



G O L D

Introduction to Summary of Benefits

Thank you for your interest in Geisinger Gold Preferred. Our plan is offered by GEISINGER INDEMNITY INSURANCE COMPANY/Geisinger Gold, a Medicare Advantage Preferred Provider Organization (PPO). 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 Preferred 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 Preferred. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call Geisinger Gold Preferred 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 Preferred 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 Preferred 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 Preferred?

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

Can I Choose My Doctors?

Geisinger Gold Preferred has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside 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 www.geisingergold.com. 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?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

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

Geisinger Gold Preferred does cover Medicare Part B prescription drugs. Geisinger Gold Preferred does NOT cover Medicare Part D prescription drugs. Geisinger Gold Preferred Standard Rx does cover both Part B and Part D drugs. Geisinger Gold Preferred \$0 Deductible Rx does cover both Part B and Part D drugs.

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

Geisinger Gold Preferred 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 Preferred 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 Preferred, 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 Preferred, 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 Preferred 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 Preferred 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 Preferred.

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.

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 Preferred
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. <p>In-Network</p> <ul style="list-style-type: none"> \$1,500 In-Network out-of-pocket limit. All plan services covered under the out-of-pocket limit. <p>Out-of-Network</p> <ul style="list-style-type: none"> \$3,000 Out-of-Network out-of-pocket limit. All plan services covered under the out-of-pocket limit.
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"> No referral required for network doctors, specialists, and hospitals. 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"> \$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. <p>Out-of-Network</p> <ul style="list-style-type: none"> 20% of the cost for each hospital stay.

Summary of Benefits

<p style="text-align: center;">Geisinger Gold Preferred Standard Rx</p>	<p style="text-align: center;">Geisinger Gold Preferred \$0 Deductible Rx</p>
<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. <p>In-Network</p> <ul style="list-style-type: none"> • \$1,500 In-Network out-of-pocket limit. • All plan services covered under the out-of-pocket limit. <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$3,000 Out-of-Network out-of-pocket limit. • All plan services covered under the out-of-pocket limit. <p>In-Network</p> <ul style="list-style-type: none"> • No referral required for network doctors, specialists, and hospitals. • You may have to pay a separate copay for certain doctor office visits. 	<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. <p>In-Network</p> <ul style="list-style-type: none"> • \$1,500 In-Network out-of-pocket limit. • All plan services covered under the out-of-pocket limit. <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$3,000 Out-of-Network out-of-pocket limit. • All plan services covered under the out-of-pocket limit. <p>In-Network</p> <ul style="list-style-type: none"> • No referral required for network doctors, specialists, and hospitals. • You may have to pay a separate copay for certain doctor office visits.
<p>In-Network</p> <ul style="list-style-type: none"> • \$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. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for each hospital stay. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$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. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for each hospital stay.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Preferred
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"> • \$0 copay • 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. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for each hospital stay.
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 - 13: \$0 copay per day • Days 14 - 100: \$45 copay per day • Plan covers up to 100 days each benefit period • No prior hospital stay is required. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for each SNF stay.
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. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% for 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 Preferred Standard Rx

In-Network

- \$0 copay
- 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.

Out-of-Network

- 20% of the cost for each hospital stay.

General

- Authorizaton rules may apply.

In-Network

- For SNF stays:
 - Days 1 - 13: \$0 copay per day
 - Days 14 - 100: \$45 copay per day
- Plan covers up to 100 days each benefit period
- No prior hospital stay is required.

Out-of-Network

- 20% of the cost for each SNF stay.

General

- Authorization rules may apply.

In-Network

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

Out-of-Network

- 20% for home health visits.

General

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

Geisinger Gold Preferred \$0 Deductible Rx

In-Network

- \$0 copay
- 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.

Out-of-Network

- 20% of the cost for each hospital stay.

General

- Authorizaton rules may apply.

In-Network

- For SNF stays:
 - Days 1 - 13: \$0 copay per day
 - Days 14 - 100: \$45 copay per day
- Plan covers up to 100 days each benefit period
- No prior hospital stay is required.

Out-of-Network

- 20% of the cost for each SNF stay.

General

- Authorization rules may apply.

In-Network

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

Out-of-Network

- 20% for home health visits.

General

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

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Preferred
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. <p>Out-of-Network</p> <ul style="list-style-type: none"> \$20 copay for each primary care doctor visit. \$30 copay for each specialist visit.
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> <p>\$20 copay for Medicare-covered visits.</p> <ul style="list-style-type: none"> Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part. <p>Out-of-Network</p> <ul style="list-style-type: none"> \$30 copay for chiropractic benefits.
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. <p>Out-of-Network</p> <ul style="list-style-type: none"> \$30 copay for podiatry benefits.
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. <p>Out-of-Network</p> <ul style="list-style-type: none"> 20% of the cost for Mental Health benefits. 20% of the cost for Mental Health benefits with a psychiatrist.

