

Operations Bulletin 06-09



Date: November 15, 2009
To: Participating Providers
Subject: Geisinger Gold 2010

Geisinger Gold is pleased to introduce our 2010 Gold products.

Geisinger Gold 2010 continues to offer a variety of Medicare Advantage plans designed to meet the unique needs and budgets of Medicare beneficiaries throughout Pennsylvania. Our restructured plans are available at competitive premiums and have seen minimal changes to key benefits.

Plans offered for 2010:

Classic 1 (HMO)	Open 3 (PFFS)**
Classic 2 (HMO)	Secure 1 (Dual Eligible SNP)
Classic 3 (HMO)	Secure 2 (Institutionalized SNP)
Classic PEBTF (HMO)*	Secure 3 (Diabetic/CHF SNP)*
Preferred (PPO)	Reserve (MSA)
	Gold Rx (PDP)

* New plan for 2010
** Open 2 and Open 5 plans have been closed for 2010

The cost-sharing grids in this Bulletin include more details on our 2010 plans. Additional information about Geisinger Gold, including tools to verify benefits and member eligibility can be found in the Provider Service Center at thehealthplan.com.

If you have any questions about Geisinger Gold, or would like additional reference materials for your office, please contact the Gold Customer Service Team at (800) 498-9731, or your Provider Relations Representative:

Danville: (800) 876-5357 Harrisburg: (888) 281-5338
Scranton: (800) 350-6486 State College: (888) 669-4834

If your patient is interested in what Geisinger Gold has to offer, they can call (800) 482-8163 or visit www.geisingergold.com for more information.

Geisinger Gold Member Identification Cards

	CLASSIC 1 (HMO) A Medicare Advantage Plan
ID #:	
Medical Record #:	PCP Copay \$10 Spec Copay \$20 ER Copay \$50
Tel-A-Nurse #: 877-543-5061	
www.GeisingerGold.com	

Geisinger Gold Customer Service: 1-800-498-9731 or 570-271-8771. TDD/TTY: Hearing impaired, contact PA Relay at: 711 Call if you have coverage questions and as soon as possible upon hospitalization or after an emergency. Emergencies: Call 911 or your local emergency service.	
To access Mental Health and Substance Abuse services , call 1-888-839-7972.	
Mail Medical Claims to: Geisinger Health Plan P.O. Box 8200 Danville, PA 17821-8200	Benefit Code: _____
General Information: Geisinger Health Plan 100 N. Academy Avenue Danville, PA 17822-3229	Issue Date: _____
Mail Dental Claims to: Delta Dental, One Delta Drive, Mechanicsburg, PA 17055 For Dental benefit inquiries call 1-800-498-9731.	

Sample Gold Member Identification Cards are available online at thehealthplan.com. The front of the card will display the Member's PCP, SCP, and ER copays as well as 'No Referrals Required' if applicable.

2010 Plan Highlights

- \$0 copay for routine preventive services per calendar year
- Lower urgent care copays
- Worldwide emergency services
- OOP max and coinsurance apply to both injectable and non-injectable Part B drugs
- Cost-sharing for outpatient therapies (physical, speech and occupational) and lab/radiology services is charged per visit, not per unique service
- Routine foot care covered up to 4 times annually without interval limits

Classic 1 (HMO)

Covers routine office visits, physicals, immunizations, diagnostic tests and x-rays. Coverage for eyeglasses, hearing aids, preventive dental benefits, toenail trimmings, fitness center memberships, and worldwide ER services is included. This plan also features an out of pocket maximum of \$2000 (copays and coinsurance apply but premiums do not apply towards the annual maximum). Part D prescription drug coverage is available with this plan.

Classic 2 (HMO)

Offers the same benefits as Gold Classic 1 with a lower monthly premium. Covers provider office visits and some routine services with a copay. Coverage for eyeglasses, hearing aids, preventive dental benefits, toenail trimmings, fitness center memberships, and worldwide ER services is included. In addition, Member would pay 15% of most other services up to a maximum of \$2,000 per year (premiums and copays do not apply towards the annual maximum). Part D prescription drug coverage is available with this plan.

