OPERATIONS BULLETIN

Medicare Advantage Plans from GEISINGER GOLD

Date: March, 2016

To: Geisinger Gold Participating Providers in Ocean and Monmouth counties, NJ

Re: Geisinger Gold 2016

Geisinger Gold 2016 Product Line for Ocean & Monmouth Counties, NJ

Since 2013, Meridian Health and Geisinger Health Plan have worked together to bring Geisinger Gold, one of the top Medicare Advantage plans in the nation (according to NCQA's Medicare Health Insurance Plan Rankings for 2015 – 2016), to Medicare Beneficiaries in Monmouth and Ocean Counties in New Jersey.

Plans for 2016 include:

- Classic Rx (HMO)
- Preferred Rx (PPO)

Medicare Part D Rx Drug Coverage

Both plans are offered with $0 Deductible prescription drug coverage. This benefit includes fixed, predictable copays in the initial coverage level and cost sharing up to the coverage gap. Members will pay a $3 copay for a 30 day supply of tier 1 generic drugs through the coverage gap. Members will pay 45% for brand drugs and no more than 58% for generic drugs through the coverage gap.

Supplemental Benefits

Classic Rx (HMO) and Preferred Rx (PPO) plans feature built-in supplemental benefit coverage for the following:

- World-wide emergency room & urgent care
- Coverage for preventive dental, routine vision exams, eyewear, hearing exams and hearing aids, foot care, $0 annual wellness visits and a 24 hour nurse line
- Fitness reimbursement (up to $90 allowance per quarter)
    - Submit receipts to Geisinger Gold Claims Department, PO Box 8200, Danville, PA 17821
    - Questions: please call Customer Service at (800) 498-9731

Medicare-Covered Preventive Cervical Cancer Screening (Screening Pelvic Exams and Pap Tests)

A Reminder - Coverage of Screening Pelvic Exams and Screening Pap Tests is limited to once every <u>two</u> years for those at normal risk, and for those at high risk, once a year. Medicare no longer allows Medicare Advantage Plans to cover screening Pap tests and screening pelvic exams (the Preventive Cervical Cancer Screening Benefit) more frequently than they are covered by Original Medicare.

High risk Screening Pelvic Exam and Pap test claims must always list one of the specific Medicare-covered high risk cervical cancer screening ICD-10 codes as the primary diagnosis code. Medicare-covered procedure and diagnosis codes must be submitted on claims for all Medicare-covered $0 copayment Preventive Services. See Page 2 for more information.

Medicare Covered Preventive Services*

The following Medicare covered preventive services are available at no cost to Gold members:

- Abdominal Aortic Aneurysm Screening
- Annual Wellness Visit
- Bone Mass Measurement
- Cancer Screenings *
- Cardiovascular Disease Screening
- Cardiovascular Disease Behavioral Therapy
- Depression Screening
- Diabetes Screenings
- Diabetes Self-Management Training
- Glaucoma Screening
- HIV Screening
- Immunizations covered under Medicare Part B
- Medical Nutritional Therapy
- Welcome to Medicare Exam
- Screening & Counseling Alcohol Misuse
- Screening for Sexually Transmitted Infections
- Tobacco Use Cessation Counseling
- Obesity Screening & Counseling

** The list above is not a complete list of $0 preventive services covered by Medicare. Some categories have limits on covered procedures. For a complete list and associated coding and coverage information, visit https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/. Please note that Geisinger Gold frequency of coverage for most preventive services is based on calendar year(s) rather than months.*

Learn more about Medicare-covered $0 Copayment Preventive Services on Medicare's Preventive Services Provider Resource Page: *https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/ProviderResources.html*

IMPORTANT – Please Note: 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.

