

Plans for 2018 include:

- Essential Rx (HMO)
- Classic Complete Rx (HMO)
- Classic Advantage (HMO)
- Classic Advantage Rx (HMO)
- Preferred Advantage Rx (PPO)
- Preferred Complete Rx (PPO)
- Secure Rx (HMO SNP)
- Classic REHP (HMO)

Medicare Part D Rx drug coverage (HMO & PPO)

All plans are offered with \$0 deductible prescription drug coverage except for Classic Advantage (with no Rx benefit) and Classic REHP. This benefit includes fixed copays in the initial coverage level and cost sharing up to the coverage gap. 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.

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

Optional supplemental benefits can be purchased for these plans through Geisinger Gold Health+. Benefits include:

- Supplemental dental benefits, including routine exams and cleaning, simple fillings, simple extractions
- Routine vision exams and eyewear coverage
- Routine hearing exams and hearing aid coverage
- Fitness center membership reimbursement (up to \$90 allowance per quarter)

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

Service area change

The 40-county Geisinger Gold service area remains largely unchanged for 2018 with one minor change. Bradford county has been added to the Geisinger Gold service area for 2018 and Pike county has been removed.

About Geisinger Gold

Geisinger Gold is the Medicare Advantage offering from Geisinger Health Plan (GHP). 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 2017.

Geisinger Gold serves more than 90,000 members in 40 counties throughout Pennsylvania. The Geisinger Gold network includes more than 125 area hospitals, 31,000 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 & counseling
- Annual wellness visit (including personalized prevention plan services)
- Bone mass measurements
- Cancer screenings (mammogram, cervical, colorectal, lung, prostate)
- Cardiovascular disease screening
- Depression screening
- Diabetes screening
- Diabetes self-management training
- Glaucoma screening
- Hepatitis C screening
- HIV screening
- Intensive behavioral therapy for cardiovascular disease
- Intensive behavioral therapy for obesity
- Medical nutrition therapy (for beneficiaries with diabetes or renal disease)
- Pap tests screening
- Pelvic exam screening
- Sexually transmitted infections (STIs) screening & counseling to prevent STIs
- Tobacco-use cessation counseling
- Ultrasound screening for AAA
- Vaccinations (hepatitis B, influenza virus, pneumococcal)
- Welcome to medicare exam (initial preventive physical exam)

Additional Medicare \$0 preventive services may be covered. Medicare coverage frequency and cover-age criteria rules apply. For a complete list and associated coding and billing information, visit <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/>. 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 and other information on Medicare-covered Preventive Services is available at: <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

Important: Only the specific procedure and diagnosis codes designated by Medicare for these preven-tive services are covered. Claims submitted with codes that are not covered by Medicare for the preven-tive 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

Gynecologic services: 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.

Diabetic supplies: Supplies covered under Part B include diabetic test strips, lancets, therapeutic shoes and inserts, and insulin pumps (DME). Supplies covered under Part D include insulin, diabetic pens and needles.

GeisingerCareSite Mail-OrderPharmacy

- Mail order pharmacy is available to members through Geisinger CareSite. (844-878-5562 or www.geisinger.org/pharmacy)
- Generally, drugs provided through mail-order are maintenance drugs that are taken on a regular basis, for a chronic or long-term medical condition.
- Mail order is not mandatory for Gold members.
- Drugs not available through the plan's mail-order service are marked with "NM" on the Formulary.
- Mail order is mainly for a 90-day supply, however Gold members may receive a 30-day supply.
- Providers can e-cribe directly to Geisinger CareSite Pharmacy.
- No prescriptions will be mailed without a valid form of payment on file.

Initial Coverage Limit

90-day mail order copay:

- Tier 1 - \$4.50
- Tier 2 - \$30
- Tier 3 - \$70.50
- Tier 4 - \$150
- Tier 5 - not available

Fitness Center Agreements

- The following fitness centers have agreements to bill Geisinger directly up to the plan's monthly allowance:
 - Danville Area Community Center (DACC)
 - Bloomsburg YMCA
 - Berwick YMCA
 - River Valley Regional YMCA (includes Williamsport, Eastern Lycoming, Jersey Shore, Bradford and Tioga branches)
 - Lock Haven YMCA
 - Greater Scranton YMCA
 - Wilkes-Barre YMCA
 - Carbondale YMCA
- Available to Classic Complete Rx, Classic Advantage (Rx), Secure Rx and Health+ members
- Members simply show their Gold member ID card
- Use of other fitness centers will require members to manually submit requests for reimbursement (up to the plans monthly allowance)

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.

