



Geisinger Gold Secure Rx (HMO D-SNP) offered by Geisinger Health Plan

Annual Notice of Changes for 2025

You are currently enrolled as a member of Geisinger Gold Secure Rx (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.geisingergold.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- ☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- ☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- ❑ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
 - ❑ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.
- 3. CHOOSE:** Decide whether you want to change your plan
- If you don't join another plan by December 7, 2024, you will stay in Geisinger Gold Secure Rx (HMO D-SNP).
 - To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Geisinger Gold Secure Rx (HMO D-SNP).
 - Look in Section 3.2, page 16 to learn more about your choices.
 - If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Member Services number at 1-800-498-9731 for additional information. TTY users should call PA Relay 711 or 1-800-654-5984. (This number requires special telephone equipment and is only for people who have difficulties with hearing and speaking). Calls to these numbers are free.

Our business hours:

October 1 - March 31:	8 a.m. - 8 p.m. 7 days a week
April 1 - September 30:	8 a.m. - 8 p.m. Monday - Friday, 8 a.m. - 2 p.m. Saturday

- Member Services has free language interpreter services available for non-English speakers. Please call the numbers listed in Section 7.1 of this document. We can also give you plan information in braille, in audio, in large print, or other alternate formats if you need it.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Geisinger Gold Secure Rx (HMO D-SNP)

- Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by

Geisinger Health Plan/Geisinger Indemnity Insurance Company/Geisinger Quality Options, Inc., health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company/Geisinger Quality Options, Inc. are part of Geisinger, an integrated health care delivery and coverage organization. Risant Health, Inc., is the parent organization of Geisinger.

- When this document says “we,” “us,” or “our,” it means Geisinger Health Plan. When it says “plan” or “our plan,” it means Geisinger Gold Secure Rx (HMO D-SNP).

Geisinger Gold Secure Rx (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until December 31, 2027, based on a review of Geisinger Gold Secure Rx (HMO D-SNP)'s Model of Care.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Geisinger Gold Secure Rx (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

*If at any time during the benefit year you lose your Pennsylvania Medical Assistance (Medicaid) eligibility, you will be given a 6-month grace period to get your Pennsylvania Medical Assistance (Medicaid) eligibility back. During this 6-month grace period, you are responsible for paying the provider for the portion of the cost sharing that Pennsylvania Medical Assistance (Medicaid) would have otherwise paid on your behalf.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium*	\$0	\$0
* Your premium may be higher than this amount. See Section 1.1 for details.		
Doctor office visits	Primary care visits: \$0 copayment per visit Specialist visits: 20% coinsurance per visit If you are eligible for Medicare cost sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0 per visit.	Primary care visits: \$0 copayment per visit Specialist visits: 20% coinsurance per visit If you are eligible for Medicare cost sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0 per visit.

Cost	2024 (this year)	2025 (next year)
Inpatient hospital stays	<p>You pay the 2024 Original Medicare cost-sharing amounts.</p> <p>\$1,632 deductible for each benefit period; \$0 for days 1-60; \$408 copayment each day for days 61 to 90; \$816 per each "lifetime reserve day" after 91 days of each benefit period (up to a maximum of 60 days over your lifetime).</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p>	<p>You pay the 2025 Original Medicare cost-sharing amounts.</p> <p>These are the 2024 cost-sharing amounts and may change for 2025.</p> <p>Geisinger Gold Secure Rx (HMO D-SNP) will provide updated rates as soon as they are released.</p> <p>\$1,632 deductible for each benefit period; \$0 for days 1-60; \$408 copayment each day for days 61 to 90; \$816 per each "lifetime reserve day" after 91 days of each benefit period (up to a maximum of 60 days over your lifetime).</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p>

Cost	2024 (this year)	2025 (next year)
Inpatient hospital stays (Psychiatric)	<p>You pay the 2024 Original Medicare cost-sharing amounts.</p> <p>\$1,632 deductible for each benefit period; \$0 for days 1-60; \$408 copayment each day for days 61 to 90; \$816 per each "lifetime reserve day" after 91 days of each benefit period (up to a maximum of 60 days over your lifetime).</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p>	<p>You pay the 2025 Original Medicare cost-sharing amounts.</p> <p>These are the 2024 cost-sharing amounts and may change for 2025.</p> <p>Geisinger Gold Secure Rx (HMO D-SNP) will provide updated rates as soon as they are released.</p> <p>\$1,632 deductible for each benefit period; \$0 for days 1-60; \$408 copayment each day for days 61 to 90; \$816 per each "lifetime reserve day" after 91 days of each benefit period (up to a maximum of 60 days over your lifetime).</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p>