Podiatry Services

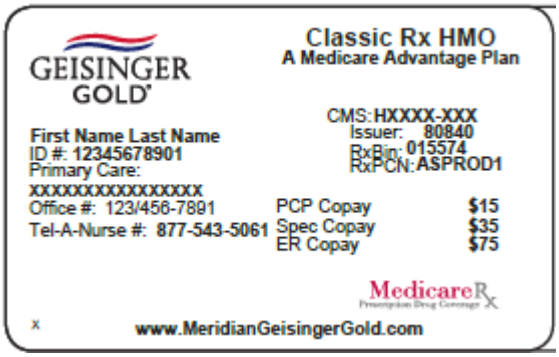
Geisinger Gold provides coverage of Medicare-covered Podiatry Services, plus a non-Medicare-covered supplemental benefit that covers routine nail trimming up to four times a year.

All Medicare-covered services, including routine foot care, charge the plan's Podiatry Services copayment. This includes nail debridement. More information about Medicare-covered podiatry services is available at www.CMS.gov.

No copayment is charged for the supplemental nail trimming benefit (CPT/HCPCS Codes 11719 & G0127), covered up to 4 times per year. Z41.8 is the covered ICD-10 code for this supplemental benefit service. The nail trim benefit is limited to reducing the length of the nail by trimming, clipping, or filing the free edge (the end of the toenail). **Nail Debridement and other routine foot care services are not covered by the $0 Copayment supplemental nail trimming benefit.**

Geisinger Gold Classic Rx (HMO)

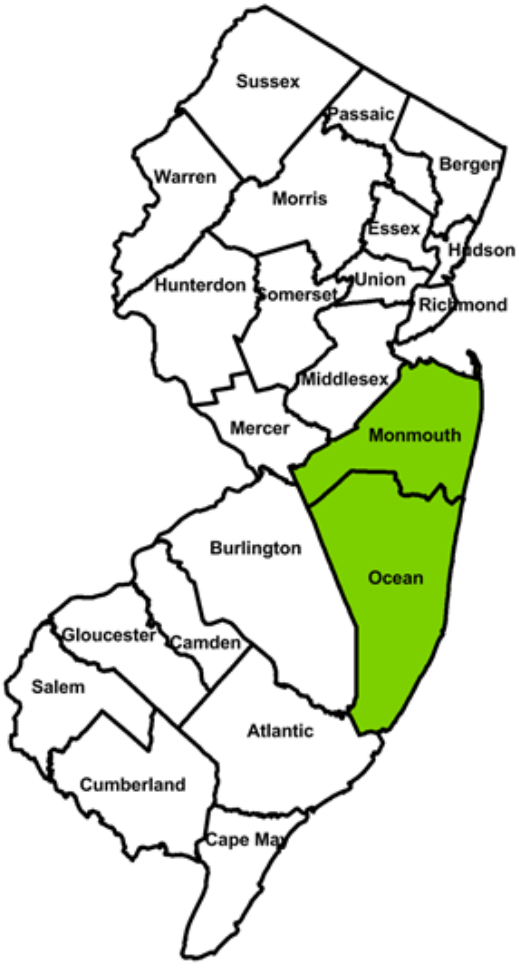
Geisinger Gold Classic Rx is a traditional Health Maintenance Organization plan offering $0 premium, $0 deductible and low office visit copays. Members must select a primary care physician and go to providers and hospitals within the plan's network. Referrals to see specialists are required yet flexible and last up to 18 months. Classic Rx includes Part D prescription drug coverage.



Geisinger Gold Preferred Rx (PPO)

Geisinger Gold Preferred Rx is a Preferred Provider Organization plan where members are not required to select a primary care physician and no referrals are required to see specialists (in or out-of-network). However, members will pay less if they go to providers and hospitals within the network. Preferred Rx includes Part D prescription coverage.

