

GEISINGER GOLD

2027 plan overview

Participating provider
reference guide

Geisinger
HEALTH PLAN

About Geisinger Gold

Geisinger Gold is the Medicare Advantage product line of Geisinger Health Plan (GHP), a physician-led organization focused on keeping members healthy and delivering strong value in healthcare coverage.

For 2026, Geisinger Gold HMO and PPO plans earned a 4.5-Star rating from Medicare and GHP was recognized by *U.S. News & World Report* as the top-rated Medicare Advantage plan in Pennsylvania. Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next.

Plans for 2027

- Geisinger Gold Classic Complete Rx (HMO)
- Geisinger Gold Classic Essential Rx (HMO)
- Geisinger Gold Classic Advantage Rx (HMO)
- Geisinger Gold Value Rx (HMO)
- Geisinger Gold Heritage (HMO)
- Geisinger Gold Classic 360 Rx (HMO)
- Geisinger Gold Secure Rx (HMO D-SNP)
- Geisinger Gold Preferred Complete Rx (PPO)
- Geisinger Gold Preferred Advantage Rx (PPO)
- Geisinger Gold Preferred Balance Rx (PPO)

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Geisinger Gold 2027 service counties

Ten plans are available for 2027 across HMO, HMO D-SNP and PPO product lines, serving members in up to 64 counties statewide.

HMO plans	Counties available
Classic Complete Rx	Midstate region: Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Chester, Clearfield, Clinton, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Northampton, Perry, Pike, Potter, Somerset, Sullivan, Susquehanna, Tioga, Wayne, Wyoming, York Central region: Columbia, Luzerne, Montour, Northumberland, Schuylkill, Snyder, Union
Classic Essential Rx	Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Chester, Clearfield, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York
Classic Advantage Rx	Midwest region: Adams, Berks, Blair, Bradford, Cambria, Cameron, Chester, Clearfield, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Jefferson, Lancaster, Lebanon, Perry, Potter, Somerset, Tioga, York Central region: Columbia, Luzerne, Montour, Northumberland, Schuylkill, Snyder, Union Midstate region: Bucks, Carbon, Centre, Clinton, Juniata, Lackawanna, Lehigh, Lycoming, Mifflin, Monroe, Northampton, Pike, Sullivan, Susquehanna, Wayne, Wyoming
Value Rx	Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York
Heritage	Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York
Classic 360 Rx	Blair, Bucks, Cambria, Centre, Clearfield, Clinton, Huntingdon, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Northampton, Pike, Sullivan, Susquehanna, Wyoming
Geisinger Gold Secure Rx (HMO D-SNP)	Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York

PPO plans	Counties available
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
Preferred Advantage Rx	Northeast, Central & Midwest region: 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 South & East region: Adams, Berks, Bucks, Carbon, Chester, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Lehigh, Monroe, Northampton, Perry, York
New: Preferred Balance 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

What's new for 2027



Geisinger Gold Preferred Balance Rx (PPO), a competitively priced plan with \$0 copays on Tier 1 and Tier 2 mail-order prescriptions and supplemental benefits such as dental, vision, hearing and fitness, included at no extra cost. See all benefits on page 13.



Additional benefits for plans that offer dental benefits:

- \$0 copay for fluoride treatments (2/year)
- Preventive decay-arresting medications (2/year)
- Problem-focused oral evaluations, 2/year (in addition to the periodic oral exams)



\$0 copay for spirometry services



\$0 diagnostic mammograms

Notes and important information

Podiatry

If podiatry services extend beyond routine foot care (for example, treatment of thickened nails requiring the use of a grinder), member cost-sharing may apply. Members should call the Customer Care number on the back of their member ID card or **800-498-9731** for benefit details.

Hearing

Prescription hearing aid benefits are administered through Birdsong Hearing Benefits powered by Epic Hearing and must be obtained from participating Birdsong Hearing Benefits powered by Epic Hearing providers. To locate a participating provider, visit **birdsonghearing.com**.

Geisinger Gold Heritage (HMO) and Geisinger Gold Preferred Balance Rx (PPO) also include over-the-counter (OTC) hearing aid allowances. OTC hearing aid benefits are administered through NationsBenefits at **geisinger.nationsbenefits.com**.

Dental

Dental benefits for Geisinger Gold members are administered through SKYGEN (formerly Scion Dental). Members can obtain covered dental services from any in- or out-of-network licensed dentist. However, using a SKYGEN network provider is typically the lowest cost option for supplemental preventive and comprehensive dental services.

To search for a participating provider, visit **geisinger.sciondental.com/mwp/landing** and select Geisinger Medicare or call **877-378-5292** for assistance.

Durable medical equipment

Geisinger Gold partners with Tomorrow Health to coordinate and fulfill durable medical equipment (DME) and medical supply orders for members. New equipment requests are managed through Tomorrow Health's provider network.

To place or manage orders, visit **home.tomorrowhealth.com/providers** or call **844-402-4344**.

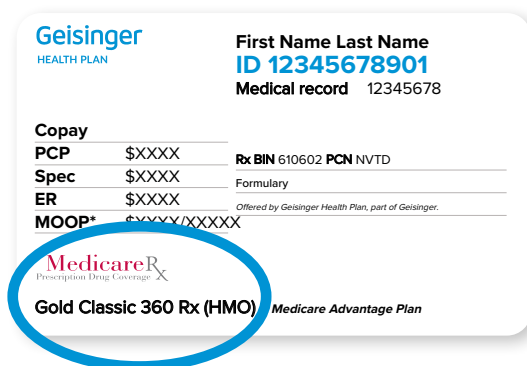
Prior authorization partners

- Cohere Health administers and streamlines prior authorization requests for many inpatient and outpatient services, including home health, musculoskeletal, cardiology, pain management and sleep study services. For more information, visit **coherehealth.com/provider/resources**.
- HealthHelp administers the consultative authorization process for advanced imaging services. For more information, visit **healthhelp.com/geisinger**.
- OncoHealth manages prior authorization requests for oncology drugs and treatments to help expedite approvals. For more information, visit **oneum.oncohealth.us**.

Geisinger Gold HMO plans

Geisinger Gold Medicare Advantage HMO plans offer a range of affordable benefits, which may include dental, vision, wellness and over-the-counter allowances. You also get access to Geisinger doctors and facilities, plus more than 30,000 community- and regional-based doctors and more than 180 hospitals across Pennsylvania.

