



*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.

If you want to protect your retirement savings from the increasing cost of medical care, look no further than Geisinger Gold. We make it easy for you to get the health care protection you need. In fact, we've been focused solely on the health care needs of Pennsylvania residents since 1994.

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 1-800-823-9633 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.)



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## What makes Geisinger Gold a smart choice for me?

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

Begun in 1994, Geisinger Gold serves more than 65,000 members. Geisinger Gold has held the highest accreditation level from the National Committee for Quality Assurance (NCQA) since 2006.



In addition, Geisinger Gold is the #1 ranked Medicare Advantage plan in Pennsylvania and 6th in the nation.\*



\*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>

# 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 #1 ranked Medicare Advantage plan in Pennsylvania and 6th 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

\*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>

## 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**, or any of our Medicare Supplement plans. They offer the freedom to choose any doctor, specialist or hospital who accepts Medicare and agrees to see you, without a referral. These plans are available statewide, and **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). You can manage your out of pocket costs for copays by using one of more than 38,000 providers and over 90 hospitals in our ever-growing provider network.



## 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.

	Geisinger Gold Medicare Advantage plans	Medicare Parts A and B
Cost	Plans starting at \$0 a month; you must continue to pay your Part B Premium.	Part B Premium
Prescription Drug	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.	No
Out-of-Pocket Protection	Yes: With most plans you're protected by an annual limit on how much you have to pay in deductibles and copays.	No
Routine Dental Services	Yes, with most plans.	No
Hearing Aid Benefit	Yes, with most plans.	No
Routine Vision/ Eyewear Benefits	Yes, with most plans.	No
Fitness Membership	Yes, with most plans.	No
Care Management Programs for heart conditions, diabetes, blood pressure, kidney disease and much, much, more!	Yes, with our Classic (HMO), Classic (HMO-POS), Preferred (PPO) and Secure (HMO SNP) plans.	No
Coverage of preventive services, including certain health screenings and immunizations	Services covered with \$0 copay for all Geisinger Gold plans (Reserve (MSA) deductible must be met)	Yes

# Geisinger Gold Medicare Advantage

## 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 user 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 1-800-823-9633 (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 the Geisinger Gold website at [www.GeisingerGold.com](http://www.GeisingerGold.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.GeisingerGold.com](http://www.GeisingerGold.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 1-800-823-9633 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 Indemnity Insurance Company, health plans with a Medicare contract.

Geisinger Gold Medicare Supplement plans are offered by Geisinger Indemnity Insurance Company.

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 co-payments/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. Secure 1 (HMO SNP) costs may vary based on the level of Extra Help you receive. 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 1-800-823-9633 (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 1-800-823-9633 (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. Some plans include out-of-network coverage.
- 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 offers three Classic (HMO) plans, with premiums ranging from \$0 to \$133, based on your county of residence. Classic Plus (HMO-POS) has a \$60 monthly premium. Please see the premium chart in the back of this booklet for more information on your county.

## Geisinger Gold Secure (HMO SNP) plans

The Geisinger Gold Secure (HMO SNP) plans are Special Needs HMO plans for individuals who meet certain income or need-based criteria. If you are fully eligible for both Medicare and Medicaid or have been diagnosed with diabetes or chronic heart failure, one of these plans may be right for you. Prescription drug coverage is included.

Key points about Geisinger Gold Secure (HMO) plans

- Predictable expenses 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
- Your medical care is coordinated by a Primary Care Physician
- Covers preventive care such as immunizations and routine physicals
- Coverage for eyeglasses, hearing aids, dental and more
- SilverSneakers® Fitness Program

Geisinger Gold offers two Secure (HMO SNP) plans, with premiums ranging from \$1.40 to \$138, based on your county of residence and eligibility. 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.

## 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 offers three Preferred (PPO) plans, with premiums ranging from \$20 to \$98, based on your county of residence. Please see the premium chart in the back of this booklet for more information on your county.

## 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

## 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.

### Standard Rx - available only with Secure 1 (HMO SNP)

#### Annual Deductible

\$0 annual deductible\*

Depending on your level of Extra Help, you pay the following\*:  
 For generic drugs (including brand drugs treated as generic), either:  
 - A \$0 copay or  
 - A \$1.15 copay or  
 - A \$2.65 copay

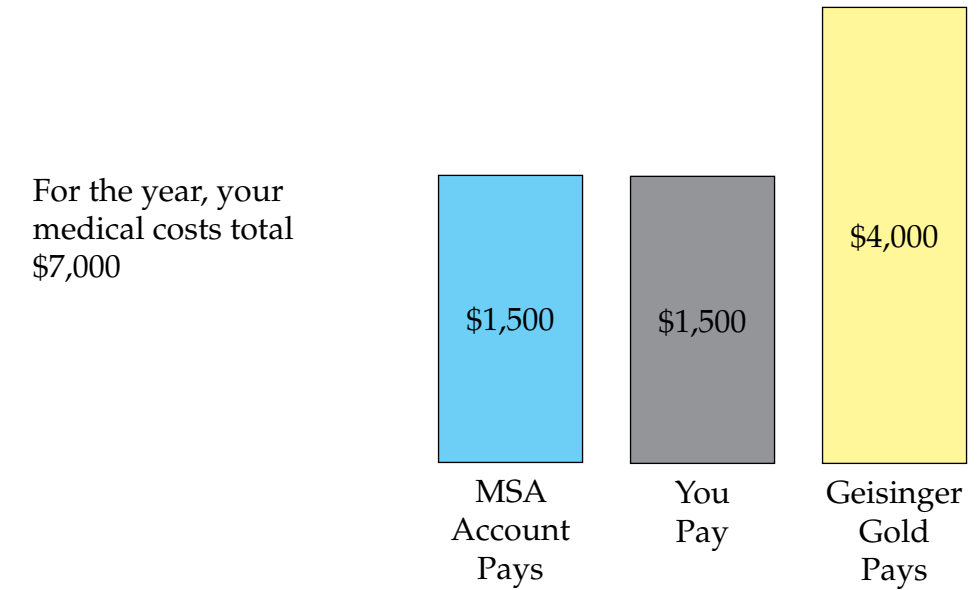
For all other drugs, either:  
 - A \$0 copay or  
 - A \$3.50 copay or  
 - A \$6.60 copay.

