

# Geisinger

October 2023

We previously provided you with a Geisinger Gold Preferred Enhanced Rx (PPO) Summary of Benefits. This addenda is to let you know there were errors in your Summary of Benefits. Below you will find information describing and correcting the errors. Please keep this information for your reference. The correct Summary of Benefits can be found on our website at [www.geisingergold.com](http://www.geisingergold.com).

The “Everyday Supplies for Better Health” insert included in this packet includes your annual allowance and specifics on items and services that are covered. Thank you again for your interest in Geisinger Gold.

Where you can find the error in your 2024 Summary Of Benefits	Original Information	Corrected Information	What does it mean for you?
Page 4	<p><b>Hearing Services</b>  <i>Routine Hearing Exam</i>  <b>In-Network</b>            \$0 copayment  <b>Out-of-Network</b>            \$0 copayment</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Hearing Services Routine Hearing Exam <i>(limited to 1 visit every year In and Out of Network Combined)</i> by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>

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Page 4	<p><b>Hearing Services</b>  <i>Fitting-evaluations(s) for hearing services</i></p> <p><b>In-Network</b>            \$0 copayment</p> <p><b>Out-of-Network</b>            \$0 copayment</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Hearing Services fitting-evaluation(s) by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>
Page 5	<p><b>Hearing aids</b>  <i>All types</i></p> <p><b>In-Network</b>            \$0 copayment</p> <p><b>Out-of-Network</b>            \$0 copayment - Limited to 2 hearing aid(s) every year In and Out of Network</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Hearing aids (<i>limited to 2 hearing aid(s) every year In and Out of Network Combined</i>) by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>

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Page 5	<p><b>Preventive Dental</b>  <i>Oral Exams</i>  <b>In-Network</b>            \$0 copayment  <b>Out-of-Network</b>            \$0 copayment - Limited to 2 oral exam(s) every year combined In and Out of Network</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Preventive Dental Oral Exams <i>(limited to 2 oral exams every year In and Out of Network Combined)</i> by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>
Page 5	<p><i>Prophylaxis (Cleaning)</i>  <b>In-Network</b>            \$0 copayment  <b>Out-of-Network</b>            \$0 copayment - Limited to 2 cleaning(s) every year combined In and Out of Network</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Preventive Dental cleaning(s) <i>(limited to 2 cleanings every year In and Out of Network Combined)</i> by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>

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Page 5	<p><i>Dental X-Rays</i></p> <p><b>In-Network</b> \$0 copayment</p> <p><b>Out-of-Network</b> \$0 copayment - Limited to 1 x-ray(s) every year combined In and Out of Network</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Preventive Dental X-Ray(s) (<i>limited to 1 X-Ray every year In and Out of Network Combined</i>) by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>
Page 5	<p><b>Comprehensive Dental Restorative Services</b></p> <p><b>In-Network</b> \$0 copayment</p> <p><b>Out-of-Network</b> \$0 copayment</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Comprehensive Dental Restorative Services by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>
Page 6	<p><i>Periodontics</i></p> <p><b>In-Network</b> \$0 copayment</p> <p><b>Out-of-Network</b> \$0 copayment</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Comprehensive Dental Periodontics Services by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>

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Page 6	<p><i>Endodontics</i></p> <p><b>In-Network</b> \$0 copayment</p> <p><b>Out-of-Network</b> \$0 copayment</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Comprehensive Dental Endodontics Services by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>
Page 6	<p><i>Extractions</i></p> <p><b>In-Network</b> \$0 copayment</p> <p><b>Out-of-Network</b> \$0 copayment</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Comprehensive Dental Extraction Services by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>

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Page 6	<p><i>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</i></p> <p><b>In-Network</b> \$0 copayment</p> <p><b>Out-of-Network</b> \$0 copayment</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Comprehensive Dental Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>
Page 7	<p><b>Vision Care</b></p> <p><i>Routine Eye Exam</i></p> <p><b>In-Network</b> \$20 copayment</p> <p><b>Out-of-Network</b> \$20 copayment - Limited to 1 visit(s) every year In and Out of Network</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Vision Care Routine Eye Exam Copayment (<i>limited to 1 visit every year In and Out of Network Combined</i>) by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>

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Page 7	<b>Additional Routine Eyewear</b> <i>Contact Lenses</i> <b>In-Network</b> \$20 copayment <b>Out-of-Network</b> \$20 copayment	\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.	You can pay for your Additional Routine Eyewear Contact Lenses by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit
Page 7	<i>Eyeglass Lenses</i> <b>In-Network</b> \$0 copayment <b>Out-of-Network</b> \$0 copayment	\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.	You can pay for your Additional Routine Eyewear Eyeglass Lenses by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit
Page 7	<i>Eyeglass Frames</i> <b>In-Network</b> \$0 copayment <b>Out-of-Network</b> \$0 copayment	\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.	You can pay for your Additional Routine Eyewear Eyeglass Frames by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit

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Where you can find the error in your 2024 Summary Of Benefits	Original Information	Corrected Information	What does it mean for you?
Page 7	<p><i>Eyeglasses (lenses and frames)</i></p> <p><b>In-Network</b> \$0 copayment</p> <p><b>Out-of-Network</b> \$0 copayment</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your Additional Routine Eyewear Eyeglasses (lenses and frames) by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit</p>
Page 11	<p><b>Flexible spending card for dental, vision, and hearing services</b> \$450 allowance per year</p>	<p>\$450 combined in and out-of-network annual benefit using a prepaid flexible spending card to use towards supplemental routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fitting and testing.</p>	<p>You can pay for your additional supplemental dental, vision and hearing services including routine eyewear, routine hearing exam copayment, routine eye exam copayment, additional dental coverage, hearing aids, hearing aid fit and testing by using your \$450 annual combined In and Out of Network Flexible Spending Card up to the \$450 annual benefit limit. <i>See each separate benefit listed in this document for benefit limits.</i></p>