

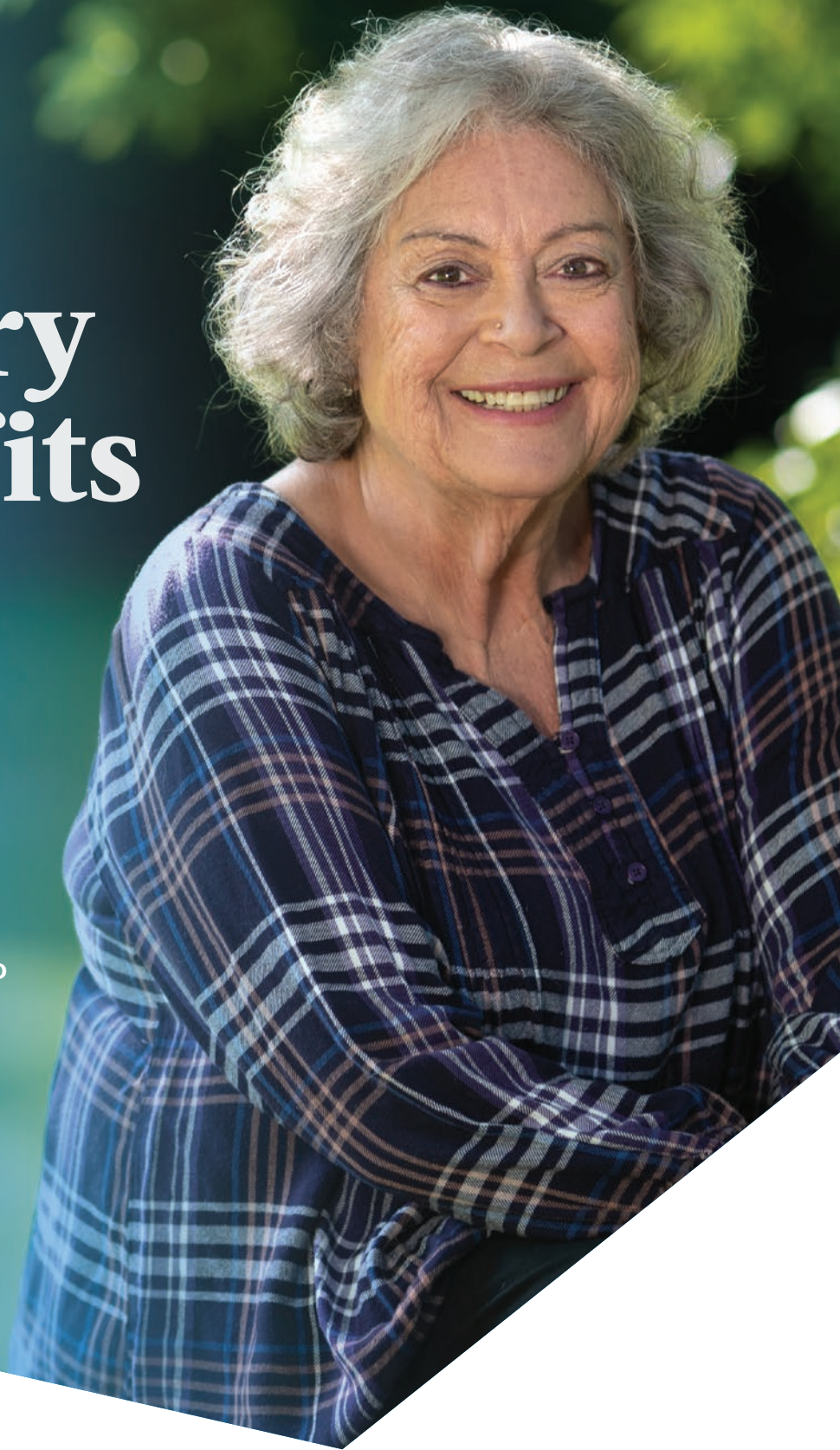
GEISINGER GOLD

2025 Summary of benefits

Geisinger Gold HMO plans

Jan. 1 – Dec. 31, 2025

Barbara Pacheco
State College, Pa.
Member since 2019



Geisinger
HEALTH PLAN

**“Geisinger Gold is located
in Pennsylvania, and
because of that, they’re
going to know the needs
of Pennsylvanians.”**

Barbara Pacheco

State College, Pa.

Member since 2019



You deserve a Medicare plan that puts you first.

With benefits to fit your needs and your budget, Geisinger Gold Medicare Advantage plans are designed for Pennsylvanians like you. Plus, you'll have convenient access to Geisinger doctors, as well as a network of 30,000+ community- and regional-based doctors across Pennsylvania.

But that's not all. Whether you're deciding which plan is right for you or need help enrolling or figuring out your benefits, you have an entire team ready to help — every step of the way.

4.6
out of 5 points

Geisinger scored 4.6 out of 5 points
on overall customer satisfaction

71%

of member inquiries are resolved
on the first call to customer service

18
seconds

Average time you'll wait for your
call to be answered

Have questions? We've got answers.

Come meet your local Geisinger Gold agent and discuss your options.
Or let us help you enroll.



Call 866-515-8432 (TTY: 711).

Oct. 1 – Dec. 7
Daily, 8 a.m. – 8 p.m.

Dec. 8 – Sept. 30
Weekdays, 8 a.m. – 8 p.m.



Or visit our website:
geisingergold.com

Members call: **800-498-9731 (TTY: 711)**

8 a.m. – 8 p.m.
(Daily, Oct. – March)

8 a.m. – 8 p.m.
(Monday – Friday, April – Sept.)

