

This **Summary of Benefits** contains 2019 plan information for:

- **Geisinger Gold Classic Advantage (HMO)**
- **Geisinger Gold Classic Advantage Rx (HMO)**
- **Geisinger Gold Classic Complete Rx (HMO)**
- **Geisinger Gold Classic Essential Rx (HMO)**

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 plans are HMO plans 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: Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Clearfield, Clinton, Columbia, Cumberland, Dauphin, Franklin, 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 March 31: 7 days a week from 8 a.m. to 8 p.m.

From April 1 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.

2019 Medical Benefits

	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)
Premium	See chart on page 7. Classic Advantage available with and without Part D. You must also continue to pay your Medicare Part B premium which for most people in 2018 is \$134.00 per month and may change for 2019.	\$38 You must also continue to pay your Medicare Part B premium which for most people in 2018 is \$134.00 per month and may change for 2019.	\$0 You must also continue to pay your Medicare Part B premium which for most people in 2018 is \$134.00 per month and may change for 2019.
Deductible	\$0	\$0	\$0
Out of Pocket Max (cap on annual medical expenses)	\$3,400	\$4,900	\$6,700
Inpatient Hospital - Acute	\$175/day (days 1-6) \$0/day (days 7-90)	\$200/day (days 1-6) \$0/day (days 7-90)	\$225/day (days 1-6) \$0/day (days 7-90)
Outpatient Surgery/ Services	\$200	\$245	\$350
Primary Care Physician	\$0	\$5	\$10
Specialty Care Physician	\$20	\$35	\$40
Preventive Services (Medicare approved)	\$0	\$0	\$0
Annual Routine Physical Exams	\$0	\$5	\$10
Emergency Care (Waived if Admitted)	\$120	\$90	\$90
Urgent Care (Waived if Admitted)	\$20	\$35	\$40
Outpatient All Other Diagnostic Procedures/ Tests	\$5 per day	\$5 per day	\$10 per day
Outpatient Lab	\$5 per day	\$5 per day	\$10 per day
Outpatient X-Rays	\$25 per day	\$30 per day	\$35 per day
Outpatient MRI, CT, PET Scans	\$150 per day	\$225 per day	\$225 per day
Outpatient Standard Radiation Therapy	\$25 per day	\$30 per day	\$35 per day
Outpatient All Other Therapeutic Radiology	\$60 per day	\$60 per day	\$60 per day
Other Diagnostic/ General Imaging	\$150 per day	\$225 per day	\$225 per day

	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)
Hearing Exams - Diagnostic Only	\$20	\$35	\$40
Routine Hearing Exams	\$20 / 1 per year	\$20 / 1 per year	Not Covered
Hearing Aids/ Fitting for Hearing Aids	\$500 copay per ear \$3000 max benefit limit per ear every 3 years	\$500 copay per ear \$3000 max benefit limit per ear every 3 years	Not Covered
Dental Services (Preventive): Oral Exam with or without cleaning	\$0 / 2 per year	\$0 / 2 per year	Not Covered
Dental Services (Preventive): Dental X-Rays	\$0 / 1 per year	\$0 / 1 per year	Not Covered
Comprehensive Dental (Original Medicare-covered)	\$20	\$35	\$40
Comprehensive Dental (Non-Medicare Covered)	\$500 annual maximum benefit amount applies to preventive and comprehensive non-Medicare covered services	\$500 annual maximum benefit amount applies to preventive and comprehensive non-medicare covered services	Not Covered
Vision Exam (Medical): \$0 for glaucoma screen	\$20	\$35	\$40
Vision Exam (Routine)	\$20 / 1 per year	\$20 / 1 per year	Not Covered
Original Medicare-Covered Eyewear (Post-Cataract Surgery)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)
Eyewear (Routine) Non-Medicare Covered	\$200 benefit limit / every 2 years	\$100 benefit limit / every year	Not Covered
Outpatient Mental Health	Individual Session: \$25 Group Session: \$10	Individual Session: \$25 Group Session: \$10	Individual Session: \$25 Group Session: \$10
Skilled Nursing Facility	\$0/day (days 1-20) \$160/day (days 21-42) \$0/day (days 43-100)	\$0/day (days 1-20) \$160/day (days 21-51) \$0/day (days 52-100)	\$0/day (days 1-20) \$160/day (days 21-62) \$0/day (days 63-100)
Occupational/Physical/Speech Therapy	\$20 per day	\$35 per day	\$40 per day
Ambulance (Waived if Admitted)	\$100	\$200	\$200

