



GO GOLD

Introduction to Summary of Benefits

Thank you for your interest in Geisinger Gold Open. Our plan is offered by GEISINGER INDEMNITY INSURANCE COMPANY/ Geisinger Gold, a Medicare Advantage Private Fee-for-Service. 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 Open 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 Advantage Private Fee-for-Service plan, like Geisinger Gold Open. 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 Open at the 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 Open 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 Open 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 Open?

You can join Geisinger Gold Open 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 Open unless they are members of our organization and have been since their dialysis began.

Can I Choose My Doctors?

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide healthcare services to you, except in emergencies.

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

Geisinger Gold Open 2 does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs. Geisinger Gold Open 3 does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs. Geisinger Gold Open 5 does cover Medicare Part B prescription drugs. Geisinger Gold Open 5 does NOT cover Medicare Part D prescription drugs.

Where Can I Get My Prescriptions If I Join This Plan?

Geisinger Gold Open has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at https://www.thehealthplan.com/non_members/GoldFormularyInfo.cfm. Our customer service number is listed at the end of this introduction.

What Is A Prescription Drug Formulary?

Geisinger Gold Open uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at https://www.thehealthplan.com/non_members/GoldFormularyInfo.cfm.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How Can I Get Extra Help With Prescription Drug Plan Costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Geisinger Gold Open, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

What Are My Protections In This Plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan

leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Geisinger Gold Open, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Geisinger Gold Open for more details.

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 Open 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 Open.

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

For questions related to the **Medicare Advantage Program, current members** should call:

- Toll Free: (800)-498-9731
- Locally: (570)-271-8771
- TTY/TDD (800)-447-2833

For questions related to the **Medicare Part D Prescription Drug, current members** should call:

- Toll Free: (800)-988-4861
- Locally: (570)-271-8771
- TTY/TDD (800)-447-2833

For questions related to the **Medicare Advantage Program or the Medicare Part D Prescription Drug, 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.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at: www.GeisingerGold.com/08GoldTC.pdf.

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 Open 2
Important Information		
<p>1 - Premium and Other Important Information</p> <p>2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<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. You may go to any doctor, specialist or hospital that accepts Medicare. 	<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. \$3,000 out-of-pocket limit. All Medicare services covered under the out-of-pocket limit You may have to pay a separate copay for certain doctor office visits. You may go to any doctor, specialist, or hospital that accepts the plan's payment.
Inpatient Care		
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<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>General</p> <ul style="list-style-type: none"> You may go to any doctor, specialist, or hospital that accepts the plan's Terms Conditions of payment except in emergencies. \$175 copay 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.

Summary of Benefits

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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.
- \$3,000 out-of-pocket limit.
- All Medicare services covered under the out-of-pocket limit

- You may have to pay a separate copay for certain doctor office visits.
- You may go to any doctor, specialist, or hospital that accepts the plan's payment.

General

- You may go to any doctor, specialist, or hospital that accepts the plan's Terms Conditions of payment except in emergencies.
- For Medicare-covered hospital stays:
 - Days 1 - 5: \$200 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.

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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.
- \$3,000 out-of-pocket limit.
- All Medicare services covered under the out-of-pocket limit

- You may have to pay a separate copay for certain doctor office visits.
- You may go to any doctor, specialist, or hospital that accepts the plan's payment.

General

- You may go to any doctor, specialist, or hospital that accepts the plan's Terms Conditions of payment except in emergencies.
- \$300 copay 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.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Open 2
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. 	<ul style="list-style-type: none"> • \$175 copay for each Medicare-covered hospital stay. • You get up to 190 days in a Psychiatric Hospital in a lifetime.
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. 	<ul style="list-style-type: none"> • For Medicare-covered SNF stays: <ul style="list-style-type: none"> • Days 1 - 20: \$0 copay per day • Days 21 - 100: \$50 copay per day • Plan covers up to 100 days each benefit period • 3-day 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. 	<ul style="list-style-type: none"> • \$10 copay for each Medicare-covered home health visit.
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

