

Geisinger

Geisinger Gold Heritage (HMO) offered by Geisinger Health Plan (formerly Geisinger Gold Classic Advantage (HMO))

Annual Notice of Changes for 2023

You are currently enrolled as a member of Geisinger Gold Classic Advantage (HMO). On January 1, 2023, our plan name will change from Geisinger Gold Classic Advantage (HMO) to Geisinger Gold Heritage (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.GeisingerGold.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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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.
 - Review the changes to Medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- 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 Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- 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 don't join another plan by December 7, 2022, you will stay in Geisinger Gold Heritage (HMO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Geisinger Gold Heritage (HMO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

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). Calls to these numbers are free.

Our business hours:

October 1– March 31 8 a.m. – 8 p.m. 7 days a week

April 1 – September 30 8 a.m. – 8 p.m. Monday – Friday, 8 a.m. – 2 p.m. Saturday

- Member Services has free language interpreter services available for non-English speakers. Please call the numbers listed in Section 8.1 of this document. We can also give you plan information in braille, audio, large print, or other alternate formats if you need it.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Geisinger Gold Heritage (HMO)

- 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 contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.
- When this document says “we,” “us,” or “our,” it means Geisinger Health Plan. When it says “plan” or “our plan,” it means Geisinger Gold Heritage (HMO).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Geisinger Gold Heritage (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium		
(See Section 2.1 for details)		
Columbia	\$0	\$0
Luzerne	\$0	\$0
Montour	\$0	\$0
Northumberland	\$0	\$0
Schuylkill	\$0	\$0
Snyder	\$0	\$0
Union	\$0	\$0

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount	\$3,450	\$6,700
This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)		
Doctor office visits	Primary care visits: \$0 copayment per visit Specialist visits: \$20 copayment per visit	Primary care visits: \$0 copayment per visit Specialist visits: \$20 copayment per visit

Cost	2022 (this year)	2023 (next year)
<p>Inpatient hospital stays</p>	<p>You pay a \$150 copayment per day, days 1-5</p> <p>You pay a \$0 copayment per day, days 6-90</p> <p>For calendar year 2022, the inpatient hospital stays benefit will have a service specific maximum out-of-pocket of \$750. This means you will not pay any more than \$750 for inpatient hospital stays.</p>	<p>You pay a \$150 copayment per day, days 1-5</p> <p>You pay a \$0 copayment per day, days 6-90</p> <p>For calendar year 2023, the inpatient hospital stays benefit will have a service specific maximum out-of-pocket of \$750. This means you will not pay any more than \$750 for inpatient hospital stays.</p>
<p>Inpatient hospital stays (Psychiatric)</p>	<p>You pay a \$150 copayment per day, days 1-5</p> <p>You pay a \$0 copayment per day, days 6-90</p> <p>For calendar year 2022, the inpatient hospital stays (Psychiatric) benefit will have a service specific maximum out-of-pocket of \$750. This means you will not pay any more than \$750 for inpatient Psychiatric care.</p>	<p>You pay a \$150 copayment per day, days 1-5</p> <p>You pay a \$0 copayment per day, days 6-90</p> <p>For calendar year 2023, the inpatient hospital stays (Psychiatric) benefit will have a service specific maximum out-of-pocket of \$750. This means you will not pay any more than \$750 for inpatient Psychiatric care.</p>

SECTION 1 We Are Changing the Plan's Name

On January 1, 2023, our plan name will change from Geisinger Gold Classic Advantage (HMO) to Geisinger Gold Heritage (HMO).

You will receive a new membership ID card in the mail.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium		

(You must also continue to pay your Medicare Part B Premium.)

Columbia	\$0	\$0
Luzerne	\$0	\$0
Montour	\$0	\$0
Northumberland	\$0	\$0
Schuylkill	\$0	\$0
Snyder	\$0	\$0
Union	\$0	\$0

Part B Premium Reduction

Eligible members *may* receive a reduction on their Part B Premium.