Classic 3 (HMO)

A zero-dollar premium plan for medical benefits. Member pays a copay for services such as Primary Care and Specialist doctor visits, rehab, home health and partial hospitalization. Coverage for eyeglasses, hearing aids, preventive dental benefits, toenail trimmings, fitness center memberships, and worldwide ER services is included. For other covered services, this plan pays the first \$500. Member pays the next \$2,200 in deductible. After that, services that apply to the deductible are covered in full. Part D prescription drug coverage is available with this plan.

Classic PEBTF (HMO)

Available to eligible Commonwealth of Pennsylvania retirees. Zero cost-sharing for most inpatient and outpatient services. Small copays apply to Primary Care and Specialist doctor visits, rehab, and mental health services. In general, Member pays 100% for preventive dental services and routine vision and hearing exams/eyewear and hearing aids. A fitness center membership is included with the plan. Part D prescription drug coverage is facilitated through the Pennsylvania Employees Benefit Trust Fund REHP Prescription Drug plan.

Preferred (PPO)

No Primary Care Physician selection or referrals for specialists in or out of network are required with this plan. After a \$250 deductible (both in and out-of-network), this plan features a predictable \$275 inpatient copay per hospital stay when in-network. Members pay fixed \$10/\$20 copays for PCP/Specialist visits in network and \$20/\$30 out-of-network (the deductible does not apply) for services such as Primary Care and Specialist doctor visits, rehab, home health and partial hospitalization. Most other out-of-network benefits are covered at 20%. Coverage for eyeglasses, hearing aids, preventive dental benefits, toenail trimmings, fitness center memberships, and worldwide ER services is included. Premiums do not apply towards the annual maximum. Part D prescription drug coverage is available with this plan.

Open 3 (PFFS)

A private fee-for-service plan. Member can go to any doctor or hospital that accepts Medicare and the plan's terms and conditions of payment (Geisinger Gold pays the same as Medicare.) No referrals are necessary. Copays and cost-sharing apply, with a \$3,000 annual out-of-pocket maximum. Coverage for eyeglasses, hearing aids, preventive dental benefits, toenail trimmings, fitness center memberships, and worldwide ER services is included. Premiums do not apply towards the annual maximum. Part D prescription drug coverage is available with this plan.

Secure 1 (SNP)

Designed for people who are eligible for Medicare Part A, enrolled in Part B and have Medicaid coverage. Gold Secure 1 offers all the same coverage as traditional Medicare. The member pays no premium and low to no cost sharing if fully dually eligible for Medicare and Medicaid. Secure 1 also includes Part D prescription drug coverage, worldwide ER services, dental benefits up to \$600 per year for cleanings, simple fillings and simple extractions and coverage for over-the-counter medications and medical supplies (up to \$50 per calendar quarter).

Secure 2 (SNP)

Specifically for institutionalized members, Gold Secure 2 offers the same coverage as traditional Medicare plus additional benefits designed for those members requiring a skilled level of care and living in an institutional setting. Includes \$0 cost sharing for many services such as SNF, PCP copays and preventive services. It also includes enhanced \$0 deductible Part D prescription drug coverage, world-wide ER services, routine eye wear, hearing aids as well as dental benefits up to \$600 per year for cleanings, simple fillings, simple extractions and up to \$250 towards dentures every 5 years.

Secure 3 (SNP)

A new plan designed for those people with diabetes and/or Chronic Heart Failure (CHF). Gold Secure 3 includes lower PCP copays than Classic 1 to encourage members with diabetes and/or CHF to regularly see their PCP. Also includes \$0 copay for diabetic supplies, enhanced \$0 deductible Part D prescription drug benefits with coverage for a limited number of generic drugs through the gap, world-wide ER services as well as routine eye wear, hearing aids and dental benefits. This plan also features an out of pocket maximum of \$2000 (premiums do not apply towards the annual maximum.) Premiums do not apply towards the annual maximum.