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/Shingrex (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.

2018 Geisinger Gold plans

HMO Plans

Members must select a Primary Care Physician who works to coordinate their medical care. Members must go to providers and hospitals within the Geisinger Gold network. Referrals are not required to see specialists.

Essential Rx is a new HMO plan being introduced for 2018! It offers a \$0 monthly plan premium and no deductible. Prescription drug coverage is included.

Classic Complete Rx offers a moderate monthly plan premium and cost-sharing responsibility and no deductible. Prescription drug coverage is included. Supplemental benefits, such as dental, vision, hearing and fitness are built into the plan.

Classic Advantage (HMO) offers the same rich benefits with low, fixed copays and no deductible as the Classic Advantage Rx (HMO) plan, but without Medicare Part D prescription drug coverage. Supplemental benefits, such as dental, vision, hearing and fitness are built into the plan.

Classic Advantage Rx (HMO) offers rich benefits with low, fixed copays and no deductible. Classic Advantage Rx includes Medicare Part D prescription drug coverage. Supplemental benefits, such as dental, vision, hearing and fitness are built into the plan.


Geisinger
Gold


Essential Rx HMO
A Medicare Advantage Plan

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

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

In-Network PCP Copay \$10
In-Network Spec Copay \$40
ER Copay \$80


Prescription Drug Coverage



www.GeisingerHealthPlan.com


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Classic Complete Rx HMO
A Medicare Advantage Plan

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

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

PCP Copay \$5
Spec Copay \$35
ER Copay \$80


Prescription Drug Coverage



www.GeisingerHealthPlan.com


Geisinger
Gold


Classic Advantage HMO
A Medicare Advantage Plan

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

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

PCP Copay \$0
Spec Copay \$20
ER Copay \$100


Med Impact



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
Classic Advantage Rx HMO
A Medicare Advantage Plan

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

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

PCP Copay \$0
Spec Copay \$20
ER Copay \$100


Prescription Drug Coverage



www.GeisingerHealthPlan.com

2018 Geisinger Gold plans continued

PPO Plans

Members have the freedom to choose any doctor or hospital who accepts Medicare and is willing to bill Geisinger. Referrals are not required to see specialists (in or out-of-network). Covered services can be obtained from in-network or out-of-network providers at the same cost-sharing.

Preferred Complete Rx offers a \$0 monthly plan premium and no deductible. Prescription drug coverage is included. Supplemental benefits, such as dental, vision, hearing and fitness can be added for an additional low premium amount.

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 \$10
In-Network Spec Copay \$40
ER Copay \$80


Prescription Drug Coverage

www.GeisingerHealthPlan.com


Preferred Advantage Rx offers rich benefits with low, fixed copays and no deductible. Prescription drug coverage is included. Supplemental benefits, such as dental, vision, hearing and fitness can be added for an additional low premium amount.

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 \$80


Prescription Drug Coverage

www.GeisingerHealthPlan.com

HMO SNP Plan

Secure Rx is a Special Needs Plan designed for individuals 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. Members must go to providers and hospitals within the plan’s network.


Note that Pennsylvania Medicaid may require certain Secure Rx members to pay nominal Medicaid copayments when receiving covered services. State Medicaid copayment amounts will depend on the member’s level of Medical Assistance.

