

GEISINGER GOLD

# 2025 Summary of benefits

Geisinger Gold PPO plans

Jan. 1 – Dec. 31, 2025

**Deborah Linkiewicz**

Warrior Run, Pa.

Member since 2020

**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](http://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 three Geisinger Gold Medicare Advantage PPO (preferred provider organization) plans and the coverage, benefits and member costs associated with each.

- With these PPO plans, you'll have the flexibility to choose any doctor that accepts Medicare you want, and you'll have access to Geisinger doctors and facilities, **plus** 30,000+ community- and regional-based doctors across Pennsylvania — including local and chain pharmacies, specialists and primary care physicians.
- 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 PPO plans you'll find detailed in this booklet:

## Geisinger Gold Preferred Enhanced Rx (PPO)

H3924, Plan 062 021

H3924, Plan 062 022

H3924, Plan 062 023

H3924, Plan 062 024

## Geisinger Gold Preferred Complete Rx (PPO)

H3924, Plan 065

## Geisinger Gold Preferred Advantage Rx (PPO)

H3924, Plan 059 021

H3924, Plan 059 022

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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 PPO plans

**Geisinger Gold PPO plans** are Medicare Advantage PPO plans (PPO stands for preferred provider organization) with a Medicare contract. Enrollment in the plan depends on contract renewal.

To join a Geisinger Gold PPO 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 PPO plans

Costs are for both in- and out-of-network services unless otherwise specified.

## Monthly premiums by county

|                        | Counties available  | Premium |
|------------------------|---|---------|
| Preferred Enhanced Rx  | <b>Town &amp; Country:</b><br>Blair, Cambria, Centre, Clinton, Cumberland, Dauphin, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Schuylkill, Wyoming  | \$0     |
|                        | <b>Mountains &amp; Valleys:</b><br>Carbon, Clearfield, Huntingdon, Monroe, Perry, Pike, Sullivan, Susquehanna, Wayne  | \$35    |
|                        | <b>Columbia, Montour, Northumberland, Snyder, Union</b>   | \$64    |
|                        | <b>Heartland:</b><br>Adams, Berks, Bucks, Cameron, Chester, Franklin, Fulton, Jefferson, Lancaster, Lebanon, Lehigh, Northampton, Potter, Somerset, Tioga, York   | \$76    |
| Preferred Complete 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     |
| Preferred Advantage Rx | <b>Northeast, Central &amp; Midwest Region:</b><br>Blair, Bradford, Cambria, Cameron, Centre, Clearfield, Clinton, Columbia, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Montour, Northumberland, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming   | \$97    |
|                        | <b>South &amp; East Region:</b><br>Adams, Berks, Bucks, Carbon, Chester, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Lehigh, Monroe, Northampton, Perry, York  | \$82    |



## Deductibles and out-of-pocket maximum

|   | Preferred<br>Enhanced Rx<br><i>Plan 062 021<br/>Plan 062 022<br/>Plan 062 023<br/>Plan 062 024</i>   | Preferred<br>Complete Rx<br><i>Plan 065</i> | Preferred<br>Advantage Rx<br><i>Plan 059 021<br/>Plan 059 022</i>                                      |
|---|--|---|--|
| <b>Monthly premium</b><br>Includes both medical<br>and prescription drugs                           | <b>Mountains &amp; Valleys:</b><br>\$35<br><b>Heartland:</b> \$76<br><b>Town &amp; Country:</b> \$0<br><b>Columbia, Montour,<br/>Northumberland,<br/>Snyder, Union:</b> \$64 | \$0   | <b>Northeast, Central<br/>&amp; Midwest region:</b><br>\$97<br><b>South &amp; East region:</b><br>\$82 |
| <b>Part B premium reduction</b>   | Not applicable   | Not applicable                              | Not applicable   |
| <b>Yearly medical deductible</b>  | \$0  | \$0   | \$0  |
| <b>Out-of-pocket maximum*</b><br>Combined in & out of network<br>(Does not include Part D coverage) | \$7,550  | \$8,000                                     | \$4,000  |

\*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.

# Geisinger Gold Medicare Advantage PPO plans

Costs are for both in- and out-of-network services unless otherwise specified.

