



Geisinger Gold

Thank you for your interest in Geisinger Gold Rx. Our plan is offered by GEISINGER INDEMNITY INSURANCE COMPANY, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Geisinger Gold Rx and ask for the "Evidence of Coverage."

You Have Choices In Your Medicare Prescription Drug Coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Geisinger Gold Rx. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How Can I Compare My Options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Geisinger Gold Rx to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where Is Geisinger Gold Rx Available?

The service area for this plan includes: Pennsylvania, West Virginia. You must live in one of these areas to join this plan.

Who Is Eligible To Join?

You can join this plan if you are enrolled in Medicare Part B and/or entitled to Medicare Part A 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 Medicare Private-Fee-For-Services plan or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year.

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

Geisinger Gold Rx does not cover drugs that are cov-

ered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Where Can I Get My Prescriptions?

Geisinger Gold Rx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will 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 call Customer Service for an up-to-date list.

What Is A Prescription Drug Formulary?

Geisinger Gold Rx 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 www.thehealthplan.com.

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.

What Should I Do If I Have Other Insurance In Addition To Medicare?

How Can I Get Help With My Drug Plan Costs?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug

coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Geisinger Gold Rx. Get this information before you decide to enroll in this plan.

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 Rx, 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/TTD users should call 1-877-486-2048.

What Are My Protections In This Plan?

All Medicare Prescription Drug 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 Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug 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 Rx, 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.

Please call Geisinger Gold Rx for more information about this plan.

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

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 of costs, please contact Geisinger Gold Rx for details

Important Information

Original Medicare	Geisinger Gold Rx 1	Geisinger Gold Rx 2
<p>Prescription Drugs</p>	<p><i>Drugs covered under Medicare Part D General</i></p> <ul style="list-style-type: none"> • This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.thehealthplan.com on the web. • Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). • \$31.20 monthly premium • Your in-network prescription coverage is limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain, emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details. • Total yearly drug costs are the total drug costs paid by both you and the plan. • Some drugs have quantity limits. • Your provider must get prior authorization from Geisinger Gold Rx Standard for certain drugs. • You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare 	<p><i>Drugs covered under Medicare Part D General</i></p> <ul style="list-style-type: none"> • This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.thehealthplan.com on the web. • Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). • \$28.60 monthly premium • Your in-network prescription coverage is limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain, emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details. • Total yearly drug costs are the total drug costs paid by both you and the plan. • Some drugs have quantity limits. • Your provider must get prior authorization from Geisinger Gold Rx No Deductible for certain drugs. • You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare

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	<p>Prescription Drug Plan Finder on Medicare.gov.</p> <p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$275 yearly deductible. <p><i>Initial Coverage</i></p> <ul style="list-style-type: none"> • After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2510. <p><i>Retail Pharmacy</i></p> <ul style="list-style-type: none"> • You can get drugs the following way(s): <ul style="list-style-type: none"> • one-month (34-day) supply • three-month (90-day) supply <p><i>Long Term Care Pharmacy</i></p> <ul style="list-style-type: none"> • You can get drugs the following way(s): <ul style="list-style-type: none"> • one-month (34-day) supply <p><i>Mail Order</i></p> <ul style="list-style-type: none"> • You can get drugs the following way(s): <ul style="list-style-type: none"> • three-month (90-day) supply 	<p>Prescription Drug Plan Finder on Medicare.gov.</p> <ul style="list-style-type: none"> • If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount. <p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$175 deductible on all drugs except generic drugs. • You pay \$3 copay for generic drugs until you reach the deductible. <p><i>Initial Coverage</i></p> <ul style="list-style-type: none"> • After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2510: <p><i>Retail Pharmacy</i></p> <p><i>Tier 1</i></p> <ul style="list-style-type: none"> • \$3 copay for a one-month (34-day) supply of drugs • \$9 copay for a three-month (90-day) supply of drugs <p><i>Tier 2</i></p> <ul style="list-style-type: none"> • \$40 copay for a one-month (34-day) supply of drugs • \$120 copay for a three-month (90-day) supply of drugs <p><i>Tier 3</i></p> <ul style="list-style-type: none"> • \$94 copay for a one-month (34-day) supply of drugs • \$282 copay for a three-month (90-day) supply of drugs <p><i>Long Term Care Pharmacy</i></p> <p><i>Tier 1</i></p> <ul style="list-style-type: none"> • \$3 copay for a one-month (34-day) supply of drugs <p><i>Tier 2</i></p> <ul style="list-style-type: none"> • \$40 copay for a one-month

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	<p>Coverage Gap</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050. <p>Catastrophic Coverage</p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$ 4050, you pay the greater of: <ul style="list-style-type: none"> • \$ 2.25 copay for generic (including brand drugs treated as generic) and \$ 5.60 copay for all other drugs, or • 5% coinsurance. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 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 pay more than the copay if you get your drugs at an out-of-network pharmacy. 	<p>(34-day) supply of drugs</p> <p>Tier 3</p> <ul style="list-style-type: none"> • \$94 copay for a one-month (34-day) supply of drugs <p>Mail Order</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$7.50 copay for a three-month (90-day) supply of drugs <p>Tier 2</p> <ul style="list-style-type: none"> • \$100 copay for a three-month (90-day) supply of drugs <p>Tier 3</p> <ul style="list-style-type: none"> • \$235 copay for a three-month (90-day) supply of drugs <p>Coverage Gap</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050. <p>Catastrophic Coverage</p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$ 4050, you pay the greater of: <ul style="list-style-type: none"> • \$ 2.25 copay for generic (including brand drugs treated as generic) and \$ 5.60 copay for all other drugs, or • 5% coinsurance. <p>Out-of-Network</p> <ul style="list-style-type: none"> • 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 pay more than the copay if you get your drugs at an out-of-network pharmacy.

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	<p><i>Out-of-Network Initial Coverage</i></p> <ul style="list-style-type: none"> • After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2510. • You can get drugs the following way(s): <ul style="list-style-type: none"> • one-month (34-day) supply <p><i>Out-of-Network Coverage Gap</i></p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050. <p><i>Out-of-Network Catastrophic Coverage</i></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$ 4050, you pay the greater of: <ul style="list-style-type: none"> • \$2.25 copay for generic (including brand drugs treated as generic) and \$ 5.60 copay for all other drugs, or • 5% coinsurance. 	<p><i>Out-of-Network Initial Coverage</i></p> <ul style="list-style-type: none"> • After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2510: <p><i>Tier 1</i></p> <ul style="list-style-type: none"> • \$3 copay for a one-month (34-day) supply of drugs <p><i>Tier 2</i></p> <ul style="list-style-type: none"> • \$40 copay for a one-month (34-day) supply of drugs <p><i>Tier 3</i></p> <ul style="list-style-type: none"> • \$94 copay for a one-month (34-day) supply of drugs <p><i>Out-of-Network Coverage Gap</i></p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050. <p><i>Out-of-Network Catastrophic Coverage</i></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$ 4050, you pay the greater of: <ul style="list-style-type: none"> • \$2.25 copay for generic (including brand drugs treated as generic) and \$ 5.60 copay for all other drugs, or • 5% coinsurance.



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