



G O L D

Introduction to Summary of Benefits

Thank you for your interest in Geisinger Gold Classic. Our plan is offered by GEISINGER HEALTH PLAN/Geisinger Gold, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Geisinger Gold Classic and ask for the "Evidence of Coverage".

You Have Choices In Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Geisinger Gold Classic. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program. You may join or leave a plan only at certain times. Please call Geisinger Gold Classic at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare Geisinger Gold Classic and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is Geisinger Gold Classic available?

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

Who Is Eligible To Join Geisinger Gold Classic?

You can join Geisinger Gold Classic if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Geisinger Gold Classic unless they are members of our organization and have been since their dialysis began.

Can I Choose My Doctors?

Geisinger Gold Classic has formed a network of doctors, specialists, and hospitals. You can only use doctors

who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at <https://www.thehealthplan.com/providersearch/select-search.cfm>. Our customer service number is listed at the end of this introduction.

What Happens If I Go To A Doctor Who's Not In Your Network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Geisinger Gold Classic nor the Original Medicare Plan will pay for these services.

Does My Plan Cover Medicare Part B Or Part D Drugs?

Geisinger Gold Classic does cover Medicare Part B prescription drugs. Geisinger Gold Classic does NOT cover Medicare Part D prescription drugs.

What Types Of Drugs May Be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Geisinger Gold Classic for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please Call Geisinger Gold For More Information About Geisinger Gold Classic.

Visit us at www.geisingergold.com or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Eastern

- Current members should call toll-free (800)-498-9731. (TTY/TDD (800)-447-2833)
- Current members should call locally (570)-271-8771. (TTY/TDD (800)-447-2833)
- Prospective members should call toll-free (800)-514-0138. (TTY/TDD (800)-447-2833)
- For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).
- TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact Geisinger Gold for details.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Classic 1
Important Information		
1 - Premium and Other Important Information	<ul style="list-style-type: none"> In 2008 the monthly Part B Premium was \$96.40 and will change for 2009 and the yearly Part B deductible amount was \$135 and will change for 2009. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. 	<p>General</p> <ul style="list-style-type: none"> Please refer to the Premium Table located after this section to find out what the premium is in your area. You also continue to pay your monthly Medicare Part B premium.
2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	<ul style="list-style-type: none"> You may go to any doctor, specialist or hospital that accepts Medicare. 	<p>In-Network</p> <ul style="list-style-type: none"> You must go to network doctors, specialists, and hospitals. Referral required for network specialists (for certain benefits). You may have to pay a separate copay for certain doctor office visits.
Inpatient Care		
3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	<ul style="list-style-type: none"> In 2008 the amounts for each benefit period were: Days 1 - 60: \$1024 deductible Days 61 - 90: \$256 per day Days 91 - 150: \$512 per lifetime reserve day These amounts will change for 2009. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. 	<p>In-Network</p> <ul style="list-style-type: none"> For Medicare-covered hospital stays: <ul style="list-style-type: none"> Days 1 - 5: \$50 copay per day Days 6 - 90: \$0 copay per day \$0 copay for additional hospital days No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Summary of Benefits

Geisinger Gold Classic 2

Geisinger Gold Classic 3

General

- Please refer to the Premium Table located after this section to find out what the premium is in your area.
- You also continue to pay your monthly Medicare Part B premium.

In-Network

- \$2,000 In-Network out-of-pocket limit.
- All Medicare services covered under the out-of-pocket limit
- Non-Medicare covered dental, vision and hearing services are excluded from the out-of-pocket limit.

In-Network

- You must go to network doctors, specialists, and hospitals.
- Referral required for network specialists (for certain benefits).
- You may have to pay a separate copay for certain doctor office visits.

In-Network

- 15% of the cost for each Medicare-covered hospital stay
- \$0 copay for additional hospital days
- No limit to the number of days covered by the plan each benefit period.
- Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

General

- Please refer to the Premium Table located after this section to find out what the premium is in your area.
- You also continue to pay your monthly Medicare Part B premium.

In-Network

- Initial coverage amount of \$500 is paid by Geisinger Gold.
- \$1,500 yearly deductible. Contact the plan for services that apply.

In-Network

- You must go to network doctors, specialists, and hospitals.
- Referral required for network specialists (for certain benefits).
- You may have to pay a separate copay for certain doctor office visits.