## Medical and hospital benefits

|  | Preferred<br>Enhanced Rx<br><i>Plan 062 021<br/>Plan 062 022<br/>Plan 062 023<br/>Plan 062 024</i> | Preferred<br>Complete Rx<br><i>Plan 065</i>  | Preferred<br>Advantage Rx<br><i>Plan 059 021<br/>Plan 059 022</i>  |
|--|--|--|--|
| <b>Inpatient hospital stays*</b>   | \$165/day (days 1 – 5)<br>\$0/day (days 6 – 90)<br>\$0 for additional Medicare-covered days        | \$225/day (days 1 – 6)<br>\$0/day (days 7 – 90)<br>\$0 for additional Medicare-covered days<br><br><i>Not to exceed \$1,350 annually for Medicare-covered in- and out-of-network combined.</i> | \$200/day (days 1 – 6)<br>\$0/day (days 7 – 90)<br>\$0 for additional Medicare-covered days<br><br><i>Not to exceed \$1,200 annually for Medicare-covered in- and out-of-network combined.</i> |
| <b>Outpatient hospital visits*</b>   | \$0 – \$305  | \$0 – \$350  | \$0 – \$250  |
| <b>Ambulatory Surgical Center (ASC)*</b>   | \$0 – \$305  | \$0 – \$350  | \$0 – \$250  |
| <b>Doctor visits</b>   |  |  |  |
| <b>Primary care</b><br>In-person & telehealth doctor's visits                                | \$0  | \$0  | \$10   |
| <b>Specialty care</b><br>In-person & telehealth visits                                       | \$35   | \$35   | \$25   |
| <b>Preventive care</b><br>Such as flu vaccine and diabetic screenings                        | \$0  | \$0  | \$0  |
| <b>Emergency care</b><br>Waived if admitted to hospital within 3 days for the same condition | \$110  | \$110  | \$140  |

|  | Preferred<br>Enhanced Rx<br><i>Plan 062 021<br/>Plan 062 022<br/>Plan 062 023<br/>Plan 062 024</i> | Preferred<br>Complete Rx<br><i>Plan 065</i> | Preferred<br>Advantage Rx<br><i>Plan 059 021<br/>Plan 059 022</i> |
|--|--|---|---|
| <b>Urgent care</b><br>Waived if admitted to hospital within 3 days for the same condition  | \$35   | \$35  | \$25  |
| <b>Diagnostic services*</b>  |  |   |   |
| Labs   | \$10/day   | \$20/day                                    | \$15/day  |
| Outpatient X-rays  | \$35   | \$40  | \$30  |
| Radiology services (e.g., MRI, CAT scan)   | \$35 – \$235   | \$40 – \$290                                | \$30 – \$275  |
| Tests and procedures   | \$10   | \$20  | \$15  |
| Therapeutic radiology  | \$35 – \$60  | \$40 – \$60                                 | \$30 – \$60   |
| <b>Hearing services</b>  |  |   |   |
| Diagnostic exam  | \$35   | \$35  | \$25  |
| Routine exam   | \$20 (1/year)  | Optional Health+ (see page 16)              | Optional Health+ (see page 16)                                    |
| <b>Dental services</b>   |  |   |   |
| <b>Comprehensive*</b> <ul style="list-style-type: none"> <li>• Endodontics</li> <li>• Extractions</li> <li>• Periodontics</li> <li>• Prosthetics &amp; other oral/maxillofacial surgery</li> <li>• Restorative services</li> </ul> | \$0<br>(\$1,000/year combined allowance for additional dental services)                            | Optional Health+                            | Optional Health+  |
| <b>Preventive</b> <ul style="list-style-type: none"> <li>• Cleanings (2/year)</li> <li>• Exams (2/year)</li> <li>• X-rays</li> </ul>   | \$0  | Optional Health+                            | Optional Health+  |

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



# Geisinger Gold Medicare Advantage PPO plans

Costs are for both in- and out-of-network services unless otherwise specified.

