

This summary of benefits contains 2021 plan information for:

Geisinger Gold Classic Advantage (HMO)

Geisinger Gold Classic Advantage Rx (HMO)

Geisinger Gold Classic Complete Rx (HMO)

Geisinger Gold Classic Essential Rx (HMO)

Geisinger Gold Classic 360 Rx (HMO)

For full details of services and costs for each plan, consult the Evidence of Coverage at [GeisingerGold.com](https://www.GeisingerGold.com) or call us for more information.

Geisinger Gold Classic plans are HMO plans which require members to select a primary care provider (PCP) and use network providers for covered services. Referrals to specialty care providers are not required. Prior authorization may be required for certain services.

You can also learn more about this plan in the “Medicare & You” handbook. If you don’t have a copy of this booklet, you can get it at the Medicare website ([medicare.gov](https://www.medicare.gov)) or by calling 800-MEDICARE (800-633-4227), 24/7. TTY users should call 877-486-2048.

To join a Geisinger Gold Medicare Advantage Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Pennsylvania: Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Chester, Clearfield, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming and York.

Call us with any questions.

From Oct. 15 to Dec. 7: Daily from 8 a.m. to 8 p.m.

From Dec 8 to Oct. 14: Weekdays from 8 a.m. to 8 p.m.

If you’re a member, great! Call toll-free 800-498-9731.

If you’re not a member, we’d love to have you join us. Call toll-free 855-981-9589.

TTY users call 711.

Or visit our website: [GeisingerGold.com](https://www.GeisingerGold.com)

Geisinger Gold has a network of doctors, hospitals and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You can see our plan’s provider and pharmacy directory at our website ([GeisingerGold.com](https://www.GeisingerGold.com)). Or call us and we’ll send you a copy of the provider and pharmacy directories.



Besides the plan detailed in the enclosed Summary of Benefits, other plans may be available to you, based on your county of residence. Want to discuss other plan options? Have questions about this packet or the coverage Geisinger Gold offers? Call 855-981-9589, 7 days a week, from 8 a.m. to 8 p.m. (TTY: 711) for more information.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to 100 percent of drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. If you qualify, you won't be subject to the coverage gap or a late enrollment penalty. You may be eligible for these savings and not know it. For more information about this Extra Help, contact your local Social Security office or call 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048. You can also call 800-MEDICARE or visit [medicare.gov](https://www.medicare.gov) for more information about Medicare.

Geisinger Gold Medicare Advantage HMO, PPO and HMO D-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.

This information is not a complete description of benefits. Contact the plan for more information.

2021 Medical benefits

	Classic Advantage (Rx) (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)
Premium	See chart on page 14. Classic Advantage available with and without Part D. You must also continue to pay your Medicare Part B premium, which for most people in 2020 is \$144.60 per month and may change for 2021.	\$38 You must also continue to pay your Medicare Part B premium, which for most people in 2020 is \$144.60 per month and may change for 2021.	\$0 You must also continue to pay your Medicare Part B premium, which for most people in 2020 is \$144.60 per month and may change for 2021.
Deductible	\$0	\$0	\$0
Out-of-pocket max (cap on annual medical expenses)	\$3,450	\$4,900	\$7,550
Inpatient hospital – acute*	\$175/day (days 1–5) \$0/day (days 6–90)	\$200/day (days 1–5) \$0/day (days 6–90)	\$225/day (days 1–5) \$0/day (days 6–90)
Outpatient surgery/ services*	\$200	\$245	\$350
Primary care physician	\$0	\$5	\$10
Specialty care physician	\$20	\$35	\$40
Preventive services (Medicare approved)	\$0	\$0	\$0
Annual routine physical exams	\$0	\$5	\$10
Emergency care (waived if admitted)	\$120	\$90	\$90
Urgent care (waived if admitted)	\$20	\$35	\$40
Outpatient all other diagnostic procedures/ tests	\$5 per day	\$5 per day	\$10 per day
Outpatient lab	\$5 per day	\$5 per day	\$10 per day
Outpatient X-rays	\$25 per day	\$30 per day	\$35 per day
Outpatient MRI, CT, PET scans*, etc.	\$150 per day	\$255 per day	\$255 per day
Outpatient standard radiation therapy	\$25 per day	\$30 per day	\$35 per day
Outpatient all other therapeutic radiology	\$60 per day	\$60 per day	\$60 per day
Teladoc e-visits	\$0 PCP \$10 Mental Health/ Substance Abuse	\$5 PCP \$10 Mental Health/ Substance Abuse	\$10 PCP \$10 Mental Health/ Substance Abuse

