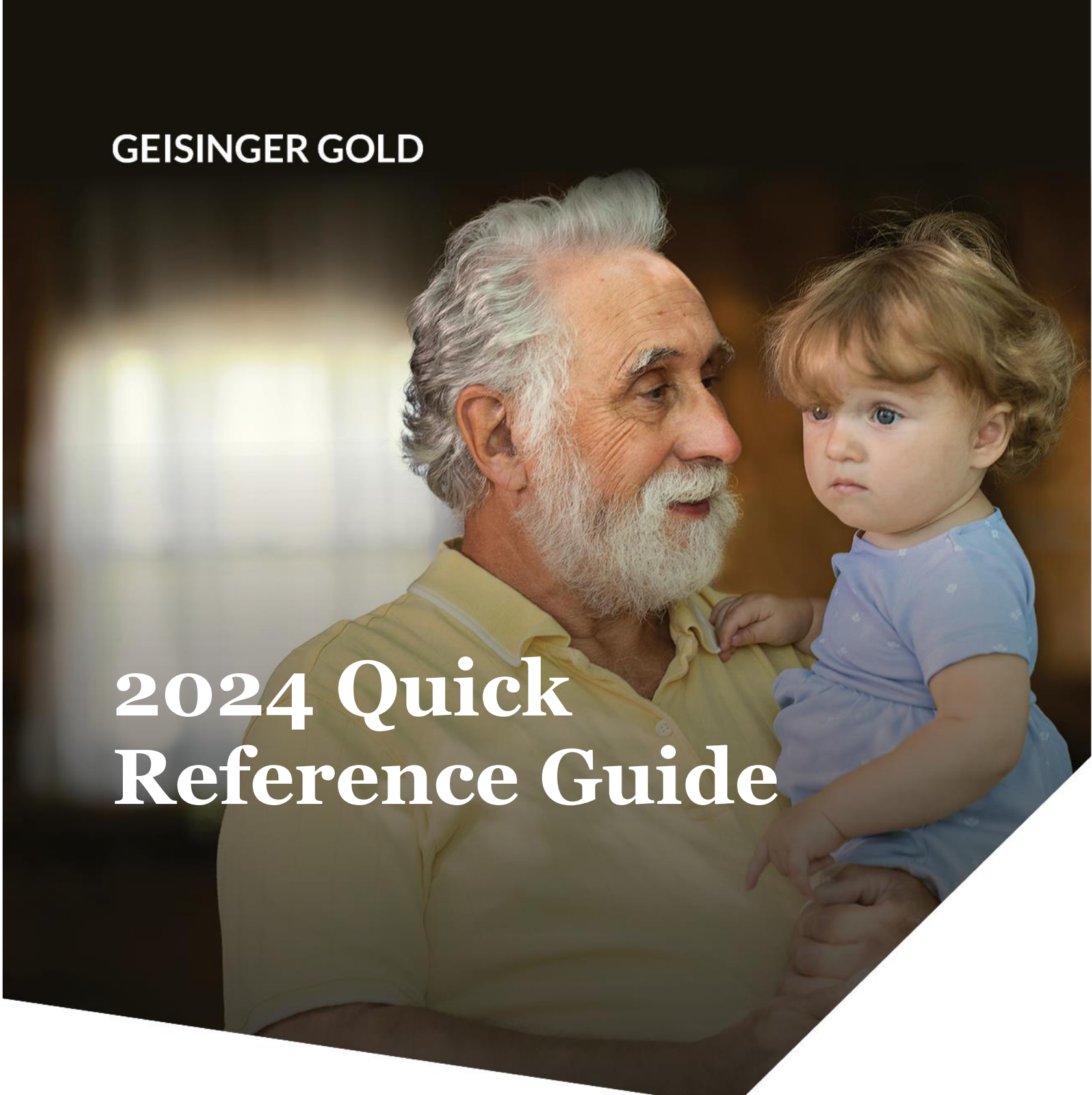


GEISINGER GOLD



2024 Quick Reference Guide

For agent use only. Benefits and costs for 2024 are pending CMS approval as of 8/12/23 and are subject to change.

Quick_2

Geisinger

About Geisinger Health Plan and Geisinger Gold

Introduced in 1994, Geisinger Gold serves more than 99,000 members in 64 counties throughout Pennsylvania. We currently contract with more than 180 area hospitals, 30,000+ providers and nearly 3,000 pharmacies in Pennsylvania to provide medical care for our members. Keeping members healthy and delivering the best value in healthcare coverage are at the heart of what we do.

When working with Geisinger Gold, you can expect:

- Greater earning potential, with prompt payment – Geisinger Gold pays up to the maximum CMS-allowed commissions twice per month. You'll have access to our dedicated broker service unit and highly acclaimed member services. And you'll be able to write more business — while leaving the service to us.
- Easy-to-order collateral – The Geisinger Gold Marketing Portal offers everything you need and is available exclusively to our agents and brokers at <https://dam.geisinger.org/web/7b16bf05dc380051/geisinger-gold-brokerhub/?viewType=grid>.
- A high-quality product – Geisinger Health Plan is nationally recognized for our disease management programs. Medicare evaluates plans based on a 5-Star rating system. Our Geisinger Gold HMO plans have been rated 4.5 Stars and our PPO plans have been rated 4.5 Stars for 2023. Star Ratings are calculated each year and may change from one year to the next.
- Convenience for you and your clients – Geisinger Gold is local to Pennsylvania and committed to serving the senior population and the agents/brokers they rely on.

For more information, call the broker care team at **866-488-6653**

or visit [geisinger.org/health-plan/broker-refresh](https://www.geisinger.org/health-plan/broker-refresh).

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All plans require members to continue paying their monthly Medicare Part B premium and live within the plan's service area at the time of enrollment

Geisinger Gold agent/broker contact information

You need information to successfully market our Gold Medicare Advantage products — and we're happy to provide it. In this quick reference guide, you'll find everything you need to enroll new members into Geisinger Gold products, including complete product information to service areas, who to contact with questions and more.

Geisinger contacts

Broker care team	866-488-6653
Option 1: Medicare	
Option 2: Commercial	
Medicare Advantage application enrollment fax	570-271-5970
<i>Note: Enrollment applications must be received within 24 hours of receipt from prospective member</i>	
Prospective members	800-823-9633
Customer care	800-498-9731
Pharmacy customer care	800-988-4861
Compliance hotline	800-292-1627
Geisinger marketplace	800-223-1282
Geisinger Gold marketing materials/supplies	866-488-6653
Commission inquiries.....	866-488-6653

Gold enrollment address: Geisinger Health Plan
 Attn: Enrollment 32-29
 100 N. Academy Ave.
 Danville, PA 17821-3229

Gold claims address: Claims Department
 Geisinger Health Plan
 P.O. Box 853910
 Richardson, TX 75085-3910

The Geisinger Gold broker portal is a 24/7 self-service option for ordering collateral, requesting support and training: geisinger.org/health-plan/broker-refresh

Gold electronic files

You can download electronic files of Gold marketing materials, such as All Plans brochures, sales kits, PAR hospital list, flyers, Star ratings, Evidence of Coverage and more from the Gold Broker Hub.

dam.geisinger.org/web/7b16bf05dc380051/geisinger-gold-brokerhub/



Geisinger 65 Forward health centers

A unique approach to senior primary care and wellness created exclusively for Geisinger Gold members 65 and older, Geisinger 65 Forward offers seniors same-day appointments, more time with doctors, access to a variety of wellness activities and highly personalized care in a relaxing environment. By keeping seniors healthier and happier, they can enjoy more of what life has to offer. Members have access to lab work, radiology, behavioral health services, exercise programs and more — all under one roof. We have Geisinger 65 Forward locations in Kingston, Scranton, Wilkes-Barre, Hazleton, Shamokin Dam, Milton, Coal Township, State College, Buckhorn, Pottsville and Reedsville, with more in the works. Members should call **570-207-5970** to enroll.



Geisinger Mail-Order Pharmacy

Prescription refills, made easy. By enrolling in the mail-order program, members will receive three-month supplies of their covered prescription drugs, starting at \$0. This includes a three-month supply of insulin for \$52.50. And their medications are mailed directly to their home. GHP members can register by calling **844-878-5562**. A member of GHP's pharmacy team will review eligible medications, set up the account and work with providers to help make the switch seamless. Shipping is free and members can track their order from beginning to end. Medications are packaged and sent from our state-of-the-art mail-order facility in Elysburg.

Participating providers

Members get access to our extensive network of doctors and hospitals, including all Geisinger doctors, specialists and hospitals. Our hospital network include:

Adams

WellSpan Gettysburg Hospital

Allegheny

Allegheny General Hospital
Allegheny Valley Hospital

Forbes Hospital

Heritage Valley Kennedy Hospital
Heritage Valley Sewickley Hospital
St. Clair Hospital
St. Clair Hospital- Rehabilitation Unit
UPMC Children's Hospital of Pittsburgh
West Penn Hospital

Beaver

Heritage Valley Beaver

Berks

Reading Hospital
Reading Hospital – Rehabilitation Unit
St. Joseph Medical Center
Surgical Institute of Reading

Blair

Conemaugh Nason Medical Hospital
Tyrone Hospital
UPMC Altoona

Bradford

Robert Packer Hospital
Robert Packer Hospital- Psychiatric Unit
Robert Packer Hospital- Towanda Campus
Robert Packer Hospital- Towanda Campus Rehabilitation
Troy Community Hospital

Bucks

Jefferson Health Northeast- Bucks Campus
Rothman Orthopaedic Specialty Hospital
St. Luke's Hospital Upper Bucks Campus
St. Luke's Quakertown Hospital

Butler

Butler Memorial Hospital

Cambria

Conemaugh Memorial Medical Center
Conemaugh Memorial Medical Center - Lee Campus
Conemaugh Miners Medical Center

Carbon

St. Luke's Hospital – Carbon Campus
St. Luke's Hospital – Lehigh Campus
St. Luke's Hospital – Lehigh Campus Psychiatric
St. Luke's Hospital – Lehigh Campus Rehabilitation

Centre

Mount Nittany Medical Center
Mount Nittany Medical Center- Behavioral Health Unit

Chester

Chester County Hospital
Paoli Hospital
Phoenixville Hospital
Phoenixville Hospital- Rehabilitation Unit

Clarion

Clarion Hospital
Clarion Hospital – Inpatient Rehabilitation

Clearfield

Penn Highlands Clearfield Hospital
Penn Highlands DuBois

Clinton

Bucktail Medical Center
UPMC Lock Haven

Columbia

Berwick Hospital Center
Geisinger Bloomsburg Hospital
Geisinger Bloomsburg Hospital- Inpatient Behavior

Crawford

Meadville Medical Center
Titusville Area Hospital

Cumberland

Penn State Health Hampden Medical Center
Penn State Health Holy Spirit Inpatient Behavioral
Penn State Health Holy Spirit Medical Center
UPMC Carlisle
UPMC Carlisle Rehabilitation Institute
UPMC Pinnacle West Shore

Dauphin

Penn State Milton S. Hershey Medical Center
UPMC Community Osteopathic
UPMC Harrisburg

Delaware

Crozer Chester Medical Center
Delaware County Memorial Hospital
Riddle Memorial Hospital
Springfield Hospital

Taylor Hospital
Taylor Hospital – Regional
Rehabilitation Center

Elk

Penn Highlands Elk

Erie

Corry Memorial Hospital
Millcreek Community
Hospital
Millcreek Community
Hospital-Psychiatric Unit
Millcreek Community
Hospital-Rehabilitation Unit

Fayette

Uniontown Hospital
Penn Highlands
Connellsville

Franklin

Chambersburg Hospital
Chambersburg Hospital-
Psychiatric Unit
Chambersburg Hospital-
Rehabilitation Unit
Waynesboro Hospital

Fulton

Fulton County Medical
Center

Huntingdon

Penn Highlands Huntingdon
Penn Highlands
Huntingdon-Psychiatric Unit

Jefferson

Penn Highlands Brookville

Lackawanna

Geisinger Community
Medical Center
Geisinger Community
Medical Center - Inpatient
Behavior
Moses Taylor Hospital
Regional Hospital of
Scranton

Lancaster

Lancaster General Hospital
Lancaster General Women
& Babies Hospital
Penn State Health
Lancaster Medical Center
UPMC Lititz

WellSpan Ephrata
Community Hospital
WellSpan Ephrata Hospital-
Psychiatric Unit

Lebanon

WellSpan Good Samaritan
Hospital

Lehigh

Lehigh Valley Health
Network-Tilghman
Lehigh Valley Hospital - 17th
and Chew
Lehigh Valley Hospital –
Cedar Crest
Lehigh Valley Hospital-
Inpatient Rehabilitation
Center
St. Luke's Hospital –
Allentown Campus
St. Luke's Hospital – Sacred
Heart Campus
St. Luke's Hospital – Sacred
Heart Psychiatric Unit
St. Luke's Hospital – Sacred
Heart Rehabilitation

Luzerne

Center for Advanced
Rehabilitation - WBGH
Geisinger South Wilkes-
Barre
Geisinger Wyoming Valley
Medical Center
Lehigh Valley Gunderson
Rehabilitation Center
Lehigh Valley Hospital-
Hazleton
Wilkes-Barre General
Hospital

Lycoming

Geisinger Jersey Shore
Hospital
Geisinger Medical Center
Muncy
UPMC Muncy
UPMC Williamsport

McKean

Bradford Regional Medical
Center
Bradford Regional Medical
Center - Psychiatric Unit

Mifflin

Geisinger Lewistown
Hospital Monroe
Lehigh Valley Hospital -
Pocono
Lehigh Valley Hospital –
Pocono Psychiatric Unit
St. Luke's Hospital – Monroe
Campus

Montgomery

Abington Lansdale Hospital
Abington Memorial Hospital
Abington Memorial Hospital-
Psychiatric Unit
AEMC Elkins Campus
AEMC Moss Rehabilitation
Elkins Park
Bryn Mawr Hospital
Einstein Medical Center
Montgomery
Lankenau Hospital
Pottstown Hospital
Pottstown Hospital –
Psychiatric Unit

Montour

Geisinger Medical Center
Geisinger Medical Center-
Inpatient Behavioral

Northampton

Lehigh Valley Hospital-
Hecktown Oaks
Lehigh Valley Hospital-
Muhlenberg
Lehigh Valley Hospital-
Muhlenberg Psychiatric Unit
St. Luke's Hospital –
Anderson Campus
St. Luke's Hospital -
Bethlehem
St. Luke's Hospital –
Bethlehem Rehabilitation
Unit
St. Luke's Hospital – Easton
Campus

