

## This summary of benefits contains 2021 plan information for:

**Geisinger Gold Preferred Advantage Rx (PPO)**

**Geisinger Gold Preferred Enhanced Rx (PPO)**

**Geisinger Gold Preferred Complete Rx (PPO)**

**Geisinger Gold Preferred 360 Rx (PPO)**

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 Preferred plans are PPO plans which do not require members to select a PCP or obtain referrals for covered services. Members may use out-of-network providers to obtain covered services. 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: 7 days a week from 8 a.m. to 8 p.m.

From Dec. 8 to Oct. 14: Monday through Friday 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 855-908-0581.

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 will 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 855-908-0581, 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. Members must obtain their covered dental benefits from Avesis network providers and their covered hearing aid benefits from AudioNet network providers.

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

Out-of-network/non-contracted providers are under no obligation to treat Geisinger Gold members, except in emergency situations. To know whether we will cover an out-of-network service, you or your provider can ask us for a pre-service organization determination before you receive the service. Call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

# 2021 Medical Benefits

|   | Preferred Advantage Rx (PPO)   | Preferred Enhanced Rx (PPO)  | Preferred Complete Rx (PPO)   |
|---|--|--|---|
| Unless noted, cost sharing is the same in-network or out-of-network |  |  |   |
| Premium   | See chart on page 16. 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. | See chart on page 16. 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<br>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)                  | \$4,000<br>(combined in & out)   | \$6,700<br>(combined in & out)   | \$6,700<br>(combined in & out)  |
| Inpatient hospital – acute*   | \$225/day (days 1–6)<br>\$0/day (days 7–90)  | \$225/day (days 1–6)<br>\$0/day (days 7–90)  | \$225/day (days 1–6)<br>\$0/day (days 7–90)   |
| Outpatient surgery/ services*                                       | \$250  | \$275  | \$350   |
| Primary care physician  | \$10   | \$5  | \$15  |
| Specialty care physician  | \$25   | \$35   | \$40  |
| Preventive services (Medicare approved)                             | \$0  | \$0  | \$0   |
| Annual routine physical exams                                       | \$10   | \$10   | \$15  |
| Emergency care (waived if admitted)                                 | \$90   | \$90   | \$90  |
| Urgent care (waived if admitted)                                    | \$25   | \$35   | \$40  |
| Outpatient all other diagnostic procedures/ tests                   | \$15 per day   | \$20 per day   | \$30 per day  |
| Outpatient lab  | \$15 per day   | \$20 per day   | \$30 per day  |
| Outpatient X-rays   | \$25 per day   | \$35 per day   | \$40 per day  |
| Outpatient MRI, CT, PET scans*, etc.                                | \$210 per day  | \$290 per day  | \$325 per day   |
| Outpatient standard radiation therapy                               | \$25 per day   | \$35 per day   | \$40 per day  |
| Outpatient all other therapeutic radiology                          | \$60 per day   | \$60 per day   | \$60 per day  |
| Teladoc e-visits  | \$10 PCP<br>\$10 Mental Health/<br>Substance Abuse   | \$5 PCP<br>\$10 Mental Health/<br>Substance Abuse  | \$15 PCP<br>\$10 Mental Health/<br>Substance Abuse  |

|   | Preferred Advantage Rx (PPO)   | Preferred Enhanced Rx (PPO)   | Preferred Complete Rx (PPO)  |
|---|--|---|--|
| Unless noted, cost sharing is the same in-network or out-of-network   |  |   |  |
| Hearing exams – diagnostic only   | \$25   | \$35  | \$40   |
| Routine hearing exams   | Not covered; see health+ optional benefits                             | \$20 - 1 per year   | Not covered; see health+ optional benefits                             |
| Hearing aids/fitting for hearing aids   | Not covered; see health+ optional benefits                             | Not covered   | Not covered; see health+ optional benefits                             |
| Dental services (preventive): oral exam with or without cleaning  | Not covered; see health+ optional benefits                             | \$0 - 2 per year  | Not covered; see health+ optional benefits                             |
| Dental services (preventive): dental X-rays   | Not covered; see health+ optional benefits                             | \$0 - 1 per year  | Not covered; see health+ optional benefits                             |
| Comprehensive dental (original Medicare-covered)  | \$25   | \$35  | \$40   |
| Comprehensive dental (non-Medicare covered) Simple fillings, simple extractions, dentures, crowns and root canals | Not covered; see health+ optional benefits                             | \$650 annual maximum benefit amount. Applies to preventive and comprehensive non-Medicare covered services. | Not covered; see health+ optional benefits                             |
| Vision exam (medical): \$0 for glaucoma screen  | \$25   | \$35  | \$40   |
| Vision exam (routine)   | Not covered; see health+ optional benefits                             | \$20 - 1 per year   | Not covered; see health+ optional benefits                             |
| Original Medicare-covered eyewear (post-cataract surgery)   | \$0 (basic frames & lenses)  | \$0 (basic frames & lenses)   | \$0 (basic frames & lenses)  |
| Eyewear (routine) non-Medicare covered  | Not covered; see health+ optional benefits                             | \$250 benefit limit per year  | Not covered; see health+ optional benefits                             |
| Outpatient mental health*   | Individual session: \$10<br>Group session: \$5                         | Individual session: \$10<br>Group session: \$5  | Individual session: \$10<br>Group session: \$5                         |
| Skilled nursing facility*   | \$0/day (days 1–20)<br>\$160/day (days 21–45)<br>\$0/day (days 46–100) | \$0/day (days 1–20)<br>\$160/day (days 21–54)<br>\$0/day (days 55–100)                                      | \$0/day (days 1–20)<br>\$160/day (days 21–62)<br>\$0/day (days 63–100) |
| Occupational/physical/speech therapy  | \$25 per day   | \$35 per day  | \$40 per day   |
| Ambulance (waived if admitted)  | \$200  | \$275   | \$275  |

