

GEISINGER GOLD



Geisinger

Quick Reference Guide

For agent use only. Benefits and cost for 2021 are pending CMS approval as of 7/20/20 and are subject to change.

About Geisinger Health Plan and Geisinger Gold

Introduced in 1994, Geisinger Gold serves more than 90,000 members in 44 counties throughout Pennsylvania. We currently contract with more than 125 area hospitals and more than 29,000 providers with nearly 3,000 pharmacies in Pennsylvania to provide medical care for our members. Geisinger Health Plan is a physician-led organization which focuses on keeping members healthy and delivering the best value in health care coverage.

When working with Geisinger Gold, you can expect:

Greater earning potential with prompt payment - Geisinger Gold pays up to the maximum CMS-allowed commissions twice per month. You'll have access to our dedicated broker service unit and highly acclaimed member services. You'll be able to write more business while leaving the service to us.

The Geisinger Gold Marketing Portal is available for our agents and brokers to order collateral.

Geisinger Health Plan is nationally recognized for our disease management programs. Our Geisinger Gold HMO plans have been rated 4 Stars and our PPO plans have both been rated 3.5 Stars for 2020. 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. Convenience for you and your clients – Geisinger Gold is local to Pennsylvania and committed to serving both the senior population and the agents/brokers who assist them.

For more information, contact the Broker Care Team at (866) 488-6653 or visit our website at www.geisingergold.com.

Table of Contents

Topic	page
Geisinger Gold Agent/Broker Contact Information	3
Participating Hospitals	4
The Geisinger Difference	7
Geisinger Gold HMO Plans	8
Geisinger Gold HMO SNP Plan	20
Geisinger Gold PPO Plans	24
Geisinger Gold Health+	36
Fitness	38
Part D Prescription Drug Coverage	41
Additional Resources	
Vendor Resources	52
Community Contacts	53
Election Periods	54
Special Election Period	55
Medicare Covered Preventive Services	57
One-on-One Appointment Checklist	58
Scope of Appointment Form	60
Accessories Program	63

All plans require members to continue paying their monthly Medicare Part B premium and live within the plans service area at the time of enrollment

Geisinger Gold Agent/Broker Contact Information

Geisinger Gold is committed to providing you with the information you need to successfully market our Gold Medicare Advantage products. In this quick reference guide, you'll find everything you need to enroll new members into Geisinger Gold products, from complete product information, service areas, who to contact with questions and more.

Please visit the Geisinger Gold broker portal at www.geisingergold.com/broker

GEISINGER CONTACTS

Broker Care Team	1-866-488-6653
Option 1: Medicare	
Option 2: Commercial	
 Brian Andrew, Medicare Broker Manager	 1-570-452-4913
	baandrew@thehealthplan.com
 Medicare Advantage Application Enrollment Fax	 1-570-271-5970
<i>Note: Enrollment applications must be received within 24 hours of receipt from prospective member</i>	
Prospective Members	1-800-823-9633
Customer Care	1-800-498-9731
Pharmacy Customer Care	1-800-988-4861
Compliance Hotline	1-800-292-1627
Geisinger Marketplace	1-800-223-1282

Geisinger Gold Marketing Central: www.geisingergold.com/broker

Gold Enrollment Address: Geisinger Health Plan
 Attn: Enrollment 32-29
 PO Box 8200
 Danville, PA 17821-8200

Gold Claims Address: Geisinger Health Plan
 Attn: Claims 32-29
 PO Box 8200
 Danville, PA 17821-8200

Participating Hospitals

Adams

Gettysburg Hospital

Allegheny

Allegheny General Hospital

Allegheny Valley Hospital

UPMC Children's Hospital of Pittsburgh

Western Pennsylvania Hospital

Western Pennsylvania Hospital-Forbes Regional Campus

Berks

St. Joseph Medical Center

Surgical Institute of Reading

Blair

Conemaugh Nason Medical Hospital

Tyrone Hospital

UPMC Altoona

Bradford

Guthrie Towanda Memorial Hospital

Robert Packer Hospital

Troy Community Hospital

Bucks

Jefferson Health Northeast - Bucks Campus

St. Luke's Hospital Upper Bucks Campus

St. Luke's Quakertown Hospital

Cambria

Conemaugh Memorial Medical Center

Conemaugh Memorial Medical Center - Lee Campus

Conemaugh Miners Medical Center

Carbon

St. Luke's Hospital - Gnaden Huetten Campus

St. Luke's Hospital - Palmerton Campus

Centre

Mount Nittany Medical Center

Chester

Paoli Hospital

Clearfield

Penn Highlands Clearfield Hospital

Penn Highlands DuBois

Clinton

Bucktail Medical Center

UPMC Lock Haven

Columbia

Berwick Hospital Center

Geisinger Bloomsburg Hospital

Cumberland

Geisinger Holy Spirit Hospital

UPMC Carlisle

UPMC Pinnacle West Shore

Dauphin

Penn State Milton S Hershey Medical Center

UPMC Pinnacle Community Osteopathic

UPMC Pinnacle Harrisburg

Delaware

Riddle Memorial Hospital

Elk

Penn Highlands Elk

Franklin

Chambersburg Hospital

Waynesboro Hospital

Fulton

Fulton County Medical Center

Huntingdon

Penn Highlands Huntingdon Memorial Hospital

Jefferson

Penn Highlands Brookville

Lackawanna

Geisinger Community Medical Center

Moses Taylor Hospital

Regional Hospital of Scranton

Lancaster

Lancaster General Hospital

Lancaster General Women & Babies Hospital

UPMC Lititz

WellSpan Ephrata Community Hospital

Lebanon

Good Samaritan Hospital

Lehigh

Lehigh Valley Health Network - Tilghman

Lehigh Valley Hospital - 17th and Chew

Geisinger Gold Medicare Advantage HMO, PPO, and HMO 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. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

HPM50 k1 Par Hospitals Gold Rev 6/2020

Lehigh Valley Hospital - Cedar Crest

St. Luke's Hospital - Allentown Campus

St. Luke's Hospital - Sacred Heart Campus

Luzerne

Geisinger South Wilkes-Barre

Geisinger Wyoming Valley Medical Center

Lehigh Valley Hospital - Hazleton

Wilkes Barre General Hospital

Lycoming

Geisinger Jersey Shore Hospital

UPMC Muncy

UPMC Williamsport

Mifflin

Geisinger Lewistown Hospital

Monroe

Lehigh Valley Hospital - Pocono

St. Luke's Hospital - Monroe Campus

Montgomery

Abington Lansdale Hospital

Abington Memorial Hospital

Bryn Mawr Hospital

Lankenau Hospital

Montour

Geisinger Medical Center

Northampton

Lehigh Valley Hospital - Muhlenberg

St. Luke's Hospital - Anderson Campus

St. Luke's Hospital - Bethlehem

Steward Easton Hospital, Inc.

Northumberland

Geisinger Shamokin Area Community Hospital

Philadelphia

Fox Chase Cancer Center

Hospital of the University of Pennsylvania

Jefferson Health Northeast - Frankford Campus

Jefferson Health Northeast - Torresdale Campus

Pennsylvania Hospital

Presbyterian Medical Center of the UPHS

Thomas Jefferson University Hospital

Thomas Jefferson University Hospital - Methodist Campus

Wills Eye Hospital

Potter

Charles Cole Memorial Hospital

Schuylkill

Geisinger St. Luke's Hospital

Lehigh Valley Hospital - Schuylkill East Norwegian St.

Lehigh Valley Hospital - Schuylkill South Jackson St.

St. Luke's Miners Memorial Hospital

Somerset

Chan Soon-Shiong Medical Center at Windber

Conemaugh Meyersdale Medical Center

Somerset Hospital

Susquehanna

Barnes-Kasson Hospital

Endless Mountains Health Systems

Tioga

UPMC Wellsboro

Union

Evangelical Community Hospital

Washington

Canonsburg Hospital

Wayne

Wayne Memorial Hospital

Wyoming

Tyler Memorial Hospital

York

UPMC Hanover

York Hospital

Out-of-state hospitals

District of Columbia

Sibley Memorial Hospital

Delaware

New Castle

Alfred I duPont Hospital for Children

Maryland

Baltimore City

Johns Hopkins Bayview Medical Center

Johns Hopkins Hospital

Howard

Howard County General
Hospital

Montgomery

Suburban Hospital

Washington

Meritus Medical Center

New Jersey**Atlantic**

AtlantiCare Regional Medical
Center - City Campus*

AtlantiCare Regional Medical
Center - Mainland Campus

Burlington

Deborah Heart and Lung Center

Virtua Memorial Hospital of
Burlington County

Virtua West Jersey Hospital
Marlton

Camden

Virtua West Jersey Hospital
Voorhees

Warren

St. Luke's Warren Hospital

New York**Chemung**

Arnot Ogden Medical Center

St. Joseph's Hospital

Orange

Bon Secours Community
Hospital

Orange Regional Medical Center

St. Anthony Community Hospital

Rockland

Good Samaritan Hospital

Steuben

Corning Hospital

Ira Davenport Memorial
Hospital

Sullivan

Catskill Regional Medical
Center

Catskill Regional Medical
Center - Grover Hermann

*a member of Geisinger

The Geisinger Difference

With Geisinger Gold, everything we do is about caring for our 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: A new approach to senior primary care created exclusively for people 65 and older. It offers seniors same-day appointments, more time with doctors, access to a variety of 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 like 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 and Scranton, with more locations in Wilkes-Barre, Hazleton, and Shamokin Dam opening soon. Members should contact 570-740-3096 to enroll.

CareSite Mail-Order Pharmacy: By enrolling in the mail-order program, members can cut their copay costs in half and enjoy the convenience of having their medications mailed directly to their home. The CareSite staff handles all medications with the highest level of care. Packaging products have been tested to ensure medications are safely stored throughout the shipping and delivery process. Email notifications are available for shipment and delivery tracking, so members can track their medications from the time they leave the CareSite facility until they arrive at their doorstep. Members can register for the mail-order program by calling 1-844-878-5562 or online via Geisinger Health Plan's secure member portal at geisingerhealthplan.com/register.

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 1-800-498-9731. 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 1-800-988-4861.

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 1-800-498-9731 for more information.

Geisinger at Home: Comprehensive care right in the comfort of the members home. Geisinger nurses, doctors, advanced practitioners, case managers, pharmacists and others work with members and their primary care provider to help manage the members medical condition, social service needs and much more. Members should call 1-833-552-1852 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 the members' homes. This coordinated and comprehensive model of care includes preventive care, medical care, social services and long-term care, when necessary. An all-inclusive program such as this 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 1-866-230-6465, Scranton 1-800-395-8759, Wilkes-Barre 1-844-835-2766, and Lewistown 717-363-9077.

Geisinger Gold HMO Plans (H3954)

Classic 360 Rx

Classic Essential Rx

Classic Complete Rx

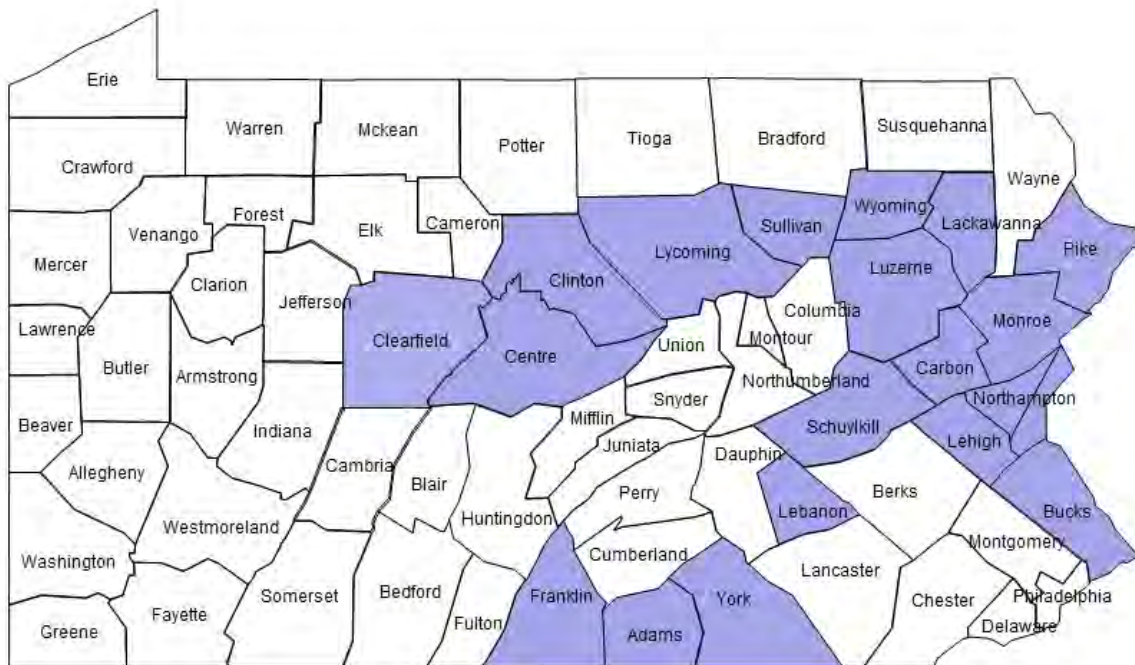
Classic Advantage

Classic Advantage Rx

Members must select a primary care physician who works to coordinate their medical care. \$0 deductible on all plans. Members must go to providers and hospitals within the Geisinger Gold network. Members must obtain their covered dental benefits from Avesis network providers and their covered hearing aid benefits from AudioNet network providers. Referrals are not required to see specialists.

