



# 2016 Benefit Overview

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**GEISINGER**  
**GOLD<sup>®</sup>**

# 2016 Geisinger Gold Plan Overview

Pennsylvania

**Geisinger Gold is offering the following 2016 products:**

HMO	PPO
<ul style="list-style-type: none"><li>• Classic Advantage</li><li>• Classic Advantage Rx</li><li>• Classic Complete Rx</li><li>• Secure Rx (D-SNP)</li></ul>	<ul style="list-style-type: none"><li>• Preferred Advantage Rx*</li><li>• Preferred Complete Rx*</li></ul>

\*Plans now available  
in **all** 40 counties of the  
Geisinger Gold service area

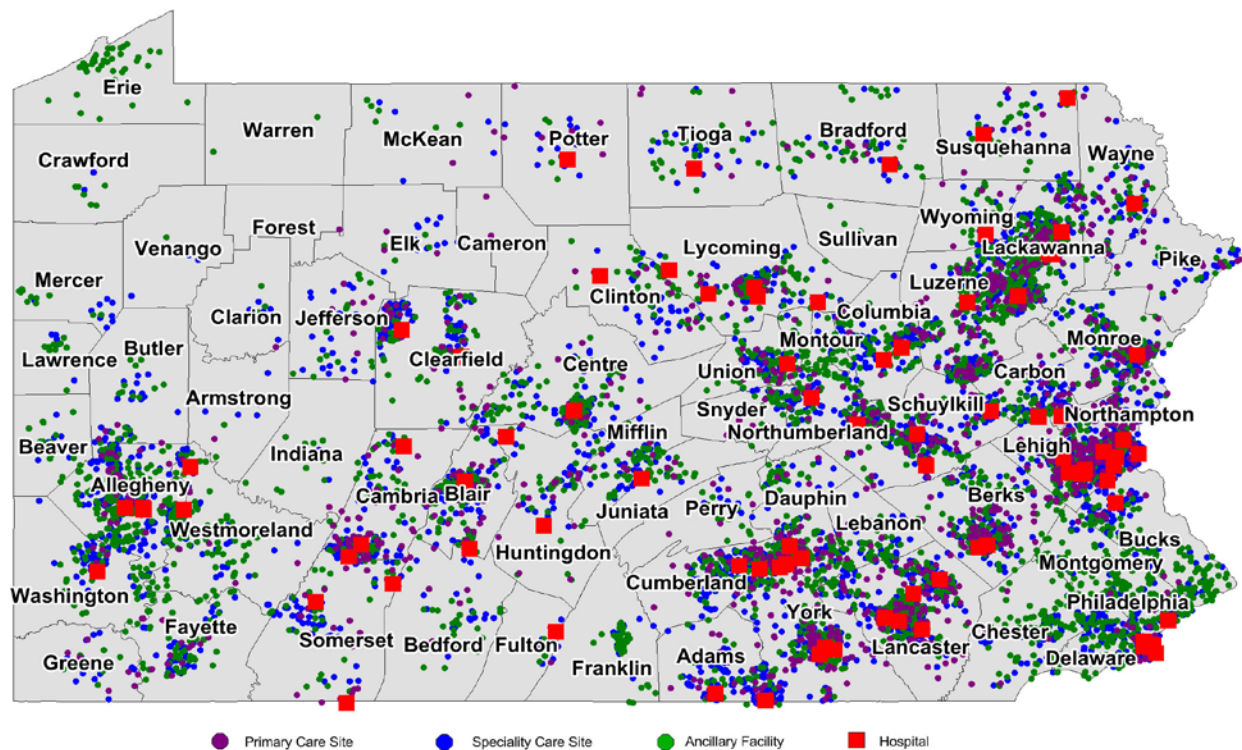
# 2016 Geisinger Gold Provider Network

## Facility Highlights

**Geisinger Gold features an expansive network, allowing members to access:**

- More than 29,000 providers and nearly 3,000 pharmacies**
- Over 90 hospitals, including:**

