

GEISINGER GOLD



Geisinger

**2024
Summary of Benefits**

Geisinger Gold Secure Rx (HMO D-SNP)

H3954, Plan 097 S0

Jan. 1 – Dec. 31, 2024

Geisinger Gold Secure Rx (HMO D-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call Member Services at 1-800-498-9731 (TTY 711 or 1-800-654-5984) and request the *Evidence of Coverage* or access it online at www.geisingergold.com.

Call us with any questions. From Oct. 1 to Dec. 7: Daily, 8 a.m. to 8 p.m. From Dec. 8 to Sept. 30: Weekdays, 8 a.m. to 8 p.m. If you're a member, great! Call toll-free 800-498-9731. If you're not a member, we'd love to have you join us. Call toll-free 855-589-1423. TTY users call 711. Or visit our website: geisingergold.com.

To join Geisinger Gold Secure Rx (HMO D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes these counties in Pennsylvania: Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, and York.

Geisinger Gold Secure Rx (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at www.geisingergold.com. Except in emergency situations, if you use providers that are not in our network, the plan may not pay for these services.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

	Geisinger Gold Secure Rx (HMO D-SNP)
Monthly Plan Premium <i>(includes both medical and drugs)</i>	\$0
Deductible	No deductible for medical.
Maximum out-of-pocket amount <i>(does not include Part D prescription drugs)</i>	\$8,850
Inpatient Hospital coverage*	\$0 copayment for each Medicare-covered hospital stay. \$0 copayment for additional Medicare-covered days.
Outpatient Hospital coverage*	
Outpatient hospital services	\$0 copayment
Outpatient hospital observation services	\$0 copayment
Ambulatory Surgical Center (ASC)*	\$0 copayment
Doctor Visits	
Primary Care Providers	\$0 copayment
Specialists	\$0 copayment
Preventive Care (e.g., flu vaccine, diabetic screenings)	\$0 copayment
Emergency care	\$0 copayment Copayment is waived if you are admitted to a hospital within 3 days for the same condition.
Urgently needed services	\$0 copayment

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

	Geisinger Gold Secure Rx (HMO D-SNP)
<p>Diagnostic Services/Labs/Imaging*</p> <p>Diagnostic tests and procedures</p> <p>Lab services</p> <p>Diagnostic radiology services (e.g. MRI, CAT Scan)</p> <p>Outpatient X-rays</p> <p>Therapeutic Radiology</p>	<p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p>
<p>Hearing services</p> <p>Exam to diagnose and treat hearing and balance issues</p> <p>Routine hearing exam</p> <p>Fitting-evaluation(s) for hearing aids</p> <p>Hearing aids</p> <ul style="list-style-type: none"> ○ All types 	<p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>Up to a \$2,950 annual allowance for per ear every three years for hearing aids.</p> <p>\$0 copayment</p>
<p>Dental Services</p> <p>Preventive dental services</p> <ul style="list-style-type: none"> ○ Oral Exams ○ Prophylaxis (Cleaning) ○ Fluoride Treatment ○ Dental X-Rays 	<p>Up to a \$4,500 combined annual allowance every year for all additional preventive and comprehensive dental services.</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>Limited to 2 fluoride treatment(s) every year</p> <p>\$0 copayment</p>

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	Geisinger Gold Secure Rx (HMO D-SNP)
<p>Comprehensive dental services*</p> <ul style="list-style-type: none"> ○ Restorative Services ○ Periodontics ○ Endodontics ○ Extractions ○ Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services 	<p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p>
<p>Vision care</p> <p>Exam to diagnose and treat diseases and conditions of the eye</p> <p>For people with diabetes, screening for diabetic retinopathy is covered once per year.</p> <p>Eyewear after cataract surgery</p> <p>Glaucoma screening</p> <p>Routine eye exam</p> <p>Additional routine eyewear</p> <ul style="list-style-type: none"> ○ Contact lenses ○ Eyeglass lenses ○ Eyeglass frames ○ Eyeglasses (lenses and frames) 	<p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>Up to a \$425 combined annual allowance every year.</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p>

