



G O L D

Geisinger Gold Reserve

Thank you for your interest in Geisinger Gold Reserve 4. Our plan is offered by GEISINGER INDEMNITY INSURANCE COMPANY/Geisinger Gold, a Medicare Advantage Medical Savings Account organization. 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 Reserve 4 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 Medical Savings Account plan, like Geisinger Gold Reserve 4. 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 Reserve 4 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 Reserve 4 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. For more information on how Medical Savings Accounts work you may visit: <http://www.medicare.gov/Publications/Pubs/pdf/11206.pdf>

Where Is Geisinger Gold Reserve 4 Available?

The service area for this plan includes: Venango, Washington, Allegheny, Blair, Cambria, Cameron, Clarion, Crawford, Elk, Fayette, Forest, Fulton, Indiana, Lawrence, Somerset Counties, PA. You must live in one of these areas to join the plan.

Who Is Eligible To Join Geisinger Gold Reserve 4?

You can join Geisinger Gold Reserve 4 if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. Generally, you can't join Geisinger Gold Reserve 4 if you have End Stage Renal Disease, have elected the Medicare hospice benefit, have Medicaid or are eligible for or covered under another

health benefits program, including Veterans Affairs, Department of Defense or the Federal Employee Health Benefits program. Also, individuals who receive health benefits that would cover all or part of the annual deductible are not eligible to join Geisinger Gold Reserve 4.

Can I Choose My Doctors?

As a member of Geisinger Gold Reserve 4, you can use any doctor, specialist, or hospital that accepts Medicare payment and accepts the terms, conditions and payment rate of Geisinger Gold plan. Geisinger Gold has the right to determine if the service or treatment ordered by your health care provider is covered under Geisinger Gold plan.

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

Geisinger Gold Reserve 4 does cover Medicare Part B prescription drugs. Geisinger Gold Reserve 4 does NOT cover Medicare Part D prescription drugs however, you may join a Medicare prescription drug plan.

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 Reserve 4 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 Reserve 4.

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

Customer Service Hours:

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

- Current members should call toll-free (800)-498-9731. (TTY/TDD (800)-447-2833)
- Prospective members should call toll-free (800)-514-0138. (TTY/TDD (800)-447-2833)
- Current members should call locally (570)-271-8771. (TTY/TDD (800)-447-2833)
- Prospective members should call locally (800)-756-1878. (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.

Important Information

	Original Medicare	Geisinger Gold Reserve 4
<p>Important Information</p>		
<p>1 - Premium and Other Important Information</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. 	<p>General</p> <ul style="list-style-type: none"> You will not have a monthly plan premium. Medicare pays the monthly plan premium for the Medicare MSA Plan. Balance billing means that a provider may charge and bill you more than the plan's payment amount for services. There is a limit on what providers may charge for Medicare-covered services. Balance billing counts towards your plan deductible. Medicare will deposit \$1,260 into your bank account. \$5,000 yearly deductible Note that only Medicare-covered services will count toward your yearly deductible.
<p>2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<ul style="list-style-type: none"> You may go to any doctor, specialist or hospital that accepts Medicare. 	<ul style="list-style-type: none"> Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
<p>Summary of Benefits</p>		
<p>Inpatient Care</p>		
<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 	<ul style="list-style-type: none"> Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.

Important Information

	Original Medicare	Geisinger Gold Reserve 4
	<p>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>	
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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
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. • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.

Important Information

	Original Medicare	Geisinger Gold Reserve 4
Outpatient Care		
8 - Doctor Office Visits	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met. • 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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met. • 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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
12 - Outpatient Substance Abuse Care	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
14 - Ambulance Services (medically necessary ambulance services)	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.

Important Information

	Original Medicare	Geisinger Gold Reserve 4
<p>15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
<p>16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<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. • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
<p>17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
<p>Outpatient Medical Services and Supplies</p>		
<p>18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
<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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.

Important Information

	Original Medicare	Geisinger Gold Reserve 4
<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. • 20% coinsurance for diagnostic tests and x-rays 	<ul style="list-style-type: none"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
<p>21 - Diagnostic Tests, X-Rays, and Lab Services</p>	<ul style="list-style-type: none"> • \$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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
<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. 	<ul style="list-style-type: none"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
<p>23 - Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.

Important Information

	Original Medicare	Geisinger Gold Reserve 4
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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met. • \$0 copay for Flu and Pneumonia vaccines. • No referral needed for Flu and pneumonia vaccines.
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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
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"> • Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
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 	<p>Drugs covered under Medicare Part B General</p> <ul style="list-style-type: none"> • Most drugs not covered. <p>Drugs covered under Medicare Part D General</p> <ul style="list-style-type: none"> • This plan does not offer prescription drug coverage.

Important Information

	Original Medicare	Geisinger Gold Reserve 4
	Cost Plan that offers prescription drug coverage.	
30 - Dental Services	<ul style="list-style-type: none"> Preventive dental services (such as cleaning) not covered. 	
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"> Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
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"> Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
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"> Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once the deductible is met.
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 does not cover health/wellness education 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.



www.GeisingerGold.com