Reserve (MSA)

A Medicare Advantage health insurance plan that links to a personal Medical Savings Account to help pay for medical expenses. As part of the enrollment process, the Health Plan deposits \$1,008 or \$1,500 (depending on county) directly into a personal Medical Savings Account. Reserve plans have deductibles of \$3,000 or \$4,000, but no monthly premium. Member can go to any doctor or hospital that accepts Medicare and the plan's terms and conditions. No referrals are necessary. Once the deductible amount is met, the Health Plan pays for planned covered medical expenses in full. Members cannot make deposits directly into the account; however, they can use the money to pay for qualified medical expenses. Expenses incurred for Medicare-covered services that are covered benefits under the plan go toward the annual deductible. At the end of the calendar year, if any money is left in the personal Medical Savings Account, that money will roll over for use during the next year. This plan does not include prescription drug coverage. Members may add prescription drug coverage by joining a stand-alone Medicare prescription drug plan, such as Geisinger **Gold Rx**, at a separate cost.

Gold Rx (PDP)

Geisinger Gold Members (except for Open 3 members with medical-only benefits or Reserve members) should not join this plan. To do so would result in disenrollment from their Geisinger Gold plan. Gold Rx is a stand-alone Medicare Prescription Drug Plan available to beneficiaries who are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of a Medicare Private-Fee-For-Service plan or are enrolled in an 1876 Cost Plan. Geisinger Gold's pharmacy network includes retail and mail order pharmacies.

Part D Prescription Coverage

Geisinger Gold offers either a standard or a \$0 deductible Part D prescription drug plan as part of Classic and Preferred plans. The Open 3 PFFS plan is available with the \$0 deductible Part D prescription drug plan only. Secure plans are packaged with the \$0 deductible Part D prescription drug plan (Secure 1 Part D prescription drug cost-sharing is based on Member income and institutional status and generic/brand drug classification).

All plans require members to continue to pay their monthly Medicare Part B premium, live in the service area and not have ESRD.

Classic HMO

PCP selection, referrals for specialty care and network providers required

	Classic 1	Classic 2	Classic 3*
Premium	\$63 - \$151	\$20 - \$88	\$0 - \$33
General Provisions			
Deductible	\$0	\$0	\$2,200 after initial coverage
Coinsurance After Deductible	N/A	N/A	0%
OOP Maximum	\$2,000	\$2,000	None
Hospital Inpatient			
Non-Mental Health	\$50/day (days 1-5)	15%	\$0 after deductible is met
Mental Health	\$50/day (days 1-5)	\$50/day (days 1-5)	\$50/day (days 1-5)
SNF	\$60/day (days 7-100)	15%	\$0 after deductible is met
Home Health Care	\$0	\$0	\$0
Hospital Outpatient			
Emergency Room	\$50	\$50	\$50
Ambulatory Surgical Center	\$0 - \$50	15%	\$0 after deductible is met
Outpatient Hospital Surgery	\$0 - \$50	15%	\$0 after deductible is met
Radiology - General (X-rays)	\$15	\$15	\$0 after deductible is met
Radiology - MRI/CAT/PET	\$75	15%	\$0 after deductible is met
Pathology	\$5	15%	\$0 after deductible is met
Physical/Occupational/Speech Therapy	\$10	\$10	\$10
Physician			
PCP Visits	\$10	\$10	\$10
Specialist Visits	\$20	\$20	\$20
Urgent Care	\$20	\$20	\$20
Chiropractor	\$20	\$20	\$20
Podiatrist	\$20	\$20	\$20
Psych Services (Ind/Grp)	\$25/\$10	\$25/\$10	\$25/\$10
Substance Abuse (Ind/Grp)	\$25/\$10	\$25/\$10	\$25/\$10
Other			
Medicare Part B Covered Drugs	10%	15%	\$0 after deductible is met
Ambulance	\$50	\$50	\$0 after deductible is met
DME/Supplies/Diabetic Monitoring**	20%	20%	\$0 after deductible is met
Prosthetics	20%	20%	\$0 after deductible is met
Immunizations	Covered	Covered	Covered
Routine Vision Exams	\$20 (1/year)	\$20 (1/year)	\$20 (1/year)
Routine Vision Hardware	\$200 every 2 years	\$200 every 2 years	\$200 every 2 years
Routine Hearing/Speech Exams	\$20 (1/year)	\$20 (1/year)	\$20 (1/year)
Routine Hearing Aids	\$800 every 3 years	\$800 every 3 years	\$800 every 3 years
Routine Physical Exams	\$10	\$10	\$10
Preventive Services	\$0	\$0	\$0
Routine Foot Care (4 times/year)	Covered	Covered	Covered
Fitness Center	Covered	Covered	Covered
Preventive Dental	\$20 exams, 2/year; \$20 - \$30 X-rays	\$20 exams, 2/year; \$20 - \$30 X-rays	\$20 exams, 2/year; \$20 - \$30 X-rays