After your yearly out-of-pocket drug costs reach \$4,750, you pay a \$0 copay.\*

\*Note: Generally, members in Secure 1 will not be subject to a deductible or the coverage gap. Members will pay low, predictable copays for their medications right away, depending on the level of Extra Help they get from Medicare.

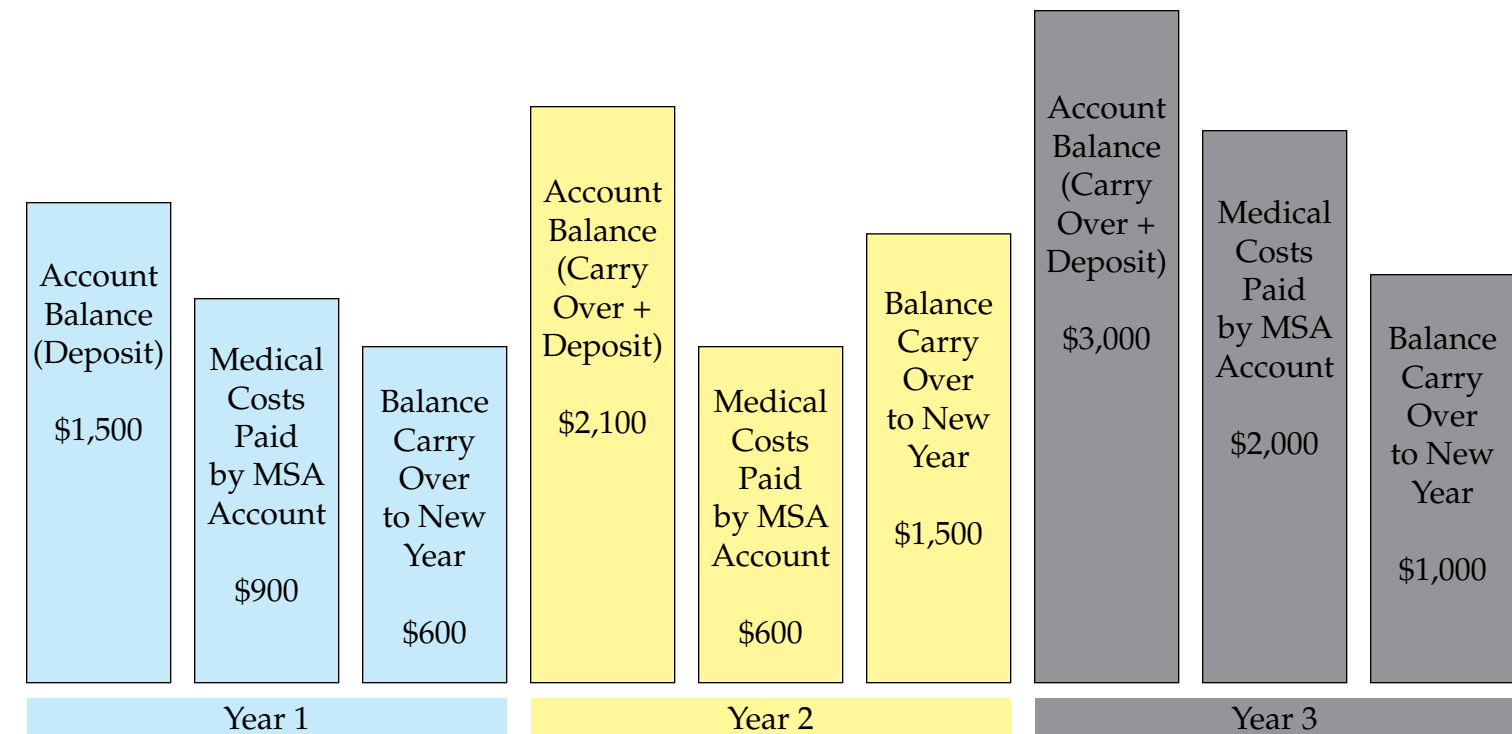
## How does an MSA plan work?

Example 1: Plan-Covered Expenses Exceed the Deductible



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.



Medicare Advantage premiums are located on pages 22-23

	Classic 1 (HMO) Member Responsibility	Classic 3 (HMO) Member Responsibility
Plan Deductible	No Deductible	\$1,300
Plan Out of Pocket Maximum	\$2,800	\$2,000
Inpatient Hospital - Acute	\$100 days 1-5 \$0 days 6-90	Deductible Applies; Maximum OOP of \$750
Skilled Nursing Facility	\$0 days 1-6 \$75 days 7-44 \$0 days 45-100 (no prior hospital stay required)	Deductible Applies; Maximum OOP of \$1,000
Emergency Care / Urgent Care	\$65 / \$20 (Waived if admitted)	\$65 / \$25 (Waived if admitted)
Primary Care / Specialty Care Provider	\$10 / \$20	\$10 / \$25
Outpatient Lab - Diagnostic	\$5	Deductible Applies
Outpatient X-Rays	\$25	Deductible Applies
Outpatient MRI, CT, PET Scans	\$100 per day	Deductible Applies
Outpatient Hospital / Ambulatory Surgery	\$250	Deductible Applies
Ambulance	\$100 (Waived if admitted)	Deductible Applies
DME and DME-related supplies	20%	20%
Dental Services (Preventive): Oral Exam with or without Prophylaxis (cleaning)	\$20; every 6 months	\$20; every 6 months
Preventive Dental X-Rays	\$20 bitewing only; \$30 panoramic and all other types	\$20 bitewing only; \$30 panoramic and all other types
Comprehensive Dental (Original Medicare-Covered Benefit only)	\$0	Deductible Applies
Vision Exam (Medical) (\$0 for glaucoma screen - office visit copay may apply)	\$20	\$25
Original Medicare-Covered Eyewear (Post-Cataract Surgery)	\$0 Only Medicare-covered (Basic frames and lenses)	\$0
Eyewear: Routine Eyewear, Non-Medicare Covered. Contact Lenses, Eyeglasses, Lenses and Frames	\$0 \$200 benefit max every 2 years	\$0 \$200 benefit max one time purchase per 2 years
Hearing Exams - Diagnostic Only / Routine	\$20	\$25
Hearing Aids/Fitting for Hearing Aids	\$0 \$800 Maximum Benefit; every 3 years (fitting/eval. falls under this limit)	\$0 \$800 Maximum Benefit; every 3 years (fitting and eval. Included in this max.)

