Geisinger Gold Preferred Essential Rx (PPO) offered by Geisinger Indemnity Insurance Company

Annual Notice of Changes for 2015

You are currently enrolled as a member of Geisinger Gold Preferred 2 $0 Deductible Rx (PPO). Next year, there will be some changes to the plan's costs and benefits. This booklet tells about the changes.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

Additional Resources

- This document may be available in alternate languages or formats. The Customer Service Team also offers free language interpreter services.

About Geisinger Gold Preferred Essential Rx (PPO)

- Geisinger Gold Medicare Advantage HMO, PPO, HMO POS, HMO SNP and MSA 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.
- When this booklet says "we," "us," or "our," it means Geisinger Indemnity Insurance Company. When it says "plan" or "our plan," it means Geisinger Gold Preferred Essential Rx (PPO).

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Letter 52 054

Think about Your Medicare Coverage for Next Year

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now to make sure it will meet your needs next year.

Important things to do:

- ☐ **Check the changes to our benefits and costs to see if they affect you.** Do the changes affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in Section 2 for information about benefit and cost changes for our plan.
- ☐ **Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 2 for information about changes to our drug coverage.
- ☐ **Check to see if your doctors and other providers will be in our network next year.** Are your doctors in our network? What about the hospitals or other providers you use? Look in Section 2 for information about our Provider Directory.
- ☐ **Think about your overall health care costs.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
- ☐ **Think about whether you are happy with our plan.**

If you decide to <u>stay</u> with Geisinger Gold Preferred Essential Rx (PPO):

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change by December 7, you will automatically stay enrolled in our plan.

If you decide to <u>change</u> plans:

If you decide other coverage will better meet your needs, you can switch plans between October 15 and December 7. If you enroll in a new plan, your new coverage will begin on January 1, 2015. Look in Section 4.2 to learn more about your choices.

Summary of Important Costs for 2015

The table below compares the 2014 costs and 2015 costs for Geisinger Gold Preferred Essential Rx (PPO) in several important areas. **Please note this is only a summary of changes**. **It is important to read the rest of this Annual Notice of Changes** and review the attached Evidence of Coverage to see if other benefit or cost changes affect you.

Cost	2014 (this year)	2015 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	$66	$31
Yearly deductible	$100 combined in and out of network	$1,000 combined in and out of network
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	From in-network providers: $3,900 From in-network and out-of-network providers combined: $5,600	From in-network providers: $6,700 From in-network and out-of-network providers combined: $10,000
Doctor office visits	Primary care visits: In Network: $20 Out of Network: $30 per visit Specialist visits: In Network: $35 Out of Network: $45 per visit	Primary care visits: In Network: $15 Out of Network: 35% per visit Specialist visits: In Network: $35 Out of Network: 35% per visit

Cost	2014 (this year)	2015 (next year)
In-patient hospital stays Includes inpatient acute, inpatient rehabilitation, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day**.**	In Network: $225 copay days 1-5 Out of Network: 25%	In Network: $218 copay days 1-7 Out of Network: 35%

Cost	2014 (this year)	2015 (next year)
Part D prescription drug coverage (See Section 2.6 for details.)	Deductible: $0 **Copays during Initial Coverage Stage** **Tier 1 (Preferred Generic Drugs):** You pay $3 per prescription **Tier 2 (Non-Preferred Generic Drugs):** You pay $10 per prescription **Tier 3 (Preferred Brand Drugs):** You pay $39 per prescription **Tier 4 (Non-Preferred Brand Drugs):** You pay $80 per prescription **Tier 5 (Specialty Drugs):** You pay 33% of the total cost. Once your total drugs costs have reached $2,960, you will move to the next stage (the Coverage Gap Stage).	Deductible: $0 **Copays during Initial Coverage Stage** **Tier 1 (Preferred Generic Drugs):** You pay $6 per prescription **Tier 2 (Non-Preferred Generic Drugs):** You pay $20 per prescription **Tier 3 (Preferred Brand Drugs):** You pay $39 per prescription **Tier 4 (Non-Preferred Brand Drugs):** You pay $85 per prescription **Tier 5 (Specialty Drugs):** You pay 33% of the total cost. Once your total drugs costs have reached $2,960, you will move to the next stage (the Coverage Gap Stage).

