

Geisinger Gold Preferred Complete Rx (PPO) offered by Geisinger Indemnity Insurance Group

Annual Notice of Change for 2027

You're enrolled as a member of *Geisinger Gold Preferred Complete Rx (PPO)*.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in *Geisinger Gold Preferred Complete Rx (PPO)*.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [geisinger.org/geisinger-gold-plan-documents](https://www.geisinger.org/geisinger-gold-plan-documents) or call Customer Care at 1-800-498-9731 (TTY users call 711 or 1-800-654-5984) to get a copy by mail.

More Resources

- Call Customer Care at 1-800-498-9731 (TTY users call 711 or 1-800-654-5984).

Hours are

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

This call is free.

- Customer Care has free language interpreter services available for non-English speakers. We can also give you plan information in braille, audio, large print, or other alternate formats if you need it.

About *Geisinger Gold Preferred Complete Rx (PPO)*

- 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/Geisinger Quality Options, Inc., are part of Geisinger, an integrated health care delivery and coverage organization. Risant Health, Inc., is the parent organization of Geisinger.

- When this material says “we,” “us,” or “our,” it means *Geisinger Indemnity Insurance Company*. When it says “plan” or “our plan,” it means *Geisinger Gold Preferred Complete Rx (PPO)*.
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in *Geisinger Gold Preferred Complete Rx (PPO)*.** Starting January 1, 2027, you’ll get your medical and drug coverage through *Geisinger Gold Preferred Complete Rx (PPO)*. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0.00	\$0.00
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	<i>From network providers:</i> \$7,200 <i>From network and out-of-network providers combined:</i> \$7,200	<i>From network providers:</i> \$9,850 <i>From network and out-of-network providers combined:</i> \$9,850
Primary care office visits	<i>From in-network and out-of-network providers:</i> \$0 copayment per visit	<i>From in-network and out-of-network providers:</i> \$0 copayment per visit
Specialist office visits	<i>From in-network and out-of-network providers:</i> \$35 copayment per visit	<i>From in-network and out-of-network providers:</i> \$40 copayment per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	<i>From in-network and out-of-network providers:</i> Days 1 – 6: \$225 copayment per day Days 7 – 90: \$0 copayment per day	<i>From in-network and out-of-network providers:</i> Days 1 – 6: \$300 copayment per day Days 7 – 90:

	2026 (this year)	2027 (next year)
	<i>Out-of-pocket maximum \$1,350 for your inpatient hospital care</i>	\$0 copayment per day
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<i>Part D drug coverage deductible</i> \$0 <i>Copayment/ Coinsurance during the Initial Coverage Stage:</i> <i>Drug Tier 1:</i> \$2 copayment <i>Drug Tier 2:</i> \$20 copayment <i>Drug Tier 3:</i> 25% coinsurance of total cost <i>You pay no more than \$35 per month supply of each covered insulin product on Tier 3.</i> <i>Drug Tier 4:</i> 34% coinsurance of total cost <i>You pay no more than \$35 per month supply of each covered insulin product on Tier 4.</i> <i>Drug Tier 5:</i> 33% coinsurance of total cost <i>Drug Tier 6:</i>	<i>Part D drug coverage deductible</i> <i>\$700 for Tier 3, Tier 4 and Tier 5 drugs except for covered insulin products and Part D Vaccines</i> <i>Copayment/ Coinsurance during the Initial Coverage Stage:</i> <i>Drug Tier 1:</i> <i>\$1 copayment</i> <i>Drug Tier 2:</i> <i>\$2 copayment</i> <i>Drug Tier 3:</i> <i>25% coinsurance of total cost</i> <i>You pay no more than \$35 per month supply of each covered insulin product on Tier 3.</i> <i>Drug Tier 4:</i> <i>31% coinsurance of total cost</i> <i>You pay no more than \$35 per month supply of each covered insulin product on Tier 4.</i> <i>Drug Tier 5:</i>

	2026 (this year)	2027 (next year)
	<i>\$0 copayment</i> <i>Catastrophic Coverage Stage:</i> <i>During this payment stage, you pay nothing for your covered Part D drugs.</i>	25% coinsurance of total cost Drug Tier 6: \$0 copayment Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	<i>\$0.00</i>	\$0.00
Additional premium for optional supplemental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	<i>\$38.00</i>	\$38.00