Classic 360 Rx

- Service area expansion into Clearfield county
- \$0 monthly plan premium across 19 county service area
- \$0 copay on tier 1 and tier 2 mail order supply
- Supplemental benefits, such as dental, vision & fitness included at no additional cost
 - Members must use Avesis providers for covered dental benefits (www.avesis.com/TPS/Geisinger/geisinger.aspx)
 - \$25 annual fee with the use of in-network Silver & Fit fitness centers (www.silverandfit.com)



Classic 360 Rx: \$0

HMO	Classic 360 Rx
2020 Star Rating	4
Premium	\$0
Deductible	\$0
MOOP	\$7,550
PCP	\$0
PCP Teladoc e-visits	\$0
Physician Specialist	\$35
Inpatient Hospital - Acute	\$175/day (days 1-5) \$0/day (days 6-90)
Inpatient Psychiatric Hospital	\$175/day (days 1-5) \$0/day (days 6-90)
Skilled Nursing Facility	\$0/day (days 1-20) \$160/day (days 21-68) \$0/day (days 69-100)
Cardiac/Pulmonary Rehab	\$25 per day
Urgent Care (Waive if Admitted)	\$35
Emergency Care (Waive if Admitted)	\$90
Ground & Air Ambulance (Waived if Admitted)	\$275
Worldwide Coverage (Waive if Admitted – urgent & emergency care only)	Urgent Care: \$35 Emergency Care: \$90 Ground Ambulance: \$275 Air Ambulance: \$1,000 \$100,000 benefit limit
Home Health Services (includes related medical supplies)	\$0
Chiropractic Services (Original Medicare Benefit)	\$20
Acupuncture	\$35
Podiatry (Original Medicare Benefits)	\$35
Podiatry - Routine Nail Trimming	\$0 / 4 per year
Occupational/Physical/Speech Therapy	\$35 per day
Outpatient Lab & Other Outpatient Diagnostic Tests	\$0 per day
Outpatient X-Rays	\$20 per day
Outpatient Diagnostic Radiology: ultrasound, fluoroscopy, DEXA imaging	\$20 per day
Outpatient Diagnostic Radiology: MRI, CT, PET Scans, etc.	\$200 per day
Outpatient Standard Radiation Therapy	\$20 per day
Outpatient Complex Radiation Therapy	\$60 per day
Outpatient Surgery / Services	\$300
Outpatient Mental Health	Individual Session: \$10 Group Session: \$5
Mental Health/Substance Abuse Teladoc e-visits	\$10

HMO		Classic 360 Rx	
Part B Drugs		20%	
Durable Medical Equipment		20%	
Prosthetics and Related Supplies		20%	
Diabetic Supplies Preferred brand – OneTouch (prior auth required for non-preferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)		\$0 - preferred brand glucometer (1 every 2 years); 20% - preferred brand supplies (test strips, lancets & lancet devices); 20% - non-preferred brand glucometers & supplies	
Diabetic Supplies Therapeutic Shoes or Inserts		20%	
Preventive Annual Routine Physical Exams		\$0	
Fitness		\$25 annual fee (Silver & Fit)	
Nursing Hotline		\$0	
Preventive Dental Services: Oral Exam with or without cleaning		\$0 / 2 per year	
Preventive Dental Services: Dental X-Rays		\$0 / 1 per year	
Combined Preventive & Comprehensive Dental (Non-Medicare Covered) Simple fillings, simple extractions, dentures, crowns & root canals		\$500 benefit limit per year	
Comprehensive Dental (Original Medicare Covered Benefit only)		\$35	
Vision Exam (Medical): \$0 for glaucoma screen - office visit copay may apply		\$35	
Routine Vision Exam		\$20 / 1 per year	
Diabetic Eye Exam		\$0	
Original Medicare-Covered Eyewear (Post-Cataract Surgery)		\$0 (basic frames & lenses)	
Routine Eyewear: (Non-Medicare Covered) Contact lenses, eyeglasses, lenses, frames		\$100 benefit limit per year	
Diagnostic Hearing Exams		\$35	
Routine Hearing Exams		\$20 / 1 per year	
Hearing Aids/Fittings		Not covered	
OTC		\$25 per month	
Part D 30-day retail 100-day retail 100-day mail order		\$3/\$20/\$47/\$100/33%/\$0 vaccines \$7.50/\$50/\$117.50/\$250/NA \$0/\$0/\$70.50/\$150/NA	
Insulin	Insulin	Retail	Mail order
30-day retail	30-day mail order	\$35	\$35
60-day retail	60-day mail order	\$70	\$52.50
90-day retail	90-day mail order	\$87.50	\$52.50

Classic Essential Rx

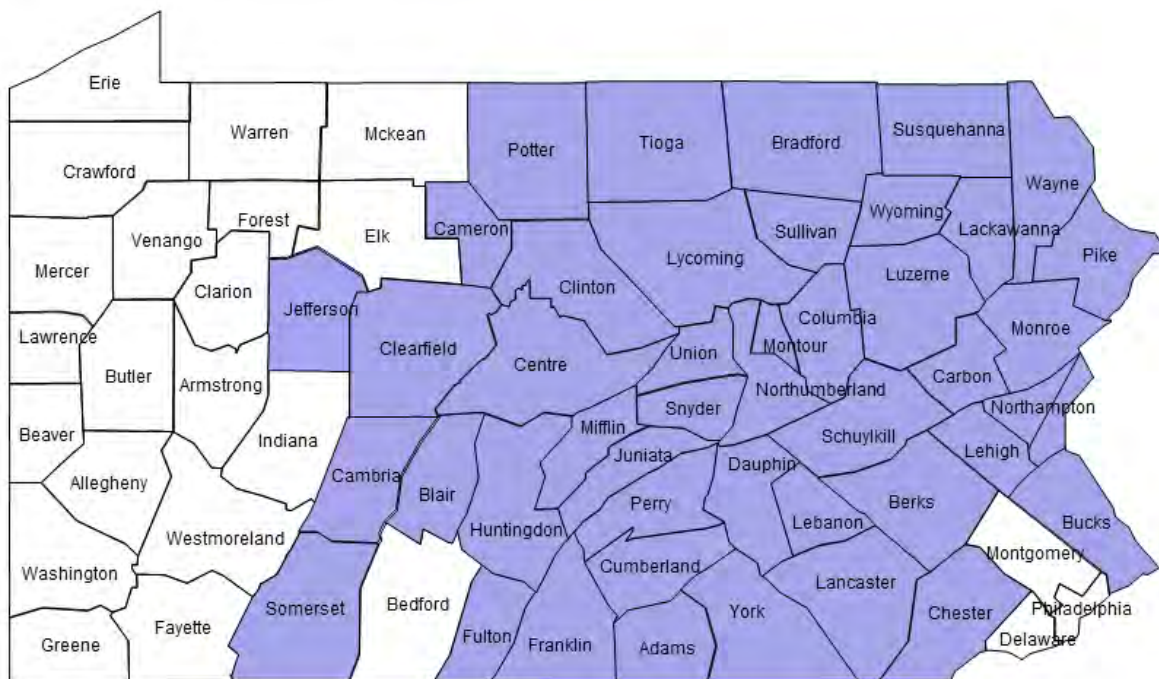
Classic Complete Rx

Classic Essential Rx

- \$0 monthly plan premium across all regions
- Prescription drug coverage included

Classic Complete Rx

- Moderate monthly plan premium across all regions
- Prescription drug coverage included
- Supplemental benefits, such as dental, vision, hearing & fitness embedded into plan
 - Members must use Avesis providers for covered dental benefits (www.avesis.com/TPS/Geisinger/geisinger.aspx)
 - Members must use AudioNet providers for covered hearing aid benefits (www.audionetamerica.com)



Classic Essential Rx: \$0

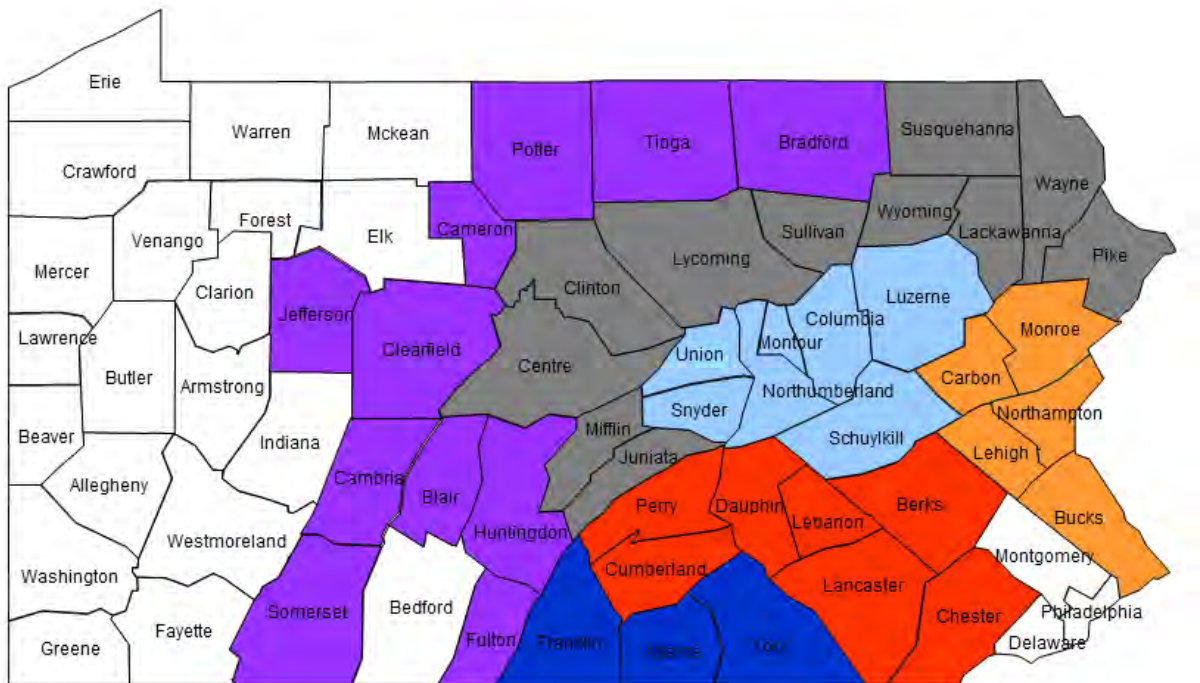
Classic Complete Rx: \$38

HMO	Classic Essential Rx	Classic Complete Rx
2020 Star Rating	4	4
Premium	\$0	\$38
Deductible	\$0	\$0
MOOP	\$7,550	\$4,900
PCP	\$10	\$5
PCP Teladoc e-visits	\$10	\$5
Physician Specialist	\$40	\$35
Inpatient Hospital - Acute	\$225/day (days 1-5) \$0/day (days 6-90)	\$200/day (days 1-5) \$0/day (days 6-90)
Inpatient Psychiatric Hospital	\$225/day (days 1-5) \$0/day (days 6-90)	\$200/day (days 1-5) \$0/day (days 6-90)
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 21-51) \$0/day (days 52-100)
Cardiac/Pulmonary Rehab	\$0 per day	\$0 per day
Urgent Care (Waive if Admitted)	\$40	\$35
Emergency Care (Waive if Admitted)	\$90	\$90
Ground & Air Ambulance (Waived if Admitted)	\$200	\$200
Worldwide Coverage (Waive if Admitted – urgent & emergency care only)	Urgent Care: \$40 Emergency Care: \$90 Ground Ambulance: \$200 Air Ambulance: \$1,000 \$100,000 benefit limit	Urgent Care: \$35 Emergency Care: \$90 Ground Ambulance: \$200 Air Ambulance: \$1,000 \$100,000 benefit limit
Home Health Services (includes related medical supplies)	\$0	\$0
Chiropractic Services (Original Medicare Benefit)	\$20	\$20
Podiatry (Original Medicare Benefits)	\$40	\$35
Podiatry - Routine Nail Trimming	\$0 / 4 per year	\$0 / 4 per year
Acupuncture	\$40	\$35
Occupational/Physical/Speech Therapy	\$40 per day	\$35 per day
Outpatient Lab & Other Outpatient Diagnostic Tests	\$10 per day	\$5 per day
Outpatient X-Rays	\$35 per day	\$30 per day
Outpatient Diagnostic Radiology: ultrasound, fluoroscopy, DEXA imaging	\$35 per day	\$30 per day
Outpatient Diagnostic Radiology: MRI, CT, PET Scans, etc.	\$230 per day	\$230 per day
Outpatient Standard Radiation Therapy	\$35 per day	\$30 per day
Outpatient Complex Radiation Therapy	\$60 per day	\$60 per day
Outpatient Surgery/ Services	\$350	\$245