8 a.m. – 2 p.m.
(Saturday, April – Sept.)

Better health is easier with the right partner.

Geisinger Gold Medicare Advantage plans provide affordable health coverage that meets your needs when you need it. Right here in our community.

In this booklet, you'll find overviews of six Geisinger Gold Medicare Advantage HMO (health maintenance organization) plans and the coverage, benefits and member costs associated with each.

- With an HMO plan, you can choose a primary care physician (PCP) in our network to manage your care, and any care you receive with an HMO plan will need to be provided by in-network physicians. No referrals required.
- The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, call member services at 800-498-9731 (TTY: 711 or 800-654-5984) and request the Evidence of Coverage, or access it online at [geisingergold.com](https://www.geisingergold.com).

These are the HMO plans offered by Geisinger Gold:

Geisinger Gold Classic 360 Rx (HMO)
H3954, Plan 160

Geisinger Gold Classic Complete Rx (HMO)
H3954, Plan 158 013
H3954, Plan 158 014

Geisinger Gold Classic Essential Rx (HMO)
H3954, Plan 161

Geisinger Gold Classic Advantage Rx (HMO)
H3954, Plan 157 021
H3954, Plan 157 022
H3954, Plan 157 023

Geisinger Gold Value Rx (HMO)
H3954, Plan 163

Geisinger Gold Heritage (HMO)
H3954, Plan 162

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**“I picked Geisinger Gold
because I’ve always had
Geisinger. And I would
trust them with my life
and my family.”**

Steven Zeisloft
Millville, Pa.
Member since 2012



Geisinger Gold Medicare Advantage HMO plans

Geisinger Gold HMO plans are Medicare Advantage HMO plans (HMO stands for health maintenance organization) with a Medicare contract. Enrollment in the plan depends on contract renewal.

To enroll in a Geisinger Gold HMO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Geisinger Gold Medicare Advantage HMO plans

Monthly premiums by county

HMO plan	Counties available	Premium
Classic 360 Rx	Adams, Blair, Bradford, Bucks, Cambria, Carbon, Centre, Clearfield, Clinton, Cumberland, Dauphin, Franklin, Huntingdon, Juniata, Lackawanna, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Northampton, Perry, Pike, Schuylkill, Sullivan, Susquehanna, Wayne, Wyoming, York	\$0
Classic Complete Rx	Midstate Region: Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Chester, Clearfield, Clinton, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Northampton, Perry, Pike, Potter, Somerset, Sullivan, Susquehanna, Tioga, Wayne, Wyoming, York	\$39
	Central Region: Columbia, Luzerne, Montour, Northumberland, Schuylkill, Snyder, Union	\$43
Classic Essential Rx	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, York	\$0

HMO plan	Counties available	Premium
Classic Advantage Rx	Midwest Region: Adams, Berks, Blair, Bradford, Cambria, Cameron, Chester, Clearfield, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Jefferson, Lancaster, Lebanon, Perry, Potter, Somerset, Tioga, York	\$98
	Central Region: Columbia, Luzerne, Montour, Northumberland, Schuylkill, Snyder, Union	\$127
	Midstate Region: Bucks, Carbon, Centre, Clinton, Juniata, Lackawanna, Lehigh, Lycoming, Mifflin, Monroe, Northampton, Pike, Sullivan, Susquehanna, Wayne, Wyoming	\$103
Value Rx	Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Delaware, Elk, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Northampton, Perry, Philadelphia, Pike, Potter, Schuylkill, Somerset, Sullivan, Susquehanna, Tioga, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York	\$23
Heritage	Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York	\$0 with \$43 Part B buyback

Geisinger Gold Medicare Advantage HMO plans

Deductibles and out-of-pocket maximum

	Classic 360 Rx <i>Plan 160</i>	Classic Complete Rx <i>Plan 158 013</i> <i>Plan 158 014</i>	Classic Essential Rx <i>Plan 161</i>
Monthly premium	\$0	Midstate region: \$39 Central region: \$43	\$0
Part B premium reduction	Not applicable	Not applicable	Not applicable
Yearly medical deductible	\$0	\$0	\$0
Out-of-pocket maximum* (Does not include Part D coverage)	\$8,000	\$4,400	\$7,550

**Your out-of-pocket maximum is the most you'll pay for covered services in a plan year. Once you've reached this amount, all remaining covered services will be paid for by the plan.*

Classic Advantage Rx <i>Plan 157 021</i> <i>Plan 157 022</i> <i>Plan 157 023</i>	Value Rx <i>Plan 163</i>	Heritage <i>Plan 162</i>
Central region: \$127 Midstate region: \$103 Midwest region: \$98	\$23	\$0
Not applicable	Not applicable	\$43/month back in your Social Security check
\$0	\$0	\$0
\$3,450	\$8,850	\$6,700

Geisinger Gold Medicare Advantage HMO plans

Medical and hospital benefits

	Classic 360 Rx <i>Plan 160</i>	Classic Complete Rx <i>Plan 158 013</i> <i>Plan 158 014</i>	Classic Essential Rx <i>Plan 161</i>
Inpatient hospital stays*	\$150/day (days 1 – 5) \$0/day (days 6 – 90) \$0 for additional Medicare-covered days	\$200/day (days 1 – 5) \$0/day (days 6 – 90) \$0 for additional Medicare-covered days	\$225/day (days 1 – 5) \$0/day (days 6 – 90) \$0 for additional Medicare-covered days
Outpatient hospital visits*	\$0 – \$300	\$0 – \$245	\$0 – \$250
Ambulatory Surgical Center (ASC)*	\$0 – \$300	\$0 – \$245	\$0 – \$250
Doctor visits			
Primary care In-person & telehealth doctor's visits	\$0	\$0	\$0
Specialty care In-person & telehealth visits	\$25	\$35	\$30
Preventive care Such as flu vaccine and diabetic screenings	\$0	\$0	\$0
Emergency care Waived if admitted to hospital within 3 days for same condition	\$110	\$125	\$110
Urgent care Waived if admitted to hospital within 3 days for same condition	\$25	\$35	\$30

*Certain services may require authorization from Geisinger Gold. Contact us for details.

