

2023 Plan Overview

for Gold participating providers

Plans for 2023 include:

- Classic 360 Rx (HMO)
- Classic Essential Rx (HMO)
- Classic Complete Rx (HMO)
- Heritage (HMO)
- Classic Advantage Rx (HMO)
- Secure Rx (HMO D-SNP)
- Preferred 360 Rx (PPO)
- Preferred Complete Rx (PPO)
- Preferred Enhanced Rx (PPO)
- Preferred Advantage Rx (PPO)
- Custom Classic Employer Group

Medicare Part D Rx drug coverage (HMO & PPO)

The Part D drug coverage includes fixed copays during the initial coverage stage and cost sharing through the coverage gap. Refer to pages 24–25 for details on the Part D prescription drug cost sharing for each plan. All Part D plans, except Secure Rx (HMO D-SNP), are offered with \$0 deductible.

Medicare beneficiaries who are eligible for Low Income Subsidy (LIS) receive “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 supplemental benefits for Preferred Complete Rx (PPO) and Preferred Advantage Rx (PPO)

The Health+ optional supplemental benefits package can be purchased for an additional premium of \$38 for these plans through Geisinger Gold. Benefits include:

- Supplemental dental benefits, including preventive exams, x-rays, root canals, crowns, periodontics, cleaning, fillings, and simple extractions up to the annual \$1,000 coverage limit
- Routine vision exams with \$20 copay and eyewear coverage up to the annual \$100 coverage limit
- Routine hearing exams with \$20 copay and hearing aid coverage up to the annual \$500 coverage limit
- Reimbursement of fitness center membership fees and/or approved fitness classes up to a combined \$90 allowance per quarter

Some of the above benefits may be included in Gold HMO plans. Benefits vary by plan.

Please refer to page 26 for details on Geisinger Gold Health+ optional supplement benefit package.

About Geisinger Gold

Geisinger Gold is the Medicare Advantage plan by Geisinger Health Plan (GHP). Regionally based and nationally recognized for our disease management programs, GHP is a physician-led organization which focuses on keeping members healthy and delivering the best value in health care coverage. Geisinger Gold HMO and PPO plans have been rated 4.5 Stars for 2023 with the PPO prescription drug plan receiving 5 Stars. 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.

Geisinger Gold serves more than 92,000 members in 44 counties throughout Pennsylvania. Geisinger Gold is contracted with more than 100 area hospitals, 29,000 plus providers and nearly 3,000 pharmacies in Pennsylvania to provide medical care for members.

The Geisinger difference

With Geisinger Gold, everything we do is about caring for members. Geisinger has a long history of innovation, community-focused, physician-led service to patients and members throughout Pennsylvania. Geisinger Gold is proud to offer extra services and programs designed to help keep members healthy and make the most of their benefits.

Geisinger 65 Forward

Geisinger introduced a new approach to primary care for those 65 and older, created especially to meet their unique health needs. It offers seniors more time with doctors, more access to wellness activities and highly personalized care in a relaxing environment. The goal is to keep seniors healthier and happier, so they can enjoy more of what life has to offer. Members will have access to services including lab work, radiology, behavioral health services, exercise and cooking classes and much more, all under one roof. We currently have Geisinger 65 Forward locations in Kingston, Scranton, Wilkes-Barre, Hazleton, Shamokin Dam, State College, Milton, Shamokin and Bloomsburg with more locations opening soon. Members should contact 570-714-3050 to enroll.

Geisinger Mail Order Pharmacy

Mail order pharmacy is available to 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 for the mail-order program by calling 844-878-5562, or online via Geisinger Health Plan's secure member portal at geisingerhealthplan.com/register. Members receive three-month supplies of covered prescription drugs and automatic refills are available on request.

Award winning Customer Care Team

After enrolling in Geisinger Gold, members have access to our highly trained, friendly Customer Care representatives to help with a variety of needs, including assistance with finding a physician, services that are covered, the cost of services, claims questions, etc. Members may contact Customer Care at 800-498-9731. Members can also register for our secure online member portal at GeisingerGold.com, where they can view plan benefit details, review claims, download a digital version of their member ID card, and much more. Members with pharmacy related questions should contact Pharmacy Customer Care at 800-988-4861.

Health management programs

Geisinger Gold offers specialized support for a variety of chronic conditions, including diabetes, heart failure, high blood pressure, COPD, asthma, osteoporosis, and more. Health managers provide personalized care, education and guidance to help ensure members get the appointments and medications they need. They also work in partnership with doctors to develop a personalized plan of care to help prevent disease and stay healthier. Members should contact Customer Care at 800-498-9731 for more information.

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. Members should call 833-552-1852 for an eligibility review.

LIFE Geisinger

This innovative program helps seniors live independently by offering a full range of health and medical services at day health centers and in members' homes. This coordinated and comprehensive model of care includes preventive care, medical care, social services and long-term care, when necessary. This all-inclusive program helps older adults maintain quality of life while living in their own homes. Contact one of the LIFE Geisinger locations for an eligibility review: Kulpmont 866-230-6465, Scranton 800-395-8759, Wilkes-Barre 844-835-2766 and Lewistown 717-363-9077.

\$0 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
- Alcohol misuse screening and counseling
- Bone mass measurements
- Breast cancer screenings
- Cardiovascular disease (behavioral therapy)
- Cardiovascular disease screening
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- COVID-19 vaccine
- Depression screening
- Diabetes screening and self-management training
- Flu vaccine
- Glaucoma tests
- Health and wellness education programs
- Hepatitis B Virus infection screening
- HIV screening
- Lung cancer screening
- Medical nutrition therapy (for beneficiaries with diabetes or kidney disease)
- Medicare Diabetes Prevention Program
- Obesity screening and counseling
- Pneumococcal vaccine
- Prostate cancer screening
- Sexually transmitted infections screening and counseling
- Smoking and tobacco use cessation counseling
- Welcome to Medicare preventive visit (initial preventive physical exam)

Additional Medicare \$0 preventive services may be covered. Medicare coverage frequency and cover-age criteria rules apply. Visit [CMS.gov](https://www.cms.gov) 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 (AWV is a calendar year benefit). The current [Medicare Preventive Services Quick Reference Guide](#) and other information on Medicare-covered PreventiveServices is 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.

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, have a member copayment. This includes nail debridement. No copayment is charged for the supplemental nail trimming benefit (CPT/HCPSC 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, continuous glucose monitors (CGM)*, glucometers, therapeutic shoes and inserts, and insulin pumps (DME). Gold members will pay 5% coinsurance for formulary-covered Part B insulin used in pumps. Supplies covered under Part D include insulin (when not infused by pump), diabetic pens and needles. *Continuous glucose monitors must be ordered through a DME provider.

Services to treat kidney disease (renal dialysis) HMO

Members who have in-home dialysis will pay only 10% coinsurance. All other dialysis will remain at 20% coinsurance.

Services to treat kidney disease (renal dialysis) PPO

Members who have in-network in-home dialysis will pay only 10% coinsurance. All other in-network dialysis will remain at 20% coinsurance. All out-of-network, including in-home dialysis are 20% coinsurance.

Geisinger Mail-Order Pharmacy

- Members can use Geisinger Mail-Order Pharmacy - 844-878-5562 or GeisingerHealthPlan.com/Rx/. (Members must be registered for secure member portal access; they can register at www.GeisingerHealthPlan.com/register.)
- 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 allows members to order no more than a 100-day supply of covered drugs.
- Providers can e-scribe directly to Geisinger CareSite Pharmacy.
- No prescriptions will be mailed without a valid form of payment on file.

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 ensure member notification and financial responsibility in accordance with 42 CFR, part 422, subpart M. The form can be accessed at www.geisinger.org/-/media/OneGeisinger/Files/PDFs/Provider/NaviNet/Forms/OD_form_rev_052119.pdf?la=en.