Members that have a Geisinger Gold HMO plan have a member ID that looks like this:

A sample Geisinger Health Plan member ID card. The card is white with a blue header. The header includes the Geisinger logo and the text "HEALTH PLAN". Below the header, there is a section for "First Name Last Name" and "ID 12345678901". Below that, there is a section for "Medical record" and "12345678". The card also includes a "Copoly" section with fields for "PCP", "Spec", "ER", and "MOOP*", each with a corresponding dollar amount (\$XXXX). To the right of these fields, there is a section for "Rx BIN 610602 PCN NVTD" and "Formulary". Below the "Formulary" section, there is a note: "Offered by Geisinger Health Plan, part of Geisinger." At the bottom of the card, there is a red circle around the text "MedicareRx Prescription Drug Coverage". Below the circle, there is a section for "Gold Classic 360 Rx (HMO) Medicare Advantage Plan".

Geisinger HEALTH PLAN	
First Name Last Name ID 12345678901	
Medical record 12345678	
Copoly	
PCP	\$XXXX
Spec	\$XXXX
ER	\$XXXX
MOOP*	\$XXXX/XXXXX
Rx BIN 610602 PCN NVTD	
Formulary	
Offered by Geisinger Health Plan, part of Geisinger.	
MedicareRx Prescription Drug Coverage	
Gold Classic 360 Rx (HMO) Medicare Advantage Plan	

- Geisinger Gold Classic Complete Rx (HMO)
- Geisinger Gold Classic Essential Rx (HMO)
- Geisinger Gold Classic Advantage Rx (HMO)
- Geisinger Gold Value Rx (HMO)
- Geisinger Gold Heritage (HMO)
- Geisinger Gold Classic 360 Rx (HMO)

Geisinger Gold HMO plan overview chart

For specific prescription drug plan benefits, refer to page 15.