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	Geisinger Gold Secure Rx (HMO D-SNP)
Mental Health Services*	
Inpatient visit	\$0 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days.
Outpatient group therapy visit	\$0 copayment
Outpatient individual therapy visit	\$0 copayment
Skilled nursing facility*	\$0 copayment for each Medicare-covered skilled nursing facility stay. \$0 copayment for an additional 60 lifetime reserve days.
Physical Therapy*	\$0 copayment
Ambulance services	
Ground Ambulance	\$0 copayment
Air Ambulance	\$0 copayment
Transportation Services	\$0 copayment Up to a \$500 annual allowance every year
Medicare Part B prescription drugs*	
Chemotherapy/Radiation drugs	\$0 copayment
Other Part B drugs	\$0 copayment

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Additional Benefits

	Geisinger Gold Secure Rx (HMO D-SNP)
Annual routine physical exam	\$0 copayment
Chiropractic services We cover only manual manipulation of the spine to correct subluxation	\$0 copayment
Diabetic monitoring supplies*	\$0 copayment
Diabetic therapeutic shoes or inserts*	\$0 copayment
Durable medical equipment (DME) and related supplies*	\$0 copayment
Fitness program	\$0 Silver&Fit membership
Home health agency care*	\$0 copayment
Hospice	\$0 copayment
Nursing hotline	\$0 copayment
Opioid treatment program services*	\$0 copayment for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies*	\$0 copayment

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	Geisinger Gold Secure Rx (HMO D-SNP)
Outpatient rehabilitation services* Services provided by an occupational therapist	\$0 copayment
Outpatient substance abuse services*	\$0 copayment
Healthy foods, Over the Counter, and Utilities	\$0 copayment Members will receive a \$143 monthly allowance to be used on healthy foods, over the counter items and utilities.
Partial hospitalization services for mental health*	\$0 copayment
Personal emergency response system (PERS)	\$0 copayment Up to \$700 each year
Podiatry services	\$0 copayment
Additional routine foot care	\$0 copayment
Prosthetic devices and related supplies*	\$0 copayment
Pulmonary rehabilitation services	\$0 copayment
Services to treat kidney disease Dialysis Services	\$0 copayment
Welcome to Medicare preventive visit	\$0 copayment

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	Geisinger Gold Secure Rx (HMO D-SNP)
Worldwide Emergency Coverage	\$0 copayment
Worldwide emergency transportation	\$0 copayment
Worldwide urgent care coverage	\$0 copayment

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Prescription Drug Coverage	Geisinger Gold Secure Rx (HMO D-SNP)
Stage 1: Annual Prescription Deductible	
Deductible	Member pays \$0*
Stage 2: Initial Coverage (after you pay your deductible, if applicable) until total yearly drug costs reach \$5,030	
Standard Retail cost-sharing (30-day supply)	
Cost-Sharing for Covered Drugs	<ul style="list-style-type: none"> • \$0 cost-sharing on all covered formulary generic & brand-name drugs • \$0 cost-sharing on all covered formulary vaccines
Mail-order cost sharing (up to a 100-day supply)	
Cost-Sharing for Covered Drugs	<ul style="list-style-type: none"> • \$0 cost-sharing on all covered formulary generic & brand-name drugs • \$0 cost-sharing on all covered formulary vaccines
Stage 3: Coverage Gap	
	<ul style="list-style-type: none"> • \$0 cost-sharing on all covered formulary generic & brand-name drugs • \$0 cost-sharing on all covered formulary vaccines
Stage 4: Catastrophic Coverage	
	<ul style="list-style-type: none"> • \$0 cost-sharing on all covered formulary generic & brand-name drugs • \$0 cost-sharing on all covered formulary vaccines

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long term (100-day supply).