For more information, see Chapter 1, Section 4.1 of the Evidence of Coverage.

	2022 (this year)	2023 (next year)
Part B Premium Reduction (all counties)	\$0	\$40

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for 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	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount	\$3,450	\$6,700
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	Once you have paid \$3,450 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.	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 2.3 – Changes to the Provider Network

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*.

There are changes to our network of providers for next year. **Please review the 2023 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. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
Dental Services Comprehensive/ Preventive	<p>\$500 combined benefit annually</p> <ul style="list-style-type: none"> • Fillings • Simple Extractions • Crowns • Non-surgical periodontic services for treatment of gum disease • Root Canals • Dentures • Oral Exams (2 per year) • Routine Cleanings (2 per year) • Dental X-rays (1 per year) 	<p>\$1,000 combined benefit annually</p> <ul style="list-style-type: none"> • Fillings • Simple Extractions • Crowns • Non-surgical periodontic services for treatment of gum disease • Root Canals • Dentures • Oral Exams (2 per year) • Routine Cleanings (2 per year) • Dental X-rays (1 per year)
Diabetic Services and Supplies/ Durable Medical Equipment	<p>Continuous Glucose Monitor is <u>not</u> covered</p>	<p>You pay a 20% coinsurance for continuous Glucose Monitor</p> <p>Continuous Glucose Monitors <u>may</u> be covered for people who use insulin and meet the medical necessity criteria.</p>
Emergency Care	<p>You pay a \$120 copayment per visit</p> <p>(Waived if admitted to the hospital within 3 days for the same condition)</p>	<p>You pay a \$95 copayment per visit</p> <p>(Waived if admitted to the hospital within 3 days for the same condition)</p>

Cost	2022 (this year)	2023 (next year)
<p>Help with Certain Chronic Conditions</p>	<p>Cost Sharing <u>is</u> eliminated for specific services related to Chronic Obstructive Pulmonary Disease (COPD) care and management for members who have a confirmed diagnosis of COPD. Eligible members have reduced cost sharing for the following services:</p> <p>Doctors Office Visits (PCP) You pay \$0 copayment</p> <p>Doctors Office Visits (Specialists) You pay \$0 copayment</p> <p>Diagnostic Procedures and Tests You pay \$0 copayment</p> <p>Outpatient Diagnostic Radiological Services You pay \$0 copayment</p> <p>Durable Medical Equipment (DME) You pay 0% coinsurance</p>	<p>Cost Sharing is <u>not</u> eliminated for specific services related to Chronic Obstructive Pulmonary Disease (COPD) care and management for members who have a confirmed diagnosis of COPD.</p> <p>Doctors Office Visits (PCP) You pay \$0 copayment</p> <p>Doctors Office Visits (Specialists) You pay \$20 copayment</p> <p>Diagnostic Procedures and Tests You pay \$5 copayment</p> <p>Outpatient Diagnostic Radiological Services You pay \$150 copayment</p> <p>Durable Medical Equipment (DME) You pay 20% coinsurance</p>
<p>Over the Counter Items (OTC)</p>	<p>Over the Counter Items (OTC) are not covered</p>	<p>\$75 per calendar quarter benefit limit for covered over-the-counter medication and supplies</p>