Summary of Benefits

Geisinger Gold Preferred Standard Rx	Geisinger Gold Preferred \$0 Deductible Rx
<p>General</p> <ul style="list-style-type: none"> • See "Physical Exams," for more information. 	<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. 	<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.
<p>Out-of-Network</p> <ul style="list-style-type: none"> • \$20 copay for each primary care doctor visit. • \$30 copay for each specialist visit. 	<p>Out-of-Network</p> <ul style="list-style-type: none"> • \$20 copay for each primary care doctor visit. • \$30 copay for each specialist visit.
<p>In-Network</p> <p>\$20 copay for Medicare-covered visits.</p> <ul style="list-style-type: none"> • Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part. 	<p>In-Network</p> <p>\$20 copay for Medicare-covered visits.</p> <ul style="list-style-type: none"> • Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.
<p>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for chiropractic benefits. 	<p>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for chiropractic benefits.
<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. 	<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.
<p>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for podiatry benefits. 	<p>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for podiatry benefits.
<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"> • \$25 copay for each Medicare-covered individual therapy visit. • \$10 copay for each Medicare-covered group therapy visit. 	<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.
<p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Mental Health benefits. • 20% of the cost for Mental Health benefits with a psychiatrist. 	<p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Mental Health benefits. • 20% of the cost for Mental Health benefits with a psychiatrist.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Preferred
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. <p>Out-of-Network</p> <ul style="list-style-type: none"> 20% of the cost for outpatient substance abuse benefits.
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"> \$75 copay for each Medicare-covered ambulatory surgical center visit. \$150 copay for each Medicare-covered outpatient hospital facility visit. <p>Out-of-Network</p> <ul style="list-style-type: none"> 20% of the cost for ambulatory surgical center benefits. 20% of the cost for outpatient hospital facility benefits.
14 - Ambulance Services (medically necessary ambulance services)	<ul style="list-style-type: none"> 20% coinsurance 	<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>Out-of-Network</p> <ul style="list-style-type: none"> 20% of the cost for 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% 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. 	<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

Summary of Benefits

Geisinger Gold Preferred Standard Rx	Geisinger Gold Preferred \$0 Deductible Rx
<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. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for outpatient substance abuse benefits. 	<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. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for outpatient substance abuse benefits.
<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$75 copay for each Medicare-covered ambulatory surgical center visit. • \$150 copay for each Medicare-covered outpatient hospital facility visit. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for ambulatory surgical center benefits. • 20% of the cost for outpatient hospital facility benefits. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$75 copay for each Medicare-covered ambulatory surgical center visit. • \$150 copay for each Medicare-covered outpatient hospital facility visit. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for ambulatory surgical center benefits. • 20% of the cost for outpatient hospital facility benefits.
<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>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for ambulance benefits. 	<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>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for ambulance benefits.
<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 	<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

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Preferred
<p>16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p> <p>17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<ul style="list-style-type: none"> • 20% coinsurance, or a set copay • NOT covered outside the U.S. except under limited circumstances. <ul style="list-style-type: none"> • 20% coinsurance 	<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>In-Network</p> <ul style="list-style-type: none"> • \$20 copay for Medicare-covered Occupational Therapy visits. • \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Occupational Therapy benefits. • 20% of the cost for Physical and/or Speech/Language Therapy visits.
<p>Outpatient Medical Services and Supplies</p>		
<p>18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p> <p>19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<ul style="list-style-type: none"> • 20% coinsurance <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"> • 20% of the cost for Medicare-covered items. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for durable medical equipment. <p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered items. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for prosthetic devices.

Summary of Benefits

Geisinger Gold Preferred Standard Rx	Geisinger Gold Preferred \$0 Deductible Rx
<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>In-Network</p> <ul style="list-style-type: none"> • \$20 copay for Medicare-covered Occupational Therapy visits. • \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Occupational Therapy benefits. • 20% of the cost for Physical and/or Speech/Language Therapy visits. 	<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>In-Network</p> <ul style="list-style-type: none"> • \$20 copay for Medicare-covered Occupational Therapy visits. • \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Occupational Therapy benefits. • 20% of the cost for Physical and/or Speech/Language Therapy visits.
<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered items. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for durable medical equipment. <p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered items. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for prosthetic devices. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered items. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for durable medical equipment. <p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered items. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for prosthetic devices.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Preferred
<p>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<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>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Diabetes self-monitoring training. • \$0 copay for Nutrition Therapy for Diabetes. • 20% of the cost for Diabetes supplies. <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for Diabetes self-monitoring training. • 20% of the cost for Nutrition Therapy for Diabetes. • 20% of the cost for Diabetes supplies.
<p>21 - Diagnostic Tests, X-Rays, and Lab Services</p>	<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. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for diagnostic procedures, tests, and lab services. • 20% of the cost for therapeutic radiology services • 20% of the cost for outpatient x-rays. • 20% of the cost for diagnostic radiology services
<p>Preventive Services</p>		
<p>22 - Bone Mass Measurement (for people with Medicare who are at risk)</p>	<ul style="list-style-type: none"> • 20% coinsurance • Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered bone mass measurement <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for Medicare-covered bone mass measurement.