*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Classic Advantage (Rx) (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)
Hearing exams – diagnostic only	\$20	\$35	\$40
Routine hearing exams	\$20 – 1 per year	\$20 – 1 per year	\$20 – 1 per year
Hearing aids/fitting for hearing aids	\$500 copay per ear \$1,250 max benefit limit per ear every 3 years	\$500 copay per ear \$1,250 max benefit limit per ear every 3 years	Not covered
Dental services (preventive): Oral exam with or without cleaning	\$0 – 2 per year	\$0 – 2 per year	Not covered
Dental services (preventive): Dental X-rays	\$0 – 1 per year	\$0 – 1 per year	Not covered
Comprehensive dental (Original Medicare-covered)	\$20	\$35	\$40
Comprehensive dental (non-Medicare-covered) Simple fillings, simple extractions, dentures, crowns and root canals	\$500 annual maximum benefit amount applies to preventive and comprehensive non-Medicare-covered services	\$500 annual maximum benefit amount applies to preventive and comprehensive non-Medicare-covered services	Not covered
Vision exam (medical): \$0 for glaucoma screen	\$20	\$35	\$40
Vision exam (routine)	\$20 – 1 per year	\$20 – 1 per year	Not covered
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)	\$0 (basic frames & lenses)
Eyewear (routine) non-Medicare-covered	\$200 benefit limit/ every year	\$100 benefit limit/ every year	Not covered
Outpatient mental health*	Individual session: \$10 Group session: \$5	Individual session: \$10 Group session: \$5	Individual session: \$10 Group session: \$5
Skilled nursing facility*	\$0/day (days 1–20) \$160/day (days 21–42) \$0/day (days 43–100)	\$0/day (days 1–20) \$160/day (days 21–51) \$0/day (days 52–100)	\$0/day (days 1–20) \$160/day (days 21–68) \$0/day (days 69–100)
Occupational/physical/speech therapy	\$20 per day	\$35 per day	\$40 per day
Ambulance (waived if admitted)	\$100	\$200	\$200

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	Classic Advantage (Rx) (HMO)	Classic Complete Rx (HMO)	Classic Essential Rx (HMO)
Worldwide coverage (waived if admitted)	Urgent: \$20 Emergency: \$120 Ground: \$100 Air: \$1000 Total benefit limit: \$100,000	Urgent: \$35 Emergency: \$90 Ground: \$200 Air: \$1000 Total benefit limit: \$100,000	Urgent: \$40 Emergency: \$90 Ground: \$200 Air: \$1000 Total benefit limit: \$100,000
Part B Drugs*	20%	20%	20%
Medicare Part D Prescription Drug Coverage	Included with Classic Advantage Rx; not included with Classic Advantage	Included	Included
Home health services	\$0	\$0	\$0
Chiropractic services	\$20	\$20	\$20
Podiatry	\$20	\$35	\$40
Fitness	\$90 every 3 months	\$90 every 3 months	Not covered
Cardiac/pulmonary rehab	\$0	\$0	\$0
Durable medical equipment (DME)*	20%	20%	20%
Prosthetics and related supplies*	20%	20%	20%
Diabetic supplies*	Preferred brand glucometer – \$0 (one every two years) OneTouch preferred brand supplies (test strips, lancets and lancet devices) – 0% Non-preferred glucometers and supplies – 20%	Preferred brand glucometer – \$0 (one every two years) OneTouch preferred brand supplies (test strips, lancets and lancet devices) – 20% Non-preferred glucometers and supplies – 20%	Preferred brand glucometer – \$0 (one every two years) OneTouch preferred brand supplies (test strips, lancets and lancet devices) – 20% Non-preferred glucometers and supplies – 20%
Diabetic supplies – therapeutic shoes or inserts	20%	20%	20%
Nursing hotline	\$0	\$0	\$0