Classic Advantage Rx <i>Plan 157 021</i> <i>Plan 157 022</i> <i>Plan 157 023</i>	Value Rx <i>Plan 163</i>	Heritage <i>Plan 162</i>
\$150/day (days 1 – 5) <i>not to exceed \$750 annually</i> \$0/day (days 6 – 90) \$0 for additional Medicare-covered days	\$225/day (days 1 – 5) \$0/day (days 6 – 90) \$0 for additional Medicare-covered days	\$150/day (days 1 – 5) <i>not to exceed \$750 annually</i> \$0/day (days 6 – 90) \$0 for additional Medicare-covered days
\$0 – \$200	\$0 – \$350	\$0 – \$200
\$0 – \$200	\$0 – \$350	\$0 – \$200
\$0	\$0	\$0
\$20	\$35 (\$0 for endocrinologist)	\$20
\$0	\$0	\$0
\$140	\$110	\$125
\$20	\$35	\$20

Geisinger Gold Medicare Advantage HMO plans

Medical and hospital benefits

	Classic 360 Rx <i>Plan 160</i>	Classic Complete Rx <i>Plan 158 013</i> <i>Plan 158 014</i>	Classic Essential Rx <i>Plan 161</i>
Diagnostic services*			
Labs	\$0/day	\$5/day	\$0/day
Outpatient X-rays	\$35	\$35	\$30
Radiology services (e.g., MRI, CAT scan)	\$35 – \$275	\$35 – \$265	\$30 – \$235
Therapeutic radiology	\$35 – \$60	\$35 – \$60	\$30 – \$60
Tests and procedures	\$0	\$5	\$0
Hearing services			
Diagnostic exam	\$25	\$35	\$30
Hearing aids <i>All types</i>	Not covered	\$500 per ear <i>(\$1,250/year allowance, per ear every 3 years)</i>	Not covered
Hearing aid eval/fitting	Not covered	\$0	Not covered
Routine exam (1/year)	\$20	\$20	\$20
Dental services			
Comprehensive* • Endodontics • Extractions • Periodontics • Prosthetics & other oral/maxillofacial surgeries • Restorative services	\$0 <i>(\$1,500/year combined allowance for additional dental services)</i>	\$0 <i>(\$750/year combined allowance for additional dental services)</i>	Not covered
Preventive • Cleanings (2/year) • Exams (2/year) • X-rays	\$0	\$0	

*Certain services may require authorization from Geisinger Gold. Contact us for details.

Classic Advantage Rx <i>Plan 157 021</i> <i>Plan 157 022</i> <i>Plan 157 023</i>	Value Rx <i>Plan 163</i>	Heritage <i>Plan 162</i>
\$5/day	\$0/day for A1c testing \$10/day for all other services	\$5/day
\$25	\$35	\$25
\$25 – \$150	\$35 – \$240	\$25 – \$150
\$25 – \$60	\$35 – \$60	\$25 – \$60
\$5	\$10	\$5
\$20	\$35	\$20
\$500 per ear (<i>\$1,250/year allowance, per ear every 3 years</i>)	Not covered	\$500 per ear (<i>\$1,250/year allowance, per ear every 3 years</i>)
\$0	Not covered	\$0
\$20	\$20	\$20
\$0 (<i>\$1,250/year combined allowance for additional dental services</i>)	\$0 (<i>\$100/year combined allowance for additional dental services</i>)	\$0 (<i>\$1,250/year combined allowance for additional dental services</i>)
\$0	\$0	\$0

Geisinger Gold Medicare Advantage HMO plans

Medical and hospital benefits

	Classic 360 Rx <i>Plan 160</i>	Classic Complete Rx <i>Plan 158 013</i> <i>Plan 158 014</i>	Classic Essential Rx <i>Plan 161</i>
Vision care			
Diagnostic exam	\$0 – \$25	\$0 – \$35	\$0 – \$30
Eyewear after cataract surgery	\$0	\$0	\$0
Glaucoma screening	\$0	\$0	\$0
Routine exam (1/year)	\$20	\$20	Not covered
Routine eyewear <ul style="list-style-type: none"> • Contact lenses • Eyeglass lenses • Eyeglass frames • Eyeglasses (lenses and frames) 	\$0 <i>with \$100/year allowance</i>	\$0 <i>with \$100/year allowance</i>	Not covered
Screening for diabetic retinopathy (1/year)	\$0	\$0	\$0
Mental health services*			
Inpatient visit	\$150/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)
Outpatient group therapy session	\$5	\$5	\$5
Outpatient individual therapy session	\$10	\$10	\$10
Skilled nursing facility*	\$0/day (days 1 – 20) \$160/day (days 21 – 70) \$0/day (days 71 – 100)	\$0/day (days 1 – 20) \$160/day (days 21 – 47) \$0/day (days 48 – 100)	\$0/day (days 1 – 20) \$160/day (days 21 – 68) \$0/day (days 69 – 100)

*Certain services may require authorization from Geisinger Gold. Contact us for details.