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	<p>Deductible: \$545 except for covered insulin products and most adult Part D vaccines</p> <p>If you receive "Extra Help" to pay for your prescription drugs, this payment stage does not apply to you. If you do not receive "Extra Help, you begin in this payment stage when you fill your first prescription of the year.</p> <p>Please refer to your Low-Income Subsidy Rider (LIS Rider) for your deductible amount.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <p>Covered Drugs: 25%</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. <p>Since you are enrolled in Geisinger Gold Secure Rx (HMO D-SNP) you are automatically enrolled in a program called "Value Based Insurance Design" VBID based on your socioeconomic status. Because you receive "Extra Help" from Medicare, this</p>	<p>Deductible: \$590 except for covered insulin products and most adult Part D vaccines</p> <p>If you receive "Extra Help" to pay for your prescription drugs, this payment stage does not apply to you. If you do not receive "Extra Help, you begin in this payment stage when you fill your first prescription of the year.</p> <p>Please refer to your Low-Income Subsidy Rider (LIS Rider) for your deductible amount.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <p>Covered Drugs: 25%</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. <p>Since you are enrolled in Geisinger Gold Secure Rx (HMO D-SNP) you are automatically enrolled in a program called "Value Based Insurance Design" VBID based on your socioeconomic status. Because you receive "Extra Help" from Medicare, this</p>

Cost	2024 (this year)	2025 (next year)
	program removes any out-of-pocket cost on your Part D prescription drug benefit, and you pay nothing for your prescriptions. NOTE: The Value Based Insurance Design program is not applicable to any prescription drugs you might receive under your Pennsylvania Medical Assistance (Medicaid) benefit.	program removes any out-of-pocket cost on your Part D prescription drug benefit, and you pay nothing for your prescriptions. NOTE: The Value Based Insurance Design program is not applicable to any prescription drugs you might receive under your Pennsylvania Medical Assistance (Medicaid) benefit.
Maximum out-of-pocket amount This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$8,850 If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$8,850 If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Pennsylvania Medical Assistance (Medicaid)).	\$0	\$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Pennsylvania Medical Assistance (Medicaid), very few members ever reach this out-of-pocket maximum. If you are eligible for Pennsylvania Medical Assistance (Medicaid) with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$8,850	\$8,850 Once you have paid \$8,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Updated directories are located on our website at www.geisingergold.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* www.geisingergold.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 *Provider Directory* www.geisingergold.com to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

***All member cost sharing is dependent on member's Pennsylvania Medical Assistance (Medicaid) eligibility.**

As a member of Geisinger Gold Secure Rx (HMO D-SNP), you are eligible for a \$150 combined monthly benefit package towards the purchase of food and produce which may be purchased at a variety of grocery stores, utilities (limited to home heating natural gas, heating oil or propane), electricity, internet, phone bills, sanitary/trash, and water/sewage). This combined monthly benefit package will be available using a prepaid flexible spending card. You will receive additional details in the mail about your flexible spending card.

Cost	2024 (this year)	2025 (next year)
Combined Benefit Package (uses Flexible Spending card)	\$143 combined monthly benefit using a prepaid flexible spending card to use towards food and produce (may be purchased at a variety of grocery stores), over-the-counter health and wellness products and utilities (limited to electricity, gas, internet, phone bills, sanitary/trash, and water/sewage). Unused credits do not roll over to the next period.	\$150 combined monthly benefit using a prepaid flexible spending card to use towards food and produce (may be purchased at a variety of grocery stores), over-the-counter health and wellness products and utilities which include phone bills, water, sewer, electricity, internet, sanitary/trash and home heating fuel (limited to natural gas, heating oil or propane). Unused credits do not roll over to the next period.
Dental Services - Preventive dental services - Dental X-Rays	Limited to 2 x-ray(s) every year.	Unlimited x-rays every year.
Emergency Care	<p>You pay a \$100 copayment for each Medicare-covered service.</p> <p>Copayment is waived if you are admitted to a hospital within 3 days for the same condition.</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p>	<p>You pay a \$110 copayment for each Medicare-covered service.</p> <p>Copayment is waived if you are admitted to a hospital within 3 days for the same condition.</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p>

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Pharmacy Member Services for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately add new restrictions.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get "Extra Help" Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2024, please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under

the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	Your deductible amount is either \$0 or \$545, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)	Your deductible amount is either \$0 or \$590, depending on the level of "Extra Help" you receive. (Look at the separate insert, the "LIS Rider," for your deductible amount.)