*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

	Classic 360 Rx (HMO)**
Premium	\$0 You must also continue to pay your Medicare Part B premium which for most people in 2020 is \$144.60 per month and may change for 2021.
Deductible	\$0
Out-of-pocket max (cap on annual medical expenses)	\$7,550
Inpatient hospital – acute*	\$175/day (days 1–5) \$0/day (days 6–90)
Outpatient surgery/services*	\$300
Primary care physician	\$0
Specialty care physician	\$35
Preventive services (Medicare approved)	\$0
Annual routine physical exams	\$0
Emergency care (waived if admitted)	\$90
Urgent care (waived if admitted)	\$35
Outpatient all other diagnostic procedures/tests	\$0 per day
Outpatient lab	\$0
Outpatient X-rays	\$20 per day
Outpatient MRI, CT, PET scans* etc.	\$220 per day
Outpatient standard radiation therapy	\$20 per day
Outpatient all other therapeutic radiology	\$60 per day
Hearing exams – diagnostic only	\$35
Routine hearing exams	\$20 – 1 per year
Hearing aids/fitting for hearing aids	Not covered
Dental services (preventive): Oral exam with or without cleaning	\$0 – 2 per year
Dental services (preventive): Dental X-rays	\$0 – 1 per year
Comprehensive dental (Original Medicare-covered)	\$35
Comprehensive dental (non-Medicare-covered) Simple fillings, simple extractions, dentures, crowns and root canals	\$500 annual maximum benefit amount applies to preventive and comprehensive non-Medicare-covered services
Teladoc e-visits	\$0 PCP \$10 Mental Health/Substance Abuse

*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

**Plan available in Adams, Bucks, Carbon, Centre, Clearfield, Clinton, Franklin, Lackawanna, Lebanon, Lehigh, Luzerne, Lycoming, Monroe, Northampton, Pike, Schuylkill, Sullivan, Wyoming, York

	Classic 360 Rx (HMO)
Vision exam (medical): \$0 for glaucoma screen	\$35
Vision exam (routine)	\$20 – 1 per year
Original Medicare-covered eyewear (post-cataract surgery)	\$0 (basic frames & lenses)
Eyewear (routine) non-Medicare-covered	\$100 benefit limit per year
Outpatient mental health*	Individual session: \$10 Group session: \$5
Skilled nursing facility*	\$0/day (days 1–20) \$160/day (days 21–68) \$0/day (days 69–100)
Occupational/physical/ speech therapy	\$35 per day
Ambulance (waived if admitted)	\$275
Worldwide coverage (waived if admitted)	Urgent care: \$35 Emergency care: \$90 Ground: \$275 Air: \$1000 Total benefit limit: \$100,000
Part B Drugs*	20%
Medicare Part D Prescription Drug Coverage	Included
Home health services	\$0
Chiropractic services	\$20
Podiatry	\$35
Fitness	\$25 annual fee (Silver & Fit)
Cardiac/pulmonary rehab	\$25 per day
Durable medical equipment (DME)*	20%
Prosthetics and related supplies*	20%
Diabetic supplies*	Preferred brand glucometer – \$0 (one every two years) OneTouch preferred brand supplies (test strips, lancets and lancet devices) – 20% Non-preferred glucometers and supplies – 20%
Diabetic supplies – therapeutic shoes or inserts	20%
Nursing hotline	\$0
OTC approved products	\$25 per month

*Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.

2021 Prescription Drug Coverage

Classic Advantage Rx, Classic Complete Rx, Classic Essential Rx, Classic 360 Rx,			
Annual Deductible	\$0		
Initial Coverage Limit (until total yearly drug costs reach \$4,130)			
Classic 360 Rx Classic Advantage Rx	30-day retail copay: <ul style="list-style-type: none"> • Tier 1 – \$3 • Tier 2 – \$20 • Tier 3 – \$47 • Tier 4 – \$100 • Tier 5 – 33% • Tier 6 – \$0 vaccines • \$35 copay for insulin 	100-day retail copay: <ul style="list-style-type: none"> • Tier 1 – \$7.50 • Tier 2 – \$50 • Tier 3 – \$117.50 • Tier 4 – \$250 • Tier 5 – Not available 	100-day mail order copay: <ul style="list-style-type: none"> • Tier 1 – \$0 • Tier 2 – \$0 • Tier 3 – \$70.50 • Tier 4 – \$150 • Tier 5 – Not available
Classic Essential Rx Classic Complete Rx	30-day retail copay: <ul style="list-style-type: none"> • Tier 1 – \$3 • Tier 2 – \$20 • Tier 3 – \$47 • Tier 4 – \$100 • Tier 5 – 33% • Tier 6 – \$0 vaccines • \$35 copay for insulin 	100-day retail copay: <ul style="list-style-type: none"> • Tier 1 – \$7.50 • Tier 2 – \$50 • Tier 3 – \$117.50 • Tier 4 – \$250 • Tier 5 – Not available 	100-day mail order copay: <ul style="list-style-type: none"> • Tier 1 – \$4.50 • Tier 2 – \$30 • Tier 3 – \$70.50 • Tier 4 – \$150 • Tier 5 – Not available