Cost	2022 (this year)	2023 (next year)
Prior Authorizations	Cardiac Rehabilitation Services does <u>not</u> require Prior Authorization	Cardiac Rehabilitation Services <u>require</u> Prior Authorization
	Home Health Agency Care does <u>not</u> require Prior Authorization	Home Health Agency Care <u>requires</u> Prior Authorization
	Home Infusion Therapy does <u>not</u> require Prior Authorization	Home Infusion Therapy <u>requires</u> Prior Authorization
	Opioid Treatment Program Services does <u>not</u> require Prior Authorization	Opioid Treatment Program Services <u>require</u> Prior Authorization
	Outpatient Mental Health Services does <u>not</u> require Prior Authorization	Outpatient Mental Health Services <u>require</u> Prior Authorization
	Outpatient Rehab Occupational Therapy does <u>not</u> require Prior Authorization	Outpatient Rehab Occupational Therapy <u>requires</u> Prior Authorization
	Outpatient Rehab Physical Therapy does <u>not</u> require Prior Authorization	Outpatient Rehab Physical Therapy <u>requires</u> Prior Authorization
	Outpatient Rehab Speech Therapy does <u>not</u> require Prior Authorization	Outpatient Rehab Speech Therapy <u>requires</u> Prior Authorization
	Outpatient Substance Abuse Services does <u>not</u> require Prior Authorization	Outpatient Substance Abuse Services <u>require</u> Prior Authorization
	Pulmonary Rehab does <u>not</u> require Prior Authorization	Pulmonary Rehab <u>requires</u> Prior Authorization
Supervised Exercise Therapy does <u>not</u> require Prior Authorization	Supervised Exercise Therapy <u>requires</u> Prior Authorization	

Cost	2022 (this year)	2023 (next year)
Skilled Nursing Facility	You pay \$0 per day for days 1-20	You pay \$0 per day for days 1-20
	You pay \$160 per day for days 21-42	You pay \$160 per day for days 21-62
	You pay \$0 per day for days 43-100	You pay \$0 per day for days 63-100
Worldwide Emergency Coverage	You pay a \$120 copayment per visit	You pay a \$95 copayment per visit
	\$100,000 Benefit limit per year	\$100,000 Benefit limit per year
	(Combined Worldwide Emergency/Urgent Coverage) Waive if admitted	(Combined Worldwide Emergency/Urgent Coverage) Waive if admitted

SECTION 3 Administrative Changes

Description	2022 (this year)	2023 (next year)
Contract/Plan Benefit Package (PBP) Name Change	H3954_156	H3954_162
Supplemental Dental Network Changes	Supplemental dental benefits, up to your plan's allowed benefit maximum, <i>must</i> be provided by a participating provider.	Supplemental dental benefits, up to your plan's allowed benefit maximum, <i>can</i> be provided by a participating provider <i>OR</i> any licensed dentist. For more information, see your new 2023 member ID card or contact Member Services.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Geisinger Gold Heritage (HMO)

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 by December 7, you will automatically be enrolled in our Geisinger Gold Heritage (HMO).

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Geisinger Health Plan offers other Medicare health 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 Heritage (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Geisinger Gold Heritage (HMO).
- 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 so.
 - – *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.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), 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 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Pennsylvania, the SHIP is called Pennsylvania Medicare Education and Decision Insight (PA MEDI).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. PA MEDI 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 PA MEDI at 1-800-783-7067. You can learn more about PA MEDI by visiting their website at www.aging.pa.gov/aging-services/medicare-counseling/Pages/default.aspx.

SECTION 7 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.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, 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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Pennsylvania has a program called PACE and PACENET 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.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Special Pharmaceutical Benefits Program (SPBP) customer service at 1-800-922-9384. **Note:** To be eligible for the ADAP operating in your State, 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.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. For information, please call the State Pharmaceutical Benefit Program (SPBP) customer service at 1-800-922-9384.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the State Pharmaceutical Benefits Program (SPBP) Customer Service number at 1-800-922-9384 or send questions to www.health.pa.gov/topics/programs/HIV/Pages/Special-Pharmaceutical-Benefits.aspx

SECTION 8 Questions?

Section 8.1 – Getting Help from Geisinger Gold Heritage (HMO)

Questions? We are here to help. 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). Calls to these numbers are free.

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October 1– March 31	8 a.m. – 8 p.m. 7 days a week
April 1 – September 30	8 a.m. – 8 p.m. Monday – Friday, 8 a.m. – 2 p.m. Saturday

Read your 2023 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 2023. For details, look in the *2023 Evidence of Coverage* for Geisinger Gold Heritage (HMO). 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 located on our website at www.GeisingerGold.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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*).

Section 8.2 – 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

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2023

Read the *Medicare & You 2023* handbook. Every 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.