

2024 Medical Benefits (continued)

	Geisinger Gold Secure Rx (HMO D-SNP)
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
OTC, healthy foods and utilities	\$143 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 you lose your Medicaid eligibility, you'll have a six-month grace period to get your eligibility back. During that time, until you regain your Medicaid eligibility, you're responsible for paying the provider the portion of the cost-sharing that Medicaid would have otherwise paid on your behalf.

2024 Prescription Drug Coverage

HMO SNP: Secure Rx	
Annual Deductible	Member pays \$0*
Initial Coverage Limit	<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
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
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

*Generally, members in Secure Rx will not be subject to a deductible or the Coverage Gap. Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/ Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Members can obtain their covered dental benefits from SKYGEN network providers and their covered hearing aid benefits from Songbird network providers. This information is not a complete description of benefits. Contact the plan for more information.

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GEISINGER GOLD

Secure Rx (HMO D-SNP)

For agent use only



Geisinger

*Available in 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, Montgomery, Monroe, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Wayne, Warren, Washington, Westmoreland, Wyoming and York.

2024 Medical Benefits

	Geisinger Gold 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)	\$8,850
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
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 per ear every 3 years
Personal emergency response systems	\$700 maximum benefit per year
E-visits	\$0 PCP \$0 mental health/substance abuse

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	Geisinger Gold Secure Rx (HMO D-SNP)
Dental services (preventive & comprehensive): non-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 - (non-emergency, medical related)	\$500 reimbursement allowance per year
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	\$0 to member
Vaccines	\$0 to member

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