We make it easy for you to find the Medicare plans right for you and your budget.

Your Guide to Geisinger Gold
We’ll help you every step of the way.

Meridian Health is proud to introduce Geisinger Gold, the 6th best Medicare Advantage plan in the nation*, to Medicare beneficiaries in Monmouth and Ocean counties. With Geisinger Gold, you get comprehensive coverage, superb wellness and preventive care programs, extensive disease management programs, and affordable rates. You already know the doctors, nurses and trust the teams at Meridian Health and their commitment to providing high quality care right in your community.

Now, you have more ways to receive the right care at the right time from the right place. Together, we are committed to improving your health and taking care of New Jersey and we look forward to making Geisinger Gold available to you.

You can speak with a Geisinger Gold Sales Counselor who understands your concerns, listens to your needs, and gives you the kind of straightforward information you need to make the best decision. There’s no obligation. You can talk to one of our local Geisinger Gold Sales Counselors in the comfort of your home, at one of the neighborhood meetings we’ll be holding in your area or by phone.

To Find Out More … Or to Arrange a FREE Consultation
Call 1-800-553-8529 today!
TTY/TDD users should call 711

Special Enrollment Hours
8:00 a.m. to 8:00 p.m., (7 days a week, Oct. - Feb.)
8:00 a.m. to 8:00 p.m., (Mon. - Fri., March - Sept.)

*NCQA’s Medicare Health Insurance Plan Rankings 2012-2013.
For more information about the rankings, please visit http://www.ncqa.org/ReportCards/HealthPlans/HealthInsurancePlanRankings/HealthInsurancePlanRankings201213/2012MedicaidandMedicareHealthPlanRankings.aspx

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For more information about the rankings, please visit http://www.ncqa.org/ReportCards/HealthPlans/HealthInsurancePlanRankings/HealthInsurancePlanRankings201213/2012MedicaidandMedicareHealthPlanRankings.aspx
What makes Geisinger Gold a smart choice for me?

Geisinger Gold offers a wide-array of health plans which include: traditional HMO, Preferred Provider Organization (PPO), Medical Savings Account (MSA), Point of Service and Special Needs Plans.

Began in 1994, Geisinger Gold is the 6th best Medicare Advantage plan in the nation.*

*Dedicated to Better Health

“For nearly 20 years we’ve been dedicated to working with physicians and hospitals to provide superior health-care coverage to the residents in the counties we serve. That we’ve now been recognized as the 6th best Medicare Advantage plan in the nation*, is a wonderful testimony to both our employees and participating medical colleagues.

Our ranking demonstrates that Geisinger Gold members are in better health as a result of the excellent care being provided to them by participating physicians and their staffs. Whether it is screenings for colorectal cancer or recommended medications for members with heart disease, this adds up to a healthier life. Member satisfaction is also a top priority for Geisinger Gold and providing excellent service is a great source of pride for our employees. Healthier, happier members: that is our goal.”

Duane Davis, M.D.
President and CEO
Geisinger Health Plan

How do I know which plan to choose?

While each of the plans we offer will provide you with outstanding health care coverage, finding the right plan for you is too important to leave to guesswork. That’s why Geisinger Gold Sales Counselors provide expertise and guidance that makes it easy for you to get the affordable health coverage you want. In fact, we can walk you through the entire process … answering all your questions and helping you enroll in a plan that fits both your needs and budget.

Geisinger Gold offers a variety of choices to get started, just think about what’s most important to you.

If **savings** is most important to you …

Consider one of our **Classic (HMO) or (HMO-POS) plans**. They offer broad coverage with affordable, fixed costs that are easy on the budget.

If **flexibility** is most important to you …

Consider our **Reserve (MSA) plan**. It offers the freedom to choose any doctor, specialist or hospital who accepts Medicare and agrees to see you, without a referral. Reserve has $0 monthly premium and a $1,500 deposit to a Medical Savings Account that can be used toward the $3,000 annual deductible.