Classic Advantage Rx <i>Plan 157 021</i> <i>Plan 157 022</i> <i>Plan 157 023</i>	Value Rx <i>Plan 163</i>	Heritage <i>Plan 162</i>
\$0 – \$20	\$0 – \$35	\$0 – \$20
\$0	\$0	\$0
\$0	\$0	\$0
\$20	\$20	\$20
\$0 with \$200/year allowance	\$0 with \$135/year allowance	\$0 with \$200/year allowance
\$0	\$0	\$0
\$150/day (days 1 – 5) not to exceed \$750 annually \$0/day (days 6 – 90)	\$225/day (days 1 – 5) \$0/day (days 6 – 90)	\$150/day (days 1 – 5) not to exceed \$750 annually \$0/day (days 6 – 90)
\$5	\$5	\$5
\$10	\$10	\$10
\$0/day (days 1 – 20) \$160/day (days 21 – 42) \$0/day (days 43 – 100)	\$0/day (days 1 – 20) \$203/day (days 21 – 64) \$0/day (days 65 – 100)	\$0/day (days 1 – 20) \$160/day (days 21 – 62) \$0/day (days 63 – 100)

Geisinger Gold Medicare Advantage HMO plans

Medical and hospital benefits

	Classic 360 Rx <i>Plan 160</i>	Classic Complete Rx <i>Plan 158 013</i> <i>Plan 158 014</i>	Classic Essential Rx <i>Plan 161</i>
Physical therapy*	\$35	\$35	\$35
Ambulance services Ground waived if admitted	\$275 ground \$275 air	\$200 ground \$200 air	\$200 ground \$200 air
Transportation services Non-emergency, medical-related	Not covered	Not covered	Not covered
Medicare Part B prescription drugs*			
Chemotherapy and radiation	0% – 20% coinsurance	0% – 20% coinsurance	0% – 20% coinsurance
Other Part B drugs	0% – 20% coinsurance <i>Insulin is capped at \$35</i>	0% – 20% coinsurance <i>Insulin is capped at \$35</i>	0% – 20% coinsurance <i>Insulin is capped at \$35</i>

*Certain services may require authorization from Geisinger Gold. Contact us for details.

Classic Advantage Rx <i>Plan 157 021</i> <i>Plan 157 022</i> <i>Plan 157 023</i>	Value Rx <i>Plan 163</i>	Heritage <i>Plan 162</i>
\$20	\$35	\$20
\$100 ground \$100 air	\$275 ground \$275 air	\$100 ground \$100 air
Not covered	Not covered	Not covered
0% – 20% coinsurance	0% – 20% coinsurance	0% – 20% coinsurance
0% – 20% coinsurance <i>Insulin is capped at \$35</i>	0% – 20% coinsurance <i>Insulin is capped at \$25</i>	0% – 20% coinsurance <i>Insulin is capped at \$35</i>

Geisinger Gold Medicare Advantage HMO plans

Additional benefits

	Classic 360 Rx Plan 160	Classic Complete Rx Plan 158 013 Plan 158 014	Classic Essential Rx Plan 161
Annual routine physical exam	\$0	\$0	\$0
Chiropractic services Only manual manipulation of the spine to correct subluxation is covered.	\$15	\$20	\$15
Diabetic needs			
Monitoring supplies*	0% – 20% coinsurance	0% – 20% coinsurance	0% – 20% coinsurance
Therapeutic shoes or inserts*	20% coinsurance	20% coinsurance	20% coinsurance
Durable medical equipment (DME)* And related supplies	20% coinsurance	20% coinsurance	20% coinsurance
Fitness program	\$25 annual fee to Silver&Fit® facilities	\$90 allowance every 3 months	Not covered
Flexible spending card	Not covered	Not covered	Not covered
Foot care	\$0 routine \$25 podiatry	\$0 routine \$35 podiatry	\$0 routine \$30 podiatry
Home health agency care*	\$0	\$0	\$0
Hospice	\$0	\$0	\$0
Kidney disease services Dialysis	10% – 20% coinsurance	10% – 20% coinsurance	10% – 20% coinsurance
Nursing hotline	\$0	\$0	\$0
Opioid treatment program services*	20% coinsurance	20% coinsurance	20% coinsurance

*Certain services may require authorization from Geisinger Gold. Contact us for details.

Classic Advantage Rx <i>Plan 157 021</i> <i>Plan 157 022</i> <i>Plan 157 023</i>	Value Rx <i>Plan 163</i>	Heritage <i>Plan 162</i>
\$0	\$0	\$0
\$20	\$15	\$15
0% – 20% coinsurance	0% – 20% coinsurance	0% – 20% coinsurance
20% coinsurance	\$0	20% coinsurance
20% coinsurance	20% coinsurance	20% coinsurance
\$90 allowance every 3 months	\$0 annual fee to Silver&Fit® facilities	\$90 allowance every 3 months
Not covered	\$250/year allowance (for dental and vision)	Not covered
\$0 routine \$20 podiatry	\$0 routine \$0 podiatry	\$0 routine \$20 podiatry
\$0	\$0	\$0
\$0	\$0	\$0
10% – 20% coinsurance	20% coinsurance	10% – 20% coinsurance
\$0	\$0	\$0
20% coinsurance	20% coinsurance	20% coinsurance