Northumberland

Geisinger Shamokin Area
Community Hospital

Philadelphia

AEMC Moss Rehabilitation
Willowcrest
Albert Einstein Medical
Center

Fox Chase Cancer Center
Hospital of the University of
Pennsylvania
Jefferson Health Northeast-
Frankford Campus
Jefferson Health Northeast-
Torresdale Campus
Jefferson Hospital for
Neuroscience
Pennsylvania Hospital
Presbyterian Medical Center
of the UPHS
Shriners Hospitals for
Children Philadelphia
St Christopher's Hospital for
Children
Temple Health - Chestnut
Hill Hospital
Temple Health - Chestnut
Hill Hospital - Psychiatric
Unit
Temple University Hospital
Temple University Hospital-
Jeanes Campus
Thomas Jefferson University
Hospital
Thomas Jefferson University
Hospital - Methodist
Campus
Thomas Jefferson University
Hospital - Psychiatric Unit
Wills Eye Hospital

Potter

UPMC Cole

Schuylkill

Geisinger St. Luke's
Hospital
Lehigh Valley Hospital-
Schuylkill East Norwegian St.
Lehigh Valley Hospital-
Schuylkill Psychiatric Unit
Lehigh Valley Hospital-
Schuylkill Rehabilitation
EastNorwegian St.
Lehigh Valley Hospital-
Schuylkill South Jackson St.
Lehigh Valley Hospital-
Schuylkill Rehabilitation
South Jackson St.
St. Luke's Miners Memorial
Hospital

Somerset

Chan Soon-Shiong Medical
Center at Windber
Conemaugh Meyersdale
Medical Center
UPMC Somerset

Susquehanna

Barnes-Kasson Hospital
Endless Mountains Health
Systems

Tioga

UPMC Wellsboro

Union

Evangelical Community
Hospital
Evangelical Community
Hospital- Rehabilitation Unit

Warren

Warren General Hospital

Washington

Canonsburg Hospital
Penn Highlands Mon Valley
Penn Highlands Mon Valley-
Rehabilitation Unit

Wayne

Wayne Memorial Hospital

Westmoreland

Epic Rehabilitation
Excelsa Health Frick Hospital
Excelsa Health Latrobe
Hospital
Excelsa Health
Westmoreland Hospital

York

OSS Orthopaedic Hospital
LLC
UPMC Hanover
UPMC Memorial
WellSpan York Hospital
WellSpan York Hospital
Psychiatric and Crisis
Intervention

Out-of-state hospitals

District of Columbia

Sibley Memorial Hospital

Delaware

New Castle

Christiana Care –
Wilmington Hospital
Nemours Children's Hospital

Maryland

Baltimore City

Johns Hopkins Bayview
Medical Center
Johns Hopkins Hospital

Howard

Howard County General
Hospital

Montgomery

Suburban Hospital

Washington

Meritus Medical Center

Massachusetts

Suffolk

Shriners Hospitals for
Children Boston

New Jersey

Burlington

Deborah Heart and Lung
Center
Virtua Memorial Hospital of
Burlington County
Virtua Memorial Hospital of
Burlington County –
Psychiatric Unit
Virtua West Jersey Hospital
Marlton

Virtua Willingboro Hospital
Virtua Willingboro Hospital-
Psychiatric Unit

Camden

Jefferson Cherry Hill
Hospital
Jefferson Stratford Hospital
Jefferson Washington
Township Hospital
Virtua Our Lady of Lourdes
Hospital
Virtua West Jersey Hospital
Voorhees

Warren

St. Luke's Warren Hospital

New York

Cattaraugus

Olean General Hospital
Olean General Hospital-
Psychiatric Unit

Chemung

AOMC Behavioral Health
Unit

Arnot Ogden Medical Center
St. Joseph's Hospital

Cortland

Guthrie Cortland Medical
Center

Guthrie Cortland Medical
Center - Psychiatric Unit

Orange

Bon Secours Community
Hospital

Garnet Health Medical
Center

Garnet Health Medical
Center-Psychiatric Unit
St. Anthony Community
Hospital

Rockland

Good Samaritan Hospital

Steuben

Corning Hospital

Ira Davenport Memorial
Hospital

Sullivan

Garnet Health Medical
Center-Catskills, Harris
Bushville Road

Garnet Health Medical
Center-Catskills, State
Route 97

Garnet Health Medical
Center- Catskills Psychiatric,
Harris Bushville Road

Ohio

Montgomery

Shriners Hospitals for
Children Ohio

West Virginia

Berkeley

Berkeley Medical Center

Hancock

Weirton Medical Center

Jefferson

Jefferson Medical Center

Marshall

Reynolds Memorial Hospital

Monongalia

West Virginia University
Hospitals

Ohio

Wheeling Hospital

Wetzel

Wetzel County Hospital

The Geisinger difference

With Geisinger Gold, everything we do is about caring for our members. Geisinger has a long history of providing innovative, community-focused, physician-led service to patients and members throughout Pennsylvania. We're proud to offer extra services and programs designed to help keep members healthy and make the most of their benefits.

Recognized for customer care: After enrolling in Geisinger Gold, members have access to our highly trained, friendly customer care representatives to help with a variety of needs, including finding a physician, covered services, costs and claims questions. Members can reach customer care at **800-498-9731**. They can also register for our secure online member portal at **geisingergold.com**, where they can view plan benefit details, review claims and download a digital version of their member ID card. Members with pharmacy-related questions should call **800-988-4861**.

Health management programs: Geisinger Gold offers specialized support for a variety of chronic conditions, including things like diabetes, heart failure, high blood pressure, COPD, asthma and osteoporosis. Health managers provide personalized care, education and guidance to help members get the appointments and medications they need. By partnering with doctors, they develop a personalized plan of care to help prevent disease and keep members healthier. Members should call **800-498-9731** for more information.

Geisinger at Home: Comprehensive care, right in the comfort of the member's home. Geisinger nurses, doctors, advanced practitioners, case managers, pharmacists and others work with members and their primary care provider to help manage the member's medical condition, social service needs and much more. Members should call **833-552-1852** for an eligibility review.

LIFE Geisinger: This innovative program helps seniors live independently by offering a full range of health and medical services at day health centers and in the members' homes. This coordinated and comprehensive model of care includes preventive care, medical care, social services and long-term care, when necessary. As an all-inclusive program, it helps older adults maintain quality of life while living in their own homes. Contact one of the LIFE Geisinger locations for an eligibility review: Kulpmont **866-230-6465**, Scranton **800-395-8759**, Wilkes-Barre **844-835-2766** and Lewistown **717-363-9077**.

Fresh Food Farmacy®: This program provides care management, diabetes education and healthy food to patients who are identified as having A1c levels greater than 8.0 (by a primary care provider) and as food insecure. There are locations in Shamokin, Scranton and Lewistown. Members should call **866-415-7138, option 1**.

Geisinger Gold

HMO Plans

(H3954)

Geisinger Gold HMO Plans (H3954)

Classic 360 Rx

Classic Complete Rx

Classic Essential Rx

Classic Advantage Rx

Heritage (No Rx included)

Value Rx

Members must select a primary care physician who works to coordinate their medical care.

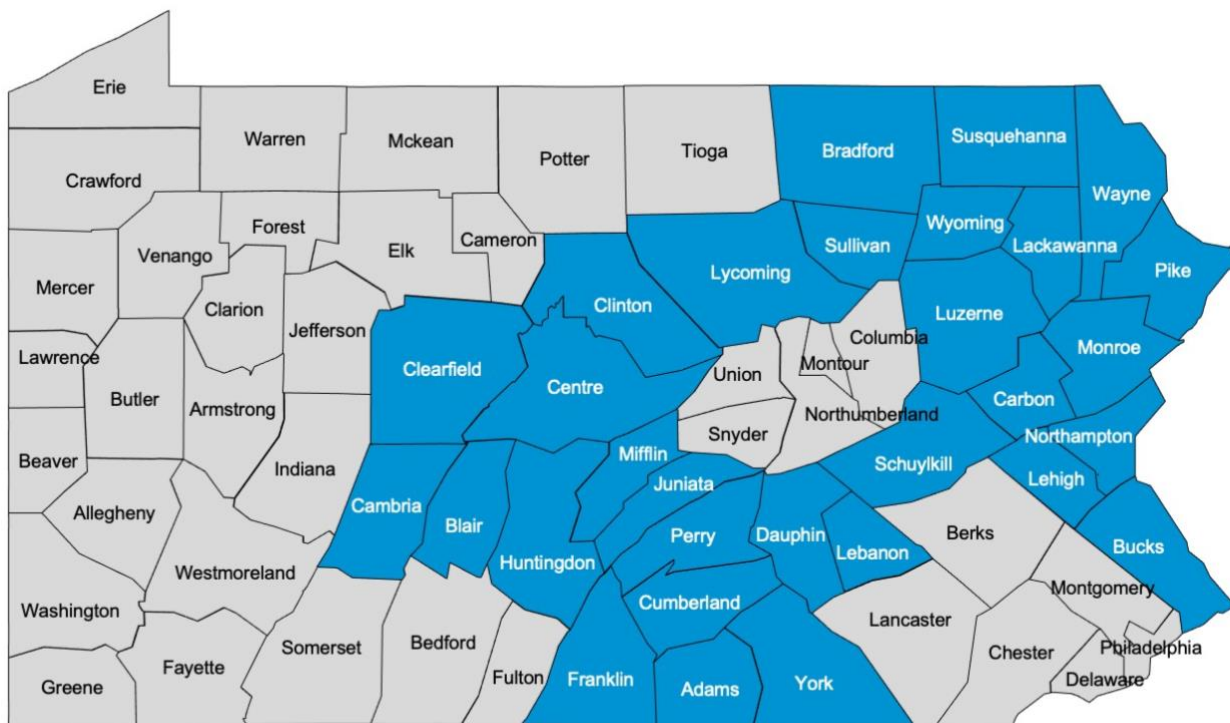
There is a \$0 deductible on all plans. Members must go to providers and hospitals within the Geisinger Gold network. Members can obtain their covered dental benefits from SKYGEN network providers and their covered hearing aid benefits from Songbird network providers. Referrals are not required to see specialists.

Part B insulin

*Geisinger Gold members will pay no more than \$35 for formulary-covered Part B insulin, with the exception of Value Rx members, who pay no more than \$25.

This includes insulin used in pumps.

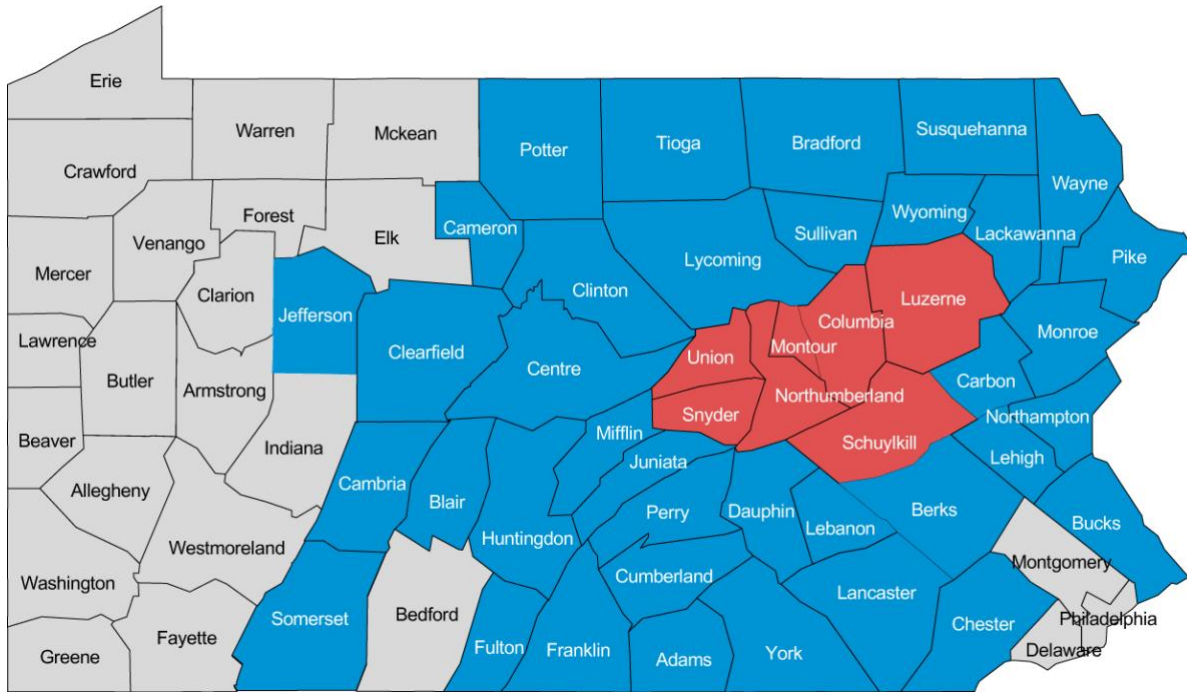
*All other Part B drugs will remain at 20% coinsurance.