Benefit	Original Medicare	Geisinger Gold Open 2
<i>Outpatient Care</i>		
8 - Doctor Office Visits	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • You may go to any doctor, specialist, or hospital that accepts the plan's payment. • See "Physical Exams," for more information. • \$15 copay for each primary care doctor visit for Medicare-covered benefits. • \$25 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. 	<ul style="list-style-type: none"> • \$25 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. 	<ul style="list-style-type: none"> • \$25 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. 	<ul style="list-style-type: none"> • 50% of the cost for each Medicare-covered individual or group therapy visit.
12 - Outpatient Substance Abuse Care	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • 50% of the cost for Medicare-covered individual or group visits.
13 - Outpatient Services/Surgery	<ul style="list-style-type: none"> • 20% coinsurance for the doctor • 20% of outpatient facility charges 	<ul style="list-style-type: none"> • \$50 copay for each Medicare-covered ambulatory surgical center visit. • \$100 copay for each Medicare-covered outpatient hospital facility visit.
14 - Ambulance Services (medically necessary ambulance services)	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • \$100 copay for Medicare-covered ambulance benefits. • If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.

Summary of Benefits

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General

- You may go to any doctor, specialist, or hospital that accepts the plan's payment.
- See "Physical Exams," for more information.
- \$15 copay for each primary care doctor visit for Medicare-covered benefits.
- \$30 copay for each specialist visit for Medicare-covered benefits.
- \$30 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.
- \$30 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.
- 50% of the cost for each Medicare-covered individual or group therapy visit.
- 50% of the cost for Medicare-covered individual or group visits.
- \$200 copay for each Medicare-covered ambulatory surgical center visit.
- \$375 copay for each Medicare-covered outpatient hospital facility visit.
- \$100 copay for Medicare-covered ambulance benefits.
- If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.

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General

- You may go to any doctor, specialist, or hospital that accepts the plan's payment.
- See "Physical Exams," for more information.
- \$15 copay for each primary care doctor visit for Medicare-covered benefits.
- \$30 copay for each specialist visit for Medicare-covered benefits.
- \$30 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.
- \$30 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.
- 50% of the cost for each Medicare-covered individual or group therapy visit.
- 50% of the cost for Medicare-covered individual or group visits.
- \$200 copay for each Medicare-covered ambulatory surgical center visit.
- \$375 copay for each Medicare-covered outpatient hospital facility visit.
- \$100 copay for Medicare-covered ambulance benefits.
- If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Open 2
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% coinsurance for the doctor • 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. 	<ul style="list-style-type: none"> • \$50 copay for Medicare-covered emergency room visits. • Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. • 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"> • Cost sharing is the same as Doctor Office Visit cost sharing.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • \$15 copay for Medicare-covered Occupational Therapy visits. • \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
<i>Outpatient Medical Services and Supplies</i>		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • 20% 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 	<ul style="list-style-type: none"> • 20% of the cost for Medicare-covered items.

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- \$50 copay for Medicare-covered emergency room visits.
- Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.
- If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit

General

- Cost sharing is the same as Doctor Office Visit cost sharing.

- \$25 copay for Medicare-covered Occupational Therapy visits.
- \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

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- \$50 copay for Medicare-covered emergency room visits.
- Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.
- If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit

General

- Cost sharing is the same as Doctor Office Visit cost sharing.

- \$25 copay for Medicare-covered Occupational Therapy visits.
- \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

- 20% of the cost for Medicare-covered items.

- 20% of the cost for Medicare-covered items.

- 20% of the cost for Medicare-covered items.

- 20% of the cost for Medicare-covered items.

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Benefit	Original Medicare	Geisinger Gold Open 2
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. 	<ul style="list-style-type: none"> • \$15 copay for Diabetes self-monitoring training. • \$0 copay for Nutrition Therapy for Diabetes. • 20% of the cost 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. 	<ul style="list-style-type: none"> • \$20 to \$25 copay for Medicare-covered lab services. • \$20 to \$25 copay for Medicare-covered diagnostic procedures and tests. • \$20 copay for Medicare-covered X-rays. • \$20 to \$75 copay for Medicare-covered diagnostic radiology services. • \$20 to \$75 copay for Medicare-covered therapeutic radiology services.
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. 	<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"> • 20% coinsurance • Covered when you are high risk or when you are age 50 and older. 	<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)