*Generally, members in Secure Rx will not be subject to a deductible or the Coverage Gap.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-498-9731.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.geisingergold.com or call 1-800-498-9731 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

**Pennsylvania's Current Medicaid State Plan Benefits and
Home and Community Based Services**

Adult Benefit Package*	
Services	Adult Benefit Package
Category 1: Ambulatory Services	
Primary Care Provider	No limits
Physician Services and Medical and Surgical Services provided by a Dentist	No limits
Certified Registered Nurse Practitioner	No limits
Federally Qualified Health Center/Rural Health Clinic	No limits except for Dental Care Services as described below
Independent Clinic	No limits
Outpatient Hospital Clinic	No limits
Podiatrist Services	No limits
Chiropractor Services	No limits
Optometrist Services	2 visits (exams) per calendar year
Hospice Care	The only key limitation is related to respite care, which may not exceed a total of 5 consecutive days in a 60-day certification period.
Radiology (For example: X-Rays, MRIs, and CTs)	No limits
Dental Care Services	<p>Diagnostic, preventive, restorative, surgical dental procedures, prosthodontics and sedation.</p> <p>Key Limitations:</p> <p>Dentures – 1 upper arch (complete or partial) and 1 lower arch (complete or partial) per lifetime</p> <p>Denture relines – either full or partial, limited to 1 arch every 2 calendar years.</p> <p>Exams 1 per 180 days</p> <p>Prophylaxis 1 per 180 days</p> <p>Panoramic maxilla or mandible single film is limited to 1 per 5 calendar years.</p> <p>Crowns, Periodontics and Endodontics only via approved benefit limit exception.</p>
Outpatient Hospital Short Procedure Unit (SPU)	No limits
Outpatient Ambulatory Surgical Center (ASC)	No limits
Non-Emergency Medical Transport	Only to and from Medicaid covered services.

Pennsylvania's Current Medicaid State Plan Benefits and Home and Community Based Services

Adult Benefit Package*	
Services	Adult Benefit Package
Family Planning Clinic, Services and Supplies	No limits
Renal Dialysis	Initial training for home dialysis is limited to 24 sessions per patient per calendar year. Backup visits to the facility limited to no more than 75 per calendar year.
Category 2: Emergency Services	
Emergency Room	No limits
Ambulance	No limits
Category 3: Hospitalization	
Inpatient Acute Hospital	No limits
Inpatient Rehab Hospital	No limits
Inpatient Psychiatric Hospital	No limits
Inpatient Drug & Alcohol	No limits
Category 4: Maternity and Newborn	
Maternity - Physician, Certified Nurse Midwives, Birth Centers	No limits
Category 5: Mental Health and Substance Abuse (Behavioral Health)	
Outpatient Psychiatric Clinic	No limits
Mobile Mental Health Treatment	No limits
Outpatient Drug and Alcohol Treatment	No limits
Methadone Maintenance	No limits
Clozapine	No limits
Psychiatric Partial Hospital	No limits
Peer Support	No limits
Crisis	No limits
Targeted Case Management – other than Behavioral Health	Limited to individuals identified in the target group (No limits).
Targeted Case Management – Behavioral Health Only	Limited to individuals with Serious Mental Illness (SMI) only (No limits).
Category 6: Prescription Drugs	
Prescription Drugs	No limits
Nutritional Supplements	No limits
Category 7: Rehabilitation and Habilitation Services and Devices	
Skilled Nursing Facility	365 days per calendar year
Home Health Care includes nursing, aide and therapy services.	Unlimited for first 28 days; limited to 15 days every month thereafter.
Intermediate Care Facilities/individuals with Intellectual Disabilities (ICF/IID) and Intermediate	Requires an institutional level of care (No limits).