Geisinger Gold Medicare Advantage HMO plans

Additional benefits

	Classic 360 Rx Plan 160	Classic Complete Rx Plan 158 013 Plan 158 014	Classic Essential Rx Plan 161
Outpatient rehabilitation services* Services provided by an occupational therapist	\$35	\$35	\$35
Outpatient substance abuse services* (Medicare covered)	\$10/individual session \$5/group session	\$10/individual session \$5/group session	\$10/individual session \$5/group session
Over-the-counter items	\$35/month	Not covered	Not covered
Partial hospitalization services for mental health*	\$55/day	\$55/day	\$55/day
Prosthetic devices and related supplies*	20% coinsurance	20% coinsurance	20% coinsurance
Pulmonary rehabilitation services	\$15	\$0	\$0
Welcome to Medicare preventive visit	\$0	\$0	\$0
Worldwide coverage (\$100,000 limit/year)			
Emergency care	\$110	\$125	\$110
Emergency transportation	\$275 – \$1,000	\$200 – \$1,000	\$200 – \$1,000
Urgent care	\$25	\$35	\$30

*Certain services may require authorization from Geisinger Gold. Contact us for details.

Classic Advantage Rx <i>Plan 157 021</i> <i>Plan 157 022</i> <i>Plan 157 023</i>	Value Rx <i>Plan 163</i>	Heritage <i>Plan 162</i>
\$20	\$35	\$20
\$10/individual session \$5/group session	\$10/individual session \$5/group session	\$10/individual session \$5/group session
Not covered	\$70/month	\$40/month
\$25/day	\$70/day	\$25/day
20% coinsurance	20% coinsurance	20% coinsurance
\$0	\$15	\$0
\$0	\$0	\$0
\$140	\$110	\$125
\$100 – \$1,000	\$275 – \$1,000	\$100 – \$1,000
\$20	\$35	\$20

“I don’t have to worry about running down to the pharmacy and getting my prescription with Geisinger Mail-Order Pharmacy.”

Deborah Linkiewicz

Warrior Run, Pa.

Member since 2020





Prescription drug benefits

In 2025, the Centers for Medicare & Medicaid Services is implementing new rules in response to the Inflation Reduction Act to help ease the impact of inflation on prescription drug Part D costs:

- \$35/month* out-of-pocket maximum for covered insulin
- \$0 out-of-pocket costs for vaccines under Part D
- \$2,000 Part D out-of-pocket maximum
- No coverage gap phase — no more donut hole

**Value Rx out-of-pocket maximum is \$25/month.*

Prescription drug benefits

Tiers 1, 2, 3, 4

		Classic 360 Rx Plan 160	Classic Complete Rx Plan 158 013 Plan 158 014
Deductible		\$0	\$0
Tier 1 (Preferred generic)	30-day supply Retail	\$3	\$3
	100-day supply Retail	\$7.50	\$7.50
	100-day supply Mail-order	\$0	\$0
Tier 2 (Generic)	30-day supply Retail	\$20	\$20
	100-day supply Retail	\$50	\$50
	100-day supply Mail-order	\$0	\$0
Tier 3 (Preferred brand)	30-day supply Retail	25% coinsurance	25% coinsurance
	100-day supply Retail	25% coinsurance	25% coinsurance
	100-day supply Mail-order	10% coinsurance	10% coinsurance
Tier 4 (Non-preferred drug)	30-day supply Retail	50% coinsurance	50% coinsurance
	100-day supply Retail	50% coinsurance	50% coinsurance
	100-day supply Mail-order	30% coinsurance	30% coinsurance

Classic Essential Rx Plan 161	Classic Advantage Rx Plan 157 021 Plan 157 022 Plan 157 023	Value Rx Plan 163	Heritage Plan 162
\$0	\$0	\$0	Not covered
\$3	\$3	\$0	Not covered
\$7.50	\$7.50	\$0	Not covered
\$0	\$0	\$0	Not covered
\$20	\$20	\$5	Not covered
\$50	\$50	\$12.50	Not covered
\$0	\$0	\$0	Not covered
25% coinsurance	25% coinsurance	25% coinsurance	Not covered
25% coinsurance	25% coinsurance	25% coinsurance	Not covered
10% coinsurance	10% coinsurance	10% coinsurance	Not covered
50% coinsurance	50% coinsurance	50% coinsurance	Not covered
50% coinsurance	50% coinsurance	50% coinsurance	Not covered
30% coinsurance	30% coinsurance	30% coinsurance	Not covered

Prescription drug benefits

Tiers 5, 6 and insulin

		Classic 360 Rx Plan 160	Classic Complete Rx Plan 158 013 Plan 158 014
Tier 5 (Specialty)	30-day supply Retail	33% coinsurance	33% coinsurance
	100-day supply Retail	Not covered	Not covered
	100-day supply Mail-order	Not covered	Not covered
Tier 6 (Vaccines and select antibiotics)		\$0	\$0

Cost-sharing may differ based on point-of-service (mail-order, retail, long-term care (LTC)), home infusion, whether the pharmacy is in our standard network or whether the prescription is a short-term (30-day) supply or long-term (100-day) supply.

Each plan has a “drug list” that tells you which Part D prescription drugs are covered in each Geisinger Gold Medicare Advantage plan Part D benefits. This list also tells you if there are any rules that restrict coverage for your drugs.