Annual Notice of Changes for 2015
Table of Contents

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Geisinger Gold Preferred Essential Rx (PPO) in 2015

On January 1, 2015, Geisinger Indemnity Insurance Company will be combining Geisinger Gold Preferred 2 $0 Deductible Rx (PPO) with one of our plans, Geisinger Gold Preferred Essential Rx (PPO).

If you have not done anything to change your Medicare coverage by December 7, 2014, we will automatically enroll you in our Geisinger Gold Preferred Essential Rx (PPO). This means starting January 1, 2015, you will be getting your medical and prescription drug coverage through Geisinger Gold Preferred Essential Rx (PPO). You have choices about how to get your Medicare coverage. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare.

The information in this document tells you about the differences between your current benefits in Geisinger Gold Preferred 2 $0 Deductible Rx (PPO) and the benefits you will have on January 1, 2015 as a member of Geisinger Gold Preferred Essential Rx (PPO).

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2014 (this year)	2015 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$66	$31
Geisinger Gold Health+ Optional benefit package includes coverage for routine dental services, vision services, hearing aids and fitness benefits.	Included in plan	Optional package, $36.60 additional monthly premium

- Your monthly plan premium will be more if you are required to pay a late enrollment penalty.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. These limits are called the "maximum out-of-pocket amounts." Once you reach the maximum out-of-pocket amounts, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2014 (this year)	2015 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles]) from in-network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,900	$6,700 Once you have paid $6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays [insert if plan has a deductible: and deductibles]) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. [Plans with no premium delete the following sentence] Your plan premium does not count toward your maximum out-of-pocket amount.	$5,600	$10,000 Once you have paid $10,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

An updated Provider Directory is located on our website at GeisingerGold.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2015 Provider Directory to see if your providers are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialist (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- When possible we will provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan please contact us so we can assist you in finding a new provider and managing your care.

Section 2.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year.

An updated Pharmacy Directory is located on our website at GeisingerGold.com. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2015 Pharmacy Directory to see which pharmacies are in our network**.

Section 2.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, Medical Benefits Chart (what is covered and what you pay), in your 2015 Evidence of Coverage.

	2014 (this year)		2015 (next year)	
	In Network	Out of Network	In Network	Out of Network

	2014 (this year)		2015 (next year)	
	In Network	Out of Network	In Network	Out of Network
Inpatient Hospital - Acute	You pay the following costs: After Deductible has been met $225 copay days 1-5	You pay the following costs: After Deductible has been met 25% of the cost	You pay the following costs: $218 copay days 1-7 $0 copay days 8-90	You pay the following costs: After Deductible has been met 35% of the cost
Inpatient Psychiatric Hospital	You pay the following costs: After Deductible has been met $225 copay days 1-5	You pay the following costs: After Deductible has been met 25% of the cost	You pay the following costs: $218 copay days 1-7 $0 copay days 8-90	You pay the following costs: After Deductible has been met 35% of the cost
SNF	You pay the following costs: After Deductible has been met $25 copay days 1-20 $152 copay days 21-43 $0 copay days 44-100	You pay the following costs: After Deductible has been met 25% of the cost	You pay the following costs: After Deductible has been met $0 copay days 1-20 $156 copay days 21-57 $0 copay days 58-100	You pay the following costs: After Deductible has been met 35% of the cost
Cardiac rehab	You pay the following costs: After Deductible has been met $10 per day (Original Medicare 72 day limit applies)	You pay the following costs: After Deductible has been met 25% of the cost (Original Medicare 72 day limit applies)	You pay the following costs: $10 copay per day (72 day limit)	You pay the following costs: After Deductible has been met 35% of the cost
Intensive Cardiac rehab	You pay the following costs: After Deductible has been met $10 per day (Original Medicare 72 day limit applies)	You pay the following costs: After Deductible has been met 25% of the cost (Original Medicare 72 day limit applies)	You pay the following costs: $10 copay per day (72 day limit)	You pay the following costs: After Deductible has been met 35% of the cost
Pulmonary Rehab	You pay the following costs: After Deductible has been met $10 per day (Original Medicare 72 day	You pay the following costs: After Deductible has been met 25% of the cost (Original Medicare 72 day	You pay the following costs: $10 copay per day (72 day limit)	You pay the following costs: After Deductible has been met 35% of the cost