	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)
Worldwide Coverage (Waived if Admitted)	Urgent: \$20 Emergency: \$120 Transportation: \$100 Total Benefit Limit: \$100,000	Urgent: \$35 Emergency: \$90 Transportation: \$200 Total Benefit Limit: \$100,000	Urgent: \$40 Emergency: \$90 Transportation: \$200 Total Benefit Limit: \$100,000
Transportation	Not covered	Not covered	Not covered
Part B Drugs	20%	20%	20%
Medicare Part D Prescription Drug Coverage	Included with Classic Advantage Rx; not included with Classic Advantage	Included	Included
Home Health Services	\$0	\$0	\$0
Chiropractic Services	\$20	\$20	\$20
Podiatry	\$20	\$35	\$40
Health Club	\$90 / every 3 months	\$90 / every 3 months	Not Covered
Cardiac/Pulmonary Rehab	\$0	\$0	\$0
Durable Medical Equipment (DME)	20%	20%	20%
Prosthetics and Related Supplies	20%	20%	20%
Diabetic Supplies	Preferred Brand Glucometer - \$0 (one every two years) Preferred Brand Supplies (test strips, lancets, and lancet devices) - 0% 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%	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%	20%
Nursing Hotline	\$0	\$0	\$0

2019 Prescription Drug Coverage

Annual Deductible	\$0		
<p>Initial Coverage</p> <p>(Until total yearly drug costs reach \$3,820)</p>	<p>30-day retail copay:</p> <ul style="list-style-type: none"> • Tier 1 - \$3 • Tier 2 - \$20 • Tier 3 - \$47 • Tier 4 - \$100 • Tier 5 - 33% 	<p>90-day retail copay:</p> <ul style="list-style-type: none"> • Tier 1 - \$7.50 • Tier 2 - \$50 • Tier 3 - \$117.50 • Tier 4 - \$250 • Tier 5 – Not available 	<p>90-day mail order copay:</p> <ul style="list-style-type: none"> • Tier 1 - \$4.50 • Tier 2 - \$30 • Tier 3 - \$70.50 • Tier 4 - \$150 • Tier 5 – Not available
<p>Coverage Gap</p> <p>(After total yearly drug costs reach \$3,820, but before member out-of-pocket reaches \$5,100)</p>	<p>Member pays:</p> <ul style="list-style-type: none"> • \$3 copay for Tier 1 • 37% of costs for Tier 2 • 25% of costs for Tier 3 & above 		
<p>Catastrophic Coverage</p> <p>(After \$5,100 is paid out-of-pocket)</p>	<p>Member pays the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance; or • \$3.40 copay for generics • \$8.50 copay for brands 		

2019 Premiums by County	Classic Advantage (HMO)	Classic Advantage Rx (HMO)
Adams	\$40	\$154
Berks	\$30	\$149
Blair	\$75	\$158
Bradford	\$75	\$158
Bucks	\$30	\$135
Cambria	\$75	\$158
Cameron	\$75	\$158
Carbon	\$30	\$135
Centre	\$75	\$158
Clearfield	\$75	\$158
Clinton	\$75	\$158
Columbia	\$90	\$183
Cumberland	\$30	\$149
Dauphin	\$30	\$149
Franklin	\$75	\$158
Fulton	\$75	\$158
Huntingdon	\$75	\$158
Jefferson	\$75	\$158
Juniata	\$75	\$158
Lackawanna	\$35	\$125
Lancaster	\$30	\$149
Lebanon	\$40	\$154
Lehigh	\$30	\$135
Luzerne	\$90	\$183
Lycoming	\$75	\$158
Mifflin	\$75	\$158
Monroe	\$30	\$135
Montour	\$90	\$183
Northampton	\$30	\$135
Northumberland	\$90	\$183
Perry	\$30	\$149
Pike	\$35	\$125
Potter	\$75	\$158
Schuylkill	\$90	\$183
Snyder	\$90	\$183
Somerset	\$75	\$158
Sullivan	\$75	\$158
Susquehanna	\$35	\$125
Tioga	\$75	\$158
Union	\$90	\$183
Wayne	\$35	\$125
Wyoming	\$35	\$125
York	\$40	\$154

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at (800) 514-0138.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit GeisingerGold.com or call (800) 514-0138 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1 each year.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).