To get the most complete and current information about which drugs are covered, visit [geisingergold.com](https://www.geisingergold.com) or call pharmacy member services:

800-988-4861 (TTY: 711)

Monday – Friday, 8 a.m. – 8 p.m., Saturday, 8 a.m. – 2 p.m.



Save more with Geisinger Mail-Order Pharmacy

Save time

Skip the trips to the pharmacy and let your medications come to you.

Save money

Free shipping and lower copays add up to big cost savings.

Save hassle

Get refills shipped before you run out and online tracking.

Classic Essential Rx Plan 161	Classic Advantage Rx Plan 157 021 Plan 157 022 Plan 157 023	Value Rx Plan 163	Heritage Plan 162
33% coinsurance	33% coinsurance	33% coinsurance	Not covered
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
\$0	\$0	\$0	Not covered

Part B Drugs	Insulin: Capped at \$35/month for all plans except Value Rx, which is capped at \$25/month		
	All others: 20% coinsurance		
Part D Insulin	Value Rx	30-day supply	\$25 retail / \$25 mail-order
		60-day supply	\$50 retail / \$37.50 mail-order
		90-day supply	\$75 retail / \$37.50 mail-order
	All Plans but Heritage and Value Rx	30-day supply	\$35 retail / \$35 mail-order
		60-day supply	\$70 retail / \$52.50 mail-order
		90-day supply	\$105 retail / \$52.50 mail-order

And if you need to talk to a pharmacist or have questions about your medication, we're here to help.

Enroll by calling **844-878-5562 (TTY: 711)**, weekdays, 6:30 a.m. to 7 p.m.

Eligibility and enrollment

Who is eligible?

You're eligible to join a Geisinger Gold Medicare Advantage plan as long as you have Medicare Parts A and B and live in the health plan's service area.

When can I enroll?

Medicare beneficiaries can enroll in Geisinger Gold Medicare Advantage coverage at certain times of the year.

Annual Election Period: Oct. 15 through Dec. 7

You can enroll in or switch to a new Medicare Advantage plan or Medicare Advantage prescription drug plan during the Annual Election Period (AEP). For 2025 coverage, the AEP is from Oct. 15 to Dec. 7, 2024.

Initial Coverage Election Period

When you turn 65 or otherwise become eligible for Medicare, you qualify for an Initial Election Period. This is usually a 7-month period — it begins 3 months before your birthday month and continues through your birth month and 3 months after you first become eligible for both Medicare Part A and Part B.

Special Election Periods

Special Election Periods allow Medicare beneficiaries to make a plan change anytime during the year. Reasons include a change in residence, delayed retirement, disability, loss of benefits if your existing plan's contract is not renewed by Medicare, loss of low-income subsidy or special needs status. Call for more information.

How do I enroll?

Enrolling is easy. Especially when local Geisinger Gold Medicare advisors give you personalized advice and assistance. Once you decide what plan is right for you, your Medicare advisor can complete your enrollment right over the phone. You can also visit geisingergold.com for plan information and to enroll online. In-person enrollment meetings may also be available.

When will my coverage become effective?

If you enroll between Oct. 15 and Dec. 7, 2024, your coverage will become effective on Jan. 1, 2025.

What if I change my mind?

During the Open Enrollment Period, from Jan. 1 to March 31, you can make a **one-time** plan selection change. Options include selecting a new Medicare Advantage plan, changing to a Medicare Supplement plan, or disenrolling from a Medicare Advantage plan and returning to Original Medicare. Depending on the change you make, you could be eligible to enroll in a standalone Prescription Drug Plan (PDP). You won't be able to make any further changes until the next Annual Election Period (unless you qualify for a Special Election Period during the year).

Pre-enrollment checklist

Before making an enrollment decision, be sure that you fully understand our benefits and rules. Questions? Call and speak to a customer service representative at **800-498-9731 (TTY: 711)**.

Understanding the benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. Review plan coverage, costs and benefits before you enroll. Visit **geisingergold.com** or call **800-498-9731 (TTY: 711)** 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 aren't listed, 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'll likely have to choose a new pharmacy for your prescriptions.
- ☐ Review the formulary to be sure your drugs are covered.

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 copays/coinsurance may change on Jan. 1, 2025.
- ☐ 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).

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. 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.

Discrimination policy

Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the “Health Plan”) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 N. Academy Ave.
Danville, PA 17822-3220
Phone: 866-477-7733, TTY: 711
Fax: 570-271-7225
ghpcivilrights@thehealthplan.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the civil rights grievance coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services’ Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave. S.W.
Room 509F, HHH Building
Washington, DC 20201
Phone: 800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>.

Multi-language insert

Multi-language interpreter services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800-447-4000 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800-447-4000 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 800-447-4000 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 800-447-4000 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 800-447-4000 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 800-447-4000 (TTY : 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 800-447-4000 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 800-447-4000 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 800-447-4000 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 800-447-4000 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 800-447-4000 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 800-447-4000 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 800-447-4000 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 800-447-4000 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 800-447-4000 (TTY : 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 800-447-4000 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、800-447-4000 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Our privacy policy

Your privacy is important to us. Learn how your medical information may be used, disclosed and how you can get access to this information. “Information we have about you” insinuates we release “all” information we have to the member and we aren’t legally obligated to do so.

If you have any questions or concerns, contact our privacy office at systemprivacyoffice@geisinger.edu or customer service.

Geisinger Health Plan Privacy Notice

We are required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

It’s also important to Geisinger Health Plan (GHP) to uphold the trust of our members and those with whom we interact. We are committed to assuring the confidentiality of your PHI.