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<ul style="list-style-type: none"> • \$15 copay for Diabetes self-monitoring training. • \$0 copay for Nutrition Therapy for Diabetes. • 20% of the cost for Diabetes supplies. • 20% of the cost for Medicare-covered lab services. • 20% of the cost for Medicare-covered diagnostic procedures and tests. • \$25 copay for Medicare-covered X-rays. • 20% of the cost for Medicare-covered diagnostic radiology services. • 20% of the cost for Medicare-covered therapeutic radiology services. 	<ul style="list-style-type: none"> • \$15 copay for Diabetes self-monitoring training. • \$0 copay for Nutrition Therapy for Diabetes. • 20% of the cost for Diabetes supplies. • 20% of the cost for Medicare-covered lab services. • 20% of the cost for Medicare-covered diagnostic procedures and tests. • \$25 copay for Medicare-covered X-rays. • 20% of the cost for Medicare-covered diagnostic radiology services. • 20% of the cost for Medicare-covered therapeutic radiology services.
<ul style="list-style-type: none"> • \$0 copay for Medicare-covered bone mass measurement • \$0 copay for <ul style="list-style-type: none"> • Medicare-covered colorectal screenings, and • up to 1 additional screening(s) 	<ul style="list-style-type: none"> • \$0 copay for Medicare-covered bone mass measurement • \$0 copay for <ul style="list-style-type: none"> • Medicare-covered colorectal screenings, and • up to 1 additional screening(s)

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Benefit	Original Medicare	Geisinger Gold Open 2
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. 	<ul style="list-style-type: none"> • \$0 copay for Flu and Pneumonia vaccines. • \$0 copay for Hepatitis B vaccine.
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. 	<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 	<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. 	<ul style="list-style-type: none"> • \$0 copay for Medicare-covered prostate cancer screening.
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. 	<ul style="list-style-type: none"> • \$0 copay for renal dialysis • \$0 copay for Nutrition Therapy for End-Stage Renal Disease

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- \$0 copay for Flu and Pneumonia vaccines.
- \$0 copay for Hepatitis B vaccine.

- \$0 copay for
 - Medicare-covered screening mammograms, and
 - up to 1 additional screening mammogram(s)

- \$0 copay for Medicare-covered pap smears and pelvic exams [and]
 - up to 1 additional pap smear(s) and pelvic exam(s)

- \$0 copay for Medicare-covered prostate cancer screening.

- \$0 copay for renal dialysis
- \$0 copay for Nutrition Therapy for End-Stage Renal Disease

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- \$0 copay for Flu and Pneumonia vaccines.
- \$0 copay for Hepatitis B vaccine.

- \$0 copay for
 - Medicare-covered screening mammograms, and
 - up to 1 additional screening mammogram(s)

- \$0 copay for Medicare-covered pap smears and pelvic exams [and]
 - up to 1 additional pap smear(s) and pelvic exam(s)

- \$0 copay for Medicare-covered prostate cancer screening.

- \$0 copay for renal dialysis
- \$0 copay for Nutrition Therapy for End-Stage Renal Disease

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Open 2
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 General</i></p> <ul style="list-style-type: none"> 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 20% of the cost for Part B-covered chemotherapy drugs. <p><i>Drugs covered under Medicare Part D General</i></p> <ul style="list-style-type: none"> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://www.thehealthplan.com/non_members/GoldFormularyInfo.cfm on the web. Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service). Your in-network prescription coverage may be limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details. Total yearly drug costs are the total drug costs paid by both you and the plan. Some drugs have quantity limits. Your provider must get prior authorization from Geisinger Gold Open 2 for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug

Summary of Benefits

Geisinger Gold Open 3

Drugs covered under Medicare Part B General

- 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).
- 20% of the cost for Part B-covered chemotherapy drugs.

Drugs covered under Medicare Part D General

- This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://www.thehealthplan.com/non_members/GoldFormularyInfo.cfm on the web.
- Different out-of-pocket costs may apply for people who
 - -have limited incomes,
 - -live in long term care facilities, or
 - -have access to Indian/Tribal/Urban (Indian Health Service).
- Your in-network prescription coverage may be limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.
- Total yearly drug costs are the total drug costs paid by both you and the plan.
- Some drugs have quantity limits.
- Your provider must get prior authorization from Geisinger Gold Open 3 for certain drugs.
- You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug

Geisinger Gold Open 5

Drugs covered under Medicare Part B General

- Most drugs not covered.
- 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).
- 20% of the cost for Part B-covered chemotherapy drugs.