	2014 (this year)		2015 (next year)	
	In Network	Out of Network	In Network	Out of Network
	limit applies)	limit applies)		
Urgent Care	You pay a $35 copay per visit	You pay a $35 copay per visit	You pay the following costs: $25 copay per visit (Waived if admitted)	You pay $25 copay per visit (Waived if admitted)
Partial Hospitalization	You pay the following costs: After Deductible has been met 20%	You pay the following costs: After Deductible has been met 25%	You pay the following costs: After Deductible has been met $25 copay	You pay the following costs: After Deductible has been met 35% of the cost
Home Health Services (includes related medical supplies)	$0	You pay the following costs: After Deductible has been met 25%	$0	You pay the following costs: After Deductible has been met 35% of the cost
PCP	You pay the following costs: After Deductible has been met $20 per visit	You pay the following costs: After Deductible has been met $30 per visit	You pay $15 copay per visit	You pay the following costs: After Deductible has been met 35% of the cost per visit
Chiropractic Services (Original Medicare Benefit)	You pay the following costs: After Deductible has been met $20 copay	You pay the following costs: After Deductible has been met $45 copay	You pay the following costs: After Deductible has been met $20 copay	You pay the following costs: After Deductible has been met 35% of the cost
Occupational Therapy	You pay the following costs: After Deductible has been met $35 copay	You pay the following costs: After Deductible has been met 25% of the cost	$35 copay per day	You pay the following costs: After Deductible has been met 35% of the cost
Physician Specialist	You pay the following costs: After Deductible has been met $35 copay per visit	You pay the following costs: After Deductible has been met $45 copay per visit	You pay $35 copay per visit	You pay the following costs: After Deductible has been met 35% of the cost per visit
Outpatient Mental Health - individual sessions	You pay the following costs: Afterr Deductible	You pay the following costs: After Deductible	You pay $25 copay	You pay the following costs: After Deductible

	2014 (this year)		2015 (next year)	
	In Network	Out of Network	In Network	Out of Network
	has been met $25 copay	has been met 25% of the cost		has been met 35% of the cost
Outpatient Mental Health - group session	You pay the following costs: After Deductible has been met $10 copay	You pay the following costs: After Deductible has been met 25% of the cost	You pay $10 copay	You pay the following costs: After Deductible has been met 35% of the cost
Podiatry (Original Medicare Benefits)	You pay the following costs: After Deductible has been met $35 copay	You pay the following costs: After Deductible has been met You pay $45 copay	You pay $35 copay	You pay the following costs: After Deductible has been met 35% of the cost
Podiatry - Routine Nail Trimming	You pay the following costs: After Deductible has been met $0 copay; 4 per year	You pay the following costs: After Deductible has been met You pay $45 copay	$0 copay /up to 4 visits per year	You pay the following costs: After deductible is met 35% of the cost/up to 4 visits per year
Other Health Care Professional	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 25% of the cost	After Deductible has been met $0 copay	You pay the following costs: After Deductible has been met 35% of the cost
Psychiatric Services - individual sessions	You pay the following costs: After Deductible has been met $25 copay	You pay the following costs: After Deductible has been met 25% of the cost	You pay $25 copay	You pay the following costs: After Deductible has been met 35% of the cost
Psychiatric Services - group sessions	You pay the following costs: After Deductible has been met $10 copay	You pay the following costs: After Deductible has been met 25% of the cost	You pay $10 copay	You pay the following costs: After Deductible has been met 35% of the cost
Physical Therapy	You pay the following costs: After Deductible has been met $35 copay	You pay the following costs: After Deductible has been met 25% of the cost	$35 copay per day	You pay the following costs: After Deductible has been met 35% of the cost
Speech Therapy	You pay the following costs: After Deductible has been met $35 copay	You pay the following costs: After Deductible has been met 25% of the cost	$35 copay per day	You pay the following costs: After Deductible has been met 35% of the cost