- Commonwealth Health
- Conemaugh Health System
- Dubois Medical Center
- Geisinger Health System
- Lancaster General Health
- Lehigh Valley Health Network
- Mt. Nittany Medical Center
- Pinnacle Health System
- Pocono Medical Center
- Reading Hospital
- St. Luke's Health Network
- UPMC Altoona
- WellSpan Health



# HMO Plans



**Classic** Advantage (Rx)  
**Classic** Complete Rx

# HMO Medicare Advantage Plans

Offered in all service area counties\*

	Classic Advantage (Rx)	Classic Complete Rx
<b>2016 Product Improvements</b>	<ul style="list-style-type: none"> <li>• Stable premiums</li> <li>• One of the lowest MOOPs in the market</li> <li>• Predictable \$200 outpatient hospital copay to replace previous 20% coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Lower out-of-pocket maximum</li> <li>• \$10/day decrease on inpatient hospital copays</li> <li>• \$5 decrease on both PCP and SCP copays</li> <li>• Predictable \$300 outpatient hospital copay</li> </ul>
<b>Monthly Premium*</b>	\$30-\$149 with or without Rx	\$0
<b>MOOP</b>	\$3,400	\$5,900
<b>Deductible</b>	\$0	\$0
<b>Inpatient Hospital</b>	\$125 per day (days 1-5)	\$180 per day (days 1-9)
<b>PCP</b>	\$5	\$5
<b>Specialist</b>	\$20	\$30
<b>Outpatient Hospital</b>	\$200	\$300
<b>\$0 Deductible Rx</b>	\$3/\$20/\$47/\$100/33%	\$3/\$20/\$47/\$100/33%

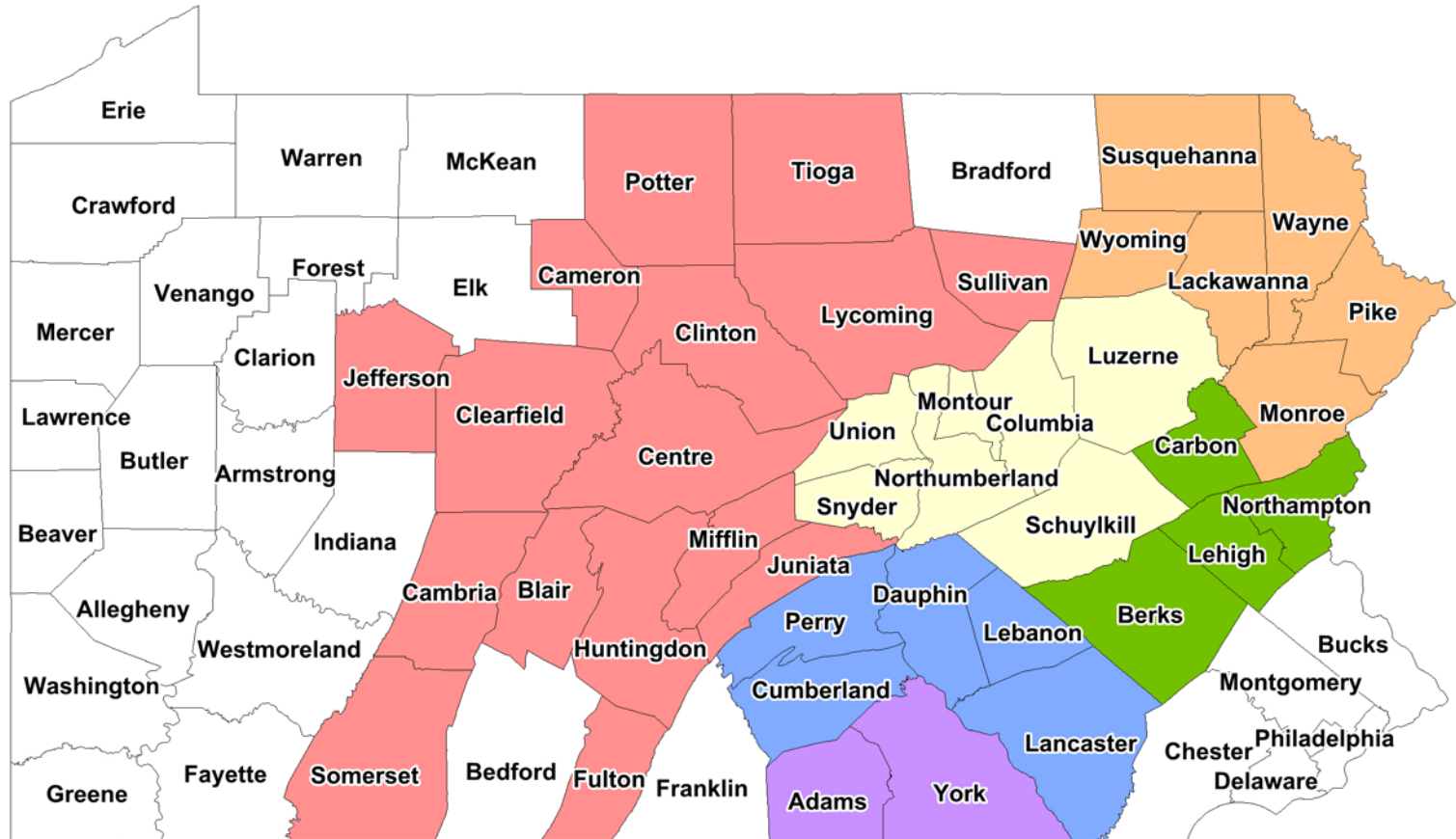
\*See map for service area counties & premiums.  
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# HMO Medicare Advantage Plans