Fitness center agreements

- The following fitness centers have agreements to bill Geisinger directly up to the plan's quarterly allowance:
 - Danville Area Community Center (DACC)
 - Bloomsburg YMCA
 - Berwick YMCA
 - River Valley Regional YMCA (includes Williamsport, Eastern Lycoming, Jersey Shore, Bradford and Tioga branches)
 - Greater Scranton YMCA
 - Greater Pittston YMCA
 - Wilkes-Barre YMCA
 - Pocono YMCA
- Available to Heritage, Classic Complete Rx and 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 quarterly allowance)
- Silver&Fit Fitness Network:
Members of Preferred Enhanced Rx, Preferred 360 Rx and Classic 360 Rx will have a \$25 annual access fee for use of participating Silver&Fit fitness centers and/or the in-home option. Members will have unlimited access to any facility. The Silver&Fit program is designed for older adults enrolled in Medicare Advantage plans.

HMO dental benefits

- SKYGEN network providers receive contracted rates and are lowest cost for members; \$0 preventive services.
- Member can use any licensed dentist not on the OIG excluded entity list.
- Dentist can bill Geisinger Health Plan directly – PO Box 853910, Richardson, TX 75085-3910 – or member can pay upfront and request reimbursement.
- Provider will be paid, or member reimbursed, up to the available allowance amount the member has for the current plan year

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.

- COVID-19 vaccine — The vaccine helps reduce the risk of illness from COVID-19 by working with the body's natural defenses to safely develop protection (immunity) to the virus.
- 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](https://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 because 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. 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.

2023 Geisinger Gold 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. Members can now 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 (formerly AudioNet) network providers.

Classic 360 Rx (HMO)


offers a \$0 monthly plan premium and no deductible across 30 select counties. Prescription drug coverage is included. Supplemental benefits, such as dental, vision and fitness with Silver&Fit are built into the plan.

Geisinger		First Name Last Name ID 12345678901 Medical record 12345678	
Copay		Primary care	XXXX XXXXXXXXXXXXXXXXXXXX
PCP	\$XX	Office	123/456-7891
Spec	\$XX	Rx BIN	019587 PCN PRX11803
ER	\$XXX	Formulary X	
MOOP*	\$XXXX	Offered by Geisinger Health Plan, part of Geisinger.	
			
Gold Classic 360 Rx (HMO) A Medicare Advantage Plan			

Connect with us	geisinger.org/health-plan
Customer care 800-498-9731	Mail medical and OON dental claims to Geisinger Health Plan PO Box 853910, Richardson, TX 75085-3910
Prescription questions 800-988-4861	Mail In-Network dental claims to SKYGEN PO Box 512, Milwaukee, WI 53201
Tel-A-Nurse 877-543-5061	Mail general information to Geisinger Health Plan, 100 N. Academy Ave. Danville, PA 17822-3229
TTY hearing impaired PA Relay at 711	Pharmacy technical assistance 1-855-508-1715
Emergency 911	Dental provider assistance 877-378-5292
Mental Health / Substance Use 888-839-7972	<small>Issuer: B0840 Issue date 01/01/2019 XX-XX CMS H0000X - XXX</small>
* Maximum Out-Of-Pocket	

Classic Essential Rx (HMO)


offers a \$0 monthly plan premium and no deductible across the entire service area. Prescription drug coverage is included. *Plan does not include dental, vision or hearing aid coverage.

Geisinger		First Name Last Name ID 12345678901 Medical record 12345678	
Copay		Primary care	XXXX XXXXXXXXXXXXXXXXXXXX
PCP	\$XX	Office	123/456-7891
Spec	\$XX	Rx BIN	019587 PCN PRX11803
ER	\$XXX	Formulary X	
MOOP*	\$XXXX	Offered by Geisinger Health Plan, part of Geisinger.	
			
Gold Classic Essential Rx (HMO) A Medicare Advantage Plan			

Connect with us	geisinger.org/health-plan
Customer care 800-498-9731	Mail medical claims to Geisinger Health Plan PO Box 853910, Richardson, TX 75085-3910
Tel-A-Nurse 877-543-5061	Mail general information to Geisinger Health Plan, 100 N. Academy Ave. Danville, PA 17822-3229
Prescription questions 800-988-4861	Pharmacy technical assistance 1-855-508-1715
TTY hearing impaired PA Relay at 711	Dental provider assistance 877-378-5292
Emergency 911	<small>Issuer: B0840 Issue date 01/01/2019 XX-XX CMS H0000X - XXX</small>
Mental Health / Substance Use 888-839-7972	* Maximum Out-Of-Pocket

Classic Complete Rx (HMO)


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. Members must use Birdsong Hearing (formerly AudioNet) providers for covered hearing aid benefits.

Geisinger		First Name Last Name ID 12345678901 Medical record 12345678	
Copay		Primary care	XXXX XXXXXXXXXXXXXXXXXXXX
PCP	\$XX	Office	123/456-7891
Spec	\$XX	Rx BIN	019587 PCN PRX11803
ER	\$XXX	Formulary X	
MOOP*	\$XXXX	Offered by Geisinger Health Plan, part of Geisinger.	
			
Gold Classic Complete Rx (HMO) A Medicare Advantage Plan			

Connect with us	geisinger.org/health-plan
Customer care 800-498-9731	Mail medical and OON dental claims to Geisinger Health Plan PO Box 853910, Richardson, TX 75085-3910
Prescription questions 800-988-4861	Mail In-Network dental claims to SKYGEN PO Box 512, Milwaukee, WI 53201
Tel-A-Nurse 877-543-5061	Mail general information to Geisinger Health Plan, 100 N. Academy Ave. Danville, PA 17822-3229
TTY hearing impaired PA Relay at 711	Pharmacy technical assistance 1-855-508-1715
Emergency 911	Dental provider assistance 877-378-5292
Mental Health / Substance Use 888-839-7972	<small>Issuer: B0840 Issue date 01/01/2019 XX-XX CMS H0000X - XXX</small>
* Maximum Out-Of-Pocket	

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. Members must use Birdsong Hearing (formerly AudioNet) providers for covered hearing aid benefits.

Geisinger		First Name Last Name ID 12345678901 Medical record 12345678	
Copay		Primary care	XXXX XXXXXXXXXXXXXXXXXXXX
PCP	\$XX	Office	123/456-7891
Spec	\$XX	Rx BIN	019587 PCN PRX11803
ER	\$XXX	Formulary X	
MOOP*	\$XXXX	Offered by Geisinger Health Plan, part of Geisinger.	
			
Gold Classic Advantage Rx (HMO) A Medicare Advantage Plan			

Connect with us	geisinger.org/health-plan
Customer care 800-498-9731	Mail medical and OON dental claims to Geisinger Health Plan PO Box 853910, Richardson, TX 75085-3910
Prescription questions 800-988-4861	Mail In-Network dental claims to SKYGEN PO Box 512, Milwaukee, WI 53201
Tel-A-Nurse 877-543-5061	Mail general information to Geisinger Health Plan, 100 N. Academy Ave. Danville, PA 17822-3229
TTY hearing impaired PA Relay at 711	Pharmacy technical assistance 1-855-508-1715
Emergency 911	Dental provider assistance 877-378-5292
Mental Health / Substance Use 888-839-7972	<small>Issuer: B0840 Issue date 01/01/2019 XX-XX CMS H0000X - XXX</small>
* Maximum Out-Of-Pocket	

Heritage (HMO)

offers the same rich benefits as Classic Advantage Rx, but without Part D. Offers low, fixed copays and no deductible. Supplemental benefits, such as dental, vision, hearing and fitness are built into the plan.

Geisinger		First Name Last Name ID 12345678901 Medical record 12345678	
Copay		Primary care	XXXX XXXXXXXXXXXXXXXXXXXX
PCP	\$XX	Office	123/456-7891
Spec	\$XX	Rx BIN	019595 PCN PRX13805
ER	\$XXX	Formulary X	
MOOP*	\$XXXX	Offered by Geisinger Health Plan, part of Geisinger.	
			