If you want to **balance** flexibility with your budget …

Take a look at our **Preferred (PPO) plans**. It gives you the freedom to choose doctors, specialists and hospitals in and out of our network (costs may be higher with out-of-network providers).

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**Does Geisinger Gold offer any “extra” benefits?**

Geisinger Gold Medicare Advantage plans include a wide range of cost-saving features and benefits not available with Medicare Parts A and B.

<table>
<thead>
<tr>
<th></th>
<th>Geisinger Gold Medicare Advantage plans</th>
<th>Medicare Parts A and B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>Plans starting at $0 a month; you must continue to pay your Part B Premium.</td>
<td>Part B Premium</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>Prescription drug coverage is included with some plans. For others, coverage is available for an additional monthly cost. Reserve (MSA) members can join a stand-alone prescription drug plan for an additional monthly cost. Geisinger Gold prescription drug plans include coverage through the gap.</td>
<td>No</td>
</tr>
<tr>
<td>Out-of-Pocket Protection</td>
<td>Yes: With most plans you’re protected by an annual limit on how much you have to pay in deductibles and copays.</td>
<td>No</td>
</tr>
<tr>
<td>Routine Dental Services</td>
<td>Yes, with most plans.</td>
<td>No</td>
</tr>
<tr>
<td>Hearing Aid Benefit</td>
<td>Yes, with most plans.</td>
<td>No</td>
</tr>
<tr>
<td>Routine Vision / Eyewear Benefits</td>
<td>Yes, with most plans.</td>
<td>No</td>
</tr>
<tr>
<td>Fitness Membership</td>
<td>Yes, with most plans.</td>
<td>No</td>
</tr>
<tr>
<td>Care Management Programs for heart conditions, diabetes, blood pressure, kidney disease and much, much, more!</td>
<td>Yes, with our Classic (HMO), Classic (HMO-POS), Preferred (PPO) and Secure (HMO SNP) plans.</td>
<td>No</td>
</tr>
<tr>
<td>Coverage of preventive services, including certain health screenings and immunizations</td>
<td>Services covered with $0 copay for all Geisinger Gold plans (Reserve (MSA) deductible must be met)</td>
<td>Yes</td>
</tr>
</tbody>
</table>
What is a Geisinger Gold Medicare Advantage plan?

Medicare Advantage plans were created to give Medicare beneficiaries greater benefits than Medicare Parts A & B alone. Medicare Advantage plans are overseen by Medicare but administered by private companies. These companies are required to follow guidelines set by Medicare, and may offer a wide variety of additional benefits that vary based on coverage options designed to fit your needs.

When you join one of these plans you are still in Medicare. The plans provide all of your Part A (hospital) and Part B (medical) coverage and always cover medically-necessary services. Many plans, including most Geisinger Gold plans, also offer some type of prescription drug coverage. Some plans, like Medical Savings Account (MSA) plans, allow you to add a stand-alone prescription drug plan of your choice. In many cases, the monthly premiums or the cost of services (copays and deductibles) can be lower than they are in the Original Medicare plan, or Original Medicare with a Medicare Supplement policy. Geisinger Gold even offers plans with a $0 monthly premium! (You must continue to pay your Part B premium).

Do I keep my Medicare benefits when I join a Geisinger Gold Medicare Advantage plan?

Yes. You continue to get all of your Medicare Part A & B benefits, plus additional benefits.

Are prescription drugs covered?

Geisinger Gold has plans that help you make the most of Medicare Part D. With Geisinger Gold, you can get all your coverage from a single source! By protecting yourself with a Geisinger Gold Medicare Prescription Drug Coverage plan, you’ll have:

• A way to help you save money on prescriptions you may take now and in the future
• Coverage for thousands of drugs
• NEW $3 drug co-pays on most generics right through the coverage gap
• Ability to have your prescriptions filled at local pharmacies
• Prescription mail order service
• Benefits that are equal to or better than Medicare coverage alone

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-663-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; The Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or your state Medicaid office.