HMO		Classic Essential Rx		Classic Complete Rx	
Outpatient Mental Health		Individual Session: \$10 Group Session: \$5		Individual Session: \$10 Group Session: \$5	
Mental Health/Substance Abuse Teladoc e-visits		\$10		\$10	
Part B Drugs		20%		20%	
Durable Medical Equipment		20%		20%	
Prosthetics and Related Supplies		20%		20%	
Diabetic Supplies Preferred brand – OneTouch (prior auth required for non-preferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)		\$0 - preferred brand glucometer (1 every 2 years); 20% - preferred brand supplies (test strips, lancets & lancet devices); 20% - non-preferred brand glucometers & supplies		\$0 - preferred brand glucometer (1 every 2 years); 20% - preferred brand supplies (test strips, lancets & lancet devices); 20% - non-preferred brand glucometers & supplies	
Diabetic Supplies Therapeutic Shoes or Inserts		20%		20%	
Preventive Annual Routine Physical Exams		\$10		\$5	
Fitness		Not covered		\$90 / every 3 months	
Nursing Hotline		\$0		\$0	
Preventive Dental Services: Oral Exam with or without cleaning		Not covered		\$0 / 2 per year	
Preventive Dental Services: Dental X-Rays		Not covered		\$0 / 1 per year	
Combined Preventive & Comprehensive Dental. Simple fillings, simple extractions, dentures, crowns & root canals		Not covered		\$500 benefit limit per year	
Comprehensive Dental (Original Medicare Covered Benefit only)		\$40		\$35	
Vision Exam (Medical): \$0 for glaucoma screen - office visit copay may apply		\$40		\$35	
Routine Vision Exam		Not covered		\$20 / 1 per year	
Diabetic Eye Exam		\$0		\$0	
Original Medicare-Covered Eyewear (Post-Cataract Surgery)		\$0 (basic frames & lenses)		\$0 (basic frames & lenses)	
Routine Eyewear: Contact lenses, eyeglasses, lenses, frames		Not covered		\$100 benefit limit per year	
Diagnostic Hearing Exams		\$40		\$35	
Routine Hearing Exams		\$20 / 1 per year		\$20 / 1 per year	
Hearing Aids/Fittings		Not covered		\$500 copay per ear, \$1,250 benefit limit per ear every 3 years	
Part D 30-day retail 100-day retail 100-day mail order		\$3/\$20/\$47/\$100/33%/\$0 vaccines \$7.50/\$50/\$117.50/\$250/NA \$4.50/\$30/\$70.50/\$150/NA		\$3/\$20/\$47/\$100/33%/\$0 vaccines \$7.50/\$50/\$117.50/\$250/NA \$4.50/\$30/\$70.50/\$150/NA	
Insulin	Insulin	Retail	Mail order	Retail	Mail order
30-day retail	30-day mail order	\$35	\$35	\$35	\$35
60-day retail	60-day mail order	\$70	\$52.50	\$70	\$52.50
90-day retail	90-day mail order	\$87.50	\$52.50	\$87.50	\$52.50

Classic Advantage (Rx)

- Monthly plan premium varies by region
- Offered with or without enhanced prescription drug coverage
 - \$0 copay on tier 1 and tier 2 mail order supply
- Supplemental benefits, such as dental, vision, hearing & fitness embedded into plan
 - Members must use Avesis providers for covered dental benefits
(www.avesis.com/TPS/Geisinger/geisinger.aspx)
 - Members must use AudioNet providers for covered hearing aid benefits
(www.audionetamerica.com)



Midwest Region (016)
Classic Advantage: \$75
Classic Advantage Rx: \$158



Central Region (014)
Classic Advantage: \$74
Classic Advantage Rx: \$165



Bucks, Carbon, Lehigh, Monroe, Northampton Region (015)
Classic Advantage: \$30
Classic Advantage Rx: \$135



Midstate Region (013)
Classic Advantage: \$30
Classic Advantage Rx: \$120



Midsouth Region (017)
Classic Advantage: \$25
Classic Advantage Rx: \$149



Adams, Franklin, York Region (018)
Classic Advantage: \$40
Classic Advantage Rx: \$154

HMO	Classic Advantage (Rx)	
2020 Star Rating	4	
Premium	013 - \$30/\$120 014 - \$74/\$165 015 - \$30/\$135	016 - \$75/\$158 017 - \$25/\$149 018 - \$40/\$154
Deductible	\$0	
MOOP	\$3,450	
PCP	\$0	
PCP Teladoc e-visits	\$0	
Physician Specialist	\$20	
Inpatient Hospital - Acute	\$175/day (days 1-5) \$0/day (days 6-90)	
Inpatient Psychiatric Hospital	\$175/day (days 1-5) \$0/day (days 6-90)	
Skilled Nursing Facility	\$0/day (days 1-20) \$160/day (days 21-42) \$0/day (days 43-100)	
Cardiac/Pulmonary Rehab	\$0 per day	
Urgent Care (Waive if Admitted)	\$20	
Emergency Care (Waive if Admitted)	\$120	
Ground & Air Ambulance (Waived if Admitted)	\$100	
Worldwide Coverage (Waive if Admitted – urgent & emergency care only)	Urgent Care: \$20 Emergency Care: \$120 Ground Ambulance: \$100 Air Ambulance: \$1,000 \$100,000 benefit limit	
Home Health Services (includes related medical supplies)	\$0	
Chiropractic Services (Original Medicare Benefit)	\$20	
Acupuncture	\$20	
Podiatry (Original Medicare Benefits)	\$20	
Podiatry - Routine Nail Trimming	\$0 / 4 every year	
Occupational/Physical/ Speech Therapy	\$20 per day	
Outpatient Lab & Other Outpatient Diagnostic Tests	\$5 per day	
Outpatient X-Rays	\$25 per day	
Outpatient Diagnostic Radiology: ultrasound, fluoroscopy, DEXA imaging	\$25 per day	
Outpatient Diagnostic Radiology: MRI, CT, PET Scans, etc.	\$150 per day	
Outpatient Standard Radiation Therapy	\$25 per day	
Outpatient Complex Radiation Therapy	\$60 per day	
Outpatient Surgery/ Services	\$200	

HMO		Classic Advantage (Rx)	
Outpatient Mental Health		Individual Session: \$10 Group Session: \$5	
Mental Health/Substance Abuse Teladoc e-visits		\$10	
Part B Drugs		20%	
Durable Medical Equipment		20%	
Prosthetics and Related Supplies		20%	
Diabetic Supplies Preferred brand – OneTouch (prior auth required for non-preferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)		\$0 - preferred brand glucometer (1 every 2 years); 0% - preferred brand supplies (test strips, lancets & lancet devices); 20% - non-preferred brand glucometers & supplies	
Diabetic Supplies Therapeutic Shoes or Inserts		20%	
Preventive Annual Routine Physical Exams		\$0	
Fitness		\$90 / every 3 months	
Nursing Hotline		\$0	
Preventive Dental Services: Oral Exam with or without cleaning		\$0 / 2 per year	
Preventive Dental Services: Dental X-Rays		\$0 / 1 per year	
Combined Preventive & Comprehensive Dental. Simple fillings, simple extractions, dentures, crowns & root canals		\$500 benefit limit per year	
Comprehensive Dental (Original Medicare Covered Benefit only)		\$20	
Vision Exam (Medical): \$0 for glaucoma screen - office visit copay may apply		\$20	
Routine Vision Exam		\$20 / 1 per year	
Diabetic Eye Exam		\$0	
Original Medicare-Covered Eyewear (Post-Cataract Surgery)		\$0 (basic frames & lenses)	
Routine Eyewear: Contact lenses, eyeglasses, lenses, frames		\$200 benefit limit per year	
Diagnostic Hearing Exams		\$20	
Routine Hearing Exams		\$20 / 1 per year	
Hearing Aids/Fittings		\$500 copay per ear, \$1,250 benefit limit per ear every 3 years	
Part D		\$3/\$20/\$47/\$100/33%/\$0 vaccines	
30-day retail		\$7.50/\$50/\$117.50/\$250/NA	
100-day retail		\$0/\$0/\$70.50/\$150/NA	
100-day mail order			
Insulin	Insulin	Retail	Mail order
30-day retail	30-day mail order	\$35	\$35
60-day retail	60-day mail order	\$70	\$52.50
90-day retail	90-day mail order	\$87.50	\$52.50

Geisinger Gold HMO SNP Plan (H3954)

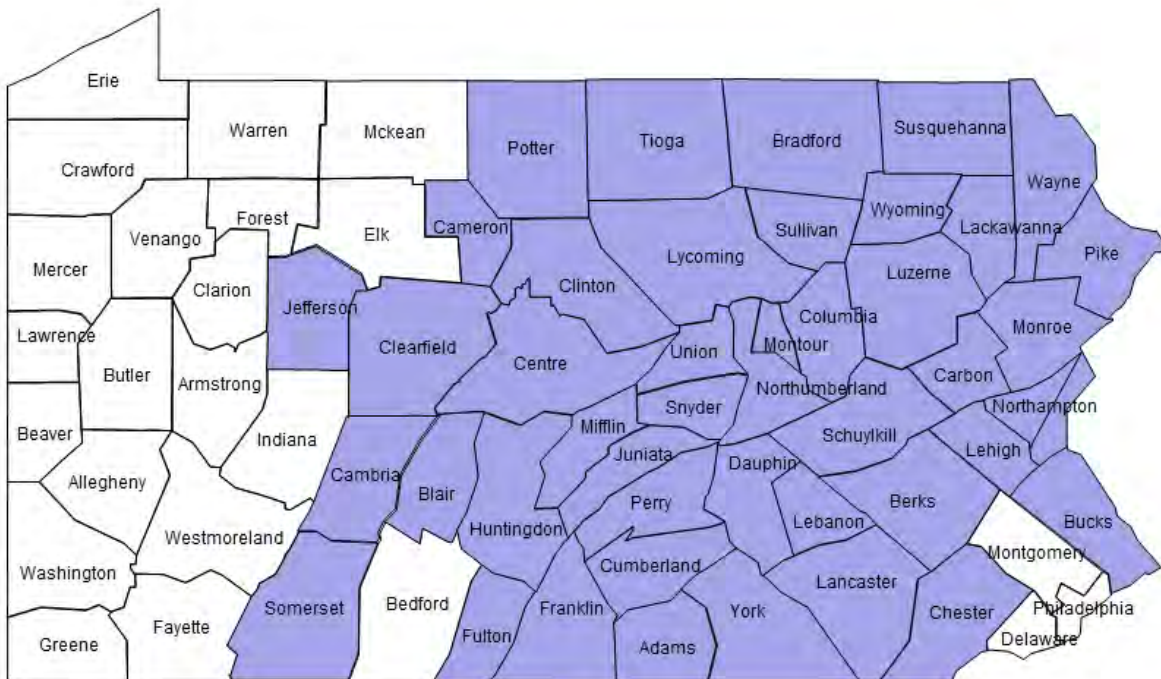
Secure Rx

Secure Rx is a Special Needs Plan designed for individuals who are eligible for Medicare and receive **full** Medicaid coverage. It is available throughout the Gold service area. Members must go to providers and hospitals within the plans network. Members must obtain their covered dental benefits from Avesis network providers and their covered hearing aid benefits from AudioNet network providers.

Please note: 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.

Secure Rx

- \$0 monthly plan premium across entire service area
- \$0 cost-sharing for all Medicare-covered services
 - Medicaid cost-sharing may apply
- Includes prescription drug coverage
 - Reduced cost-sharing
- Supplemental benefits, such as dental, vision, hearing & fitness included at no additional cost
 - Members must use Avesis providers for covered dental benefits
(<https://www.avesis.com/TPS/Geisinger/geisinger.aspx>)
 - Members must use AudioNet providers for covered hearing aid benefits
(www.audionetamerica.com)
 - Transportation allowance with no network (commercial or private vehicles)
 - Rich OTC benefit included



Secure Rx: \$0*

*Part C (medical only). Premium and cost sharing is based on the level of Medicaid eligibility. \$0 premium assumes full dual-eligibility.