Summary of Benefits

Geisinger Gold Preferred Standard Rx	Geisinger Gold Preferred \$0 Deductible Rx
<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Diabetes self-monitoring training. • \$0 copay for Nutrition Therapy for Diabetes. • 20% of the cost for Diabetes supplies. <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for Diabetes self-monitoring training. • 20% of the cost for Nutrition Therapy for Diabetes. • 20% of the cost 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"> • \$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. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for diagnostic procedures, tests, and lab services. • 20% of the cost for therapeutic radiology services • 20% of the cost for outpatient x-rays. • 20% of the cost for diagnostic radiology services 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Diabetes self-monitoring training. • \$0 copay for Nutrition Therapy for Diabetes. • 20% of the cost for Diabetes supplies. <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for Diabetes self-monitoring training. • 20% of the cost for Nutrition Therapy for Diabetes. • 20% of the cost 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"> • \$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. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for diagnostic procedures, tests, and lab services. • 20% of the cost for therapeutic radiology services • 20% of the cost for outpatient x-rays. • 20% of the cost for diagnostic radiology services
<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered bone mass measurement <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 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>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for Medicare-covered bone mass measurement.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Preferred
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. 	<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>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for colorectal screenings.
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. 	<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>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for 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. 	<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>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for screening mammograms.
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 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered pap smears and pelvic exams and • up to 1 additional pap smear(s) and pelvic exam(s) <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for pap smears and pelvic exams.
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. 	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered prostate cancer screening. <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for prostate cancer screening.

Summary of Benefits

Geisinger Gold Preferred Standard Rx

In-Network

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

Out-of-Network

- \$30 copay for colorectal screenings.

In-Network

- \$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.

Out-of-Network

- 20% of the cost for immunizations.

In-Network

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

Out-of-Network

- \$30 copay for screening mammograms.

In-Network

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

Out-of-Network

- \$30 copay for pap smears and pelvic exams.

In-Network

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

Out-of-Network

- \$30 copay for prostate cancer screening.

Geisinger Gold Preferred \$0 Deductible Rx

In-Network

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

Out-of-Network

- \$30 copay for colorectal screenings.

In-Network

- \$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.

Out-of-Network

- 20% of the cost for immunizations.

In-Network

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

Out-of-Network

- \$30 copay for screening mammograms.

In-Network

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

Out-of-Network

- \$30 copay for pap smears and pelvic exams.

In-Network

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

Out-of-Network

- \$30 copay for prostate cancer screening.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Preferred
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 <p><i>Out-of-Network</i></p> <ul style="list-style-type: none"> • 20% of the cost for renal dialysis. • 20% of the cost 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. • 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</i></p> <p><i>General</i></p> <ul style="list-style-type: none"> • This plan does not offer prescription drug coverage.

Summary of Benefits

Geisinger Gold Preferred Standard Rx

In-Network

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

Out-of-Network

- 20% of the cost for renal dialysis.
- 20% of the cost for Nutrition Therapy for End-Stage Renal Disease.

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.

Geisinger Gold Preferred \$0 Deductible Rx

In-Network

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

Out-of-Network

- 20% of the cost for renal dialysis.
- 20% of the cost for Nutrition Therapy for End-Stage Renal Disease.

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.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Preferred

Summary of Benefits

Geisinger Gold Preferred Standard Rx

- Some drugs have quantity limits.
- Your provider must get prior authorization from Geisinger Gold Preferred Standard Rx 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 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

- \$295 yearly deductible.

Initial Coverage

- After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,700.

Retail Pharmacy

- You can get drugs the following way(s):
 - one-month (34-day) supply
 - three-month (90-day) supply

Geisinger Gold Preferred \$0 Deductible Rx

- Some drugs have quantity limits.
- Your provider must get prior authorization from Geisinger Gold Preferred \$0 Deductible Rx 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 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

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Preferred

Summary of Benefits

Geisinger Gold Preferred Standard Rx

Long Term Care Pharmacy

- You can get drugs the following way(s):
 - one-month (34-day) supply

Mail Order

- You can get drugs the following way(s):
 - three-month (90-day) supply

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.