Gold 2016 NJ Service Area



Classic Rx (HMO)

	In-Network
Out of Pocket Max	$6,700
PCP	$15
Physician Specialist	$35
Inpatient Hospital - Acute	$335/day (days 1-5) $0/day (days 6-90)
Inpatient Psychiatric Hospital	$310/day (days 1-5) $0/day (days 6-90)
SNF (No prior hospital stay required)	$0/day (days 1-20) $160/day (days 21-62) $0/day (days 63-100)
Cardiac/Pulmonary Rehab	$10 per day
Emergency Care	$75 (Waived if admitted)
Urgent Care	$35 (Waived if admitted)
Worldwide Emergency Coverage	$75 (Waived if admitted) $25,000 worldwide benefit limit
Home Health Services (includes related medical supplies)	$0
Chiropractic Services (Original Medicare Benefit)	$20
Podiatry (Original Medicare Benefits, including Nail Debridement)	$35
Podiatry - Routine Nail Trimming (Non-Medicare-covered, preventive)	$0/4 per year
Occupational Therapy	$20 per day
Physical & Speech Therapy	$20 per day
Outpatient All Other Diagnostic Procedures/Tests	20%
Outpatient Lab	$15
Outpatient X-Rays	$25
Outpatient MRI, CT, PET Scans	20%
Outpatient Radiation Therapy	20%
Outpatient All Other Therapeutic Radiology	20%
Ultrasound Diagnostic	20%
Other Diagnostic/General Imaging	20%
Outpatient Hospital/ASC Services	30%
Outpatient Mental Health	$20 group/$40 individual
Ambulance	$200 (Waived if admitted)
Part B Drugs	20%
Durable Medical Equipment (DME)	20%
Prosthetics and Related Supplies	20%
Diabetes Testing Supplies - Preferred Brand Glucometer	$0 Preferred Brand Glucometer every 2 years
Diabetes Testing Supplies - All Other	$0 all other test strips, lancets & non-preferred brand glucometers (prior auth required for non-preferred brand meters & strips)
Diabetes - Therapeutic Shoes or Inserts	20%
Acupuncture & Other Alternative Therapies (Non-Medicare Covered)	Not Covered

Classic Rx (HMO)

	In-Network
Supplemental Preventive Health Svc - Annual Routine Physical Exams	$15
Medicare-covered Preventive Services – (See list of covered services on Page 2)	**$0**
Supplemental Health Management – Fitness Facility Membership	$90/quarter
Nursing Hotline	$0
Dental Services (Preventive): Oral Exam with or without cleaning	$0; every 6 months
Dental Services (Preventive): Dental X-Rays	$0 bitewing only; $0 panoramic & all other types, limit 1 per year
Comprehensive Dental (Original Medicare-Covered Benefit only)	$35
Comprehensive Dental (Non-Medicare Covered)	No Benefit
Vision Exam (Medical): $0 for glaucoma screen - office visit copay may apply	$35
Vision Exam (Routine)	$20; 1 per year
Original Medicare-Covered Eyewear (Post-Cataract Surgery)	$0 Only Medicare-covered (Basic frames and lenses)
Routine Eyewear, Non-Medicare Covered. Contact Lenses, Eyeglasses, Lenses and Frames	$0 $200 benefit max every 2 years
Hearing Exams - Diagnostic Only	$35
Routine Hearing Exams	$20; 1 per year
Hearing Aids/Fitting for Hearing Aids	$0 $1,000 Maximum Benefit every 3 years (fitting/t falls under this limit)
Part D Deductible	$0
Tier 1 Preferred Generics (30 day)	$3
Tier 2 Non-preferred Generics (30 day)	$20
Tier 3 Preferred Brand (30 day)	$47
Tier 4 Non-preferred Brand (30 day)	$100
Tier 5 Specialty (30 day)	33%
Gap Coverage - Tier 1 Generic	$3

Preferred Rx (PPO)