## Medical and hospital benefits — continued

|   | Preferred Enhanced Rx<br><i>Plan 062 021<br/>Plan 062 022<br/>Plan 062 023<br/>Plan 062 024</i>              | Preferred Complete Rx<br><i>Plan 065</i>  | Preferred Advantage Rx<br><i>Plan 059 021<br/>Plan 059 022</i>  |
|---|--|---|---|
| <b>Vision care</b>                          |  |   |   |
| Diagnostic exam                             | \$0 – \$35   | \$0 – \$35  | \$0 – \$25  |
| Eyewear after cataract surgery              | \$0  | \$0   | \$0   |
| Glaucoma screening                          | \$0  | \$0   | \$0   |
| Routine exam (1/year)                       | \$20   | Optional Health+  | Optional Health+  |
| Screening for diabetic retinopathy (1/year) | \$0  | \$0   | \$0   |
| <b>Mental health services*</b>              |  |   |   |
| Inpatient visit                             | \$165/day (days 1 – 5)<br>\$0/day (days 6 – 90)<br>\$0 copayment for an additional 60 lifetime reserve days. | \$225/day (days 1 – 6)<br>\$0/day (days 7 – 90)<br>\$0 60 lifetime days for in-network<br><br><i>Not to exceed \$1,350 annually for Medicare-covered in- and out-of-network combined.</i> | \$200/day (days 1 – 6)<br>\$0/day (days 7 – 90)<br>\$0 60 lifetime days for in-network<br><br><i>Not to exceed \$1,200 annually for Medicare-covered in- and out-of-network combined.</i> |
| Outpatient group therapy session            | \$5  | \$5   | \$5   |
| Outpatient individual therapy session       | \$10   | \$10  | \$10  |
| <b>Skilled nursing facility*</b>            | \$0/day (days 1 – 20)<br>\$160/day (days 21 – 68)<br>\$0/day (days 69 – 100)                                 | \$0/day (days 1 – 20)<br>\$160/day (days 21 – 70)<br>\$0/day (days 71 – 100)  | \$0/day (days 1 – 20)<br>\$160/day (days 21 – 45)<br>\$0/day (days 46 – 100)  |

|  | <b>Preferred Enhanced Rx</b><br><i>Plan 062 021</i><br><i>Plan 062 022</i><br><i>Plan 062 023</i><br><i>Plan 062 024</i> | <b>Preferred Complete Rx</b><br><i>Plan 065</i>          | <b>Preferred Advantage Rx</b><br><i>Plan 059 021</i><br><i>Plan 059 022</i> |
|--|--|--|---|
| <b>Physical therapy*</b>   | \$35   | \$35   | \$25  |
| <b>Ambulance services</b><br>Ground waived if admitted                       | \$275 ground<br>\$275 air  | \$275 ground<br>\$275 air                                | \$200 ground<br>\$200 air   |
| <b>Transportation services</b><br>Non-emergency, medical-related             | Not covered  | Not covered  | Not covered   |
| <b>Medicare Part B prescription drugs*</b><br><br>Chemotherapy and radiation | 0% – 20% coinsurance   | 0% – 20% coinsurance                                     | 0% – 20% coinsurance  |
| Other Part B drugs   | 0% – 20% coinsurance<br><i>Insulin is capped at \$35</i>   | 0% – 20% coinsurance<br><i>Insulin is capped at \$35</i> | 0% – 20% coinsurance<br><i>Insulin is capped at \$35</i>                    |

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

# Geisinger Gold Medicare Advantage PPO plans

Costs are for both in- and out-of-network services unless otherwise specified.

## Additional benefits

|  | Preferred<br>Enhanced Rx<br><i>Plan 062 021<br/>Plan 062 022<br/>Plan 062 023<br/>Plan 062 024</i>                | Preferred<br>Complete Rx<br><i>Plan 065</i> | Preferred<br>Advantage Rx<br><i>Plan 059 021<br/>Plan 059 022</i> |
|--|---|---|---|
| <b>Annual routine physical exam</b>  | \$0   | \$0   | \$10  |
| <b>Chiropractic services</b><br>Only manual manipulation of the spine to correct subluxation is covered. | \$15  | \$15  | \$20  |
| <b>Diabetic monitoring supplies*</b>   | 0% – 20% coinsurance  | 0% – 20% coinsurance                        | 0% – 20% coinsurance  |
| <b>Durable medical equipment (DME)*</b><br>And related supplies  | 20% coinsurance   | 20% coinsurance                             | 20% coinsurance   |
| <b>Fitness program</b>   | In network: \$25 annual fee (Silver&Fit®)<br>Out of network: 20% coinsurance                                      | Not covered                                 | Not covered   |
| <b>Flexible spending card</b>  | \$165/year for non-Medicare-covered costs, such as routine hearing and eye exam copays, hearing aids and eyewear. | Not covered                                 | Not covered   |
| <b>Foot care</b>   | \$0 routine (4/year)<br>\$35 podiatry   | \$0 routine (4/year)<br>\$35 podiatry       | \$0 routine (4/year)<br>\$25 podiatry                             |
| <b>Home health agency care*</b>  | \$0   | \$0   | \$0   |
| <b>Hospice</b>   | \$0   | \$0   | \$0   |
| <b>Kidney disease services</b><br>Dialysis   | 10% – 20% coinsurance   | 10% – 20% coinsurance                       | 10% – 20% coinsurance   |