Classic 360 Rx

Classic 360 Rx: \$0

- **\$0 monthly plan** premium across 30-county service area
- **\$0 copay** on Tier 1 and Tier 2 mail-order supply
- **Supplemental benefits**, such as over the counter (OTC), dental, vision and fitness, included at no additional cost
 - Members can use SKYGEN providers for covered dental benefits
(geisinger.sciondental.com/mwp/landing)
 - \$25 annual fee when visiting participating Silver&Fit fitness centers and an additional \$10 annual fee when using the home fitness kit option (silverandfit.com)



Classic Complete Rx

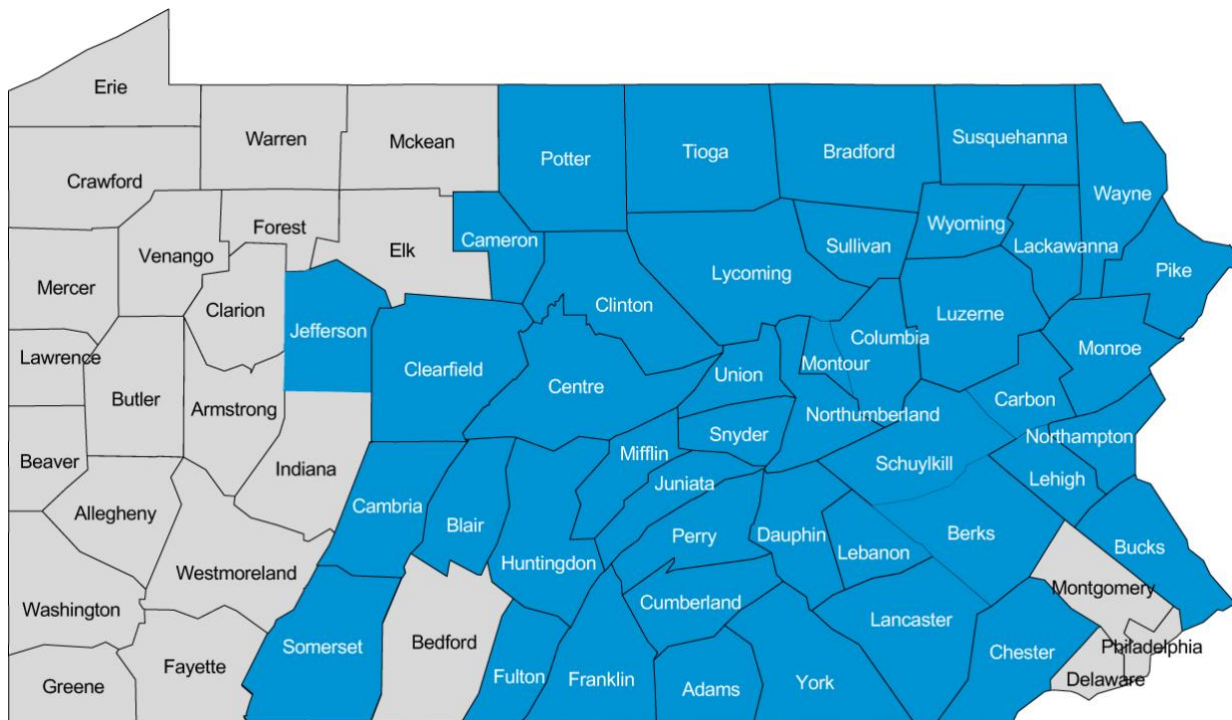
■ Midstate (013): \$34
■ Central (014): \$38

- **Moderate monthly plan premium** across all regions
- **\$0 copay** on Tier 1 and Tier 2 mail-order supply
- **Supplemental benefits**, such as dental, vision, hearing and fitness, embedded into plan
 - Members can use SKYGEN providers for covered dental benefits
 (geisinger.sciondental.com/mwp/landing)
 - Members must use Songbird providers for covered hearing aid benefits
 (songbirdhearing.com)

HMO comparison chart

	Classic 360 Rx	Classic Complete Rx
2023 Star Rating	4.5	4.5
Premium	\$0	\$34 Midstate/\$38 Central
Deductible	\$0	\$0
MOOP	\$8,000	\$4,900
PCP & PCP E-visits	\$0	\$0
Physician Specialist	\$35	\$35
Inpatient Hospital – Acute	\$150/day (days 1–5) \$0/day (days 6–90)	\$200/day (days 1–5) \$0/day (days 6–90)
Skilled Nursing Facility	\$0/day (days 1–20) \$160/day (days 21–70) \$0/day (days 71–100)	\$0/day (days 1–20) \$160/day (days 21–51) \$0/day (days 52–100)
Urgent Care (Waived if Admitted)	\$35	\$35
Emergency Care (Waived if Admitted)	\$100	\$120
Worldwide Coverage: \$100,000 Annual Benefit Limit (Waived if Admitted – Urgent & Emergency Care Only)	Urgent care: \$35 Emergency care: \$100 Ground ambulance: \$275 Air ambulance: \$1,000	Urgent care: \$35 Emergency care: \$120 Ground ambulance: \$200 Air ambulance: \$1,000
Outpatient Lab & Other Outpatient Diagnostic Tests	\$0 per day	\$5 per day
Outpatient X-rays	\$35 per day	\$35 per day
Outpatient Diagnostic Radiology	Low: \$35 per day High: \$285 per day	Low: \$35 per day High: \$265 per day
Outpatient Surgery Services	\$0 – \$300	\$0 – \$245
Diabetic Supplies Preferred Brand – OneTouch (prior auth required for nonpreferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)	\$0 – preferred brand glucometer (1 every 2 years); 20% – preferred brand supplies (test strips, lancets & lancet devices); 20% – nonpreferred brand glucometers & supplies	\$0 – preferred brand glucometer (1 every 2 years); 20% – preferred brand supplies (test strips, lancets & lancet devices); 20% – nonpreferred brand glucometers & supplies
Fitness	\$25 annual fee (Silver&Fit)	\$90/3 months
Preventive Dental Services: Oral Exam With or Without Cleaning, Dental X-rays	Exam: \$0/2 per year X-rays: \$0/1 per year	Exam: \$0/2 per year X-rays: \$0/1 per year
Combined Preventive & Comprehensive Dental (Non-Medicare Covered) Simple Fillings, Simple Extractions, Dentures, Crowns & Root Canals	\$850 benefit limit per year (applies to preventive & comprehensive non-Medicare covered services)	\$750 benefit limit per year (applies to preventive & comprehensive non-Medicare covered services)

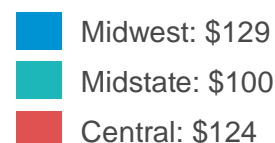
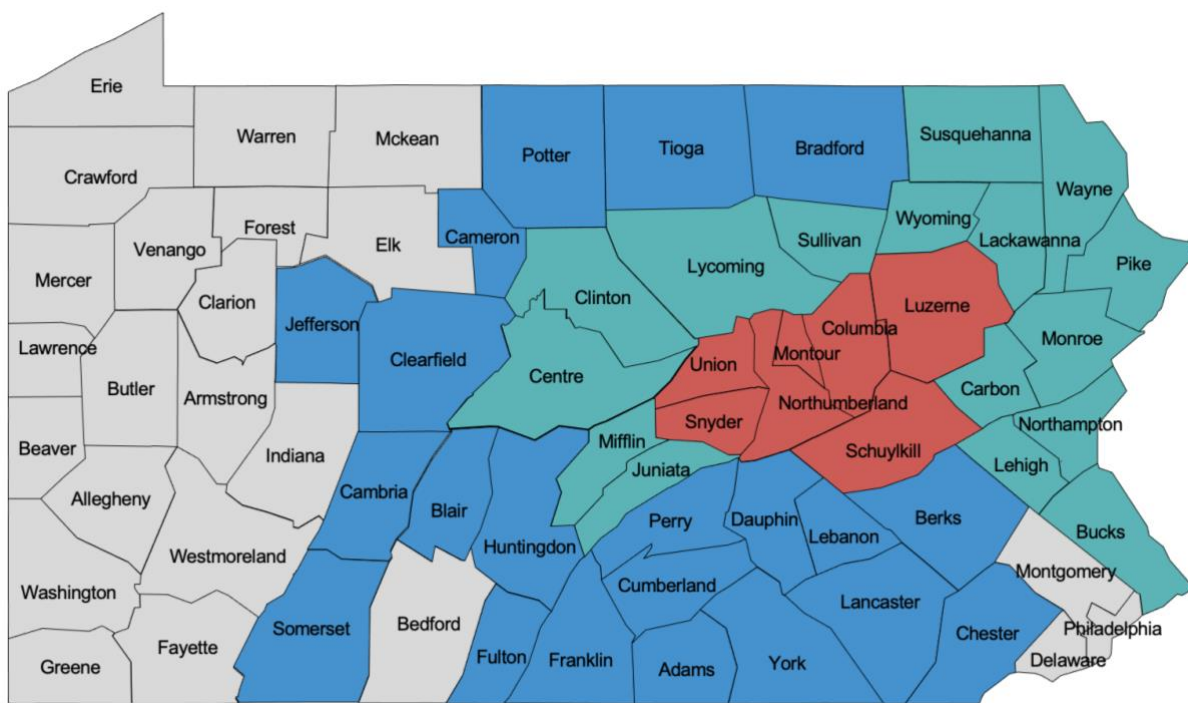
Routine Vision Exam & Eyewear		Exam: \$20/1 per year Eyewear: \$100 benefit limit per year		Exam: \$20/1 per year Eyewear: \$100 benefit limit per year	
Routine Hearing Exam & Hearing Aids/Fittings		Exam: \$20/1 per year Hearing aids: Not covered		Exam: \$20/1 per year Hearing aids: \$500 copay per ear, \$1,250 limit per ear every 3 years	
OTC		\$35 per month		N/A	
Part B Drugs		Insulin – Capped at \$35 All others – 20% coinsurance		Insulin – Capped at \$35 All others – 20% coinsurance	
Part D	30-Day Retail 100-Day Retail 100-Day Mail-Order	\$3/\$20/\$47/\$100/33%/\$0 vaccines \$7.50/\$50/\$117.50/\$250/NA \$0/\$0/\$70.50/\$150/NA		\$3/\$20/\$47/\$100/33%/\$0 vaccines \$7.50/\$50/\$117.50/\$250/NA \$0/\$0/\$70.50/\$150/NA	
Insulin 30-day retail 60-day retail 90-day retail	Insulin 30-day mail-order 60-day mail-order 90-day mail-order	Retail \$35 \$70 \$87.50	Mail-order \$35 \$52.50 \$52.50	Retail \$35 \$70 \$87.50	Mail-order \$35 \$52.50 \$52.50



Classic Essential Rx

Classic Essential Rx: \$0

- **\$0 monthly plan premium** across all regions
- **\$0 copays** on Tier 1 & Tier 2 mail-order supply



Classic Advantage Rx

- **Monthly plan premium** varies by region on Classic Advantage Rx
- **\$0 copay** on Tier 1 and Tier 2 mail-order supply
- **Supplemental benefits**, such as dental, vision, hearing and fitness, embedded into plan
 - Members can use SKYGEN providers for covered dental benefits
(geisinger.sciondental.com/mwp/landing)
 - Members must use Songbird providers for covered hearing aid benefits
(songbirdhearing.com)

HMO comparison chart

	Classic Essential Rx	Classic Advantage Rx
2023 Star Rating	4.5	4.5
Premium	\$0	Central (021): \$124 Midstate (022): \$100 Midwest (023): \$129
Part B Buyback	N/A	N/A
Deductible	\$0	\$0
MOOP	\$7,550	\$3,450
PCP & PCP E-visits	\$0	\$0
Physician Specialist	\$40	\$20
Inpatient Hospital – Acute	\$225/day (days 1–5) \$0/day (days 6–90)	\$150/day (days 1–5) not to exceed \$750 annually \$0/day (days 6–90)
Skilled Nursing Facility	\$0/day (days 1–20) \$160/day (days 21–68) \$0/day (days 69–100)	\$0/day (days 1–20) \$160/day (days 21–42) \$0/day (days 43–100)
Urgent Care (Waived if Admitted)	\$40	\$20
Emergency Care (Waived if Admitted)	\$100	\$135
Worldwide Coverage: \$100,000 Annual Benefit Limit (Waived if Admitted – Urgent & Emergency Care Only)	Urgent care: \$40 Emergency care: \$100 Ground ambulance: \$200 Air ambulance: \$1,000	Urgent care: \$20 Emergency care: \$135 Ground ambulance: \$100 Air ambulance: \$1,000
Outpatient Lab & Other Outpatient Diagnostic Tests	\$5 per day	\$5 per day
Outpatient X-rays	\$35 per day	\$25 per day
Outpatient Diagnostic Radiology	Low: \$35 per day High: \$240 per day	Low: \$25 per day High: \$150 per day
Outpatient Surgery Services	\$0 – \$310	\$0 – \$200
Diabetic Supplies Preferred Brand – OneTouch (prior auth required for nonpreferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)	\$0 – preferred brand glucometer (1 every 2 years); 20% – preferred brand supplies (test strips, lancets & lancet devices); 20% – nonpreferred brand glucometers & supplies	\$0 – preferred brand glucometer (1 every 2 years); 0% – preferred brand supplies (test strips, lancets & lancet devices); 20% – nonpreferred brand glucometers & supplies
Fitness	Not covered	\$90 / every 3 months
Preventive Dental Services: Oral Exam With Or Without Cleaning, Dental X-rays	Not covered	Exam: \$0 / 2 per year X-rays: \$0 / 1 per year
Combined Preventive & Comprehensive Dental (Non-Medicare Covered) Simple Fillings, Simple Extractions, Dentures, Crowns & Root Canals	Not covered	\$1,250 benefit limit per year (applies to preventive & comprehensive non-Medicare covered services)
Routine Vision Exam & Eyewear	Not covered	Exam: \$20/1 per year Eyewear: \$200 benefit limit per year

Routine Hearing Exam & Hearing Aids/Fittings		Exam: \$20/1 per year Hearing aids: Not covered		Exam: \$20/1 per year Hearing aids: \$500 copay per ear, \$1,250 limit per ear every 3 years	
Part B Drugs		Insulin – Capped at \$35 All others – 20% coinsurance		Insulin – Capped at \$35 All others – 20% coinsurance	
Part D	30-day retail 100-day retail 100-day mail-order	\$3/\$20/\$47/\$100/33%/\$0 vaccines \$7.50/\$50/\$117.50/\$250/NA \$0/\$0/\$70.50/\$150/NA		\$3/\$20/\$47/\$100/33%/\$0 vaccines \$7.50/\$50/\$117.50/\$250/NA \$0/\$0/\$70.50/\$150/NA	
Insulin 30-day retail 60-day retail 90-day retail	Insulin 30-day mail-order 60-day mail-order 90-day mail-order	Retail \$35 \$70 \$87.50	Mail-order \$35 \$52.50 \$52.50	Retail \$35 \$70 \$87.50	Mail-order \$35 \$52.50 \$52.50

