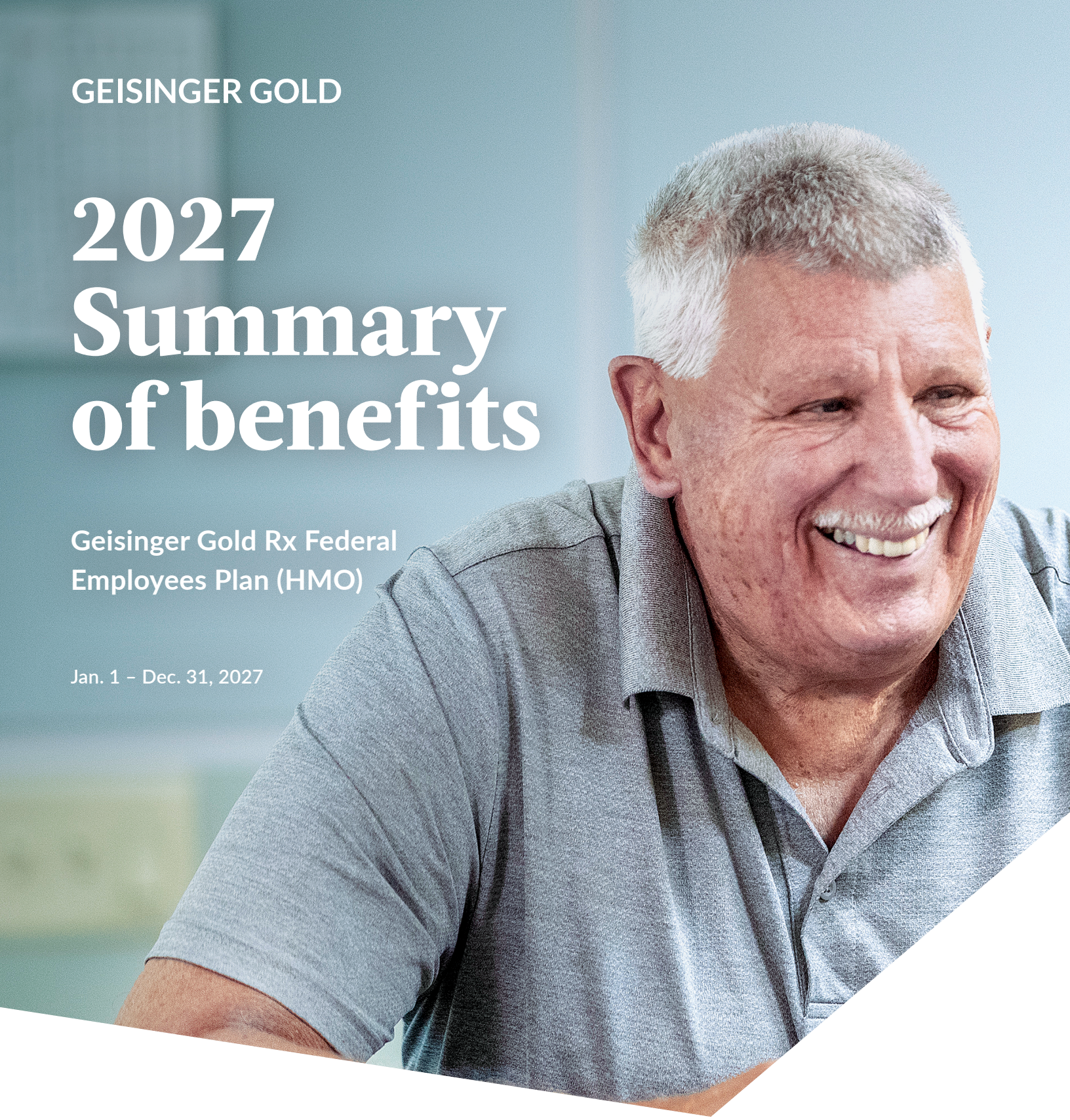
GEISINGER GOLD

2027 Summary of benefits



Geisinger Gold Rx Federal Employees Plan (HMO)

Jan. 1 – Dec. 31, 2027

Geisinger
HEALTH PLAN

fedadv_sb_27e



Have questions? We've got answers.