Drugs covered under Medicare Part D General

- This plan does not offer prescription drug coverage.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Open 2
		<p>Plan Finder on Medicare.gov.</p> <ul style="list-style-type: none"> If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. <p><i>In-Network</i></p> <ul style="list-style-type: none"> \$0 deductible. <p><i>Initial Coverage</i></p> <ul style="list-style-type: none"> You pay the following until total yearly drug costs reach \$2,700: <p><i>Retail Pharmacy</i></p> <ul style="list-style-type: none"> Tier 1 <ul style="list-style-type: none"> \$6 copay for a one-month (34-day) supply of drugs in this tier \$18 copay for a three-month (90-day) supply of drugs in this tier Tier 2 <ul style="list-style-type: none"> \$29 copay for a one-month (34-day) supply of drugs in this tier \$87 copay for a three-month (90-day) supply of drugs in this tier Tier 3 <ul style="list-style-type: none"> \$59 copay for a one-month (34-day) supply of drugs in this tier \$177 copay for a three-month (90-day) supply of drugs in this tier Tier 4 <ul style="list-style-type: none"> 33% coinsurance for a one-month (34-day) supply of drugs in this tier 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p><i>Long Term Care Pharmacy</i></p> <ul style="list-style-type: none"> Tier 1 <ul style="list-style-type: none"> \$6 copay for a one-month (34-day) supply of drugs in this tier Tier 2 <ul style="list-style-type: none"> \$29 copay for a one-month (34-day) supply of drugs in this tier Tier 3 <ul style="list-style-type: none"> \$59 copay for a one-month (34-day)

Summary of Benefits

Geisinger Gold Open 3

Plan Finder on Medicare.gov.

- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

In-Network

- \$0 deductible.

Initial Coverage

- You pay the following until total yearly drug costs reach \$2,700:

Retail Pharmacy

- Tier 1
 - \$6 copay for a one-month (34-day) supply of drugs in this tier
 - \$18 copay for a three-month (90-day) supply of drugs in this tier
- Tier 2
 - \$29 copay for a one-month (34-day) supply of drugs in this tier
 - \$87 copay for a three-month (90-day) supply of drugs in this tier
- Tier 3
 - \$59 copay for a one-month (34-day) supply of drugs in this tier
 - \$177 copay for a three-month (90-day) supply of drugs in this tier
- Tier 4
 - 33% coinsurance for a one-month (34-day) supply of drugs in this tier
 - 33% coinsurance for a three-month (90-day) supply of drugs in this tier

Long Term Care Pharmacy

- Tier 1
 - \$6 copay for a one-month (34-day) supply of drugs in this tier
- Tier 2
 - \$29 copay for a one-month (34-day) supply of drugs in this tier
- Tier 3
 - \$59 copay for a one-month (34-day)

Geisinger Gold Open 5

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Open 2
		<p>supply of drugs in this tier</p> <ul style="list-style-type: none"> • Tier 4 <ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) supply of drugs in this tier <p>Mail Order</p> <ul style="list-style-type: none"> • Tier 1 <ul style="list-style-type: none"> • \$15 copay for a three-month (90-day) supply of drugs in this tier • Tier 2 <ul style="list-style-type: none"> • \$72.50 copay for a three-month (90-day) supply of drugs in this tier • Tier 3 <ul style="list-style-type: none"> • \$147.50 copay for a three-month (90-day) supply of drugs in this tier • Tier 4 <ul style="list-style-type: none"> • 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Coverage Gap</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350. <p>Catastrophic Coverage</p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: <ul style="list-style-type: none"> • A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or • 5% coinsurance. • Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Geisinger Gold Open 2.

Summary of Benefits

Geisinger Gold Open 3

- supply of drugs in this tier
- Tier 4
 - 33% coinsurance for a one-month (34-day) supply of drugs in this tier

Mail Order

- Tier 1
 - \$15 copay for a three-month (90-day) supply of drugs in this tier
- Tier 2
 - \$72.50 copay for a three-month (90-day) supply of drugs in this tier
- Tier 3
 - \$147.50 copay for a three-month (90-day) supply of drugs in this tier
- Tier 4
 - 33% coinsurance for a three-month (90-day) supply of drugs in this tier

Coverage Gap

- After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.

