

Plans for 2017 include:

- Classic Advantage (HMO)
- Classic Advantage Rx (HMO)
- Classic Complete Rx (HMO)
- Preferred Advantage Rx (PPO)
- Preferred Complete Rx (PPO)
- Secure Rx (HMO SNP)
- Classic REHP (HMO) (an Employer Group Plan)

Medicare Part D Rx drug coverage (HMO & PPO)

With the exception of Classic Advantage (HMO) and Classic REHP (HMO), all Geisinger Gold plans are offered with \$0 deductible Medicare Part D prescription drug coverage. Please refer to [page 18](#) for details on the Part D prescription drug cost sharing for each plan.

Medicare beneficiaries who receive the Medicare Low Income Subsidy (LIS) get “extra help” from Medicare with their prescription drug costs. Members who receive LIS are not subject to the Medicare Part D Coverage Gap.

Supplemental benefits included with all plans

- World-wide emergency room and urgent care
- \$0 annual wellness visits and a 24-hour nurse line

Supplemental benefits included with Classic Advantage, Classic Advantage (Rx) and Secure Rx

- Coverage for preventive dental, routine vision exams, eyewear, hearing exams and hearing aids
- Quarterly fitness facility membership reimbursement (up to \$90 allowance per quarter for Classic Advantage and up to \$120 per quarter for Secure Rx)

Geisinger Gold Health+ optional benefits for Classic Complete Rx, Preferred Advantage Rx and Preferred Complete Rx

Optional supplemental benefits available for purchase with these plans through Geisinger Gold Health+ include:

- Routine dental allowances toward preventive dental care and simple fillings, extractions, dentures
- Routine vision exams and allowance toward the purchase of routine eyewear
- Routine hearing exams and hearing aid allowance
- Quarterly fitness facility membership reimbursement (up to \$90 allowance per quarter)

Please refer to [page 17](#) for details on Geisinger Gold Health + optional benefits.

About Geisinger Gold

Geisinger Gold is the Medicare Advantage offering from Geisinger Health Plan. Regionally based and nationally recognized, the National Committee for Quality Assurance (NCQA) ranked Geisinger Health Plan among the top private and Medicare health plans for quality and service in 2016.

Geisinger Gold serves more than 80,000 members in 40 counties throughout Pennsylvania. In 2016, the Centers for Medicare and Medicaid Services (CMS) rated Geisinger Gold HMO and PPO plans 4.5 Stars and 4 Stars, respectively. The Geisinger Gold network includes more than 90 area hospitals, 27,000 providers and 3,000 pharmacies in Pennsylvania that provide medical care for members.

Medicare covered preventive services

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

- Alcohol misuse screening and counseling (primary care)
- Annual wellness visit (including personalized prevention plan services)
- Bone mass measurements
- Cardiovascular disease screening
- Colorectal cancer screening
- Depression screening (primary care)
- Diabetes screening
- Diabetes self-management training
- Glaucoma screening
- Hepatitis C screening
- Human immunodeficiency virus (HIV) screening
- Immunizations (influenza, pneumococcal, hepatitis B)
- Initial preventive physical examination (IPPE) (Welcome to Medicare Exam)
- Intensive behavioral therapy for cardiovascular disease (primary care)
- Intensive behavioral therapy counseling for obesity (primary care)
- Lung cancer screening counseling and annual screening for lung cancer
- Medical nutrition therapy (for beneficiaries with diabetes or renal disease)
- Prostate cancer screening
- Screening for sexually transmitted infections (STIs) and behavioral counseling to prevent STIs
- Mammography screening
- Pap tests screening and pelvic examinations screening (includes a clinical breast exam)
- Tobacco use prevention and cessation counseling
- Ultrasound screening for abdominal aortic aneurysm

Additional Medicare \$0 preventive services may be covered. Medicare coverage frequency and coverage criteria rules apply. For a complete list and associated coding and billing 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.

The current Medicare Preventive Services Quick Reference Guide may be downloaded at:

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS-QuickReferenceChart-1TextOnly.pdf>.

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.

Reminders

Coverage of pelvic exams screening and pap tests screening is limited to once every two years for those at normal risk, and once a year for those at high risk. Diagnostic pelvic exams and pap tests are covered as often as medically necessary, and have a diagnostic test copayment.