For more information, please visit [www.GeisingerGold.com](http://www.GeisingerGold.com) or call us today at 1-800-823-9633. Some dental and vision services may be covered by Medicare. Call 1-800-823-9633 for details.

Classic 4 (HMO) Member Responsibility	Classic Plus (HMO POS) Member Responsibility	
	In-Network	Out-of-Network
\$1,600 deductible	No Deductible	
\$2,300	\$6,700	None
Deductible Applies; Maximum OOP of \$750	\$125 days 1-5 \$0 days 6-90	20%
Deductible Applies; Maximum OOP of \$1,000	\$50 days 1-20 \$70 days 21-77 \$0 days 78-100	20%
\$65 / \$25 (Waived if admitted)	\$65 / \$35 (Waived if admitted)	\$65 / \$35 (Waived if admitted)
\$10 / \$25	\$10 / \$25	\$15 / \$30
Deductible Applies	\$5	20%
Deductible Applies	\$25	20%
Deductible Applies	\$100 per day	20%
Deductible Applies	\$200	20%
Deductible Applies	\$100 (Waived if admitted)	20% (Waived if admitted)
20%	20%	20%
\$20; every 6 months	\$20; every 6 months	20%
\$20 bitewing only; \$30 panoramic and all other types	\$20 bitewing only; \$30 panoramic and all other types	20%
Deductible Applies	\$0	20%
\$25	\$20	20%
\$0	\$0 Only Medicare-covered (Basic frames and lenses)	\$0 Only Medicare-covered (Basic frames and lenses)
\$0 \$200 benefit max one time purchase per 2 years	\$0 \$200 benefit max every 2 years	\$0 \$200 benefit max every 2 years
\$25	\$20	20%
\$0 \$800 Maximum Benefit; every 3 years (fitting and eval. Included in this max.)	\$0 \$800 Maximum Benefit; every 3 years (fitting/eval. falls under this limit)	\$0 \$800 Maximum Benefit; every 3 years

Geisinger Gold Reserve (MSA): All covered services paid in full after annual deductible is met

Medicare Advantage premiums are located on pages 22-23

	Secure 1 (HMO SNP)*	Secure 3 (HMO SNP)
	Member Responsibility	Member Responsibility
Plan Deductible	None to Member Medicare FFS Deductible billed to Medicaid	No Deductible
Plan Out of Pocket Maximum	\$6,700	\$3,400
Inpatient Hospital - Acute	\$0	\$100 days 1-5
Skilled Nursing Facility	\$0	\$0 days 1-6 \$60 days 7-34 \$0 days 35 - 100 (no prior hospital stay required)
Emergency Care	\$0	\$65 / \$30 (Waived if admitted)
Primary Care / Specialty Care Physician	\$0	\$5 / \$30
Outpatient Lab - Diagnostic	\$0	\$5
Outpatient X-Rays	\$0	\$15
Outpatient MRI, CT, PET Scans	\$0	\$75 per day
Outpatient Hospital / Ambulatory Surgery	\$0	\$100
Ambulance	\$0	\$100 (Waived if admitted)
DME and DME-related supplies	\$0	20%
Over the Counter Medications and Supplies	\$50 allowance every 3 months	No Benefit
Dental Services (Preventive): Oral Exam with or without Prophylaxis (cleaning)	\$0; every 6 months; Max. \$2,000/year combined for all non-Medicare dental; Incl. simple fillings and extractions	\$20; every 6 months
Preventive Dental X-Rays	\$0; every 6 months; Max. \$2,000/year combined for all non-Medicare dental; Incl. simple fillings and extractions	\$20 bitewing only; \$30 panoramic and all other types
Comprehensive Dental (Original Medicare-Covered Benefit only)	\$0	\$0
Vision Exam (Medical) (\$0 for glaucoma screen - office visit copay may apply)	\$0	\$20
Original Medicare-Covered Eyewear (Post-Cataract Surgery)	\$0	\$0 Only Medicare-covered (Basic frames and lenses)
Eyewear: Routine Eyewear, Non-Medicare Covered. Contact Lenses, Eyeglasses, Lenses and Frames	\$0 \$200 benefit max per year	\$0 \$200 benefit max per 2 years
Hearing Exams - Diagnostic Only / Routine	\$0	\$20
Hearing Aids/Fitting for Hearing Aids	\$0 \$1000 Maximum Benefit; every 3 years (fitting/eval. falls under this limit)	\$0 \$800 Maximum Benefit; every 3 years (fitting/eval. falls under this limit)

\*Premiums and costs based on member eligibility

	Preferred 1 (PPO) Member Responsibility	
	In-Network	Out-of-Network
Plan Deductible	\$195 In/Out Combined	
Plan Out of Pocket Maximum	\$3,400; In-network only	\$5,100 in and out combined
Inpatient Hospital - Acute	After Deductible has been met \$295 per stay	After Deductible has been met 20%
Skilled Nursing Facility	After Deductible has been met \$0 days 1-8 \$65 days 9-42 \$0 days 43-100	After Deductible has been met 20%
Emergency Care / Urgent Care	\$65 / \$25 (Waived if admitted)	\$65 / \$25 (Waived if admitted)
Primary Care / Specialty Care Provider	\$10 / \$25	\$20 / \$35 after deductible has been met
Outpatient Lab - Diagnostic	After Deductible has been met \$10	After Deductible has been met 20%
Outpatient X-Rays	After Deductible has been met \$45 per day	After Deductible has been met 20%
Outpatient MRI, CT, PET Scans	After Deductible has been met \$125 per day	After Deductible has been met 20%
Outpatient Hospital / Ambulatory Surgery	After Deductible has been met \$250	After Deductible has been met 20%
Ambulance	After Deductible has been met \$150 (Waived if admitted)	After Deductible has been met 20% (Waived if admitted)
DME and DME-related supplies	20%	20% after deductible has been met
Dental Services (Preventive): Oral Exam with or without Prophylaxis (cleaning)	\$20; every 6 months	20%
Preventive Dental X-Rays	\$20 bitewing only; \$30 panoramic and all other types	20%
Comprehensive Dental (Original Medicare-Covered Benefit only)	\$0	\$35 after deductible has been met
Vision Exam (Medical) (\$0 for glaucoma screen - office visit copay may apply)	\$25	\$35
Original Medicare-Covered Eyewear (Post-Cataract Surgery)	\$0 Only Medicare-covered (Basic frames and lenses)	\$0 after deductible has been met Only Medicare-covered (Basic frames and lenses)
Eyewear: Routine Eyewear, Non-Medicare Covered. Contact Lenses, Eyeglasses, Lenses/ Frames	\$0 \$200 benefit max every 2 years	\$0 \$200 benefit max every 2 years
Hearing Exams - Diagnostic Only / Routine	\$25	\$35 after deductible has been met
Hearing Aids/Fitting for Hearing Aids	\$0 \$800 Maximum Benefit; every 3 years	\$0 \$800 Maximum Benefit; every 3 years