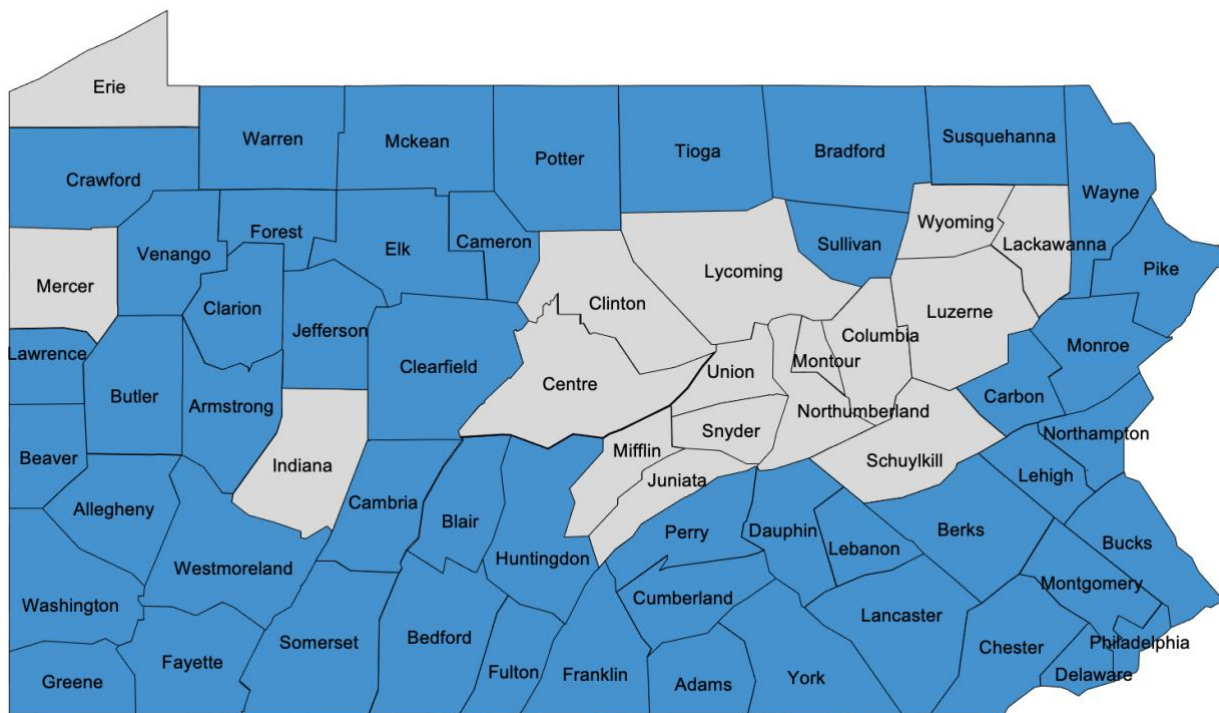


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Heritage

	Heritage
2023 Star Rating	4.5
Premium	\$0
Part B Buyback	\$40
Deductible	\$0
MOOP	\$6,700
PCP & PCP Teladoc E-visits	\$0
Physician Specialist	\$20
Inpatient Hospital – Acute	\$150/day (days 1–5) not to exceed \$750 annually \$0/day (days 6–90)
Skilled Nursing Facility	\$0/day (days 1–20) \$160/day (days 21–62) \$0/day (days 63–100)
Urgent Care (Waived if Admitted)	\$20
Emergency Care (Waived if Admitted)	\$100
Worldwide Coverage: \$100,000 Annual Benefit Limit (Waived if Admitted – Urgent & Emergency Care Only)	Urgent care: \$20/Emergency care: \$100 Ground ambulance: \$100/Air ambulance: \$1,000
Outpatient Lab & Other Outpatient Diagnostic Tests	\$5 per day
Outpatient X-rays	\$25 per day
Outpatient Diagnostic Radiology	Low: \$25 per day/High: \$150 per day
Outpatient Surgery Services	\$0 – \$200
Diabetic Supplies Preferred Brand – OneTouch (prior auth required for nonpreferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)	\$0 – preferred brand glucometer (1 every 2 years); 0% – preferred brand supplies (test strips, lancets & lancet devices); 20% – nonpreferred brand glucometers & supplies
Fitness	\$90/3 months
Preventive Dental Services: Oral Exam With Or Without Cleaning, Dental X-rays	\$0 – 2 exams/year \$0 – 1 X-ray/year
Combined Preventive & Comprehensive Dental (Non-Medicare Covered) Simple Fillings, Simple Extractions, Dentures, Crowns & Root Canals	\$1,250 benefit limit per year (applies to preventive & comprehensive non-Medicare covered services)
Routine Vision Exam & Eyewear	Exam: \$20/1 per year Eyewear: \$200 benefit limit per year
Routine Hearing Exam & Hearing Aids/Fittings	Exam: \$20/1 per year Hearing aids: \$500 copay per ear, \$1,250 limit per ear every 3 years
Over the Counter (OTC)	\$40 every month

Part B Drugs		Insulin – Capped at \$35 All others – 20% coinsurance
Part D	30-day retail 100-day retail 100-day mail-order	Not covered
Insulin 30-day retail 60-day retail 90-day retail	Insulin 30-day mail-order 60-day mail-order 90-day mail-order	Not covered



Value Rx

 Value Rx: \$23

- Moderate monthly plan premium across all regions
- 0% coinsurance for all preferred diabetic supplies, including diabetic shoes
- \$250 flex card allowance for dental and vision
- Insulin cost-sharing capped at \$25
- Supplemental benefits, such as over the counter (OTC), dental, vision and fitness, included at no additional cost
 - Members can use SKYGEN providers for covered dental benefits
(geisinger.sciondental.com/mwp/landing)
 - \$0 annual fee when visiting participating Silver&Fit fitness centers and a \$0 annual fee when using the home fitness kit option (silverandfit.com)

Value Rx

	Value Rx
Premium	\$23
Part B Buyback	NA
Deductible	\$0
MOOP	\$8,850
PCP & PCP Teladoc E-visits	\$0
Physician Specialist	\$0 – \$35
Inpatient Hospital – Acute	\$225/day (days 1–5) \$0/day (days 6–90)
Skilled Nursing Facility	\$0/day (days 1–20) \$203/day (days 21–64) \$0/day (days 64–100)
Urgent Care (Waived if Admitted)	\$35
Emergency Care (Waived if Admitted)	\$100
Worldwide Coverage: \$100,000 Annual Benefit Limit (Waived if Admitted – Urgent & Emergency Care Only)	Urgent care: \$35/Emergency care: \$100 Ground ambulance: \$275/Air ambulance: \$1,000
Outpatient Lab & Other Outpatient Diagnostic Tests	\$0 – \$10per day
Outpatient X-rays	\$35 per day
Outpatient Diagnostic Radiology	Low: \$35 per day/High: \$240 per day
Outpatient Surgery Services	\$0 – \$350
Diabetic Supplies Preferred Brand – OneTouch (prior auth required for nonpreferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)	\$0 – preferred brand glucometer (1 every 2 years); 0% – preferred brand supplies (test strips, lancets & lancet devices); 0% diabetic shoes and inserts 20% – nonpreferred brand glucometers & supplies
Fitness	\$0 Annual Silver & Fit
Flex Care – Dental & Vision	\$250 annual allowance per year
Preventive Dental Services: Oral Exam With Or Without Cleaning, Dental X-rays	\$0 – 2 exams/year \$0 – 1 X-ray/year
Combined Preventive & Comprehensive Dental (Non-Medicare Covered) Simple Fillings, Simple Extractions, Dentures, Crowns & Root Canals	\$100 benefit limit per year (applies to preventive & comprehensive non-Medicare covered services)
Routine Vision Exam & Eyewear	Exam: \$20/1 per year Eyewear: \$100 benefit limit per year
Routine Hearing Exam & Hearing Aids/Fittings	Exam: \$20/1 per year Hearing aids: Not covered
Over the Counter (OTC)	\$70 per month

Part B Drugs		Insulin – Capped at \$25 All others – 20% coinsurance	
Part D	30-day retail 100-day retail 100-day mail-order	\$0/\$5/\$47/\$100/33%/\$0 vaccines \$0/\$12.50/\$117.50/\$250/NA \$0/\$0/\$70.50/\$150/NA	
Insulin	Insulin	Retail	Mail order
30-day retail	30-day mail-order	\$25	\$25
60-day retail	60-day mail-order	\$50	\$37.50
90-day retail	90-day mail-order	\$62.50	\$37.50

Geisinger Gold

HMO D-SNP Plan

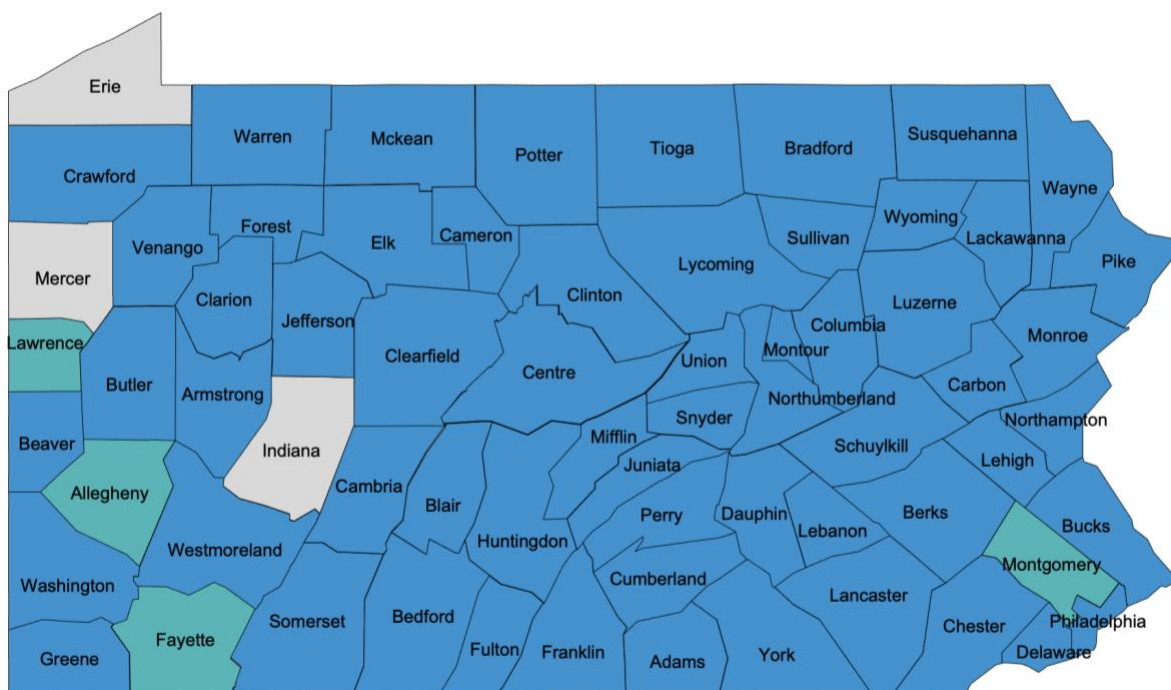
(H3954)

Geisinger Gold HMO D-SNP Plan (H3954)

Secure Rx

Secure Rx is a Special Needs Plan designed for individuals who are eligible for Medicare and receive **full** Medicaid coverage. It is available throughout the Gold service area. Members must go to providers and hospitals within the plans network. Members can obtain their covered dental benefits from SKYGEN network providers. They must obtain their covered hearing aid benefits from Songbird network providers.

Note: Pennsylvania Medicaid may require certain Secure Rx members to pay nominal Medicaid copays when receiving covered services. State Medicaid copay amounts will depend on the member's level of Medical Assistance.



- Secure Rx: \$0*
*Part C (medical only). Premium and cost-sharing is based on the level of Medicaid eligibility. \$0 premium assumes full dual eligibility.
- Secure Rx: \$0*
Service area expansion

Secure Rx

- **\$0 monthly plan premium** across entire service area
- **\$0 cost-sharing** for all Medicare-covered services
 - Medicaid cost-sharing may apply
- **Includes prescription drug coverage**
 - \$0 cost sharing on all formulary-covered drugs and vaccines
- **Supplemental benefits**, such as dental, vision, hearing and fitness, included at no additional cost
 - Members can use SKYGEN providers for covered dental benefits
(geisinger.sciondental.com/mwp/landing)
 - Members must use Songbird providers for covered hearing aid benefits
(songbirdhearing.com)
 - Transportation allowance with no network (commercial or private vehicles)
 - New monthly combined allowance benefit for healthy foods, utilities, and OTC
- Service area expansion into 4 counties: Allegheny, Fayette, Lawrence and Montgomery

HMO D-SNP chart

	Secure Rx
2022 Star Rating	4.5
Premium	\$0
Deductible	\$0 to member
MOOP	\$8,850
PCP & PCP Teladoc E-visits	\$0 to member
Physician Specialist	\$0 to member
Inpatient Hospital – Acute	\$0 to member
Urgent Care	\$0 to member
Emergency Care	\$0 to member
Outpatient Lab & X-rays	\$0 to member
Outpatient Surgery/Services	\$0 to member
Mental Health & Substance Abuse Teladoc E-visits	\$0 to member
Fitness	\$0 to member
Dental Services: Preventive & Comprehensive (Non-Medicare Covered)	\$0 to member; \$4,500 benefit limit per year; includes 2 exams per year, 2 cleanings per year, 2 X-rays per year, 2 fluoride treatments per year, simple fillings, simple extractions, dentures, crowns & root canals
Routine Eyewear: Contact Lenses, Eyeglasses, Lenses, Frames	\$0 to member \$425 benefit limit per year
Hearing Aids/Fittings	\$0 copay per ear, \$2,950 benefit limit per ear every 3 years
Personal Emergency Response Systems	\$700 maximum benefit per year
Transportation (Non-Emergency, Medical Related)	\$500 allowance per year
OTC, Healthy Foods & Utilities	\$143 per month
Vaccines	\$0 cost sharing All formulary-covered vaccines
Part D	\$0 cost sharing All formulary-covered generic & brand-name drugs

Contact the broker care team at **866-488-6653** to confirm dual eligibility status

Geisinger Gold

PPO Plans

(H3924)

Geisinger Gold PPO Plans (H3924)

Preferred Enhanced Rx

Preferred Complete Rx

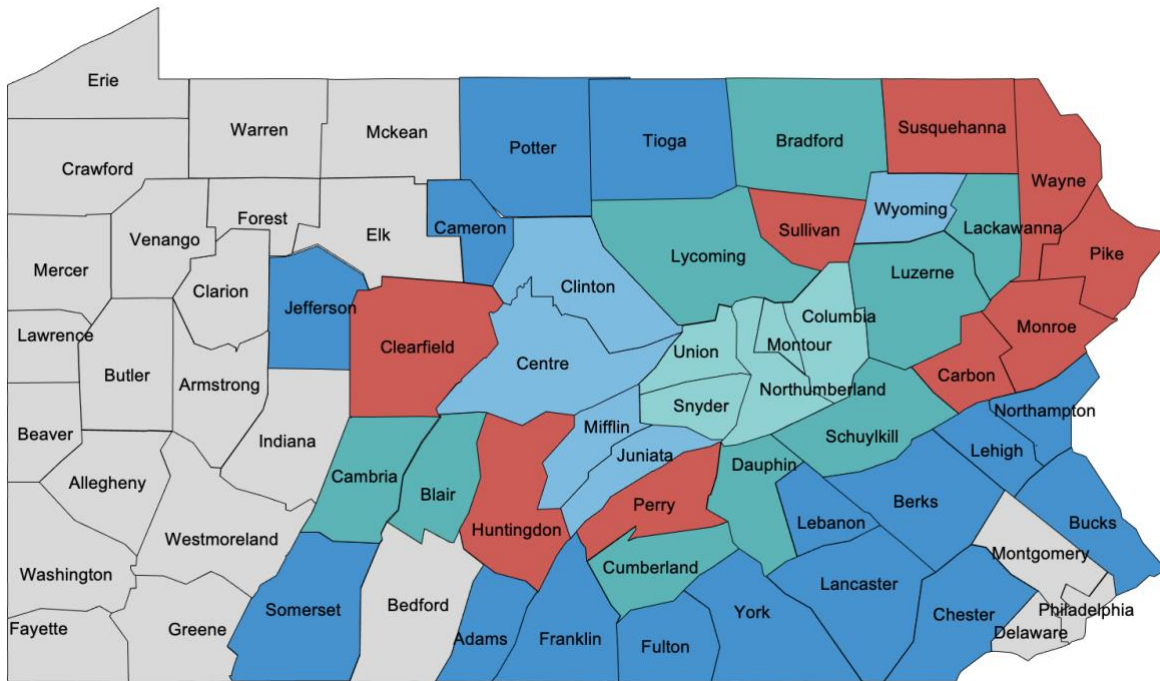
Preferred Advantage Rx

Members have the freedom to choose any doctor or hospital that accepts Medicare and is willing to bill Geisinger. There is a \$0 deductible on all plans. Covered services can be obtained from in-network or out-of-network providers at the same cost-sharing (exception applies to fitness on Preferred Enhanced Rx and in-home dialysis services on all PPOs). Referrals are not required to see specialists in or out of network.