Gold Heritage (HMO) A Medicare Advantage Plan			

Connect with us	geisinger.org/health-plan
Customer care 800-498-9731	Mail medical and OON dental claims to Geisinger Health Plan PO Box 853910, Richardson, TX 75085-3910
Part B drug questions 800-988-4861	Mail In-Network dental claims to SKYGEN PO Box 512, Milwaukee, WI 53201
Tel-A-Nurse 877-543-5061	Mail general information to Geisinger Health Plan, 100 N. Academy Ave. Danville, PA 17822-3229
TTY hearing impaired PA Relay at 711	Pharmacy technical assistance 1-855-508-1715
Emergency 911	Dental provider assistance 877-378-5292
Mental Health / Substance Use 888-839-7972	<small>Issuer: B0840 Issue date 01/01/2019 XX-XX CMS H0000X - XXX</small>
* Maximum Out-Of-Pocket	

	Classic 360 Rx (HMO)*
Premium	\$0 Members continue to pay Medicare Part B premium of \$164.90 per month for 2023.
Deductible	\$0
Out-of-pocket max (cap on annual medical expenses)	\$7,550
Inpatient hospital – acute**	\$150/day (days 1–5) \$0/day (days 6–90)
Outpatient surgery/services; \$0 for minor procedures**	\$0 – \$300
Primary care physician	\$0
Specialty care physician	\$35
Preventive services (Medicare approved)	\$0
Annual routine physical exams	\$0
Emergency care (waived if admitted)	\$95
Urgent care (waived if admitted)	\$35
Outpatient all other diagnostic procedures/tests	\$0 per day
Outpatient lab	\$0 per day
Outpatient X-rays	\$35 per day
Outpatient ultrasound, fluoroscopy, DEXA imaging**	\$35 per day
Outpatient MRI, CT, PET scans, etc.**	\$285 per day
Outpatient standard radiation therapy	\$35 per day
Outpatient all other therapeutic radiology	\$60 per day
Hearing exams – diagnostic only	\$35
Routine hearing exams	\$20 – 1 per year
Hearing aids/fitting for hearing aids	Not covered
Dental services (preventive): Oral exam with or without cleaning	\$0 – 2 per year
Dental services (preventive): Dental X-rays	\$0 – 1 per year
Comprehensive dental (Original Medicare-covered)	\$35
Comprehensive dental (non-Medicare- covered) Simple fillings, simple extractions, dentures, crowns and root canals	\$850 annual maximum benefit amount applies to preventive and comprehensive non-Medicare-covered services

*Plan available in Adams, Blair, Bradford, Bucks, Cambria, Carbon, Centre, Clearfield, Clinton, Cumberland, Dauphin, Franklin, Huntingdon, Juniata, Lackawanna, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Northampton, Perry, Pike, Schuylkill, Sullivan, Susquehanna, Wayne, Wyoming, York

**Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Classic 360 Rx (HMO)
Telehealth e-visits	\$0 PCP, \$10 mental health/substance abuse
Vision exam (medical): \$0 for glaucoma screen	\$35
Vision exam (routine)	\$20 – 1 per year
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)
Eyewear (routine) non-Medicare-covered	\$100 benefit limit per year
Outpatient mental health*	Individual session: \$10 Group session: \$5
Skilled nursing facility*	\$0/day (days 1–20) \$160/day (days 21–68) \$0/day (days 69–100)
Occupational/physical/ speech therapy	\$35 per day
Ambulance (waived if admitted)	\$275
Worldwide coverage (transportation not waived if admitted)	Urgent care: \$35 Emergency care: \$95 Ground: \$275 Air: \$1,000 Total benefit limit: \$100,000
Part B Drugs*	Insulin: 5% coinsurance All others: 20% coinsurance
Medicare Part D Prescription Drug Coverage	Included
Home health services	\$0
Chiropractic services	\$20
Podiatry	\$35
Fitness	\$25 annual fee (Silver & Fit)
Cardiac/pulmonary rehab	\$25 per day/\$20 per day
Durable medical equipment (DME)*	20%
Prosthetics and related supplies*	20%
Diabetic supplies*	One Touch preferred brand glucometer - \$0 (one every two years) OneTouch preferred brand supplies (test strips, lancets and lancet devices) – 20% Non-preferred glucometers and supplies – 20%
Diabetic supplies – therapeutic shoes or inserts	20%
Nursing hotline	\$0
OTC approved products	\$25 per month

*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx* (HMO)
Premium	\$115 – \$155 Members continue to pay Medicare Part B premium of \$164.90 per month for 2023.	\$34 – \$38 Members continue to pay Medicare Part B premium of \$164.90 per month for 2023.	\$0 Members continue to pay Medicare Part B premium of \$164.90 per month for 2023.
Deductible	\$0	\$0	\$0
Out-of-pocket max (cap on annual medical expenses)	\$3,450	\$4,900	\$7,550
Inpatient hospital – acute**	\$150/day (days 1–5), not to exceed \$750 annually \$0/day (days 6–90)	\$200/day (days 1–5) \$0/day (days 6–90)	\$225/day (days 1–5) \$0/day (days 6–90)
Outpatient surgery/ services; \$0 for minor procedures**	\$0 – \$200	\$0 – \$245	\$0 – \$350
Primary care physician	\$0	\$5	\$10
Specialty care physician	\$20	\$35	\$40
Preventive services (Medicare approved)	\$0	\$0	\$0
Annual physical exams	\$0	\$5	\$10
Emergency care (waived if admitted)	\$125	\$110	\$95
Urgent care (waived if admitted)	\$20	\$35	\$40
Outpatient all other diagnostic procedures/ tests	\$5 per day	\$5 per day	\$10 per day
Outpatient lab	\$5 per day	\$5 per day	\$10 per day
Outpatient X-rays	\$25 per day	\$35 per day	\$35 per day
Outpatient ultrasound, fluoroscopy, DEXA imaging**	\$25 per day	\$35 per day	\$35 per day
Outpatient MRI, CT, PET scans, etc.**	\$150 per day	\$290 per day	\$240 per day

*Plan available in 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

**Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)
Outpatient standard radiation therapy	\$25 per day	\$35 per day	\$35 per day
Outpatient all other therapeutic radiology	\$60 per day	\$60 per day	\$60 per day
Telehealth e-visits	\$0 PCP \$10 mental health/ substance abuse	\$5 PCP \$10 mental health/ substance abuse	\$10 PCP \$10 mental health/ substance abuse
Hearing exams – diagnostic only	\$20	\$35	\$40
Routine hearing exams	\$20 – 1 per year	\$20 – 1 per year	\$20 – 1 per year
Hearing aids/fitting for hearing aids	\$500 copay per ear \$1,250 max benefit limit per ear every 3 years	\$500 copay per ear \$1,250 max benefit limit per ear every 3 years	Not covered
Dental services (preventive): Oral exam with or without cleaning	\$0 – 2 per year	\$0 – 2 per year	Not covered
Dental services (preventive): Dental X-rays	\$0 – 1 per year	\$0 – 1 per year	Not covered
Comprehensive dental (Original Medicare-covered)	\$20	\$35	\$40
Comprehensive dental (non-Medicare-covered) Simple fillings, simple extractions, dentures, crowns and root canals	\$825 annual maximum benefit amount applies to preventive and comprehensive non-Medicare-covered services	\$750 annual maximum benefit amount applies to preventive and comprehensive non-Medicare-covered services	Not covered
Vision exam (medical): \$0 for glaucoma screen	\$20	\$35	\$40
Vision exam (routine)	\$20 – 1 per year	\$20 – 1 per year	Not covered
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)
Eyewear (routine) non-Medicare-covered	\$200 benefit limit/ every year	\$100 benefit limit/ every year	Not covered
Outpatient mental health**	Individual session: \$10 Group session: \$5	Individual session: \$10 Group session: \$5	Individual session: \$10 Group session: \$5
Skilled nursing facility**	\$0/day (days 1–20) \$160/day (days 21–42) \$0/day (days 43–100)	\$0/day (days 1–20) \$160/day (days 21–51) \$0/day (days 52–100)	\$0/day (days 1–20) \$160/day (days 21–68) \$0/day (days 69–100)

**Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Classic Advantage Rx (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx* (HMO)
Occupational/physical/speech therapy	\$20 per day	\$35 per day	\$40 per day
Ambulance (waived if admitted)	\$100	\$200	\$200
Worldwide coverage (transportation not waived if admitted)	Urgent: \$20 Emergency: \$125 Ground: \$100 Air: \$1,000 Total benefit limit: \$100,000	Urgent: \$35 Emergency: \$110 Ground: \$200 Air: \$1,000 Total benefit limit: \$100,000	Urgent: \$40 Emergency: \$95 Ground: \$200 Air: \$1,000 Total benefit limit: \$100,000
Part B Drugs**	Insulin: 5% coinsurance All others: 20% coinsurance	Insulin: 5% coinsurance All others: 20% coinsurance	Insulin: 5% coinsurance All others: 20% coinsurance
Medicare Part D Prescription Drug Coverage	Included	Included	Included
Home health services	\$0	\$0	\$0
Chiropractic services	\$20	\$20	\$20
Podiatry	\$20	\$35	\$40
Fitness	\$90 every 3 months	\$90 every 3 months	Not covered
Cardiac/pulmonary rehab	\$0	\$0	\$0
Durable medical equipment (DME)**	20%	20%	20%
Prosthetics and related supplies**	20%	20%	20%
Diabetic supplies**	One Touch preferred brand glucometer - \$0 (one every two years)	One Touch preferred brand glucometer - \$0 (one every two years)	One Touch preferred brand glucometer - \$0 (one every two years)
	OneTouch preferred brand supplies (test strips, lancets and lancet devices) - 0%	OneTouch preferred brand supplies (test strips, lancets and lancet devices) - 20%	OneTouch preferred brand supplies (test strips, lancets and lancet devices) - 20%
	Non-preferred glucometers and supplies - 20%	Non-preferred glucometers and supplies - 20%	Non-preferred glucometers and supplies - 20%
Diabetic supplies – therapeutic shoes or inserts	20%	20%	20%
Nursing hotline	\$0	\$0	\$0

*Plan available in 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

**Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Heritage (HMO)
Premium	\$0 Members continue to pay Medicare Part B premium of \$164.90 per month for 2023
Deductible	\$0
Part B buyback	\$40
Out-of-pocket max (cap on annual medical expenses)	\$6,700
Inpatient hospital – acute*	\$150/day (days 1–5), not to exceed \$750 annually \$0/day (days 6–90)
Outpatient surgery/services*	\$200
Primary care physician	\$0
Specialty care physician	\$20
Preventive services (Medicare-approved)	\$0
Annual physical exams	\$0
Emergency care (waived if admitted)	\$95
Urgent care (waived if admitted)	\$20
Outpatient all other diagnostic procedures/ tests	\$5
Outpatient lab	\$5
Outpatient X-rays	\$25
Outpatient ultrasound, fluoroscopy, DEXA imaging*	\$25
Outpatient MRI, CT, PET scans, etc.*	\$150
Outpatient standard radiation therapy	\$25
Outpatient all other therapeutic radiology	\$60
Telehealth e-visits	\$0 PCP \$10 mental health/substance abuse
Hearing exams – diagnostic only	\$20
Routine hearing exams	\$20 – 1 per year
Hearing aids/fitting for hearing aids	\$500 copay per ear \$1,250 max benefit limit per ear every 3 years
Dental services (preventive): Oral exam with or without cleaning	\$0 – 2 per year
Dental services (preventive): Dental X-rays	\$0 – 1 per year
Comprehensive dental (Original Medicare-covered)	\$20
Comprehensive dental (non-Medicare-covered) Simple fillings, simple extractions, dentures, crowns and root canals	\$1,000 annual maximum benefit amount applies to preventive and comprehensive non-Medicare-covered services

*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Heritage (HMO), continued
Vision exam (medical): \$0 for glaucoma screen	\$20
Vision exam (routine)	\$20 – 1 per year
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)
Eyewear (routine) non-Medicare-covered	\$200 benefit limit every year
Outpatient mental health*	Individual session: \$10 Group session: \$5
Skilled nursing facility*	\$0/day (days 1–20) \$160/day (days 21–62) \$0/day (days 43–100)
Occupational/physical/speech therapy	\$20
Ambulance (waived if admitted)	\$100
Worldwide coverage (transportation not waived if admitted)	Urgent: \$20 Emergency: \$95 Ground: \$100 Air: \$1,000 Total benefit limit: \$100,000
Part B drugs*	Insulin: 5% coinsurance All others: 20% coinsurance
Medicare Part D Prescription Drug Coverage	Not included
Home health services	\$0
Chiropractic services	\$20
Podiatry	\$20
Fitness	\$90 every 3 months
Cardiac/pulmonary rehab	\$0
Durable medical equipment (DME)*	20%
Prosthetics and related supplies*	20%
Diabetic supplies*	One Touch preferred brand glucometer – \$0 (one every two years) OneTouch preferred brand supplies (test strips, lancets and lancet devices) – 0% Non-preferred glucometers and supplies – 20%
Diabetic supplies – therapeutic shoes or inserts	20%
Nursing hotline	\$0
OTC approved products	\$75 every 3 months

*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

2023 Geisinger Gold 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 (exception applies to fitness on Preferred 360 Rx and Preferred Enhanced Rx).

Preferred 360 Rx (PPO)

offers a \$0 monthly plan premium across 4 select counties. Prescription drug coverage is included. Supplemental dental, vision and fitness benefits are built into the plan; including a \$25 annual fee when visiting participating Silver&Fit fitness centers and a \$10 annual fee for the in-home option.

Geisinger		FIRST NAME LAST NAME ID 12345678901 Medical record 12345678	
Copay	Network:	In	Out
PCP in-network \$XX	MOOP*	\$XXXX	\$XXXX
Spec in-network \$XX	Rx BIN 019587 PCN PRX11803		
ER \$XXX	Formulary X		
<small>Offered by Geisinger Indemnity Insurance Company, part of Geisinger.</small>			
MedicareRx <small>Prescription Drug Coverage</small>			
Gold Preferred 360 Rx (PPO)		A Medicare Advantage Plan	

Connect with us	geisinger.org/health-plan
Customer care 800-498-9731	Mail medical and OON dental claims to Geisinger Health Plan PO Box 853910, Richardson, TX 75085-3910
Prescription questions 800-988-4861	Mail In-Network dental claims to SKYGEN PO Box 512, Milwaukee, WI 53201
Tel-A-Nurse 877-543-5061	Mail general information to Geisinger Health Plan, 100 N. Academy Ave. Danville, PA 17822-3229
TTY hearing impaired PA Relay at 711	Pharmacy technical assistance 1-855-508-1715
Emergency 911	Dental provider assistance 877-378-5292
Mental Health / Substance Use 888-839-7972	
<small>* Maximum Out-Of-Pocket</small>	
<small>Issuer: 80840 Issue date 01/01/2019 XX-XX CMS H0000X -XXX</small>	

Preferred Advantage Rx (PPO)

offers rich benefits with low, fixed copays and no deductible. Monthly premium varies by region. Prescription drug coverage is included. Optional supplemental benefits, such as dental, vision, hearing and fitness can be added through the Gold Health+ package.

