

This **summary of benefits** contains 2020 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)**
- **Geisinger Gold Classic 360 Rx (HMO)**

For full details of services and costs for each plan, 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 800-MEDICARE (800-633-4227), 24/7. TTY users should call 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, Chester, 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 and York.

## **Call us with any questions!**

From Oct. 1 to March 31: 7 days a week from 8 a.m. to 8 p.m.

From April 1 to Sept. 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 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 if you have any questions about this packet or the coverage offered by Geisinger Gold, call 800-514-0138, 7 days a week from 8 a.m. to 8 p.m. (TTY 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 100 percent of drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. 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 800-MEDICARE (800-633-4227), 24/7. TTY users should call 877-486-2048. You can also call 800-MEDICARE or visit [medicare.gov](https://www.medicare.gov) for more information about Medicare.

Geisinger Gold Medicare Advantage HMO, PPO and HMO D-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.

## 2020 Medical benefits

	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)
<b>Premium</b>	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 2019 is \$134.00 per month and may change for 2020.	\$38 You must also continue to pay your Medicare Part B premium which for most people in 2019 is \$134.00 per month and may change for 2020.	\$0 You must also continue to pay your Medicare Part B premium which for most people in 2019 is \$134.00 per month and may change for 2020.
<b>Deductible</b>	\$0	\$0	\$0
<b>Out-of-pocket max (cap on annual medical expenses)</b>	\$3,400	\$4,900	\$6,700
<b>Inpatient hospital – acute*</b>	\$175/day (days 1–5) \$0/day (days 6–90)	\$200/day (days 1–5) \$0/day (days 6–90)	\$225/day (days 1–5) \$0/day (days 6–90)
<b>Outpatient surgery/ services*</b>	\$200	\$245	\$350
<b>Primary care physician</b>	\$0	\$5	\$10
<b>Specialty care physician</b>	\$20	\$35	\$40
<b>Preventive services (Medicare approved)</b>	\$0	\$0	\$0
<b>Annual routine physical exams</b>	\$0	\$5	\$10
<b>Emergency care (waived if admitted)</b>	\$120	\$90	\$90
<b>Urgent care (waived if admitted)</b>	\$20	\$35	\$40
<b>Outpatient all other diagnostic procedures/ tests</b>	\$5 per day	\$5 per day	\$10 per day
<b>Outpatient lab</b>	\$5 per day	\$5 per day	\$10 per day
<b>Outpatient X-rays</b>	\$25 per day	\$30 per day	\$35 per day
<b>Outpatient MRI, CT, PET scans*</b>	\$150 per day	\$230 per day	\$230 per day
<b>Outpatient standard radiation therapy</b>	\$25 per day	\$30 per day	\$35 per day
<b>Outpatient all other therapeutic radiology</b>	\$60 per day	\$60 per day	\$60 per day
<b>Other diagnostic/ general imaging*</b>	\$150 per day	\$230 per day	\$230 per day

\*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	<b>Classic Advantage Rx (HMO)</b>	<b>Classic Complete Rx (HMO)</b>	<b>Classic Essential Rx (HMO)</b>
<b>Hearing exams – diagnostic only</b>	\$20	\$35	\$40
<b>Routine hearing exams</b>	\$20 – 1 per year	\$20 – 1 per year	\$20 – 1 per year
<b>Hearing aids/fitting for hearing aids</b>	\$500 copay per ear \$3,000 max benefit limit per ear every 3 years	\$500 copay per ear \$3,000 max benefit limit per ear every 3 years	\$500 copay per ear \$3,000 max benefit limit per ear every 3 years
<b>Dental services (preventive): Oral exam with or without cleaning</b>	\$0 – 2 per year	\$0 – 2 per year	Not covered
<b>Dental services (preventive): Dental X-rays</b>	\$0 – 1 per year	\$0 – 1 per year	Not covered
<b>Comprehensive dental (Original Medicare-covered)</b>	\$20	\$35	\$40
<b>Comprehensive dental (non-Medicare-covered)</b>	\$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
<b>Vision exam (medical): \$0 for glaucoma screen</b>	\$20	\$35	\$40
<b>Vision exam (routine)</b>	\$20 – 1 per year	\$20 – 1 per year	Not covered
<b>Original Medicare-covered eyewear (post-cataract surgery)</b>	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)
<b>Eyewear (routine) non-Medicare-covered</b>	\$200 benefit limit/ every year	\$100 benefit limit/ every year	Not covered
<b>Outpatient mental health*</b>	Individual session: \$25 Group session: \$10	Individual session: \$25 Group session: \$10	Individual session: \$25 Group session: \$10
<b>Skilled nursing facility*</b>	\$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)
<b>Occupational/physical/ speech therapy</b>	\$20 per day	\$35 per day	\$40 per day
<b>Ambulance (waived if admitted)</b>	\$100	\$200	\$200