Podiatry services: All Medicare-covered podiatry services, including routine foot care, charge the plan's podiatry services copayment. This includes nail debridement. No copayment is charged for the supplemental nail trimming benefit (CPT/HCPCS codes 11719 & G0127, with ICD-10 code Z41.8), which is covered up to 4 times per year. The supplemental nail trim benefit is the only covered podiatry service with \$0 copayment.

Medicare coverage of immunizations and vaccines

Medicare Part B outpatient medical benefits cover preventive immunizations for influenza and pneumonia and hepatitis B immunizations 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.

- **Influenza immunization**
Seasonal influenza immunization is generally covered once a year. Additional seasonal influenza virus vaccinations may be covered if medically necessary.
- **Pneumococcal immunization**
An initial pneumonia vaccine is covered for all Medicare beneficiaries who have never received the vaccine under Medicare Part B. A different, second pneumococcal vaccine is covered one year after the first vaccine was administered. PCV13 and PPSV23 (Pneumovax) are covered when administered one year apart.
- **Hepatitis B vaccine and administration**
The hepatitis B vaccine is covered for those Medicare beneficiaries at intermediate or high risk for contracting hepatitis B. Scheduled dosages are required. Please refer to www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/qr_immun_bill.pdf for more information.
- **Vaccines given to treat an injury or as a result of direct exposure to a disease or condition may also be covered under Medicare Part B, when provided incident to a physician service (e.g., tetanus antitoxin or booster vaccine given post-injury; anti-rabies treatment, botulin antitoxin, antivenin, etc.). The AT modifier should be used to indicate the vaccine or inoculation was for the treatment of an injury or direct exposure. Please refer to Medicare Local Coverage Article A53130 for more information.**

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 (except influenza, pneumococcal and hepatitis B for members at risk) that are approved by the FDA are covered under Medicare Part D. Examples of Part D-covered vaccines are routine, scheduled Td/Tdap boosters and Zostavax (shingles vaccine).

Providers may not bill Geisinger Gold for Medicare Part D vaccines and immunizations using outpatient medical claims. Medicare Part D vaccines and their administration are a pharmacy benefit. Providers who wish to supply and administer Part D-covered vaccines to their patients may bill the member's Geisinger Gold Part D prescription drug benefit by using the TransactRx Vaccine Manager program or they may collect payment directly from the member at the point of service. The member may submit their receipt for reimbursement under their Part D drug benefit. Reimbursement will be at the Part D negotiated price for the vaccine, minus the member's Part D copayment. There is no cost for using TransactRx. For more information about the TransactRx Part D Vaccine Manager service, visit www.transactrx.com/faq, or contact Geisinger Gold pharmacy customer service at 800-988-4861.

Alternatively, the member may take a prescription for a vaccine to any Geisinger Gold network pharmacy. If the member wishes to have the vaccine administered at the pharmacy, they may visit any network pharmacy that offers vaccination and immunization services. If the member wants to have the vaccine administered in the provider office, they may purchase the vaccine and take it to their provider's office for administration. Under Medicare Part D rules, the payment for vaccine administration is included in the price charged for the vaccine. If there is a separate provider charge for administering the vaccine, the member may need to pay out-of-pocket for the administration charges. Generally, vaccine administration is not separately billable if an office visit is also billed for the same date of service.

CDC recommendations for vaccines and immunizations are available at www.cdc.gov/vaccines.

2017 Geisinger Gold plans

HMO — Classic Advantage, Classic Advantage Rx and Classic Complete Rx

Geisinger Gold Classic plans are traditional health maintenance organization (HMO) plans where members must select a primary care physician who works to coordinate their medical care. Members must go to providers and hospitals within the plan’s network. As a new plan feature for 2017, referrals to see specialists are no longer required. Classic Advantage offers rich benefits with low, fixed copays and no deductible and is available with or without prescription drug coverage. Classic Complete Rx offers a \$0 monthly plan premium, no deductible and is only available with prescription drug coverage.