Catastrophic Coverage

- After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:
 - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or
 - 5% coinsurance.
- Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Geisinger Gold Open 3.

Geisinger Gold Open 5

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Open 2
		<p><i>Out-of-Network Initial Coverage</i></p> <ul style="list-style-type: none"> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700: <p><i>Out-of-Network Pharmacy</i></p> <ul style="list-style-type: none"> Tier 1 <ul style="list-style-type: none"> \$6 copay for a one-month (34-day) supply of drugs in this tier Tier 2 <ul style="list-style-type: none"> \$29 copay for a one-month (34-day) supply of drugs in this tier Tier 3 <ul style="list-style-type: none"> \$59 copay for a one-month (34-day) supply of drugs in this tier Tier 4 <ul style="list-style-type: none"> 33% coinsurance for a one-month (34-day) supply of drugs in this tier <p><i>Out-of-Network Coverage Gap</i></p> <ul style="list-style-type: none"> After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Geisinger Gold Open 2 for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Geisinger Gold Open 2 so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <p><i>Out-of-Network Catastrophic Coverage</i></p> <ul style="list-style-type: none"> After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or 5% coinsurance.

Summary of Benefits

Geisinger Gold Open 3

Geisinger Gold Open 5

Out-of-Network Initial Coverage

- You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:

Out-of-Network Pharmacy

- Tier 1
 - \$6 copay for a one-month (34-day) supply of drugs in this tier
- Tier 2
 - \$29 copay for a one-month (34-day) supply of drugs in this tier
- Tier 3
 - \$59 copay for a one-month (34-day) supply of drugs in this tier
- Tier 4
 - 33% coinsurance for a one-month (34-day) supply of drugs in this tier

Out-of-Network Coverage Gap

- After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Geisinger Gold Open 3 for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Geisinger Gold Open 3 so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Out-of-Network Catastrophic Coverage

- After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:
 - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or
 - 5% coinsurance.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Open 2
30 - Dental Services	<ul style="list-style-type: none"> Preventive dental services (such as cleaning) not covered. 	<ul style="list-style-type: none"> \$25 copay for Medicare-covered dental benefits. \$20 copay for an office visit that includes: <ul style="list-style-type: none"> up to 2 oral exam(s) every year up to 2 cleaning(s) every year \$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. 	<ul style="list-style-type: none"> \$0 copay for up to 1 hearing aid(s) every three years. \$25 copay for Medicare-covered diagnostic hearing exams \$25 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.
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. 	<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 \$25 copay for exams to diagnose and treat diseases and conditions of the eye. \$25 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. 	<ul style="list-style-type: none"> \$15 copay for routine exams. Limited to 1 exam(s) every year. \$15 copay for Medicare-covered benefits.

Summary of Benefits

Geisinger Gold Open 3

- In general, preventive dental benefits (such as cleaning) not covered.
- 20% of the cost for Medicare-covered dental benefits.
- Hearing aids not covered.
- \$30 copay for Medicare-covered diagnostic hearing exams
- \$30 copay for up to 1 routine hearing test(s) every year
- \$0 copay for
 - one pair of eyeglasses or contact lenses after cataract surgery
- \$30 copay for exams to diagnose and treat diseases and conditions of the eye.
- \$30 copay for up to 1 routine eye exam(s) every year
- \$15 copay for routine exams.
- Limited to 1 exam(s) every year.
- \$15 copay for Medicare-covered benefits.

Geisinger Gold Open 5

- 20% of the cost for Medicare-covered dental benefits.
- \$20 copay for an office visit that includes:
 - up to 2 oral exam(s) every year
 - up to 2 cleaning(s) every year
- \$20 to \$30 copay for up to 1 dental x-ray visit(s) every year
- \$0 copay for up to 1 hearing aid(s) every three years.
- \$30 copay for Medicare-covered diagnostic hearing exams
- \$30 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.
- \$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
- \$30 copay for exams to diagnose and treat diseases and conditions of the eye.
- \$30 copay for up to 1 routine eye exam(s) every year
- \$200 limit for eye wear every two years.
- \$15 copay for routine exams.
- Limited to 1 exam(s) every year.
- \$15 copay for Medicare-covered benefits.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Open 2
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. 	<ul style="list-style-type: none"> This plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> Additional Smoking Cessation Health Club Membership/Fitness Classes Other Wellness Benefits
Transportation (Routine)	<ul style="list-style-type: none"> Not covered. 	<ul style="list-style-type: none"> This plan does not cover routine transportation.
Acupuncture	<ul style="list-style-type: none"> Not covered. 	<ul style="list-style-type: none"> This plan does not cover Acupuncture.