	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)	Classic Advantage Rx (HMO)	Value Rx (HMO)	Heritage (HMO)	Classic 360 Rx (HMO)
Deductibles & out-of-pocket maximum						
Yearly medical deductible	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-pocket maximum* (Does not include Part D)	\$5,700	\$7,150	\$3,450	\$9,000	\$6,700	\$9,850
Inpatient services**						
Inpatient hospital stays Covers an unlimited number of days	\$200/day copay (days 1 – 5) \$0/day copay (days 6 – 90)	\$275/day copay (days 1 – 6) \$0/day copay (days 7 – 90)	\$150/day copay (days 1 – 5) Not to exceed \$750 annually \$0/day copay (days 6 – 90)	\$265/day copay (days 1 – 6) \$0/day copay (days 7 – 90)	\$150/day copay (days 1 – 5) Not to exceed \$750 annually \$0/day copay (days 6 – 90)	\$250/day copay (days 1 – 6) \$0/day copay (days 7 – 90)
Inpatient psychiatric stay	\$200/day copay (days 1 – 5) \$0/day copay (days 6 – 90)	\$275/day copay (days 1 – 6) \$0/day copay (days 7 – 90)	\$150/day copay (days 1 – 5) Not to exceed \$750 annually \$0/day copay (days 6 – 90)	\$265/day copay (days 1 – 6) \$0/day copay (days 7 – 90)	\$150/day copay (days 1 – 5) Not to exceed \$750 annually \$0/day copay (days 6 – 90)	\$250/day copay (days 1 – 6) \$0/day copay (days 7 – 90)
Skilled nursing facility	\$0 copay (days 1 – 20) \$160/day copay (days 21 – 100)	\$0 copay (days 1 – 20) \$160/day copay (days 21 – 100)	\$0 copay (days 1 – 20) \$160/day copay (days 21 – 100)	\$0 copay (days 1 – 20) \$203/day copay (days 21 – 100)	\$0 copay (days 1 – 20) \$160/day copay (days 21 – 100)	\$0 copay (days 1 – 20) \$160/day copay (days 21 – 100)
Outpatient services						
Outpatient hospital visits**	\$0 – \$245 copay	\$0 – \$285 copay	\$0 – \$200 copay	\$0 – \$350 copay	\$0 – \$200 copay	\$0 – \$325 copay
Ambulatory Surgical Center (ASC)**	\$0 – \$245 copay	\$0 – \$285 copay	\$0 – \$200 copay	\$0 – \$350 copay	\$0 – \$200 copay	\$0 – \$325 copay
Emergency care***	\$130 copay	\$130 copay	\$150 copay	\$115 copay	\$130 copay	\$115 copay
Urgent care***	\$35 copay	\$30 copay	\$20 copay	\$35 copay	\$20 copay	\$25 copay
Ambulance services†† Ground or air	\$200 copay (each way)	\$200 copay (each way)	\$100 copay (each way)	\$275 copay (each way)	\$100 copay (each way)	\$275 copay (each way)
Nonemergent ambulance transport**	\$200 copay (each way)	\$200 copay (each way)	\$100 copay (each way)	\$275 copay (each way)	\$100 copay (each way)	\$275 copay (each way)
Professional services						
Primary care In-person & telehealth visits	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialty care** In-person & telehealth visits	\$35 copay	\$35 copay	\$20 copay	\$35 copay (\$0 copay for endocrinologist)	\$15 copay	\$30 copay
Preventive care Such as cancer screenings, cardiovascular care, diabetes care, routine screenings and immunizations and counseling services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Annual routine physical exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Welcome to Medicare preventive visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Physical & speech therapy**	\$35 copay	\$35 copay	\$20 copay	\$35 copay	\$20 copay	\$35 copay
Outpatient rehabilitation services** Occupational therapy	\$35 copay	\$35 copay	\$20 copay	\$35 copay	\$20 copay	\$35 copay
Medicare-covered chiropractic services Only manual manipulation of the spine to correct subluxation is covered	\$15 copay	\$15 copay	\$20 copay	\$15 copay	\$15 copay	\$15 copay
Podiatry	\$35 copay	\$35 copay	\$20 copay	\$0 copay	\$15 copay	\$30 copay
Routine nail trim	\$0 copay (4/year)	\$0 copay (4/year)	\$0 copay (4/year)	\$0 copay (4/year)	\$0 copay (4/year)	\$0 copay (4/year)
Pulmonary rehabilitation services**	\$0 copay	\$0 copay	\$0 copay	\$15 copay	\$0 copay	\$15 copay
Home health agency care**	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic services**						
Labs	\$5/day copay	\$10/day copay	\$5/day copay	\$0/day copay for A1c testing; \$10/day copay for all other services	\$0/day copay	\$0/day copay
Outpatient X-rays	\$35 copay	\$35 copay	\$25 copay	\$35 copay	\$25 copay	\$35 copay
Radiology services†††	\$0 – \$265 copay	\$0 – \$235 copay	\$0 – \$150 copay	\$0 – \$240 copay	\$0 – \$150 copay	\$0 – \$275 copay
Therapeutic radiology‡	\$35 – \$60 copay	\$35 – \$60 copay	\$25 – \$60 copay	\$35 – \$60 copay	\$25 – \$60 copay	\$35 – \$60 copay
Tests and procedures	\$5 copay	\$10 copay	\$5 copay	\$10 copay	\$0 copay	\$0 copay
Mental health & substance use services**						
Partial hospitalization (PHP)	\$55/day copay	\$55/day copay	\$25/day copay	\$70/day copay	\$25/day copay	\$55/day copay
Intensive outpatient program (OP)	\$55/day copay	\$55/day copay	\$25/day copay	\$70/day copay	\$25/day copay	\$55/day copay
Outpatient substance abuse services (Medicare-covered)	\$10/individual session copay \$5/group session copay	\$10/individual session copay \$5/group session copay	\$10/individual session copay \$5/group session copay	\$10/individual session copay \$5/group session copay	\$10/individual session copay \$5/group session copay	\$10/individual session copay \$5/group session copay
Opioid treatment program services	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Dental services						
Medicare-covered**	\$35 copay	\$35 copay	\$20 copay	\$35 copay	\$15 copay	\$30 copay
Comprehensive • Endodontics • Extractions • Periodontics • Removable prosthodontics • Restorative services	\$0 copay (Up to \$750/year allowance for combined comprehensive and preventive services)	Not covered	\$0 copay (Up to \$1,250/year allowance for combined comprehensive and preventive services)	\$0 copay (Up to \$500/year allowance for combined comprehensive and preventive services)	\$0 copay (Up to \$2,000/year allowance for combined comprehensive and preventive services)	\$0 copay (Up to \$750/year allowance for combined comprehensive and preventive services)
Preventive • Cleanings (2/year) • Exams (2/year) • X-rays • Fluoride treatments (2/year)	\$0 copay	Not covered	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Vision care						
Medicare-covered vision exam	\$35 copay	\$35 copay	\$20 copay	\$35 copay	\$15 copay	\$30 copay
Eyewear after cataract surgery	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Routine exam (1/year)	\$20 copay	Not covered	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Supplemental vision benefit • Contact lenses • Eyeglass lenses • Eyeglass frames	\$0 copay with up to \$100/year allowance	Not covered	\$0 copay with up to \$200/year allowance	\$0 copay with up to \$135/year allowance	\$0 copay with up to \$200/year allowance	\$0 copay with up to \$200/year allowance
Medicare-covered diabetic eye exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Hearing services						
Medicare-covered diagnostic exam	\$35 copay	\$35 copay	\$20 copay	\$35 copay	\$15 copay	\$30 copay
Routine exam (1/year)	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Hearing aids Prescription devices	\$500 copay per ear (Up to \$1,250/year allowance, per ear every 3 years)	Not covered	\$500 copay per ear (Up to \$1,250/year allowance, per ear every 3 years)	Not covered	\$500 copay per ear (Up to \$1,250/year allowance, per ear every 3 years)	Not covered
Hearing aid evaluation/fitting	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Over-the-counter hearing aids	Not covered	Not covered	Not covered	Not covered	Up to \$250 allowance, 1 pair every 2 years	Not covered
Medicare Part B prescription drugs						
Chemotherapy & radiation**	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Other Part B drugs**	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Insulin	Capped at \$35/month	Capped at \$35/month	Capped at \$35/month	Capped at \$25/month	Capped at \$35/month	Capped at \$35/month
Diabetic needs						
Diabetic monitoring supplies**	0% – 20% coinsurance	0% – 20% coinsurance	0% – 20% coinsurance	0% – 20% coinsurance	0% – 20% coinsurance	0% – 20% coinsurance
Therapeutic shoes or inserts	20% coinsurance	20% coinsurance	20% coinsurance	\$0 copay	20% coinsurance	20% coinsurance
Additional benefits						
Part B premium reduction (added back to your Social Security check)	Not applicable	Not applicable	Not applicable	Not applicable	\$70/month	Not applicable
Durable medical equipment (DME)** And related supplies	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Prosthetic devices** And related supplies	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Fitness benefit	Up to \$90 allowance every 3 months	Not covered	Up to \$90 allowance every 3 months	\$0 annual fee (Silver&Fit®) \$0 copay 1 home fitness kit/year	Up to \$90 allowance every 3 months	\$0 annual fee (Silver&Fit®) \$0 copay 1 home fitness kit/year
Over-the-counter items	Not covered	Not covered	Not covered	Up to \$40/month allowance	Up to \$40/month allowance	Up to \$50/quarter allowance
Kidney disease services, dialysis	10% coinsurance in home services 20% coinsurance in facility services	10% coinsurance in home services 20% coinsurance in facility services	10% coinsurance in home services 20% coinsurance in facility services	20% coinsurance	10% coinsurance in home services 20% coinsurance in facility services	10% coinsurance in home services 20% coinsurance in facility services
Hospice	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Nursing hotline	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Worldwide coverage (\$100,000 limit/year)						
• Emergency care***	\$130 copay	\$130 copay	\$150 copay	\$115 copay	\$130 copay	\$115 copay
• Emergency transportation†	\$200 copay ground \$1,000 copay air	\$200 copay ground \$1,000 copay air	\$100 copay ground \$1,000 copay air	\$275 copay ground \$1,000 copay air	\$100 copay ground \$1,000 copay air	\$275 copay ground \$1,000 copay air
• Urgent care***	\$35 copay	\$30 copay	\$20 copay	\$35 copay	\$20 copay	\$25 copay

Notes and definitions

* Out-of-pocket maximum is the most you'll pay for covered services in a plan year. Once reached, all remaining covered services are paid by the plan.

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

*** Emergency and urgent care copays are waived if admitted to hospital within 3 days for the same condition.

† Ground transportation copayment is waived if admitted as an inpatient to a hospital within 3 days for the same condition. Worldwide air ambulance cost sharing is not waived if you are admitted to the hospital.

†† Ambulance copays are waived if admitted.

††† Mammography; \$0 copayment for the 1st mammogram of the calendar year, whether preventive or diagnostic.

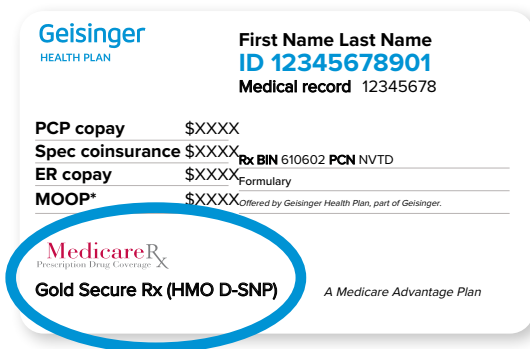
‡ Therapeutic radiology: Lower copay applies to Medicare-covered radiation therapy; higher copay applies to Medicare-covered advanced radiation therapy, including IMRT and other advanced treatments.