Geisinger
Gold

Classic Advantage HMO
A Medicare Advantage Plan

First Name Last Name
ID #: 12345678901
Medical Record #:
12345678

CMS: HXXXX-XXX
Issuer: 80840
RxBin: 003585
RxPCN: ASPROD1

Primary Care: XXXX
XXXXXXXXXXXXXXXXX
Office #: 123/456-7891
Tel-A-Nurse #: 877-543-5061

PCP Copay \$0
Spec Copay \$20
ER Copay \$75



x

www.GeisingerGold.com

Geisinger
Gold

Classic Complete Rx HMO
A Medicare Advantage Plan

First Name Last Name
ID #: 12345678901
Medical Record #:
12345678

CMS: HXXXX-XXX
Issuer: 80840
RxBin: 015574
RxPCN: ASPROD1

Primary Care: XXXX
XXXXXXXXXXXXXXXXX
Office #: 123/456-7891
Tel-A-Nurse #: 877-543-5061

PCP Copay \$5
Spec Copay \$35
ER Copay \$75



x

www.GeisingerGold.com

Geisinger
Gold

Classic Advantage Rx HMO
A Medicare Advantage Plan

First Name Last Name
ID #: 12345678901
Medical Record #:
12345678

CMS: HXXXX-XXX
Issuer: 80840
RxBin: 015574
RxPCN: ASPROD1

Primary Care: XXXX
XXXXXXXXXXXXXXXXX
Office #: 123/456-7891
Tel-A-Nurse #: 877-543-5061

PCP Copay \$0
Spec Copay \$20
ER Copay \$75



x

www.GeisingerGold.com

HMO — Classic REHP

Geisinger Gold Classic REHP (HMO) plan is available to eligible Commonwealth of Pennsylvania retirees. Prescription drug coverage is facilitated through a separate REHP prescription drug plan provided by a different insurance carrier.

Geisinger
Gold


Classic (HMO)
A Customized Medicare Advantage Plan


First Name Last Name
ID #: 12345678901
Medical Record #:
12345678

CMS: HXXXX-XXX
Issuer: 80840
RxBin: 003585
RxPCN: ASPROD1

Primary Care: XXXX
XXXXXXXXXXXXXXXXX
Office #: 123/456-7891
Tel-A-Nurse #: 877-543-5061

PCP Copay \$XX
Spec Copay \$XX
ER Copay \$XXX





x

www.GeisingerGold.com

2017 Geisinger Gold plans continued

PPO — Preferred Advantage Rx and Preferred Complete Rx

Geisinger Gold Preferred plans are preferred provider organization (PPO) plans where members have the freedom to choose any doctor or hospital. Referrals are not required to see specialists (in or out-of-network). Covered services can be obtained from either in-network or out-of-network providers at the same cost-sharing. Preferred Advantage Rx offers rich benefits with low, fixed copays and no deductible. Preferred Complete Rx offers a \$0 monthly plan premium and no deductible. The Preferred PPO plans are only offered with prescription drug coverage.

Geisinger
Gold

Preferred Advantage
Rx PPO No Referral
A Medicare Advantage Plan

First Name Last Name
ID #: 12345678901
Medical Record #:
12345678
Primary Care: XXXX
XXXXXXXXXXXXXXXXX
Office #: 123/456-7891
Tel-A-Nurse #: 877-543-5061
Providers: DO NOT BILL MEDICARE

CMS: HXXXX-XXX
Issuer: 80840
RxBin: 015574
RxPCN: ASPROD1
In-Network PCP Copay \$5
In-Network Spec Copay \$25
ER Copay \$75

MedicareRx
Prescription Drug Coverage

x

www.GeisingerGold.com

Geisinger
Gold

Preferred Complete
Rx PPO No Referral
A Medicare Advantage Plan

First Name Last Name
ID #: 12345678901
Medical Record #:
12345678
Primary Care: XXXX
XXXXXXXXXXXXXXXXX
Office #: 123/456-7891
Tel-A-Nurse #: 877-543-5061
Providers: DO NOT BILL MEDICARE

CMS: HXXXX-XXX
Issuer: 80840
RxBin: 015574
RxPCN: ASPROD1
In-Network PCP Copay \$5
In-Network Spec Copay \$40
ER Copay \$75

MedicareRx
Prescription Drug Coverage

x

www.GeisingerGold.com

HMO SNP — Secure Rx

Geisinger Gold Secure Rx (HMO) is a special needs plan designed for people who are eligible for Medicare Part A, enrolled in Part B and receive full Medicaid coverage. Secure Rx offers \$0 cost-sharing for all medical benefits, plus supplemental benefits. Prescription drug coverage is included.