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 \$80


Prescription Drug Coverage

www.GeisingerHealthPlan.com

HMO Classic REHP


Classic REHP is a HMO plan 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
Primary Care: XXXX
XXXXXXXXXXXXXXXXX
Office #: 123/456-7891
Tel-A-Nurse #: 877-543-5061

CMS: HXXXX-XXX
Issuer: 80840
RxBin: 003585
RxPCN: ASPROD1
PCP Copay \$XX
Spec Copay \$XX
ER Copay \$XXX


MedImpact

www.GeisingerHealthPlan.com

Geisinger Gold HMO plans

	Essential Rx
Plan type	HMO
2017 star rating	4.5
Deductible	\$0
Out of pocket max	\$6,700
PCP	\$10
Physician specialist	\$40
Inpatient hospital - acute	\$200/day (days 1-5) \$0/day (days 6-90)
Inpatient psychiatric hospital	\$200/day (days 1-5) \$0/day (days 6-90)
Skilled nursing facility	\$0/day (days 1-20) \$160/day (days 21-62) \$0/day (days 63-100)
Cardiac/pulmonary rehab	\$0 per day
Emergency care (waive if admitted)	\$80
Urgent care (waive if admitted)	\$40
Medicare-covered preventive services (see list of covered services on page 1)	\$0
Worldwide emergency/ambulance/urgent care coverage (waive if admitted)	\$80/\$200/\$40 \$25,000 combined benefit limit
Home health services (includes related medical supplies)	\$0
Chiropractic services (original Medicare benefit)	\$20
Podiatry (original Medicare benefits)	\$40
Podiatry - routine nail trimming (non-Medicare-covered, preventive)	\$0 / 4 per year
Occupational/physical/speech therapy	\$40 per day
Outpatient lab & other outpatient diagnostic tests	\$5 per day
Outpatient x-rays	\$30 per day
Outpatient diagnostic radiology: ultrasound, fluoroscopy, diagnostic DEXA imaging	\$30 per day
Outpatient diagnostic radiology: MRI, CT, PET scans, etc.	\$225 per day
Outpatient conventional radiation therapy	\$30 per day
Outpatient advanced radiation therapy	\$60 per day
Outpatient surgery - any place of service	\$350
Outpatient mental health	Individual Session: \$25 Group Session: \$10
Ambulance (waive if admitted)	\$200

Geisinger Gold HMO plans

	Essential Rx		
Part B drugs	20%		
Durable medical equipment (DME)	20%		
Prosthetics and related supplies	20%		
Diabetic supplies Preferred brand meters and test strips - Lifescan (One Touch and Verio)	\$0 Copayment for preferred brand glucometers, 20% coinsurance for non-preferred brand glucometers. 20% coinsurance for preferred and non-preferred brand test strips & lancets. Prior Authorization is required for non-preferred brand glucometers, non-preferred brand test strips, or if more than 200 test strips are needed per month or more than one glucometer every two years.		
Diabetic therapeutic shoes or inserts	20%		
Annual routine physical exams (supplemental non-Medicare benefit)	\$10		
Fitness center membership (supplemental non-Medicare benefit)	Not covered		
Nursing hotline	\$0		
Supplemental dental services (preventive): oral exam with or without cleaning	Not covered		
Supplemental dental services (preventive): dental x-rays	Not covered		
Comprehensive dental (original Medicare-covered benefit only)	\$40		
Supplemental comprehensive dental (non-Medicare covered)	Not covered		
Eye exam (medical): (\$0 for glaucoma screen - office visit copay may apply)	\$40		
Supplemental routine vision exam	Not covered		
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)		
Routine eyewear: (non-Medicare covered) contact lenses, eyeglasses, lenses, frames	Not covered		
Hearing exams - diagnostic only	\$40		
Routine hearing exams (non-Medicare covered)	Not covered		
Hearing aids/fitting for hearing aids	Not covered		
Part D deductible	\$0		
Part D prescription drugs	30-day retail supply	90-day retail supply	90-day mail order
Tier 1 preferred generics	\$3	\$7.50	\$4.50
Tier 2 non-preferred generics	\$20	\$50	\$30
Tier 3 preferred brand	\$47	\$117.50	\$70.50
Tier 4 non-preferred	\$100	\$250	\$150
Tier 5 specialty	33%	Not available	Not available
Gap coverage – tier 1 generics	\$3	Not available	Not available