	2014 (this year)		2015 (next year)	
	In Network	Out of Network	In Network	Out of Network
Outpatient All Other Diagnostic Procedures/Tests	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 25% of the cost	You pay $25 copay	You pay the following costs: After Deductible has been met 35% of the cost
Outpatient Lab	You pay the following costs: After Deductible has been met, $15 copay	You pay the following costs: After Deductible has been met 25% of the cost	You pay $25 copay	You pay the following costs: After Deductible has been met 35% of the cost
Outpatient X-Rays	You pay the following costs: After Deductible has been met $45 copay per day	You pay the following costs: After Deductible has been met 25% of the cost	You pay $45 copay per day	You pay the following costs: After Deductible has been met 35% of the cost
Outpatient MRI, CT, PET Scans	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 25% of the cost	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 35% of the cost
Outpatient Radiation Therapy, Nuclear Medicine	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 25% of the cost	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 35% of the cost
Outpatient All other Therapuetic Radiology	You pay the following costs: After Deductible has been met 20% of the cost	After Deductible has been met 25% of the cost	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 35% of the cost
Ultrasound Diagnostic	You pay the following costs: After Deductible has been met $45 copay	You pay the following costs: After Deductible has been met 25% of the cost	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 35% of the cost

	2014 (this year)		2015 (next year)	
	In Network	Out of Network	In Network	Out of Network
Other Diagnostic/General Imaging	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 25% of the cost	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 35% of the cost
Outpatient Hospital Surgery	You pay the following costs: After Deductible has been met $375 copay per visit	You pay the following costs: After Deductible has been met 25% of the cost per visit	You pay the following costs: After Deductible has been met 20% of the cost per visit	You pay the following costs: After Deductible has been met 35% of the cost per visit
Outpatient Hospital Other (Excluding Surgery and Observation)	You pay the following costs: After Deductible has been met $0 copay per visit	After Deductible has been met 25% of the cost per visit	You pay the following costs: After Deductible has been met $0 copay per visit	You pay the following costs: After Deductible has been met 35% of the cost per visit
ASC Services	You pay the following costs: After Deductible has been met $375 copay per visit	You pay the following costs: After Deductible has been met 25% of the cost per visit	You pay the following costs: After Deductible has been met 20% of the cost per visit	You pay the following costs: After Deductible has been met 35% of the cost per visit
Outpatient Sub Abuse - Individual session	You pay the following costs: After Deductible has been met $25 copay	You pay the following costs: After Deductible has been met 25% of the cost	You pay $25 copay	You pay the following costs: After Deductible has been met 35% of the cost
Outpatient Sub Abuse - group session	You pay the following costs: After Deductible has been met $10 copay	You pay the following costs: After Deductible has been met 25% of the cost	You pay $10 copay	You pay the following costs: After Deductible has been met 35% of the cost
Outpatient Blood	You pay the following costs: After Deductible has been met $0 copay	You pay the following costs: After Deductible has been met 25% of the cost	You pay $0 copay	You pay the following costs: After Deductible has been met 35% of the cost
Ambulance	You pay the following costs: After Deductible has been met $150 copay (Waived if admitted)	You pay the following costs: After Deductible has been met 25% of the cost (Waived if admitted)	You pay the following costs: After Deductible has been met $150 copay (Waived if admitted)	You pay the following costs: After Deductible has been met 35% of the cost (Waived if admitted)