In-Network

- \$0 copay
- No limit to the number of days covered by the plan each benefit period.
- Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Classic 1
4 - Inpatient Mental Health Care	<ul style="list-style-type: none"> • Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above). • 190 day lifetime limit in a Psychiatric Hospital. 	<p>In-Network</p> <ul style="list-style-type: none"> • For hospital stays: <ul style="list-style-type: none"> • Days 1 - 5: \$50 copay per day • Days 6 - 90: \$0 copay per day • You get up to 190 days in a Psychiatric Hospital in a lifetime. • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<ul style="list-style-type: none"> • In 2008 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$128 per day These amounts will change for 2009. • 100 days for each benefit period. • A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. 	<p>General</p> <ul style="list-style-type: none"> • Authorizaton rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • For SNF stays: <ul style="list-style-type: none"> • Days 1 - 10: \$0 copay per day • Days 11 - 100: \$25 copay per day • Plan covers up to 100 days each benefit period • No prior hospital stay is required.
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<ul style="list-style-type: none"> • \$0 copay. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered home health visits.
7 - Hospice	<ul style="list-style-type: none"> • You pay part of the cost for outpatient drugs and inpatient respite care. • You must get care from a Medicare-certified hospice. 	<p>General</p> <ul style="list-style-type: none"> • You must get care from a Medicare-certified hospice.

Summary of Benefits

Geisinger Gold Classic 2

In-Network

- For hospital stays:
 - Days 1 - 5: \$50 copay per day
 - Days 6 - 90: \$0 copay per day
- You get up to 190 days in a Psychiatric Hospital in a lifetime.
- Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

General

- Authorization rules may apply.

In-Network

- 15% of the cost for each SNF stay.
- Plan covers up to 100 days each benefit period
- No prior hospital stay is required.

General

- Authorization rules may apply.

In-Network

- \$0 copay for Medicare-covered home health visits.

General

- You must get care from a Medicare-certified hospice.

Geisinger Gold Classic 3

In-Network

- For hospital stays:
 - Days 1 - 5: \$50 copay per day
 - Days 6 - 90: \$0 copay per day
- You get up to 190 days in a Psychiatric Hospital in a lifetime.
- Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

General

- Authorization rules may apply.

In-Network

- \$0 copay for SNF services
- Plan covers up to 100 days each benefit period
- No prior hospital stay is required.

In-Network

- \$0 copay for Medicare-covered home health visits.

General

- You must get care from a Medicare-certified hospice.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Classic 1
Outpatient Care		
8 - Doctor Office Visits	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • See "Physical Exams," for more information. <p>In-Network</p> <ul style="list-style-type: none"> • \$10 copay for each primary care doctor visit for Medicare-covered benefits. • \$20 copay for each specialist visit for Medicare-covered benefits.
9 - Chiropractic Services	<ul style="list-style-type: none"> • Routine care not covered • 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$20 copay for Medicare-covered visits. • Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.
10 - Podiatry Services	<ul style="list-style-type: none"> • Routine care not covered. • 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$20 copay for each Medicare-covered visit. • \$0 copay for up to 1 routine visit(s) every three months • Medicare-covered podiatry benefits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	<ul style="list-style-type: none"> • 50% coinsurance for most outpatient mental health services. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$25 copay for each Medicare-covered individual therapy visit. • \$10 copay for each Medicare-covered group therapy visit.
12 - Outpatient Substance Abuse Care	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$25 copay for Medicare-covered individual visits. • \$10 copay for Medicare-covered group visits.

Summary of Benefits

Geisinger Gold Classic 2

General

- See "Physical Exams," for more information.

In-Network

- \$10 copay for each primary care doctor visit for Medicare-covered benefits.
- \$20 copay for each specialist visit for Medicare-covered benefits.

In-Network

- \$20 copay for Medicare-covered visits.
- Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

In-Network

- \$20 copay for each Medicare-covered visit.
- \$0 copay for up to 1 routine visit(s) every three months
- Medicare-covered podiatry benefits are for medically-necessary foot care.

General

- Authorization rules may apply.

In-Network

- \$25 copay for each Medicare-covered individual therapy visit.
- \$10 copay for each Medicare-covered group therapy visit.

General

- Authorization rules may apply.

In-Network

- \$25 copay for Medicare-covered individual visits.
- \$10 copay for Medicare-covered group visits.

Geisinger Gold Classic 3

General

- See "Physical Exams," for more information.

In-Network

- \$10 copay for each primary care doctor visit for Medicare-covered benefits.
- \$20 copay for each specialist visit for Medicare-covered benefits.