Part B insulin

Geisinger Gold members will pay no more than \$35 for formulary-covered Part B insulin. This includes insulin used in pumps.

**All other Part B drugs will remain at 20% coinsurance*



- H3924-062-023: \$0; \$15 Part B buyback
- H3924-062-021: \$15
- H3924-062-022: \$64
- H3924-062-025: \$0
- H3924-062-024: \$50

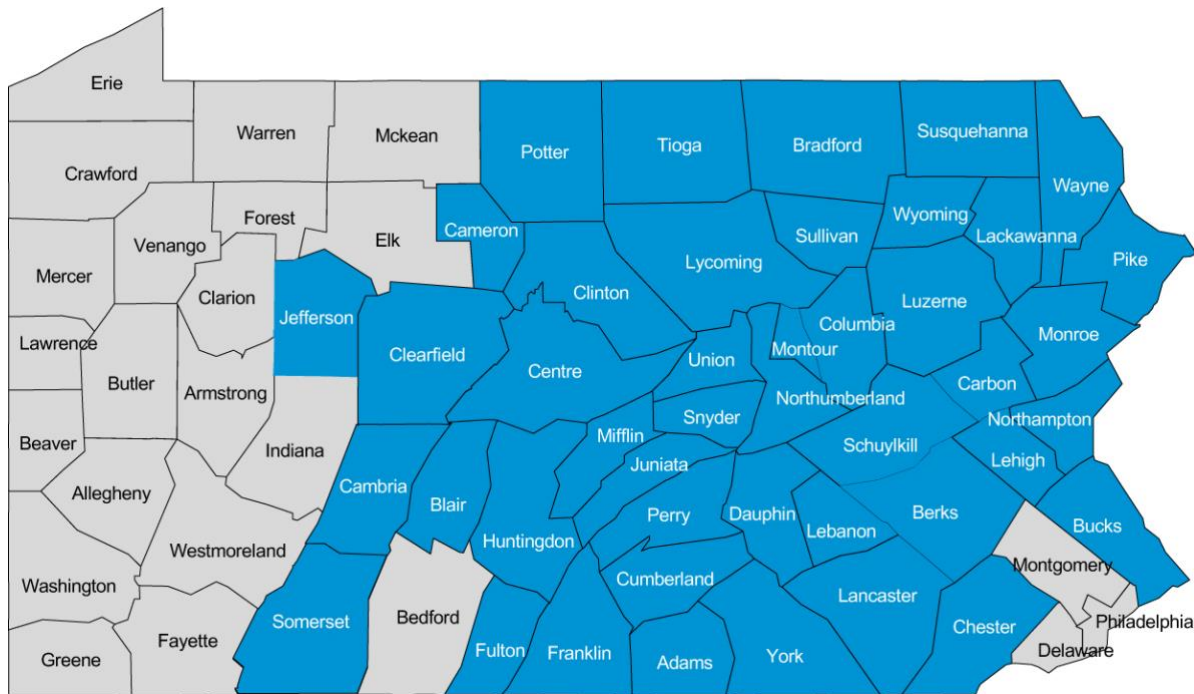
Preferred Enhanced Rx

- Monthly plan premium varies by region
- \$15 Part B buyback in select counties (Blair, Bradford, Cambria, Cumberland, Dauphin, Lackawanna, Luzerne, Lycoming and Schuylkill)
- \$450 flex card allowance for usage on dental, vision and hearing devices
- \$0 copay on Tier 1 retail supply and \$0 copay on Tier 1 and Tier 2 mail-order supply
- Supplemental benefits, such as over the counter (OTC), dental, vision and fitness, included at no additional cost
- \$25 annual fee when visiting participating Silver&Fit fitness centers and an additional \$10 annual fee when using the home fitness kit option (silverandfit.com)

PPO comparison chart

	Preferred Enhanced Rx	
2023 Star Rating	4.5	
Premium	(021) – \$15 (022) – \$64 (024) – \$50 (023 & 025) – \$0	
Part B Buyback	\$15 (select counties)	
Deductible	\$0	
MOOP	\$7,550 (combined in & out)	
	In network or out of network	
PCP & PCP E-visits	\$0	
Physician Specialist	\$35	
Inpatient Hospital – Acute	\$325 per stay not to exceed \$975 annually	
Skilled Nursing Facility	\$0/day (days 1–20) \$160/day (days 21–68) \$0/day (days 69–100)	
Urgent Care (Waived if Admitted)	\$35	
Emergency Care (Waived if Admitted)	\$100	
Worldwide Coverage: \$100,000 Annual Benefit Limit (Waived if Admitted – Urgent & Emergency Care Only)	Urgent care: \$35 Emergency care: \$100 Ground ambulance: \$275 Air ambulance: \$1,000	
Outpatient Lab & Other Outpatient Diagnostic Tests	\$10 per day	
Outpatient X-rays	\$35 per day	
Outpatient Diagnostic Radiology	Low: \$35 per day High: \$235 per day	
Outpatient Surgery Services	\$0 – \$305	
Part B Drugs	Insulin – Pay no more than \$35 All others – 20% coinsurance	
Diabetic Supplies Preferred Brand – OneTouch (prior auth required for nonpreferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)	\$0 – preferred brand glucometer (1 every 2 years); 20% – preferred brand supplies (test strips, lancets & lancet devices); 20% – nonpreferred brand glucometers & supplies	
Fitness	IN – Silver&Fit \$25 annual fee	OON 20% coinsurance

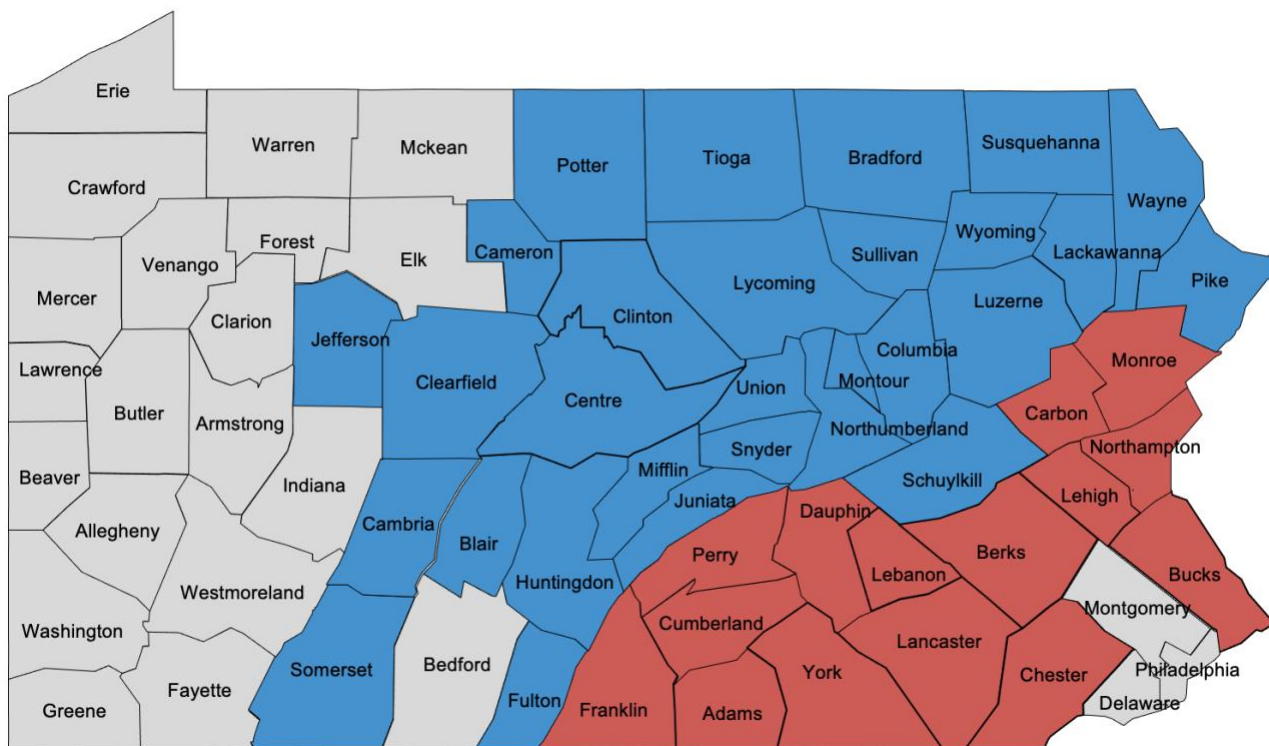
Flex Card – Dental, Vision, Hearing Devices		\$450 annual allowance per year (includes non-Medicare covered routine hearing and routine eye exam copays)	
Preventive Dental Services: Oral Exam With or Without Cleaning, Dental X-Rays		Exam: \$0/2 per year X-rays: \$0/1 per year	
Combined Preventive & Comprehensive Dental (Non-Medicare Covered) Simple Fillings & Extractions, Dentures, Crowns & Root Canals		\$1,000 benefit limit per year (applies to preventive & comprehensive non-Medicare covered services)	
Routine Vision Exam & Eyewear		Exam: \$20/1 per year	
Routine Hearing Exam & Hearing Aids/Fittings		Exam: \$20/1 per year	
OTC		\$35 per month	
Part D	30-day retail 100-day retail 100-day mail-order	\$0/\$5/\$47/\$100/33%/\$0 vaccines \$0/\$12.50/\$117.50/\$250/NA \$0/\$0/\$70.50/\$150/NA	
Insulin – Retail 30-, 60-, 100-day	Insulin – Mail-order 30-, 60-, 100-day	30-day – \$35 60-day – \$70 100-day – \$87.50	30-day – \$35 60-day – \$52.50 100-day – \$52.50



Preferred Complete Rx

Preferred Complete Rx: \$0

- \$0 monthly plan premium across all regions
- \$0 copay on Tier 1 and Tier 2 mail-order supply
- Supplemental benefits, such as dental, vision, hearing and fitness, available through optional Gold Health+ package



Preferred Advantage Rx

- Monthly plan premium varies by region
- \$0 copay on Tier 1 and Tier 2 mail-order supply
- Supplemental benefits, such as dental, vision, hearing and fitness, available through optional Gold Health+ package

PPO comparison chart

	Preferred Complete Rx	Preferred Advantage Rx
2023 Star Rating	4.5	4.5
Premium	\$0	(021) – \$94 (022) – \$79
Deductible	\$0	\$0
MOOP	\$8,000 (combined in & out)	\$4,000 (combined in & out)
	In network or out of network	In network or out of network
PCP & PCP E-visits	\$5	\$10
Physician Specialist	\$40	\$25
Inpatient Hospital – Acute	\$225/day (days 1–6) not to exceed \$1,350 annually \$0/day (days 7–90)	\$200/day (days 1–6) not to exceed \$1,200 annually \$0/day (days 7–90)
Skilled Nursing Facility	\$0/day (days 1–20) \$160/day (days 21–70) \$0/day (days 71–100)	\$0/day (days 1–20) \$160/day (days 21–45) \$0/day (days 46–100)
Urgent Care (Waived if Admitted)	\$40	\$25
Emergency Care (Waived if Admitted)	\$100	\$120
Worldwide Coverage: \$100,000 Annual Benefit Limit (Waived if Admitted – Urgent & Emergency Care Only)	Urgent care: \$40 Emergency care: \$100 Ground ambulance: \$275 Air ambulance: \$1,000	Urgent care: \$25 Emergency care: \$120 Ground ambulance: \$200 Air ambulance: \$1,000
Outpatient Lab & Other Outpatient Diagnostic Tests	\$30 per day	\$15 per day
Outpatient X-rays	\$40 per day	\$30 per day
Outpatient Diagnostic Radiology	Low: \$40 per day High: \$290 per day	Low: \$30 per day High: \$275 per day
Outpatient Surgery Services	\$0 – \$350	\$0 – \$250
Part B Drugs	Insulin – Capped at \$35 All others – 20% coinsurance	Insulin – Capped at \$35 All others – 20% coinsurance
Diabetic Supplies Preferred Brand – OneTouch (prior auth required for nonpreferred brand supplies, more than 200 test strips per month, more than 1 glucometer every 2 years)	\$0 – preferred brand glucometer (1 every 2 years); 20% – preferred brand supplies (test strips, lancets & lancet devices); 20% – nonpreferred brand glucometers & supplies	\$0 – preferred brand glucometer (1 every 2 years); 20% – preferred brand supplies (test strips, lancets & lancet devices); 20% – nonpreferred brand glucometers & supplies
Fitness	Optional Health+	Optional Health+
Preventive Dental Services: Oral Exam With Or Without Cleaning, Dental X-rays	Optional Health+	Optional Health+

Preventive Dental		Optional Health+		Optional Health+	
Routine Vision Exam & Eyewear		Optional Health+		Optional Health+	
Routine Hearing Exam & Hearing Aids/Fittings		Optional Health+		Optional Health+	
Part D	30-day retail 100-day retail 100-day mail-order	\$3/\$20/\$47/\$100/33%/\$0 vaccines \$7.50/\$50/\$117.50/\$250/NA \$0/\$0/\$70.50/\$150/NA		\$3/\$20/\$47/\$100/33%/\$0 vaccines \$7.50/\$50/\$117.50/\$250/NA \$0/\$0/\$70.50/\$150/NA	
Insulin 30-day retail 60-day retail 100-day retail	Insulin 30-day mail-order 60-day mail-order 100-day mail-order	Retail \$35 \$70 \$87.50	Mail-order \$35 \$52.50 \$52.50	Retail \$35 \$70 \$87.50	Mail-order \$35 \$52.50 \$52.50

Optional supplemental benefits

Optional supplemental benefits

Geisinger Gold Health+

Geisinger Gold Health+ is an **optional** supplemental benefits package available for purchase by members enrolled in Preferred Complete Rx and Preferred Advantage Rx. Benefits include routine and comprehensive dental, routine vision exams and eyewear coverage, routine hearing exams and hearing aid coverage, and a fitness center allowance.