	2014 (this year)		2015 (next year)	
	In Network	Out of Network	In Network	Out of Network
Durable Medical Equipment (DME)	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 25% of the cost	You pay 20% of the cost	You pay the following costs: After Deductible has been met 35% of the cost (Waived if admitted)
Prosthetics and related Supplies	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 25% of the cost	You pay 20% of the cost	You pay the following costs: After Deductible has been met 35% of the cost (Waived if admitted)
Diabetes Monitoring, Training, & Supplies - Preferred Brand Glucometer	You pay the following costs: $0 copay Prefered Brand Glucometer every 2 years	You pay the following costs: After Deductible has been met 25% of the cost	$0 copay Prefered Brand Glucometer every 2 years.	You pay $0 copay Prefered Brand Glucometer every 2 years
Diabetes Monitoring, Training, & Supplies - All Other	You pay the following costs: 20% all other Diabetic Testing Supplies (All Strips, all lancets, non-preferred brand meters, etc.) Strips must be preferred brand unless prior auth. 200 Test Strip limit unless auth for more.	You pay the following costs: After Deductible has been met 25% of the cost Strips must be preferred brand unless prior auth. 200 Test Strip limit unless auth for more.	You pay the following costs: 20% of the cost all other Diabetic Testing Supplies (All Strips, all lancets, non-preferred meters, etc.) Strips must be preferred brand unless prior auth. 200 test strip limit per month unless auth for more.	After Deductible has been met 35% Strips must be preferred brand unless prior auth. 200 Test Strip limit unless auth for more.
Diabetes - Therapeutic Shoes or Inserts	You pay 20% of the cost	You pay the following costs: After Deductible has been met 25% of the cost	You pay 20% of the cost	You pay the following costs: After Deductible has been met 35% of the cost (Waived if admitted)

	2014 (this year)		2015 (next year)	
	In Network	Out of Network	In Network	Out of Network
Renal Dialysis (ESRD)	You pay the following costs: After Deductible has been met 20% of the cost	You pay the following costs: After Deductible has been met 25% of the cost	After Deductible has been met You pay 20% of the cost	You pay the following costs: After Deductible has been met 35% of the cost
Abdominal Aortic Aneurysm Screening	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Bone Mass Measurement	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Cardiovascular Screenings	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Pap Test and Pelvic Exam (Cervical and Vaginal Cancer Screening)	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Colorectal Screening	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Diabetes Screenings	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Immunizations - Influenza Vaccine (flu shots)	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Immunizations - Hepatitis B Vaccine	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Immunizations - Pneumococcal Vaccine	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
HIV Screening	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Mammography (Breast Cancer Screening)	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Medical Nutrition Therapy	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Annual wellness Visits (Personalized Prevention Plan Services)	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Prostate Screening (Prostate Specific Antigen (PSA) test)	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Smoking Cessation (counseling to stop smoking)	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost

	2014 (this year)		2015 (next year)	
	In Network	Out of Network	In Network	Out of Network
Welcome to Medicare Physical Exam (initial preventive physical exam)	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Cardiovascular Disease Risk Reduction (Intensive Behavioral Therapy (IBT) for Cardiovascular Disease)	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Screening and Counseling Alcohol Misuse	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Depression Screening	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Screening for Sexually Transmitted Infections	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Obesity Screening and Therapy (Intensive Behavioral Therapy (IBT) for Obesity)	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 35% of the cost
Supplemental Preventive Health Svc - Annual Routine Physical Exams	you pay $20 copay	You pay $30 copay	You pay $10 copay	You pay $20 copay
Supp Education/Health Mgmt Progs - Health Club	You pay $0 copay	You pay 25% of the cost	Available through optional package	No Benefit
Supp Education/Health Mgmt Progs - Nursing Hotline	You pay $0 copay	You pay $45 copay	You pay $0 copay	You pay 0% of the cost
Kidney Disease Education Services	You pay $0 copay	You pay the following costs: After Deductible has been met 25%	You pay $0 copay	You pay the following costs: After Deductible has been met 35% of the cost
Diabetes Self-Management Training	You pay $0 copay	You pay the following costs: After Deductible has been met	You pay $0 copay	You pay the following costs: After Deductible has been met

