

This **Summary of Benefits** contains 2019 plan information for:

- **Geisinger Gold Classic - Verizon**

For full details of services and costs for each plan, please consult the **Evidence of Coverage** at GeisingerGold.com or call us for more information.

Geisinger Gold Classic plans are HMO plans which require members to select a PCP and use network providers for covered services. Referrals to specialty care providers are not required. Prior authorization may be required for certain services.

You can also learn more about Original Medicare in the “Medicare & You” handbook. If you don’t have a copy of this booklet, you can get it at the Medicare website (medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

To join a Geisinger Gold Medicare Advantage Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Pennsylvania: Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, 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.

Call us with any questions!

From October 1 to March 31: 7 days a week from 8 a.m. to 8 p.m.

From April 1 to September 30: Monday through Friday from 8 a.m. to 8 p.m.

If you are a member, call toll-free (800) 498-9731

If you are not a member, call toll-free (800) 514-0138

TTY users should call 711

Or visit our website: GeisingerGold.com

Geisinger Gold has a network of doctors, hospitals, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You can see our plan’s provider and pharmacy directory at our website (GeisingerGold.com). Or, call us and we will send you a copy of the provider and pharmacy directories.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to one-hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048. You can also call 1-800-MEDICARE or visit www.medicare.gov for more information about Medicare.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.

2019 Medical Benefits

	Classic Advantage Rx (HMO)
Premium	Please consult your employer for premium information. In addition, you must keep paying your Medicare Part B premium.
Deductible	\$0
Annual Out-of-Pocket Maximum	\$6,700
Inpatient Hospital Care	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> • Days 1 - 5: \$50 copay per day • Days 6 - 90: \$0 copay per day • \$0 copay for additional hospital days Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
Primary Care Physician (PCP) Visit	\$10
Specialty Care Physician Visit	\$20
Annual Routine Physical Exams	\$0
Preventive Care	\$0 copay for Medicare-approved preventive services
Emergency Care	\$50 (waived if admitted)
Urgently Needed Care	\$50 (waived if admitted)
Outpatient Lab	\$0
Outpatient X-Rays	\$15 per day
Outpatient MRI, CT, PET Scans	\$75 per day
Outpatient Radiation Therapy, Nuclear Medicine	\$15 per day
Outpatient All Other Diagnostic Procedures/Tests	\$0 per day

	Classic Advantage Rx (HMO)
Hearing Services	<ul style="list-style-type: none"> • \$0 copay for up to 1 hearing aid(s) every three years • \$20 copay for Medicare-covered diagnostic hearing exams • \$20 copay for up to 1 supplemental routine hearing exam(s) every year • \$0 copay for up to 1 hearing aid fitting-evaluation(s) every three years • \$800 plan coverage limit for hearing aids every three years.
Dental Services	<p>\$0 copay for Medicare-covered dental benefits</p> <ul style="list-style-type: none"> • In general, preventive dental benefits (such as cleaning) are not covered.
Vision Services	<p>\$0 copay for</p> <ul style="list-style-type: none"> • one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery • \$150 plan coverage limit for routine eye wear every two years. <p>\$0 to \$20 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for in-network glaucoma screening once per year for people who are at high risk of glaucoma.</p>
Mental Health Care	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • Days 1 - 5: \$50 copay per day • Days 6 - 90: \$0 copay per day • \$0 copay for additional hospital days <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <ul style="list-style-type: none"> • Outpatient group therapy visit: \$10 copay • Outpatient individual therapy visit: \$10 copay
Skilled Nursing Facility	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$25 copay per day for days 21 through 100

	Classic Advantage Rx (HMO)
Outpatient Rehabilitation	<ul style="list-style-type: none"> • Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$10 copay • Occupational therapy visit: \$10 copay • Physical therapy and speech and language therapy visit: \$10 copay
Ambulance	\$50 (Waived if admitted)
Transportation	Not covered
Podiatry (foot care)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$20 copay
Durable Medical Equipment (DME)	10% of the cost for Medicare-covered items
Prosthetics and Related Supplies	<ul style="list-style-type: none"> • Prosthetic devices: \$0 copay • Related medical supplies: \$0 copay
Health Club/ Fitness Center	\$90 allowance every 3 months
Part B Drugs	<ul style="list-style-type: none"> • 10% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. • \$1,000 annual out-of-pocket maximum for Part B drugs.
Home Health Services (includes related medical supplies)	\$0
Outpatient Hospital Surgery/Ambulatory Surgical Center	<ul style="list-style-type: none"> • Ambulatory surgical center: \$50 copay per visit • Outpatient hospital: \$50 copay per visit
Diabetes Supplies and Services	<ul style="list-style-type: none"> • Diabetes monitoring supplies: \$0 copay • Diabetes self-management training: You pay nothing • Therapeutic shoes or inserts: \$0 copay
Chiropractic Services	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
Renal Dialysis	\$0 copay

2019 Prescription Drug Coverage

- Your prescription drug benefit covers drugs approved by the Health Plan Pharmacy and Therapeutics Committee and listed on the Health Plan Formulary.
- You pay a \$5, \$15 or \$45 copayment for each prescription or refill (based on which formulary tier your drug is on).
- Coverage is for prescriptions obtained from a Health Plan participating pharmacy.
- Over-the-counter drugs are not included in this benefit.
- Additional limitations and restrictions apply.
- For more information, please contact the Health Plan Pharmacy Department.
- You can obtain your prescriptions through the Health Plan's Mail Order Pharmacy Program:
 - You must have a doctor's prescription, payment and completed form. You can obtain a 90-day supply for a \$10, \$30 or \$90 copayment for each prescription or refill (based on which formulary tier your drug is on).
 - This plan has no coverage gap (donut hole).
- After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:
 - 5% of the cost, or
 - \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs.

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at (800) 514-0138.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit GeisingerGold.com or call (800) 514-0138 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 are not listed, it means 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 will likely have to select a new pharmacy for your prescriptions.

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 copayments/co-insurance may change on January 1 each year.
- 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).