*\*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.*

	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)
<b>Worldwide coverage (waived if admitted)</b>	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
<b>Transportation</b>	Not covered	Not covered	Not covered
<b>Part B Drugs*</b>	20%	20%	20%
<b>Medicare Part D Prescription Drug Coverage</b>	Included with Classic Advantage Rx; not included with Classic Advantage	Included	Included
<b>Home health services</b>	\$0	\$0	\$0
<b>Chiropractic services</b>	\$20	\$20	\$20
<b>Podiatry</b>	\$20	\$35	\$40
<b>Fitness</b>	\$90 every 3 months	\$90 every 3 months	Not covered
<b>Cardiac/pulmonary rehab</b>	\$0	\$0	\$0
<b>Durable medical equipment (DME)*</b>	20%	20%	20%
<b>Prosthetics and related supplies*</b>	20%	20%	20%
<b>Diabetic supplies*</b>	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%
<b>Diabetic supplies – therapeutic shoes or inserts</b>	20%	20%	20%
<b>Nursing hotline</b>	\$0	\$0	\$0

*\*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.*

	Classic 360 Rx (HMO)**
<b>Premium</b>	\$0 You must also continue to pay your Medicare Part B premium which for most people in 2019 is \$134.00 per month and may change for 2020.
<b>Deductible</b>	\$0
<b>Out-of-pocket max (cap on annual medical expenses)</b>	\$6,700
<b>Inpatient hospital – acute*</b>	\$175/day (days 1–5) \$0/day (days 6–90)
<b>Outpatient surgery/services*</b>	\$300
<b>Primary care physician</b>	\$0
<b>Specialty care physician</b>	\$35
<b>Preventive services (Medicare approved)</b>	\$0
<b>Annual routine physical exams</b>	\$0
<b>Emergency care (waived if admitted)</b>	\$90
<b>Urgent care (waived if admitted)</b>	\$35
<b>Outpatient all other diagnostic procedures/tests</b>	\$0 per day
<b>Outpatient lab</b>	\$0
<b>Outpatient X-rays</b>	\$20 per day
<b>Outpatient MRI, CT, PET scans*</b>	\$100 per day
<b>Outpatient standard radiation therapy</b>	\$20 per day
<b>Outpatient all other therapeutic radiology</b>	\$60 per day
<b>Other diagnostic/general imaging*</b>	\$100 per day
<b>Hearing exams – diagnostic only</b>	\$35
<b>Routine hearing exams</b>	\$20 – 1 per year
<b>Hearing aids/fitting for hearing aids</b>	\$500 copay per ear; \$3000 benefit limit per ear, every 3 years
<b>Dental services (preventive): Oral exam with or without cleaning</b>	\$0 – 2 per year
<b>Dental services (preventive): Dental X-rays</b>	\$0 – 1 per year
<b>Comprehensive dental (Original Medicare-covered)</b>	\$35
<b>Comprehensive dental (non-Medicare-covered)</b>	\$500 annual maximum benefit amount applies to preventive and comprehensive non-Medicare covered services

\*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

\*\* Plan available in Adams, Bucks, Carbon, Centre, Clinton, Franklin, Lackawanna, Lebanon, Lehigh, Luzerne, Lycoming, Monroe, Northampton, Pike, Schuylkill, Sullivan, Wyoming, York

	Classic 360 Rx (HMO)
Vision exam (medical): \$0 for glaucoma screen	\$35
Vision exam (routine)	\$20 – 1 per year
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)
Eyewear (routine) non-Medicare-covered	\$100 benefit limit per year
Outpatient mental health*	Individual session: \$25 Group session: \$10
Skilled nursing facility*	\$0/day (days 1–20) \$160/day (days 21–60) \$0/day (days 61–100)
Occupational/physical/ speech therapy	\$35 per day
Ambulance (waived if admitted)	\$275
Worldwide coverage (waived if admitted)	Urgent care: \$35 Emergency care: \$90 Transportation: \$275 Total benefit limit: \$100,000
Transportation	Not covered
Part B Drugs*	20%
Medicare Part D Prescription Drug Coverage	Included
Home health services	\$0
Chiropractic services	\$20
Podiatry	\$35
Fitness	\$25 annual fee (Silver & Fit)
Cardiac/pulmonary rehab	\$25 per day
Durable medical equipment (DME)*	20%
Prosthetics and related supplies*	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%
Diabetic supplies – therapeutic shoes or inserts	20%
Nursing hotline	\$0
OTC-approved products	\$25 allowance per month