HMO plan requirement: Members must select a primary care physician (PCP) to coordinate care and use in-network providers and hospitals.

Geisinger Gold Secure Rx (HMO D-SNP) plan

Available to those who qualify for both Medicare and full Medicaid, Geisinger Gold Secure Rx (HMO D-SNP) works with Medicaid coverage to provide added benefits at no extra monthly cost.

Members that have a Geisinger Gold Secure Rx (HMO D-SNP) plan have a member ID that looks like this:



Geisinger Gold Secure Rx (HMO D-SNP) plan overview chart

For specific prescription drug plan benefits, refer to page 15.

Cost-sharing amounts reflected below are subject to coordination of benefits with the member's Medicaid MCO. Actual member liability may vary based on Medicaid eligibility and coverage.

	Geisinger Gold Secure Rx (HMO D-SNP)
Deductibles & out-of-pocket maximum	
Yearly medical deductible	\$0
Out-of-pocket maximum* Does not include Part D coverage	\$9,850
Inpatient services**	
Inpatient hospital stays	\$0 copay
Inpatient psychiatric stays	\$0 copay for each stay \$0 copay 60 lifetime days
Skilled nursing facility	\$0 copay for each stay \$0 copay for 100 days/benefit period
Outpatient services	
Outpatient hospital visits**	\$0 copay
Ambulatory Surgical Center (ASC)**	\$0 copay
Emergency care	\$0 copay
Urgent care	\$0 copay
Ambulance services (ground and air)	\$0 copay (each way)
Transportation services Nonemergency, medical-related	\$0 copay Up to \$325 allowance/year
Nonemergent ambulance transport**	\$0 copay (each way)
Professional services	
Primary care In-person & telehealth	\$0 copay
Specialty care ** In-person & telehealth	\$0 copay
Preventive care Such as cancer screenings, cardiovascular care, diabetes care, routine screenings and immunizations and counseling services	\$0 copay
Annual routine physical exam	\$0 copay
Welcome to Medicare preventive visit	\$0 copay
Physical & speech therapy**	\$0 copay
Outpatient rehabilitation** Occupational therapy	\$0 copay
Medicare-covered chiropractic services Only manual manipulation of the spine to correct subluxation is covered	\$0 copay
Podiatry	\$0 copay
Routine nail trim	\$0 copay (4/year)
Pulmonary rehabilitation services**	\$0 copay
Home health agency care**	\$0 copay
Diagnostic services**	
Labs	\$0/day copay
Outpatient X-rays	\$0 copay
Radiology services	\$0 copay
Therapeutic radiology	\$0 copay
Tests and procedures	\$0 copay
Mental health & substance use services**	
Partial hospitalization (PHP)	\$0 copay
Intensive outpatient program (OP)	\$0 copay
Outpatient substance abuse services (Medicare-covered)	\$0/individual therapy session copay \$0/group therapy session copay
Opioid treatment program services	\$0 copay
Dental services	
Medicare-covered**	\$0 copay
Comprehensive • Endodontics • Extractions • Periodontics • Removable prosthodontics • Restorative services	\$0 (Up to \$4,500/year combined allowance for comprehensive and preventive dental services)
Preventive • Cleanings (2/year) • Exams (2/year) • Fluoride treatments (2/year) • X-rays	\$0 copay
Vision services	
Medicare-covered vision exam	\$0 copay
Eyewear after cataract surgery	\$0 copay
Supplemental vision benefit — such as contacts, eyeglass lenses and frames (separate or as a set)	Up to \$500 annual allowance
Medicare-covered diabetic eye exam	\$0 copay
Routine exam (1/year)	\$0 copay
Hearing services	
Medicare-covered diagnostic exam	\$0 copay
Routine exam (1/year)	\$0 copay
Hearing aids, all types	\$0 copay per ear \$2,950 maximum benefit per ear every 3 years
Hearing aid evaluation/fitting	\$0 copay
Medicare Part B prescription drugs	
• Chemotherapy and radiation** • Other Part B drugs**	\$0 copay
Insulin	Capped at \$35/month
Diabetic needs	
Monitoring supplies**	\$0 copay
Therapeutic shoes or inserts	\$0 copay
Additional benefits	
Durable medical equipment (DME)** And related supplies	\$0 copay
Prosthetic devices** And related supplies	\$0 copay
Fitness benefit	\$0 annual fee (Silver&Fit®) \$0 copay 1 home fitness kit/year
Over-the-counter items and home & bath safety devices (Members who qualify for SSBCI may also use the allowance to purchase healthy foods and/or pay for utilities.***)	Up to \$155/month allowance
Kidney disease services, dialysis	\$0 copay
Personal emergency response system (PERS)	Up to \$700/year
Hospice	\$0 copay
Nursing hotline	\$0 copay
Worldwide coverage • Emergency care • Emergency transportation • Urgent care	\$0 copay

Notes and definitions

* Out-of-pocket maximum is the most you'll pay for covered services in a plan year. Once reached, all remaining covered services are paid by the plan.

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

*** The benefits mentioned are a part of the Special Supplemental Program for the Chronically Ill (SSBCI). Not all members qualify. Qualifying conditions include, but are not limited to, diabetes, dementia, behavioral health conditions, cancer and neurologic disorders. For more information, please review your Evidence of Coverage (EOC). Eligibility for these benefits cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided.

Important things to know about the Geisinger Gold Secure Rx (HMO D-SNP) plan

- Geisinger Gold Secure Rx (HMO D-SNP) is available throughout the Geisinger Gold service area. Members must go to providers and hospitals in the plan’s network.
- Members can obtain covered dental services from any in- or out-of-network licensed dentist. However, using a SKYGEN network dentist is typically the lowest-cost option and incurs no out-of-pocket costs for routine preventive services.
- Members must obtain covered hearing services from Birdsong Hearing Benefits powered by Epic Hearing network providers.
- Note that Pennsylvania Medicaid may require certain Geisinger Gold Secure Rx (HMO D-SNP) members to pay nominal Medicaid copays when receiving covered services. State Medicaid copay amounts will depend on the member’s level of Medical Assistance.
- If at any time during the benefit year the member loses their Pennsylvania Medical Assistance (Medicaid) eligibility, they will be given a 6-month grace period to get their Pennsylvania Medical Assistance (Medicaid) eligibility back. During this 6-month grace period, the member is responsible for paying the cost-sharing to the provider that Pennsylvania Medical Assistance (Medicaid) would otherwise have paid on their behalf.