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a retail network pharmacy. For information about the costs for a long-term supply at a retail network pharmacy that offers preferred cost sharing or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> .	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: 25% coinsurance You pay \$0 if you receive "Extra Help." Please refer to your LIS Rider.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: 25% coinsurance You pay \$0 if you receive "Extra Help." Please refer to your LIS Rider.
	Once you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Once you have paid \$2,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

*Since you are enrolled in Geisinger Gold Secure Rx (HMO D-SNP), you are automatically enrolled in a program called "Value Based Insurance Design" VBID. Because you receive "Extra Help" from Medicare, this program removes any out-of-pocket cost on your Part D prescription drug benefit, and you pay nothing for your prescriptions. **NOTE: The Value Based Insurance Design program is not applicable to any prescription drugs you might receive under your Pennsylvania Medical Assistance (Medicaid) benefit.**

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Change to Primary Care information on Geisinger Gold Membership card	Primary Care information included on front of card.	Primary Care information not included on front of card.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Geisinger Gold Secure Rx (HMO D-SNP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Geisinger Gold Secure Rx (HMO D-SNP).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Geisinger Health Plan offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Geisinger Gold Secure Rx (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Geisinger Gold Secure Rx (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:

- Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
- – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 **Deadline for Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Pennsylvania Medical Assistance (Medicaid), you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare with a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 **Programs That Offer Free Counseling about Medicare and Medicaid**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained

counselors in every state. In Pennsylvania, the SHIP is called Pennsylvania Medicare Education and Decision Insight (PA MEDI).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Pennsylvania Medicare Education and Decision Insight (PA MEDI) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Pennsylvania Medicare Education and Decision Insight (PA MEDI) at 1-800-783-7067. You can learn more about Pennsylvania Medicare Education and Decision Insight (PA MEDI) by visiting their website (<https://www.aging.pa.gov/aging-services/medicare-counseling/Pages/default.aspx>).

For questions about your Pennsylvania Medical Assistance (Medicaid) benefits, contact your Community HealthChoices (CHC) plan. See Section 7.3 of this document. Ask how joining another plan or returning to Original Medicare affects how you get your Pennsylvania Medical Assistance (Medicaid) coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about “Extra Help,” call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** Pennsylvania has a program called PACE Program - Prescription Assistance that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Special Pharmaceutical Benefits Program (SPBP). For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance,

call 1-800-922-9384. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 7 Questions?

Section 7.1 – Getting Help from Geisinger Gold Secure Rx (HMO D-SNP)

Questions? We're here to help. Please call Member Services at 1-800-498-9731 or Pharmacy Member Services at 1-800-988-4861 for additional information. TTY users should call PA Relay at 711 or 1-800-654-5984 (This number requires special telephone equipment and is only for people who have difficulties with hearing and speaking). Calls to these numbers are free.

Our business hours:

October 1 - March 31:	8 a.m. - 8 p.m. 7 days a week
April 1 - September 30:	8 a.m. - 8 p.m. Monday - Friday, 8 a.m. - 2 p.m. Saturday

Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Geisinger Gold Secure Rx (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.geisingergold.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.geisingergold.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 7.3 – Getting Help from Pennsylvania Medical Assistance (Medicaid)

To get information from Pennsylvania Medical Assistance (Medicaid) you can call your Community HealthChoices Program at the number listed below.

CHC Plan	Website	Call	TTY
AmeriHealth Caritas Pennsylvania	http://www.amerihealthcaritaschc.com	1-855-235-5115	1-855-235-5112
Keystone First Community HealthChoices	http://www.keystonefirstchc.com	1-855-332-0729	1-855-235-4976
PA Health & Wellness	https://www.pahealthwellness.com	1-844-824-3655	711
UPMC Community HealthChoices	https://www.upmchealthplan.com/chc	1-844-833-0523	711