What if I spend time outside the Geisinger Gold service area?

Medical emergency services are covered worldwide under our HMO and PPO plans. In addition, Geisinger Gold Preferred (PPO) plans have in- and out-of-network coverage, with no referrals required. With the Preferred (PPO) plans, your out-of-pocket expenses will be higher if you use providers who are not members of the network.

Gold Reserve (MSA) members can also go to any medical professional that accepts Medicare and agrees to see them. Reserve members also have nation-wide coverage for medical emergency services.

How can I tell if my doctor or hospital are in the network?

You can call a Geisinger Gold Sales Counselor who will help you find a doctor and answer any questions you may have. Call 1-800-553-8529 (TTY/TDD users should call 711) during our Special Enrollment Hours between 8:00 a.m. to 8:00 p.m., 7 days a week, Oct. - Feb.) or 8:00 a.m. to 8:00 p.m. (Mon.- Fri., March-Sept.). Or visit www.MeridianGeisingerGold.com. There you will find information about the Health Plan’s participating primary care physicians, specialists, mental health providers, hospitals and other services, including durable medical equipment vendors, radiology facilities and more.

Who is eligible for a Geisinger Gold Medicare Advantage plan?

You are eligible to join a Geisinger Gold Medicare Advantage plan as long as you have Medicare Parts A and B; live in the health plan’s service area; and do not have End-Stage Renal Disease (ESRD). If you are interested in Geisinger Gold Reserve (MSA), additional restrictions may apply.

When can I enroll in a Geisinger Gold Medicare Advantage plan?

People with Medicare can enroll for Geisinger Gold coverage only at certain times of the year.

Annual Election Period

People with Medicare can enroll in a Medicare Advantage plan or Medicare Advantage prescription drug plan (like all the Geisinger Gold options) during the Annual Election Period (AEP). If you are already enrolled in a plan, you can change to a different plan during the AEP. For 2014 coverage, the Annual Election Period is from October 15, 2013, to December 7, 2013. If you are interested in Geisinger Gold Reserve (MSA), additional eligibility restrictions may apply; contact plan for details.

Initial Coverage Election Period

When you turn 65 (or when you retire) or otherwise become eligible for Medicare outside the Annual Election Period, you qualify for an Initial Coverage Election Period. This period begins three months before you are first eligible for both Medicare Part A and Part B.

Certain other enrollment and special election periods, or limitations may exist for some eligible individuals; please call us for information.
How do I enroll in a Geisinger Gold Medicare Advantage plan?

We make enrollment easy. Your first step is to speak with a Geisinger Gold Sales Counselor who can answer any questions you have and help you understand your options. During the Annual Election Period for Medicare beneficiaries, you can schedule an appointment to meet with one of our local Geisinger Gold Sales Counselors in the comfort of your home, at one of our neighborhood meetings we’ll be holding in your area or by phone. Once you decide what plan is right for you, all you need to do is fill out one simple form to start your coverage. You can also visit www.MeridianGeisingerGold.com for more plan information and to enroll online.

If I enroll between October 15 and December 7, 2013, when will my coverage become effective?

Your coverage will become effective on January 1, 2014.

What if I enroll in a Medicare Advantage plan and change my mind?

Between January 1 and February 14, you can disenroll from a Medicare Advantage plan and return to Original Medicare. As a result of this change, you would be eligible to enroll in a stand-alone Prescription Drug Plan (PDP). You will not be able to make any further changes until the next Annual Election Period (unless you qualify for a special election period during the year). The annual disenrollment period does not apply for Geisinger Gold Reserve (MSA).

To Find Out More … Or to Arrange a FREE Consultation

Call 1-800-553-8529 today!
TTY/TDD users should call 711

Special Enrollment Hours
8:00 a.m. to 8:00 p.m., (7 days a week, Oct. - Feb.)
8:00 a.m. to 8:00 p.m., (Mon. - Fri., March - Sept.)