\$0 cost-sharing for all Medicare-covered services (Medicaid cost-sharing may apply)

HMO SNP	Secure Rx
2020 Star Rating	4
Premium	\$0
Deductible	\$0 to member
MOOP	\$6,700
PCP	\$0 to member
PCP Teladoc e-visits	\$0 to member
Physician Specialist	\$0 to member
Inpatient Hospital - Acute	\$0 to member
Urgent Care	\$0 to member
Emergency Care	\$0 to member
Outpatient Lab & X-rays	\$0 to member
Outpatient Surgery/Services	\$0 to member
Mental Health/Substance Abuse Teladoc e-visits	\$0 to member
Acupuncture	\$0 to member
Fitness	\$120 per quarter
Dental Services: Preventive & Comprehensive (Non-Medicare Covered)	\$0 to member; \$3,500 benefit limit per year; includes 2 exams per year, 2 cleanings per year, 2 x-rays per year, 2 fluoride treatments per year, simple fillings, simple extractions, dentures, crowns & root canals
Routine Eyewear: Contact lenses, eyeglasses, lenses, frames	\$0 to member \$400 benefit limit per year
Hearing Aids/Fittings	\$0 copay per ear, \$3,000 benefit limit per ear every 3 years
Personal Emergency Response Systems	\$700 maximum benefit per year
Transportation (medical related)	\$500 reimbursement allowance per year
OTC	\$95 per month
Vaccines Cost-sharing depends on members level of LIS	\$0, \$4.00, or \$9.20 copays
Part D Cost-sharing depends on members level of LIS	Generics: \$0, \$1.30, or \$3.70 copays Brands: \$0, \$4.00, or \$9.20 copays

CONTACT THE BROKER CARE TEAM AT 866-488-6653 TO CONFIRM DUAL ELIGIBILITY STATUS

Geisinger Gold PPO Plans (H3924)

Preferred 360 Rx

Preferred Complete Rx

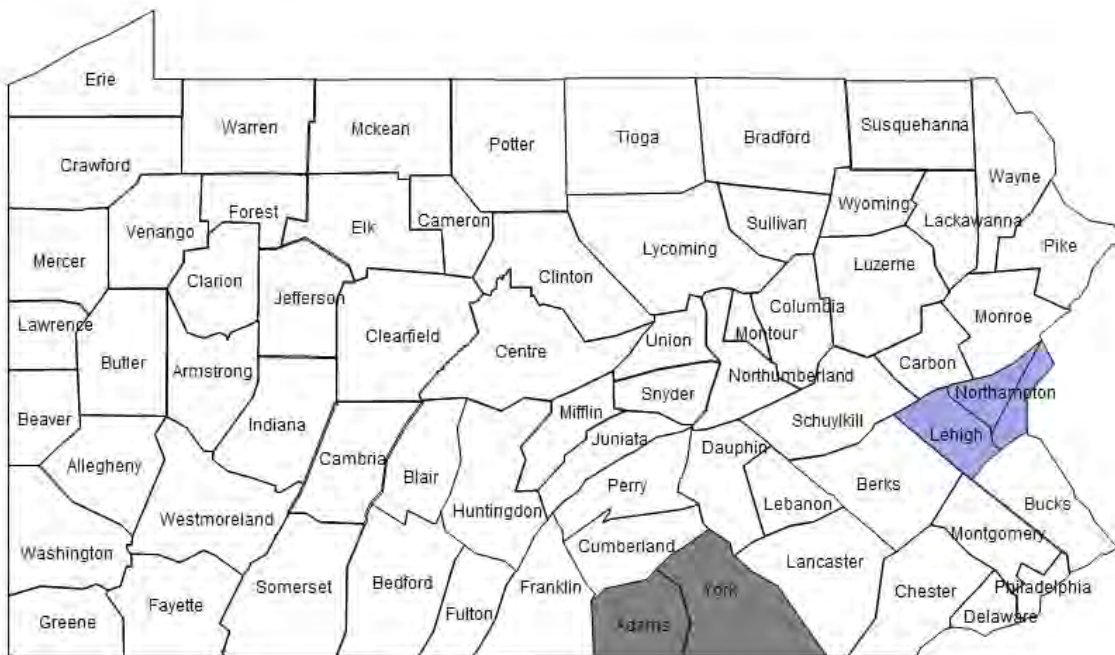
Preferred Enhanced Rx

Preferred Advantage Rx

Members have the freedom to choose any doctor or hospital who accepts Medicare and is willing to bill Geisinger. \$0 deductible on all plans. 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). Referrals are not required to see specialists in or out-of-network.

Preferred 360 Rx

- **New for 2021!**
- \$0 monthly plan premium
- Available in 4 counties
- \$0 copay on tier 1 retail supply and \$0 copay on tier 1 and tier 2 mail order supply
- Supplemental benefits, such as dental, vision & fitness included at no additional cost
 - \$25 annual fee with the use of in-network Silver & Fit fitness centers (www.silverandfit.com)



■ Adams, York (064-01): \$0

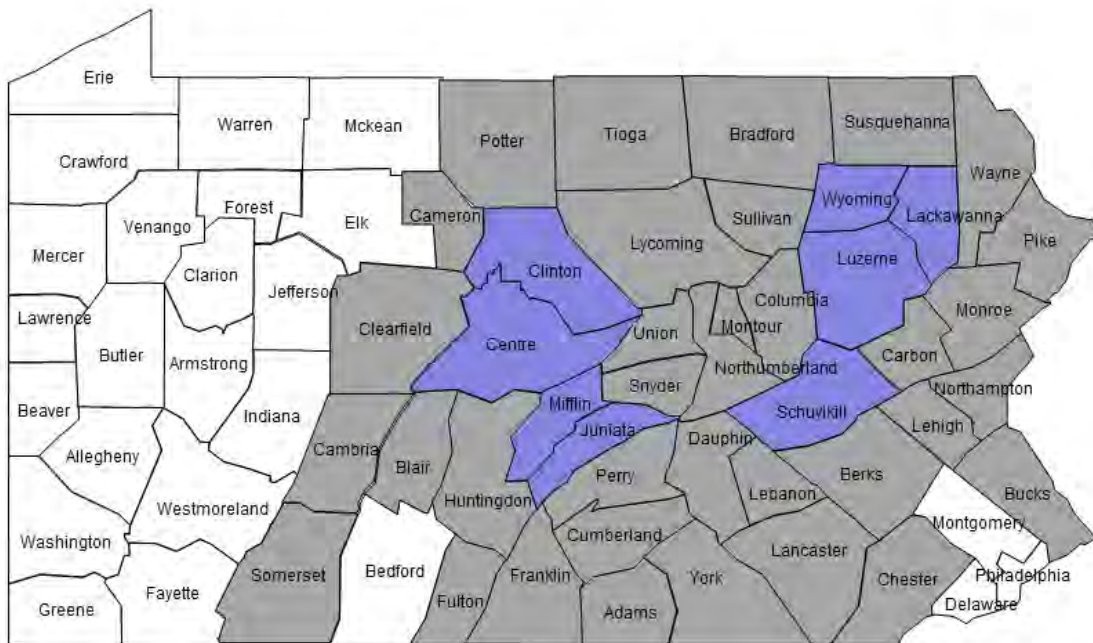
■ Lehigh, Northampton (064-02): \$0

PPO	Preferred 360 Rx
2020 Star Rating	4
Premium	\$0
Deductible	\$0
MOOP	\$7,550
	in-network or out-of-network
PCP	\$5
PCP Teladoc e-visits	\$5
Physician Specialist	\$35
Inpatient Hospital - Acute	\$175/day (days 1-6) \$0/day (days 7-90)
Inpatient Psychiatric Hospital	\$175/day (days 1-6) \$0/day (days 7-90)
Skilled Nursing Facility	\$0/day (days 1-20) \$160/day (days 21-68) \$0/day (days 69-100)
Cardiac/Pulmonary Rehab	\$25 per day
Urgent Care (Waive if Admitted)	\$35
Emergency Care (Waive if Admitted)	\$90
Ground & Air Ambulance (Waived if Admitted)	\$275
Worldwide Coverage (Waive if Admitted – urgent & emergency care only)	Urgent Care: \$35 Emergency Care: \$90 Ground Ambulance: \$275 Air Ambulance: \$1,000 \$100,000 benefit limit
Home Health Services (includes related medical supplies)	\$0
Chiropractic Services (Original Medicare Benefit)	\$20
Acupuncture	\$35
Podiatry (Original Medicare Benefits)	\$35
Podiatry - Routine Nail Trimming	\$0 / 4 per year
Occupational/Physical/Speech Therapy	\$35 per day
Outpatient Lab & Other Outpatient Diagnostic Tests	\$20 per day
Outpatient X-Rays	\$35 per day
Outpatient Diagnostic Radiology: ultrasound, fluoroscopy, DEXA imaging	\$35 per day
Outpatient Diagnostic Radiology: MRI, CT, PET Scans, etc.	\$275 per day
Outpatient Standard Radiation Therapy	\$35 per day
Outpatient Complex Radiation Therapy	\$60 per day
Outpatient Surgery / Services	\$350
Outpatient Mental Health	Individual Session: \$10 Group Session: \$5
Mental Health/Substance Abuse Teladoc e-visits	\$10

PPO		Preferred 360 Rx	
		in-network or out-of-network	
Part B Drugs		20%	
Durable Medical Equipment		20%	
Prosthetics and Related Supplies		20%	
Diabetic Supplies Preferred brand – OneTouch (prior auth required for non-preferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)		\$0 - preferred brand glucometer (1 every 2 years); 20% - preferred brand supplies (test strips, lancets & lancet devices); 20% - non-preferred brand glucometers & supplies	
Diabetic Supplies Therapeutic Shoes or Inserts		20%	
Preventive Annual Routine Physical Exams		\$0	
Fitness		IN \$25 annual fee (Silver & Fit)	OON 20% coinsurance
Nursing Hotline		\$0	
Preventive Dental Services: Oral Exam with or without cleaning		\$0 / 2 per year	
Preventive Dental Services: Dental X-Rays		\$0 / 1 per year	
Combined Preventive & Comprehensive Dental (Non-Medicare Covered). Simple fillings, simple extractions, dentures, crowns & root canals		\$500 benefit limit per year	
Comprehensive Dental (Original Medicare Covered Benefit only)		\$35	
Vision Exam (Medical): \$0 for glaucoma screen - office visit copay may apply		\$35	
Diabetic Eye Exam		\$0	
Original Medicare-Covered Eyewear (Post-Cataract Surgery)		\$0 (basic frames & lenses)	
Routine Vision Exam		\$20 / 1 per year	
Routine Eyewear: (Non-Medicare Covered) Contact lenses, eyeglasses, lenses, frames		\$100 benefit limit per year	
Diagnostic Hearing Exams		\$35	
Routine Hearing Exams		\$20 / 1 per year	
Hearing Aids/Fittings		Not covered	
OTC		\$20 per month	
Part D 30-day retail 100-day retail 100-day mail order		\$0/\$5/\$47/\$100/33%/\$0 vaccines \$0/\$12.50/\$117.50/\$250/NA \$0/\$0/\$70.50/\$150/NA	
Insulin	Insulin	Retail	Mail order
30-day retail	30-day mail order	\$35	\$35
60-day retail	60-day mail order	\$70	\$52.50
90-day retail	90-day mail order	\$87.50	\$52.50

Preferred Enhanced Rx

- Monthly plan premium varies by region
- \$0 copay on tier 1 retail supply and \$0 copay on tier 1 and tier 2 mail order supply
- Supplemental benefits, such as dental, vision & fitness included at no additional cost
 - \$25 annual fee with the use of in-network Silver & Fit fitness centers (www.silverandfit.com)



■ PA Heartland (064-22): \$45

■ PA Mountains & Valleys (062-21): \$0

PPO	Preferred Enhanced Rx
2020 Star Rating	3.5
Premium	\$45 / \$0
Deductible	\$0
MOOP	\$6,700 (combined in & out)
	in-network or out-of-network
PCP	\$5
PCP Teladoc e-visits	\$5
Physician Specialist	\$35
Inpatient Hospital – Acute	\$225/day (days 1-6) \$0/day (days 7-90)
Inpatient Psychiatric Hospital	\$225/day (days 1-6) \$0/day (days 7-90)
Skilled Nursing Facility	\$0/day (days 1-20) \$160/day (days 21-54) \$0/day (days 55-100)
Cardiac/Pulmonary Rehab	\$25 per day
Urgent Care (Waived if Admitted)	\$35
Emergency Care (Waive if Admitted)	\$90
Ground & Air Ambulance (Waive if Admitted)	\$275
Worldwide Coverage (Waive if Admitted – urgent & emergency care only)	Urgent Care: \$35 Emergency Care: \$90 Ground Ambulance: \$275 Air Ambulance: \$1,000 \$100,000 benefit limit
Home Health Services (includes related medical supplies)	\$0
Chiropractic Services (Original Medicare)	\$20
Acupuncture	\$35
Podiatry (Original Medicare)	\$35
Podiatry - Routine Nail Trimming	\$0 / 4 per year
Occupational/Physical/Speech Therapy	\$35 per day
Outpatient Lab & Other Outpatient Diagnostic Tests	\$20 per day
Outpatient X-Rays	\$35 per day
Outpatient Diagnostic Radiology: ultrasound, fluoroscopy, DEXA imaging	\$35 per day
Outpatient Diagnostic Radiology: MRI, CT, PET Scans, etc.	\$270 per day
Outpatient Standard Radiation Therapy	\$35 per day
Outpatient Complex Radiation Therapy	\$60 per day
Outpatient Surgery/ Services	\$275