Medicare Advantage premiums are located on pages 22-23

	Preferred 2 (PPO) Member Responsibility	
	In Network	Out of Network
Plan Deductible	\$100 In/Out Combined	
Plan Out of Pocket Maximum	\$3,400 In-Network Only	\$5,100 in and out combined
Inpatient Hospital - Acute	After Deductible has been met \$225 days 1-5	After Deductible has been met 25%
Skilled Nursing Facility	After Deductible has been met \$0 days 1-3 \$65 days 4-45 \$0 days 46 - 100	After Deductible has been met 25%
Emergency Care / Urgent Care	\$65 / \$35 (Waived if admitted)	\$65 / \$35 (Waived if admitted)
Primary Care / Specialty Care Provider	\$20 / \$35 after deductible has been met	\$30 / \$45 after deductible has been met
Outpatient Lab - Diagnostic	After Deductible has been met 20%	After Deductible has been met 25%
Outpatient X-Rays	After Deductible has been met \$45 per day	After Deductible has been met 25%
Outpatient MRI, CT, PET Scans	After Deductible has been met 20%	After Deductible has been met 25%
Outpatient Hospital / Ambulatory Surgery	After Deductible has been met \$375	After Deductible has been met 25%
Ambulance	After Deductible has been met \$150 (Waived if admitted)	After Deductible has been met 25% (Waived if admitted)
DME and DME-related supplies	After Deductible has been met 20%	After Deductible has been met 25%
Dental Services (Preventive): Oral Exam with or without Prophylaxis (cleaning)	\$20; every 6 months	25%
Preventive Dental X-Rays	\$20 bitewing only; \$30 panoramic and all other types	25%
Comprehensive Dental (Original Medicare-Covered Benefit only)	After Deductible has been met 20%	After Deductible has been met \$45
Vision Exam (Medical) (\$0 for glaucoma screen - office visit copay may apply)	After Deductible has been met \$35	After Deductible has been met \$45
Original Medicare-Covered Eyewear (Post-Cataract Surgery)	\$0 Only Medicare-covered (Basic frames and lenses)	After Deductible is met \$0 Only Medicare-covered (Basic frames and lenses)
Eyewear: Routine Eyewear, Non-Medicare Covered. Contact Lenses, Eyeglasses, Lenses/Frames	\$0 \$200 benefit max every 2 years	\$0 \$200 benefit max every 2 years
Hearing Exams - Diagnostic Only / Routine	After Deductible has been met \$35	After Deductible has been met \$45
Hearing Aids/Fitting for Hearing Aids	\$0 \$800 Maximum Benefit; every 3 years (fitting/eval. falls under this limit)	\$0 \$800 Maximum Benefit; every 3 years

	Preferred 3 (PPO) Member Responsibility	
	In-Network	Out-of-Network
Plan Deductible	\$120 In/Out Combined	
Plan Out of Pocket Maximum	\$3,400; In-network only	\$5,100 in and out combined
Inpatient Hospital - Acute	After Deductible has been met \$275 per stay	After Deductible has been met 20%
Skilled Nursing Facility	After Deductible has been met \$0 days 1-8 \$65 days 9-42 \$0 days 43-100	After Deductible has been met 20%
Emergency Care / Urgent Care	\$65 / \$25 (Waived if admitted)	\$65 / \$25 (Waived if admitted)
Primary Care / Specialty Care Provider	\$10 / \$25	\$20 / \$35 after deductible has been met
Outpatient Lab - Diagnostic	After Deductible has been met \$10	After Deductible has been met 20%
Outpatient X-Rays	After Deductible has been met \$45 per day	After Deductible has been met 20%
Outpatient MRI, CT, PET Scans	After Deductible has been met \$125 per day	After Deductible has been met 20%
Outpatient Hospital / Ambulatory Surgery	After Deductible has been met \$125	After Deductible has been met 20%
Ambulance	After Deductible has been met \$150 (Waived if admitted)	After Deductible has been met 20% (Waived if admitted)
DME and DME-related supplies	After Deductible has been met 20%	After Deductible has been met 20%
Dental Services (Preventive): Oral Exam with or without Prophylaxis (cleaning)	\$20; every 6 months	20%
Preventive Dental X-Rays	\$20 bitewing only; \$30 panoramic and all other types	20%
Comprehensive Dental (Original Medicare-Covered Benefit only)	\$0	\$35 after deductible has been met
Vision Exam (Medical) (\$0 for glaucoma screen - office visit copay may apply)	\$25	\$35 after deductible has been met
Original Medicare-Covered Eyewear (Post-Cataract Surgery)	\$0 Only Medicare-covered (Basic frames and lenses)	\$0 Only Medicare-covered (Basic frames and lenses)
Eyewear: Routine Eyewear, Non-Medicare Covered. Contact Lenses, Eyeglasses, Lenses/Frames	\$0 \$200 benefit max every 2 years	\$0 \$200 benefit max every 2 years
Hearing Exams - Diagnostic Only / Routine	\$25	\$35 after deductible has been met
Hearing Aids/Fitting for Hearing Aids	\$0 \$800 Maximum Benefit; every 3 years	\$0 \$800 Maximum Benefit; every 3 years