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

|   | Preferred Advantage Rx (PPO)  | Preferred Enhanced Rx (PPO)   | Preferred Complete Rx (PPO)   |
|---|---|---|---|
| Unless noted, cost sharing is the same in-network or out-of-network |   |   |   |
| Worldwide coverage (waived if admitted)                             | Urgent: \$25<br>Emergency: \$90<br>Ground: \$200<br>Air: \$1000<br>Total annual benefit limit: \$100,000  | Urgent: \$35<br>Emergency: \$90<br>Ground: \$275<br>Air: \$1000<br>Total annual benefit limit: \$100,000  | Urgent: \$40<br>Emergency: \$90<br>Ground: \$275<br>Air: \$1000<br>Total annual benefit limit: \$100,000  |
| Fitness   | Not covered; see health+ optional benefits  | \$25 annual fee in-network to Silver & Fit facilities 20% coinsurance out-of-network  | Not covered; see health+ optional benefits  |
| Part B drugs*   | 20%   | 20%   | 20%   |
| Medicare Part D prescription drug coverage                          | Included  | Included  | Included  |
| OTC   | Not included  | \$25 per month  | Not included  |
| Home health services  | \$0   | \$0   | \$0   |
| Chiropractic services   | \$20  | \$20  | \$20  |
| Podiatry  | \$25  | \$35  | \$40  |
| Cardiac/pulmonary rehab   | \$25 per day  | \$25 per day  | \$25 per day  |
| Durable medical equipment (DME)*                                    | 20%   | 20%   | 20%   |
| Prosthetics and related supplies*                                   | 20%   | 20%   | 20%   |
| Diabetic supplies*  | Preferred brand glucometer – \$0 (one every two years)<br>OneTouch preferred brand supplies (test strips, lancets and lancet devices) – 20%<br>Non-preferred glucometers and supplies – 20% | Preferred brand glucometer – \$0 (one every two years)<br>OneTouch preferred supplies (test strips, lancets and lancet devices) – 20%<br>Non-preferred glucometers and supplies – 20% | Preferred brand glucometer – \$0 (one every two years)<br>OneTouch preferred supplies (test strips, lancets and lancet devices) – 20%<br>Non-preferred glucometers and supplies – 20% |
| Diabetic supplies – therapeutic shoes or inserts                    | 20%   | 20%   | 20%   |
| Nursing hotline   | \$0   | \$0   | \$0   |
| Geisinger Gold Health+ optional benefits                            | Coverage for preventive dental, routine vision and hearing care, and fitness center benefits. See page 15 for details on this valuable benefits package.                                    | N/A   | Coverage for preventive dental, routine vision and hearing care, and fitness center benefits. See page 15 for details on this valuable benefits package.                              |

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

|   | Preferred 360 Rx (PPO)**   |
|---|--|
| Premium   | \$0<br>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 1–6)<br>\$0/day (days 7–90)  |
| Outpatient surgery/services*  | \$350  |
| Primary care physician  | \$5  |
| 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                    | \$20 per day   |
| Outpatient lab  | \$20 per day   |
| Outpatient X-rays   | \$35 per day   |
| Outpatient MRI, CT, PET scans*, etc.                                | \$305 per day  |
| Outpatient standard radiation therapy                               | \$35 per day   |
| Outpatient all other therapeutic radiology                          | \$60 per day   |
| Teladoc e-visits  | \$5 PCP<br>\$10 Mental Health/Substance Abuse  |
| Hearing exams – diagnostic only                                     | \$35   |
| Routine hearing exams   | \$20 – 1 per year  |
| Hearing aids/fitting for hearing aids                               | Not covered  |
| Dental services (preventive):<br>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)                         | \$500 annual maximum benefit amount applies to preventive and comprehensive non-Medicare-covered services                                      |