Geisinger Gold Preferred \$0 Deductible Rx

- 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) 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.

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Preferred

Summary of Benefits

Geisinger Gold Preferred Standard Rx

Out-of-Network

- 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 Preferred Standard Rx.
- You can get drugs the following way:
 - one-month (34-day) supply

Out-of-Network Initial Coverage

- After you pay your yearly deductible, you will be reimbursed up to 75% of the actual cost for drugs purchased out-of-network until your total yearly drug costs reach \$2,700.

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 Preferred Standard Rx for

Geisinger Gold Preferred \$0 Deductible Rx

Out-of-Network

- 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 Preferred \$0 Deductible Rx.

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 Preferred \$0 Deductible Rx

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Preferred
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 <p><i>Out-of-Network</i></p> <ul style="list-style-type: none"> \$30 copay for comprehensive dental benefits. 20% of the cost for preventive dental benefits.
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. <p><i>Out-of-Network</i></p> <ul style="list-style-type: none"> \$30 copay for hearing exams. \$0 copay for hearing aids

Summary of Benefits

Geisinger Gold Preferred Standard Rx

out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Geisinger Gold Preferred Standard Rx 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.

In-Network

- \$0 copay for Medicare-covered dental benefits
- \$20 copay for an office visit that includes:
 - 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

Out-of-Network

- \$30 copay for comprehensive dental benefits.
- 20% of the cost for preventive dental benefits.

In-Network

- \$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.

Out-of-Network

- \$30 copay for hearing exams.
- \$0 copay for hearing aids

Geisinger Gold Preferred \$0 Deductible Rx

for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Geisinger Gold Preferred \$0 Deductible Rx 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.

In-Network

- \$0 copay for Medicare-covered dental benefits
- \$20 copay for an office visit that includes:
 - 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

Out-of-Network

- \$30 copay for comprehensive dental benefits.
- 20% of the cost for preventive dental benefits.

In-Network

- \$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.

Out-of-Network

- \$30 copay for hearing exams.
- \$0 copay for hearing aids

Summary of Benefits

Benefit	Original Medicare	Geisinger Gold Preferred
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. <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$30 copay for eye exams. • \$0 copay for eye wear
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. <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$20 copay for routine exams.
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 • Other Wellness Benefits <p>Out-of-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Health and Wellness services.
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 Preferred Standard Rx

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.

Out-of-Network

- \$30 copay for eye exams.
- \$0 copay for eye wear

In-Network

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

Out-of-Network

- \$20 copay for routine exams.

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

Out-of-Network

- 20% of the cost for Health and Wellness services.

In-Network

- This plan does not cover routine transportation.

In-Network

- This plan does not cover Acupuncture.

Geisinger Gold Preferred \$0 Deductible Rx

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.

Out-of-Network

- \$30 copay for eye exams.
- \$0 copay for eye wear

In-Network

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

Out-of-Network

- \$20 copay for routine exams.

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

Out-of-Network

- 20% of the cost for Health and Wellness services.

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 Preferred 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 Preferred	Geisinger Gold Preferred Standard Rx	Geisinger Gold Preferred \$0 Deductible Rx
Adams	\$2	\$31	\$35
Berks	\$103	\$132	\$136
Blair	\$113	\$142	\$146
Cambria	\$113	\$142	\$146
Carbon	\$113	\$142	\$146
Centre	\$88	\$117	\$121
Clearfield	\$88	\$117	\$121
Clinton	\$107	\$136	\$140
Columbia	\$107	\$136	\$140
Cumberland	\$83	\$112	\$116
Dauphin	\$2	\$31	\$35
Huntingdon	\$113	\$142	\$146
Jefferson	\$88	\$117	\$121
Juniata	\$113	\$142	\$146
Lackawanna	\$93	\$122	\$126
Lancaster	\$2	\$31	\$35
Lebanon	\$2	\$31	\$35
Lehigh	\$103	\$132	\$136
Luzerne	\$93	\$122	\$126
Lycoming	\$107	\$136	\$140
Mifflin	\$88	\$117	\$121
Monroe	\$113	\$142	\$146
Montour	\$107	\$136	\$140
Northampton	\$103	\$132	\$136
Northumberland	\$107	\$136	\$140
Perry	\$83	\$112	\$116
Pike	\$113	\$142	\$146
Potter	\$107	\$136	\$140
Schuylkill	\$107	\$136	\$140
Snyder	\$107	\$136	\$140
Sullivan	\$73	\$102	\$106
Susquehanna	\$73	\$102	\$106
Union	\$107	\$136	\$140
Wayne	\$113	\$142	\$146
Wyoming	\$118	\$147	\$151
York	\$2	\$31	\$35



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