What else should I know about Medicare Advantage plans?

Geisinger Gold Medicare Advantage plans are offered by Geisinger Health Plan/Geisinger Quality Options, Inc., health plans with a Medicare contract.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Secure (HMO SNP) members must meet certain eligibility requirements. Please contact the plan for further details.

A sales person will be present at meetings with information and applications. For accommodation of persons with special needs at sales meetings call 1-800-553-8529 (TTY/TDD users should call 711).

Members must get their prescriptions from network pharmacies. In case of emergency, members may go to a non-network pharmacy. You may only enroll in one prescription drug plan at a time. If you are enrolled in a Medicare Advantage plan which offers prescription drug coverage, you must take your prescription drug coverage from that plan.

Prescription drug coverage from Geisinger Gold is offered exclusively to Geisinger Gold members. You cannot enroll in a standalone prescription drug plan, unless you disenroll from your Medicare Advantage plan. If you are enrolled in a Medicare Supplement or Medical Savings Account plan, you can enroll in any stand-alone prescription drug plan.

MSA Plans combine a high deductible Medicare Advantage Plan and a trust or custodial savings account (as defined and/or approved by the IRS). The plan deposits money from Medicare into the account. You can use this money to pay for your health care costs, but only Medicare-covered expenses count toward your deductible. The amount deposited is usually less than your deductible amount, so you generally have to pay out-of-pocket before your coverage begins.

Medicare MSA Plans don’t cover prescription drugs. If you join a Medicare MSA Plan, you can also join any separate Medicare Prescription Drug Plan.

You must file Form 1040, US Individual Income Tax Return, along with Form 8853, “Archer MSA and Long-Term Care Insurance Contracts” with the Internal Revenue Service (IRS) for any distributions made from your Medicare MSA account to ensure you aren’t taxed on your MSA account withdrawals. You must file these tax forms for any year in which an MSA account withdrawal is made, even if you have no taxable income or other reason for filing a Form 1040. MSA account withdrawals for qualified medical expenses are tax free, while account withdrawals for non-medical expenses are subject to both income tax and a fifty (50) percent tax penalty. Tax publications are available on the IRS website at http://www.irs.gov or from 1-800-TAX-FORM (1-800-829-3676).

There are additional restrictions to join an MSA plan, and enrollment is generally for a full calendar year unless you meet certain exceptions. Those who disenroll during the calendar year will owe a portion of the account deposit back to the plan. Contact the plan at 1-800-553-8529 (TTY 711) for additional information.
Geisinger Gold Classic (HMO) plans

The Geisinger Gold Classic (HMO) plans are traditional HMO plans that offer more comprehensive protection and lower out-of-pocket costs than you get with Original Medicare. A Primary Care Physician works as your personal family doctor to coordinate your medical care. Covered services including hospitalization, routine office visits, physicals, immunizations, diagnostic tests and x-rays, are covered with affordable, predictable costs. Vision, hearing, dental and fitness benefits are included. Prescription drug coverage is available for an additional cost.

Key points about Geisinger Gold Classic (HMO) plans

- Predictable expenses for doctor visits, hospitalization, and diagnostic tests such as x-rays make it easy on your budget
- Geisinger Gold has a broad and ever-growing network of providers to take care of all your medical needs
- A Primary Care Physician coordinates your medical care
- Covers preventive care such as immunizations and routine physicals
- Coverage for eyeglasses, hearing aids, dental and more
- SilverSneakers® Fitness Program
- Our Point of Service plan also offers some coverage for out of network services (costs may be higher)

Geisinger Gold Preferred (PPO) plans

Geisinger Gold Preferred (PPO) is a PPO plan that offers predictable costs and the freedom to choose any doctor or hospital you wish. No Primary Care Physician selection or referrals are needed. You can use any provider who is part of our network, or you can choose to use an out-of-network provider. However, you may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting certain services in-network.