|  | <b>Preferred Enhanced Rx</b><br>Plan 062 021<br>Plan 062 022<br>Plan 062 023<br>Plan 062 024 | <b>Preferred Complete Rx</b><br>Plan 065     | <b>Preferred Advantage Rx</b><br>Plan 059 021<br>Plan 059 022 |
|--|--|--|---|
| <b>Nursing hotline</b>   | \$0  | \$0  | \$0   |
| <b>Opioid treatment program services*</b>  | 20% coinsurance  | 20% coinsurance                              | 20% coinsurance   |
| <b>Outpatient rehabilitation services*</b><br>Services provided by an occupational therapist | \$35   | \$35   | \$25  |
| <b>Outpatient substance abuse services*</b><br>Medicare-covered sessions                     | \$10/individual session<br>\$5/group session   | \$10/individual session<br>\$5/group session | \$10/individual session<br>\$5/group session                  |
| <b>Over-the-counter items</b>  | \$25/quarter   | Not covered                                  | Not covered   |
| <b>Partial hospitalization services for mental health*</b>                                   | \$55/day   | \$55/day                                     | \$55/day  |
| <b>Prosthetic devices and related supplies*</b>  | 20% coinsurance  | 20% coinsurance                              | 20% coinsurance   |
| <b>Pulmonary rehabilitation services</b>   | \$15   | \$15   | \$15  |
| <b>Welcome to Medicare preventive visit</b>  | \$0  | \$0  | \$0   |
| <b>Worldwide coverage (\$100,000 limit/year)</b>   |  |  |   |
| Emergency care   | \$110  | \$110  | \$140   |
| Emergency transportation   | \$275 – \$1,000  | \$275 – \$1,000                              | \$200 – \$1,000   |
| Urgent care  | \$35   | \$35   | \$25  |

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

**“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



# Prescription drug benefits

Tiers 1 – 6 and insulin

|                                   | Preferred<br>Enhanced Rx<br><i>Plan 062 021 Plan 062 023<br/>Plan 062 022 Plan 062 024</i> | Preferred<br>Complete Rx<br><i>Plan 065</i> | Preferred<br>Advantage Rx<br><i>Plan 059 021<br/>Plan 059 022</i> |
|-----------------------------------|--|---|---|
| Deductible                        | \$0  | \$0   | \$0   |
| <b>Tier 1</b> (Preferred generic) |  |   |   |
| 30-day supply — Retail            | \$0  | \$3   | \$3   |
| 100-day supply — Retail           | \$0  | \$7.50                                      | \$7.50  |
| 100-day supply — Mail-order       | \$0  | \$0   | \$0   |
| <b>Tier 2</b> (Generic)           |  |   |   |
| 30-day supply — Retail            | \$10   | \$20  | \$20  |
| 100-day supply — Retail           | \$25   | \$50  | \$50  |
| 100-day supply — Mail-order       | \$0  | \$0   | \$0   |
| <b>Tier 3</b> (Preferred brand)   |  |   |   |
| 30-day supply — Retail            | 25% coinsurance  | 25% coinsurance                             | 25% coinsurance   |
| 100-day supply — Retail           | 25% coinsurance  | 25% coinsurance                             | 25% coinsurance   |
| 100-day supply — Mail-order       | 10% coinsurance  | 10% coinsurance                             | 10% coinsurance   |

|                           |                |                                   |
|---------------------------|----------------|-----------------------------------|
| <b>Part D<br/>Insulin</b> | 30-day supply  | \$35 retail / \$35 mail-order     |
|                           | 60-day supply  | \$70 retail / \$52.50 mail-order  |
|                           | 100-day supply | \$105 retail / \$52.50 mail-order |