PHI is any individually identifiable health information that is created or received by GHP that relates to your past, present or future physical or mental health or condition; the provision of healthcare to you; or the past, present or future payment for the provision of healthcare to you.

The Notice of Privacy Practices applies to all products offered by Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, Inc. (collectively referred to herein as “GHP”) all referred to as GHP below.

- Uses and Disclosures of Health Information
- Additional Uses and Disclosures of Health Information
- Individual Member Rights
- GHP's Duties
- Complaints
- Changes to This Notice
- Contacts
- Effective Date

Uses and Disclosures of Protected Health Information

GHP uses and discloses PHI in connection with your treatment, to make payment for your healthcare and for GHP’s healthcare operations. Except as stated below, GHP will not use or disclose your PHI unless you have signed a form that allows GHP to do so.

Treatment: GHP may disclose your PHI to doctors, dentists, pharmacies, hospitals and other caregivers who request it in connection with your treatment. GHP may also disclose your protected health information to healthcare providers in connection with preventive health, early detection and disease and case management programs.

Payment: GHP will use and disclose your PHI to administer your health benefits policy or contract. This may involve verifying eligibility, claims payment, subrogation, utilization review and management, medical necessity review, care coordination, and responding to complaints, appeals and external requests.

Healthcare Operations: GHP will use and disclose your PHI as necessary, and as permitted by law, for its healthcare operations. These healthcare operations include, but are not limited to, credentialing healthcare providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, rating and underwriting, reinsurance, compliance, auditing and other functions related to your health benefits plan.

Business Associates: Certain aspects and components of GHP's services are performed through contracts with outside persons or organizations, such as identification card printing, subrogation, accreditation, etc. At times it may be necessary for GHP to provide PHI to one or more of these outside persons or organizations who assist GHP with healthcare operations. GHP will give out as little information as possible to allow our business associates to complete these tasks and GHP requires these business associates to appropriately safeguard the privacy of your information.

Family and friends involved in your care: With your approval, GHP may disclose your PHI to designated family, friends and others involved in your care. You may designate another person to act on your behalf in signing forms or making decisions when you are unable to do so. GHP recognizes the following documentation for member representation in certain circumstances:

- Applicable Durable Power of Attorney
- Legal guardian
- A GHP "Authorized Representative Form"

If a member wishes to designate an authorized representative, he or she must complete and sign an Authorized Representative form. This form can be obtained by calling the Customer Service Team at the telephone number indicated on the back of the member identification card.

If you are unavailable, incapacitated or facing an emergency medical situation and GHP determines that a limited disclosure may be in your best interest, GHP may share limited PHI with such individuals without your authorization.

Certain state/federal laws may limit our Uses and Disclosures even in the case of Treatment, Payment or Healthcare Operations of those medical records of a sensitive nature, including HIV-related records, records of alcohol or substance abuse treatment, mental health records, and records of sexual abuse/assault counseling. We will use and disclose your health information only in compliance of these more restrictive laws that provide greater protection for records in these categories of care.

Special authorizations may be required by state/federal laws to permit disclosures of certain highly sensitive PHI. In certain situations, consistent with applicable regulations or laws, GHP will ask for your written authorization before using or disclosing

identifiable health information about you. If you sign an authorization to disclose specific information, you can later revoke that authorization to stop future uses and disclosures.

Unless authorized by you, GHP will not use or disclose genetic information for underwriting purposes.

Additional uses and disclosures of health information

GHP may also contact its members to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services available to its members. Also, GHP may use or disclose your PHI in the following situations without an authorization.

GHP may release your PHI:

- For any purpose required by law
- For public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations
- As required by law if we suspect child abuse or neglect; we may also release your PHI as required by law if we believe you to be a victim of abuse, neglect, or domestic violence
- To the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls
- To your plan sponsor (employer), provided, however, your plan sponsor must certify that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other employee benefit determinations or in any other manner not permitted by law
- If required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings
- If required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release
- To law enforcement officials as required by law to report wounds and injuries and crimes
- To coroners and/or funeral directors consistent with law
- If necessary to arrange an organ or tissue donation from you or a transplant for you
- For certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy
- If you are a member of the military as required by armed forces services; we may also release your PHI if necessary for national security or intelligence activities
- To workers' compensation agencies if necessary for your workers' compensation benefit determination

Individual member rights regarding privacy

The Health Insurance Portability and Accountability Act (HIPAA) provides specific rights to all individuals about their PHI. You may request in writing that GHP not use or disclose your PHI for payment, health management or other healthcare operational purposes except when specifically authorized by you, when required by law, or in emergency circumstances. GHP will consider your request but GHP is not legally required to accept it. GHP will not sell your PHI or share it for marketing purposes unless you give us written permission.

To find out more about any of the following rights or request the necessary form(s), call the Customer Service Team at the telephone number indicated on the back of your member identification card or contact the GHP Designated Privacy Specialist as noted in the Contacts section of this notice.

Communications that you receive from GHP containing your health information will be conveyed in a confidential manner. You have the right to request in writing and GHP will process reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations.

Unless GHP is given an alternative address, GHP will mail explanation of benefit forms and other mailings containing protected health information to the address that GHP has on record for the subscriber.

In most cases, you have the right to look at or get a copy of your PHI in a designated record set. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your healthcare benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set. If you request copies, GHP may charge reasonable copying and postage fees.

You may also request a copy of your protected health information in electronic format or direct us to transmit it to another entity or individual you choose. If you believe that information in your GHP records is incorrect or incomplete, you have the right to request in writing that GHP correct or add to the existing information.

