

# Geisinger Gold

**Thank you for your interest in Geisinger Gold!**

Dear REHP Member:

You have an important decision to make when choosing your health coverage for 2019. Geisinger Gold offers quality, affordable coverage to more than 90,000 Pennsylvania residents. Just a few of the advantages include:

- ✓ **Benefits:** Easy to use, comprehensive benefits, including worldwide emergency coverage!
- ✓ **Extra Care:** In addition to your doctor, you'll have a nurse to help you manage a chronic illness, a newly diagnosed condition or provide support by phone after a hospital stay.
- ✓ **Stability and Security:** The Geisinger name represents a rich heritage in providing quality health care and an ongoing commitment to the communities we serve. We've offered quality coverage to Medicare beneficiaries since 1994.

To help with your decision, this booklet includes the following information:

- ✓ A **Summary of Benefits** for the plan in which you expressed interest. This Summary of Benefits includes information on medical and prescription drug benefits and costs.
- ✓ **Enrollment Applications** and business reply envelopes (in the back pocket). Each member enrolling in Geisinger Gold must complete an application.
- ✓ Information on our plan's **quality ratings** from the Centers for Medicare and Medicaid Services (CMS).

Enrolling is easy. Just call us to enroll over the phone. If you prefer, you can complete the enclosed application or enroll online at [GeisingerGold.com/pebtf](http://GeisingerGold.com/pebtf). Our staff will be happy to help. Call (800) 540-8653 or TTY 711, 8 am – 8 pm seven days a week. Please specify that you are an REHP member.

We hope you find the enclosed information helpful in making a decision regarding your health care coverage. Call us today, we'll be glad to assist with any questions you may have. We look forward to serving you in 2019 and beyond!

Sincerely,



Christopher M. Fanning  
Chief Sales & Marketing Officer

This **Summary of Benefits** contains 2019 plan information for:

- **REHP**

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

Geisinger Gold Classic is an HMO plan which require members to select a 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](http://medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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: Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming.

### **Call us with any questions!**

From October 1 to March 31: 7 days a week from 8 a.m. to 8 p.m.

From April 1 to September 30: Monday through Friday from 8 a.m. to 8 p.m.

If you are a member, call toll-free (800) 498-9731

If you are not a member, call toll-free (800) 514-0138

TTY users should call 711

Or visit our website: [GeisingerGold.com](http://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 directory at our website ([GeisingerGold.com](http://GeisingerGold.com)). Or, call us and we will send you a copy of the provider directories.

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at (800) 514-0138.

## **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. Visit [GeisingerGold.com](http://GeisingerGold.com) or call (800) 514-0138 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 are not listed, it means you will likely have to select 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 is not listed, you will likely have to select 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 copayments/co-insurance may change on January 1 each year.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

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.

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

## 2019 Medical Benefits

|   | REHP   |
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| <b>Premium</b>  | You must pay your monthly Medicare premiums to remain covered for benefits under the REHP. Retirees that retired on or after 7/1/05 must also pay their retiree REHP contribution.   |
| <b>Deductible</b>   | \$0  |
| <b>Annual Out-of-Pocket Maximum</b>                           | \$2,500  |
| <b>Inpatient Hospital Care</b>                                | Our plan covers an unlimited number of days for an inpatient hospital stay.<br>\$0 copay for each Medicare covered hospital stay.<br>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. |
| <b>Outpatient Hospital Surgery/Ambulatory Surgical Center</b> | Ambulatory surgical center: \$0 copay<br>Outpatient hospital: \$0 copay  |
| <b>Primary Care Physician (PCP) Visit</b>                     | \$20   |
| <b>Specialty Care Physician Visit</b>                         | \$30   |
| <b>Annual Routine Physical Exams</b>                          | \$0  |
| <b>Preventive Care</b>  | \$0 copay for Medicare-approved preventive services  |
| <b>Emergency Care</b>   | \$100 (waived if admitted)   |
| <b>Urgently Needed Care</b>                                   | \$50 (waived if admitted)  |
| <b>Outpatient Lab</b>   | \$0 per day  |
| <b>Outpatient X-Rays</b>                                      | \$0 per day  |
| <b>Outpatient MRI, CT, PET Scans</b>                          | \$0 per day  |
| <b>Outpatient Radiation Therapy, Nuclear Medicine</b>         | \$0 per day  |
| <b>Outpatient All Other Diagnostic Procedures/Tests</b>       | \$0 per day  |

| REHP                            |  |
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| <b>Hearing Services</b>         | \$0 copay for Medicare-covered diagnostic hearing exams  |
| <b>Dental Services</b>          | <p>\$0 copay for Medicare-covered dental benefits</p> <p>In general, you pay 100% for dental services. Dental implants are covered under very limited medical conditions to restore function lost through disease when no other treatment option is available.</p> <p>Dental implants will be covered in the following instances: Dental implants are the only alternative following oral surgery to reconstruct a jaw following the removal of a tumor, or after oral surgery to reconstruct a jaw due to a developmental (congenital) malformation, and where a review of your situation by a dental consultant confirms that dental implants are the only viable alternative.</p> |
| <b>Vision Services</b>          | <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for in-network glaucoma screening once per year for people who are at high risk of glaucoma.</p>  |
| <b>Mental Health Care</b>       | <p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$0 copay for each Medicare covered hospital stay.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Outpatient group therapy visit: \$20 copay</p> <p>Outpatient individual therapy visit: \$20 copay</p>  |
| <b>Skilled Nursing Facility</b> | <p>Our plan covers up to 100 days in a SNF.</p> <p>\$0 copay per day for days 1 through 100</p>  |
| <b>Cardiac/Pulmonary Rehab</b>  | Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$20 copay   |
| <b>Occupational Therapy</b>     | Occupational therapy visit: \$20 copay   |

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| <b>Physical &amp; Speech Therapy</b>                            | Physical therapy and speech and language therapy visit: \$20 copay   |
| <b>Ambulance</b>  | \$0 copay in United States.<br>\$100 copay for world-wide coverage.<br>Emergency transportation does not require prior authorization.    |
| <b>Transportation</b>   | Not covered  |
| <b>Part B Drugs</b>   | \$0  |
| <b>Foot Care (podiatry services)</b>                            | Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$30 copay                            |
| <b>Durable Medical Equipment (DME)</b>                          | \$0 copay  |
| <b>Prosthetics and Related Supplies</b>                         | Prosthetic devices: \$0 copay<br>Related medical supplies: \$0 copay   |
| <b>Health Club/ Fitness Center</b>                              | \$90 allowance every 3 months  |
| <b>Home Health Services (includes related medical supplies)</b> | \$0  |
| <b>Diabetes Supplies and Services</b>                           | Diabetes monitoring supplies: \$0 copay<br>Diabetes self-management training: You pay nothing<br>Therapeutic shoes or inserts: \$0 copay |
| <b>Chiropractic Care</b>  | Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay          |