Community HealthChoices plan contact information

Pennsylvania’s Medicaid state plan benefits and home- and community-based services are covered under a Community HealthChoices plan. For more benefit information, see the contact information below. **You do not need to be contracted with a CHC to bill Medicaid.**

Community HealthChoices plan	Phone	TTY
AmeriHealth Caritas Pennsylvania amerihealthcaritaschc.com	855-235-5115	855-235-5112
Keystone First Community HealthChoices keystonefirstchc.com	855-332-0729	855-235-4976
PA Health & Wellness pahealthwellness.com/members/ltss.html	844-824-3655	711
UPMC Community HealthChoices chc.upmchealthplan.com/en	844-833-0523	711

Geisinger Gold PPO plans

Geisinger Gold Medicare Advantage PPO plans offer more freedom to choose a doctor or hospital, with most covered services available from both in-network and out-of-network providers at the same cost-sharing.

Members that have a Geisinger Gold PPO plan have a member ID that looks like this:

Geisinger HEALTH PLAN		FIRST NAME LAST NAME ID 12345678901 Medical record 12345678	
Copay		Network:	In Out
PCP in-network \$XXXX		MOOP*	\$XXXX/XXXX\$XXXX/XXX
Spec in-network \$XXXX		Rx BIN 610602 PCN NVTPARTB	
ER copay \$XXXX		Offered by Geisinger Indemnity Insurance Company, part of Geisinger.	
NAVITUS			
Gold Preferred Basic (PPO)		<i>A Medicare Advantage Plan</i>	

- Geisinger Gold Preferred Complete Rx (PPO)
- Geisinger Gold Preferred Advantage Rx (PPO)
- New: Geisinger Gold Preferred Balance Rx (PPO)

Geisinger Gold PPO plan overview chart

For specific prescription drug plan benefits, refer to page 15.