Speak with your local Geisinger Health Plan benefits consultant to discuss your options and enroll.

Call 866-853-1863 (TTY: 711).
Weekdays, 8 a.m. to 5 p.m. ET, excluding major holidays.

Or visit our website:
geisinger.org/egwp-sb

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

8 a.m. – 8 p.m. (Daily, October – March)
8 a.m. – 8 p.m. (Monday – Friday, April – September)
8 a.m. – 2 p.m. (Saturday, April – September)



Be confident in your Medicare plan choice.

With more savings and more value, the Geisinger Gold Rx Federal Employees Plan (HMO) is designed for Pennsylvanians like you. Maintain your FEHB enrollment while receiving the benefits of a Medicare Advantage plan designed specifically for federal retirees.

- Take advantage of $900 in savings a year with a $75 monthly Part B buyback, plus competitive contribution rates that can help lower your overall costs.
- Access a broad network of more than 33,000 providers and healthcare facilities with worldwide coverage for urgent and emergency care.

Geisinger Gold Rx Federal Employees Plan (HMO) does not replace your FEHB coverage. It works with Medicare and your FEHB benefits to provide enhanced coverage and additional value.

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Get more than just health insurance.

Geisinger Gold Medicare Advantage plans provide affordable health coverage that works the way it should.

In this booklet, you'll find an overview of the Geisinger Gold Rx Federal Employees Plan (HMO) and the coverage, benefits and member costs associated with it. As a valued Geisinger FEHB member, you may be eligible for additional benefits while keeping the FEHB coverage you know and trust.

- With an HMO plan, you must 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.
- This is a summary of the features of the Geisinger Gold Rx Federal Employees Plan (HMO). Before making a final decision, please read the Plan's Federal brochure found at **geisinger.org/egwp-sb**. All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure and the Geisinger Gold Rx Federal Employees Plan (HMO), Evidence of Coverage.

*Prior authorization may be required for certain services.

Things to consider before you enroll.

It's always smart to make sure you fully understand the benefits and rules before making a decision. Questions? Contact a benefits consultant at **866-853-1863 (TTY: 711)**, weekdays, 8 a.m. to 5 p.m. ET, excluding major holidays. Or visit geisinger.org/egwp-sb.

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 **geisinger.org/egwp-sb** or call **866-853-1863 (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 (paid to OPM), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- [ ] 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).

Geisinger Gold Rx Federal Employees Plan (HMO)

Geisinger Gold Rx Federal Employees Plan (HMO) is an HMO plan (HMO stands for health maintenance organization) with a Medicare contract. Enrollment in the plan depends on contract renewal.

To join Geisinger Gold Rx Federal Employees Plan (HMO), you must be enrolled in Medicare Part A and Part B and live in our service area.

Our service area includes the following counties in Pennsylvania: Adams, Bedford, Berks, Blair, Bradford, Cambria, Cameron, Carbon, Centre, Clearfield, Clinton, Columbia, Cumberland, Dauphin, Elk, Franklin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming and York.

Geisinger Gold Rx Federal Employees Plan (HMO)

Deductibles and out-of-pocket maximum

	Geisinger Gold Rx Federal Employees Plan (HMO)
Monthly premium	You must pay your FEHB monthly contribution
Part B premium reduction	$75/month back in your Social Security check
Yearly medical deductible	$0
Out-of-pocket maximum* (Does not include Part D coverage)	$0