2013 Medicare Advantage Premiums by County of Residence\*

County	Classic 1 (HMO)	Classic 1 \$0 Deductible Rx (HMO)	Classic 3 (HMO)	Classic 3 \$0 Deductible Rx (HMO)	Classic 4 (HMO)
Adams	\$112.00	\$142.00	\$0.00	\$41.00	
Berks	\$133.00	\$171.00	\$0.00	\$41.00	
Blair	\$133.00	\$171.00	\$0.00	\$41.00	
Cambria	\$133.00	\$171.00	\$0.00	\$41.00	
Cameron	\$112.00	\$142.00	\$0.00	\$41.00	
Carbon	\$50.00	\$88.00			\$0.00
Centre	\$112.00	\$142.00	\$0.00	\$41.00	
Clearfield	\$112.00	\$142.00	\$0.00	\$41.00	
Clinton	\$133.00	\$171.00	\$0.00	\$41.00	
Columbia	\$133.00	\$171.00	\$0.00	\$41.00	
Cumberland	\$112.00	\$142.00	\$0.00	\$41.00	
Dauphin	\$112.00	\$142.00	\$0.00	\$41.00	
Fulton	\$133.00	\$171.00	\$0.00	\$41.00	
Huntingdon	\$133.00	\$171.00	\$0.00	\$41.00	
Jefferson	\$112.00	\$142.00	\$0.00	\$41.00	
Juniata	\$133.00	\$171.00	\$0.00	\$41.00	
Lackawanna	\$118.00	\$158.00	\$0.00	\$41.00	
Lancaster	\$112.00	\$142.00	\$0.00	\$41.00	
Lebanon	\$112.00	\$142.00	\$0.00	\$41.00	
Lehigh	\$50.00	\$88.00			\$0.00

County	Classic 1 (HMO)	Classic 1 \$0 Deductible Rx (HMO)	Classic 3 (HMO)	Classic 3 \$0 Deductible Rx (HMO)	Classic 4 (HMO)
Luzerne	\$118.00	\$158.00	\$0.00	\$41.00	
Lycoming	\$133.00	\$171.00	\$0.00	\$41.00	
Mifflin	\$112.00	\$142.00	\$0.00	\$41.00	
Monroe	\$133.00	\$171.00	\$0.00	\$41.00	
Montour	\$133.00	\$171.00	\$0.00	\$41.00	
Northampton	\$50.00	\$88.00			\$0.00
Northumberland	\$133.00	\$171.00	\$0.00	\$41.00	
Perry	\$112.00	\$142.00	\$0.00	\$41.00	
Pike	\$133.00	\$171.00	\$0.00	\$41.00	
Potter	\$133.00	\$171.00	\$0.00	\$41.00	
Schuylkill	\$133.00	\$171.00	\$0.00	\$41.00	
Snyder	\$133.00	\$171.00	\$0.00	\$41.00	
Somerset	\$133.00	\$171.00	\$0.00	\$41.00	
Sullivan	\$112.00	\$142.00	\$0.00	\$41.00	
Susquehanna	\$112.00	\$142.00	\$0.00	\$41.00	
Tioga	\$133.00	\$171.00	\$0.00	\$41.00	
Union	\$133.00	\$171.00	\$0.00	\$41.00	
Wayne	\$133.00	\$171.00	\$0.00	\$41.00	
Wyoming	\$133.00	\$171.00	\$0.00	\$41.00	
York	\$112.00	\$142.00	\$0.00	\$41.00	

Geisinger Gold Reserve (MSA) available in all PA counties with \$0 monthly premium

**2013 Medicare Advantage Premiums by County of Residence\***

County	Classic 4 \$0 Deductible Rx (HMO)	Classic Plus (HMO)	Classic Plus \$0 Deductible Rx (HMO POS)	Preferred 1 (PPO)	Preferred 1 \$0 Deductible Rx (PPO)
Adams		\$60.00	\$100.00	\$33.00	\$74.00
Berks		\$60.00	\$100.00	\$33.00	\$74.00
Blair		\$60.00	\$100.00	\$98.00	\$150.00
Cambria		\$60.00	\$100.00	\$98.00	\$150.00
Cameron		\$60.00	\$100.00	\$98.00	\$150.00
Carbon	\$45.00	\$60.00	\$100.00		
Centre		\$60.00	\$100.00	\$98.00	\$150.00
Clearfield		\$60.00	\$100.00	\$98.00	\$150.00
Clinton		\$60.00	\$100.00	\$98.00	\$150.00
Columbia		\$60.00	\$100.00	\$98.00	\$150.00
Cumberland		\$60.00	\$100.00	\$98.00	\$150.00
Dauphin		\$60.00	\$100.00	\$33.00	\$74.00
Fulton		\$60.00	\$100.00	\$98.00	\$150.00
Huntingdon		\$60.00	\$100.00	\$98.00	\$150.00
Jefferson		\$60.00	\$100.00	\$98.00	\$150.00
Juniata		\$60.00	\$100.00	\$98.00	\$150.00
Lackawanna		\$60.00	\$100.00	\$98.00	\$150.00
Lancaster		\$60.00	\$100.00	\$33.00	\$74.00
Lebanon		\$60.00	\$100.00	\$33.00	\$74.00
Lehigh	\$45.00	\$60.00	\$100.00		

County	Classic 4 \$0 Deductible Rx (HMO)	Classic Plus (HMO)	Classic Plus \$0 Deductible Rx (HMO POS)	Preferred 1 (PPO)	Preferred 1 \$0 Deductible Rx (PPO)
Luzerne		\$60.00	\$100.00	\$98.00	\$150.00
Lycoming		\$60.00	\$100.00	\$98.00	\$150.00
Mifflin		\$60.00	\$100.00	\$98.00	\$150.00
Monroe		\$60.00	\$100.00	\$98.00	\$150.00
Montour		\$60.00	\$100.00	\$98.00	\$150.00
Northampton	\$45.00	\$60.00	\$100.00		
Northumberland		\$60.00	\$100.00	\$98.00	\$150.00
Perry		\$60.00	\$100.00	\$98.00	\$150.00
Pike		\$60.00	\$100.00	\$98.00	\$150.00
Potter		\$60.00	\$100.00	\$98.00	\$150.00
Schuylkill		\$60.00	\$100.00	\$98.00	\$150.00
Snyder		\$60.00	\$100.00	\$98.00	\$150.00
Somerset		\$60.00	\$100.00	\$98.00	\$150.00
Sullivan		\$60.00	\$100.00	\$98.00	\$150.00
Susquehanna		\$60.00	\$100.00	\$98.00	\$150.00
Tioga		\$60.00	\$100.00	\$98.00	\$150.00
Union		\$60.00	\$100.00	\$98.00	\$150.00
Wayne		\$60.00	\$100.00	\$98.00	\$150.00
Wyoming		\$60.00	\$100.00	\$98.00	\$150.00
York		\$60.00	\$100.00	\$33.00	\$74.00