## Service Area & Premiums



 Classic Complete Rx: \$0  
Classic Advantage : \$80/\$129 w/Rx

 Classic Complete Rx: \$0  
Classic Advantage: \$75/\$139 w/Rx

 Classic Complete Rx: \$0  
Classic Advantage : \$30/\$119 w/Rx

 Classic Complete Rx: \$0  
Classic Advantage : \$90/\$149 w/Rx

 Classic Complete Rx: \$0  
Classic Advantage : \$70/\$124 w/Rx

 Classic Complete Rx: \$0  
Classic Advantage : \$70/\$124 w/Rx

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# PPO Plans



**Preferred** Advantage Rx  
**Preferred** Complete Rx

# PPO Medicare Advantage Plans

Now offered in all service area counties\*

	Preferred Advantage Rx		Preferred Complete Rx	
<b>2016 Product Improvements</b>	<ul style="list-style-type: none"> <li>• Out-of-network cost share that mirrors in-network cost share!</li> <li>• Lower premium of \$69</li> <li>• \$5 decrease on PCP copay</li> <li>• \$10 decrease on SCP copay</li> <li>• Predictable \$200 per stay inpatient hospital copay</li> </ul>		<ul style="list-style-type: none"> <li>• Out-of-network cost share that mirrors in-network cost share!</li> <li>• \$5 decrease on PCP copay</li> <li>• Lower inpatient hospital copay</li> <li>• Replaced outpatient hospital coinsurance with a predictable \$325 copay</li> </ul>	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Monthly Premium</b>	\$69		\$0	
<b>MOOP</b>	\$6,700		\$6,700	
<b>Deductible</b>	\$0	\$0	\$0	\$0
<b>Inpatient Hospital</b>	\$200 per stay	\$200 per stay	\$180 per day (days 1-9)	\$180 per day (days 1-9)
<b>PCP</b>	\$5	\$5	\$5	\$5
<b>Specialist</b>	\$25	\$25	\$40	\$40
<b>Outpatient Hospital</b>	\$225	\$225	\$325	\$325
<b>\$0 Deductible Rx</b>	\$3/\$20/\$47/\$100/33%		\$3/\$20/\$47/\$100/33%	