	Preferred Complete Rx (PPO)	Preferred Advantage Rx (PPO)	New: Preferred Balance Rx (PPO)
Deductibles & out-of-pocket maximum			
Yearly medical deductible	\$0	\$0	\$350 (applies to select in-network and most out-of-network services)
Out-of-pocket maximum* Combined in & out of network; does not include Part D	\$9,850	\$4,450	\$9,850
Inpatient services**			
Inpatient hospital stays Covers an unlimited number of days	\$300/day copay (days 1 – 6) \$0/day copay (days 7 – 90)	\$200/day copay (days 1 – 6) \$0/day copay (days 7 – 90)	In- and out-of-network: \$345/day copay after deductible (days 1 – 6) \$0/day copay (days 7 – 90)
Inpatient psychiatric stays	\$300/day copay (days 1 – 6) \$0/day copay (days 7 – 90)	\$200/day copay (days 1 – 6) \$0/day copay (days 7 – 90)	In- and out-of-network: \$345/day copay after deductible (days 1 – 6) \$0/day copay (days 7 – 90)
Skilled nursing facility	\$0/day copay (days 1 – 20) \$160/day copay (days 21 – 100)	\$0/day copay (days 1 – 20) \$160/day copay (days 21 – 100)	In- and out-of-network: \$0/day copay (days 1 – 20) \$221/day copay after deductible (days 21 – 100)
Outpatient services			
Outpatient hospital visits**	\$0 – \$350 copay	\$0 – \$275 copay	In- and out-of-network: \$0 – \$400 copay after deductible
Ambulatory Surgical Center (ASC)**	\$0 – \$350 copay	\$0 – \$275 copay	In- and out-of-network: \$0 – \$400 copay after deductible
Emergency care***	\$115 copay	\$150 copay	In- and out-of-network: \$115 copay
Urgent care***	\$35 copay	\$25 copay	In- and out-of-network: \$40 copay
Ambulance services†† Ground or air	\$325 copay (each way)	\$200 copay (each way)	In-network: \$350 copay (each way) Out-of-network: \$350 copay after deductible (each way)
Nonemergent ambulance transport**	\$325 copay (each way)	\$200 copay (each way)	In-network: \$350 copay (each way) Out-of-network: \$350 copay after deductible (each way)
Professional services			
Primary care In-person & telehealth visits	\$0 copay (telehealth in-network only)	\$10 copay (telehealth in-network only)	In-network: \$0 copay (telehealth in-network only) Out-of-network: \$0 copay after deductible (telehealth in-network only)
Specialty care** In-person & telehealth visits	\$40 copay (telehealth in-network only)	\$25 copay (telehealth in-network only)	In-network: \$50 copay (telehealth in-network only) Out-of-network: \$50 copay after deductible (telehealth in-network only)
Preventive care Such as cancer screenings, cardiovascular care, diabetes care, routine screenings and immunizations and counseling services	\$0 copay	\$0 copay	In- and out-of-network: \$0 copay
Annual routine physical exam	\$0 copay	\$10 copay	In and out-of-network: \$0 copay
Welcome to Medicare preventive visit	\$0 copay	\$0 copay	In- and out-of-network: \$0 copay
Physical & speech therapy**	\$40 copay	\$25 copay	In-network: \$45 copay Out-of-network: \$45 copay after deductible
Outpatient rehabilitation services** Occupational therapy	\$35 copay	\$25 copay	In-network: \$35 copay Out-of-network: \$35 copay after deductible
Medicare-covered chiropractic services Only manual manipulation of the spine to correct subluxation is covered.	\$15 copay	\$20 copay	In-network: \$15 copay Out-of-network: \$15 copay after deductible
Podiatry	\$40 copay	\$25 copay	In-network: \$50 copay Out-of-network: \$50 copay after deductible
Routine nail trim	\$0 copay (4/year)	\$0 copay (4/year)	In- and out-of-network: \$0 copay (4/year)
Pulmonary rehabilitation services**	\$15 copay	\$15 copay	In-network: \$25 copay Out-of-network: \$25 copay after deductible
Home health agency care**	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay after deductible
Diagnostic services**			
Labs	\$20/day copay	\$15/day copay	In-network: \$0/day copay Out-of-network: \$0/day copay after deductible
Outpatient X-rays	\$40 copay	\$30 copay	In-network: \$45 copay Out-of-network: \$45 copay after deductible
Radiology services†††	\$0 – \$305 copay	\$0 – \$275 copay	In- and out-of-network: \$0 – \$325 copay after deductible
Therapeutic radiology†	\$40 – \$60 copay	\$30 – \$60 copay	In- and out-of-network: \$45 – \$60 copay after deductible
Tests and procedures	\$20 copay	\$15 copay	In-network: \$0 copay Out-of-network: \$0 copay after deductible
Mental health & substance use services**			
Partial hospitalization (PHP)	\$55 copay	\$55 copay	In-network: \$115 copay Out-of-network: \$115 copay after deductible
Intensive outpatient program (OP)	\$55 copay	\$55 copay	In-network: \$115 copay Out-of-network: \$115 copay after deductible
Outpatient substance abuse services (Medicare-covered)	\$10 copay/individual session \$5 copay/group session	\$10 copay/individual session \$5 copay/group session	In-network: \$10 copay/individual session; \$5 copay/group session Out-of-network: \$10 copay/individual session after deductible; \$5 copay/group session after deductible
Opioid treatment program services**	20% coinsurance	20% coinsurance	In-network: 20% coinsurance Out-of-network: 20% coinsurance after deductible
Dental services			
Medicare-covered**	\$40 copay	\$25 copay	In-network: \$50 copay Out-of-network: \$50 copay after deductible
Comprehensive • Endodontics • Extractions • Periodontics • Removable prosthodontics • Restorative services	Available with Geisinger Gold Health+ (see bottom of chart)	Available with Geisinger Gold Health+ (see bottom of chart)	In- and out-of-network: \$0 copay (Up to \$1,000/year allowance for combined comprehensive and preventive services)
Preventive • Cleanings (2/year) • Exams (2/year) • X-rays • Fluoride treatments (2/year)	Available with Geisinger Gold Health+ (see bottom of chart)	Available with Geisinger Gold Health+ (see bottom of chart)	In- and out-of-network: \$0 copay
Vision care			
Medicare-covered vision exam	\$40 copay	\$25 copay	In-network: \$50 copay Out-of-network: \$50 copay after deductible
Eyewear after cataract surgery	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay after deductible
Routine exam (1/year)	Available with Geisinger Gold Health+ (see bottom of chart)	Available with Geisinger Gold Health+ (see bottom of chart)	In- and out-of-network: \$20 copay
Supplemental vision benefit • Contact lenses • Eyeglass lenses • Eyeglass frames	Available with Geisinger Gold Health+ (see bottom of chart)	Available with Geisinger Gold Health+ (see bottom of chart)	In- and out-of-network: \$0 copay with up to \$200/year allowance
Medicare-covered diabetic eye exam	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay after deductible
Hearing services			
Medicare-covered diagnostic exam	\$40 copay	\$25 copay	In-network: \$50 copay Out-of-network: \$50 copay after deductible
Routine exam (1/year)	Available with Geisinger Gold Health+ (see bottom of chart)	Available with Geisinger Gold Health+ (see bottom of chart)	In- and out-of-network: \$20 copay
Hearing aids Prescription devices	Available with Geisinger Gold Health+ (see bottom of chart)	Available with Geisinger Gold Health+ (see bottom of chart)	In- and out-of-network: \$500 copay per ear (Up to \$1,250/year allowance, per ear every 3 years)
Hearing aid evaluation/fitting	Available with Geisinger Gold Health+ (see bottom of chart)	Available with Geisinger Gold Health+ (see bottom of chart)	In- and out-of-network: \$0 copay
Over-the-counter hearing aids	Not covered	Not covered	Up to \$250 allowance, 1 pair every 2 years
Medicare Part B prescription drugs			
Chemotherapy & radiation**	20% coinsurance	20% coinsurance	In-network: 20% coinsurance Out-of-network: 20% coinsurance after deductible
Other Part B drugs**	20% coinsurance	20% coinsurance	In-network: 20% coinsurance Out-of-network: 20% coinsurance after deductible
Insulin	Capped at \$35/month	Capped at \$35/month	Capped at \$35/month
Additional benefits			
Diabetic monitoring supplies**	0% – 20% coinsurance	0% – 20% coinsurance	In-network: 0% - 20% coinsurance Out-of-network: 0% – 20% coinsurance after deductible
Durable medical equipment (DME)** And related supplies	20% coinsurance	20% coinsurance	In-network: 20% coinsurance Out-of-network: 20% coinsurance after deductible
Prosthetic devices** And related supplies	20% coinsurance	20% coinsurance	In-network: 20% coinsurance Out-of-network: 20% coinsurance after deductible
Fitness benefit	Available with Geisinger Gold Health+ (see bottom of chart)	Available with Geisinger Gold Health+ (see bottom of chart)	In-network: \$0 annual fee (Silver&Fit®) \$0 copay 1 home fitness kit/year Out-of-network: 20% co-insurance
Over-the-counter items	Not covered	Not covered	Up to \$45/quarter allowance
Kidney disease services, dialysis	10% coinsurance in home services 20% coinsurance in facility services	10% coinsurance in home services 20% coinsurance in facility services	In-network: 20% coinsurance Out-of-network: 20% coinsurance after deductible
Hospice	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay after deductible
Nursing hotline	\$0 copay	\$0 copay	In- and out-of-network: \$0 copay
Worldwide coverage (\$100,000 limit/year)			
• Emergency care***	\$115 copay	\$150 copay	In- and out-of-network: \$115 copay
• Emergency transportation†	\$325 copay ground, \$1,000 copay air	\$200 copay ground, \$1,000 copay air	In- and out-of-network: \$350 copay ground, \$1,000 copay air
• Urgent care***	\$35 copay	\$25 copay	In- and out-of-network: \$40 copay
Geisinger Gold Health+ add-on benefit package (Optional for Geisinger Gold Preferred Complete Rx and Geisinger Gold Preferred Advantage Rx only)			
Dental services	\$1,000 max benefit per year that includes: • 2 routine exams/year (with or without cleaning) • Fluoride coverage (2/year) and silver diamine fluoride treatments (2/year) • Unlimited X-rays (bitewing or panoramic) • Simple fillings, simple extractions, dentures, crowns and root canals • See any provider		Not offered
Vision	• \$20 copay • 1 routine exam/year (includes refraction) • Up to \$150 hardware allowance/year (contacts, glasses, lenses, frames) • See any provider • Can be combined with Beyond Your Benefits discounts		Not offered
Hearing	• \$20 copay • 1 routine exam/year • Up to \$500 hearing aid and fitting allowance/year • See any provider		Not offered
Fitness	• Up to \$90 allowance/quarter • Access to facilities of your choice • Can be applied to any fitness service the facility offers (excludes food and beverages)		Not offered

Notes and definitions

* Out-of-pocket maximum is the most you'll pay for covered services in a plan year. Once reached, all remaining covered services are paid by the plan. Does not include Part D coverage. Combined in- and out-of-network.

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

*** Emergency and urgent care copays are waived if admitted to hospital within 3 days for the same condition.

† Ground transportation copayment is waived if admitted as an inpatient to a hospital within 3 days for the same condition. Worldwide air ambulance cost sharing is not waived if you are admitted to the hospital.

†† Ambulance copays are waived if admitted.

††† Mammography: \$0 copayment for the 1st mammogram of the calendar year, whether preventive or diagnostic.

‡ Therapeutic radiology: Lower copay applies to Medicare-covered radiation therapy; higher copay applies to Medicare-covered advanced radiation therapy, including IMRT and other advanced treatments.