In-Network

- \$20 copay for Medicare-covered visits.
- Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

In-Network

- \$20 copay for each Medicare-covered visit.
- \$0 copay for up to 1 routine visit(s) every three months
- Medicare-covered podiatry benefits are for medically-necessary foot care.

General

- Authorization rules may apply.

In-Network

- \$25 copay for each Medicare-covered individual therapy visit.
- \$10 copay for each Medicare-covered group therapy visit.

General

- Authorization rules may apply.

In-Network

- \$25 copay for Medicare-covered individual visits.
- \$10 copay for Medicare-covered group visits.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Classic 1
13 - Outpatient Services/Surgery	<ul style="list-style-type: none"> • 20% coinsurance for the doctor • 20% of outpatient facility charges 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0-\$50 copay for each Medicare-covered ambulatory surgical center visit. • \$0-\$50 copay for each Medicare-covered outpatient hospital facility visit.
14 - Ambulance Services (medically necessary ambulance services)	<ul style="list-style-type: none"> • 20% coinsurance • 20% coinsurance for the doctor 	<p>In-Network</p> <ul style="list-style-type: none"> • \$50 copay for Medicare-covered ambulance benefits. • If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> • 20% of facility charge, or a set copay per emergency room visit • You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. • NOT covered outside the U.S. except under limited circumstances. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$50 copay for Medicare-covered emergency room visits. <p>Out-of-Network</p> <ul style="list-style-type: none"> • Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. <p>In and Out-of-Network</p> <ul style="list-style-type: none"> • If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<ul style="list-style-type: none"> • 20% coinsurance, or a set copay • NOT covered outside the U.S. except under limited circumstances. 	<p>General</p> <ul style="list-style-type: none"> • \$25 copay for Medicare-covered urgently needed care visits. • If you are admitted to the hospital within 3-day(s) for the same condition, \$0 for the urgent-care visit.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$10 copay for Medicare-covered Occupational Therapy visits. • \$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

Summary of Benefits

Geisinger Gold Classic 2	Geisinger Gold Classic 3
<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply.
<p>In-Network</p> <ul style="list-style-type: none"> • 15% of the cost for each Medicare-covered ambulatory surgical center visit. • 15% of the cost for each Medicare-covered outpatient hospital facility visit. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for each Medicare-covered ambulatory surgical center visit. • \$0 copay for each Medicare-covered outpatient hospital facility visit.
<p>In-Network</p> <ul style="list-style-type: none"> • \$50 copay for Medicare-covered ambulance benefits. • If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered ambulance benefits.
<p>In-Network</p> <ul style="list-style-type: none"> • \$50 copay for Medicare-covered emergency room visits. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$50 copay for Medicare-covered emergency room visits.
<p>Out-of-Network</p> <ul style="list-style-type: none"> • Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. 	<p>Out-of-Network</p> <ul style="list-style-type: none"> • Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.
<p>In and Out-of-Network</p> <ul style="list-style-type: none"> • If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit 	<p>In and Out-of-Network</p> <ul style="list-style-type: none"> • If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit
<p>General</p> <ul style="list-style-type: none"> • \$25 copay for Medicare-covered urgently needed care visits. • If you are admitted to the hospital within 3-day(s) for the same condition, \$0 for the urgent-care visit. 	<p>General</p> <ul style="list-style-type: none"> • \$25 copay for Medicare-covered urgently needed care visits. • If you are admitted to the hospital within 3-day(s) for the same condition, \$0 for the urgent-care visit.
<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply.
<p>In-Network</p> <ul style="list-style-type: none"> • \$10 copay for Medicare-covered Occupational Therapy visits. • \$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$10 copay for Medicare-covered Occupational Therapy visits. • \$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Classic 1
Outpatient Medical Services and Supplies		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 10% of the cost for Medicare-covered items.
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered items.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	<ul style="list-style-type: none"> • 20% coinsurance • Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Diabetes self-monitoring training. • \$0 copay for Nutrition Therapy for Diabetes. • \$0 copay for Diabetes supplies.
21 - Diagnostic Tests, X-Rays, and Lab Services	<ul style="list-style-type: none"> • 20% coinsurance for diagnostic tests and x-rays • \$0 copay for Medicare-covered lab services • Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered: <ul style="list-style-type: none"> • lab services • diagnostic procedures and tests • \$15 copay for Medicare-covered X-rays. • \$15 to \$75 copay for Medicare-covered diagnostic radiology services. • \$15 to \$75 copay for Medicare-covered therapeutic radiology services.