Geisinger
Gold

Secure Rx HMO SNP
A Medicare Advantage Plan

First Name Last Name
ID #: 12345678901
Medical Record #:
12345678
Primary Care: XXXX
XXXXXXXXXXXXXXXXX
Office #: 123/456-7891
Tel-A-Nurse #: 877-543-5061

CMS: HXXXX-XXX
Issuer: 80840
RxBin: 015574
RxPCN: ASPROD1
PCP Copay \$0
Specialist 20%
ER Copay \$75

MedicareRx
Prescription Drug Coverage

x

www.GeisingerGold.com

CMS reminder: Prohibited billing of cost sharing to dual eligible QMB beneficiaries

Qualified Medicare beneficiaries (QMBs) are individuals receiving Medicare that also qualify for full Medicaid benefits. Medicaid pays Medicare premiums and Medicare 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 copayments) 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 (i.e., Gold Secure), a regular Medicare Advantage Plan or Original Medicare.

Geisinger Gold
Classic HMO plans

	Classic Advantage (Rx)	Classic Complete Rx
Plan type	HMO	HMO
2016 Star Rating	4.5	4.5
Deductible	\$0	\$0
Out-of-pocket max	\$3,400	\$5,900
PCP	\$0	\$5
Physician specialist	\$20	\$35
Inpatient hospital – acute	\$150/day (days 1 – 5) \$0/day (days 6 – 90)	\$175/day (days 1 – 5) \$0/day (days 6 – 90)
Inpatient psychiatric hospital	\$150/day (days 1 – 5) \$0/day (days 6 – 90)	\$175/day (days 1 – 5) \$0/day (days 6 – 90)
SNF	\$0/day (days 1 – 20) \$160/day (days 21 – 42) \$0/day (days 43 – 100)	\$0/day (days 1 – 20) \$160/day (days 21 – 57) \$0/day (days 58 – 100)
Cardiac/pulmonary rehab	\$10 per day	\$10 per day
Emergency care (waive if admitted)	\$75	\$75
Urgent care (waive if admitted)	\$20	\$35
Worldwide coverage (waive if admitted)	\$75 \$25,000 benefit limit	\$75 \$25,000 benefit limit
Home health services (includes related medical supplies)	\$0	\$0
Chiropractic services (Original Medicare benefit)	\$20	\$20
Podiatry (Original Medicare benefits, including nail debridement)	\$20	\$35
Podiatry - routine nail trimming (non-Medicare-covered, preventive)	\$0/4 per year	\$0/4 per year
Occupational/physical/speech therapy	\$20 per day	\$35 per day
Outpatient all other diagnostic procedures/ tests	\$5 per day	\$5 per day
Outpatient lab	\$5 per day	\$5 per day
Outpatient X-Rays	\$25 per day	\$30 per day
Outpatient MRI/CT/PET scans	\$150 per day	\$225 per day
Outpatient standard radiation therapy	\$25 per day	\$30 per day

Geisinger Gold
Classic HMO plans

	Classic Advantage (Rx)	Classic Complete Rx
Outpatient all other therapeutic radiology	\$60 per day	\$60 per day
Diagnostic ultrasound/fluoroscopy/ diagnostic DEXA	\$25 per day	\$30 per day
Other diagnostic imaging	\$150 per day	\$225 per day
Outpatient surgery (all outpatient place of service types, including physician office)	\$200	\$265
Outpatient mental health	Individual session: \$25 Group session: \$10	Individual session: \$25 Group session: \$10
Ambulance (waived if admitted)	\$100	\$200
Part B drugs	20%	20%
Durable medical equipment (DME)	20%	20%
Prosthetics and related supplies	20%	20%
Diabetic supplies	\$0 for preferred brand glucometers; 20% for non-preferred brand glucometers; 0% for preferred brand test strips and all lancets and lancet devices; 20% for non-preferred brand test strips (prior auth required for non-preferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)	\$0 for preferred brand glucometers; 20% for non-preferred brand glucometers; 20% for preferred and non-preferred brand test strips; 20% for all lancets and lancet devices (prior auth required for non-preferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)
Diabetic supplies – therapeutic shoes or inserts	20%	20%
Annual routine physical exams (supplemental non-Medicare benefit)	\$0	\$5
Fitness facility membership allowance (supplemental non-Medicare benefit)	\$90/every 3 months	\$90 allowance every 3 months with purchase of optional Health+ package
Nursing hotline	\$0	\$0
Dental services (preventive) – oral exam, prophylaxis (cleaning)	\$20/oral exam; \$0/prophylaxis Covered twice a year	Covered twice a year with purchase of optional Health+ package
Dental services (preventive) – dental X-rays	\$20 bitewing only; \$30 panoramic and all other types; 1 series per year	One dental X-ray series per year with purchase of optional Health+ package
Comprehensive dental (Original Medicare-covered benefit only)	\$20	\$35
Comprehensive dental (optional supplemental Health+ benefit)	Not Covered	\$500 Annual Combined Benefit Limit for Health+ preventive dental services, simple filings/ex- tractions, dentures with purchase of optional Health+ Package