Geisinger		FIRST NAME LAST NAME ID 12345678901 Medical record 12345678	
Copay	Network:	In	Out
PCP in-network \$XX	MOOP*	\$XXXX	\$XXXX
Spec in-network \$XX	Rx BIN 019587 PCN PRX11803		
ER \$XXX	Formulary X		
<small>Offered by Geisinger Indemnity Insurance Company, part of Geisinger.</small>			
MedicareRx <small>Prescription Drug Coverage</small>			
Gold Preferred Advantage Rx (PPO)		A Medicare Advantage Plan	

Connect with us	geisinger.org/health-plan
Customer care 800-498-9731	Mail medical claims to Geisinger Health Plan PO Box 853910, Richardson, TX 75085-3910
Prescription questions 800-988-4861	Mail general information to Geisinger Health Plan, 100 N. Academy Ave. Danville, PA 17822-3229
Tel-A-Nurse 877-543-5061	Pharmacy technical assistance 1-855-508-1715
TTY hearing impaired PA Relay at 711	Provider contact for payment terms 800-498-9731, GeisingerHealthPlan.com . Do not bill Medicare. Medicare limiting charges apply.
Emergency 911	Mental Health / Substance Use 888-839-7972
<small>* Maximum Out-Of-Pocket</small>	
<small>Issuer: 80840 Issue Date 01/01/2019 XX-XX CMS H0000X -XXX</small>	

Preferred Complete Rx (PPO)

offers a \$0 monthly plan premium across all regions. Prescription drug coverage is included. Optional supplemental benefits, such as dental, vision, hearing and fitness can be added through the Gold Health+ package.

Geisinger		FIRST NAME LAST NAME ID 12345678901 Medical record 12345678	
Copay	Network:	In	Out
PCP in-network \$XX	MOOP*	\$XXXX	\$XXXX
Spec in-network \$XX	Rx BIN 019587 PCN PRX11803		
ER \$XXX	Formulary X		
<small>Offered by Geisinger Indemnity Insurance Company, part of Geisinger.</small>			
MedicareRx <small>Prescription Drug Coverage</small>			
Gold Preferred Complete Rx (PPO)		A Medicare Advantage Plan	

Connect with us	geisinger.org/health-plan
Customer care 800-498-9731	Mail medical claims to Geisinger Health Plan PO Box 853910, Richardson, TX 75085-3910
Prescription questions 800-988-4861	Mail general information to Geisinger Health Plan, 100 N. Academy Ave. Danville, PA 17822-3229
Tel-A-Nurse 877-543-5061	Pharmacy technical assistance 1-855-508-1715
TTY hearing impaired PA Relay at 711	Provider contact for payment terms 800-498-9731, GeisingerHealthPlan.com . Do not bill Medicare. Medicare limiting charges apply.
Emergency 911	Mental Health / Substance Use 888-839-7972
<small>* Maximum Out-Of-Pocket</small>	
<small>Issuer: 80840 Issue Date 01/01/2019 XX-XX CMS H0000X -XXX</small>	

Preferred Enhanced Rx (PPO)

offers a monthly plan premium that varies by region, starting at \$0. Prescription drug coverage is included. \$0 PCP and PCP telehealth copay. Supplemental dental, vision and fitness benefits are built into the plan. \$1,000 dental allowance. Members receive a \$500 flexible spending card to use on supplemental dental, vision and hearing benefits; and routine hearing and routine vision exam office visit copays.

Geisinger		FIRST NAME LAST NAME ID 12345678901 Medical record 12345678	
Copay	Network:	In	Out
PCP in-network \$XX	MOOP*	\$XXXX	\$XXXX
Spec in-network \$XX	Rx BIN 019587 PCN PRX11803		
ER copay \$XXX	Formulary X		
<small>Offered by Geisinger Indemnity Insurance Company, part of Geisinger.</small>			
MedicareRx <small>Prescription Drug Coverage</small>			
Gold Preferred Enhanced Rx (PPO)		A Medicare Advantage Plan	

Connect with us	geisinger.org/health-plan
Customer care 800-498-9731	Mail medical and OON dental claims to Geisinger Health Plan PO Box 853910, Richardson, TX 75085-3910
Prescription questions 800-988-4861	Mail In-Network dental claims to SKYGEN PO Box 512, Milwaukee, WI 53201
Tel-A-Nurse 877-543-5061	Mail general information to Geisinger Health Plan, 100 N. Academy Ave. Danville, PA 17822-3229
TTY hearing impaired PA Relay at 711	Pharmacy technical assistance 1-855-508-1715
Emergency 911	Dental provider assistance 877-378-5292
Mental Health / Substance Use 888-839-7972	
<small>* Maximum Out-Of-Pocket</small>	
<small>Issuer: 80840 Issue date 01/01/2019 XX-XX CMS H0000X -XXX</small>	

	Preferred 360 Rx (PPO)*	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)***
	Unless noted, cost-sharing is the same in-network or out-of-network		
Premium	\$0 Members continue to pay Medicare Part B premium of \$164.90 per month for 2023.	\$84 – \$109 Members continue to pay Medicare Part B premium of \$164.90 per month for 2023.	\$0 Members continue to pay Medicare Part B premium of \$164.90 per month for 2023.
Deductible	\$0	\$0	\$0
Out-of-pocket max (cap on annual medical expenses)	\$7,550 (combined in & out)	\$4,000 (combined in & out)	\$6,700 (combined in & out)
Inpatient hospital – acute**	\$175/day (days 1–6) \$0/day (days 7–90)	\$200/day (days 1–6), not to exceed \$1,200 annually \$0/day (days 7–90)	\$225/day (days 1–6), not to exceed \$1,350 annually \$0/day (days 7–90)
Outpatient surgery/ services; \$0 for minor procedures**	\$0 – \$350	\$0 – \$250	\$0 – \$350
Primary care physician	\$5	\$10	\$15
Specialty care physician	\$35	\$25	\$40
Preventive services (Medicare-approved)	\$0	\$0	\$0
Annual routine physical exams	\$5	\$10	\$15
Emergency care (waived if admitted)	\$95	\$110	\$95
Urgent care (waived if admitted)	\$35	\$25	\$40
Outpatient all other diagnostic procedures/tests	\$20 per day	\$15 per day	\$30 per day
Outpatient lab	\$20 per day	\$15 per day	\$30 per day
Outpatient X-rays	\$35 per day	\$30 per day	\$40 per day

	Preferred 360 Rx (PPO)*	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)***
	Unless noted, cost-sharing is the same in-network or out-of-network		
Outpatient ultrasound, fluoroscopy, DEXA imaging**	\$35 per day	\$30 per day	\$40 per day
Outpatient MRI, CT, PET scans, etc.**	\$280 per day	\$275 per day	\$290 per day
Outpatient standard radiation therapy	\$35 per day	\$30 per day	\$40 per day
Outpatient all other therapeutic radiology	\$60 per day	\$60 per day	\$60 per day
Telehealth e-visits	\$5 PCP \$10 mental health/ substance abuse	\$10 PCP \$10 mental health/ substance abuse	\$15 PCP \$10 mental health/ substance abuse
Hearing exams – diagnostic only	\$35	\$25	\$40
Routine hearing exams	\$20 – 1 per year	Covered under health+ optional benefits	Covered under health+ optional benefits
Hearing aids/fitting for hearing aids	Not covered	Covered under health+ optional benefits	Covered under health+ optional benefits
Dental services (preventive): oral exam with or without cleaning	\$0 – 2 per year	Covered under health+ optional benefits	Covered under health+ optional benefits
Dental services (preventive): dental X-rays	\$0 – 1 per year	Covered under health+ optional benefits	Covered under health+ optional benefits
Comprehensive dental (original Medicare-covered)	\$35	\$25	\$40
Comprehensive dental (non-Medicare covered) Simple fillings, simple extractions, dentures, crowns and root canals	\$500 annual maximum benefit amount applies to preventive and comprehensive non-Medicare-covered services	Covered under health+ optional benefits	Covered under health+ optional benefits