Coverage Gap (total member drug costs reach \$6,550)			
Classic 360 Rx Classic Advantage Rx	30-day retail copay: <ul style="list-style-type: none"> • \$3 for tier 1 generics • 25% for tier 2 generics • 25% for tier 3 & above brands • \$35 copay for insulin • Tier 6 – \$0 vaccines 	100-day retail copay: <ul style="list-style-type: none"> • \$7.50 for tier 1 generics • 25% for tier 2 generics • 25% for tier 3 & above brands 	100-day mail order copay: <ul style="list-style-type: none"> • \$0 for tier 1 generics • 25% for tier 2 generics • 25% or tier 3 & above brands
Classic Essential Rx Classic Complete Rx	30-day retail copay: <ul style="list-style-type: none"> • \$3 for tier 1 generics • 25% for tier 2 generics • 25% for tier 3 & above brands • \$35 copay for insulin • Tier 6 – \$0 vaccines 	100-day retail copay: <ul style="list-style-type: none"> • \$7.50 for tier 1 generics • 25% for tier 2 generics • 25% for tier 3 & above brands 	100-day mail order copay: <ul style="list-style-type: none"> • \$4.50 for tier 1 generics • 25% for tier 2 generics • 25% or tier 3 & above brands
Catastrophic Coverage (after \$6,550 is paid out of pocket)			
Member pays the greater of: <ul style="list-style-type: none"> • 5% coinsurance; or <ul style="list-style-type: none"> • \$3.70 copay for generics • \$9.20 copay for brands 			

Tier 1 (preferred generic)

Tier 3 (preferred brand)

Tier 5 (specialty tier)

Tier 2 (generic)

Tier 4 (non-preferred brand)

Tier 6 (vaccines)

2021 Geisinger Gold monthly premiums

	Classic Advantage	Classic Advantage Rx
Midwest Region: Blair, Bradford, Cambria, Cameron, Clearfield, Fulton, Huntingdon, Jefferson, Potter, Somerset, Tioga	\$75	\$159
Midstate Region: Centre, Clinton, Juniata, Lackawanna, Lycoming, Mifflin, Pike, Sullivan, Susquehanna, Wayne, Wyoming	\$30	\$121
Central Region: Columbia, Luzerne, Montour, Northumberland, Schuylkill, Snyder, Union	\$74	\$166
Adams, Franklin, York	\$40	\$155
Bucks, Carbon, Lehigh, Monroe, Northampton	\$30	\$136
Midsouth Region: Berks, Chester, Cumberland, Dauphin, Lancaster, Lebanon, Perry	\$25	\$150

Important resources

Center for Medicare and Medicaid Services

800-Medicare (800-633-4227),
877-486-2048 (TTY)
24 hours a day, 7 days a week

medicare.gov

Obtain basic Medicare information and request documents.

Social Security

800-772-1213, 800-325-0778 (TTY)

SocialSecurity.gov

Sign up for Medicare, apply for extra help or get a paper application, request a replacement card, or report a change in address.

Railroad Retirement Board

877-772-5772, 312-751-4701 (TTY)

rrb.gov

Sign up for Medicare, request a replacement card, or report a change in address.

PA APPRISE

800-783-7067

This is the State Health Insurance Assistance Program in Pennsylvania.

PACE/PACENET (State Pharmaceutical Assistance Program)

800-225-7223

Contact us

Have questions about eligibility, plan options and costs? Our knowledgeable Medicare advisors can answer them. More than 90,000 Medicare beneficiaries already trust Geisinger Gold, and we can help you find the best plan for your needs and budget. To help you find the best plan for your situation, we offer free in-home consultations without obligation.

Geisinger Gold Medicare advisors

855-981-9589 (TTY: 711)

8 a.m. – 8 p.m.

7 days a week, Oct. 15 – Dec. 7

Monday – Friday, Dec. 8 – Oct. 14

GeisingerGold.com



Geisinger Gold Medicare Advantage HMO and PPO plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company/Geisinger Quality Options Inc., health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal. Members must obtain their covered dental benefits from Avesis network providers and their covered hearing aid benefits from AudioNet network providers.

Before you make an enrollment decision, it's important to fully understand our benefits and rules. Have any questions? Call and talk with a customer service representative at 855-981-9589 (TTY: 711).

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor for. Visit GeisingerGold.com or call 855-981-9589 (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they aren't listed, you will likely have to choose a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy isn't listed, you will likely have to choose a new pharmacy for your prescriptions.

Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copays/coinsurance may change on Jan. 1 each year.
- Except in emergency or urgent situations, we don't cover services by out-of-network providers (doctors who are not listed in the provider directory).