Geisinger Gold
Classic HMO plans

	Classic Advantage (Rx)	Classic Complete Rx
Vision exam (medical)	\$20	\$35
Vision exam (routine)	\$20/1 per year	\$20/1 per year, with purchase of optional Health+ Package
Original Medicare-covered eyewear (one pair, post-cataract surgery)	\$0 (basic frames and lenses)	\$0 (basic frames and lenses)
Eyewear (routine) – non-Medicare covered contact lenses/eyeglasses/lenses/frames	\$200 benefit limit/every 2 years	\$100 benefit limit each year with purchase of optional Health+ package
Hearing exams – diagnostic only	\$20	\$35
Routine hearing exams	\$20/1 per year	\$20/1 per year, with purchase of optional Health+ package
Hearing aids/fitting for hearing aids	\$800 benefit limit/every 3 years	\$500 benefit limit/each year with purchase of optional Health+ package
Part D deductible	\$0	\$0
Tier 1 preferred generics (30 day)	\$3	\$3
Tier 2 non-preferred generics (30 day)	\$20	\$20
Tier 3 preferred brand (30 day)	\$47	\$47
Tier 4 non-preferred brand (30 day)	\$100	\$100
Tier 5 specialty (30 day)	33%	33%
Gap coverage – Tier 1 generics	\$3	\$3

Referrals to see specialists are no longer required as a new Classic plan feature for 2017.

Geisinger Gold
Preferred PPO plans

	Preferred Advantage Rx in-network or out-of-network	Preferred Complete Rx in-network or out-of-network
Plan type	PPO	PPO
2016 Star Rating	4	4
Deductible	\$0	\$0
Out-of-pocket max	\$5,900 (combined in and out)	\$6,700 (combined in and out)
PCP	\$5	\$5
Physician specialist	\$25	\$40
Inpatient hospital – acute	\$175/day (days 1 – 5) \$0/day (days 6 – 90)	\$200/day (days 1 – 5) \$0/day (days 6 – 90)
Inpatient psychiatric hospital	\$175/day (days 1 – 5) \$0/day (days 6 – 90)	\$200/day (days 1 – 5) \$0/day (days 6 – 90)
SNF	\$0/day (days 1 – 20) \$160/day (days 21 – 57) \$0/day (days 58 – 100)	\$0/day (days 1 – 20) \$160/day (days 21 – 62) \$0/day (days 63 – 100)
Cardiac/pulmonary rehab	\$10 per day	\$10 per day
Emergency care (waive if admitted)	\$75	\$75
Urgent care (waive if admitted)	\$25	\$40
Worldwide coverage (waive if admitted)	\$75 \$25,000 benefit limit	\$75 \$25,000 benefit limit
Home health services (includes related medical supplies)	\$0	\$0
Chiropractic services (Original Medicare benefit)	\$20	\$20
Podiatry (Original Medicare benefits, including nail debridement)	\$25	\$40
Podiatry (Original Medicare benefits, including nail debridement)	\$0/4 every year	\$0/4 every year
Occupational/physical/speech therapy	\$25 per day	\$40 per day
Outpatient all other diagnostic procedures/ tests	\$15 per day	\$20 per day
Outpatient lab	\$15 per day	\$20 per day
Outpatient X-rays	\$25 per day	\$35 per day
Outpatient MRI/CT/PET scans	\$200 per day	\$265 per day
Outpatient standard radiation therapy	\$25 per day	\$35 per day