*Plan available in Adams, Lehigh, Northampton, York

**Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

***Plan available in 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 360 Rx (PPO)*	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)***
	Unless noted, cost-sharing is the same in-network or out-of-network		
Vision exam (medical): \$0 for glaucoma screen	\$35	\$25	\$40
Vision exam (routine)	\$20 – 1 per year	Covered under health+ optional benefits	Covered under health+ optional benefits
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)
Eyewear (routine) non-Medicare covered	\$100 benefit limit per year	Covered under health+ optional benefits	Covered under health+ optional benefits
Outpatient mental health**	Individual session: \$10 Group session: \$5	Individual session: \$10 Group session: \$5	Individual session: \$10 Group session: \$5
Skilled nursing facility**	\$0/day (days 1–20) \$160/day (days 21–68) \$0/day (days 69–100)	\$0/day (days 1–20) \$160/day (days 21–45) \$0/day (days 46–100)	\$0/day (days 1–20) \$160/day (days 21–62) \$0/day (days 63–100)
Occupational/physical/speech therapy	\$35 per day	\$25 per day	\$40 per day
Ambulance (waived if admitted)	\$275	\$200	\$275
Worldwide coverage (transportation not waived if admitted)	Urgent care: \$35 Emergency care: \$95 Ground: \$275 Air: \$1,000 Total benefit limit: \$100,000	Urgent: \$25 Emergency: \$110 Ground: \$200 Air: \$1,000 Total annual benefit limit: \$100,000	Urgent: \$40 Emergency: \$95 Ground: \$275 Air: \$1,000 Total annual benefit limit: \$100,000
Fitness	\$25 annual fee in-network to Silver & Fit facilities 20% coinsurance out-of-network	Covered under health+ optional benefits	Covered under health+ optional benefits
Part B drugs**	Insulin: 5% coinsurance All others: 20% coinsurance	Insulin: 5% coinsurance All others: 20% coinsurance	Insulin: 5% coinsurance All others: 20% coinsurance
Medicare Part D prescription drug coverage	Included	Included	Included
OTC approved products	\$20 allowance per month	Not included	Not included

	Preferred 360 Rx (PPO)*	Preferred Advantage Rx (PPO)	Preferred Complete Rx (PPO)***
	Unless noted, cost-sharing is the same in-network or out-of-network		
Home health services	\$0	\$0	\$0
Chiropractic services	\$20	\$20	\$20
Podiatry	\$35	\$25	\$40
Cardiac/pulmonary rehab	\$20 per day	\$20 per day	\$20 per day
Durable medical equipment (DME)**	20%	20%	20%
Prosthetics and related supplies**	20%	20%	20%
Diabetic supplies**	One Touch preferred brandglucometer - \$0 (one every two years) OneTouch preferred brandsupplies (test strips, lancets and lancet devices) – 20% Non-preferred glucometers andsupplies – 20%	One Touch preferred brandglucometer - \$0 (one every two years) OneTouch preferred brandsupplies (test strips, lancets and lancet devices) – 20% Non-preferred glucometers andsupplies – 20%	One Touch preferred brandglucometer - \$0 (one every two years) OneTouch preferred brandsupplies (test strips, lancets and lancet devices) – 20% Non-preferred glucometers and supplies – 20%
Diabetic supplies –therapeutic shoes or inserts	20%	20%	20%
Nursing hotline	\$0	\$0	\$0
Geisinger Gold Health+optional benefits	Not available	Coverage for preventive dental, routine vision and hearing care and fitness center benefits. See page 16 for details on this valuable benefits package.	Coverage for preventive dental, routine vision and hearing care and fitness center benefits. See page 16 for details on this valuable benefits package.

*Plan available in Adams, Lehigh, Northampton, York

**Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

***Plan available in 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 Enhanced Rx (PPO)
Unless noted, cost-sharing is the same in-network or out-of-network	
Premium	See chart on page 17. Members continue to pay Medicare Part B premium of \$164.90 per month for 2023.
Deductible	\$0
Part B buyback	\$25 in select counties
Out-of-pocket max (cap on annual medical expenses)	\$7,550 (combined in & out)
Inpatient hospital – acute*	\$325 per stay, not to exceed \$975 annually
Outpatient surgery/services; \$0 for minor procedures*	\$0 – \$305
Primary care physician	\$0
Specialty care physician	\$35
Preventive services (Medicare approved)	\$0
Annual routine physical exams	\$0
Emergency care (waived if admitted)	\$95
Urgent care (waived if admitted)	\$35
Outpatient all other diagnostic procedures/tests	\$10 per day
Outpatient lab	\$10 per day
Outpatient X-rays	\$35 per day
Outpatient ultrasound, fluoroscopy, DEXA imaging	\$35 per day
Outpatient MRI, CT, PET scans*, etc.	\$235 per day
Outpatient standard radiation therapy	\$35 per day
Outpatient all other therapeutic radiology	\$60 per day
Telehealth e-visits	\$0 PCP \$10 mental health/substance abuse
Hearing exams – diagnostic only	\$35
Routine hearing exams	\$20 – 1 per year
Hearing aids/fitting for hearing aids	\$100 benefit limit per year
Dental services (preventive): Oral exam with or without cleaning	\$0 – 2 per year
Dental services (preventive): Dental X-rays	\$0 – 1 per year
Comprehensive dental (Original Medicare-covered)	\$35
Comprehensive dental (non-Medicare-covered)	\$1,000 annual maximum benefit amount. Applies to preventive and comprehensive non-Medicare covered services.

*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Preferred Enhanced Rx (PPO)
Unless noted, cost-sharing is the same in-network or out-of-network	
Vision exam (medical): \$0 for glaucoma screen	\$35
Vision exam (routine)	\$20 – 1 per year
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)
Eyewear (routine) non-Medicare-covered	\$250 benefit limit per year
Outpatient mental health*	Individual session: \$10 Group session: \$5
Skilled nursing facility*	\$0/day (days 1–20) \$160/day (days 21–68) \$0/day (days 69–100)
Occupational/physical/speech therapy	\$35 per day
Ambulance (waived if admitted)	\$275
Worldwide coverage (transportation not waived if admitted)	Urgent care: \$35 Emergency care: \$95 Ground: \$275 Air: \$1,000 Total benefit limit: \$100,000
Flex card – supplemental dental, vision, hearing devices	\$500 allowance per year
Part B Drugs*	Insulin: 5% coinsurance All others: 20% coinsurance
Medicare Part D Prescription Drug Coverage	Included
OTC approved products	\$25 per month
Home health services	\$0
Chiropractic services	\$20
Podiatry	\$35
Fitness	\$25 annual fee in-network to Silver & Fit facilities 20% coinsurance out-of-network
Cardiac/pulmonary rehab	\$20 per day
Durable medical equipment (DME)*	20%
Prosthetics and related supplies*	20%
Diabetic supplies*	One Touch preferred brand glucometer - \$0 (one every two years) OneTouch preferred brand supplies (test strips, lancets and lancet devices) – 20% Non-preferred glucometers and supplies – 20%
Diabetic supplies – therapeutic shoes or inserts	20%
Nursing hotline	\$0

*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

2023 Geisinger Gold HMO D-SNP plan

Secure Rx (HMO SNP) is a Special Needs Plan designed for individuals who are eligible for Medicare and receive full Medicaid coverage. Secure Rx is available throughout the Gold service area. Members must go to providers and hospitals within the plan's network. Members can now 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 (formerly AudioNet) network providers.

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.

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 have otherwise paid on their behalf.