Geisinger Gold Reserve (MSA) available in all PA counties with \$0 monthly premium

**2013 Medicare Advantage Premiums by County of Residence\***

County	Preferred 2 (PPO)	Preferred 2 \$0 Deductible Rx (PPO)	Preferred 3 (PPO)	Preferred 3 \$0 Deductible Rx (PPO)	Secure 1 (HMO SNP) **	Secure 3 (HMO SNP)
Adams	\$25.00	\$60.00			\$1.40	\$123.00
Berks	\$25.00	\$60.00			\$1.40	\$138.00
Blair	\$25.00	\$60.00			\$1.40	\$138.00
Cambria	\$25.00	\$60.00			\$1.40	\$138.00
Cameron	\$25.00	\$60.00			\$1.40	\$138.00
Carbon	\$26.00	\$61.00	\$96.00	\$148.00	\$1.40	\$138.00
Centre	\$20.00	\$55.00			\$1.40	\$123.00
Clearfield	\$20.00	\$55.00			\$1.40	\$123.00
Clinton	\$20.00	\$55.00			\$1.40	\$138.00
Columbia	\$20.00	\$55.00			\$1.40	\$138.00
Cumberland	\$20.00	\$55.00			\$1.40	\$123.00
Dauphin	\$20.00	\$55.00			\$1.40	\$123.00
Fulton	\$20.00	\$55.00			\$1.40	\$138.00
Huntingdon	\$20.00	\$55.00			\$1.40	\$138.00
Jefferson	\$25.00	\$60.00			\$1.40	\$123.00
Juniata	\$25.00	\$60.00			\$1.40	\$138.00
Lackawanna	\$20.00	\$55.00			\$1.40	\$123.00
Lancaster	\$20.00	\$55.00			\$1.40	\$123.00
Lebanon	\$20.00	\$55.00			\$1.40	\$123.00
Lehigh	\$26.00	\$61.00	\$96.00	\$148.00	\$1.40	\$138.00

County	Preferred 2 (PPO)	Preferred 2 \$0 Deductible Rx (PPO)	Preferred 3 (PPO)	Preferred 3 \$0 Deductible Rx (PPO)	Secure 1 (HMO SNP) **	Secure 3 (HMO SNP)
Luzerne	\$20.00	\$55.00			\$1.40	\$123.00
Lycoming	\$20.00	\$55.00			\$1.40	\$138.00
Mifflin	\$25.00	\$60.00			\$1.40	\$123.00
Monroe	\$25.00	\$60.00			\$1.40	\$138.00
Montour	\$20.00	\$55.00			\$1.40	\$138.00
Northampton	\$26.00	\$61.00	\$96.00	\$148.00	\$1.40	\$138.00
Northumberland	\$20.00	\$55.00			\$1.40	\$138.00
Perry	\$25.00	\$60.00			\$1.40	\$123.00
Pike	\$25.00	\$60.00			\$1.40	\$138.00
Potter	\$25.00	\$60.00			\$1.40	\$138.00
Schuylkill	\$25.00	\$60.00			\$1.40	\$138.00
Snyder	\$20.00	\$55.00			\$1.40	\$138.00
Somerset	\$25.00	\$60.00			\$1.40	\$138.00
Sullivan	\$20.00	\$55.00			\$1.40	\$123.00
Susquehanna	\$25.00	\$60.00			\$1.40	\$123.00
Tioga	\$20.00	\$55.00			\$1.40	\$138.00
Union	\$20.00	\$55.00			\$1.40	\$138.00
Wayne	\$25.00	\$60.00			\$1.40	\$138.00
Wyoming	\$20.00	\$55.00			\$1.40	\$138.00
York	\$20.00	\$55.00			\$1.40	\$123.00

Geisinger Gold Reserve (MSA) available in all PA counties with \$0 monthly premium

\*\*Secure 1 (HMO SNP) premiums and costs based on member eligibilty

# Geisinger Gold Medicare Supplement

## What is a Geisinger Gold Medicare Supplement plan?

A Medicare Supplement policy fills in the gaps between what Original Medicare pays and what you must pay out-of-pocket for deductibles, coinsurance, and copayments. These plans provide benefits for inpatient care in hospitals, skilled nursing facility care, outpatient care, doctors' services, preventive services, and more.

Medicare Supplement plans are standardized and letters A through N identify the different policies. Each standardized policy must offer the same basic benefits, no matter which insurance company sells it. So plan F from one company will provide the same basic benefits as plan F from any other company.

Geisinger Gold offers seven plan options: A, B, C, F, F (High Deductible), M and N. Each of our Medicare Supplement Plans offer:

- Guaranteed acceptance (see below for details)
- Predictable costs for healthcare services
- Freedom to see any healthcare provider who accepts Medicare
- 24-Hour Nurse Hotline
- SilverSneakers® Fitness Program

## Who is eligible for a Geisinger Gold Medicare Supplement plan?

You can apply for a Medicare Supplement plan insurance policy if you are:

- A resident of Pennsylvania
- Enrolled in Medicare Parts A and B
- Age 65 or over (You may be able to buy a Supplement plan if you are under the age of 65 if you are disabled or have End-Stage Renal Disease.)

## What is "Guaranteed Issue"?

Your acceptance is guaranteed into a Medicare Supplement plan, regardless of your medical history, if you meet certain criteria such as applying during your Medicare Supplement Open Enrollment Period.

The Open Enrollment Period is the six month time period after you are first eligible for and you enroll in Medicare Part B, or after you have reached the age of 65.