**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 Rx Federal Employees Plan (HMO)

Medical and hospital benefits

	Geisinger Gold Rx Federal Employees Plan (HMO)
Inpatient hospital stays* Covers an unlimited number of days	$0 copay
Outpatient hospital visits*	$0 copay
Ambulatory Surgical Center (ASC)*	$0 copay
Doctor visits	
Primary care In-person & telehealth visits	$0 copay
Specialty care* In-person & telehealth visits	$0 copay
Preventive care Such as cancer screenings, cardiovascular care, diabetes care, routine screenings and immunizations, and counseling services	$0 copay
Emergency care	$0 copay
Urgent care	$0 copay
Diagnostic services*	
Labs	$0 copay
Outpatient X-rays	$0 copay
Radiology services	$0 copay
Therapeutic radiology	$0 copay
Tests and procedures	$0 copay

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

Geisinger Gold Rx Federal Employees Plan (HMO)

Medical and hospital benefits

	Geisinger Gold Rx Federal Employees Plan (HMO)
Hearing services	
Routine hearing exam	$0 copay
Hearing aids *Prescription devices*	$500 copay per ear *(Up to $1,250/year allowance per ear every 3 years)*
Dental services	
Preventive Includes two preventive cleanings and one set of X-rays	$0 copay
Vision care	
Medicare-covered vision exam	$0 copay
Mental health services*	
Outpatient mental health services	$0 copay for individual and group sessions
Inpatient visit	$0 copay
Partial hospitalization (PHP)	$0 copay
Intensive outpatient program (OP)	$0 copay
Outpatient substance abuse services (Medicare-covered)	$0 copay for individual and group sessions
Skilled nursing facility*	$0 copay
Physical & speech therapy*	$0 copay

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

	Geisinger Gold Rx Federal Employees Plan (HMO)
Ambulance services* Ground or air	$0 copay (each way)
Nonemergent ambulance transport*	$0 copay (each way)
Medicare Part B prescription drugs*	
Chemotherapy and radiation	$0 copay
Other Part B drugs	$0 copay

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

Geisinger Gold Rx Federal Employees Plan (HMO)

Additional benefits

	Geisinger Gold Rx Federal Employees Plan (HMO)
Annual routine physical exam	$0 copay
Medicare-covered chiropractic services Only manual manipulation of the spine to correct subluxation is covered	$0 copay
Diabetic needs	
Monitoring supplies*	$0 copay
Therapeutic shoes or inserts	$0 copay
Durable medical equipment (DME)* And related supplies	$0 copay
Fitness benefit	$0 annual fee (Silver&Fit®)
Foot care	$0 copay routine foot care (4/year) $0 copay podiatry visits
Home health agency care*	$0 copay
Hospice	$0 copay
Kidney disease services Dialysis	$0 copay
Nursing hotline	$0 copay
Opioid treatment program services*	$0 copay

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

	Geisinger Gold Rx Federal Employees Plan (HMO)
Outpatient rehabilitation services* Occupational therapy	$0 copay
Over-the-counter items	Up to $25/quarter allowance
Prosthetic devices And related supplies*	$0 copay
Pulmonary rehabilitation services*	$0 copay
Welcome to Medicare preventive visit	$0 copay
Worldwide coverage ($100,000 limit/year)	
Emergency care	$0 copay
Emergency transportation	$0 copay ground, $0 copay air
Urgent care	$0 copay

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





Geisinger Gold prescription drug benefits

2027 Geisinger Gold Rx Federal Employees Plan (HMO) includes Part D prescription drug coverage, which can help make managing your medication needs simpler, more convenient and more affordable:

- $0 out-of-pocket costs for vaccines and select antibiotics under Part D
- $2,400 Part D out-of-pocket maximum
- $35/month out-of-pocket maximum for covered insulin

Spread out your prescription costs

The Medicare Prescription Payment Plan (M3P) lets you pay for your Part D prescriptions in monthly installments across the calendar year instead of all at once. You'll get a bill from your plan each month rather than paying the pharmacy directly.

- Available to anyone with a Medicare drug plan or Medicare health plan with drug coverage.
- Participation is voluntary, and there's no cost to use the plan.
- The plan does not lower your drug costs; it simply spreads them out across the calendar year to help with budgeting.