Geisinger		First Name Last Name ID 12345678901 Medical record 12345678
PCP copay \$XX Spec coinsurance \$XX ER copay \$XXX MOOP* \$XXX	Primary care XXXX Office 123/456-7891 Rx BIN 019587 PCN PRX1803 <small>Formulary X Offered by Geisinger Health Plan, part of Geisinger.</small>	Connect with us geisinger.org/health-plan Customer care 800-498-9731 Prescription questions 800-988-4861 Tel-A-Nurse 877-543-5061 TTY hearing impaired PA Relay at 711 Emergency 911 Mental Health / Substance Use 888-839-7972 <small>* Maximum Out-Of-Pocket</small>
MedicareRx <small>Prescription Drug Coverage</small> Gold Secure Rx (HMO D-SNP)		Mail medical and OON dental claims to Geisinger Health Plan PO Box 853910, Richardson, TX 75085-3910 Mail In-Network dental claims to SKYGEN PO Box 512, Milwaukee, WI 53201 Mail general information to Geisinger Health Plan, 100 N. Academy Ave. Danville, PA 17822-3229 Pharmacy technical assistance 1-855-508-1715 Dental provider assistance 877-378-5292 <small>Issuer: 80840 Issue date 01/01/2019 XOL:XX CMS HXXX - XXX</small>

	Secure Rx (HMO D-SNP)
Premium	\$0
Deductible	None to member Medicare FFS Part A deductible billed to Medicaid
Out-of-pocket max (cap on annual medical expenses)	\$7,550
Inpatient hospital – acute*	\$0 to member
Outpatient surgery/services*	\$0 to member
Primary care physician	\$0 to member
Specialty care physician	\$0 to member
Preventive services (Medicare approved)	\$0 to member
Annual routine physical exams	\$0 to member
Emergency care	\$0 to member
Urgent care	\$0 to member
Outpatient all other diagnostic procedures/tests	\$0 to member

	Secure Rx (HMO D-SNP)
Outpatient lab	\$0 to member
Outpatient X-rays	\$0 to member
Outpatient MRI, CT, PET scans*, etc.	\$0 to member
Outpatient standard radiation therapy	\$0 to member
Outpatient all other therapeutic radiology	\$0 to member
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 per ear \$2,950 maximum benefit limit per ear every 3 years
Personal emergency response systems	\$700 maximum benefit per year
Telehealth e-visits	\$0 PCP \$0 mental health/substance abuse
Dental services (preventive & comprehensive): non-Medicare covered	\$0
Comprehensive dental (original Medicare-covered)	\$0 to member; \$4,500 maximum benefit per year; includes simple fillings, extractions, crowns, root canals and dentures and 2 visits per year for exams, cleanings, fluoride treatments and X-rays
Vision exam (medical): \$0 for glaucoma screen	\$0 to member
Vision exam (routine)	\$0 to member
Original Medicare-covered eyewear (post cataract surgery)	\$0 to member
Eyewear (routine) non-Medicare covered	\$0 to member \$425 maximum benefit per year
Outpatient mental health*	\$0 to member
Skilled nursing facility*	\$0 to member
Occupational/physical/speech therapy	\$0 to member
Ambulance	\$0 to member
Transportation	\$500 reimbursement allowance per year
Special Supplemental Benefits for the Chronically Ill (SSBCI)	\$3,000 benefit limit per year (includes produce box for eligible members)

*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Secure Rx (HMO D-SNP)
Part B drugs*	\$0 to member
Medicare Part D prescription drug coverage	\$0 cost-sharing on all formulary-covered generic & brand-name drugs
Home health services (includes related medical supplies)	\$0 to member
Worldwide coverage	\$0 to member
Chiropractic services	\$0 to member
Podiatry	\$0 to member
Fitness	\$120 allowance per quarter
Vaccines	\$0 to member
OTC approved products	\$130 allowance per month
Cardiac/pulmonary rehab	\$0 to member
Durable medical equipment (DME)*	\$0 to member
Prosthetics and related supplies*	\$0 to member
Diabetic supplies*	\$0 to member Preferred brand glucometer limited to 1 every 2 years
Diabetic supplies – therapeutic shoes or inserts	\$0 to member
Nursing hotline	\$0 to member
Over-the-counter drugs	\$125 allowance per month

*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

If at any time during the benefit year the member loses Medicaid eligibility, they'll have a six-month grace period to get their eligibility back. During that time, until the member regains Medicaid eligibility, they're responsible for paying the provider the portion of the cost-sharing that Medicaid would have otherwise paid on their behalf.

Medicare Part D Rx drug coverage

Classic 360 Rx, Classic Essential Rx, Classic Advantage Rx, Classic Complete Rx, Preferred Advantage Rx, Preferred Complete Rx, Preferred Enhanced Rx, Preferred 360 Rx			
Annual deductible	Member pays \$0		
Initial coverage limit (until total yearly drug costs reach \$4,660)			
Classic 360 Rx Classic Complete Rx Classic Essential Rx Classic Advantage Rx Preferred Complete Rx Preferred Advantage Rx	30-day retail copay: <ul style="list-style-type: none">Tier 1 – \$3Tier 2 – \$20Tier 3 – \$47Tier 4 – \$100Tier 5 – 33%Tier 6 – \$0 vaccines	100-day retail copay: <ul style="list-style-type: none">Tier 1 – \$7.50Tier 2 – \$50Tier 3 – \$117.50Tier 4 – \$250Tier 5 – not available	100-day mail order copay: <ul style="list-style-type: none">Tier 1 – \$0Tier 2 – \$0Tier 3 – \$70.50Tier 4 – \$150Tier 5 – not available
Preferred 360 Rx Preferred Enhanced Rx	30-day retail copay: <ul style="list-style-type: none">Tier 1 – \$0Tier 2 – \$5Tier 3 – \$47Tier 4 – \$100Tier 5 – 33%Tier 6 – \$0 vaccines	100-day retail copay: <ul style="list-style-type: none">Tier 1 – \$0Tier 2 – \$12.50Tier 3 – \$117.50Tier 4 – \$250Tier 5 – not available	100-day mail order copay: <ul style="list-style-type: none">Tier 1 – \$0Tier 2 – \$0Tier 3 – \$70.50Tier 4 – \$150Tier 5 – not available
Coverage gap (total member drug costs reach \$7,400)			
Classic 360 Rx Classic Complete Rx Classic Essential Rx Classic Advantage Rx Preferred Complete Rx Preferred Advantage Rx	30-day retail copay <ul style="list-style-type: none">\$3 for tier 1 generics25% for tier 2 generics25% for tier 3 and above brands*\$0 for tier 6 vaccines	100-day retail copay <ul style="list-style-type: none">\$7.50 for tier 1 generics25% for tier 2 generics25% for tier 3 and above brands*	100-day mail order copay <ul style="list-style-type: none">\$0 for tier 1 generics25% for tier 2 generics25% for tier 3 and above brands*
Preferred 360 Rx Preferred Enhanced Rx	30-day retail copay <ul style="list-style-type: none">\$0 for tier 1 generics25% for tier 2 generics25% for tier 3 and above brands*\$0 for tier 6 vaccines	100-day retail copay <ul style="list-style-type: none">\$0 for tier 1 generics25% for tier 2 generics25% for tier 3 and above brands*	100-day mail order copay <ul style="list-style-type: none">\$0 for tier 1 generics25% for tier 2 generics25% for tier 3 and above brands*

Catastrophic coverage (after \$7,400 is paid out of pocket)	
All plans	Member pays the greater of: <ul style="list-style-type: none"> • 5% coinsurance; or • \$4.15 copay for generics, \$10.35 copay for brands

*Although members only pay 25% of the cost for brand name drugs in the coverage gap, 95% of the price will count towards out-of-pocket spending.

HMO D-SNP: Secure Rx	
Annual deductible*	Member pays \$0*
Initial coverage limit Coverage gap* Catastrophic coverage*	<ul style="list-style-type: none"> • \$0 cost sharing on all covered formulary generic and brand name drugs • \$0 cost sharing on all covered formulary vaccines

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

Inflation Reduction Act of 2022

On August 16, 2022, President Biden signed the Inflation Reduction Act of 2022 into law. The following changes will take effect on the dates noted.

Effective January 1, 2023:

- A deductible shall not apply to covered insulin products and cost sharing for each covered insulin product cannot exceed \$35.00 for a one-month supply no matter what cost-sharing tier it's on for all enrollees in all phases.
- A deductible shall not apply to adult vaccines, and there is no cost sharing for an adult vaccine recommended by the Advisory Committee on Immunization Practices (ACIP). The term "adult vaccine" means a covered Part D drug that is a vaccine licensed by the US Food and Drug Administration (FDA) under section 351 of the Public Health Service Act (PHSA) for use by adult populations and administered in accordance with recommendations of ACIP.

Effective April 1, 2023:

- Geisinger Gold will implement the Part B Rebateable Drug Coinsurance Adjustment at the point-of-service. This means when Geisinger Gold uses coinsurance, the member is charged no more than the dollar amount of the adjusted coinsurance percentage that applies to the specific Part B rebateable drug they received based on the date of service.

