Benefits limited to evaluation exam and manual manipulation of the spine. Visits counts toward combined 18 visit limit	<p>\$0 Copayment for each Medicare-covered chiropractic visit.</p> <p>Benefit is limited to manual manipulation of the spine. A referral from your PCP is required.</p>

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Podiatrists	\$.65 - \$3.80 copay, depending on level of assistance - Limited to Medically Necessary Podiatry Services. Counts toward combined 18 visit limit.	<p>\$0 Copayment for up to 4 supplemental routine podiatry visit(s) covered each year.</p> <p>\$0 Copayment for each Medicare-covered podiatry visit Medicare-covered podiatry visits are for medically-necessary foot care. A referral from your PCP may be required.</p>
Independent medical clinics	\$.65 - \$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	<p>\$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services.</p> <p>A referral from your primary care provider for specialist care and services may be required.</p>
Rural health clinics	\$.65 - \$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	<p>\$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services.</p> <p>A referral from your primary care provider for specialist care and services may be required.</p>
Federally qualified health clinics	\$.65 - \$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	<p>\$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services.</p> <p>A referral from your primary care provider for specialist care and services may be required.</p>
Outpatient hospital clinics	\$.65 - \$3.80 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	<p>\$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services.</p> <p>A referral from your primary care provider for specialist care and services may be required.</p>

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Outpatient Hospital Services:		
Short Procedure Unit	\$.65 - \$3.80 Copayment, depending on level of assistance - Covered	<p>\$0 Copayment for each Medicare-covered outpatient hospital facility visit</p> <p>\$0 Copayment for Outpatient Hospital Surgery</p>
Ambulatory Surgical Center	\$.65 - \$3.80 Copayment, depending on level of assistance - Covered	\$0 Copayment for each Medicare-covered ambulatory surgical center visit
Psychiatric Partial Hospitalization	\$.65 - \$3.80 Copayment, depending on level of assistance - Up to 180 three-hour sessions, total of 540 hours, per fiscal year	\$0 Copayment for Medicare-covered partial hospitalization program services. There is no limit on the number of visits for covered services. Prior Authorization may be required.
Laboratory and X-ray services:		
Outpatient lab services	\$0-\$2 Copayment, depending on level of assistance - Covered	\$0 Copayment for Medicare-covered lab services
Portable x-ray services (radiology)	\$0-\$2 Copayment, depending on level of assistance - Covered	\$0 Copayment for Medicare-covered X-rays
Inpatient psychiatric care	\$3 per day up to \$21 per admission, depending on level of assistance - 30 days per fiscal year. Not all benefit levels are eligible at all ages; coverage for certain benefit categories may be limited to coverage for those under age 21 or age 65 and older.	<p>\$0 Copayment</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Home health care	\$.65 - \$3.80 Copayment, depending on level of assistance - Covered -Must medically necessary and must be ordered by a physician. Covered when	\$0 Copayment for Medicare-covered home health visits
	1. Services provided would avoid or delay the need for treatment in a hospital or other institutional setting OR	To receive home health services you must be homebound, which means leaving home is a major effort.
	2. The recipient has an illness or injury that justifies providing services at the patient's residence instead of in an	
	\$.65 - \$3.80 Copayment, depending on level of assistance - Skilled Nursing Care, Home health aide services, physical and occupational therapy, Speech pathology and Medical supplies are covered under the Home Health Agency Services Medical Assistance Benefit.	\$0 Copayment for Medicare-covered home health visits. \$0 Copayment for Medicare-covered Outpatient Occupational Therapy visits. \$0 Copayment for Medicare-covered Outpatient Physical Therapy and/or Speech and Language Pathology visits. \$0 Copayment for Medicare-covered durable medical equipment. Some services may require a referral from your PCP or Prior Authorization.
	<i>(Medicare does not cover non-medical home health aide services)</i>	<i>(Medicare and Secure Rx (HMO SNP) does not cover non-medical home health aide services)</i>
Clinic services		
Independent medical clinic	Covered	\$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services.
Ambulatory surgical center	\$.65 - \$3.80 Copayment, depending on level of assistance - Covered	\$0 Copayment for each Medicare-covered ambulatory surgical center visit