*\*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.*

## 2020 Prescription Drug Coverage

Classic Advantage Rx, Classic Complete Rx, Classic Essential Rx, Classic 360 Rx			
Annual Deductible		\$0	
Initial Coverage Limit (until total yearly drug costs reach \$4,020)			
Classic 360 Rx Classic Advantage Rx	30-day retail copay: <ul style="list-style-type: none"> <li>Tier 1 – \$3</li> <li>Tier 2 – \$20</li> <li>Tier 3 – \$47</li> <li>Tier 4 – \$100</li> <li>Tier 5 – 33%</li> <li>Tier 6 – \$0 vaccines</li> </ul>	100-day retail copay: <ul style="list-style-type: none"> <li>Tier 1 – \$7.50</li> <li>Tier 2 – \$50</li> <li>Tier 3 – \$117.50</li> <li>Tier 4 – \$250</li> <li>Tier 5 – Not available</li> </ul>	100-day mail-order copay: <ul style="list-style-type: none"> <li>Tier 1 – \$0</li> <li>Tier 2 – \$0</li> <li>Tier 3 – \$70.50</li> <li>Tier 4 – \$150</li> <li>Tier 5 – Not available</li> </ul>
Classic Essential Rx Classic Complete Rx	30-day retail copay: <ul style="list-style-type: none"> <li>Tier 1 – \$3</li> <li>Tier 2 – \$20</li> <li>Tier 3 – \$47</li> <li>Tier 4 – \$100</li> <li>Tier 5 – 33%</li> <li>Tier 6 – \$0 vaccines</li> </ul>	100-day retail copay: <ul style="list-style-type: none"> <li>Tier 1 – \$7.50</li> <li>Tier 2 – \$50</li> <li>Tier 3 – \$117.50</li> <li>Tier 4 – \$250</li> <li>Tier 5 – Not available</li> </ul>	100-day mail-order copay: <ul style="list-style-type: none"> <li>Tier 1 – \$4.50</li> <li>Tier 2 – \$30</li> <li>Tier 3 – \$70.50</li> <li>Tier 4 – \$150</li> <li>Tier 5 – Not available</li> </ul>
Coverage Gap (After total yearly drug costs reach \$4,020, but before member out-of-pocket reaches \$6,350)			
Member pays: <ul style="list-style-type: none"> <li>\$3 copay for Tier 1</li> <li>25% of costs for Tier 2</li> <li>25% of costs for Tier 3 &amp; above</li> </ul>			
Catastrophic Coverage (After \$6,350 is paid out of pocket)	Member pays the greater of: <ul style="list-style-type: none"> <li>5% coinsurance; or</li> <li>\$3.60 copay for generics</li> <li>\$8.95 copay for brands</li> </ul>		

**Tier 1 (preferred generic)**

**Tier 2 (generic)**

**Tier 3 (preferred brand)**

**Tier 4 (non-preferred brand)**

**Tier 5 (specialty tier)**

**Tier 6 (vaccines)**



<b>2020 premiums by county</b>	<b>Classic Advantage (HMO)</b>	<b>Classic Advantage Rx (HMO)</b>
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	\$35	\$125
Chester	\$30	\$149
Clearfield	\$75	\$158
Clinton	\$35	\$125
Columbia	\$79	\$170
Cumberland	\$30	\$149
Dauphin	\$30	\$149
Franklin	\$40	\$154
Fulton	\$75	\$158
Huntingdon	\$75	\$158
Jefferson	\$75	\$158
Juniata	\$35	\$125
Lackawanna	\$35	\$125
Lancaster	\$30	\$149
Lebanon	\$40	\$154
Lehigh	\$30	\$135
Luzerne	\$79	\$170
Lycoming	\$35	\$125
Mifflin	\$35	\$125
Monroe	\$30	\$135
Montour	\$79	\$170
Northampton	\$30	\$135
Northumberland	\$79	\$170
Perry	\$30	\$149
Pike	\$35	\$125
Potter	\$75	\$158
Schuylkill	\$79	\$170
Snyder	\$79	\$170
Somerset	\$75	\$158
Sullivan	\$35	\$125
Susquehanna	\$35	\$125
Tioga	\$75	\$158
Union	\$79	\$170
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](http://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, you will likely have to choose a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If it is not listed, you will likely have to choose 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/coinsurance may change on Jan. 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).