Key points about Geisinger Gold Preferred (PPO) plan

- Choose any provider you wish
- You do not need a Primary Care Physician referral to see a specialist
- Predictable expenses for doctor visits, hospitalization and diagnostic services such as X-rays
- $0 premium option available
- SilverSneakers® Fitness Program
- Save money by using a network provider
- Covers preventive care such as immunizations and routine physicals
- Prescription drug coverage can be added for an additional cost
- Coverage for eyeglasses, hearing aids, dental and more

Geisinger Gold Reserve (MSA) plan

Available statewide, there are no monthly plan premiums for this Medical Savings Account plan. Geisinger Gold deposits $1,500 a year (provided by Medicare) into your Medical Savings Account to help pay for qualified medical expenses such as doctor visits, diagnostics tests such as X-rays, inpatient hospital stays, etc. You can use this $1,500 to help meet your annual deductible of $3,000.

Once the deductible is met, Geisinger Gold pays all Medicare covered expenses in full. If there is money left in the account after the end of the calendar year, it rolls over to the next year.

Key points about Geisinger Gold Reserve (MSA)

- You have the freedom to choose any medical professional that accepts Medicare and agrees to see you
- Includes a Medical Savings Account to be used for qualified medical expenses
- After the deductible is met all Medicare covered expenses are paid by Geisinger Gold
- Money left in the account at the end of the calendar year rolls over to the next year
- Prescription drug coverage can be added for an additional cost by joining a stand-alone prescription drug plan
- Designed for members who want to closely manage their health care coverage expenses

For HMO and HMO SNP plans, you must receive all routine care from plan providers except in emergent or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-plan providers neither Medicare nor Geisinger Gold will be responsible for the costs.
How does an MSA plan work?

Example 1: Plan-Covered Expenses Exceed the Deductible

For the year, your medical costs total $7,000

<table>
<thead>
<tr>
<th>MSA Account Pays</th>
<th>You Pay</th>
<th>Geisinger Gold Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500</td>
<td>$4,000</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

Example 2: Over time, your MSA account can pay for plan-covered expenses, resulting in no cost to you. You can use the funds deposited to your MSA account first to pay for medical expenses. If you do not use all the money in your MSA account, that money carries over to the next year, and is added to your annual deposit. The funds in your MSA account can build over time to meet your full annual deductible.

$3,000 Annual Deductible - Geisinger Gold Pays Costs After Deductible is Met

In each year, medical costs are less than the MSA account balance, resulting in no cost to you, and a higher starting balance each new year due to carry over.

How does Geisinger Gold Medicare Prescription Drug Coverage (Part D) work?

$0 Deductible Rx

Annual Deductible

$0

Initial Coverage

Until total yearly drug costs reach $2,970, a member pays:

- Retail Tier 1: $3 copay for 1 month (34 day) supply, $9 copay for 3 month (90 day) supply
- Retail Tier 2: $7 copay for 1 month (34 day) supply, $21 copay for 3 month (90 day) supply
- Retail Tier 3: $39 copay for 1 month (34 day) supply, $117 copay for 3 month (90 day) supply
- Retail Tier 4: $69 copay for 1 month (34 day) supply, $207 copay for 3 month (90 day) supply
- Retail Tier 5: 33% coinsurance for one month (34 day) supply

Coverage Gap

After total yearly drug costs reach $2,970, but before a member’s yearly out of pocket reaches $4,750, members enter the coverage gap. While in the gap, Geisinger Gold members still have access to Tier 1 generic medications at $3 copays for a 34-day supply. For other generic medications, member pays 79% of the cost for the generic medications and 47.5% of the cost for brand medications.

Catastrophic Coverage

After yearly out of pocket drug costs reach $4,750, a member pays $2.65 copay for generic (including brand drugs treated as generic) and $6.60 copay for all other drugs or 5% coinsurance, whichever amount is greater.