Geisinger Gold HMO plans

	Classic Complete Rx	Classic Advantage (Rx)
Plan type	HMO	HMO
2017 star rating	4.5	4.5
Deductible	\$0	\$0
Out of pocket max	\$4,900	\$3,400
PCP	\$5	\$0
Physician specialist	\$35	\$20
Inpatient hospital - acute	\$175/day (days 1-5) \$0/day (days 6-90)	\$150/day (days 1-5) \$0/day (days 6-90)
Inpatient psychiatric hospital	\$175/day (days 1-5) \$0/day (days 6-90)	\$150/day (days 1-5) \$0/day (days 6-90)
Skilled nursing facility	\$0/day (days 1-20) \$160/day (days 21-57) \$0/day (days 58-100)	\$0/day (days 1-20) \$160/day (days 21-42) \$0/day (days 43-100)
Cardiac/pulmonary rehab	\$0 per day	\$0 per day
Emergency care (waive if admitted)	\$80	\$100
Urgent care (waive if admitted)	\$35	\$20
Worldwide emergency/ambulance/urgent care coverage (waive if admitted)	\$80/\$200/\$35 \$25,000 combined benefit limit	\$100/\$100/\$20 \$25,000 combined benefit limit
Medicare-covered preventive services (see list of covered services on page 1)	\$0	\$0
Home health services (includes related medical supplies)	\$0	\$0
Chiropractic services (original Medicare benefit)	\$20	\$20
Podiatry (original Medicare benefits)	\$35	\$20
Podiatry - routine nail trimming (non-Medicare-covered, preventive)	\$0 / 4 per year	\$0 / 4 every year
Occupational/physical/speech therapy	\$35 per day	\$20 per day
Outpatient lab and other outpatient diagnostic tests	\$5 per day	\$5 per day
Outpatient x-rays	\$30 per day	\$25 per day
Outpatient diagnostic radiology: ultrasound, fluoroscopy, diagnostic DEXA	\$30 per day	\$25 per day
Outpatient diagnostic radiology: MRI, CT, PET scans, etc.	\$225 per day	\$150 per day
Outpatient conventional radiation therapy	\$30 per day	\$25 per day
Outpatient advanced radiation therapy	\$60 per day	\$60 per day
Outpatient surgery - any place of service	\$245	\$200
Outpatient mental health	Individual Session: \$25 Group Session: \$10	Individual Session: \$25 Group Session: \$10
Ambulance (waive if admitted)	\$200	\$100
Part B drugs	20%	20%
Durable medical equipment (DME)	20%	20%
Prosthetics and related supplies	20%	20%

Geisinger Gold HMO plans

	Classic Complete Rx		Classic Advantage (Rx)
Diabetic supplies Preferred brand meters and strips - Lifescan (One Touch and Verio)	\$0 for preferred brand glucometers; 20% coinsurance for non-preferred brand glucometers; 20% coinsurance for preferred & non-preferred brand test strips & lancets. Prior Authorization is required for non-preferred brand glucometers & test strips, and if more than 200 test strips are needed per month or more than one glucometer every two years.		\$0 for preferred brand glucometers; 20% for non-preferred brand glucometers; \$0 for preferred brand test strips & all lancets & lancet devices; 20% for non-preferred brand test strips. Prior Authorization is required for non-preferred brand glucometers & test strips or if more than 200 test strips are needed per month or more than one glucometer every two years.
Diabetic therapeutic shoes or inserts	20%		20%
Annual routine physical exams (supplemental non-Medicare benefit)	\$5		\$0
Fitness center membership allowance (supplemental non-Medicare benefit)	\$90 / every 3 months		\$90 / every 3 months
Nursing hotline	\$0		\$0
Supplemental dental services (preventive): oral exam with or without cleaning	\$0 / 2 per year		\$0 / 2 per year
Supplemental dental services (preventive): dental x-rays	\$0 / 1 per year		\$0 / 1 per year
Supplemental comprehensive dental (non-Medicare covered)	\$500 benefit limit per year (also applies to Preventive Dental)		\$500 benefit limit per year (only applies to Comp. Dental)
Comprehensive dental (original Medicare covered benefit only)	\$35		\$20
Eye exam (medical): (\$0 for glaucoma screen - office visit copay may apply)	\$35		\$20
Supplemental routine vision exam	\$20 / 1 per year		\$20 / 1 per year
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)		\$0 (basic frames & lenses)
Routine eyewear: (non-Medicare covered) contact lenses, eyeglasses, lenses, frames	\$100 benefit limit per year		\$200 benefit limit / every 2 years
Hearing exams - diagnostic only	\$35		\$20
Routine hearing exams (non-Medicare covered)	\$20 / 1 per year		\$20 / 1 per year
Hearing aids/fitting for hearing aids	\$500 benefit limit per year		\$800 benefit limit / every 3 years
Part D deductible	\$0		\$0
Part D prescription drugs	30-day retail supply	90-day retail supply	90-day mail order
Tier 1 preferred generics	\$3	\$7.50	\$4.50
Tier 2 non-preferred generics	\$20	\$50	\$30
Tier 3 preferred brand	\$47	\$117.50	\$70.50
Tier 4 non-preferred	\$100	\$250	\$150
Tier 5 specialty	33%	Not available	Not available
Gap coverage – tier 1 generics	\$3	Not available	Not available