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.

|  | Preferred<br>Enhanced Rx<br><i>Plan 062 021 Plan 062 023<br/>Plan 062 022 Plan 062 024</i> | Preferred<br>Complete Rx<br><i>Plan 065</i> | Preferred<br>Advantage Rx<br><i>Plan 059 021<br/>Plan 059 022</i> |
|--|--|---|---|
| <b>Tier 4</b> (Non-preferred generic)              |  |   |   |
| 30-day supply — Retail                             | 50% coinsurance  | 50% coinsurance                             | 50% coinsurance   |
| 100-day supply — Retail                            | 50% coinsurance  | 50% coinsurance                             | 50% coinsurance   |
| 100-day supply — Mail-order                        | 30% coinsurance  | 30% coinsurance                             | 30% coinsurance   |
| <b>Tier 5</b> (Specialty)                          |  |   |   |
| 30-day supply — Retail                             | 33% coinsurance  | 33% coinsurance                             | 33% coinsurance   |
| 100-day supply — Retail                            | Not covered  | Not covered                                 | Not covered   |
| 100-day supply — Mail-order                        | Not covered  | Not covered                                 | Not covered   |
| <b>Tier 6</b><br>(Vaccines and select antibiotics) |  |   |   |
| 30-day supply — Retail                             | \$0  | \$0   | \$0   |
| 100-day supply — Retail                            | \$0  | \$0   | \$0   |
| 100-day supply — Mail-order                        | \$0  | \$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.



## 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.

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.

# Optional supplemental benefits

## Geisinger Gold Health+

Geisinger Gold Health+ is an optional add-on benefits package available to new and existing Geisinger Gold members enrolled in **Preferred Advantage Rx** or **Preferred Complete Rx**. You can purchase it during the Annual Enrollment Period and up to 30 days after your plan's effective date.

|         |  |
|---------|--|
| Premium | \$38/month   |
| Dental  | <p>\$1,000 max benefit per year that includes:</p> <ul style="list-style-type: none"><li>• 2 routine exams per year (with or without cleaning)</li><li>• X-rays (bitewing or panoramic)</li><li>• Simple fillings, simple extractions, dentures, crowns and root canals</li><li>• See any provider</li></ul> |
| Vision  | <ul style="list-style-type: none"><li>• \$20 copay</li><li>• 1 routine exam per year (includes refraction)</li><li>• \$150 hardware allowance per year (contacts, glasses, lenses, frames)</li><li>• See any provider</li><li>• Can be combined with GHP Accessories Program discounts</li></ul>             |
| Hearing | <ul style="list-style-type: none"><li>• \$20 copay</li><li>• 1 routine exam per year</li><li>• \$500 hearing aid and fitting allowance per year</li><li>• See any provider</li></ul>   |
| Fitness | <ul style="list-style-type: none"><li>• \$90 allowance per quarter</li><li>• Access to facilities of your choice</li><li>• Can be applied to any fitness service the facility offers (excludes food and beverages)</li></ul>   |



## Here are the details

- Existing members of Health+ will be automatically renewed in Health+ the following year if no change is made, just like their plan enrollment automatically renews.
- Amounts spent on Health+ benefits do not count toward the plan's annual out-of-pocket max.
- Providers may bill Geisinger directly for routine eye exams, routine hearing exams and dental benefits (members should ask providers if they are willing to bill Geisinger directly).
  - Members should submit receipts to Geisinger for reimbursement if providers are not willing to bill Geisinger directly.
- Routine eyeglasses, eyeglass lenses, eyeglass frames, contact lenses and hearing aids are reimbursement-only benefits.
- Two dental exams and cleanings can be done any time during the year.
- Fitness membership benefits are primarily a reimbursement-only benefit.

# 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](https://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.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, noncontracted providers may deny care.

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](mailto: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](https://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 대해 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](mailto: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](mailto: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.