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments and coinsurance) from network providers count toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$7,200	\$9,850 <i>Once you've paid \$9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</i>

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments and coinsurance) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services.	\$7,200	\$9,850 <i>Once you've paid \$9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</i>

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* [geisinger.org/geisinger-gold-2027-provider-directory](https://www.geisinger.org/geisinger-gold-2027-provider-directory) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [geisinger.org/geisinger-gold-2027-provider-directory](https://www.geisinger.org/geisinger-gold-2027-provider-directory).
- Call Customer Care at 1-800-498-9731 (TTY users call 711 or 1-800-654-5984) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Care at 1-800-498-9731 (TTY users call 711 or 1-800-654-5984) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* geisinger.org/geisinger-gold-2027-pharmacy-directory to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at geisinger.org/geisinger-gold-2027-pharmacy-directory.
- Call Customer Care at 1-800-498-9731 (TTY users call 711 or 1-800-654-5984) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Pharmacy Customer Care at 1-800-988-4861 (TTY users call 711 or 1-800-654-5984) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture for chronic low back pain	<i>From in-network and out-of-network providers: \$35 copayment for Medicare-covered acupuncture services.</i>	<i>From in-network and out-of-network providers: \$40 copayment for Medicare-covered acupuncture services.</i>
Ambulance services	<i>From in-network and out-of-network providers: \$275 copayment for each Medicare-covered ground ambulance services. (\$275 copayment applies each way.) \$275 copayment for each Medicare-covered air ambulance services. (\$275 copayment applies each way.)</i>	<i>From in-network and out-of-network providers: \$325 copayment for each Medicare-covered ground ambulance services. (\$325 copayment applies each way.) \$325 copayment for each Medicare-covered air ambulance services. (\$325 copayment applies each way.)</i>

	2026 (this year)	2027 (next year)
Dental Services	<i>From in-network and out-of-network providers: \$35 copayment for Medicare-covered non-routine dental services.</i>	<i>From in-network and out-of-network providers: \$40 copayment for Medicare-covered dental services.</i>
Optional Supplemental Services – Supplemental Dental Services – Preventive Services – Oral Examinations	<i>From in-network and out-of-network providers: Oral exams (limited to 2 oral exams each calendar year) (periodic or limited oral evaluations)</i>	<i>From in-network and out-of-network providers: 2 periodic oral exams each calendar year</i>
Optional Supplemental Services - Supplemental Dental Services – Preventive Services – Other diagnostic services	<i>From in-network and out-of-network providers: Oral exams (limited to 2 oral exams each calendar year) (periodic or limited oral evaluations)</i>	<i>From in-network and out-of-network providers: 2 limited (problem focused) oral evaluations each calendar year</i>
Optional Supplemental Services - Supplemental Dental Services – Preventive Services – Fluoride Treatments	<i>From in-network and out-of-network providers: Fluoride treatments are not covered.</i>	<i>From in-network and out-of-network providers: Fluoride treatments are covered up to 2 times per year.</i>

	2026 (this year)	2027 (next year)
Optional Supplemental Services - Supplemental Dental Services – Preventive Services – Other preventive services	<i>From in-network and out-of-network providers: Caries preventive medicament was not covered.</i>	<i>From in-network and out-of-network providers: Caries preventive medicament is covered up to 2 times per year.</i>
Optional Supplemental Dental Services – Comprehensive Services – Oral and Maxillofacial Surgery	<i>From in-network and out-of-network providers: Simple extractions</i>	<i>From in-network and out-of-network providers: Oral Surgery is limited to extractions of an erupted tooth/teeth or exposed roots, surgical removal of residual tooth roots, and alveoloplasty in conjunction with extractions. Extractions include local anesthesia and suturing as part of the Oral surgical procedures. Maxillofacial surgery and other maxillofacial services are not covered.</i>
Hearing Services	<i>From in-network and out-of-network providers: \$35 copayment for Medicare-covered diagnostic hearing service.</i>	<i>From in-network and out-of-network providers: \$40 copayment for Medicare-covered diagnostic hearing service.</i>