* \$500 initial coverage paid by the plan (Member pays nothing for first \$500 of covered services)

** 0% cost-sharing for Lifescan glucometers

Highlighted cost-sharing denotes changes from 2009 plans

Refer to Provider Service Center at thehealthplan.com to verify benefits and cost-sharing

Classic PEBTF HMO

PCP selection, referrals for specialty care and network providers required

	Classic HMO for Pennsylvania Employees Benefit Trust Fund
Premium	Retirees that retired on or after 7/1/05 will continue to pay their retiree contribution. Questions on premiums for surviving spouses must be answered directly by the PEBTF.
General Provisions	
Deductible	\$0
Coinsurance After Deductible	N/A
OOP Maximum	None
Hospital Inpatient	
Non-Mental Health	0% (no limit on number of days)
Mental Health	0% (no limit on number of days)
SNF	\$0/day (days 1-100)
Home Health Care	\$0
Hospital Outpatient	
Emergency Room*	\$50
Ambulatory Surgical Center	\$0
Outpatient Hospital Surgery	\$0
Radiology - General (X-rays)	0%
Radiology - MRI/CAT/PET	0%
Pathology	0%
Physical/Occupational/Speech Therapy	\$10
Physician	
PCP Visits	\$10
Specialist Visits	\$15
Urgent Care	\$50
Chiropractor	\$15
Podiatrist	\$15
Psych Services (Ind/Grp)	\$15
Substance Abuse (Ind/Grp)	\$0
Other	
Medicare Part B Covered Drugs	\$0
Ambulance	0%
DME/Supplies/Diabetic Monitoring	0%
Prosthetics	0%
Immunizations	Covered
Routine Vision Exams	Not Covered
Routine Vision Hardware	Not Covered
Routine Hearing/Speech Exams	Not Covered
Routine Hearing Aids	Not Covered
Routine Physical Exams	\$0
Preventive Services	\$0
Routine Foot Care (4 times/year)	Not Covered
Fitness Center	Covered
Preventive Dental**	Not Covered

* \$50 copay waived if immediately admitted to hospital

** Limited coverage may apply if services are deemed medically necessary

Classic PEBTF is a new offering for 2010

Refer to Provider Service Center at thehealthplan.com to verify benefits and cost-sharing