PPO plan: Members may see any doctor or hospital that accepts Medicare and is willing to bill Geisinger. Referrals are not required for specialists. Costs shown apply to both in- and out-of-network services unless otherwise noted.

Health+ notes: Amounts spent on Health+ benefits do not count toward the plan's annual out-of-pocket maximum. Existing Health+ members auto-renew annually. Fitness is primarily a reimbursement benefit. Providers may bill Geisinger directly for routine eye exams, eyewear, hearing exams, Rx hearing aids and dental benefits. Members should submit receipts if providers are not willing to bill Geisinger directly.

Geisinger Gold prescription drug benefits

Plans that include Part D prescription drug coverage can help make it easier and more affordable, to manage medication.

- \$0 out-of-pocket costs for select care drugs under Part D
- \$2,400 Part D out-of-pocket maximum
- \$35/month out-of-pocket maximum for covered insulin*
- No copays on Tier 1/Tier 2 drugs with Geisinger Mail-Order Pharmacy

Spread out your prescription costs

The Medicare Prescription Payment Plan 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.

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

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

Prescription drug benefits by plan*

Tier / Category	Supply	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)	Classic Advantage Rx (HMO)	Value Rx (HMO)	Heritage (HMO)	Classic 360 Rx (HMO)	Geisinger Gold Secure Rx (HMO D-SNP)**	Preferred Complete Rx (PPO)	Preferred Advantage Rx (PPO)	Preferred Balance Rx (PPO)
Part D deductible		\$0	\$700 (Tiers 3 – 5)	\$0	\$0	Not offered	\$700 (Tiers 3 – 5)	\$700 (Tiers 3 – 5)*	\$700 (Tiers 3 – 5)	\$0	\$0
Tier 1 — Preferred generic											
	30-day retail	\$1 copay	\$1 copay	\$1 copay	\$0 copay	Not offered	\$1 copay	\$0 copay	\$1 copay	\$1 copay	\$0 copay
	100-day retail	\$2.50 copay	\$2.50 copay	\$2.50 copay	\$0 copay	Not offered	\$2.50 copay	\$0 copay	\$2.50 copay	\$2.50 copay	\$0 copay
	100-day mail	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not offered	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 — Generic											
	30-day retail	\$2 copay	\$2 copay	\$2 copay	\$5 copay	Not offered	\$2 copay	\$0 copay	\$2 copay	\$2 copay	\$5 copay
	100-day retail	\$5 copay	\$5 copay	\$5 copay	\$12.50 copay	Not offered	\$5 copay	\$0 copay	\$5 copay	\$5 copay	\$12.50 copay
	100-day mail	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not offered	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3 — Preferred brand											
	30-day retail	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	Not offered	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
	100-day retail	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	Not offered	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
	100-day mail	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	Not offered	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4 — Nonpreferred drug											
	30-day retail	47% coinsurance	34% coinsurance	47% coinsurance	43% coinsurance	Not offered	31% coinsurance	25% coinsurance	31% coinsurance	49% coinsurance	41% coinsurance
	100-day retail	47% coinsurance	34% coinsurance	47% coinsurance	43% coinsurance	Not offered	31% coinsurance	25% coinsurance	31% coinsurance	49% coinsurance	41% coinsurance
	100-day mail	47% coinsurance	34% coinsurance	47% coinsurance	43% coinsurance	Not offered	31% coinsurance	25% coinsurance	31% coinsurance	49% coinsurance	41% coinsurance
Tier 5 — Specialty											
	30-day retail	33% coinsurance	25% coinsurance	33% coinsurance	33% coinsurance	Not offered	25% coinsurance	25% coinsurance	25% coinsurance	33% coinsurance	33% coinsurance
	100-day retail	Not covered	Not covered	Not covered	Not covered	Not offered	Not covered	Not covered	Not covered	Not covered	Not covered
	100-day mail	Not covered	Not covered	Not covered	Not covered	Not offered	Not covered	Not covered	Not covered	Not covered	Not covered
Tier 6 — Select care drugs											
	30-day retail	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not offered	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	100-day retail	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not offered	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	100-day mail	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not offered	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Notes and definitions

Cost-sharing may differ based on point of service (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.

* Actual cost-sharing depends on the level of Extra Help Low-Income Subsidy/LIS the member receives.

** Generally, members in Geisinger Gold Secure Rx (HMO D-SNP) will not be subject to deductible.

Insulin coverage*

Tier/Category	Supply	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)	Classic Advantage Rx (HMO)	Value Rx (HMO)	Heritage (HMO)	Classic 360 Rx (HMO)	Geisinger Gold Secure Rx (HMO D-SNP)	Preferred Complete Rx (PPO)	Preferred Advantage Rx (PPO)	Preferred Balance Rx (PPO)
Tiers 3 and 4 – Part D insulin (not subject to deductible)											
Retail	30-day	\$35 copay	\$35 copay	\$35 copay	\$25 copay	Not offered	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$35 copay
	60-day	\$70 copay	\$70 copay	\$70 copay	\$50 copay	Not offered	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$70 copay
	100-day	\$105 copay	\$105 copay	\$105 copay	\$75 copay	Not offered	\$105 copay	\$105 copay	\$105 copay	\$105 copay	\$105 copay
Mail-order	30-day	\$35 copay	\$35 copay	\$35 copay	\$25 copay	Not offered	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$35 copay
	60-day	\$70 copay	\$70 copay	\$70 copay	\$37.50 copay	Not offered	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$70 copay
	100-day	\$87.50 copay	\$87.50 copay	\$87.50 copay	\$37.50 copay	Not offered	\$87.50 copay	\$105 copay	\$87.50 copay	\$87.50 copay	\$87.50 copay

Notes and definitions

* Actual cost-sharing for Tiers 3 – 5 and insulin depends on the member’s level of Extra Help (Low-Income Subsidy/LIS).
Cost-sharing may differ based on point of service (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.
All insulin products are covered under Tier 3 or Tier 4 and may be subject to step therapy and/or prior authorization requirements.

Other prescription drug coverage information

Medicare coverage of immunizations and vaccines

Medicare Part B outpatient medical benefits cover preventive immunizations for influenza and pneumonia and hepatitis B for patients at moderate to high risk. There is no cost-sharing for these Part B-covered immunizations. Medicare Part B-covered immunizations may be billed with a standard medical claim.