	In-network	Out-of-network
Out of Pocket Max	$6,700	$10,000
PCP	$10	$15
Physician Specialist	$25	$30
Inpatient Hospital - Acute	$240/day (days 1-8) $0/day (days 9-90)	20%
Inpatient Psychiatric Hospital	$220/day (days 1-7) $0/day (days 8-90)	20%
SNF (no prior hospital stay required)	$0/day (days 1-20) $160/day (days 21-62) $0/day (days 63-100)	20%
Cardiac/Pulmonary Rehab	$10 per day	20%
Emergency Care	$75 (Waived if admitted)	$75 (Waived if admitted)
Urgent Care	$25 (Waived if admitted)	$25 (Waived if admitted)
Worldwide Emergency Coverage	$75 (Waived if admitted) $25,000 benefit limit	$75 (Waived if admitted) $25,000 benefit limit
Home Health Services (includes related medical supplies)	$0	20%
Chiropractic Services (Original Medicare Benefit)	$20	20%
Podiatry (Original Medicare Benefits, including Nail Debridement)	$25	$30
Podiatry - Routine Nail Trimming (Non-Medicare-covered, preventive)	$0 /up to 4 visits per year	$30
Occupational Therapy	$25 per day	20%
Physical & Speech Therapy	$25 per day	20%
Outpatient All Other Diagnostic Procedures/Tests	20%	20%
Outpatient Lab	$10	20%
Outpatient X-Rays	$25	20%
Outpatient MRI, CT, PET Scans	30%	35%
Outpatient Radiation Therapy	20%	30%
Outpatient All Other Therapeutic Radiology	20%	30%
Ultrasound Diagnostic	20%	20%
Other Diagnostic/General Imaging	20%	20%
Outpatient Hospital Surgery/ASC	$250	20%
Outpatient Mental Health	$10 group/$25 individual	20%
Ambulance	$200 (Waived if admitted)	200 (Waived if admitted)
Part B Drugs	20%	25%
Durable Medical Equipment (DME)	20%	20%
Prosthetics and Related Supplies	20%	20%
Diabetes Testing Supplies - Preferred Brand Glucometer	$0 Preferred Brand Glucometer every 2 years	$0 Preferred Brand Glucometer every 2 years
Diabetes Testing Supplies - All Other	0% non-preferred brand glucometers; 0 all test strips (prior auth required for non-preferred brand supplies)	25% non-preferred brand glucometers; 25% all test strips (prior auth required for non-preferred brand supplies)
Diabetes - Therapeutic Shoes or Inserts	20%	20%

Preferred Rx (PPO)

	In-network	Out-of-network
Acupuncture & Other Alternative Therapies (Non-Medicare Covered)	Not Covered	Not Covered
Medicare-covered Preventive Services – (See list of covered services on Page 2)	$0	$0
Supplemental Preventive Health Svc – Annual Routine Physical Exams	$10	$15
Supplemental Health Mgmt Programs- Fitness Facility Membership	$90/quarter	$90/quarter
Nursing Hotline	$0	$0
Dental Services (Preventive): Oral Exam with or without cleaning	$0; every 6 months	20%; every 6 months
Dental Services (Preventive): Dental X-Rays	$0 bitewing only; $0 panoramic & all other types, limit 1 per year	20%
Comprehensive Dental (Original Medicare-Covered Services only)	$25	$30
Vision Exam (Medical) ($0 for glaucoma screen - office visit copay may apply)	$25	$30
Vision Exam (Routine)	$25; 1 per year	$30; 1 per year
Original Medicare-Covered Eyewear (Post-Cataract Surgery)	$0 Only Medicare-covered (Basic frames and lenses)	20%
Eyewear: Routine Eyewear, Non-Medicare Covered. Contact Lenses, Eyeglasses, Lenses and Frames	$0 $200 benefit max every 2 years	$0 $200 benefit max every 2 years
Hearing Exams – Medicare-covered Diagnostic	$25	$30
Routine Hearing Exams	$25; 1 per year	$30; 1 per year
Hearing Aids/Fitting for Hearing Aids	$0 $1,000 Maximum Benefit; every 3 years (fitting/testing falls under this limit)	$0 $1,000 Maximum Benefit; every 3 years (fitting/testing falls under this limit)
Medicare Part D Prescription Drugs		
Part D Deductible	$0	
Tier 1 Preferred Generics (30 day)	$3	
Tier 2 Non-preferred Generics (30 day)	$20	
Tier 3 Preferred Brand (30 day)	$47	
Tier 4 Non-preferred Brand (30 day)	$100	
Tier 5 Specialty (30 day)	33%	
Gap Coverage - Tier 1 Generic	$3	