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2013 Medicare Advantage Premiums by County of Residence

<table>
<thead>
<tr>
<th>County</th>
<th>Classic 100 Plus (HMO-POS)</th>
<th>Classic 100 Plus $0 Deductible Rx (HMO-POS)</th>
<th>Classic 300 $0 Deductible Rx (HMO)</th>
<th>Secure 200 (HMO SNP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monmouth</td>
<td>$85.00</td>
<td>$125.00</td>
<td>$0.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>Ocean</td>
<td>$85.00</td>
<td>$125.00</td>
<td>$0.00</td>
<td>$125.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>Preferred 100 (PPO)</th>
<th>Preferred 100 $0 Deductible Rx (PPO)</th>
<th>Preferred 200 (PPO)</th>
<th>Reserve 100 (MSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monmouth</td>
<td>$120.00</td>
<td>$160.00</td>
<td>$50.00</td>
<td>$90.00</td>
</tr>
<tr>
<td>Ocean</td>
<td>$120.00</td>
<td>$160.00</td>
<td>$50.00</td>
<td>$90.00</td>
</tr>
</tbody>
</table>

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2013 Medicare Advantage Premiums by County of Residence
<table>
<thead>
<tr>
<th>Plan Deductible</th>
<th>Plan Out of Pocket Maximum</th>
<th>Inpatient Hospital - Acute</th>
<th>Skilled Nursing Facility</th>
<th>Emergency Care</th>
<th>Urgent Care</th>
<th>Home Health Services</th>
<th>Primary Care Provider</th>
<th>Specialty Care Provider</th>
<th>Outpatient Lab - Diagnostic</th>
<th>Outpatient X-Rays</th>
<th>Outpatient MRI, CT, PET Scans</th>
<th>Outpatient / Ambulatory Surgery</th>
<th>Ambulance</th>
<th>DME and DME-related supplies</th>
<th>Dental Services (Preventive)</th>
<th>Optical Services (Preventive)</th>
<th>Vision Exam (Medical-medicare covered)</th>
<th>Vision Exam (Routine)</th>
<th>Eyewear</th>
<th>Hearing Exams - Diagnostic Only / Routine</th>
<th>Hearing Aids/Fitting for Hearing Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic 100 Plus (HMO POS)</td>
<td>$0</td>
<td>$6,700</td>
<td>$75/day, days 1-10</td>
<td>$50 days 1-10</td>
<td>$65 (Waived if admitted)</td>
<td>$25 (Waived if admitted)</td>
<td>$0</td>
<td>$10</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
<td>$65 (Waived if admitted)</td>
<td>$25 (Waived if admitted)</td>
<td>$125 (Waived if admitted)</td>
<td>$0</td>
<td>$0</td>
<td>$25</td>
<td>$25</td>
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<tr>
<td>Classic 300 (HMO)</td>
<td>$0</td>
<td>$10,000</td>
<td>$6,700</td>
<td>$50 days 1-10</td>
<td>$65 (Waived if admitted)</td>
<td>$25 (Waived if admitted)</td>
<td>$0</td>
<td>$10</td>
<td>$20</td>
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<td>$0</td>
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<td>$25</td>
<td>$25</td>
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<td></td>
</tr>
<tr>
<td>Preferred 100 (PPO)</td>
<td>$0</td>
<td>$4,000</td>
<td>$150 days 1-6</td>
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<tr>
<td>Preferred 200 (PPO)</td>
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<td>$200 days 1-5</td>
<td>$50 days 1-10</td>
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<td>$0</td>
<td>$25</td>
<td>$25</td>
<td>$25</td>
<td>$25</td>
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</tr>
<tr>
<td>Secure 200 (HMO SNP)</td>
<td>$0</td>
<td>$10,000</td>
<td>$100 days 1-8</td>
<td>$50 days 1-10</td>
<td>$65 (Waived if admitted)</td>
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