Preferred PPO

PCP selection, referrals for specialty care and network providers not required

	In-Network	Out-of-Network
Premium	\$8 - \$112	
General Provisions		
Deductible	\$250	\$250
Coinsurance After Deductible	N/A	20%
OOP Maximum	\$2,900	\$3,500
Hospital Inpatient		
Non-Mental Health	\$275/admission	20%
Mental Health	\$275/admission	20%
SNF	\$60/day (days 7-100)	20%
Home Health Care	\$0	20%
Hospital Outpatient		
Emergency Room	\$50	\$50
Ambulatory Surgical Center	\$100	20%
Outpatient Hospital Surgery	\$100	20%
Radiology - General (X-rays)	\$20	20%
Radiology - MRI/CAT/PET	\$100	20%
Pathology	\$10	20%
Physical/Occupational/Speech Therapy	\$20	20%
Physician		
PCP Visits	\$10	\$20
Specialist Visits	\$20	\$30
Urgent Care	\$20	\$30
Chiropractor	\$20	\$30
Podiatrist	\$20	\$30
Psych Services (Ind/Grp)	\$25/\$10	20%
Substance Abuse (Ind/Grp)	\$25/\$10	20%
Other		
Medicare Part B Covered Drugs	20%	20%
Ambulance	\$100	20%
DME/Supplies/Diabetic Monitoring**	20%	20%
Prosthetics	20%	20%
Immunizations	Covered	20%
Routine Vision Exams	\$20 (1/year)	\$30
Routine Vision Hardware		\$200 every 2 years
Routine Hearing/Speech Exams	\$20 (1/year)	\$30
Routine Hearing Aids		\$800 every 3 years
Routine Physical Exams	\$10	\$20
Preventive Services	\$0	\$30
Routine Foot Care (4 times/year)	Covered	20%
Fitness Center	Covered	20%
Preventive Dental	\$20 exams, 2/year;	20%
	\$20 - \$30 X-rays	

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Open PFFS

PCP selection, referrals for specialty care and network providers not required

	Open 3
Premium	\$0 - \$85
General Provisions	
Deductible	N/A
Coinsurance After Deductible	N/A
OOP Maximum	\$3,000
Hospital Inpatient	
Non-Mental Health	\$200/day (days 1-5)
Mental Health	\$200/day (days 1-5)
SNF	\$0/day (days 1-3), \$65/day (days 4-100)
Home Health Care	\$20
Hospital Outpatient	
Emergency Room	\$50
Ambulatory Surgical Center	\$200
Outpatient Hospital Surgery	\$375
Radiology - General (X-rays)	\$25
Radiology - MRI/CAT/PET	20%
Pathology	20%
Physical/Occupational/Speech Therapy	\$25
Physician	
PCP Visits	\$15
Specialist Visits	\$30
Urgent Care	\$30
Chiropractor	\$30
Podiatrist	\$30
Psych Services (Ind/Grp)	45%
Substance Abuse (Ind/Grp)	45%
Other	
Medicare Part B Covered Drugs	20%
Ambulance	\$100
DME/Supplies/Diabetic Monitoring**	20%
Prosthetics	20%
Immunizations	Covered
Routine Vision Exams	\$30 (1/year)
Routine Vision Hardware	\$200 every 2 years
Routine Hearing/Speech Exams	\$30 (1/year)
Routine Hearing Aids	\$800 every 3 years
Routine Physical Exams	\$15
Preventive Services	\$0
Routine Foot Care (4 times/year)	Covered
Fitness Center	Covered
Preventive Dental	\$20 exams, 2/year; \$20 - \$30 X-rays