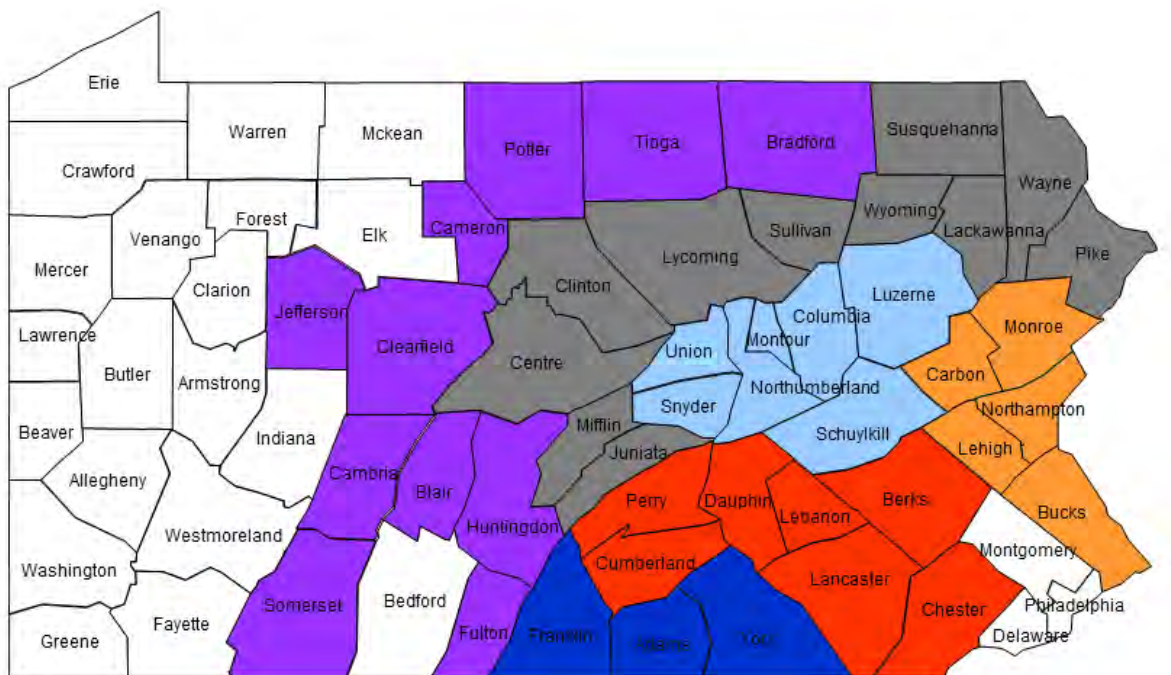
PPO		Preferred Enhanced Rx	
		in-network or out-of-network	
Outpatient Mental Health		Individual Session: \$10 Group Session: \$5	
Mental Health/Substance Abuse Teladoc e-visits		\$10	
Part B Drugs		20%	
Durable Medical Equipment		20%	
Prosthetics and Related Supplies		20%	
Diabetic Supplies Preferred brand – OneTouch (prior auth required for non-preferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)		\$0 - preferred brand glucometer (1 every 2 years); 20% - preferred brand supplies (test strips, lancets & lancet devices); 20% - non-preferred brand glucometers & supplies	
Diabetic Supplies - Therapeutic Shoes or Inserts		20%	
Preventive Annual Routine Physical Exams		\$10	
Fitness		IN \$25 annual fee (Silver & Fit)	OON 20% coinsurance
Nursing Hotline		\$0	
Preventive Dental Services: Oral Exam w/ or w/o cleaning		\$0 / 2 per year	
Preventive Dental Services: Dental X-Rays		\$0 / 1 per year	
Comprehensive Dental (Original Medicare)		\$35	
Combined Preventive & Comprehensive Dental. Simple fillings, simple extractions, dentures, crowns & root canals		\$650 benefit limit per year	
Vision Exam (Medical): \$0 for glaucoma screen - office visit copay may apply		\$35	
Diabetic Eye Exam		\$0	
Eyewear (Original Medicare) (Post- Cataract Surgery)		\$0 (basic frames & lenses)	
Routine Vision Exam		\$20 / 1 per year	
Routine Eyewear: Contact lenses, eyeglasses, lenses, frames		\$250 benefit limit per year	
Diagnostic Hearing Exams		\$35	
Routine Hearing Exams		\$20 / 1 per year	
Hearing Aids/Fittings		Not covered	
OTC		\$25 per month	
Part D 30-day retail 100-day retail 100-day mail order		\$0/\$5/\$47/\$100/33%/\$0 vaccines \$0/\$12.50/\$117.50/\$250/NA \$0/\$0/\$70.50/\$150/NA	
Insulin	Insulin	Retail	Mail order
30-day retail	30-day mail order	\$35	\$35
60-day retail	60-day mail order	\$70	\$52.50
90-day retail	90-day mail order	\$87.50	\$52.50

Preferred Complete Rx

- \$0 monthly plan premium across all regions
- Prescription drug coverage included
- Supplemental benefits, such as dental, vision, hearing & fitness available through optional Gold Health+ package

Preferred Advantage Rx

- Monthly plan premium varies by region
- Prescription drug coverage included
- Supplemental benefits, such as dental, vision, hearing & fitness available through optional Gold Health+ package



<p>Midwest Region (016) Preferred Complete Rx: 0 Preferred Advantage Rx: \$109</p>	<p>Central Region (014) Preferred Complete Rx: 0 Preferred Advantage Rx: \$114</p>	<p>Bucks, Carbon, Lehigh, Monroe, Northampton Region (015) Preferred Complete Rx: 0 Preferred Advantage Rx: \$84</p>
<p>Midstate Region (013) Preferred Complete Rx: 0 Preferred Advantage Rx: \$109</p>	<p>Midsouth Region (017) Preferred Complete Rx: 0 Preferred Advantage Rx: \$84</p>	<p>Adams, Franklin, York Region (018) Preferred Complete Rx: 0 Preferred Advantage Rx: \$84</p>

PPO	Preferred Complete Rx	Preferred Advantage Rx	
2020 Star Rating	3.5	3.5	
Premium	\$0	013 - \$109 014 - \$114 015 - \$84	016 - \$109 017 - \$84 018 - \$84
Deductible	\$0	\$0	
MOOP	\$6,700 (combined in & out)	\$4,000 (combined in & out)	
	in-network or out-of-network	in-network or out-of-network	
PCP	\$15	\$10	
PCP Teladoc e-visits	\$15	\$10	
Physician Specialist	\$40	\$25	
Inpatient Hospital – Acute	\$225/day (days 1-6) \$0/day (days 7-90)	\$225/day (days 1-6) \$0/day (days 7-90)	
Inpatient Psychiatric Hospital	\$225/day (days 1-6) \$0/day (days 7-90)	\$225/day (days 1-6) \$0/day (days 7-90)	
Skilled Nursing Facility	\$0/day (days 1-20) \$160/day (days 21-62) \$0/day (days 63-100)	\$0/day (days 1-20) \$160/day (days 21-45) \$0/day (days 46-100)	
Cardiac/Pulmonary Rehab	\$25 per day	\$25 per day	
Urgent Care (Waived if Admitted)	\$40	\$25	
Emergency Care (Waive if Admitted)	\$90	\$90	
Ground & Air Ambulance (Waive if Admitted)	\$275	\$200	
Worldwide Coverage (Waive if Admitted – urgent & emergency care only)	Urgent Care: \$40 Emergency Care: \$90 Ground Ambulance: \$275 Air Ambulance: \$1,000 \$100,000 benefit limit	Urgent Care: \$25 Emergency Care: \$90 Ground Ambulance: \$200 Air Ambulance: \$1,000 \$100,000 benefit limit	
Home Health Services (includes related medical supplies)	\$0	\$0	
Chiropractic Services (Original Medicare)	\$20	\$20	
Acupuncture	\$40	\$25	
Podiatry (Original Medicare)	\$40	\$25	
Podiatry - Routine Nail Trimming	\$0 / 4 every year	\$0 / 4 every year	
Occupational/Physical/Speech Therapy	\$40 per day	\$25 per day	
Outpatient Lab & Other Outpatient Diagnostic Tests	\$30 per day	\$15 per day	
Outpatient X-Rays	\$40 per day	\$25 per day	
Outpatient Diagnostic Radiology: ultrasound, fluoroscopy, DEXA imaging	\$40 per day	\$25 per day	
Outpatient Diagnostic Radiology: MRI, CT, PET Scans, etc.	\$290 per day	\$210 per day	
Outpatient Standard Radiation Therapy	\$40 per day	\$25 per day	
Outpatient Complex Radiation Therapy	\$60 per day	\$60 per day	
Outpatient Surgery/ Services	\$350	\$250	

PPO		Preferred Complete Rx		Preferred Advantage Rx	
		in-network or out-of-network		in-network or out-of-network	
Outpatient Mental Health		Individual Session: \$10 Group Session: \$5		Individual Session: \$10 Group Session: \$5	
Mental Health/Substance Abuse Teladoc E-visits		\$10		\$10	
Part B Drugs		20%		20%	
Durable Medical Equipment		20%		20%	
Prosthetics and Related Supplies		20%		20%	
Diabetic Supplies Preferred brand – OneTouch (prior auth required for non-preferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)		\$0 - preferred brand glucometer (1 every 2 years); 20% - preferred brand supplies (test strips, lancets & lancet devices); 20% - non-preferred brand glucometers & supplies		\$0 - preferred brand glucometer (1 every 2 years); 20% - preferred brand supplies (test strips, lancets & lancet devices); 20% - non-preferred brand glucometers & supplies	
Diabetic Supplies - Therapeutic Shoes or Inserts		20%		20%	
Preventive Annual Routine Physical Exams		\$15		\$10	
Fitness		Optional Health+		Optional Health+	
Nursing Hotline		\$0		\$0	
Preventive Dental Services: Oral Exam w/ or w/o cleaning		Optional Health+		Optional Health+	
Preventive Dental Services: Dental X-Rays		Optional Health+		Optional Health+	
Comprehensive Dental (Original Medicare)		\$40		\$25	
Preventive Dental		Optional Health+		Optional Health+	
Vision Exam (Medical): \$0 for glaucoma screen - office visit copay may apply		\$40		\$25	
Diabetic Eye Exam		\$0		\$0	
Routine Vision Exam		Optional Health+		Optional Health+	
Eyewear (Original Medicare) (Post- Cataract Surgery)		\$0 (basic frames & lenses)		\$0 (basic frames & lenses)	
Routine Eyewear: Contact lenses, eyeglasses, lenses, frames		Optional Health+		Optional Health+	
Diagnostic Hearing Exams		\$40		\$25	
Routine Hearing Exams		Optional Health+		Optional Health+	
Hearing Aids/Fittings		Optional Health+		Optional Health+	
Part D 30-day retail 100-day retail 100-day mail order		\$3/\$20/\$47/\$100/33%/\$0 vaccines \$7.50/\$50/\$117.50/\$250/NA \$4.50/\$30/\$70.50/\$150/NA		\$3/\$20/\$47/\$100/33%/\$0 vaccines \$7.50/\$50/\$117.50/\$250/NA \$4.50/\$30/\$70.50/\$150/NA	
Insulin	Insulin	Retail	Mail order	Retail	Mail order
30-day retail	30-day mail order	\$35	\$35	\$35	\$35
60-day retail	60-day mail order	\$70	\$52.50	\$70	\$52.50
90-day retail	90-day mail order	\$87.50	\$52.50	\$87.50	\$52.50

Optional Supplemental Benefits

Geisinger Gold Health+

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

Geisinger Gold Health+

Preferred Complete Rx

Preferred Advantage Rx

Premium	<ul style="list-style-type: none"> • \$38 per month
Dental	<ul style="list-style-type: none"> • \$500 max benefit per year that includes: <ul style="list-style-type: none"> – 2 routine exams per year (with or without cleaning) – 1 set of x-rays per year (bitewing or panoramic) – Simple fillings, simple extractions, dentures, crowns & root canals – See any provider
Vision	<ul style="list-style-type: none"> • \$20 copay • 1 routine 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 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 your choice • Can be applied to any fitness service the facility offers (excludes food & 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 receipt(s) to Geisinger Health Plan, Attn: Claims 32-29, PO Box 8200, Danville, PA 17821
- Questions: call Geisinger Gold Customer Care at 1-800-498-9731

Fitness

Embedded Supplemental Fitness Benefit Fitness Agreements Silver & Fit Fitness Network

Geisinger Gold encourages members to exercise and maintain an active lifestyle. Regular exercise can boost energy and stamina, maintain independence, and lowers the risk for a variety of chronic conditions like diabetes, heart disease, high blood pressure, etc. Building strength and flexibility can also prevent bone loss, improve balance, and reduce the risk of falling.

Embedded Supplemental Fitness Benefit

Classic Complete Rx	Classic Advantage (Rx)	Secure Rx
Preferred Complete Rx with Health+	Preferred Advantage Rx with Health+	

Geisinger Gold offers reimbursement of member's fitness benefit on the plans listed above. Members will be reimbursed up to a combined benefit limit of \$90 per calendar quarter (up to \$120 for Secure Rx members) towards the purchase of a membership in a qualified health club, fitness center, gym, YMCA, or fitness studio that maintains cardiovascular and strength training equipment and facilities for exercising and improving physical fitness.

Class fees for instructor-led exercise classes and fitness programs for yoga, Pilates, Zumba, aerobics, spinning, dancercise, aquacize, strength training, CrossFit, kickboxing, etc., furnished at qualified fitness studios, yoga studios, gyms, and fitness centers will also be eligible for reimbursement as part of your quarterly fitness benefit limit.

Exercise and fitness programs sponsored by or associated with hospitals, senior centers, county extension service, or community centers may also qualify for reimbursement, but are subject to prior validation by Geisinger Gold.

Not eligible for reimbursement: Personal trainers, in-home exercise coaches/instruction, instructional dance classes, country clubs, social clubs, spa services, gymnastics, martial arts, sports camps, team or league sports, golf, tennis clubs, nature walks, exercise apparel and equipment, food and drink, diet programs and physical therapy. Other exclusions may apply. Members should contact Member Services for more information.

Fitness Center Agreements

Classic Complete Rx	Classic Advantage (Rx)	Secure Rx
Preferred Complete Rx with Health+	Preferred Advantage Rx with Health+	

Geisinger Gold has agreements with the fitness centers listed below, where they will bill Geisinger directly up to the plans monthly benefit limit. Members simply show their Geisinger Gold member ID card at the front desk. Use of other fitness centers will require members to submit receipts for reimbursement (up to the plans monthly benefit limit).