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

\*\*Plan available in Adams, Lehigh, Northampton, York

|   | Preferred 360 Rx (PPO)  |
|---|---|
| Vision exam (medical):<br>\$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<br>Group session: \$5  |
| Skilled nursing facility*                                 | \$0/day (days 1–20)<br>\$160/day (days 21–68)<br>\$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<br>Emergency care: \$90<br>Ground: \$275<br>Air \$1000<br>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 in-network to Silver & Fit facilities<br>20% coinsurance out-of-network   |
| Cardiac/pulmonary rehab                                   | \$25 per day  |
| Durable medical equipment (DME)*                          | 20%   |
| Prosthetics and related supplies*                         | 20%   |
| Diabetic supplies*  | Preferred brand glucometer – \$0<br>(one every two years)<br><br>OneTouch preferred brand supplies<br>(test strips, lancets and lancet devices) – 20%<br><br>Non-preferred glucometers and supplies – 20% |
| Diabetic supplies – therapeutic shoes or inserts          | 20%   |
| Nursing hotline   | \$0   |
| OTC approved products                                     | \$20 allowance 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)

| Preferred Advantage Rx, Preferred Enhanced Rx, Preferred Complete Rx, Preferred 360 Rx  |  |   |  |
|---|--|---|--|
| Annual Deductible   | \$0  |   |  |
| Initial Coverage Limit (until total yearly drug costs reach \$4,130)  |  |   |  |
| Preferred Complete Rx<br>Preferred Advantage Rx   | 30-day retail copay: <ul style="list-style-type: none"> <li>Tier 1 - \$3</li> <li>Tier 2 - \$20</li> <li>Tier 3 - \$47</li> <li>Tier 4 - \$100</li> <li>Tier 5 - 33%</li> <li>Tier 6 - \$0 vaccines</li> <li>\$35 copay for insulin</li> </ul> | 100-day retail copay: <ul style="list-style-type: none"> <li>Tier 1 - \$7.50</li> <li>Tier 2 - \$50</li> <li>Tier 3 - \$117.50</li> <li>Tier 4 - \$250</li> <li>Tier 5 - Not available</li> </ul> | 100-day mail order copay: <ul style="list-style-type: none"> <li>Tier 1 - \$4.50</li> <li>Tier 2 - \$30</li> <li>Tier 3 - \$70.50</li> <li>Tier 4 - \$150</li> <li>Tier 5 - Not available</li> </ul> |
| Preferred Enhanced Rx<br>Preferred 360 Rx   | 30-day retail copay: <ul style="list-style-type: none"> <li>Tier 1 - \$0</li> <li>Tier 2 - \$5</li> <li>Tier 3 - \$47</li> <li>Tier 4 - \$100</li> <li>Tier 5 - 33%</li> <li>Tier 6 - \$0 vaccines</li> <li>\$35 copay for insulin</li> </ul>  | 100-day retail copay: <ul style="list-style-type: none"> <li>Tier 1 - \$0</li> <li>Tier 2 - \$12.50</li> <li>Tier 3 - \$117.50</li> <li>Tier 4 - \$250</li> <li>Tier 5 - Not available</li> </ul> | 100-day mail order copay: <ul style="list-style-type: none"> <li>Tier 1 - \$0</li> <li>Tier 2 - \$0</li> <li>Tier 3 - \$70.50</li> <li>Tier 4 - \$150</li> <li>Tier 5 - Not available</li> </ul>     |
| Coverage Gap (total member drug costs reach \$6,550)  |  |   |  |
| Preferred Complete Rx<br>Preferred Advantage Rx   | 30-day retail copay: <ul style="list-style-type: none"> <li>\$3 for tier 1 generics</li> <li>25% for tier 2 generics</li> <li>25% for tier 3 &amp; above brands</li> <li>\$35 copay for insulin</li> <li>Tier 6 - \$0 vaccines</li> </ul>      | 100-day retail copay: <ul style="list-style-type: none"> <li>\$7.50 for tier 1 generics</li> <li>25% for tier 2 generics</li> <li>25% for tier 3 &amp; above brands</li> </ul>                    | 100-day mail order copay: <ul style="list-style-type: none"> <li>\$4.50 for tier 1 generics</li> <li>25% for tier 2 generics</li> <li>25% or tier 3 &amp; above brands</li> </ul>                    |
| Preferred Enhanced Rx<br>Preferred 360 Rx   | 30-day retail copay: <ul style="list-style-type: none"> <li>\$0 for tier 1 generics</li> <li>25% for tier 2 generics</li> <li>25% for tier 3 &amp; above brands</li> <li>\$35 copay for insulin</li> <li>Tier 6 - \$0 vaccines</li> </ul>      | 100-day retail copay: <ul style="list-style-type: none"> <li>\$0 for tier 1 generics</li> <li>25% for tier 2 generics</li> <li>25% for tier 3 &amp; above brands</li> </ul>                       | 100-day mail order copay: <ul style="list-style-type: none"> <li>\$0 for tier 1 generics</li> <li>25% for tier 2 generics</li> <li>25% for tier 3 &amp; above brands</li> </ul>                      |
| Catastrophic Coverage (after \$6,550 is paid out of pocket)   |  |   |  |
| Member pays the greater of: <ul style="list-style-type: none"> <li>5% coinsurance; <b>or</b></li> <li>\$3.70 copay for generics</li> <li>\$9.20 copay for brands</li> </ul> |  |   |  |