Summary of Benefits

Geisinger Gold Open 3

- This plan covers the following health/wellness education benefits:
 - Additional Smoking Cessation
 - Health Club Membership/Fitness Classes
 - Other Wellness Benefits

- This plan does not cover routine transportation.

- This plan does not cover Acupuncture.

Geisinger Gold Open 5

- This plan covers the following health/wellness education benefits:
 - Additional Smoking Cessation
 - Health Club Membership/Fitness Classes
 - Other Wellness Benefits

- This plan does not cover routine transportation.

- This plan does not cover Acupuncture.

2009 Monthly Premiums by County of Residence

If Geisinger Gold Open 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 Open 2 \$0 Deductible Rx	Geisinger Gold Open 3 \$0 Deductible Rx	Geisinger Gold Open 5
Adams	\$83	\$32	\$32
Allegheny	\$139.20	\$74	\$82
Armstrong	\$114	\$54	\$57
Beaver	\$83	\$32	\$32
Bedford	\$83	\$32	\$32
Berks	\$51	\$0	\$0
Blair	\$139.20	\$74	\$82
Bradford	\$51	\$0	\$0
Bucks	\$83	\$32	\$32
Butler	\$114	\$54	\$57
Cambria	\$139.20	\$74	\$82
Cameron	\$139.20	\$74	\$82
Carbon	\$51	\$0	\$0
Centre	\$51	\$0	\$0
Chester	\$114	\$54	\$57
Clarion	\$139.20	\$74	\$82
Clearfield	\$90	\$0	\$0
Clinton	\$90	\$0	\$0
Columbia	\$90	\$0	\$0
Crawford	\$139.20	\$74	\$82
Cumberland	\$51	\$0	\$0
Dauphin	\$51	\$0	\$0
Delaware	\$114	\$54	\$57
Elk	\$139.20	\$74	\$82
Erie	\$51	\$0	\$0
Fayette	\$139.20	\$74	\$82
Forest	\$139.20	\$74	\$82
Franklin	\$83	\$32	\$32
Fulton	\$139.20	\$74	\$82
Greene	\$114	\$54	\$57
Huntingdon	\$51	\$0	\$0
Indiana	\$139.20	\$74	\$82
Jefferson	\$114	\$54	\$57
Juniata	\$90	\$32	\$32

2009 Monthly Premiums by County of Residence

If Geisinger Gold Open 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 Open 2 \$0 Deductible Rx	Geisinger Gold Open 3 \$0 Deductible Rx	Geisinger Gold Open 5
Lackawanna	\$90	\$0	\$0
Lancaster	\$51	\$0	\$0
Lawrence	\$139.20	\$74	\$82
Lebanon	\$51	\$0	\$0
Lehigh	\$83	\$32	\$32
Luzerne	\$90	\$0	\$0
Lycoming	\$90	\$0	\$0
McKean	\$83	\$32	\$32
Mercer	\$83	\$32	\$32
Mifflin	\$90	\$32	\$32
Monroe	\$90	\$32	\$32
Montgomery	\$114	\$54	\$57
Montour	\$90	\$0	\$0
Northampton	\$83	\$32	\$32
Northumberland	\$90	\$0	\$0
Perry	\$83	\$32	\$32
Philadelphia	\$114	\$54	\$57
Pike	\$114	\$54	\$57
Potter	\$83	\$32	\$32
Schuylkill	\$90	\$32	\$32
Snyder	\$90	\$0	\$0
Somerset	\$139.20	\$74	\$82
Sullivan	\$51	\$0	\$0
Susquehanna	\$83	\$32	\$32
Tioga	\$51	\$0	\$0
Union	\$90	\$0	\$0
Venango	\$139.20	\$74	\$82
Warren	\$83	\$32	\$32
Washington	\$139.20	\$74	\$82
Wayne	\$83	\$32	\$32
Westmoreland	\$114	\$54	\$57
Wyoming	\$90	\$0	\$0
York	\$51	\$0	\$0



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