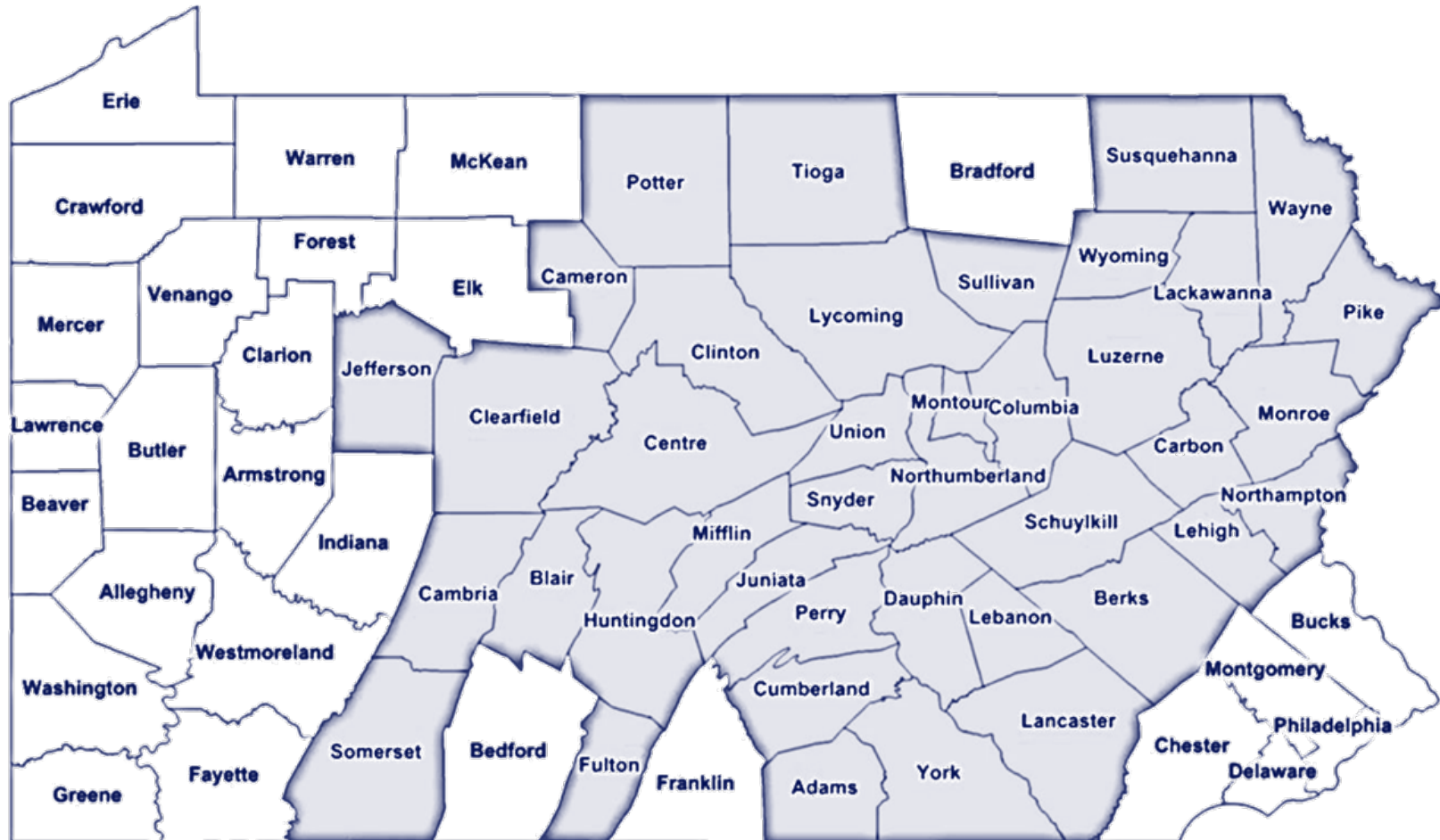
\*See map for counties included in service area.  
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# PPO Medicare Advantage Plans