Geisinger Gold PPO plans

	Preferred Complete Rx in-network or out-of-network	Preferred Advantage Rx in-network or out-of-network
Plan type	PPO	PPO
2017 star rating	4	4
Deductible	\$0	\$0
Out of pocket max	\$6,700 (combined in & out)	\$5,900 (combined in & out)
PCP	\$10	\$5
Physician specialist	\$40	\$25
Inpatient hospital – acute	\$200/day (days 1-5) \$0/day (days 6-90)	\$175/day (days 1-5) \$0/day (days 6-90)
Inpatient psychiatric hospital	\$200/day (days 1-5) \$0/day (days 6-90)	\$175/day (days 1-5) \$0/day (days 6-90)
Skilled nursing facility	\$0/day (days 1-20) \$160/day (days 21-62) \$0/day (days 63-100)	\$0/day (days 1-20) \$160/day (days 21-57) \$0/day (days 58-100)
Cardiac/pulmonary rehab	\$0 per day	\$0 per day
Emergency care (waive if admitted)	\$80	\$80
Urgent care (waive if admitted)	\$40	\$25
Worldwide emergency/ambulance/urgent care coverage (waive if admitted)	\$80/\$275/\$40 \$25,000 combined benefit limit	\$80/\$200/\$25 \$25,000 combined benefit limit
Medicare-covered preventive services (see list of covered services on page 1)	\$0	\$0
Home health services (includes related medical supplies)	\$0	\$0
Chiropractic services (original Medicare benefit)	\$20	\$20
Podiatry (original Medicare benefits)	\$40	\$25
Podiatry - routine nail trimming (non-Medicare-covered, preventive)	\$0 / 4 every year	\$0 / 4 every year
Occupational/physical/speech therapy	\$40 per day	\$25 per day
Outpatient lab and other outpatient diagnostic tests	\$30 per day	\$15 per day
Outpatient x-rays	\$40 per day	\$25 per day
Outpatient diagnostic radiology: ultrasound, fluoroscopy, diagnostic DEXA imaging	\$40 per day	\$25 per day
Outpatient diagnostic radiology: MRI, CT, PET scans, etc.	\$275 per day	\$200 per day
Outpatient conventional radiation therapy	\$40 per day	\$25 per day
Outpatient advanced radiation therapy	\$60 per day	\$60 per day
Outpatient Surgery - any place of service	\$350	\$225
Outpatient mental health	Individual Session: \$25 Group Session: \$10	Individual Session: \$25 Group Session: \$10
Ambulance (waive if admitted)	\$275	\$200
Part B drugs	20%	20%
Durable medical equipment (DME)	20%	20%