	2026 (this year)	2027 (next year)
Inpatient hospital care	<i>From in-network and out-of-network providers:</i> <i>Days 1 – 6:</i> \$225 copayment per day <i>Days 7 – 90:</i> \$0 copayment per day <i>Once you have paid either \$1,350 out of pocket maximum for your inpatient hospital care or \$7,200 out of pocket maximum for Part A and Part B medical services, the plan will cover your inpatient hospital care at no cost to you for the rest of the calendar year.</i>	<i>From in-network and out-of-network providers:</i> <i>Days 1- 6:</i> \$300 copayment per day <i>Days 7 – 90:</i> \$0 copayment per day <i>There is no longer a service category out of pocket maximum for inpatient hospital care.</i>

	2026 (this year)	2027 (next year)
Inpatient services in a psychiatric hospital	<i>From in-network and out-of-network providers:</i> <i>Days 1 – 6:</i> \$225 copayment per day <i>Days 7 – 90:</i> \$0 copayment per day <i>Once you have paid either \$1,350 out of pocket maximum for your inpatient services in a psychiatric hospital or \$7,200 out of pocket maximum for Part A and Part B medical services, the plan will cover your inpatient services in a psychiatric hospital at no cost to you for the rest of the calendar year.</i>	<i>From in-network and out-of-network providers:</i> <i>Days 1- 6:</i> \$300 copayment per day <i>Days 7 – 90:</i> \$0 copayment per day <i>There is no longer a service category out of pocket maximum for inpatient services in a psychiatric hospital.</i>
Outpatient rehabilitation services – Physical therapy, occupational therapy, and speech language therapy	<i>From in-network and out-of-network providers:</i> <i>\$35 copayment for each Medicare-covered outpatient rehabilitation service.</i>	<i>From in-network and out-of-network providers:</i> <i>\$35 copayment for each Medicare-covered occupational therapy service.</i> <i>\$40 copayment for each Medicare-covered physical therapy service.</i> <i>\$40 copayment for each Medicare-covered speech language therapy service.</i>

	2026 (this year)	2027 (next year)
Outpatient diagnostic tests/procedures (non-radiological)	<i>From in-network and out-of-network providers: \$20 copayment for outpatient diagnostic test/procedures such as metabolism readings, respiratory function tests, allergy tests, and more.</i>	<i>From in-network and out-of-network providers: \$0 copayment for spirometry tests. \$20 copayment for all other outpatient diagnostic tests/procedures such as metabolism readings, respiratory function tests, allergy tests, and more.</i>

	2026 (this year)	2027 (next year)
Outpatient diagnostic radiological services like MRI, CT scans, PET Scans, MRA, and other diagnostic radiological services.	<i>From in-network and out-of-network providers:</i> <i>\$0 copayment for the first mammogram of the calendar year, whether preventive or diagnostic.</i> <i>Any subsequent diagnostic mammogram in the same calendar year will be subject to the maximum copayment of</i> <i>\$290 for radiological diagnostic procedures.</i> <i>\$290 copayment for Medicare-covered diagnostic radiology services such as MRI, CT scan, PET Scan, MRA, Nuclear Cardiology Studies, Virtual Colonoscopy, and all other Medicare-covered diagnostic radiology services.</i>	<i>From in-network and out-of-network providers:</i> <i>\$0 copayment for diagnostic mammograms.</i> <i>\$305 copayment for Medicare-covered diagnostic radiology services such as MRI, CT scan, PET Scan, MRA, Nuclear Cardiology Studies, Virtual Colonoscopy, and all other Medicare-covered diagnostic radiology services.</i>
Physician/Practitioner services – Specialists	<i>From in-network and out-of-network providers:</i> <i>\$35 copayment for Medicare-covered physician specialist visits and specific medical procedures.</i>	<i>From in-network and out-of-network providers:</i> <i>\$40 copayment for Medicare-covered physician specialist visits and specific medical procedures.</i>