Danville Area Community Center (DACC)	Greater Pittston YMCA
Berwick YMCA	Greater Scranton YMCA
Bloomsburg YMCA	Wilkes-Barre YMCA
Lock Haven YMCA	Carbondale YMCA
River Valley Regional YMCA (Williamsport, Eastern Lycoming, Jersey Shore, Bradford & Tioga branches)	

Silver & Fit Fitness Network

Classic 360 Rx

Preferred Enhanced Rx

Preferred 360 Rx

Members will have a \$25 annual membership fee when they use participating Silver & Fit fitness centers and a \$10 annual fee when using the in-home option. The Silver & Fit program is designed for older adults enrolled in Medicare Advantage plans. Members enroll in Silver & Fit online at www.silverandfit.com or by calling 1-800-848-3555. The annual fee will be charged via debit or credit card at the time of enrollment. The member will be provided with a fitness ID #. The facility logs the members information into the Silver & Fit portal where eligibility and payment is confirmed. Members will have unlimited access to any participating facility. Search for participating Silver & Fit fitness centers at www.silverandfit.com.

Types of facilities participating with the Silver & Program

Full co-ed fitness centers: offers Silver & Fit endorsed exercise classes, as well as a standard membership with cardiovascular and resistance training equipment.

Basic co-ed fitness centers: offers a standard membership with cardiovascular and resistance training equipment.

Gender-specific fitness centers: offers a standard membership, but members work out with others of the same gender.

Exercise centers: offers community pools, recreation centers, yoga, and Pilates studios.

Medicare Part D

Prescription Drug Coverage

All Geisinger Gold plans, except Classic Advantage (MA only) HMO and Secure Rx HMO SNP are offered with \$0 deductible prescription drug coverage. This benefit includes fixed copays for covered drugs in the initial coverage limit. Copays depend on the tier the drug is listed. Members will receive coverage through the gap for tier 1 generic drugs at \$0 - \$3 copays for a 30-day retail supply, a 75% discount on tier 2 generics, and a 75% discount on tier 3 and above brand drugs. Prescriptions must be filled at network pharmacies.

Select vaccines at \$0 copays on all plans with prescription drug coverage.

Geisinger Gold Rx plan members will save significantly on copays when they enroll in the CareSite mail-order program.

New for 2021, covered insulin will have a consistent copay in the initial coverage limit and through the coverage gap. This applies to all HMO and PPO plans, except Classic Advantage w/o Rx and Secure Rx

Retail supply	Mail order supply
30-day copay - \$35	30-day copay - \$35
60-day copay - \$70	60-day copay - \$52.50
90-day copay - \$87.50	90-day copay - \$52.50

Medicare Part D Prescription Drug Coverage

Annual Deductible			
All HMO & PPO Rx plans		\$0	
Initial Coverage Limit (total drug costs reach up to \$4,130)			
Classic 360 Rx Classic Advantage Rx	30-day retail copay: <ul style="list-style-type: none">• Tier 1 - \$3• Tier 2 - \$20• Tier 3 - \$47• Tier 4 - \$100• Tier 5 – 33%• Tier 6 - \$0 vaccines	100-day retail copay: <ul style="list-style-type: none">• Tier 1 - \$7.50• Tier 2 - \$50• Tier 3 - \$117.50• Tier 4 - \$250• Tier 5 – not available	100-day mail order copay: <ul style="list-style-type: none">• Tier 1 - \$0• Tier 2 - \$0• Tier 3 - \$70.50• Tier 4 - \$150• Tier 5 – not available
Classic Essential Rx Classic Complete Rx Preferred Complete Rx Preferred Advantage Rx	30-day retail copay: <ul style="list-style-type: none">• Tier 1 - \$3• Tier 2 - \$20• Tier 3 - \$47• Tier 4 - \$100• Tier 5 – 33%• Tier 6 - \$0 vaccines	100-day retail copay: <ul style="list-style-type: none">• Tier 1 - \$7.50• Tier 2 - \$50• Tier 3 - \$117.50• Tier 4 - \$250• Tier 5 – not available	100-day mail order copay: <ul style="list-style-type: none">• Tier 1 - \$4.50• Tier 2 - \$30• Tier 3 - \$70.50• Tier 4 - \$150• Tier 5 – not available
Preferred 360 Rx Preferred Enhanced Rx	30-day retail copay: <ul style="list-style-type: none">• Tier 1 - \$0• Tier 2 - \$5• Tier 3 - \$47• Tier 4 - \$100• Tier 5 – 33%• Tier 6 - \$0 vaccines	100-day retail copay: <ul style="list-style-type: none">• Tier 1 - \$0• Tier 2 - \$12.50• Tier 3 - \$117.50• Tier 4 - \$250• Tier 5 – not available	100-day mail order copay: <ul style="list-style-type: none">• Tier 1 - \$0• Tier 2 - \$0• Tier 3 - \$70.50• Tier 4 - \$150• Tier 5 – not available
Coverage Gap (total member drug costs reach \$6,550)			
Classic 360 Rx Classic Advantage Rx	30-day retail copay: <ul style="list-style-type: none">• \$3 for tier 1 generics• 25% for tier 2 generics• 25% for tier 3 & above brands*• \$0 for tier 6 vaccines	100-day retail copay <ul style="list-style-type: none">• \$7.50 for tier 1 generics• 25% for tier 2 generics• 25% for tier 3 & above brands*	100-day mail order copay <ul style="list-style-type: none">• \$0 for tier 1 generics• 25% for tier 2 generics• 25% or tier 3 & above brands*
Classic Essential Rx Classic Complete Rx Preferred Complete Rx Preferred Advantage Rx	30-day retail copay: <ul style="list-style-type: none">• \$3 for tier 1 generics• 25% for tier 2 generics• 25% for tier 3 & above brands*• \$0 for tier 6 vaccines	100-day retail copay <ul style="list-style-type: none">• \$7.50 for tier 1 generics• 25% for tier 2 generics• 25% for tier 3 & above brands*	100-day mail order copay <ul style="list-style-type: none">• \$4.50 for tier 1 generics• 25% for tier 2 generics• 25% or tier 3 & above brands*
Preferred 360 Rx Preferred Enhanced Rx	30-day retail copay: <ul style="list-style-type: none">• \$0 for tier 1 generics• 25% for tier 2 generics• 25% for tier 3 & above brands*• \$0 for tier 6 vaccines	100-day retail copay <ul style="list-style-type: none">• \$0 for tier 1 generics• 25% for tier 2 generics• 25% for tier 3 & above brands*	100-day mail order copay <ul style="list-style-type: none">• \$0 for tier 1 generics• 25% for tier 2 generics• 25% for tier 3 & above brands*
Catastrophic Coverage (after \$6,550 is paid out-of-pocket)			
All HMO & PPO plans	Member pays the greater of: <ul style="list-style-type: none">• 5% coinsurance; or• \$3.70 copay for generics• \$9.20 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 SNP: Secure Rx	
Annual Deductible	Member pays \$0*
Initial Coverage Limit	Depending on the level of Extra Help, member pays: <ul style="list-style-type: none"> • \$0, \$1.30, or \$3.70 copays for generic drugs** • \$0, \$4.00, or \$9.20 copays for brand drugs** (includes tier 6 vaccines)
Coverage Gap	Depending on the level of Extra Help, member pays: <ul style="list-style-type: none"> • \$0, \$1.30, or \$3.70 copays for generic drugs** • \$0, \$4.00, or \$9.20 copays for brand drugs** (includes tier 6 vaccines)
Catastrophic Coverage	Member pays: <ul style="list-style-type: none"> • \$0 copay for generic and brand drugs (includes tier 6 vaccines)
Covered Vaccines: cost sharing depends on the members level of Extra Help	

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

**Actual cost-sharing depends on the level of Extra Help (LIS) the member receives

Geisinger CareSite Mail-Order Pharmacy

Mail order pharmacy is available to Gold member's through Geisinger CareSite. Generally, drugs provided through mail order are maintenance drugs that are taken on a regular basis, for chronic or long-term medical conditions. Drugs not available through the plan's mail order service are marked with "NM" on the formulary.

Providers may e-scribe directly to the Geisinger CareSite Pharmacy. Geisinger Gold's mail order service requires members to order at least an 84-day supply and up to a 100-day supply of covered drugs. Prescriptions cannot be mailed without a valid form of payment on file. Geisinger CareSite ships to the following states: PA, NJ, NY, DE, OH, FL, IN and WI.

Members can enroll in Geisinger CareSite mail order pharmacy by calling 844-878-5562 or online at www.geisinger.org/pharmacy. Automatic refill is available upon request. Mail order is not mandatory for Gold members.

Extra Help

Extra Help is a federal program, administered by the SSA to help Medicare beneficiaries pay for prescription drug costs. Extra Help provides assistance paying for Part D premiums, annual deductibles, copays and coinsurance. Individuals enrolled in LIS do not fall into the coverage gap and will not have to pay a Part D late enrollment penalty. An individual's subsidy level depends on their income and assets compared to the Federal Poverty Level. Contact the Social Security Administration at 1-800-772-1213 to apply.

Description	2021 Rx Deductible	2021 Rx Copayment	2021 Rx Catastrophic
No Drug	n/a	n/a	n/a
Premium Subsidy 0% (income \geq 150% FPL)	\$445	Varies based on plan options	\$3.70 / \$9.20*
Premium Subsidy 25% (income > 145% & < 150% FPL)	\$92	15% coinsurance	\$3.70 / \$9.20
Premium Subsidy 50% (income > 140% & < 145% FPL)	\$92	15% coinsurance	\$3.70 / \$9.20
Premium Subsidy 75% (income > 135% & < 140% FPL)	\$92	15% coinsurance	\$3.70 / \$9.20
Premium Subsidy 100% (income > 100% & < 135% FPL)	\$92	15% coinsurance	\$3.70 / \$9.20
Premium Subsidy 100% FBDE (income > 100% & < 135% FPL)	\$0	\$3.70 / \$9.20	\$0
Premium Subsidy 100% FBDE (income \leq 100% FPL)	\$0	\$1.30 / \$4.00	\$0
Full Dual Institutionalized 100%	\$0	\$0	\$0

*Catastrophic coverage is the greater of 5% or the values shown

2020 Federal Poverty Level Guidelines

(2021 FPL Guidelines to be released January 2021)

Family Size	Annual Poverty Guideline (100% of the FPL)	Monthly Poverty Guideline (100% of the FPL)
1	\$12,760	\$1,063
2	\$17,240	\$1,436
3	\$21,720	\$1,810
4	\$26,200	\$2,183
5	\$30,680	\$2,556
6	\$35,160	\$2,930
7	\$39,640	\$3,303
8	\$44,120	\$3,676

Note: families with more than 8 persons, add \$4,480 for each additional person

PACE and PACENET

What is PACE/PACENET Coverage?

The State Pharmaceutical Assistance Program (SPAP) that offers low cost prescriptions to PA residents (at least 90 days), age 65 and older, and who meet the program's income limit requirements. The program is funded by PA lottery proceeds. PACE and PACENET is considered credible coverage and prescriptions are limited to a 30-day supply or 100 dosage units.

Individuals can enroll by calling 1-800-225-7223 or online at <https://pacecares.magellanhealth.com>.

	Income Limits: Single	Income Limits: Married	Generic Copay:	Brand Copay:
PACE	\$14,500 or less	\$17,700 or less	\$6	\$9
PACENET	\$14,501 - \$27,500	\$17,701 - \$35,500	\$8	\$15

** Income limits and cost sharing may change for 2021*

PACE cardholders enrolled in a Part D plan

- PACE pays the monthly Part D plan's premium. For 2020, PACE will pay up to the regional benchmark, of \$35.63. If you enroll in a plan with a Part D premium higher than \$35.63, you must pay the difference.
- Members pay the PACE copays

PACE cardholders not enrolled in a Part D plan

- Members pay the PACE copays
- PACE will not be able to help pay the Part D plan premium for individuals not enrolled in a Partner Part D plan.

PACENET cardholders enrolled in a Part D plan

- Members pay the monthly Part D plan's premium at the pharmacy. You will never be charge more than the cost of your medication at one time. Therefore, if the cost of your medication is less than the amount of premium you owe, you only pay the cost of the medication and the remaining amount of the premium you owe will be carried over until you need another medication filled (that same month or the next month).
- Members pay the PACENET copays

PACENET cardholders not enrolled in a Part D plan

- Members pay a monthly deductible that is equal to the regional benchmark premium for Part D (\$35.63 in 2020)
- After deductible is paid at the pharmacy, members will pay the PACENET copays

PACE and PACENET FAQs

Q: If I have PACE or PACENET, why should I enroll in Geisinger Gold Part D plan?

A: Many PACE or PACENET cardholders will save money by being enrolled in both PACE/PACENET and a Medicare Part D program at the same time because PACE/PACENET will help pay for prescriptions through the coverage gap. Plus, being enrolled in your health plan's Part D coverage helps the PACE and PACENET programs save money that can be used to help more Pennsylvanians.

Q: If I am enrolled in Geisinger Gold Part D plan, will I still use my PACE or PACENET card?

A: Yes, show both cards at the pharmacy. This will let your pharmacist know to bill your Geisinger Gold Part D plan first, and bill PACE or PACENET second. It will also let your pharmacist know that you are entitled to all of the drugs that are available under PACE and PACENET.