GHP is not obligated to make all requested corrections but will give careful consideration to each request. Requests for amendment(s) must be in writing, signed by you or your representative, and must state the reasons for the request. If GHP makes a correction that you request, GHP may also notify others who work with us and have copies of the uncorrected record if GHP believes that the notification is necessary.

You can ask for an accounting of disclosures – a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). If you request this accounting more than once in a 12-month period, GHP may charge you a reasonable fee.

We are required to notify you, should certain unpermitted uses and disclosures, a “breach”, occurs that may cause you financial, reputational, or other significant harm. This will be done by mail and other means if necessary.

GHP duties

GHP is required by law to maintain the privacy of your PHI, provide this notice about its information practices and follow the information practices that are described in this notice. GHP may change its policies at any time.

If GHP makes a significant change in its policies, GHP will provide notice of the change to you via a letter, newsletter notice or a revised Subscription Certificate. You may request a copy of GHP’s Privacy & Confidentiality policy on uses and disclosures of health information at any time. For more information on GHP’s privacy practices, contact the person listed below.

GHP has procedures in place to prevent unauthorized access to your PHI, which include employee training in the importance of maintaining member confidentiality and privacy.

GHP will retain your PHI for the period necessary to fulfill the purposes outlined in this Notice of Privacy Practices, including to meet our legal obligations, resolve disputes, and enforce our agreements, unless a longer retention period is required or permitted by law.

Changes to this notice

We may change this Notice at any time. We may make the revised or changed notice effective for PHI we already have as well as any PHI we receive in the future. On the last page of the Notice, in the bottom left corner, you will find the effective date of that Notice.

If we make a material change to Uses and Disclosures, your rights, our legal duties or other privacy practices stated in this Notice, we will promptly revise and distribute our changed Notice. Except when required by law, a material change to any term of this Notice may not be implemented prior to the effective date of the revised Notice.

CMS Blue Button Program

Notwithstanding the other provisions of this Privacy Policy, if you are participating in the Centers for Medicare and Medicaid Services (“CMS”) Blue Button program through Geisinger the following provisions apply to you:

- (a) Geisinger will notify you of any material changes to this Notice
- (b) We will notify you if Geisinger is sold or merged into another entity.
- (c) The notice will be provided electronically through the Blue Button portal on Geisinger’s website.
- (d) If you inform Geisinger that you are opting out of the Blue Button program through the Blue Button portal, Geisinger will delete the Blue Button information that we received from CMS about you.

Complaints

If you are concerned that GHP has violated your privacy rights or you disagree with a decision GHP has made about access to your GHP records, please follow the complaint procedures described in your plan documents. You can also call the Customer Service Team or contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. Individuals will not be retaliated against for filing a complaint with either GHP or the U.S. Department of Health and Human Services.

Contacts

If you have any questions or need additional information, please contact your Customer Service Team at the telephone number indicated on the back of your member identification card or Geisinger's Privacy office as follows:

Geisinger Privacy Office

Geisinger Health Plan
100 North Academy Avenue
Danville, PA 17822-8005
MC 40-38

Tel: 570-271-7360

Email: systemprivacyoffice@geisinger.edu

The address for the **Department of Health and Human Services** is:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Tel: 877-696-6775

Website: <http://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Effective date

This notice went into effect April 14, 2003, in accordance with the privacy regulations of the Health Insurance Portability and Accountability Act.

Organized Health Care Arrangement Designation

As covered entities, the bellow-listed separate GH corporate legal entities are participating in an Organized Health Care Arrangement ("OHCA"). These separate corporate legal entities may share PHI as necessary to carry out treatment, payment and healthcare operations related to the OHCA and for other purposes as permitted or required by law.

- Geisinger Affiliated Covered Entities
- Geisinger Indemnity Insurance Company
- Geisinger Quality Options, Inc.
- Geisinger Health Plan

Affiliated Covered Entity Designation

As of October 1, 2019, the following Geisinger covered entities, under common control, designate themselves as a single covered entity known as the “Geisinger Affiliated Covered Entities” for purposes of the HIPAA privacy rule. The Geisinger Affiliated Covered Entities are:

- Geisinger Clinic (all sites)
- Geisinger Medical Center (including its Geisinger Shamokin Area Community Hospital Campus)
- Geisinger Wyoming Valley Medical Center (including Geisinger South Wilkes-Barre Campus)
- Geisinger Community Health Services
- Geisinger Bloomsburg Hospital
- Geisinger Health Plan (Added January 23, 2020)
- Geisinger Jersey Shore Hospital
- Geisinger Lewistown Hospital
- GNJ Physicians Group PC
- Geisinger Pharmacy LLC
- Community Medical Center d/b/a Geisinger Community Medical Center
- Family Health Associates of Geisinger-Lewistown Hospital
- West Shore Advanced Life Support Services, Inc.
- Geisinger Medical Center Muncy (December 2021)

Contact Us

If you have questions about the privacy of your health information, call us at 800-447-4000.

Notes

GEISINGER GOLD

Geisinger

HEALTH PLAN

Want to know more about the coverage and costs of Original Medicare? Look in your “Medicare & You” handbook. See it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling **800-MEDICARE** (800-633-4227), 7 days a week, 24 hours a day. TTY users should call 877-486-2048.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company/Geisinger Quality Options, Inc., health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. are part of Geisinger, an integrated health care delivery and coverage organization. Riant Health is the parent organization of Geisinger.