	2014 (this year)		2015 (next year)	
	In Network	Out of Network	In Network	Out of Network
		25%		35% of the cost
Part B Drugs	You pay 20% of the cost	You pay the following costs: After Deductible has been met, 25% of the cost	You pay 20% of the cost	You pay the following costs: After Deductible has been met 35% of the cost
Dental Services (Preventive): Oral Exam with or without Prophylaxis (cleaning)	You pay $20 copay; every 6 months	You pay 25% of the cost	Available through optional package	No Benefit
Dental Services (Preventive): Dental X-Rays	You pay $20 copay bitewing only; $30 copay panoramic and all other types	You pay 25% of the cost	Available through optional package	No Benefit
Comprehensive Dental (Original Medicare-Covered Benefit only)	You pay the following costs: After Deductible has been met 20% of the cost	After Deductible has been met you pay $45 copay	You pay $35 copay	You pay the following costs: After Deductible has been met 35% of the cost
Vision Exam (Medical) ($0 for glaucoma screen - office visit copay may apply)	You pay the following costs: After Deductible has been met $35 copay	After Deductible has been met you pay $45 copay	You pay $35 copay	You pay the following costs: After Deductible has been met 35% of the cost
Vision Exam (Routine)	You pay the following costs: After Deductible has been met $35 copay; 1 per year	After Deductible is met you pay $45 copay; 1 per year	Available through optional package	No Benefit
Eyewear: Routine Eyewear, Non-Medicare Covered. Contact Lenses, Eyeglasses, Lenses and Frames	You pay $0 copay $200 benefit max every 2 years	$0 copay $200 benefit max every 2 years	Available through optional package	No Benefit
Hearing Exams - Diagnostic Only	You pay the following costs: After Deductible has been met	After Deductible has been met you pay $45 copay	You pay $35 copay	You pay the following costs: After Deductible has been met

	2014 (this year)		2015 (next year)	
	In Network	Out of Network	In Network	Out of Network
	$35 copay			35% of the cost
Routine Hearing Exams	You pay the following costs: After Deductible has been met $35 copay; 1 per year	After Deductible is met you pay $45 copay; 1 per year	Available through optional package	No Benefit
Hearing Aids/Fitting for Hearing Aids	You pay $0 copay $800 Maximum Benefit; every 3 years (fitting/eval. falls under this limit)	$0 copay $800 Maximum Benefit; every 3 years	Available through optional package	No Benefit

Section 2.6 – Changes to Part D Prescription Drug Coverage

Changes to basic rules for the plan's Part D drug coverage

Effective June 1, 2015, before your drugs can be covered under the Part D benefit, CMS will require your doctors and other prescribers to either accept Medicare or to file documentation with CMS showing that they are qualified to write prescriptions.

Effective June 1, 2015, your prescriber must either accept Medicare or file documentation with CMS showing that he or she is qualified to write prescriptions. You should ask your prescribers the next time you call or visit if they meet this condition.

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is in this envelope.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
    - To learn what you must do to ask for an exception, see Chapter 9 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call Member Services.