	2026 (this year)	2027 (next year)
Other Health Care Professional Services	<i>From in-network and out-of-network providers:</i> <i>\$0 copayment for primary care other healthcare professional services.</i> <i>\$35 copayment for Specialist other health care professional services.</i>	<i>From in-network and out-of-network providers:</i> <i>\$0 copayment for primary care other healthcare professional services.</i> <i>\$40 copayment for Specialist other health care professional services.</i>
Additional Telehealth Services – Specialty Services	<i>In-network providers only:</i> <i>\$35 copayment for Medicare-covered specialist telehealth visits.</i>	<i>In-network providers only:</i> <i>\$40 copayment for Medicare-covered specialist telehealth visits.</i>
Podiatry Services	<i>From in-network and out-of-network providers:</i> <i>\$35 copayment for each Medicare-covered podiatry service.</i>	<i>From in-network and out-of-network providers:</i> <i>\$40 copayment for each Medicare-covered podiatry service.</i>
Vision Services	<i>From in-network and out-of-network providers:</i> <i>\$35 copayment for each Medicare-covered vision exam to diagnose and treat diseases and conditions of the eye.</i>	<i>From in-network and out-of-network providers:</i> <i>\$40 copayment for each Medicare-covered vision exam to diagnose and treat diseases and conditions of the eye.</i>

	2026 (this year)	2027 (next year)
Skilled nursing facility (SNF) care	<i>From in-network and out-of-network providers:</i> <i>Days 1 – 20: \$0 copayment per day</i> <i>Days 21 – 65: \$160 copayment per day</i> <i>Days 66 – 100: \$0 copayment per day</i>	<i>From in-network and out-of-network providers:</i> <i>Days 1 – 20: \$0 copayment per day</i> <i>Days 21 – 100: \$160 copayment per day</i>
Worldwide Emergency/Urgent care coverage	<i>\$275 copayment for covered worldwide emergency ground ambulance transport outside the United States and its territories.</i>	<i>\$325 copayment for covered worldwide emergency ground ambulance transport outside the United States and its territories.</i>
Diabetic Supplies and Services – Diabetic Monitors	<i>From in-network and out-of-network providers:</i> <i>0% coinsurance for preferred brand glucometers.</i> <i>20% coinsurance for non-preferred brand glucometers.</i>	<i>From in-network and out-of-network providers:</i> <i>0% coinsurance for preferred blood glucose monitors.</i> <i>20% coinsurance for non-preferred blood glucose monitors, continuous glucose monitors, and ambulatory infusion pumps.</i>

	2026 (this year)	2027 (next year)
Diabetic Supplies and Services – Diabetic Supplies	<i>From in-network and out-of-network providers:</i> <i>20% Coinsurance for preferred and non-preferred test strips and lancets.</i>	<i>From in-network and out-of-network providers:</i> <i>20% coinsurance for preferred and non-preferred blood glucose test strips, preferred and non-preferred lancets, supplies for external infusion pumps, supplies for continuous glucose monitors, and blood glucose control/calibration solutions.</i>

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is posted online at [geisinger.org/geisinger-gold-formulary](https://www.geisinger.org/geisinger-gold-formulary).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to

find a new drug. Call Pharmacy Customer Care at 1-800-988-4861 (TTY users call 711 or 1-800-654-5984) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by *September 30th, 2026*, call Customer Care at 1-800-498-9731 (TTY users call 711 or 1-800-654-5984) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Preferred Brand, Non-Preferred Brand, and Specialty Tier drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2026 (this year)	2027 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	<i>\$700 for Tier 3, Tier 4 and Tier 5 drugs except for covered insulin products and Part D Vaccines</i> <i>During this stage, you pay \$1.00 cost sharing on Preferred Generic, \$2.00 copayment on Generic, and \$0.00 copayment on Select Care Drug and the full cost on Preferred Brand, Non-Preferred Brand and Specialty Tier until you reach the yearly Deductible.</i>

Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

The table shows your cost per prescription (one-month retail) during this stage.