Service Area & Premiums



Preferred Complete Rx: \$0  
Preferred Advantage Rx: \$69

  
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# SNP Plans



## **Secure** Rx (Dual SNP)

# SNP Medicare Advantage Plans

Offered in all service area counties\*

	Secure Rx
<b>Helpful Note</b>	<ul style="list-style-type: none"> <li>Take advantage of our Broker Service Unit (BSU) to check eligibility status before completing an application. The BSU can be reached at 866-488-6653 and can determine if your client meets eligibility criteria for this D-SNP plan.</li> </ul>
<b>Monthly Premium*</b>	\$0
<b>MOOP</b>	\$6,700
<b>Deductible</b>	\$0 to member; Medicare FFS Part A deductible billed to Medicaid; No deductible on Part B
<b>Inpatient Hospital</b>	\$0 to member; Medicare FFS Part A deductible and Part A cost-sharing billed to Medicaid
<b>PCP</b>	\$0 to member; \$0 copay not billed to Medicaid
<b>Specialist</b>	\$0 to member; 20% Medicare FFS billed to Medicaid
<b>Outpatient Hospital</b>	\$0 to member; 20% Medicare FFS billed to Medicaid
<b>Vision</b>	\$0 to member; \$200 maximum benefit every 3 years
<b>Dental</b>	\$0 to member every 6 months; maximum \$2,000 per year combined for all non-Medicare dental; including simple fillings and extractions; \$400 denture allowance included in \$2,000 max.
<b>Hearing</b>	\$0 to member; \$600 maximum benefit every 3 years
<b>Fitness</b>	\$90 allowance per quarter
<b>Part D</b>	Part D drugs covered with appropriate LIS cost-sharing and premium subsidies
<b>Over-the-Counter Drugs</b>	\$50 allowance per quarter

\*See map for counties included in service area.