Premium	<ul style="list-style-type: none">• \$38 per month
Dental	<ul style="list-style-type: none">• \$1,000 max benefit per year that includes:<ul style="list-style-type: none">– 2 routine exams per year (with or without cleaning)– 1 set of X-rays per year (bitewing or panoramic)– Simple fillings, simple extractions, dentures, crowns and root canals– See any provider
Vision	<ul style="list-style-type: none">• \$20 copay• 1 routine exam per year (includes refraction)• \$150 hardware allowance per year (contacts, glasses, lenses, frames)• See any provider• Can be combined with GHP Accessories Program discounts
Hearing	<ul style="list-style-type: none">• \$20 copay• 1 routine exam per year• \$500 hearing aid and fitting allowance per year• See any provider
Fitness	<ul style="list-style-type: none">• \$90 allowance per quarter• Access to facilities of your choice• Can be applied to any fitness service the facility offers (excludes food and beverage)

Guidelines

- **New and existing Geisinger Gold members may purchase Health+ during AEP and up to 30 days after their effective date.**
- Existing members of Health+ will be automatically renewed in Health+ the following year if no change is made, just like their plan enrollment automatically renews.
- Amounts spent on Health+ benefits do not count toward the plan's annual out-of-pocket max.
- Providers may bill Geisinger directly for routine eye exams, routine hearing exams and dental benefits (members should ask providers if they are willing to bill Geisinger directly).
 - Members should submit receipts to Geisinger for reimbursement if providers are not willing to bill Geisinger directly.
- Routine eyeglasses, eyeglass lenses, eyeglass frames, contact lenses and hearing aids are reimbursement-only benefits.
- Two dental exams and cleanings can be done anytime during the year.
- Fitness membership benefits are primarily a reimbursement-only benefit.
- Health+ is a non-commissionable plan.

How members are reimbursed

- Submit receipt(s) to Claims Department, Geisinger Health Plan, P.O. Box 853910, Richardson, TX 75085-3910
- Questions? Call Geisinger Gold Customer Care at 800-498-9731.

Fitness

Fitness

Embedded supplemental fitness benefit

Fitness agreements

Silver&Fit fitness network

Geisinger Gold encourages members to exercise and maintain an active lifestyle.

Regular exercise can boost energy and stamina, help a person maintain independence and lower the risk for a variety of chronic conditions like diabetes, heart disease and high blood pressure. Building strength and flexibility can also prevent bone loss, improve balance and reduce the risk of falling.

Embedded supplemental fitness benefit

Classic Complete Rx

Classic Advantage Rx

Heritage

Preferred Complete Rx with Health+

Preferred Advantage Rx with Health+

Geisinger Gold offers reimbursement of members' fitness benefits on the plans listed above.

Members will be reimbursed up to a combined benefit limit of \$90 per calendar quarter toward the purchase of a membership in a qualified health club, fitness center, gym, YMCA or fitness studio that maintains cardiovascular and strength training equipment and facilities for exercising and improving physical fitness.

Class fees for instructor-led exercise classes and fitness programs for yoga, Pilates, Zumba, aerobics, spinning, dancercise, aquacize, strength training, CrossFit, kickboxing and similar activities, furnished at qualified fitness studios, yoga studios, gyms and fitness centers, will also be eligible for reimbursement as part of the member's quarterly fitness benefit limit.

Exercise and fitness programs sponsored by or associated with hospitals, senior centers, county extension service or community centers may also qualify for reimbursement but are subject to prior validation by Geisinger Gold.

Not eligible for reimbursement: Personal trainers, in-home exercise coaches/instruction, instructional dance classes, country clubs, social clubs, spa services, gymnastics, martial arts, sports camps, team or league sports, golf, tennis clubs, nature walks, exercise apparel and equipment, food and drink, diet programs and physical therapy. Other exclusions may apply. Members should contact Member Services for more information.

Fitness agreements

Classic Complete Rx

Classic Advantage Rx

Heritage

Preferred Complete Rx with Health+

Preferred Advantage Rx with Health+

Geisinger Gold has agreements with the fitness centers listed below in which they will bill Geisinger directly up to the plan's monthly benefit limit. Members simply show their Geisinger Gold member ID card at the front desk. Use of other fitness centers will require members to submit receipts for reimbursement (up to the plan's monthly benefit limit).

- Danville Area Community Center (DACC)
- Family Practice Center Fitness
- YMCA – Members should check their local YMCA for participation

Silver&Fit healthy aging and exercise program

Classic 360 Rx

Secure Rx

Value Rx

Preferred Enhanced Rx

Members will have a \$0 – \$25 annual membership fee, depending on the plan, when they visit participating Silver&Fit® standard fitness centers and up to an additional \$10 annual fee when using the Home Fitness Kit option. The Silver&Fit program is designed for older adults enrolled in Medicare Advantage plans. Members have the following options available:

- Get Started Program: By answering a few online questions about their areas of interest, members will receive a personal exercise plan, including instructions on how to get started and suggested online workout videos
- 8,000+ digital workout videos through the website silverandfit.com and mobile app digital library, including the Silver&Fit Signature Series Classes
- Fitness center membership: Visit participating fitness centers or select nearby YMCAs
- Many participating fitness centers also offer low-impact classes focused on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination
- Home fitness kits: Members are eligible to receive one home fitness kit per benefit year from a variety of fitness categories, such as a Fitbit® or Garmin® wearable fitness tracker kit, for up to an additional \$10 fee
- Healthy aging coaching session by telephone with a trained coach where members can discuss topics like exercise, nutrition, social isolation, and brain health
- The Silver&Fit Connected™ tool for tracking members' activity
- Rewards, such as hats and pins, for reaching new milestones
- Online healthy aging classes
- Online quarterly newsletter

Enroll online at silverandfit.com or by calling **877-427-4788**. The annual fee for the Home Fitness Program and the Fitness Center Program will be charged via debit or credit card at the time of enrollment, payable to S&F online or over the phone. The member will be provided with a fitness ID number. The facility logs the member's information into the Silver&Fit portal, where eligibility and payment is confirmed. Members will have unlimited access to any participating facility. Search for participating Silver&Fit fitness centers at silverandfit.com.

Medicare Part D

Prescription drug coverage

All Geisinger Gold plans except Heritage and Secure Rx HMO D-SNP are offered with \$0 deductible prescription drug coverage. This benefit includes fixed copays for covered drugs in the initial coverage limit. Copays depend on the tier the drug is listed in. Members will receive coverage through the gap for Tier 1 generic drugs at \$0–\$3 copays for a 30-day retail supply, a 75% discount on Tier 2 generics and a 75% discount on Tier 3 and above brand-name drugs. Prescriptions must be filled at network pharmacies.

Geisinger Gold plans feature select vaccines at \$0 copays on all plans with prescription drug coverage.

Geisinger Gold Rx plan members will save significantly on copays when they enroll in Geisinger Mail-Order Pharmacy.

Medicare Part D prescription drug coverage

Annual Deductible

All HMO & PPO Rx plans \$0

Initial Coverage Limit (total drug costs reach up to \$5,030)

Classic 360 Rx Classic Complete Rx Classic Essential Rx Classic Advantage Rx Preferred Complete Rx Preferred Advantage Rx	30-day retail copay: Tier 1 – \$3 Tier 2 – \$20 Tier 3 – \$47 Tier 4 – \$100 Tier 5 – 33% Tier 6 – \$0 vaccines	100-day retail copay: Tier 1 – \$7.50 Tier 2 – \$50 Tier 3 – \$117.50 Tier 4 – \$250 Tier 5 – not available	100-day mail-order copay: Tier 1 – \$0 Tier 2 – \$0 Tier 3 – \$70.50 Tier 4 – \$150 Tier 5 – not available
Value Rx Preferred Enhanced Rx	30-day retail copay: Tier 1 – \$0 Tier 2 – \$5 Tier 3 – \$47 Tier 4 – \$100 Tier 5 – 33% Tier 6 – \$0 vaccines	100-day retail copay: Tier 1 – \$0 Tier 2 – \$12.50 Tier 3 – \$117.50 Tier 4 – \$250 Tier 5 – not available	100-day mail-order copay: Tier 1 – \$0 Tier 2 – \$0 Tier 3 – \$70.50 Tier 4 – \$150 Tier 5 – not available

Coverage Gap (total member drug costs reach \$8,000)

Classic 360 Rx Classic Complete Rx Classic Essential Rx Classic Advantage Rx Preferred Complete Rx Preferred Advantage Rx	30-day retail copay: \$3 for Tier 1 generics 25% for Tier 2 generics 25% for Tier 3 & above brands* \$0 for Tier 6 vaccines	100-day retail copay: \$7.50 for Tier 1 generics 25% for Tier 2 generics 25% for Tier 3 & above brands*	100-day mail-order copay: \$0 for Tier 1 generics 25% for Tier 2 generics 25% for Tier 3 & above brands*
Value Rx Preferred Enhanced Rx	30-day retail copay: \$0 for Tier 1 generics 25% for Tier 2 generics 25% for Tier 3 & above brands* \$0 for Tier 6 vaccines	100-day retail copay: \$0 for Tier 1 generics 25% for Tier 2 generics 25% for Tier 3 & above brands*	100-day mail-order copay: \$0 for Tier 1 generics 25% for Tier 2 generics 25% for Tier 3 & above brands*

Catastrophic Coverage (after \$8,000 is paid out-of-pocket)

All HMO & PPO Rx plans • \$0 copay

*Although members only pay 25% of the cost for brand-name drugs in the Coverage Gap, 95% of the price will count toward out-of-pocket spending.

HMO D-SNP: Secure Rx

Annual Deductible*	<ul style="list-style-type: none"> \$0 to members
Initial Coverage Limit Coverage Gap* Catastrophic Coverage*	<ul style="list-style-type: none"> \$0 cost-sharing on all covered formulary generic & brand-name drugs \$0 cost-sharing on all covered formulary vaccines

*Generally, members in Secure Rx will not be subject to a deductible, coverage gap or catastrophic coverage

Extra Help

Extra Help is a federal program administered by the SSA to help Medicare beneficiaries pay for prescription drug costs. Extra Help provides assistance to pay for Part D premiums, annual deductibles, copays and coinsurance. Individuals enrolled in LIS do not fall into the coverage gap and will not have to pay a Part D late enrollment penalty. An individual's subsidy level depends on their income and assets compared to the Federal Poverty Level. Contact the Social Security Administration at 800-772-1213 to apply.

	2024 Rx Deductible	2024 Rx Copay	2024 Rx Catastrophic
No Drug	n/a	n/a	n/a
Premium Subsidy 0% (income \geq 150% FPL)	\$545	Varies based on plan options	\$0
Premium Subsidy 100% FBDE (income > 100% & < 150% FPL)	\$0	\$4.50/\$11.20	\$0
Premium Subsidy 100% FBDE (income \leq 100% FPL) Premium Subsidy 100% FBDE (income \leq 100% FPL)	\$0	\$1.55/\$4.60	0
Full Dual Institutionalized 100%	\$0	\$0	0

2023 Federal Poverty Level Guidelines

(2024 FPL Guidelines to be released in January 2024)

Family size	Annual poverty guideline (100% of the FPL)	Monthly poverty guideline (100% of the FPL)
1	\$14,580	\$1,215
2	\$19,720	\$1,643
3	\$24,860	\$2,072
4	\$30,000	\$2,500
5	\$35,140	\$2,928
6	\$40,280	\$3,357
7	\$45,420	\$3,785
8	\$50,560	\$4,213

Note: Families with more than eight persons, add \$5,140 for each additional person

Geisinger Mail-Order Pharmacy

Mail-order pharmacy is available to Gold members, usually for maintenance drugs taken on a regular basis for chronic or long-term medical conditions. Drugs not available through the plan's mail-order service are marked with "NM" on the formulary.

Providers may e-scribe directly to the Geisinger Pharmacy. Geisinger Gold's mail-order service requires members to order at least an 84-day supply and up to a 100-day supply of covered drugs. Prescriptions cannot be mailed without a valid form of payment on file. Prescriptions are delivered to members within 10 days.

Members can enroll in Geisinger Mail-Order Pharmacy by calling **844-878-5562** or visiting **[geisinger.org/pharmacy](https://www.geisinger.org/pharmacy)**. Automatic refills are available upon request. Mail-order is not mandatory for Gold members.

Part D late enrollment penalty

Individuals who have Medicare and don't enroll in a Part D plan when first eligible **and** don't have creditable drug coverage may pay a late enrollment penalty (LEP) if they enroll in a drug plan later. Those who go 63 or more consecutive days without creditable drug coverage after their initial enrollment period (IEP) may have to pay an LEP (1% of the national base beneficiary premium for each full, uncovered month).

- Individuals enrolled in any of the following creditable drug coverage are exempt from paying an LEP:
 - Extra Help (LIS)
 - PACE/PACENET
 - Veterans Affairs benefits
 - TRICARE
 - FEHB program
 - Employer/union group Part D plan

PACE and PACENET

What is PACE/PACENET coverage?

The State Pharmaceutical Assistance Program (SPAP) offers low-cost prescriptions to Pennsylvania residents ages 65 and older who meet the program’s income limit and eligibility requirements. The program is funded by Pennsylvania lottery proceeds. PACE and PACENET is considered creditable coverage, and prescriptions are limited to a 30-day supply or 100 dosage units. Individuals can enroll by calling **800-225-7223** or online at [**pacecares.magellanhealth.com**](https://pacecares.magellanhealth.com).