- **Find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we will cover a **one-time**, temporary supply. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the Evidence of Coverage.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you were approved for a formulary exception in 2014, unless otherwise noted in your Notice of Approval of Medical Coverage letter, a new formulary exception will not be needed for 2015 as long as you remain a member of the same plan.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you get "Extra Help" and haven't received this insert by September 30, 2014, please call Member Services and ask for the "LIS Rider." Phone numbers for Member Services are in Section 8.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your Evidence of Coverage for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the attached Evidence of Coverage.)

Changes to the Deductible Stage

Cost	2014 (this year)	2015 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Copayments in the Initial Coverage Stage

Cost	2014 (this year)	2015 (next year)
Stage 2: Initial Coverage Stage The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **Tier 1 (Preferred Generic Drugs):** You pay $3 per prescription **Tier 2 (Non-Preferred Generic Drugs):** You pay $10 per prescription **Tier 3 (Preferred Brand Drugs):** You pay $39 per prescription **Tier 4 (Non-Preferred Brand Drugs):** You pay $80 per prescription **Tier 5 (Specialty Drugs):** You pay 33% of the total cost. Once your total drugs costs have reached $2,960, you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **Tier 1 (Preferred Generic Drugs):** You pay $6 per prescription **Tier 2 (Non-Preferred Generic Drugs):** You pay $20 per prescription **Tier 3 (Preferred Brand Drugs):** You pay $39 per prescription **Tier 4 (Non-Preferred Brand Drugs):** You pay $85 per prescription **Tier 5 (Specialty Drugs):** You pay 33% of the total cost. Once your total drugs costs have reached $2,960, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your Evidence of Coverage.

SECTION 3 Other Changes

	2014 (this year)	2015 (next year)
Silver Sneakers Fitness Program	Offered	Not offered. Fitness benefits are optional as part of the Geisinger Gold Health+ package (for an additional monthly premium) and provide a $90 per quarter reimbursement.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Geisinger Gold Preferred Essential Rx (PPO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2015.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2015 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- --OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan and whether to buy a Medicare supplement (Medigap) policy.

To learn more about Original Medicare and the different types of Medicare plans, read Medicare & You 2015, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to http://www.medicare.gov and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Geisinger Gold Preferred Essential Rx (PPO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Geisinger Gold Preferred Essential Rx (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 8.1 of this booklet).
    - – Or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2015.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, and those who move out of the service area are allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the Evidence of Coverage.

If you enrolled in a Medicare Advantage plan for January 1, 2015, and don't like your plan choice, you can switch to Original Medicare between January 1 and February 14, 2015. For more information, see Chapter 10, Section 2.2 of the Evidence of Coverage.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Pennsylvania, the SHIP is called Apprise.

Apprise is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Apprise counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Apprise at 1-800-783-7067.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. There are two basic kinds of help:

- **"Extra Help" from Medicare**. People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or
    - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program**. Pennsylvania has a program called PACE that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 4 of this booklet).

- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Special Pharmaceutical Benefits Program, (SPBP) customer service at 1-800-922-9384. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

  If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. For information please call the SPBP customer service at 1-800-922-9384.

- For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the SPBP customer service at 1-800-922-9384 or send questions to SPBP@pa.gov.

SECTION 8 Questions?

Section 8.1 – Getting Help from Geisinger Gold Preferred Essential Rx (PPO)

Questions? We're here to help. Please call the Customer Service Team at (800) 498-9731 (TTY only, call 711 or (800) 654-5984). We are available for phone calls seven days a week from 8 a.m. to 8 p.m. (October 1 through February 14) or Monday through Friday from 8 a.m. to 8 p.m. (February 15 through September 30). Calls to these numbers are free.

Read your 2015 Evidence of Coverage (it has details about next year's benefits and costs)

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2015. For details, look in the 2015 Evidence of Coverage for Geisinger Gold Preferred Essential Rx (PPO). The Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage was included in this envelope.

Visit our Website

You can also visit our website at GeisingerGold.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (http://www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to http://www.medicare.gov and click on "Find health & drug plans.")

Read Medicare & You 2015

You can read Medicare & You 2015 Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (http://www.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.