Summary of Benefits

Geisinger Gold Classic 2	Geisinger Gold Classic 3
<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 15% of the cost for Medicare-covered items. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered items.
<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 15% of the cost for Medicare-covered items. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered items.
<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Diabetes self-monitoring training. • \$0 copay for Nutrition Therapy for Diabetes. • \$0 copay for Diabetes supplies. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Diabetes self-monitoring training. • \$0 copay for Nutrition Therapy for Diabetes. • \$0 copay for Diabetes supplies.
<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 15% of the cost for Medicare-covered lab services. • 15% of the cost for Medicare-covered diagnostic procedures and tests. • \$15 copay for Medicare-covered X-rays. • 15% of the cost for Medicare-covered diagnostic radiology services. • 15% of the cost for Medicare-covered therapeutic radiology services. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered: <ul style="list-style-type: none"> • lab services • diagnostic procedures and tests • X-rays. • diagnostic radiology services (not including X-rays) • therapeutic radiology services

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Classic 1
Preventive Services		
22 - Bone Mass Measurement (for people with Medicare who are at risk)	<ul style="list-style-type: none"> • 20% coinsurance • Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. • 20% coinsurance 	In-Network <ul style="list-style-type: none"> • \$0 copay for Medicare-covered bone mass measurement
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	<ul style="list-style-type: none"> • Covered when you are high risk or when you are age 50 and older. 	In-Network <ul style="list-style-type: none"> • \$0 copay for <ul style="list-style-type: none"> • Medicare-covered colorectal screenings, and • up to 1 additional screening(s)
24 – Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	<ul style="list-style-type: none"> • \$0 copay for Flu and Pneumonia vaccines • 20% coinsurance for Hepatitis B vaccine • You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. 	In-Network <ul style="list-style-type: none"> • \$0 copay for Flu and Pneumonia vaccines. • \$0 copay for Hepatitis B vaccine. • No referral needed for Flu and pneumonia vaccines. • No referral needed for other immunizations.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	<ul style="list-style-type: none"> • 20% coinsurance • No referral needed. • Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39. 	In-Network <ul style="list-style-type: none"> • \$0 copay for <ul style="list-style-type: none"> • Medicare-covered screening mammograms, and • up to 1 additional screening mammogram(s)
26 - Pap Smears and Pelvic Exams (for women with Medicare)	<ul style="list-style-type: none"> • \$0 copay for Pap smears • Covered once every 2 years. Covered once a year for women with Medicare at high risk. • 20% coinsurance for Pelvic Exams 	In-Network <ul style="list-style-type: none"> • \$0 copay for Medicare-covered pap smears and pelvic exams [and] <ul style="list-style-type: none"> • up to 1 additional pap smear(s) and pelvic exam(s)
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	<ul style="list-style-type: none"> • 20% coinsurance for the digital rectal exam. • \$0 for the PSA test; 20% coinsurance for other related services. • Covered once a year for all men with Medicare over age 50. 	In-Network <ul style="list-style-type: none"> • \$0 copay for Medicare-covered prostate cancer screening.