Effective July 1, 2023:

- Geisinger Gold must cover Part B insulin at or below the original Medicare coinsurance cap of \$35 for a one-month's supply.

Geisinger Gold Health+

Geisinger Gold Health+ is an optional supplemental benefits package available for purchase (for a \$38 monthly premium) by members enrolled in Preferred Advantage Rx and Preferred Complete Rx. Benefits include routine and comprehensive dental, routine vision exams and eyewear coverage, routine hearing exams and hearing aid coverage, and a fitness center allowance.

Premium	\$38 per month
Dental	<ul style="list-style-type: none"> • \$1,000 max benefit per year that includes: <ul style="list-style-type: none"> – 2 oral exams per year (with or without cleaning) – 1 set of x-rays per year (bitewing or panoramic) – Simple fillings, simple extractions, crowns and root canals – See any provider
Vision	<ul style="list-style-type: none"> • \$20 copay • 1 routine eye exam per year; includes refraction • \$100 hardware allowance per year (contacts, glasses, lenses, frames) • See any provider • Can be combined with GHP Accessories Program discounts
Hearing	<ul style="list-style-type: none"> • \$20 copay • 1 routine hearing exam per year • \$500 hearing aid & fitting allowance per year • See any provider
Fitness	<ul style="list-style-type: none"> • \$90 allowance per quarter • Access to facilities of member's choice • Can be applied to any fitness service the facility offers (excludes food and beverage)

Guidelines

- New and existing Geisinger Gold members may purchase Health+ during AEP and up to 30 days after their effective date.
- Existing members of Health+ will be automatically renewed in Health+ the following year if no change is made, just like their plan enrollment automatically renews.
- Amounts spent on Health+ benefits do not count toward the plans annual out-of-pocket max.
- Providers may bill Geisinger directly for routine eye exams, routine hearing exams, and dental benefits (members should ask providers if they are willing to bill Geisinger directly).
- Members should submit receipts to Geisinger for reimbursement if providers are not willing to bill Geisinger directly.
- Routine eyeglasses, eyeglass lenses, eyeglass frames, contact lenses, and hearing aids are reimbursement-only benefits.
- Two dental exams and cleanings can be done anytime during the year.
- Fitness membership benefits are primarily a reimbursement-only benefit.
- Non-commissionable plan

How are members reimbursed?

Submit receipts with a reimbursement form to:

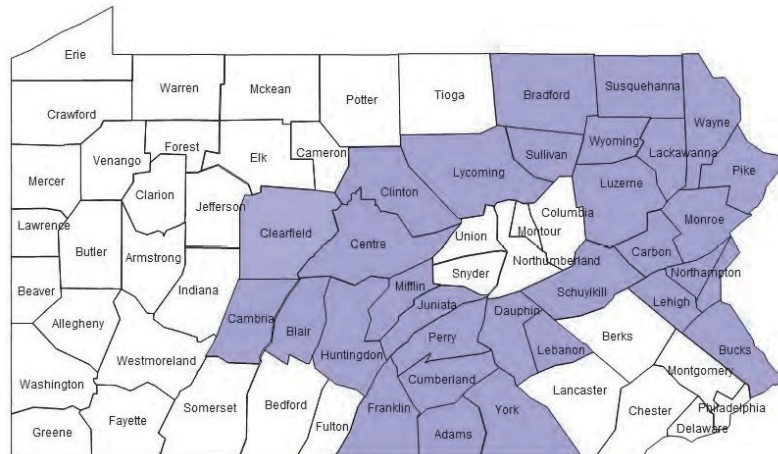
Geisinger Health Plan
Claims department
P. O. Box 853910
Richardson, TX 75085-3910

Questions?

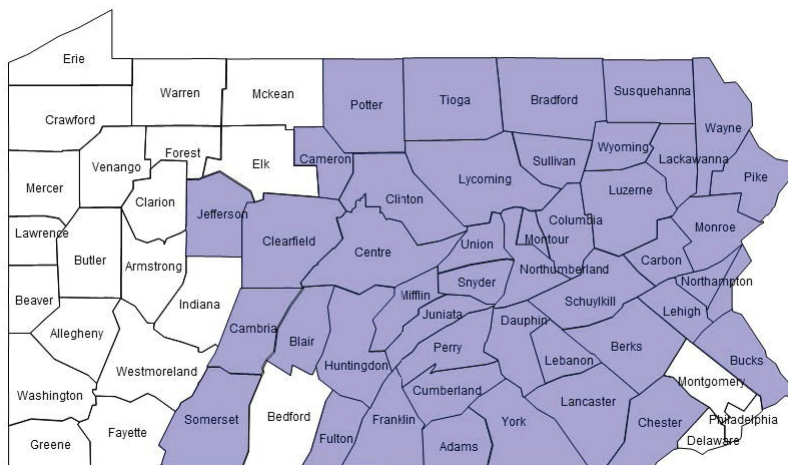
- For general and contractual questions, contact your account manager at 800-876-5357.
- For claims issues, visit NaviNet or call our provider care team at 800-447-4000 and say “claims” to be connected to a dedicated claim resolution representative.
- For eligibility and benefits questions, visit NaviNet or call the Geisinger Gold customer care team at 800-498-9731.

Geisinger Gold 2023 service areas

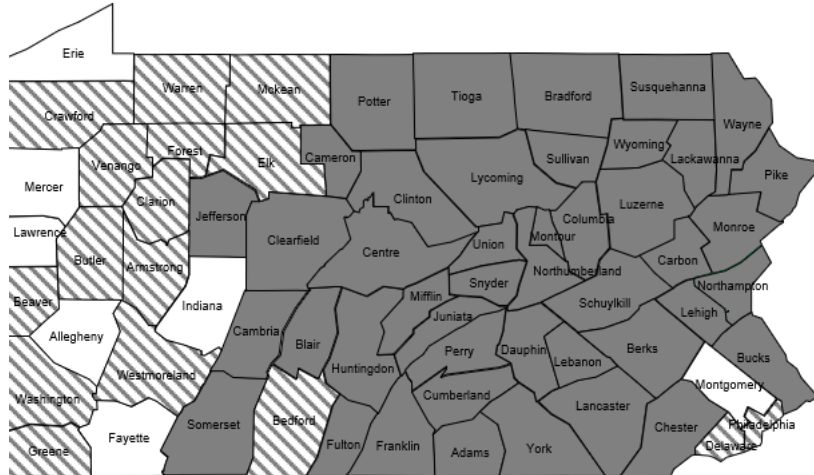
Classic 360 Rx



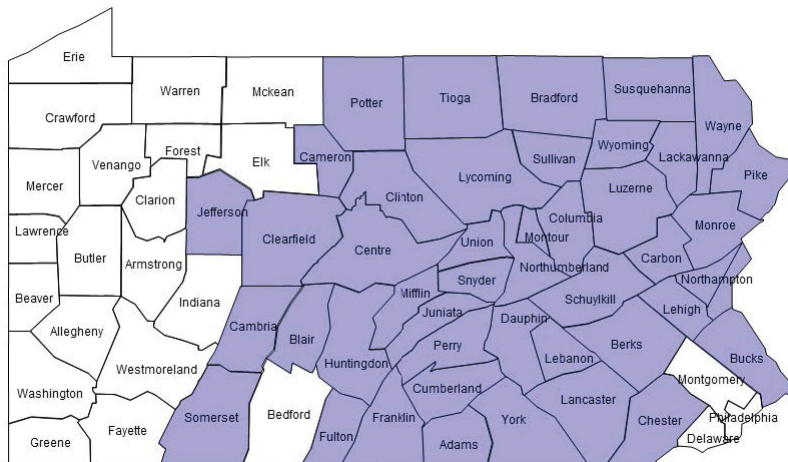
Classic Complete Rx, Classic Essential Rx, Heritage, Classic Advantage Rx



Secure Rx



Preferred Enhanced Rx, Preferred Complete Rx, Preferred Advantage Rx



Preferred 360 Rx