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Psychiatric clinic services	\$.50 per unit, depending on level of assistance (Limit 5 hours psychotherapy per 30 days) - Covered	\$0 Copayment for each Medicare covered group or individual therapy visit. There is no limit on the number of visits for covered services.
Drug and alcohol clinic	\$.65 - \$3.80 Copayment, depending on level of assistance (Limit 8 hours psychotherapy per 30 days; 7 methadone visits per week; 42 opiate detox visits per 365 days) - Covered	\$0 Copayment for each Medicare covered group or individual therapy visit
Ambulance services	\$.65 - \$3.80 Copayment, depending on level of assistance -	\$0 Copayment for Medicare-covered ambulance benefits
Emergency Room	\$.65 - \$3.80 Copayment, depending on level of assistance - Covered; limited to emergency	\$0 Copayment for Medicare-covered emergency room visits Worldwide coverage
Dental Services	\$.65 - \$3.80 Copayment, depending on level of assistance (Limits: Dental exams and prophylaxis are limited to 1 per 180 days, per recipient; crowns, endodontic and periodontal services will not be covered; and dentures will be limited to one upper arch or partial and one lower arch or partial, or one full set of dentures per lifetime) - Medically Necessary dental services are covered. General comprehensive dental services such as fillings and extractions are covered. Additional services may be covered with prior authorization	\$0 Copayment for the following preventive dental benefits: - up to 1 oral exam(s) every six months - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every six months - up to 1 dental x-ray(s) every six months - simple fillings and extractions \$0 Copayment for Medicare-covered dental benefits \$3,000 plan coverage limit for preventive dental benefits every year
Medical equipment, supplies and prosthetics	\$.65 - \$3.80 Copayment, depending on level of assistance - Covered	\$0 Copayment for Medicare-covered durable medical equipment and related supplies \$0 Copayment for Medicare-covered prosthetic devices and related supplies

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Family Planning	Covered	<p>Family Planning Services is not a Medicare-covered benefit.</p> <p>You would continue to be covered by Medical Assistance for Family Planning Services.</p>
Orthopedic Shoes when medically necessary	Orthopedic shoes, molded shoes and shoe inserts prescribed for eligible persons - prior approval required	\$0 Copayment for one pair of Medicare-covered therapeutic shoes and inserts per calendar year for people with severe diabetic foot disease.
Vision Aids, Including Eyewear (Glasses, Lenses, Frames, Contacts)	\$.65 - \$3.80 Copayment, depending on level of assistance - Covered only for those 20 years old and younger	<p>\$0 Copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery. No age restrictions apply.</p> <p>\$0 Copayment for glasses, contacts, lenses and/or frames, covered up to a \$200 plan coverage limit every two years. No age restrictions apply.</p>
Hearing Services and Hearing Aids	\$.65 - \$3.80 Copayment, depending on level of assistance - Covered only for those 20 years old and younger	<p>\$0 Copayment for Medicare-covered diagnostic hearing exams</p> <p>\$0 Copayment for up to one (1) supplemental routine hearing exam every year</p> <p>\$0 Copayment for up to one (1) hearing aid every three years \$1000 plan coverage limit for hearing aids every three years.</p> <p>\$0 Copayment for fitting and evaluation for a hearing aid every three years. Fitting and evaluation are included in the \$1000 Hearing Aid benefit coverage limit. No age</p>

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure Rx (HMO SNP) Cost Sharing and Applicable Limits
Medicare Part B prescription drugs	\$3 Copayment brand, \$1 Copayment generic - Limits may apply to the type and number of prescriptions/refills per month, depending on category of Medical Assistance. Part D Drug Cost Sharing is determined by your Medicare Part D “Extra Help” (LIS) benefit.”	See the Summary of Benefits for details on Prescription Drug Coverage. Part D Drug Cost Sharing is determined by your Medicare Part D “Extra Help” (LIS) benefit.”
Out-of-state Urgent Care	\$.65 - \$3.80 Copayment, depending on level of assistance - Covered, but only when out of	\$0 Copayment for Medicare-covered urgently-needed-care visits
	Please see the Summary of Benefits (SB) or contact Geisinger Gold member services at (800) 514-0138 for more details about Secure Rx (HMO SNP) benefit coverage.	
Important Information about Medical Assistance and Geisinger Gold		
If a person has both Medical Assistance and Medicare/Medicare Advantage coverage, the Participating providers cannot deny services to Medical Assistance recipients due to inability to pay		
A participating provider may not charge a Medical Assistance recipient more for services than is		
Prior Authorization is required for many services. Geisinger Gold Secure Rx also requires Primary Care		
Both Medical Assistance and Geisinger Gold Secure Rx have a network of providers. Covered services must be obtained from network providers in order for those services to be paid for. If services are obtained from non-network providers, or are not covered by the benefit plan, the member is responsible for all costs.		