Summary of Benefits

Geisinger Gold Classic 2	Geisinger Gold Classic 3
<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered bone mass measurement 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered bone mass measurement
<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for <ul style="list-style-type: none"> • Medicare-covered colorectal screenings, and • up to 1 additional screening(s) 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for <ul style="list-style-type: none"> • Medicare-covered colorectal screenings, and • up to 1 additional screening(s)
<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Flu and Pneumonia vaccines. • \$0 copay for Hepatitis B vaccine. • No referral needed for Flu and pneumonia vaccines. • No referral needed for other immunizations. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Flu and Pneumonia vaccines. • \$0 copay for Hepatitis B vaccine. • No referral needed for Flu and pneumonia vaccines. • No referral needed for other immunizations.
<p>In-Network</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> • Medicare-covered screening mammograms, and • up to 1 additional screening mammogram(s) 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for <ul style="list-style-type: none"> • Medicare-covered screening mammograms, and • up to 1 additional screening mammogram(s)
<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered pap smears and pelvic exams [and] <ul style="list-style-type: none"> • up to 1 additional pap smear(s) and pelvic exam(s) 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered pap smears and pelvic exams [and] <ul style="list-style-type: none"> • up to 1 additional pap smear(s) and pelvic exam(s)
<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered prostate cancer screening. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered prostate cancer screening.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Classic 1
28 - End-Stage Renal Disease	<ul style="list-style-type: none"> • 20% coinsurance for renal dialysis • 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease • Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$0 copay for renal dialysis • \$0 copay for Nutrition Therapy for End-Stage Renal Disease
29 - Prescription Drugs	<ul style="list-style-type: none"> • Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. 	<p><i>Drugs covered under Medicare Part B</i></p> <p><i>General</i></p> <ul style="list-style-type: none"> • Most drugs not covered. • 10% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). • 10% of the cost for Part B-covered chemotherapy drugs. <p><i>Drugs covered under Medicare Part D</i></p> <p><i>General</i></p> <ul style="list-style-type: none"> • This plan does not offer prescription drug coverage.
30 - Dental Services	<ul style="list-style-type: none"> • Preventive dental services (such as cleaning) not covered. 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered dental benefits • \$20 copay for an office visit that includes: <ul style="list-style-type: none"> • up to 1 oral exam(s) every six months • up to 1 cleaning(s) every six months • \$20 to \$30 copay for up to 1 dental x-ray visit(s) every year
31 - Hearing Services	<ul style="list-style-type: none"> • Routine hearing exams and hearing aids not covered. • 20% coinsurance for diagnostic hearing exams. 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$0 copay for up to 1 hearing aid(s) every three years. • \$20 copay for Medicare-covered diagnostic hearing exams • \$20 copay for up to 1 routine hearing test(s) every year • \$0 copay for up to 1 hearing aid fitting evaluation(s) every three years • \$800 limit for hearing aids every three years.

Summary of Benefits

Geisinger Gold Classic 2	Geisinger Gold Classic 3
<p><i>In-Network</i></p> <ul style="list-style-type: none"> • 15% of the cost for renal dialysis • \$0 copay for Nutrition Therapy for End-Stage Renal Disease 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$0 copay for renal dialysis • \$0 copay for Nutrition Therapy for End-Stage Renal Disease
<p><i>Drugs covered under Medicare Part B General</i></p> <ul style="list-style-type: none"> • Most drugs not covered. • 15% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). • 15% of the cost for Part B-covered chemotherapy drugs. 	<p><i>Drugs covered under Medicare Part B General</i></p> <ul style="list-style-type: none"> • Most drugs not covered. • \$0 copay for Part B-covered drugs.
<p><i>Drugs covered under Medicare Part D General</i></p> <ul style="list-style-type: none"> • This plan does not offer prescription drug coverage. 	<p><i>Drugs covered under Medicare Part D General</i></p> <ul style="list-style-type: none"> • This plan does not offer prescription drug coverage.
<p><i>In-Network</i></p> <ul style="list-style-type: none"> • 15% of the cost for Medicare-covered dental benefits. • \$20 copay for an office visit that includes: <ul style="list-style-type: none"> • up to 1 oral exam(s) every six months • up to 1 cleaning(s) every six months • \$20 to \$30 copay for up to 1 dental x-ray visit(s) every year 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered dental benefits • \$20 copay for an office visit that includes: <ul style="list-style-type: none"> • up to 1 oral exam(s) every six months • up to 1 cleaning(s) every six months • \$20 to \$30 copay for up to 1 dental x-ray visit(s) every year
<p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$0 copay for up to 1 hearing aid(s) every three years. • \$20 copay for Medicare-covered diagnostic hearing exams • \$20 copay for up to 1 routine hearing test(s) every year • \$0 copay for up to 1 hearing aid fitting evaluation(s) every three years • \$800 limit for hearing aids every three years. 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$0 copay for up to 1 hearing aid(s) every three years. • \$20 copay for Medicare-covered diagnostic hearing exams • \$20 copay for up to 1 routine hearing test(s) every year • \$0 copay for up to 1 hearing aid fitting evaluation(s) every three years • \$800 limit for hearing aids every three years.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Classic 1
32 - Vision Services	<ul style="list-style-type: none"> • 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. • Routine eye exams and glasses not covered. • Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. • Annual glaucoma screenings covered for people at risk. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for <ul style="list-style-type: none"> • one pair of eyeglasses or contact lenses after cataract surgery • up to 1 pair(s) of glasses every two years • up to 1 pair(s) of contacts every two years • \$20 copay for exams to diagnose and treat diseases and conditions of the eye. • \$20 copay for up to 1 routine eye exam(s) every year • \$200 limit for eye wear every two years.
33 - Physical Exams	<ul style="list-style-type: none"> • 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage • When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$10 copay for routine exams. • Limited to 1 exam(s) every year. • \$10 copay for Medicare-covered benefits.
Health/Wellness Education	<ul style="list-style-type: none"> • Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies. 	<p>In-Network</p> <ul style="list-style-type: none"> • This plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> • Written health education materials, including Newsletters • Additional Smoking Cessation • Health Club Membership/Fitness Classes • Nursing Hotline <p>Other Wellness Benefits</p>
Transportation (Routine)	<ul style="list-style-type: none"> • Not covered. 	<p>In-Network</p> <ul style="list-style-type: none"> • This plan does not cover routine transportation.
Acupuncture	<ul style="list-style-type: none"> • Not covered. 	<p>In-Network</p> <ul style="list-style-type: none"> • This plan does not cover Acupuncture.