Geisinger Gold PPO plans

	Preferred Complete Rx in-network or out-of-network		Preferred Advantage Rx in-network or out-of-network
Prosthetics and related supplies	20%		20%
Diabetic supplies Preferred brand meters and strips - Lifescan (One Touch and Verio)	\$0 for preferred brand glucometers; 20% for non-preferred brand glucometers; 20% for preferred & non- preferred brand test strips; 20% for all lancets & 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 & non- preferred brand test strips; 20% for all lancets & 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 therapeutic shoes or inserts	20%		20%
Annual routine physical exams (supplemental non-Medicare benefit)	\$10		\$5
Fitness center membership allowance (supplemental non-Medicare benefit)	Available with Optional Health+ Package		Available with Optional Health+ Package
Nursing hotline	\$0		\$0
Supplemental dental services (preventive): oral exam with or without cleaning	Available with Optional Health+ Package		Available with Optional Health+ Package
Supplemental dental services (preventive): dental x-rays	Available with Optional Health+ Package		Available with Optional Health+ Package
Comprehensive dental (original Medicare-covered benefit only)	\$40		\$25
Supplemental comprehensive dental (non-Medicare covered)	Available with Optional Health+ Package		Available with Optional Health+ Package
Eye exam (medical): (\$0 for glaucoma screen - office visit copay may apply)	\$40		\$25
Supplemental routine vision exam	Available with Optional Health+ Package		Available with Optional Health+ Package
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)		\$0 (basic frames & lenses)
Routine eyewear: (non-Medicare covered) contact lenses, eyeglasses, lenses, frames	Available with Optional Health+ Package		Available with Optional Health+ Package
Hearing exams - diagnostic only	\$40		\$25
Routine hearing exams (non-Medicare covered)	Available with Optional Health+ Package		Available with Optional Health+ Package
Hearing aids/fitting for hearing aids	Available with Optional Health+ Package		Available with Optional Health+ Package
Part D deductible	\$0		\$0
Part D prescription drugs	30-day retail supply	90-day retail supply	90-day mail order
Tier 1 preferred generics	\$3	\$7.50	\$4.50
Tier 2 non-preferred generics	\$20	\$50	\$30
Tier 3 preferred brand	\$47	\$117.50	\$70.50
Tier 4 non-preferred	\$100	\$250	\$150
Tier 5 specialty	33%	Not available	Not available
Gap coverage – tier 1 generics	\$3	Not available	Not available

Geisinger Gold Secure HMO
dual eligible special needs plan

	Secure Rx
Plan type	HMO SNP
2017 star rating	4.5
Deductible	\$0 to member
Out of pocket max	\$6,700
PCP	\$0 to member
Physician specialist	\$0 to member
Inpatient hospital - acute	\$0 to member
Inpatient psychiatric hospital	\$0 to member
Skilled nursing facility	\$0 to member
Cardiac/pulmonary rehab	\$0 to member
Emergency care	\$0 to member
Urgent care	\$0 to member
Worldwide emergency/ambulance/urgent care coverage	\$0 to member
Medicare-covered preventive services (see list of covered services on page 1)	\$0 to member
Home health services (includes related medical supplies)	\$0 to member
Chiropractic services (original Medicare benefit)	\$0 to member
Podiatry (original Medicare benefits)	\$0 to member
Podiatry - routine nail trimming (non-Medicare-covered, preventive)	\$0 to member
Occupational therapy	\$0 to member
Physical & speech therapy	\$0 to member
Outpatient lab & other outpatient diagnostic tests	\$0 to member
Outpatient x-rays	\$0 to member
Outpatient diagnostic radiology: ultrasound, fluoroscopy, diagnostic DEXA imaging	\$0 to member
Outpatient diagnostic radiology: MRI, CT, PET Scans, etc.	\$0 to member
Outpatient standard radiation therapy	\$0 to member
Outpatient complex radiation therapy	\$0 to member
Outpatient surgery - any place of service	\$0 to member

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 Secure HMO
dual eligible special needs plan

	Secure Rx
Outpatient mental health	\$0 to member
Ambulance	\$0 to member
Part B drugs	\$0 to member
Durable medical equipment (DME)	\$0 to member
Prosthetics and related supplies	\$0 to member
Diabetic supplies Preferred brand meters and strips - LifeScan (One Touch and Verio)	\$0 Preferred Brand Glucometer every 2 years; \$0 test strips, lancets & non-preferred brand meters (Prior authorization required for non-preferred brand supplies, more than 200 test strips per month, more than one glucometer every two years).
Diabetic therapeutic shoes or inserts	\$0 to member
Acupuncture & other alternative therapies - non-Medicare covered	Not Covered
Annual routine physical exams (supplemental non-Medicare benefit)	\$0 to member
Fitness center membership allowance (supplemental non-Medicare benefit)	\$120 maximum benefit limit per quarter
Nursing hotline	\$0 to member
Dental services: preventive and comprehensive (non-Medicare covered)	\$0 to member; \$3,000 maximum benefit limit per year; includes simple fillings, simple extractions, dentures, and 2 visits per year for exams, cleanings, fluoride treatments, x-rays
Comprehensive dental (original Medicare-covered benefit only)	\$0 to member
Vision exam (medical): \$0 for glaucoma screen - office visit copay may apply	\$0 to member
Routine vision exam	\$0 to member; 1 per year
Original Medicare-covered eyewear (post-cataract surgery)	\$0 to member
Routine eyewear: (non-Medicare covered) Contact lenses, eyeglasses, lenses, frames	\$0 to member \$240 maximum benefit limit 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 limit every 3 years
Personal emergency response systems	\$700 maximum benefit limit per year
Part D	Part D drugs covered with appropriate LIS cost-sharing & premium subsidies
Over-the-counter drugs	\$20 allowance per month