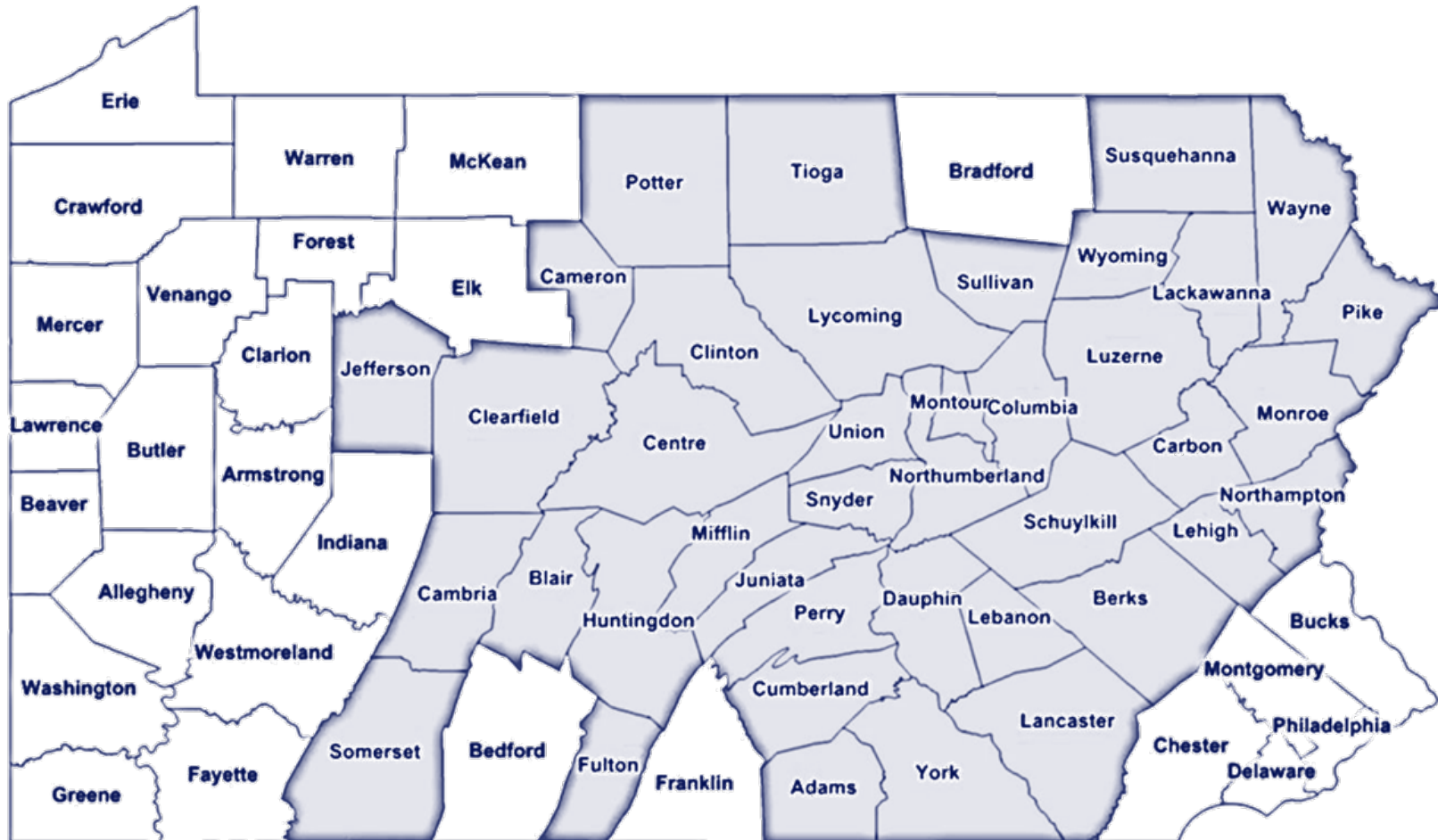
\*Must meet full dual eligibility requirement.

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# SNP Medicare Advantage Plans

Service Area & Premiums



Secure Rx: \$0  
(must be fully dual eligible & enrolled  
in Medicare and Medicaid)

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# Supplemental Benefit Plan



**Health +**



# Supplemental Benefit Plan

## Available on:

- Classic Complete Rx
- Preferred Advantage Rx
- Preferred Complete Rx

## Helpful Notes:

- To enroll, simply check a box on the application for the eligible plans
- Members can join up to 30 days after enrollment begins
- Non-commissionable plan

Health +	
Monthly Premium	\$38
Dental	<ul style="list-style-type: none"><li>• 1 routine exam every 6 months (with or without cleaning)</li><li>• 1 set of x-rays per year (bitewing and panoramic)</li><li>• \$250 max benefit per year</li><li>• Ability to see any provider</li></ul>
Vision	<ul style="list-style-type: none"><li>• \$20 copay</li><li>• 1 routine exam per year</li><li>• \$100 hardware allowance per year</li><li>• Can be combined with GHP Accessories Program discounts</li></ul>
Hearing	<ul style="list-style-type: none"><li>• \$20 copay</li><li>• 1 routine exam per year</li><li>• \$250 hearing aid &amp; fitting allowance per year</li><li>• Can be combined with GHP Accessories Program discounts</li></ul>
Fitness	<ul style="list-style-type: none"><li>• \$90 allowance per quarter</li><li>• Access to facilities of your choice</li><li>• Can be applied to any fitness service the facility offers (excluding food &amp; beverage)</li></ul>