Q: I have not received any letter or other information from PACE or PACENET about how they will work with my Geisinger Gold Part D plan. Does that mean that I will not get any help from PACE or PACENET with Geisinger Gold Part D costs?

A: If you have not received information from the program, we may not be enrolling you in Part D as mentioned in the next question; or we may not know you have a Geisinger Gold Part D plan. All PACE/PACENET cardholders get help with their Part D deductibles, copays and costs during the coverage gap. If you have questions about how PACE/PACENET can work with your Geisinger Gold Part D plan, please call the program at 1-800-225-7223.

Q: Are all PACE/PACENET cardholders enrolled in Part D?

A: No, we will not enroll the following cardholders into a Part D plan: those who are not Medicare Part D eligible, those in Medicare Advantage plans, and those in employee retirement plans with credible drug coverage. The PACE/PACENET program will not enroll anyone who notifies us that they do not want to be enrolled in a Part D plan for 2021.

Q: Will my copays be higher with PACE/PACENET and Geisinger Gold Part D plan?

A: No, not for medications that are covered by PACE/PACENET. If your Geisinger Gold Part D plan charges higher copays than you were paying under PACE/PACENET, the program will pay the difference if the pharmacy has the capability to bill more than one payer for a prescription claim. If you are taking medications that are not covered by PACE/PACENET, you will pay your Geisinger Gold Part D plan's copay for those drugs. If you run into any confusion at the pharmacy, call the program's toll-free number at 1-800-225-7223.

Q: What happens if my Geisinger Gold Part D plan charges lower copays than PACE/PACENET?

A: You will pay the low copays when the Geisinger Gold Part D plan pays for the medication.

Q: Many Geisinger Gold Part D plans stop their coverage after you reach a certain dollar limit. This is referred to as the "donut hole" or "coverage gap." How will this work if I have PACE/PACENET?

A: You will not experience a "donut hole" or period of time when you have no prescription drug coverage. Instead, the PACE/PACENET program will fill in the gaps for covered medications, so that you can continue getting your prescriptions by only paying the PACE/PACENET copays.

Q: What happens if my Geisinger Gold Part D plan doesn't cover all of the drugs that PACE/PACENET covers?

A: The PACE/PACENET program will cover your prescription medications or work directly with Geisinger Gold to process a prior authorization on your behalf so the drugs will be covered by your Geisinger Gold Part D plan.

Q: Can I go to any pharmacy I choose if I am in PACE and Medicare Part D?

A: No, you must use the pharmacies that are in the Geisinger Gold Part D plan's network and participating with PACE/PACENET. If you decide to change pharmacies, check with your new pharmacy to make sure they participate with your Geisinger Gold Part D plan and PACE.

Q: If my Geisinger Gold Part D plan offers mail-order services, can I use it?

A: Yes, however the mail-order pharmacy **must** participate with the PACE program in order for the program to help pay for your extra copays. Have your doctor's office verify if the mail-order pharmacy is in the PACE network prior to submitting prescriptions for processing. Also, when you receive a 3-month supply of your drug(s) by mail, you will pay up to three PACE/PACENET copays at once. For example, a PACE cardholder would pay up to \$18 for a 90-day supply of generic medications.

Q: If I am in a Geisinger Gold plan without prescription drug coverage, do I have to change Geisinger Gold plans to enroll in Part D?

A: Enrollment in a Part D program is voluntary. Should you decide to choose part D coverage and wish to maintain your same Geisinger Gold medical coverage, you must choose a Gold plan option with Part D coverage. Contact Geisinger Gold at (800) 498-9731 to find a plan that will work best for you.

Part D Late Enrollment Penalty (LEP)

Individuals who have Medicare and don't enroll in a Part D plan when first eligible AND don't have creditable drug coverage may pay a late enrollment penalty if they enroll in a drug plan later. Those who go 63 or more consecutive days without creditable drug coverage after their IEP may have to pay a LEP (1% of the national base beneficiary premium for each full, uncovered month).

- Individuals enrolled in any of the following creditable drug coverage are exempt from paying a LEP:
 - Extra Help (LIS)
 - PACE/PACENET
 - Veterans Affairs benefits
 - TRICARE
 - FEHB program
 - Employer/Union group Part D plan

Medication Therapy Management (MTM) Program

The MTM Program is a service provided by pharmacists or other health care professionals to ensure prescribed drugs are appropriately used to optimize therapeutic outcomes and to reduce the risk of adverse effects and interactions. Individuals are automatically enrolled if they meet the following criteria:

- Have at least 3 of the following conditions: diabetes, COPD, high blood pressure, high cholesterol, osteoporosis
- Are taking 8 or more medications to treat the above chronic conditions, and
- Have a total annual drug cost of \$4,376 or more

Members can also request to be included in the MTM Program.

Diabetic Supplies

Supplies covered under Part D: insulin, diabetic pens and needles

Supplies covered under Part B: glucometers, diabetic test strips, lancets, therapeutic shoes and inserts, insulin pumps (DME) and insulin for pumps

Part B & Part D IRMAA

What is the Part B & Part D Income Related Monthly Adjustment Amount (IRMAA)?

The Medicare IRMAA is an amount individuals pay in addition to their Part B and Part D premiums if their income is above a certain level. The 2020 Standard Part B premium is \$144.60. The Part B & D IRMAA is based on income that is reported to the IRS from two years prior. Part B & Part D IRMAA are reviewed annually and collected by the Social Security Administration.

**Part B IRMAA premiums may increase in 2020*

File individual tax return	File joint tax return	File married & separate tax return	*2020 Part B Monthly Premium	2020 Part D Monthly Premium Increase
≤ \$87,000	≤ \$174,000	≤ \$87,000	\$144.60	\$0
> \$87,000 and ≤ \$109,000	> \$174,000 and ≤ \$218,000	not applicable	\$202.40	\$12.20
> \$109,000 and ≤ \$136,000	> \$218,000 and ≤ \$272,000	not applicable	\$289.20	\$31.50
> \$136,000 and ≤ \$163,000	> \$272,000 and ≤ \$326,000	not applicable	\$367.00	\$50.70
> \$163,000 and < \$500,000	> \$326,000 and < \$750,000	> \$87,000 and < \$413,000	\$462.70	\$70.00
≤ \$500,000	≤ \$750,000	≤ \$413,000	\$491.60	\$76.40

2020 Part D IRMAA formula calculation

$$\text{IRMAA 50\%} = \$33.19 \times \frac{50\% - 25.5\%}{25.5\%} = \$31.88 \text{ (rounded to \$31.90)}$$

Individuals will pay monthly Part B & D premiums equal to 35%, 50%, 65%, or 80% of the total cost.

Medicare Coverage Gap Discount Program

What is the Medicare Coverage Gap Discount Program?

As part of the Affordable Care Act, member cost share in the coverage gap is being reduced incrementally until 2021 when the member will have a 25% coinsurance in the coverage gap.

Members who enter the coverage gap in 2021 will receive a discount at the pharmacy:

- Brand Name Drugs – 75% discount (70% manufacturer paid & 5% Medicare Part D plan paid)
- Generic Drugs – 75% discount

How is the Manufacturer's Coverage Gap Discount determined?

- To qualify, the drug must be a formulary drug or an approved exception or transition claim
- The drug must be on the CMS Approved Part D list of participating manufacturers
- The member must not be eligible for "extra help" (LIS)
- The claim must be partially or fully in the coverage gap

TrOOP (True-Out-Of-Pocket) Costs

What is TrOOP?

The maximum amount a beneficiary will spend each year on covered medications before reaching catastrophic coverage. TrOOP costs determine when a person exits the coverage gap and catastrophic coverage begins.

Costs that count toward the TrOOP

Expenses that the beneficiary spent on formulary drugs (or non-formulary drugs that have been granted an exception by the plan), such as:

- Annual deductible (if any)
- Drug copays or coinsurance
- Payments beneficiaries make while in the coverage gap
- Payments for drugs made by programs or organizations on the beneficiaries behalf (LIS, State Pharmaceutical Assistance Programs, family members, friends, most charities, and any money enrolled in the drug plan uses from a MSA, HSA or FSA).

Costs that do not count toward the TrOOP

- Cost-sharing portion paid by the Part D plan
- Monthly plan premiums
- Drugs not covered on the plans formulary
- Non-Part D drugs (excluded by Medicare)
- Over-the-counter drugs or vitamins
- Drugs purchased outside the United States
- Costs paid for by other insurance.
- Premiums paid to the Part D plan.

Additional Resources

Vendor Resources

Teladoc E-visits

All Geisinger Gold HMO and PPO plans will have Teladoc supplemental benefits included. Members may use Teladoc for Primary Care Physician and behavioral health/substance abuse services. Members should download the Teladoc app or go online at www.Teladoc.com to set up an account.

CareSite Mail Order Pharmacy

CareSite mail order pharmacy is available on all plans with prescription drug coverage. Members can register for the mail-order program by calling 1-844-878-5562 or online via Geisinger Health Plan's secure member portal at www.geisingerhealthplan.com/register.

Nations OTC

Members of Geisinger Gold Classic 360 Rx, Secure Rx, Preferred 360 Rx, and Preferred Enhanced Rx include over-the-counter benefits. Members can use their OTC benefit card at participating retail locations, online or by phone.

Online

www.nationsOTC.com/Geisinger

Mail Order

Complete an order form and shipment will be received in the mail 2-5 business days from the time order is received.

Phone

Call 1-877-236-3740, Monday through Friday 8am to 8pm ET to place an order

Silver & Fit

Silver & Fit is available on Geisinger Gold Classic 360 Rx, Preferred 360 Rx, and Preferred Enhanced Rx. Members will have a \$25 annual membership fee when they use participating Silver & Fit fitness centers and a \$10 annual fee when using the in-home option. Members can enroll in Silver & Fit online at www.silverandfit.com or by calling American Specialty Health at 1-800-848-3555. Members will have unlimited access to any participating facility.

AudioNet America

Members of Geisinger Gold Classic Complete Rx, Classic Advantage (Rx), and Secure Rx must use AudioNet providers for covered hearing aid benefits. To search for providers go to www.audionetamerica.com. Select Members and enter Geisinger Gold in the employer / group name field.

Avesis

Members of Geisinger Gold Classic 360 Rx, Classic Complete Rx, Classic Advantage (Rx), and Secure Rx must use Avesis providers for covered dental benefits. To search for providers go to <https://www.avesis.com/TPS/Geisinger/geisinger.aspx>.

STAAR Alert

STAAR Alert is a personal emergency response system available to members of Geisinger Gold Secure Rx. Members should contact Customer Care at 1-800-498-9731 to enroll.

Community Contacts

Medicare	1-800-MEDICARE
Social Security Administration	1-800-772-1213
Apprise	1-800-783-7067
Veteran's Affairs	1-800-827-1000
Railroad Retirement Board	1-877-772-5772

Prescription Assistance

Partnership for Prescription Assistance (PPA)	www.pparx.org
Needy Meds	www.needymeds.org
Rx Assist	www.rxassist.org
PACE/PACENET	1-800-225-7223
Special Pharmaceutical Benefits Program	1-800-922-9384
<i>HIV/AIDS or Schizophrenia diagnosis</i>	
Medicare LI NET	1-800-783-1307
PA Patient Assistance Program Clearinghouse	1-800-955-0989

Pharmaceutical Patient Assistance Programs

Lilly Cares: www.lillycares.com
GlaxoSmithKline: www.gskforyou.com
Novartis: https://www.pharma.us.novartis.com/our-products/patient-assistance
Merck Helps: www.merckhelps.com
Pfizer Rx Pathways: www.pfizerrxpathways.com
Sanofi Patient Connection: www.sanofipatientconnection.com
AstraZeneca Prescription Savings Program: www.astrazeneca-us.com/medicines/Affordability.html
Johnson & Johnson: www.jjpaf.org
Bristol-Myers Squibb: www.bms.com/patient-and-caregivers/get-help-paying-for-your-medicines.html

Election Periods

Initial Enrollment Period for Part B (IEP):

Beneficiaries who are first eligible for Medicare have a 7-month period to sign up for Medicare Part B. The period begins 3 months before, the month of, and ends 3 months after the month an individual turns 65. Beneficiaries who have a disability will automatically be enrolled in Part B after receiving disability benefits for 24 months, with coverage starting in the 25th month.

Month enrolling in Medicare Part B	Medicare coverage effective date
The three months before turning 65	The month you turn 65
The month you turn 65	One month after you turn 65
One month after you turn 65	Two months after you enroll
Two or three months after you turn 65	Three months after you enroll

Initial Coverage Enrollment Period (ICEP):

Beneficiaries newly eligible for Medicare Advantage because they turned 65 or have been receiving disability benefits for 25 months can enroll in a Medicare Advantage plan 3 months before, the month of, and up to 3 months after they are entitled to both Medicare Parts A & B. Their effective date is the 1st day of the month of entitlement to Medicare Part A & B, or the 1st of the month following month the enrollment request is made, if after entitlement has occurred.

ICEP When Deferring Part B Enrollment:

Beneficiaries who delay enrollment into Part B to a later time will have their ICEP to enroll in a Medicare Advantage plan that occurs **only** 3 months immediately prior to the month of their Part B effective date.