Geisinger Gold REHP HMO plan
for retired pensylvania employees

	Classic REHP (HMO) (employer group plan)
Deductible	\$0
Out-of-pocket max	\$2,500
PCP	\$20
Physician specialist	\$30
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)
Skilled nursing facility	\$0/day (days 1 – 100)
Cardiac/pulmonary rehab	\$20 per day
Emergency care	\$100
Urgent care	\$50
Worldwide emergency/ambulance/urgent care coverage (waive if admitted)	\$100/100/50
Home health services (includes related medical supplies)	\$0
Chiropractic services (original Medicare benefit)	\$20
Podiatry (original Medicare benefits, including nail debridement)	\$30
Occupational therapy	\$20
Physical and speech therapy	\$20
Outpatient lab	\$0
Outpatient all other diagnostic procedures/tests	\$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	\$20 (group and individual)
Ambulance	\$0

Geisinger Gold REHP HMO plan
for retired pensylvania 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 meters and strips - LifeScan (One Touch and Verio)	\$0
Diabetic testing supplies – all other	\$0
Diabetic 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 1)	\$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 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 who is approved by Medicare
Vision	<ul style="list-style-type: none">• \$0 copay (Preferred Advantage Rx) \$20 copay (Preferred Complete Rx)• 1 routine exam per year• \$100 hardware allowance per year (contacts, glasses, lenses, frames)• See any provider who is approved by Medicare
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 approved by Medicare• Can be combined with Accessories Program discounts
Fitness	<ul style="list-style-type: none">• \$90 allowance per quarter

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	Depending on the level of extra help, member pays: <ul style="list-style-type: none">• \$0, \$1.25, or \$3.70 copays for generic drugs**• \$0, \$3.35, or \$8.35 copays for brand drugs**
Coverage gap	Depending on level of extra help, member pays: <ul style="list-style-type: none">• \$0, \$1.25, or \$3.70 copays for generic drugs**• \$0, \$3.35, or \$8.35 copays for brand drugs**
Catastrophic coverage	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

Essential Rx, Classic Advantage Rx, Classic Complete Rx, Preferred Advantage Rx, Preferred Complete Rx			
Annual deductible	Member pays \$0		
Initial coverage (total drug costs reach up to \$3,750)	30-day retail copay: <ul style="list-style-type: none">• Tier 1 - \$3• Tier 2 - \$20• Tier 3 - \$47• Tier 4 - \$100• Tier 5 – 33%	90-day retail copay: <ul style="list-style-type: none">• Tier 1 - \$7.50• Tier 2 - \$50• Tier 3 - \$117.50• Tier 4 - \$250• Tier 5 – not available	90-day mail order copay: <ul style="list-style-type: none">• Tier 1 - \$4.50• Tier 2 - \$30• Tier 3 - \$70.50• Tier 4 - \$150• Tier 5 - not available
Coverage gap (total member drug costs reach \$5,000)	Member pays: <ul style="list-style-type: none">• \$3 copay for tier 1 generics• 44% of costs for tier 2 generics• 35% of costs for tier 3 and above brands		
Catastrophic coverage (after \$5,000 is paid out-of-pocket)	Member pays the greater of: <ul style="list-style-type: none">• \$3.35 copay for generics• \$8.35 copay for brands• or 5% coinsurance		

*Although members only pay 35% of the cost for brand name drugs in the Coverage Gap, 85% of the price will count towards out-of-pocket spending.