Tier 1 (preferred generic)

Tier 3 (preferred brand)

Tier 5 (specialty tier)

Tier 2 (generic)

Tier 4 (non-preferred brand)

Tier 6 (vaccines)

# Geisinger Gold Health+

Geisinger Gold Health+ is an optional supplemental benefits package available for purchase if you are enrolled in:

Preferred Advantage Rx

Preferred Complete Rx

| Premium: \$38 per month |   |
|-------------------------|---|
| <b>Dental</b>           | <ul style="list-style-type: none"> <li>• \$500 max benefit per year that includes:               <ul style="list-style-type: none"> <li>– 2 routine exams per year (with or without cleaning)</li> <li>– 1 set of X-rays per year (bitewing or panoramic)</li> <li>– Simple fillings, simple extractions, dentures, crowns and root canals</li> <li>– See any provider who is approved by Medicare</li> </ul> </li> </ul> |
| <b>Vision</b>           | <ul style="list-style-type: none"> <li>• \$20 copay</li> <li>• 1 routine exam per year</li> <li>• \$100 hardware allowance per year (contacts, glasses, lenses, frames)</li> <li>• See any provider who is approved by Medicare</li> </ul>  |
| <b>Hearing</b>          | <ul style="list-style-type: none"> <li>• \$20 copay</li> <li>• 1 routine exam per year</li> <li>• \$500 hearing aid &amp; fitting allowance per year</li> <li>• See any provider who is approved by Medicare</li> </ul>   |
| <b>Fitness</b>          | <ul style="list-style-type: none"> <li>• \$90 allowance per quarter for fitness center membership fees and exercise classes</li> </ul>  |

## 2021 Geisinger Gold monthly premiums

|  | Preferred Advantage Rx |
|--|------------------------|
| <b>Midwest Region:</b> Blair, Bradford, Cambria, Cameron, Clearfield, Fulton, Huntingdon, Jefferson, Potter, Somerset, Tioga | \$110                  |
| <b>Midstate Region:</b> Centre, Clinton, Juniata, Lackawanna, Lycoming, Mifflin, Pike, Sullivan, Susquehanna, Wayne, Wyoming | \$110                  |
| <b>Central Region:</b> Columbia, Luzerne, Montour, Northumberland, Schuylkill, Snyder, Union                                 | \$115                  |
| Adams, Franklin, York  | \$85                   |
| Bucks, Carbon, Lehigh, Monroe, Northampton   | \$85                   |
| <b>Midsouth Region:</b> Berks, Chester, Cumberland, Dauphin, Lancaster, Lebanon, Perry                                       | \$85                   |

|  | Preferred Enhanced Rx |
|--|-----------------------|
| Centre, Clinton, Juniata, Lackawanna, Luzerne, Mifflin, Schuylkill, Wyoming  | \$0                   |
| Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Chester, Clearfield, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Jefferson, Lancaster, Lebanon, Lehigh, Lycoming, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, York | \$45                  |

## 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

855-908-0581 (TTY: 711)

8 a.m. – 8 p.m.

Daily, Oct. 15 – Dec. 7

Weekdays, 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 855-908-0581 (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](http://GeisingerGold.com) or call 855-908-0581 (TTY: 711) to view a copy of the EOC.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.
- 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.