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Secure SNP

PCP selection, referrals for specialty care and network providers required

	Secure 1	Secure 2	Secure 3
Premium	\$0	\$96	\$115 - \$130
General Provisions			
Deductible	\$0	\$0	\$0
Coinsurance After Deductible	FFS	N/A	N/A
OOP Maximum	N/A	None	\$2,000
Hospital Inpatient			
Non-Mental Health	\$0	\$50/day (days 1-5)	\$100/day (days 1-5)
Mental Health	\$0	\$50/day (days 1-5)	\$100/day (days 1-5)
SNF	\$0	\$0/day (days 1-100)	\$60/day (days 7-100)
Home Health Care	\$0	\$0	\$0
Hospital Outpatient			
Emergency Room	\$50*	\$50	\$50
Ambulatory Surgical Center	\$0	\$0	\$50
Outpatient Hospital Surgery	\$0	\$0	\$100
Radiology - General (X-rays)	\$0	\$0	\$15
Radiology - MRI/CAT/PET	\$0	\$0	\$75
Pathology	\$0	\$0	\$5
Physical/Occupational/Speech Therapy	\$0	\$0	\$10
Physician			
PCP Visits	\$0	\$0	\$5
Specialist Visits	\$0	\$10	\$30
Urgent Care	\$0	\$10	\$30
Chiropractor	\$0	\$10	\$30
Podiatrist	\$0	\$10	\$30
Psych Services (Ind/Grp)	\$0	\$25/\$10	\$25/\$10
Substance Abuse (Ind/Grp)	\$0	\$25/\$10	\$25/\$10
Other			
Medicare Part B Covered Drugs	\$0	10%	10%
Ambulance	\$0	\$50	\$100
DME**	\$0	10%	20%
Prosthetics	\$0	\$0	20%
Diabetic Supplies**	\$0	\$0	\$0
Immunizations	Covered	Covered	Covered
Routine Vision Exams	\$0 (1/year)	\$10 (1/year)	\$20 (1/year)
Routine Vision Hardware	\$200 every 2 years	\$200 every 2 years	\$200 every 2 years
Routine Hearing/Speech Exams	\$0 (1/year)	\$10 (1/year)	\$20 (1/year)
Routine Hearing Aids	\$1,000 every 3 years	\$800 every 3 years	\$800 every 3 years
Routine Physical Exams	\$0	\$0	\$5 1/year
Preventive Services	\$0	\$0	\$0
Routine Foot Care (4 times/year)	Not Covered	Covered	Covered
Fitness Center	Not Covered	Not Covered	Covered
Preventive Dental	1 visit every 6 months	1 visit every 6 months	\$20 exams, 2/year;
	\$600 annual max	\$600 annual max	\$20 - \$30 X-rays
		\$250 every 5 years denture coverage	
Over the Counter Drugs	\$50/quarter	Not Covered	Not Covered
Routine Transportation	Not Covered	24 trips/year	Not Covered

* Member will not have a copay if fully dual eligible

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Highlighted cost-sharing denotes changes from 2009 plans (Secure 3 is a new offering for 2010)

Refer to Provider Service Center at thehealthplan.com to verify benefits and cost-sharing

Reserve MSA

PCP selection, referrals for specialty care and network providers not required

	Reserve
Premium	\$0
General Provisions	
Deductible	\$3,000/\$4,000
Coinsurance After Deductible	None
OOP Maximum	N/A
Fund Contribution	\$1,500/\$1,008
Hospital Inpatient	
Non-Mental Health	\$0 after deductible is met
Mental Health	\$0 after deductible is met
SNF	\$0 after deductible is met
Home Health Care	\$0 after deductible is met
Hospital Outpatient	
Emergency Room	\$0 after deductible is met
Ambulatory Surgical Center	\$0 after deductible is met
Outpatient Hospital Surgery	\$0 after deductible is met
Radiology - General (X-rays)	\$0 after deductible is met
Radiology - MRI/CAT/PET	\$0 after deductible is met
Pathology	\$0 after deductible is met
Physical/Occupational/Speech Therapy	\$0 after deductible is met
Physician	
PCP Visits	\$0 after deductible is met
Specialist Visits	\$0 after deductible is met
Urgent Care	\$0 after deductible is met
Chiropractor	\$0 after deductible is met
Podiatrist	\$0 after deductible is met
Psych Services (Ind/Grp)	\$0 after deductible is met
Substance Abuse (Ind/Grp)	\$0 after deductible is met
Other	
Medicare Part B Covered Drugs	\$0 after deductible is met
Ambulance	\$0 after deductible is met
DME/Supplies/Diabetic Monitoring	\$0 after deductible is met
Prosthetics	\$0 after deductible is met
Immunizations (other than Medicare covered)	Not Covered
Routine Vision Exams	Not Covered
Routine Vision Hardware	Not Covered
Routine Hearing/Speech Exams	Not Covered
Routine Hearing Aids	Not Covered
Routine Physical Exams	Not Covered
Preventive Services	\$0 after deductible is met
Routine Foot Care (4 times/year)	Not Covered
Fitness Center	Not Covered
Preventive Dental	Not Covered

Refer to Provider Service Center at thehealthplan.com to verify benefits and cost-sharing