	Income limits: Single	Income limits: Married	Generic copay	Brand copay
PACE	\$14,500 or less	\$17,700 or less	\$6	\$9
PACENET	\$14,501 – \$33,500	\$17,701 – \$41,500	\$8	\$15

*Income limits and cost-sharing may change for 2024

PACE cardholders enrolled in a Part D plan

- PACE pays the monthly Part D plan’s premium up to the regional benchmark. If you enroll in a plan with a Part D premium higher than the regional benchmark, you must pay the difference.
- Members pay the PACE copays.

PACE cardholders not enrolled in a Part D plan

- Members pay the PACE copays.
- PACE will not be able to help pay the Part D plan premium for individuals not enrolled in a Partner Part D plan.

PACENET cardholders enrolled in a Part D plan

- Members pay the monthly Part D plan’s premium at the pharmacy. They will never be charged more than the cost of their medication at one time. Therefore, if the cost of their medication is less than the amount of premium they owe, they only pay the cost of the medication, and the remaining amount of the premium they owe will be carried over until they need another medication filled (that same month or the next month).
- Members pay the PACENET copays.

PACENET cardholders not enrolled in a Part D plan

- Members pay a monthly deductible that is equal to the regional benchmark premium for Part D. Visit pacecares.magellanhealth.com for the most current monthly deductible amount.
- After deductible is paid at the pharmacy, members will pay the PACENET copays.

PACE and PACENET FAQs

Here are some frequently asked questions from some of our members, along with suggested responses.

Q: If I have PACE or PACENET, why should I enroll in Part D?

A: Many PACE or PACENET cardholders will save money by being enrolled in both Part D and PACE or PACENET at the same time. Having both a Part D plan and PACE or PACENET also helps the program save money that can be used to help more Pennsylvanians.

Q: Are all PACE/PACENET cardholders enrolled in Part D?

A: No. We will not enroll the following cardholders into a Part D plan: those who are not Part D eligible, those in Medicare Advantage Plans and those in employee retirement plans with creditable drug coverage. The PACE/PACENET program will not enroll anyone who notifies us that they do not want to be enrolled in a Part D plan for 2024.

Q: How do I know if PACE/PACENET has enrolled me in a Part D plan?

A: If PACE/PACENET enrolls you in a Part D plan, you will receive a letter from the program telling you the Part D plan and the effective date of enrollment. In order to select the best Part D plan on your behalf, the program reviews your information and selects a plan that will cover your medications at the lowest cost while also allowing you to go to the pharmacy that you prefer.

Q: I haven't received any letter or other information from PACE or PACENET about how they will work with my Geisinger Gold Part D plan. Does that mean that I won't get any help from PACE or PACENET with Geisinger Gold Part D costs?

A: If you have not received information from the program, we may not be enrolling you in Part D, as mentioned in the next question, or we may not know you have a Geisinger Gold Part D plan. All PACE/PACENET cardholders get help with their Part D deductibles, copays and costs during the

coverage gap. If you have questions about how PACE/PACENET can work with your Geisinger Gold Part D plan, call 800-225-7223.

Q: Will I receive an identification card from the Part D plan PACE/PACENET enrolled me in?

A: Yes. You will receive an identification card from the Part D plan. You will use your Part D plan's identification card along with your PACE/PACENET identification card at the pharmacy.

Q: I am not currently enrolled in PACE or PACENET. If I enroll in the program, will I automatically be enrolled in Part D?

A: If you do not have a Part D plan when you enroll in PACE or PACENET, we will not assign you to one immediately, but we may provide recommendations to you within a few months.

Q: Who will pay the Part D premium?

A: That depends on whether you are in PACE or PACENET.

PACE: The PACE Program will pay the Part D premiums for PACE cardholders enrolled in a plan that has a premium payment agreement with PACE. A list of these plans can be found on the PACE/PACENET website at aging.pa.gov/aging-services/prescriptions/pages/default.aspx. PACE will pay up to the regional benchmark. If you enroll in a plan with a Part D premium higher than the regional benchmark, you must pay the difference. The PACE Program will not be able to help pay the monthly Part D premium for individuals enrolled in a Part D plan not on the premium assistance list.

PACENET: PACENET cardholders enrolled in one of the program's Partner Part D plans (SilverScript, Wellcare or Indy Health) will have to pay the Part D plan's premium at the pharmacy. You will never be charged more than the cost of your medication at one time. Therefore, if the cost of your medication is less than the amount of premium you owe, you only pay the cost of the medication, and the remaining amount of the premium you owe will be carried over until you need another medication filled. PACENET cardholders not enrolled in a Partner plan will have to pay the Part D plan's premium directly to the Part D plan each month. These PACENET cardholders will not have to pay a PACENET deductible at the pharmacy.

Q: I am enrolled in PACENET. If I don't enroll in Part D, what will I have to pay?

A: When you first use your PACENET card, and in the months that follow, you will have to pay a monthly premium that is equal to the regional benchmark premium for Part D. After you pay this deductible at the pharmacy, you will pay the PACENET copays for your medications. If you have not used your PACENET card and you do not currently take medications, you will not have to pay this deductible until you activate your card at the pharmacy. Once you activate your PACENET card, the monthly deductible will accumulate if it is not met each month. This process is only for PACENET cardholders who do not enroll in Part D.

Q: Should I sign up for automatic Part D premium deductions from my Social Security?

A: No. There are many instances in which the program will send payment to your Part D plan on your behalf. By signing up for automatic deductions from Social Security, you may be overpaying for your Part D services. Check with the program before making this decision.

Q: What should I do if I receive a coupon booklet or a bill for my premium payments from my Part D plan? Should I send them payments?

A: No, you should not send any money to the Part D plan without checking with PACE/PACENET first. Call the program's toll-free number at 800-225-7223 to review any coupon booklets or invoices you have received.

Q: If I am enrolled in Part D, will I still use my PACE or PACENET card?

A: Yes, show both cards at the pharmacy. This will let your pharmacist know to bill your Part D plan first and bill PACE or PACENET second. It will also tell them that you are entitled to all of the drugs available under PACE and PACENET.

Q: Will my copays be higher with PACE/PACENET and Part D?

A: No, not for medications that are covered by PACE/PACENET. If your Part D plan charges higher copays than you were paying under PACE/PACENET, the program will pay the difference if the pharmacy has the capability to bill more than one payer for a prescription claim. If you are taking medications that are not covered by PACE/PACENET, you will pay your Part D plan's copay for those drugs.

Q: What happens if my Part D plan charges lower copays than PACE/PACENET?

A: You will pay the lower copays when the Part D plan pays for the medication.

Q: Many Part D plans stop their coverage after you reach a certain dollar limit (known as the coverage gap or “donut hole”). How will this work if I have PACE/PACENET?

A: You will not experience a “donut hole,” or period of time when you have no prescription drug coverage. Instead, the PACE/PACENET program will fill in the gaps for covered medications, so that you can continue to get your prescriptions by only paying the PACE/PACENET copays.

Q: What happens if my Part D plan doesn’t cover all of the drugs that PACE/PACENET covers?

A: If your Part D plan has a restrictive drug formulary, PACE/PACENET will cover your prescription medications or work directly with the plan to process a prior authorization on your behalf so the drugs will be covered by your Part D plan.

Q: Can I go to any pharmacy I choose if I am in PACE and Medicare Part D?

A: No. You must use the pharmacies that are in your Part D plan's network and participating with PACE/PACENET. We picked a plan for you that works with the pharmacy where you usually get your prescriptions filled. If you decide to change pharmacies, check with your new pharmacy to make sure they participate in both your Part D plan and PACE Program.

Q: If my Part D plan offers a mail-order service, can I use it?

A: Yes. However, the mail-order pharmacy must participate with the PACE Program for the program to help pay for your extra copays. Have your doctor’s office verify that the mail-order pharmacy is in the PACE network before submitting prescriptions for processing. Also, when you receive a three-month supply of your drug(s) by mail, you will pay up to three PACE/PACENET copays at once. For example, a PACE cardholder would pay up to \$18 for a 90-day supply of generic medications.

Q: Where can I get a list of the mail-order pharmacies that I can use?

A: PACE/PACENET cardholders enrolled in Part D will have to use the pharmacies in the Part D plan’s pharmacy network and participating with PACE/PACENET. If your Part D plan offers mail-order services, the plan will provide information regarding these pharmacies in their welcome kit and enrollment documents that will be sent to you.

Q: How did the program decide which Part D plan to enroll me in?

A: We reviewed the drugs that you take and the pharmacy you use most often. Then, we matched you up with a partner plan that covers your medications, offers you the lowest possible costs for your prescription drugs and works at the pharmacy you use.

Q: Which Part D plans are partnering with PACE/PACENET?

A: The PACE/PACENET program will be partnering with the SilverScript Choice, Indy Health Saver Rx and WellCare Classic plans.

Q: Are these the only plans that I can enroll in?

A: No. The program has signed agreements with many Part D plans (like Geisinger Gold) that make it easier for the PACE program to coordinate with them and avoid confusion. Enrolling in one of these plans guarantees that you get the most help with your Part D plan costs.

Q: Where can I get more information about the Part D plans available in Pennsylvania?

A: Information about premiums, participating pharmacies and covered drugs for these companies and any other Part D plan operating in Pennsylvania is available by calling 800-Medicare (800-633-4227 or 1-877-486-2048 (TTY)) or by visiting medicare.gov. Also, the Medicare & You handbook mailed to all Medicare beneficiaries in the fall has a list of all the available plans in Pennsylvania.

Q: Can I pick a different plan than the one that the program has chosen for me?

A: During the Annual Enrollment Period from Oct. 15 through Dec. 7, anyone on Medicare can change their Part D plan. The PACE/PACENET program sends its members a notification regarding their personal plan selection before the start of this period. PACE/PACENET cardholders are also eligible for one Special Enrollment Period (SEP) per year. This means you can change the Part D plan in which you are enrolled or to which you were assigned one time outside the Annual Enrollment Period. If you want to enroll in a Part D plan that is not one of our Part D Partner plans, let us know and call the Part D plan directly or Medicare at 800-MEDICARE or 800-633-4227.

Q: If I am already enrolled in a Part D plan and have been paying my monthly premium to the plan, will I still be switched to the Part D plan that the PACE program picked for me?

A: Not necessarily. Shortly before the Annual Enrollment Period, you will receive a letter from the program telling you whether they will be assigning you to a different plan. If you receive a letter, the choice of Part D plans is yours. You can either be assigned to the plan the program picks for you or notify the program that you want to stay in your current plan.

Q: If I am in a Medicare Advantage Plan without prescription drug coverage, do I have to change plans to enroll in Part D?

A: If you are in a Medicare Advantage Plan (HMO/PPO) without prescription drug coverage and you would like to enroll in Part D, you need to contact your Medicare Advantage Plan to see if they offer a Part D benefit. If they do, you should enroll through your Medicare Advantage Plan in order to keep your doctor and other healthcare providers. If you are in PACE (as opposed to PACENET), the program will pay the Part D premium portion for you if the plan has signed a premium payment agreement with the program. If your Medicare Advantage Plan does not offer a Part D benefit, then you may need to join a different Medicare Advantage Plan to get Part D. Keep in mind that changing Medicare Advantage Plans may affect your choice of doctors.

Q: Do I have to enroll in Part D if I am enrolled in PACE/PACENET?

A: No. This program is voluntary. If you are in PACE/PACENET and you choose not to enroll in Part D, PACE/PACENET will continue to pay for your drugs as it has in the past.

Q: I am enrolled in PACE/PACENET and receive benefits from Veterans Affairs (VA). Do I need to enroll in Medicare Part D?

A: No. The VA is considered creditable coverage (as good as or better than Medicare Part D), and so is PACE/PACENET. However, you can enroll in Medicare Part D and keep your other benefits. That way, you will have extra prescription coverage in case you cannot get to a VA facility.

Q: I am a state employee retiree and have health coverage through PEBTF/REHP. Should I enroll in a Medicare Part D plan?

A: If you are enrolled in PEBTF/REHP and PACE/PACENET, the PACE Program will not enroll you in a Part D plan. The PEBTF/REHP will offer Part D coverage in 2021 through a retiree SilverScript Part D plan. For more information, call PEBTF at 800-522-7279 or REHP/SilverScript at 866-329-2088.

Q: What if I have a late enrollment penalty?

A: PACE/PACENET may help pay your full Late Enrollment Penalty (LEP) directly to your Part D plan.

Part B & Part D IRMAA

What is the Part B & Part D Income-Related Monthly Adjustment Amount (IRMAA)?

The Medicare IRMAA is an amount individuals pay in addition to their Part B and Part D premiums if their income is above a certain level. The 2023 Standard Part B premium is \$164.90. The Part B & D IRMAA is based on income that is reported to the IRS from two years prior. Part B & Part D IRMAA are reviewed annually and collected by the Social Security Administration.

*Part B IRMAA premiums may increase in 2023

2021 File Individual Tax Return	2021 File Joint Tax Return	2021 File Married & Separate Tax Return	*2023 Part B Monthly Premium	2023 Part D Monthly Premium Increase
≤ \$97,000	≤ \$194,000	≤ \$97,000	\$164.90	\$0
> \$97,000 and ≤ \$123,000	> \$194,000 and ≤ \$246,000	Not applicable	\$230.80	\$12.20
> \$123,000 and ≤ \$153,000	> \$246,000 and ≤ \$306,000	Not applicable	\$329.70	\$31.50
> \$153,000 and ≤ \$183,000	> \$306,000 and ≤ \$366,000	Not applicable	\$428.60	\$50.70
> \$183,000 and < \$500,000	> \$366,000 and < \$750,000	> \$97,000 and < \$403,000	\$527.50	\$70.00
≤ \$500,000	≤ \$750,000	≤ \$403,000	\$560.50	\$76.40

Based on filing status and yearly income from two years prior.

Additional resources

Vendor resources

Telehealth E-visits

Telehealth services include PCP, group and individual mental health services, group and individual psychiatry services, group and individual substance abuse services, medical urgent care services, mental health/substance abuse urgent care services and physician specialist services. For more information, members can visit geisinger.org/health-plan/find/telemedicineandteladoc or call the customer care number on the back of their member ID card.