Geisinger Gold
Preferred PPO plans

	Preferred Advantage Rx in-network or out-of-network	Preferred Complete Rx in-network or out-of-network
Outpatient all other therapeutic radiology	\$60 per day	\$60 per day
Diagnostic ultrasound/fluoroscopy/DEXA	\$25 per day	\$35 per day
Other diagnostic/general imaging	\$200 per day	\$265 per day
Outpatient surgery (all outpatient place of service types, including physician office)	\$225	\$350
Outpatient mental health	Individual session: \$25 Group session: \$10	Individual session: \$25 Group session: \$10
Ambulance (waived if admitted)	\$200	\$200
Part B drugs	20%	20%
Durable medical equipment (DME)	20%	20%
Prosthetics and related supplies	20%	20%
Diabetic supplies	\$0 for preferred brand glucometers; 20% for non-preferred brand glucometers; 20% for preferred and non-preferred brand test strips; 20% for all lancets and lancet devices (prior auth required for non-preferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)	\$0 for preferred brand glucometers; 20% for non-preferred brand glucometers; 20% for preferred and non-preferred brand test strips; 20% for all lancets and lancet devices (prior auth required for non-preferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)
Diabetic supplies – therapeutic shoes or inserts	20%	20%
Annual routine physical exams (supplemental non-Medicare benefit)	\$5	\$5
Fitness facility membership allowance (supplemental non-Medicare benefit)	\$90 allowance every 3 months with purchase of optional Health+ package	\$90 allowance every 3 months with purchase of optional Health+ package
Nursing hotline	\$0	\$0
Dental services (preventive) – oral exam, prophylaxis (cleaning)	Covered twice a year with purchase of optional Health+ package	Covered twice a year with purchase of optional Health+ package
Dental services (preventive) – dental X-rays	One dental x-ray series per year with purchase of optional Health+ package	One dental X-ray series per year with purchase of optional Health+ package
Comprehensive dental (Original Medicare-covered benefit only)	\$25	\$40
Comprehensive dental (optional supplemental Health+ benefit)	\$500 annual combined benefit limit for Health+ preventive dental services, simple fillings/extractions, dentures with purchase of optional Health+ package	\$500 annual combined benefit limit for Health+ preventive dental services, simple fillings/extractions, dentures with purchase of optional Health+ package
Vision exam (medical)	\$25	\$40

Geisinger Gold
Preferred PPO plans

	Preferred Advantage Rx in-network or out-of-network	Preferred Complete Rx in-network or out-of-network
Vision exam (routine)	\$20/1 per year, with purchase of optional Health+ package	\$20/1 per year, with purchase of optional Health+ package
Original Medicare-covered eyewear (one pair, post-cataract surgery)	\$0 (basic frames and lenses)	\$0 (basic frames and lenses)
Eyewear (routine) – non-Medicare covered contact lenses/eyeglasses/lenses/frames	\$100 benefit limit each year with purchase of optional Health+ package	\$100 benefit limit each year with purchase of optional Health+ package
Hearing exams – diagnostic only	\$25	\$40
Routine hearing exams	\$20/1 per year, with purchase of optional Health+ package	\$20/1 per year, with purchase of optional Health+ package
Hearing aids/fitting for hearing aids	\$500 benefit limit each year with purchase of optional Health+ package	\$500 benefit limit each year with purchase of optional Health+ package
Part D deductible	\$0	\$0
Tier 1 preferred generics (30 day)	\$3	\$3
Tier 2 non-preferred generics (30 day)	\$20	\$20
Tier 3 preferred brand (30 day)	\$47	\$47
Tier 4 non-preferred brand (30 day)	\$100	\$100
Tier 5 specialty (30 day)	33%	33%
Gap coverage – Tier 1 generics	\$3	\$3

Geisinger Gold
Secure HMO Dual Eligible
Special Needs plan

	Secure Rx
Plan type	HMO SNP
2016 Star Rating	4.5
Deductible	None to member Medicare FFS Part A deductible billed to Medicaid No deductible on Part B
Out-of-pocket max	\$6,700
PCP	\$0 to member \$0 copay for PCP not billed to Medicaid
Physician specialist	\$0 to member 20% Medicare FFS billed to Medicaid for Specialist
Inpatient hospital – acute	\$0 to member Medicare FFS Part A deductible and Part A cost-sharing billed to Medicaid
Inpatient psychiatric hospital	\$0 to member Medicare FFS Part A deductible and Part A cost-sharing billed to Medicaid
SNF	\$0 to member Medicare FFS Part A deductible and Part A cost-sharing billed to Medicaid
Cardiac/pulmonary rehab	\$0 to member 20% Medicare FFS billed to Medicaid for Specialist
Emergency care	\$0 to member \$75 copay billed to Medicaid
Urgent care	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Worldwide coverage	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Home health services (includes related medical supplies)	\$0 to member
Chiropractic services (Original Medicare Benefit)	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Podiatry (Original Medicare benefits, including nail debridement)	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Occupational therapy	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Physical and speech therapy	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Outpatient all other diagnostic procedures/tests	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid

Geisinger Gold
Secure HMO Dual Eligible
Special Needs plan

	Secure Rx
Outpatient lab	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Outpatient X-rays	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Outpatient MRI/CT/PET scans	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Outpatient standard radiation therapy	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Outpatient all other therapeutic radiology	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Diagnostic ultrasound/fluoroscopy/DEXA	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Other diagnostic/general imaging	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Outpatient surgery (all outpatient place of service types, including physician office)	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Outpatient mental health	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Ambulance	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Part B drugs	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Durable medical equipment (DME)	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Prosthetics and related supplies	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Diabetic supplies	\$0 Preferred Brand Glucometer every 2 years; 20% test strips, lancets and non-preferred brand meters (prior auth required for non-preferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)
Diabetic supplies – therapeutic shoes or inserts	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Acupuncture and other alternative therapies	Not covered
Annual routine physical exams (supplemental non-Medicare benefit)	\$0 to member
Fitness facility membership allowance (supplemental non-Medicare benefit)	\$120 per quarter

Geisinger Gold
Secure HMO Dual Eligible
Special Needs plan

	Secure Rx
Nursing hotline	\$0 to member
Dental services (preventive and comprehensive) – non-Medicare covered	\$0 to member; \$3,000 maximum combined dental benefit per year; includes simple fillings, extractions, dentures, and 2 visits per year for exams, cleanings, fluoride treatments, X-rays
Comprehensive dental (Original Medicare-covered benefit only)	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Vision exam (medical)	\$0 to member 20% Medicare FFS cost-sharing billed to Medicaid
Vision exam (routine)	\$0 to member; 1 per year
Original Medicare-covered eyewear (post-cataract surgery)	\$0 to member
Eyewear (routine) – non-Medicare covered contact lenses/eyeglasses/lenses/frames	\$0 to member \$250 maximum benefit every 2 years
Hearing exams – diagnostic only	\$0 to member
Routine hearing exams	\$0 to member; 1 per year
Hearing aids/fitting for hearing aids	\$0 to member \$1,000 maximum benefit every 3 years
Part D prescription drugs	Part D drugs covered with appropriate LIS cost-sharing and premium subsidies
Over-the-counter drugs	\$25 allowance per month

All Secure Rx members have Medicare and full Medicaid benefits. Providers may bill Medicaid as a secondary payer. Provider Medicaid participation is not required to treat and accept GHP reimbursement. Members may not be balanced billed; any balance after Geisinger Gold payment is not the liability of the member.

Geisinger Gold
 Classic REHP HMO plan
 for retired pensylvania employees

	Classic REHP (HMO) (employer group plan)
Deductible	\$0
Out-of-pocket max	\$2,500
PCP	\$15
Physician specialist	\$20
Inpatient hospital – acute	\$0 (no limit on number of days for each Medicare covered stay)
Inpatient psychiatric hospital	\$0 (no limit on number of days for each Medicare covered stay)
SNF	\$0/day (days 1 – 100)
Cardiac/pulmonary rehab	\$15 per day
Emergency care	\$50
Urgent care	\$50
Worldwide emergency coverage	\$50
Home health services (includes related medical supplies)	\$0
Chiropractic services (Original Medicare benefit)	\$15
Podiatry (Original Medicare benefits, including nail debridement)	\$20
Occupational therapy	\$15
Physical and speech therapy	\$15
Outpatient all other diagnostic procedures/tests	\$0
Outpatient lab	\$0
Outpatient X-rays	\$0
Outpatient MRI/CT/PET scans	\$0
Outpatient radiation therapy/nuclear medicine	\$0
Outpatient all other therapeutic radiology	\$0
Ultrasound diagnostic	\$0
Other diagnostic/general imaging	\$0
Outpatient surgery, any place of service	\$0
Outpatient mental health	\$15 (group and individual)
Ambulance	\$0