Geisinger Gold prescription drug benefits

Generic, preferred brand, non-preferred drug, specialty

		Geisinger Gold Rx Federal Employees Plan (HMO)
Deductible		$0
Generic	30-day supply Retail	$10 copay
	100-day supply Retail	$20 copay
	100-day supply Mail-order	$15 copay
Preferred brand	30-day supply Retail	$45 copay
	100-day supply Retail	$90 copay
	100-day supply Mail-order	$67.50 copay
Non-preferred drug	30-day supply Retail	$60 copay
	100-day supply Retail	$120 copay
	100-day supply Mail-order	$90 copay
Specialty	30-day supply Retail	$75 copay
	100-day supply Retail	$150 copay
	100-day supply Mail-order	$112.50 copay

Cost-sharing may differ based on point of service (e.g., mail-order, retail, or long-term care [LTC]), 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.

The Geisinger Gold Rx Federal Employees Plan (HMO) features a "drug list" that tells you which Part D prescription drugs are covered by the plan. 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** or call pharmacy Customer Care:

800-988-4861 (TTY: 711)
Monday – Friday, 8 a.m. – 8 p.m., Saturday, 8 a.m. – 2 p.m.

Part D insulin	30-day supply copay	$35 retail / $35 mail-order
	60-day supply copay	$70 retail / $52.50 mail-order
	100-day supply copay	$105 retail / $52.50 mail-order



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. – 7 p.m.

Eligibility and enrollment

Who can apply?

People with Medicare who are approved to enroll in Geisinger Gold Rx Federal Employees Plan (HMO).

Important:
Before completing the Geisinger Gold Rx Federal Employees Plan (HMO) Enrollment Application, be sure you meet all OPM eligibility criteria and complete all required OPM-specific enrollment instructions.

To join Geisinger Gold Rx Federal Employees Plan (HMO), you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area
- Have both:
  - Medicare Part A (Hospital insurance)
  - Medicare Part B (Medical insurance)

How do I enroll?

You can join a plan:

- During your plan's Open Enrollment Period (OEP). For 2027 coverage, the OEP is Nov. 9 through Dec. 14, 2026 (coverage effective Jan. 1 – Dec. 31, 2027).
- Within 3 months of first getting Medicare.
- You may be able to enroll outside the OEP if you meet certain eligibility requirements. Refer to OPM for more information.

Visit **opm.gov/healthcare-insurance** to learn more about when you can sign up for a plan.

Reminder:
If you want to join a plan during Open Enrollment (Nov. 9 – Dec. 14), the plan must receive your completed form by Dec. 14.

What happens next?

Send your completed and signed application to:

Geisinger Gold
ATTN: Enrollment 32-20
100 N. Academy Ave.
Danville, PA 17822-3227

Once your request to join is processed, the Geisinger Health Plan Enrollment team will contact you.

How do I get help with the application?

Call Geisinger Gold Rx Federal Employees Plan (HMO) at 866-853-1863 (TTY: 711). Representatives are available Monday through Friday, 8 a.m. to 5 p.m., excluding holidays.

En español: Llame a Geisinger Gold al 800-483-2598 / 711 o a Medicare gratis al 800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

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.

Notice of Availability

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 quí vị cần thông dịch viên xin gọi 800-447-4000 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 (711 :TTY) 800-447-4000. 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 oswa 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ございます。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

Organized Health Care Arrangement Designation

As covered entities, the below-listed separate Geisinger Health (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.

The OHCA includes Geisinger Affiliated Covered Entities and Geisinger Health Plan Cover Entities.

Notes

GEISINGER GOLD

Geisinger
HEALTH PLAN

Enrolling in a Geisinger Health Plan Medicare health plan for Federal Members will not affect the benefits you receive through the Federal Employees Health Benefits (FEHB) Program, although the network and other rules of Medicare may apply. FEHB Program coverage is described in the Federal brochure.

Want to know more about the coverage and costs of Original Medicare? Look in your "Medicare & You" handbook. See it online at **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.

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.

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. Risant Health, Inc. is the parent organization of Geisinger.

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