Geisinger Mail-Order Pharmacy

Geisinger Mail-Order Pharmacy is available on all plans with prescription drug coverage. Members can register for the mail-order program by calling **844-878-5562** or online via Geisinger Health Plan’s secure member portal at geisingerhealthplan.com/register.

NationsBenefits

Members of Geisinger Gold Classic 360 Rx, Heritage, Secure Rx, Value Rx and Preferred Enhanced Rx have over-the-counter benefits. Members can use their OTC and Flex benefit card at participating retail locations, online or by phone.

Online	Mail-order	Phone
Visit geisinger.nationsbenefits.com or the Benefits Pro Portal.	Complete an order form and shipment will be received in the mail 7–10 business days after the order is received.	Call 877-880-8874 Hours: 8 a.m. – 8 p.m. member local time

***Flex benefit not included in Heritage and Classic 360 Rx.**

Silver&Fit

Silver&Fit is available on Geisinger Gold Classic 360 Rx, Secure Rx, Value Rx and Preferred Enhanced Rx. Members will have a \$0 – \$25 annual membership fee, depending on their plan when they use participating Silver&Fit fitness centers and up to an additional \$10 annual fee when using the stay-home kit. Members can enroll in Silver&Fit online at silverandfit.com or by calling American Specialty Health at **877-427-4788**. Members will have unlimited access to any participating facility.

Songbird

Members of Geisinger Gold Classic Complete Rx, Classic Advantage Rx, Heritage and Secure Rx must use Songbird providers for covered hearing aid benefits. To search for providers, go to songbirdhearing.com.

SKYGEN

Members of Geisinger Gold Classic 360 Rx, Classic Complete Rx, Classic Advantage Rx, Heritage and Secure Rx and Value Rx can use SKYGEN and other providers for covered dental benefits. geisinger.sciondental.com/mwp/landing.

STAAR Alert

STAAR Alert is a personal emergency response system available to members of Geisinger Gold Secure Rx. Members should call **800-498-9731** to enroll.

Community contacts

Medicare	800-MEDICARE
Social Security Administration	800-772-1213
PA Medicare Education & Decision Insight (formerly Apprise)	800-783-7067
Veterans Affairs	800-827-1000
Railroad Retirement Board	877-772-5772

Prescription Assistance

GoodRx	goodrx.com
Partnership for Prescription Assistance (PPA)	pparx.org
Needy Meds	needy meds.org
Rx Assist	rxassist.org
PACE/PACENET	800-225-7223
Special Pharmaceutical Benefits Program	800-922-9384
HIV/AIDS or Schizophrenia Diagnosis	
Medicare LINET	800-783-1307
PA Patient Assistance Program Clearinghouse	800-955-0989

Pharmaceutical Patient Assistance Programs

Lilly Cares: lillycares.com	
GlaxoSmithKline: gskforyou.com	
Novartis: pharma.us.novartis.com/our-products/patient-assistance	
Merck Helps: merckhelps.com	
Pfizer Rx Pathways: pfizerrxpathways.com	
Sanofi Patient Connection: sanofipatientconnection.com	
AstraZeneca Prescription Savings Program: astrazeneca-us.com/medicines/affordability.html	
Johnson & Johnson: jjpaf.org	
Bristol-Myers Squibb: bms.com/patient-and-caregivers/get-help-paying-for-your-medicines.html	

Medicare election periods

Initial Enrollment Period for Part B (IEP):

Beneficiaries who are first eligible for Medicare have a seven-month period to sign up for Medicare Part B. The period begins three months before, continues during the month of, and ends three months after the month an individual turns 65. Beneficiaries who have a disability will automatically be enrolled in Part B after receiving disability benefits for 24 months, with coverage starting in the 25th month.

Month enrolling in Medicare Part B	Medicare coverage effective date
The three months before turning 65	The month you turn 65
The month you turn 65	One month after turning 65
One month after turning 65	Two months after you enroll
Two or three months after turning 65	Three months after you enroll

General Enrollment Period (GEP):

Individuals who miss their IEP for Part B can still enroll during the General Election Period between Jan. 1 and March 31 each year. The coverage is effective July 1 of that year. Beneficiaries may have a late enrollment penalty if they do not enroll in Medicare Part B when they're first eligible.

Annual Enrollment Period (AEP):

Beneficiaries can enroll in or switch to a new Medicare Advantage plan between Oct. 15 and Dec. 7 each year. The coverage effective date is Jan. 1 of the following year.

Medicare Advantage Open Enrollment Period (MA OEP):

Medicare Advantage plan members have a one-time opportunity from Jan. 1 to March 31 to switch Medicare Advantage plans or disenroll from their MA plan and return to Original Medicare. If returning to Original Medicare, individuals may also purchase a Med Supp plan (subject to underwriting). Individuals can only purchase a PDP if they disenrolled from an MA-PD plan. The effective date is the first of the following month after application is received.

Medicare Part B Special Enrollment Period (SEP):

Beneficiaries who delay enrollment in Part B because they or their spouse are covered by an employer group health plan have an SEP to enroll in Part B anytime while they still have group coverage and for eight months after they lose group coverage or they stop working, whichever comes first. Generally, individuals should use this SEP to enroll in Part B a month before they lose their group coverage. (Note: Beneficiaries only have the three months prior to their Part B effective date to enroll in an MA plan).

Initial Coverage Enrollment Period (ICEP):

Beneficiaries newly eligible for Medicare Advantage because they turned 65 or have been receiving disability benefits for 25 months can enroll in a Medicare Advantage plan three months before, the month of and up to three months after they are entitled to both Medicare Parts A & B. Their effective date is the 1st day of the month of entitlement to Medicare Part A & B, or the 1st of the month following month the enrollment request is made, if after entitlement has occurred.

ICEP when deferring Part B enrollment:

Beneficiaries who delay enrollment in Part B will have their ICEP to enroll in a Medicare Advantage plan that occurs **only** three months immediately prior to the month of their Part B effective date.

Open Enrollment Period for Institutionalized Individuals (OEPI):

Individuals who move into, reside in or move out of an institution (e.g., nursing home, rehabilitation hospital) have a continuous period to join or switch Medicare Advantage plans or disenroll from their MA plan and return to Original Medicare. The period cannot be used to change their Part D status. The period begins the month of admission and continues for up to two months following discharge. The effective date is the first of the month after receipt of the enrollment request.

Special enrollment periods

Dual-Eligible (Medicare & Medicaid):

Beneficiaries entitled to both Medicare Parts A & B and receive cost-sharing assistance from Medicaid have an SEP to enroll in a Medicare Advantage plan that begins the month they become dually eligible and can be used once per calendar quarter (January to March, April to June, July to September). The effective date is the first of the month after their application is received. During the last quarter of the year (October to December), members may use the AEP to make an election. The effective date is Jan. 1 of the following year.

Extra Help/Low Income Subsidy (LIS):

Beneficiaries who qualify for Extra Help/LIS have an SEP to enroll in a Medicare Advantage plan that begins the month the individual becomes eligible and can be used once per calendar quarter (January to March, April to June, July to September). The effective date is the first of the month after their application is received. During the last quarter of the year (October to December), members may use the AEP to make an election. The effective date is Jan. 1 of the following year.

Change in residence:

Beneficiaries who move outside the plan's service area, move and have new plan options available to them or were recently released from incarceration have an SEP to enroll in a Medicare Advantage plan that begins:

- The month before the move and lasts up to two months after the move, if the individual notified the plan before the move. The effective date is the first of the month after their application is received and up to three months after the date of the move (determined by the enrollee).
- The month the plan is notified, plus two full months, if the individual notified the plan after the move. The effective date is the first of the month after their application is received.

Employer/Union Group Health Plan (EGHP):

Beneficiaries who lost their EGHP coverage have an SEP to enroll in a Medicare Advantage plan. The period begins the month the EGHP allows for disenrollment and ends two months after employment ends or coverage ends, whichever comes first. The effective date is the first of the month after application is received and up to two months after the month coverage ends (if future dated).

State Pharmaceutical Assistance Program (PACE/PACENET):

Beneficiaries who are newly eligible or current SPAP eligibles have a one-time SEP each calendar year to switch Medicare Advantage plans. The effective date is the first of the following month after application is received. This SEP can only be used to enroll into an MA-PD plan.

Change in Dual or Extra Help status:

Beneficiaries who become eligible for any type of assistance from Medicaid and individuals who qualify for Extra Help but do not receive Medicaid benefits, those who lose eligibility for any type of assistance and those who have a change in the level of assistance they receive (those who stop receiving Medicaid benefits but still qualify for Extra Help, those who have a change in cost sharing or those who become eligible for additional Medicaid benefits) have a one-time opportunity to elect a Medicare Advantage plan within three months of any of the above changes or notification of change, whichever is later.

SEP 65:

Beneficiaries who enroll in a Medicare Advantage plan when first eligible for Part B based on age (65 years old) have an SEP to disenroll from the MA plan and return to Original Medicare. Individuals can disenroll at any time during the 12 months after their MA plan coverage starts. The effective date is the first of the month after their application is received.

Retroactive notice of Medicare entitlement:

Beneficiaries who have not been provided the opportunity to elect an MA plan during their ICEP have an SEP that begins the month the notice is received and ends two months after the notice is received. The effective date is no earlier than the first of the month in which the notice is received.

Program of All-Inclusive Care for the Elderly (PACE):

Beneficiaries who disenroll from PACE have an SEP to enroll in a Medicare Advantage plan that lasts up to two full months after the effective date of disenrollment from the PACE Program. Beneficiaries can disenroll from their MA plan at any time to enroll in PACE. The effective date depends on the situation.

Nonrenewing contracts:

Beneficiaries affected by plan or contract nonrenewals and plan service area reductions that are effective Jan. 1 of the contract year have an SEP to enroll in a new Medicare Advantage plan that begins Dec. 8 and ends the last day in February the following year. The effective date is the first of the month after their application is received.

Involuntary loss of creditable coverage:

Beneficiaries who recently lost their creditable drug coverage through no fault of their own have an SEP to enroll in a Medicare Advantage plan that begins the month the notice is received and ends two months after the notice is received or two months after coverage is lost, whichever is later. The effective date is the first of the month after their application is received.

Trial periods:

Beneficiaries who drop a Medicare Supplement plan to enroll in a Medicare Advantage plan for the first time have an SEP to disenroll from the MA plan and return to Med Supp. The SEP begins the month the individual enrolls in the MA plan and lasts for 12 months. This re-enrollment would qualify for guaranteed issue.

Agent appointment checklist

Agent:

Name of person visited:

Introduction

☐ Name/card

☐ Company name

Getting started

☐ Geisinger Health Plan is an HMO and PPO Plan with a Medicare contract

☐ Members must pay Medicare Premium

☐ Members must reside in the service area

☐ LEP explanation

☐ Members must have Medicare Part A & B

Summary of benefits

☐ PCP copay

☐ Hospital copay

☐ Specialist copay

☐ Other copays

Other benefits

☐ Silver&Fit®

☐ Vision

☐ Dental

☐ OTC

HMO and PPO

☐ In network

☐ Out of network

Medicare Part D prescriptions

☐ Copays

☐ Coverage gap

☐ Formulary

☐ TROOP

☐ Initial coverage limit

☐ Mail order

Compliance items for SNP prospects (All of the above, plus:)

☐ Explain SNP eligibility requirements

☐ Copays

☐ Explain any changes in eligibility may lead to disenrollment

☐ Explain the cost-sharing for covered drugs

☐ Explain that Secure members will have \$0 cost sharing for all medical benefits, but they may see nominal Medicaid copays depending on their level of Medical Assistance

Enrollment kit

☐ Plan ratings

☐ Summary of Benefits

☐ Multilanguage Insert

☐ Enrollment form

Keep this checklist along with your signed Scope of Appointment.

Confidential; for agent use only. Not for distribution to Medicare beneficiaries. Effective July 2023.

Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

Scope of Appointment Form

CMS requires agents to document all marketing activities, in person, telephonically, including walk-ins, with a Scope of Appointment (SOA) prior to discussion of products. The SOA is to ensure understanding of what will be discussed between the agent and the Medicare beneficiary.

The SOA must be obtained 48 hours in advance of the meeting unless it is the end of a valid election period or an unscheduled in-person walk-in.

If the agent would like to discuss additional products during the appointment, the agent must document a second SOA for the additional product type(s).

- It is the agent's responsibility to secure an SOA for every sales appointment.
- The agent must retain a copy of each SOA for the current contract year plus 10 years, whether an enrollment is received or not.
- All information provided on the form is confidential and should be completed by each person with Medicare.
- When conducting a sales meeting, discussions may only concern previously agreed-upon plan products and may only market health-related products.
- If a Medicare beneficiary refuses to complete an SOA, the agent should document the refusal on the SOA and forward it to the plan.

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

(Refer to page 2 for product type descriptions)

☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**

☐ **Medicare Advantage Plans (Part C) and Cost Plans**

☐ **Dental/Vision/Hearing Products**

☐ **Hospital Indemnity Products**

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature	Signature Date
If you are the authorized representative, please sign above and print below:	
Representative's Name	Relationship to Beneficiary
To be completed by Agent:	
Agent Name	Agent Phone
Beneficiary Name	Beneficiary Phone (optional)
Beneficiary Address (optional)	
Initial Method of Contact (indicate here if beneficiary was a walk-in)	
Plan(s) the agent represented during the meeting	
Agent's Signature	Date Appointment Completed

*Scope of Appointment documentation is subject to CMS record retention requirements *

Stand-alone Medicare Prescription Drug Plans (Part D)
Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, and some Medicare Private-Fee-for-Service Plans.
Medicare Advantage Plans (Part C) and Cost Plans
Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).
Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan’s payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
Medicare Point of Service (POS) Plan — A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospital, and providers outside of the network for an additional cost.
Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan’s network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.
Dental/Vision/Hearing Products
Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
Hospital Indemnity Products
Plans offering additional benefits: payable to consumers based upon their medical utilization; sometimes used to defray copay/coinsurance. These plans are not affiliated or connected to Medicare.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal.



Geisinger

A healthier you starts close to home

Did you know that you can save on select local services? You can get discounts on everyday health-related items, as well as tools to help you stay fit. Save money on products and services including:

- Fitness centers and YMCAs
- Amusement park admissions
- Special events
- Vision services
- Chiropractic care
- Massage therapy
- Acupuncture
- Nutrition services
- Wearable fitness devices

Find more information online

All details about how to take advantage of these discounts can be found at [GeisingerHealthPlan.com](https://www.GeisingerHealthPlan.com). Log in (registration required), go to the “Health and Wellness” drop-down menu and click “Local discounts.”

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY: 711)