Geisinger Gold
Classic REHP HMO plan
for retired Pennsylvania employees

	Classic REHP (HMO) (employer group plan)
Part B drugs	\$0
Durable medical equipment (DME)	\$0
Prosthetics and related supplies	\$0
Diabetic testing supplies – preferred brand glucometer	\$0
Diabetic testing supplies – all other	\$0
Diabetes – therapeutic shoes or inserts	\$0
Acupuncture and other alternative therapies – non-Medicare covered	Not covered
Medicare-covered preventive services (see list of covered services on Page 2)	\$0
Annual routine physical exams (supplemental non-Medicare benefit)	\$0
Fitness facility membership allowance (supplemental non-Medicare benefit)	\$90/quarter
Nursing hotline	\$0
Dental services (preventive) – oral exam with or without cleaning/X-rays	Not covered
Comprehensive dental (Original Medicare-covered benefit only)	\$0
Comprehensive dental (non-Medicare covered)	Not covered
Vision exam (medical)	\$0
Vision exam (routine)	Not covered
Original Medicare-covered eyewear (post-cataract surgery)	\$0
Eyewear – routine eyewear, non-Medicare covered contact lenses/eyeglasses/lenses and frames	Not covered
Hearing exams – diagnostic only	\$0
Routine hearing exams	Not covered
Hearing aids/fitting for hearing aids	Not covered
Part D prescription drugs	Not covered
Over-the-counter drugs	Not covered

Geisinger Gold Health+

Geisinger Gold Health+ is an optional supplemental benefits package available for purchase by members enrolled in Classic Complete Rx, Preferred Advantage Rx and Preferred Complete Rx.

Dental	<ul style="list-style-type: none">• \$500 max benefit per year that includes:<ul style="list-style-type: none">○ 2 routine exams per year (with or without cleaning)○ 1 set of X-rays per year (bitewing and panoramic)○ Simple fillings, simple extractions and dentures○ See any provider
Vision	<ul style="list-style-type: none">• \$20 copay• 1 routine exam per year• \$100 hardware allowance per year (contacts, glasses, lenses, frames)• See any provider• Can be combined with Accessories Program discounts
Hearing	<ul style="list-style-type: none">• \$20 copay• 1 routine exam per year• \$500 hearing aid and fitting allowance per year• See any provider• Can be combined with Accessories Program discounts
Fitness	<ul style="list-style-type: none">• \$90 allowance per quarter• Access to facilities of your choice• Can be applied to any fitness service the facility offers (excludes food & beverage)

How are members reimbursed?

Submit receipt(s) to Geisinger Health Plan, Attn:
Claims 32-29, P.O. Box 8200, Danville, PA 17821

Questions: call Geisinger Gold customer service team at 800-498-9731

Identification

Enrollment in the Geisinger Gold Health+ optional supplemental benefit package is indicated on the back of the member identification card with a benefit code that ends in “R”. Members who are not enrolled in the Optional Health+ Benefit Package have a benefit code on the back of the card that ends in “X.”

Medicare Part D Rx drug coverage

Secure Rx	
Annual deductible	Member pays \$0*
Initial coverage (30 day supply)	Member pays the following copays up to \$3,700: <ul style="list-style-type: none">• \$0, \$1.20, or \$3.30 copays for generic drugs**• \$0, \$3.70, or \$8.25 copays for brand drugs**
Coverage gap (\$3,700 - \$4,950)	Member pays: <ul style="list-style-type: none">• \$0, \$1.20, or \$3.30 copays for generic drugs**• \$0, \$3.70, or \$8.25 copays for brand drugs**
Catastrophic coverage (after \$4,950 is paid out-of-pocket)	Member pays: <ul style="list-style-type: none">• \$0 copay for generic and brand drugs

*Generally, members in Secure Rx will not be subject to a deductible or the coverage gap

**Actual cost-sharing depends on the level of extra help (LIS) the member receives

Classic Advantage Rx, Classic Complete Rx, Preferred Advantage Rx, Preferred Complete Rx	
Annual deductible	Member pays \$0*
Initial coverage (30 day supply) (90 day retail supply at 2.5x the copay)	Member pays the following copays up to \$3,700: <ul style="list-style-type: none">• Tier 1 – \$3• Tier 2 – \$20• Tier 3 – \$47• Tier 4 – \$100• Tier 5 – 33%
Coverage gap (\$3,700 - \$4,950)	Member pays: <ul style="list-style-type: none">• \$3 copay for tier 1 generics• 51% of costs for tier 2 generics• 40% of costs for tier 3 and above brands
Catastrophic coverage (after \$4,950 is paid out-of-pocket)	Member pays: <ul style="list-style-type: none">• \$3.30 copay for generics• \$8.25 copay for brands• or 5% coinsurance (whichever is greater)