Annual Enrollment Period (AEP):

Beneficiaries can enroll in or switch to a new Medicare Advantage plan between October 15th and December 7th each year. The coverage effective date is January 1st of the following year.

Medicare Advantage Open Enrollment Period (MA OEP):

Medicare Advantage plan members have a one-time opportunity from January 1st to March 31st to switch Medicare Advantage plans or disenroll from their MA plan and return to Original Medicare. If returning to Original Medicare, individuals may also purchase a Med Supp plan (subject to underwriting). Individuals can only purchase a PDP if they disenrolled from an MA-PD plan. The effective date is the 1st of the following month after application is received.

General Enrollment Period (GEP):

Individuals who miss their IEP for Part B can still enroll during the General Election Period between January 1st and March 31st each year. The coverage is effective July 1st of that year. Beneficiaries may have a late enrollment penalty if they do not enroll in Medicare Part B when they're first eligible.

Open Enrollment Period for Institutionalized Individuals (OEPI):

Individuals who move into, reside in, or move out of an institution (nursing home, rehabilitation hospital, etc.) have a continuous period to join or switch Medicare Advantage plans or disenroll from their MA plan and return to Original Medicare. The period cannot be used to change their Part D status. The period begins the month of admission and continues for up to two months following discharge. The effective date is the 1st of the month after receipt of enrollment request.

Special Election Periods

Dual Eligible (Medicare & Medicaid):

Beneficiaries entitled to both Medicare Parts A & B and receive cost sharing assistance from Medicaid have an SEP to enroll in a Medicare Advantage plan that begins the month they become dually eligible and can be used once per calendar quarter (Jan – Mar, Apr – Jun, Jul – Sep). The effective date is the 1st of the following month after application is received. During the last quarter of the year (Oct – Dec), members may use the AEP to make an election. The effective date is January 1st of the following year.

Extra Help/Low Income Subsidy (LIS):

Beneficiaries who qualify for Extra Help/LIS have an SEP to enroll in a Medicare Advantage plan that begins the month the individual becomes eligible and can be used once per calendar quarter (Jan – Mar, Apr – Jun, Jul – Sep). The effective date is the 1st of the following month after application is received. During the last quarter of the year (Oct – Dec), members may use the AEP to make an election. The effective date is January 1st of the following year.

Change in Residence:

Beneficiaries who move outside the plans service area, move and have new plan options available to them, or were recently released from incarceration have an SEP to enroll in a Medicare Advantage plan that begins:

- The month before the move and lasts up to 2 months after the move, if individual notified the plan before the move. The effective date is the 1st of the following month after application is received and up to 3 months after the date of the move. (determined by enrollee)
- The month the plan is notified, plus 2 full months, if individual notified the plan after the move. The effective date is the 1st of the following month after application is received.

Medicare Part B SEP:

Beneficiaries who delay enrollment into Part B because they or their spouse are covered by an employer group health plan have an SEP to enroll in Part B anytime while they still have group coverage and for 8 months after they lose group coverage or they stop working, whichever comes first. Generally, individuals should use this SEP to enroll in Part B a month before they lose their group coverage.

Employer/Union Group Health Plan (EGHP):

Beneficiaries who lost their EGHP coverage have an SEP to enroll in a Medicare Advantage plan. The period begins the month the EGHP allows for disenrollment and ends 2 months after employment ends or coverage ends, whichever comes first. The effective date is the 1st of the month after application is received and up to 2 months after the month coverage ends (if future dated).

State Pharmaceutical Assistance Program (PACE/PACENET):

Beneficiaries who are newly eligible or current SPAP eligibles have a one-time SEP each calendar year to switch Medicare Advantage plans. The effective date is the 1st of the following month after application is received. This SEP can only be used to enroll into an MA-PD plan.

SEP 65:

Beneficiaries who enroll in a Medicare Advantage plan when first eligible for Part B based on age (65 yrs old) have an SEP to disenroll from the MA plan and return to Original Medicare. Individuals can disenroll at any time during the 12 months after their MA plan coverage starts. The effective date is the 1st of the following month after application is received.

Retroactive Notice of Medicare Entitlement:

Beneficiaries who have not been provided the opportunity to elect a MA plan during their ICEP have an SEP that begins the month notice is received and ends 2 months after notice is received. The effective date is no earlier than the 1st of the month in which the notice is received.

Program of All-Inclusive Care for the Elderly (PACE):

Beneficiaries who disenroll from PACE have an SEP to enroll in a Medicare Advantage plan that lasts up to 2 full months after the effective date of disenrollment from the PACE Program. Beneficiaries can disenroll from their MA plan at any time to enroll in PACE. The effective date depends on the situation.

Non-renewing Contracts:

Beneficiaries affected by plan or contract non-renewals and plan service area reductions that are effective January 1st of the contract year have an SEP to enroll in a new Medicare Advantage plan that begins December 8th and ends the last day in February the following year. The effective date is 1st of the following month after application is received.

Involuntary Loss of Creditable Coverage:

Beneficiaries who recently lost their creditable drug coverage through no fault of their own have an SEP to enroll in a Medicare Advantage plan that begins the month notice is received and ends 2 months after notice is received or 2 months after coverage is lost, whichever is later. The effective date is the 1st of the following month after application is received.

Loss of Dual Eligible Status:

Beneficiaries who are no longer eligible for cost sharing assistance through the Medicaid program have an SEP to enroll in a Medicare Advantage plan that begins the month notice is received and ends 2 additional months after notice is received. The effective date is the 1st of the month following after application is received.

Trial Periods:

Beneficiaries who drop a Medicare Supplement plan to enroll in a Medicare Advantage plan for the first time have an SEP to disenroll from the MA plan and return to Med Supp. The SEP begins the month the individual enrolls in the MA plan and lasts for 12 months. This re-enrollment would qualify for guaranteed issue.

Medicare Covered Preventive Services

The following Medicare covered preventive services are available to all Gold members at \$0 cost sharing:

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings and counseling
- Bone mass measurements (bone density)
- Cardiovascular disease screenings
- Cardiovascular disease (behavioral therapy)
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
 - Multi-target stool DNA tests
 - Screening barium enemas
 - Screening colonoscopies
 - Screening fecal occult blood tests
 - Screening flexible sigmoidoscopies
- Depression screenings
- Diabetes screenings
- Diabetes self-management training
- Glaucoma tests
- Hepatitis B Virus (HBV) infection screening
- Hepatitis C screening
- HIV screening
- Lung cancer screening
- Mammograms (screening)
- Nutrition therapy services
- Obesity screenings and counseling
- One-time “Welcome to Medicare” preventive visit
- Prostate cancer screenings
- Sexually transmitted infections screening and counseling
- Shots
 - Flu shots
 - Hepatitis B shots
 - Pneumococcal shots
- Tobacco use cessation counseling
- Yearly “Wellness” visit

One-on-One Appointment Checklist

Compliance Items *(agents must discuss all the following):*

<input type="checkbox"/>	Introduce yourself by name (first and last) and company
<input type="checkbox"/>	Wear your Health Plan ID badge
<input type="checkbox"/>	Be sure the appointment starts within the designated window of time
<input type="checkbox"/>	Courtesy call for tardiness: call the prospect if you're going to arrive later than the designated window of time
<input type="checkbox"/>	Get a signed Scope of Appointment prior to the start of the meeting
<input type="checkbox"/>	Explain that you work for a Medicare Advantage plan, and not Medicare or the Government
<input type="checkbox"/>	Identify the types of products at the beginning of the meeting (HMO, PPO, SNP)
<input type="checkbox"/>	Explain Original Medicare (Parts A, B, D) and how it works when enrolled in a MA plan (Part C)
<input type="checkbox"/>	Explain that MA replaces OM (Simply put away your Medicare Red, White & Blue card and Geisinger Gold becomes your primary health insurance)
<input type="checkbox"/>	Explain that member must continue to pay their Part B premium
<input type="checkbox"/>	Be sure to ask questions to determine the prospects needs
<input type="checkbox"/>	Define plan premium
<input type="checkbox"/>	Explain IRMAA (Part B and D)
<input type="checkbox"/>	Define deductible
<input type="checkbox"/>	Define copayment
<input type="checkbox"/>	Define coinsurance
<input type="checkbox"/>	Explain the MOOP and how certain member cost sharing applies towards it
<input type="checkbox"/>	Show and explain the medical and dental Provider Directories
<input type="checkbox"/>	Explain provider network restrictions (HMO plans must use in-network providers)
<input type="checkbox"/>	Explain that Gold plans do not have a deductible for Part D (coverage begins immediately)
<input type="checkbox"/>	Explain the initial coverage limit of Part D (tiering and pricing)
<input type="checkbox"/>	Explain the coverage gap of Part D (pricing)
<input type="checkbox"/>	Explain catastrophic coverage of Part D (pricing)
<input type="checkbox"/>	Show and explain the formulary (brand vs generic, tiers)
<input type="checkbox"/>	Check prospects drugs in formulary
<input type="checkbox"/>	When applicable, identify and explain drug restrictions (prior auth, transition policy, quantity limits, step therapy, non-mail order)
<input type="checkbox"/>	Explain the exception process for medications not on the formulary
<input type="checkbox"/>	Explain the need to use network pharmacies

- ☐ Explain the Geisinger CareSite mail order pharmacy (tiering and pricing)
- ☐ Explain when to enroll, disenroll, and/or change plans
- ☐ Show and explain Star Ratings sheet and reference the source

Compliance Items for SNP Prospects *(all the above, plus):*

- ☐ Explain SNP eligibility requirements
- ☐ Explain any changes in eligibility may lead to disenrollment
- ☐ Explain that Secure members will have \$0 cost sharing for all medical benefits, but they may see nominal Medicaid copays depending on their level of Medical Assistance
- ☐ Explain that the cost of covered drugs depends on their level of Extra Help

Plan Materials

- ☐ Be sure you have all necessary Gold marketing materials at meeting
- ☐ Provide only CMS approved materials
- ☐ Do not show materials for other products (Life, Disability, Annuities, etc.)

Presenter Conduct

- ☐ Avoid high pressure and/or scare tactics
- ☐ Avoid cross-selling
- ☐ Do not provide incorrect competitor info
- ☐ Do not engage in discriminatory marketing practices
- ☐ Avoid making absolute statements unless it referenced by a source

Gifts

- ☐ Any gifts offered must be a combined value of \$15 or less (never indicate a gift will be offered for enrolling in our plan)

Best Practices *(not required Compliance items)*

- ☐ Discuss that individuals who have PACE/PACENET or Extra Help will pay lower plan premiums
- ☐ Remind Secure Rx members that they need to show both their Gold card and Access card for services

Scope of Appointment Form

CMS requires agents to document all marketing activities, in-person, telephonically, including walk-ins with a Scope of Appointment (SOA) prior to discussion of products. The SOA is to ensure understanding of what will be discussed between the agent and the Medicare beneficiary.

If the agent would like to discuss additional products during the appointment, the agent must document a second SOA for the additional product type(s).

- It is the responsibility of the agent to secure a SOA for every sales appointment.
- The agent must retain a copy of each SOA for the current contract year, plus 10 years whether an enrollment is received or not.
- All information provided on the form is confidential and should be completed by each person with Medicare
- When conducting a sales meeting, discussions may only concern previously agreed upon plan products and may only market health-related products.
- If a Medicare beneficiary refuses to complete a SOA, the agent should document the refusal on the SOA and forward to the plan.

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

(Refer to page 2 for product type descriptions)

☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**

☐ **Medicare Advantage Plans (Part C) and Cost Plans**

☐ **Dental/Vision/Hearing Products**

☐ **Hospital Indemnity Products**

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature	Signature Date
If you are the authorized representative, please sign above and print below:	
Representative's Name	Relationship to Beneficiary
To be completed by Agent:	
Agent Name	Agent Phone
Beneficiary Name	Beneficiary Phone (optional)
Beneficiary Address (optional)	
Initial Method of Contact (indicate here if beneficiary was a walk-in)	
Plan(s) the agent represented during the meeting	
Agent's Signature	Date Appointment Completed

*Scope of Appointment documentation is subject to CMS record retention requirements *

Rev. 7/15, 7/16, 8/17, 7/19

Stand-alone Medicare Prescription Drug Plans (Part D)
Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, and some Medicare Private-Fee-for-Service Plans.
Medicare Advantage Plans (Part C) and Cost Plans
Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
Medicare Point of Service (POS) Plan — A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospital, and providers outside of the network for an additional cost.
Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.
Dental/Vision/Hearing Products
Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
Hospital Indemnity Products
Plans offering additional benefits: payable to consumers based upon their medical utilization; sometimes used to defray copay/coinsurance. These plans are not affiliated or connected to Medicare.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO 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 annual contract renewal.



GEISINGER HEALTH PLAN

Geisinger

A healthier you starts close to home

Did you know that you can save on select local services? You can get discounts on everyday health-related items, as well as tools to help you stay fit. Save money on products and services including:

- Fitness centers and YMCAs
- Amusement park admissions
- Special events
- Vision services
- Chiropractic care
- Massage therapy
- Acupuncture
- Nutrition services
- Wearable fitness devices

Find more information online

All details about how to take advantage of these discounts can be found at GeisingerHealthPlan.com. Log in (registration required), go to the “Health and Wellness” drop-down menu and click “Local discounts.”

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY: 711)

HPM50 ab Local discounts program flier Rev. 6/2020