Medicare Part D Rx drug coverage

- \$35 maximum monthly cost share for covered insulin, except for Geisinger Gold Value Rx, which is a \$25 maximum monthly cost-share
- \$0 out-of-pocket costs for vaccines under Part D
- \$2,400 Part D out-of-pocket maximum

Medicare Part D (pharmacy) coverage rules

Vaccines, vaccinations or inoculations that are not covered under Medicare Part B are covered under Medicare Part D prescription drug coverage when the administration is reasonable and necessary for the prevention of illness. Generally, all vaccines that are approved by the FDA are covered under Medicare Part D. Medicare Part D vaccines and their administration are a pharmacy benefit.

Geisinger Mail-Order Pharmacy

Home delivery of prescription medications is available to Geisinger Gold members through Geisinger Mail-Order Pharmacy. Generally, drugs provided through mail-order are maintenance drugs taken on a regular basis for long-term medical conditions. Members can enroll in the mail-order program by calling 844-878-5562 (TTY: 711) or online at [geisinger.org/pharmacy/mail-order-pharmacy](https://www.geisinger.org/pharmacy/mail-order-pharmacy). Members receive 3-month supplies of covered prescription drugs, and automatic refills are available on request.

Miscellaneous Medicare information

Medicare-covered preventive services

The following Medicare-covered preventive services are available with \$0 cost-sharing for Gold members:

- Abdominal aortic aneurysm screening
- Annual wellness visit^T
- Alcohol misuse screening and counseling^T
- Bone mass measurement
- Cardiovascular disease screening test
- Cervical cancer screening
- Colorectal cancer screening
- Counseling to prevent tobacco use^T
- COVID-19 vaccine and administration
- Depression screening^T
- Diabetes screening
- Diabetes self-management training^T
- Flu shot and administration
- Glaucoma screening
- Hepatitis B screening
- Hepatitis B shot and administration
- Hepatitis C screening
- HIV PrEP^T
- HIV screening
- Intensive behavioral therapy (IBT) for cardiovascular disease (CVD)^t
- IBT for obesity^t
- Initial preventive physical exam (Welcome to Medicare)
- Lung cancer screening^T
- Mammography screening
- Medical nutrition therapy^T
- Medicare Diabetes Prevention Program
- Obesity screening and counseling
- Pneumococcal vaccine and administration
- Prolonged preventive services^T
- Prostate cancer screening
- Screening Pap test
- Screening pelvic exam
- Sexually transmitted infections screening and high-intensity behavioral counseling to prevent STIs^T

T = telehealth

Additional Medicare \$0 preventive services may be covered. Medicare coverage frequency and coverage criteria rules apply. Visit cms.gov/Medicare/Prevention/PrevntionGenInfo/medicarepreventive-services/MPS-QuickReferenceChart-1.html for a complete list and associated coding and billing information. Geisinger Gold coverage frequency for most preventive services is based on calendar year(s) rather than months (the annual wellness visit is a calendar-year benefit). The current Medicare Preventive Services Quick Reference Guide and other information on Medicare-covered preventive services are available on the CMS website.

Important: Only the specific procedure and diagnosis codes designated by Medicare for these preventive services are covered. Claims submitted with codes that are not covered by Medicare for the preventive procedure furnished are invalid and will be returned with a request to resubmit the claim with correct Medicare coding. The primary diagnosis code listed for the service must be one of the ICD-10 codes covered by Medicare for the preventive service being furnished.

Geisinger at Home

Comprehensive care is available right in the comfort of the member's home. Geisinger nurses, doctors, advanced practitioners, case managers, pharmacists and others work with members and their primary care providers to help manage medical conditions, social service needs and much more. Home health aide services are available only to Geisinger Gold members who are actively receiving home health nursing services. Coverage is limited to a combined maximum of 8 hours per day and 35 hours per week, with the 35-hour weekly cap applying specifically to home health aide services. Skilled therapy services (physical, occupational and speech therapy) do not count toward this hourly limit and services must align with the provider's home health plan of care and Medicare guidelines. Members should call 833-552-1852 (TTY: 711) for an eligibility review.

Qualified Medicare beneficiaries

Qualified Medicare beneficiaries (QMBs) are people receiving Medicare who also qualify for full Medicaid benefits. Medicaid pays Medicare premiums and cost-sharing for QMBs. Under the Social Security Act, Medicare and Medicaid payments you receive for furnishing services to a QMB are considered payments in full. You may not balance bill QMBs for any Medicare cost-sharing (including deductibles, coinsurance and copays) for these services. Providers billing a QMB for amounts above the Medicare (or Medicare Advantage plan) and Medicaid payments (even when Medicaid pays nothing) are subject to Medicare sanctions.

These regulations apply to all Medicare-enrolled providers, including providers furnishing Medicare-covered care to members of Medicare Advantage plans and those who do not accept Medicaid. These federal regulations apply to all dual-eligible QMBs, whether they are enrolled in a Dual SNP Medicare Advantage plan (e.g., Geisinger Gold Secure Rx (HMO D-SNP)), a regular Medicare Advantage plan or original Medicare.

Organizational determination process

The organizational determination request process should be used in lieu of an ABD or other member-signed financial waiver. Even if the member understands a service is not covered and is willing to pay the provider out-of-pocket for the service, the organizational determination request process should be followed to make sure member notification and financial responsibility in accordance with 42 CFR, part 422, subpart M. Our organizational determination form is on the web at [OD_form_rev_052119.pdf](#).

Provider quick reference contact list

- **Provider Account Management:** 800-876-5357/ghpaccountmngt@geisinger.edu — for contract, pay-for-quality, education.
- **Provider Care Team:** 844-GHP-PROV (844-447-7768) — for claims and member benefit questions.
- **Medical management/prior auth:** 800-544-3907 (medical)/888-839-7972 (behavioral health).
- **Claims & payment:** Availity® (800-282-4548, availity.com/geisinger) for electronic submission; Instamed® (866-467-8263) for EFT.
- **Geisinger Mail-Order Pharmacy:** 844-878-5562 (TTY: 711)/geisinger.org/pharmacy/mail-order-pharmacy.
- **Geisinger at Home:** 833-552-1852 (TTY: 711) for eligibility review.
- **Skygen:** SKYGEN network and other providers can be seen for covered dental benefits. Need to find a dental provider? Visit geisinger.sciondental.com/mwp/landing and click “Geisinger Medicare” to search. Or call 877-378-5292 for dental provider assistance.
- **Birdsong Hearing Benefits powered by Epic Hearing:** Birdsong Hearing Benefits powered by Epic Hearing provides hearing aid benefits at participating Birdsong Hearing Benefits powered by Epic Hearing providers. Visit birdsonghearing.com for more information and to find a provider near you.
- **Silver&Fit®:** Silver&Fit offers discounts at participating Silver&Fit fitness centers or on home fitness kits. Enroll online at silverandfit.com, or call American Specialty Health at 877-427-4788.

For more information, visit geisinger.org/health-plan/providers/contact-us.