If you do not qualify for guaranteed issue, you can still enroll in a Medicare Supplement plan if you:

- Have Medicare Part A and Part B;
- Reside in Pennsylvania;
- Do not have health insurance coverage provided by an employer group, trust fund, or welfare fund;
- Apply for this Medicare Supplement coverage no later than 63 days after either the date on which you were notified that your current or previous coverage would be ending, or the date on which your current or previous coverage actually ends; and
- Meet additional eligibility requirements; please contact us for assistance

## How do I enroll in a Geisinger Gold Medicare Supplement plan?

Call us today! A Geisinger Gold Sales Counselor can answer any questions you have and help you understand your options. 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.GeisingerGold.com](http://www.GeisingerGold.com) for more plan information and to enroll online.

1-800-823-9633(TTY/TDD 711)

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 Supplement plans?

Geisinger Gold Medicare Supplement plans are offered by Geisinger Indemnity Insurance Company. All Medicare beneficiaries may apply. Members must be eligible for Part A, enrolled in Part B and live in our service area. Members must continue to pay their monthly Part B premium. Cost sharing and limitations may apply. Members may enroll in a Medicare Supplement plan at any time of the year.

## Medicare Supplement Plan Overview

	Geisinger Gold Medicare Supplement Plan A	Geisinger Gold Medicare Supplement Plan B	Geisinger Gold Medicare Supplement Plan C
Medicare Supplement premiums are located on pages 28-29	Member Responsibility	Member Responsibility	Member Responsibility
<b>Hospitalization*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
- First 60 days	\$1,184 (Part A deductible)	\$0	\$0
- 61st through 90th day	\$0	\$0	\$0
- 91st day and after:			
<b>Skilled Nursing Facility Care*</b>			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
- First 20 days	\$0	\$0	\$0
- 21st through 100th day	Up to \$148 a day	Up to \$148 a day	\$0
- 101st day and after	All costs	All costs	All costs
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
- First \$147 of Medicare Approved Amounts***	\$147 (Part B deductible)	\$147 (Part B deductible)	\$0
- Remainder of Medical Approved Amounts	\$0	\$0	\$0
<b>CLINICAL LABORATORY SERVICES-TESTS FOR DIAGNOSTIC SERVICES</b>	\$0	\$0	\$0

**Amounts displayed for Medicare Part A and Part B deductibles are 2013 amounts and may change for 2014.** \*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row. \*\*When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's

Geisinger Gold Medicare Supplement Plan F	Geisinger Gold Medicare Supplement Plan F High Deductible	Geisinger Gold Medicare Supplement Plan M	Geisinger Gold Medicare Supplement Plan N
Member Responsibility	Member Responsibility	Member Responsibility	Member Responsibility
	\$2,000 annual deductible applies		
\$0	\$0	\$592 (50% of Part A deductible)	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
All costs	All costs	All costs	All costs
\$0	\$0	\$147 (Part B deductible)	\$147 (Part B deductible)
\$0	\$0	Generally \$0	Up to \$20 per office visit and up to \$50 per emergency room visit.
\$0	\$0	\$0	\$0

“Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid. \*\*\*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.



**Medicare Supplement Premium Rates By County of Residence**  
 Rates are effective February 1, 2013, and are subject to change

**Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland Counties**

Age	Plan A		Plan B		Plan C		Plan F	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$101.46	\$99.88	\$123.89	\$121.96	\$151.40	\$149.05	\$150.16	\$147.82
66	\$107.33	\$105.66	\$131.06	\$129.02	\$160.17	\$157.67	\$158.85	\$156.38
67	\$113.08	\$111.32	\$138.08	\$135.93	\$168.75	\$166.12	\$167.36	\$164.76
68	\$118.72	\$116.88	\$144.97	\$142.72	\$177.17	\$174.41	\$175.71	\$172.98
69	\$124.27	\$122.34	\$151.75	\$149.39	\$185.45	\$182.57	\$183.93	\$181.07
70	\$129.75	\$127.73	\$158.43	\$155.97	\$193.62	\$190.61	\$192.03	\$189.04
71	\$135.17	\$133.06	\$165.05	\$162.48	\$201.71	\$198.57	\$200.05	\$196.94
72	\$140.55	\$138.36	\$171.62	\$168.95	\$209.74	\$206.48	\$208.01	\$204.78
73	\$145.92	\$143.65	\$178.18	\$175.41	\$217.75	\$214.37	\$215.96	\$212.60
74	\$151.30	\$148.95	\$184.75	\$181.88	\$225.79	\$222.28	\$223.93	\$220.45
75	\$156.73	\$154.29	\$191.38	\$188.41	\$233.89	\$230.25	\$231.96	\$228.36
76	\$162.24	\$159.71	\$198.11	\$195.02	\$242.10	\$238.34	\$240.11	\$236.38
77	\$167.86	\$165.25	\$204.97	\$201.78	\$250.49	\$246.60	\$248.43	\$244.57

Age	Plan F HD		Plan M		Plan N	
	Male	Female	Male	Female	Male	Female
65	\$57.52	\$56.63	\$123.09	\$121.17	\$127.70	\$125.71
66	\$60.85	\$59.90	\$130.21	\$128.19	\$135.09	\$132.99
67	\$64.11	\$63.11	\$137.19	\$135.05	\$142.33	\$140.11
68	\$67.31	\$66.26	\$144.03	\$141.79	\$149.43	\$147.11
69	\$70.46	\$69.36	\$150.77	\$148.42	\$156.42	\$153.98
70	\$73.56	\$72.42	\$157.41	\$154.96	\$163.31	\$160.77
71	\$76.63	\$75.44	\$163.98	\$161.43	\$170.13	\$167.48
72	\$79.68	\$78.45	\$170.51	\$167.86	\$176.90	\$174.15
73	\$82.73	\$81.44	\$177.03	\$174.27	\$183.66	\$180.80
74	\$85.78	\$84.45	\$183.56	\$180.70	\$190.44	\$187.47
75	\$88.86	\$87.48	\$190.14	\$187.19	\$197.27	\$194.20
76	\$91.98	\$90.55	\$196.82	\$193.76	\$204.20	\$201.02
77	\$95.17	\$93.69	\$203.64	\$200.48	\$211.27	\$207.99