**Pennsylvania's Current Medicaid State Plan Benefits and
Home and Community Based Services**

Adult Benefit Package*	
Services	Adult Benefit Package
Care Facilities/for people with Other Related Conditions (ICF/ORC)	
Durable Medical Equipment	No limits
Prosthetics and Orthotics	<p>Orthopedic Shoes and Hearing Aids are not covered.</p> <p>Coverage of molded shoes is limited to molded shoes for severe foot and ankle conditions and deformities of such a degree that the beneficiary is unable to wear ordinary shoes without corrections and modifications</p> <p>Coverage of modifications to orthopedic shoes and molded shoes is limited to only modifications necessary for the application of a brace or splint</p> <p>Coverage for low vision aids and eye prostheses is limited to 1 per 2 calendar years.</p> <p>Coverage for an eye ocular is limited to 1 per calendar year.</p>
Eyeglass Lenses	Limited to individuals diagnosed with aphakia 4 lenses per calendar year.
Eyeglass Frames	Limited to individuals diagnosed with aphakia 2 frames per calendar year. Deluxe frames not included.
Contact Lenses	Limited to individuals diagnosed with aphakia 4 lenses per calendar year.
Medical Supplies	No limits
Therapy (physical, occupational, speech) - Rehabilitative	Only when provided by a hospital, outpatient clinic, or home health provider.
Therapy (physical, occupational, speech) - Habilitative	Only when provided by a hospital, outpatient clinic, or home health provider.
Category 8: Laboratory Services	
Laboratory	No limits
Category 9: Preventative / Wellness Services and Chronic Care	
Tobacco Cessation**	70, 15-minute units per calendar year

All units of service, age, gender, diagnosis, and other procedure code related limits still apply as indicated on the Medical Assistance Fee Schedule.

Pennsylvania's Current Medicaid State Plan Benefits and Home and Community Based Services

***Children's benefit plan will include all medically necessary services without limitation.**

****Tobacco cessation is one of the preventative services as recommended by the US Preventative Services Task Force. For a full listing of preventative services beyond tobacco cessation, please contact your Managed Care Organization (MCO).**

Home and Community-Based Services (HCBS)	
Services	Limits
Adult Daily Living Services	Under Community Integration:
Assistive Technology	Each distinct goal may not be more than twenty-six (26) weeks.
Behavior Therapy	No more than 32 units per week for one goal will be approved. If the participant has multiple goals, no more than 48 units per week will be approved.
Benefits Counseling	
Career Assessment	
Cognitive Rehabilitation Therapy	However, the Office of Long-Term Living retains the discretion to authorize more than 48 units (12 hours) of Community Integration in one week for up to 21 hours per week and for periods longer than 26 weeks.
Community Integration	
Community Transition Services	
Counseling	Community Transition Services are limited to an aggregate of \$4,000 per participant, per lifetime, as preauthorized by the State Medicaid Agency program office.
Employment Skills Development	
Home Adaptations	
Home Delivered Meals	Total combined hours for Employment Skills Development, or Job Coaching services are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must obtain prior approval.
Home Health Aide	
Home Health – Nursing	
Home Health - Occupational Therapy	
Home Health - Physical Therapy	
Home Health - Speech and Language Therapy	Under Specialized Medical Equipment and Supplies non-covered items include:

Pennsylvania's Current Medicaid State Plan Benefits and Home and Community Based Services

Home and Community-Based Services (HCBS)	
Services	Limits
Job Coaching	All prescription and over the counter medications, compounds and solutions (except wipes and barrier cream)
Job Finding	
Non-Medical Transportation	Items covered under third party payer Liability
Nutritional Counseling	Items that do not provide direct medical or remedial benefit to the participant and/or are not directly related to a participant's disability
Participant-Directed Community Supports	
Participant-Directed Goods and Services	
Personal Assistance Services	Food, food supplements, food substitutes (including formulas), and thickening agents
Personal Emergency Response System (PERS)	Eyeglasses, frames, and lenses
Pest Eradication	Dentures
Residential Habilitation	Any item labeled as experimental that has been denied by Medicare and/or Medicaid
Respite	
Service Coordination	Recreational or exercise equipment and adaptive devices for such
Specialized Medical Equipment and Supplies	
Structured Day Habilitation	
TeleCare	
Vehicle Modifications	