Summary of Benefits

Geisinger Gold Classic 2

In-Network

- \$0 copay for
 - one pair of eyeglasses or contact lenses after cataract surgery
 - up to 1 pair(s) of glasses every two years
 - up to 1 pair(s) of contacts every two years
- \$20 copay for exams to diagnose and treat diseases and conditions of the eye.
- \$20 copay for up to 1 routine eye exam(s) every year
- \$200 limit for eye wear every two years.

In-Network

- \$10 copay for routine exams.
- Limited to 1 exam(s) every year.
- \$10 copay for Medicare-covered benefits.

In-Network

- This plan covers the following health/wellness education benefits:
 - Written health education materials, including Newsletters
 - Additional Smoking Cessation
 - Health Club Membership/Fitness Classes
 - Nursing Hotline
 - Other Wellness Benefits

In-Network

- This plan does not cover routine transportation.

In-Network

- This plan does not cover Acupuncture.

Geisinger Gold Classic 3

In-Network

- \$0 copay for
 - one pair of eyeglasses or contact lenses after cataract surgery
 - up to 1 pair(s) of glasses every two years
 - up to 1 pair(s) of contacts every two years
- \$20 copay for exams to diagnose and treat diseases and conditions of the eye.
- \$20 copay for up to 1 routine eye exam(s) every year
- \$200 limit for eye wear every two years.

In-Network

- \$10 copay for routine exams.
- Limited to 1 exam(s) every year.
- \$10 copay for Medicare-covered benefits.

In-Network

- This plan covers the following health/wellness education benefits:
 - Written health education materials, including Newsletters
 - Additional Smoking Cessation
 - Health Club Membership/Fitness Classes
 - Nursing Hotline
 - Other Wellness Benefits

In-Network

- This plan does not cover routine transportation.

In-Network

- This plan does not cover Acupuncture.

2009 Monthly Premiums by County of Residence

If Geisinger Gold Classic is available in your county of residence, please locate your county in the list below. Premiums for each plan option are listed for each county.

	Geisinger Gold Classic 1	Geisinger Gold Classic 2	Geisinger Gold Classic 3
Adams	\$55	\$20	\$0
Berks	\$95	\$55	\$0
Blair	\$105	\$35	\$0
Cambria	\$105	\$35	\$0
Carbon	\$105	\$45	\$0
Centre	\$80	\$25	\$0
Clearfield	\$80	\$25	\$0
Clinton	\$99	\$40	\$0
Columbia	\$99	\$40	\$0
Cumberland	\$75	\$35	\$0
Dauphin	\$80	\$25	\$0
Huntingdon	\$105	\$35	\$0
Jefferson	\$80	\$25	\$0
Juniata	\$105	\$35	\$0
Lackawanna	\$85	\$40	\$0
Lancaster	\$80	\$25	\$0
Lebanon	\$80	\$25	\$0
Lehigh	\$95	\$55	\$0
Luzerne	\$85	\$45	\$0
Lycoming	\$99	\$40	\$0
Mifflin	\$80	\$25	\$0
Monroe	\$105	\$45	\$0
Montour	\$99	\$40	\$0
Northampton	\$95	\$55	\$0
Northumberland	\$99	\$55	\$0
Perry	\$75	\$35	\$0
Pike	\$105	\$45	\$0
Potter	\$99	\$40	\$0
Schuylkill	\$99	\$40	\$0
Snyder	\$99	\$40	\$0
Sullivan	\$65	\$35	\$0
Susquehanna	\$65	\$35	\$0
Union	\$99	\$40	\$0
Wayne	\$105	\$45	\$0
Wyoming	\$110	\$50	\$0
York	\$55	\$20	\$0



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