**Bucks, Chester, Delaware, Montgomery and Philadelphia Counties**

Age	Plan A		Plan B		Plan C		Plan F	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$109.25	\$107.56	\$128.36	\$126.36	\$154.74	\$152.34	\$153.50	\$151.12
66	\$115.58	\$113.78	\$135.79	\$133.68	\$163.70	\$161.16	\$162.39	\$159.86
67	\$121.77	\$119.88	\$143.06	\$140.84	\$172.47	\$169.79	\$171.09	\$168.43
68	\$127.85	\$125.86	\$150.20	\$147.87	\$181.08	\$178.26	\$179.63	\$176.84
69	\$133.82	\$131.74	\$157.23	\$154.78	\$189.55	\$186.60	\$188.03	\$185.10
70	\$139.72	\$137.55	\$164.15	\$161.60	\$197.90	\$194.82	\$196.31	\$193.26
71	\$145.55	\$143.29	\$171.01	\$168.35	\$206.16	\$202.95	\$204.51	\$201.33
72	\$151.35	\$149.00	\$177.81	\$175.05	\$214.37	\$211.03	\$212.65	\$209.34
73	\$157.13	\$154.69	\$184.61	\$181.74	\$222.56	\$219.10	\$220.77	\$217.34
74	\$162.93	\$160.40	\$191.42	\$188.44	\$230.77	\$227.18	\$228.92	\$225.36
75	\$168.78	\$166.15	\$198.29	\$195.21	\$239.05	\$235.33	\$237.13	\$233.45
76	\$174.71	\$171.99	\$205.25	\$202.06	\$247.45	\$243.60	\$245.46	\$241.65
77	\$180.76	\$177.95	\$212.36	\$209.06	\$256.02	\$252.04	\$253.97	\$250.02

Age	Plan F HD		Plan M		Plan N	
	Male	Female	Male	Female	Male	Female
65	\$58.81	\$57.89	\$128.02	\$126.03	\$130.20	\$128.17
66	\$62.21	\$61.24	\$135.43	\$133.32	\$137.73	\$135.59
67	\$65.55	\$64.53	\$142.68	\$140.46	\$145.11	\$142.86
68	\$68.82	\$67.75	\$149.80	\$147.47	\$152.36	\$149.99
69	\$72.03	\$70.91	\$156.81	\$154.37	\$159.48	\$157.00
70	\$75.21	\$74.04	\$163.71	\$161.17	\$166.50	\$163.92
71	\$78.35	\$77.13	\$170.55	\$167.90	\$173.46	\$170.76
72	\$81.47	\$80.20	\$177.34	\$174.58	\$180.36	\$177.56
73	\$84.58	\$83.26	\$184.12	\$181.25	\$187.25	\$184.34
74	\$87.70	\$86.34	\$190.91	\$187.94	\$194.16	\$191.15
75	\$90.85	\$89.43	\$197.76	\$194.68	\$201.13	\$198.00
76	\$94.04	\$92.58	\$204.71	\$201.52	\$208.20	\$204.96
77	\$97.30	\$95.78	\$211.80	\$208.51	\$215.41	\$212.06

Geisinger Gold Medicare Supplement plans are available to Medicare beneficiaries of all ages. Initial premiums are based on age at the time of enrollment. Geisinger Gold Medicare Supplement plans are available to Medicare beneficiaries of all ages. If your age is not displayed, please contact the plan for details.

Adams, Bedford, Berks, Blair, Bradford, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Wayne, Wyoming and York Counties

Age	Plan A		Plan B		Plan C		Plan F	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$93.07	\$91.63	\$109.93	\$108.22	\$134.80	\$132.71	\$133.70	\$131.62
66	\$98.46	\$96.93	\$116.29	\$114.48	\$142.61	\$140.39	\$141.43	\$139.23
67	\$103.74	\$102.12	\$122.52	\$120.62	\$150.25	\$147.91	\$149.01	\$146.70
68	\$108.91	\$107.22	\$128.64	\$126.64	\$157.75	\$155.29	\$156.45	\$154.02
69	\$114.01	\$112.23	\$134.65	\$132.56	\$165.12	\$162.55	\$163.76	\$161.22
70	\$119.03	\$117.18	\$140.58	\$138.40	\$172.39	\$169.71	\$170.98	\$168.32
71	\$124.00	\$122.07	\$146.45	\$144.18	\$179.59	\$176.80	\$178.12	\$175.35
72	\$128.94	\$126.93	\$152.29	\$149.92	\$186.74	\$183.84	\$185.21	\$182.33
73	\$133.86	\$131.78	\$158.10	\$155.65	\$193.88	\$190.86	\$192.29	\$189.30
74	\$138.80	\$136.64	\$163.94	\$161.39	\$201.03	\$197.91	\$199.38	\$196.28
75	\$143.78	\$141.55	\$169.82	\$167.18	\$208.25	\$205.01	\$206.53	\$203.32
76	\$148.83	\$146.52	\$175.79	\$173.05	\$215.56	\$212.21	\$213.79	\$210.47
77	\$153.99	\$151.59	\$181.87	\$179.05	\$223.03	\$219.56	\$221.20	\$217.76

Age	Plan F HD		Plan M		Plan N	
	Male	Female	Male	Female	Male	Female
65	\$52.34	\$51.52	\$110.16	\$108.45	\$112.75	\$111.00
66	\$55.37	\$54.51	\$116.54	\$114.73	\$119.28	\$117.43
67	\$58.33	\$57.43	\$122.78	\$120.87	\$125.67	\$123.72
68	\$61.25	\$60.29	\$128.91	\$126.90	\$131.94	\$129.89
69	\$64.11	\$63.11	\$134.94	\$132.84	\$138.11	\$135.96
70	\$66.93	\$65.89	\$140.88	\$138.69	\$144.20	\$141.95
71	\$69.73	\$68.64	\$146.76	\$144.48	\$150.22	\$147.88
72	\$72.50	\$71.38	\$152.61	\$150.23	\$156.20	\$153.77
73	\$75.27	\$74.10	\$158.44	\$155.97	\$162.17	\$159.64
74	\$78.05	\$76.84	\$164.28	\$161.73	\$168.15	\$165.54
75	\$80.85	\$79.60	\$170.18	\$167.53	\$174.18	\$171.47
76	\$83.69	\$82.39	\$176.16	\$173.42	\$180.30	\$177.50
77	\$86.59	\$85.25	\$182.26	\$179.42	\$186.55	\$183.65

**Talk to us about the many options available to you.**

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