	2026 (this year)	2027 (next year)
Tier 1 - Preferred Generic: (one-month supply) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$2.00 <i>Your cost for a one-month (30-day) mail-order prescription is \$0.</i>	\$1.00 <i>Your cost for a one-month (30-day) mail-order prescription is \$0.</i>
Tier 2 - Generic: (one-month supply) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$20.00 <i>Your cost for a one-month (30-day) mail-order prescription is \$0.</i>	\$2.00 <i>Your cost for a one-month (30-day) mail-order prescription is \$0.</i>
Tier 3 - Preferred Brand: (one-month supply) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of total cost. <i>You pay \$35 per month supply of each covered insulin product on Tier 3.</i> <i>Your cost for a one-month (30-day) mail order prescription is 25% of the total cost.</i> <i>Your cost for a one-month mail-order supply of covered insulin on Tier 3 is no more than \$35 per month.</i>	25% of total cost. <i>You pay \$35 per month supply of each covered insulin product on Tier 3.</i> <i>Your cost for a one-month (30-day) mail order prescription is 25% of the total cost.</i> <i>Your cost for a one-month mail-order supply of covered insulin on Tier 3 is no more than \$35 per month.</i>

	2026 (this year)	2027 (next year)
Tier 4 – Non-Preferred Brand: (one-month supply) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	34% of total cost. <i>You pay \$35 per month supply of each covered insulin product on Tier 4.</i> <i>Your cost for a one-month (30-day) mail order prescription is 34% of the total cost.</i> <i>Your cost for a one-month mail-order supply of covered insulin on Tier 4 is no more than \$35 per month.</i>	31% of total cost. <i>You pay \$35 per month supply of each covered insulin product on Tier 4.</i> <i>Your cost for a one-month (30-day) mail order prescription is 31% of the total cost.</i> <i>Your cost for a one-month mail-order supply of covered insulin on Tier 4 is no more than \$35 per month.</i>
Tier 5 – Specialty Tier: (one-month supply) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	33% of the total cost. <i>Your cost for a one-month mail-order prescription is 33% of the total cost.</i>	25% of the total cost. <i>Your cost for a one-month mail-order prescription is 25% of the total cost.</i>
Tier 6 – Select Care Drug: (one-month supply) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$0.00 <i>Your cost for a one-month mail-order prescription is \$0.00.</i>	\$0.00 <i>Your cost for a one-month mail-order prescription is \$0.00.</i>

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Hearing Aid Vendor	<i>Birdsong</i>	Name changed to Birdsong Hearing Benefits powered by Epic Hearing
Medical Claims Reimbursement	<i>We will reimburse members for services within 3 years of the date of service.</i>	We will reimburse members for services within 1 year of the date of service.
Provider Directory	<i>Provider/Pharmacy Directory was combined into one directory</i>	There is a separate directory for the Pharmacy and a separate directory for the Providers

SECTION 3 How to Change Plans

To stay in Geisinger Gold Preferred Complete Rx (PPO), you don't need to do anything.

Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our *Geisinger Gold Preferred Complete Rx (PPO)*.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from *Geisinger Gold Preferred Complete Rx (PPO)*. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from *Geisinger Gold Preferred Complete Rx (PPO)*.

- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Care at 1-800-498-9731 (TTY users call 711 or 1-800-654-5984) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Geisinger Indemnity Insurance Company offers other Medicare health plans *AND/OR* Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** *Pennsylvania* has a program called *PACE and PACENET* that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the *Special Pharmaceutical Benefits Program (SPBP)*. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-922-9384. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to

continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-800-988-4861 (TTY users should call 711 or 1-800-654-5984) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 5 Questions?

Get Help from Geisinger Gold Preferred Complete Rx (PPO)

- **Call Customer Care at 1-800-498-9731. (TTY users call 711 or 1-800-654-5984.)**

We're available for phone calls

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

Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage for Geisinger Gold Preferred Complete Rx (PPO)*. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [geisinger.org/geisinger-gold-plan-documents](https://www.geisinger.org/geisinger-gold-plan-documents) or call Customer Care at 1-800-498-9731 (TTY users call 711 or 1-800-654-5984) to ask us to mail you a copy.

- **Visit [geisingergold.com](https://www.geisingergold.com).**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

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

Call *PA MEDI* to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call *PA MEDI* at 1-800-783-7067. Learn more about PA MEDI by visiting

<https://www.pa.gov/agencies/aging/aging-programs-and-services/pa-medi-medicare-counseling>.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [Medicare.gov](https://www.medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.