

Geisinger Gold  
Reserve (MSA)  
Summary of Benefits



## **INTRODUCTION TO SUMMARY OF BENEFITS**

Thank you for your interest in Geisinger Gold Reserve (MSA). Our plan is offered by GEISINGER INDEMNITY INSURANCE COMPANY/Geisinger Gold, a Medicare Advantage Medical Savings Account organization that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Geisinger Gold Reserve (MSA) and ask for the "Evidence of Coverage".

## **YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare Advantage Medical Savings Account plan, like Geisinger Gold Reserve (MSA). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Geisinger Gold Reserve (MSA) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## **HOW CAN I COMPARE MY OPTIONS?**

You can compare Geisinger Gold Reserve (MSA) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. For more information on how Medical Savings Accounts work you may visit: <http://www.medicare.gov/Publications/Pubs/pdf/11206.pdf>

## **WHERE IS GEISINGER GOLD RESERVE (MSA) AVAILABLE?**

The service area for this plan includes: Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Wash-  
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ington, Wayne, Westmoreland, Wyoming, York Counties, PA. You must live in one of these areas to join the plan.

## **WHO IS ELIGIBLE TO JOIN GEISINGER GOLD RESERVE (MSA)?**

You can join Geisinger Gold Reserve (MSA) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. Generally, you can't join Geisinger Gold Reserve (MSA) if you have End-Stage Renal Disease, have elected the Medicare hospice benefit, have Medicaid or are eligible for or covered under another health benefits program, including Veterans Affairs, Department of Defense or the Federal Employee Health Benefits program. Also, individuals who receive health benefits that would cover all or part of the annual deductible are not eligible to join Geisinger Gold Reserve (MSA).

## **CAN I CHOOSE MY DOCTORS?**

As a member of Geisinger Gold Reserve (MSA), you can use any doctor, specialist, or hospital that accepts Medicare payment and accepts the terms, conditions and payment rate of Geisinger Gold plan. Geisinger Gold has the right to determine if the service or treatment ordered by your health care provider is covered under Geisinger Gold plan.

You can ask for a current provider directory by contacting our customer service number listed at the end of this introduction.

## **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

Geisinger Gold Reserve (MSA) does cover Medicare Part B prescription drugs. Geisinger Gold Reserve (MSA) does NOT cover Medicare Part D prescription drugs however, you may join a Medicare prescription drug plan.

## **HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare You.

- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

## WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Geisinger Gold Reserve (MSA), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Geisinger Gold Reserve (MSA) for more details.

-- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could

be the patient) under doctor supervision.

- Osteoporosis Drugs: Injectable osteoporosis drugs for some women.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through Durable Medical Equipment.

## WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Geisinger Gold for more information about Geisinger Gold Reserve (MSA).

Visit us at [www.GeisingerGold.com](http://www.GeisingerGold.com) or, call us:

Customer Service Hours for October 1 – February 14:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Eastern

Customer Service Hours for February 15 – September 30:

Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 8:00 p.m. Eastern

For information related to the **Medicare Advantage Program, current members** should call:

- Toll Free: (800)-498-9731
- Locally: (570)-271-8771
- TTY/TDD 711

For information related to the **Medicare Part D Prescription Drug Program, current members** should call:

- Toll Free: (800)-988-4861
- Locally: (570)-271-8771
- TTY/TDD 711

For information related to the **Medicare Advantage Program or Medicare Part D Prescription Drug Program, prospective members** should call:

- Toll Free: (800)-514-0138
- TTY/TDD 711

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

If you have any questions about this plan's benefits or costs, please contact Geisinger Gold for details.

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Benefit	Original Medicare	Reserve (MSA)
<p><b>IMPORTANT INFORMATION</b></p>		
<p><b>1 - Premium and Other Important Information</b></p>	<ul style="list-style-type: none"> <li>• In 2012 the monthly Part B Premium was \$99.90 and may change for 2013 and the annual Part B deductible amount was \$140 and may change for 2013.</li> <li>• If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</li> <li>• Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</li> </ul>	<p><i>General</i></p> <ul style="list-style-type: none"> <li>• Balance billing means that a provider may charge and bill you more than the plan's payment amount for services</li> <li>• There is a limit on what providers may charge for Medicare-covered services</li> <li>• You will not have a monthly plan premium. Medicare pays the monthly plan premium for the Medicare MSA</li> <li>• Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</li> <li>• Balance billing counts towards your plan deductible.</li> <li>• \$3,000 annual deductible</li> <li>• Note that only Medicare-covered services will count toward your annual deductible.</li> <li>• Medicare will deposit \$1,500 into your bank account.</li> </ul>
<p><b>2 - Doctor and Hospital Choice</b> (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<ul style="list-style-type: none"> <li>• You may go to any doctor, specialist or hospital that accepts Medicare.</li> </ul>	

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Benefit	Original Medicare	Reserve (MSA)
<b>INPATIENT CARE</b>	<ul style="list-style-type: none"> <li>• In 2012 the amounts for each benefit period were:</li> <li>• Days 1 - 60: \$1156 deductible</li> <li>• Days 61 - 90: \$289 per day</li> <li>• Days 91 - 150: \$578 per lifetime reserve day</li> <li>• These amounts may change for 2013.</li> <li>• Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</li> <li>• Lifetime reserve days can only be used once.</li> <li>• A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<b>4 - Inpatient Mental Health Care</b>	<ul style="list-style-type: none"> <li>• In 2012 the amounts for each benefit period were:</li> <li>• Days 1 - 60: \$1156 deductible</li> <li>• Days 61 - 90: \$289 per day</li> <li>• Days 91 - 150: \$578 per lifetime reserve day</li> <li>• These amounts may change for 2013.</li> </ul> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services</p>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>

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<p>5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>furnished in a <i>General</i> hospital.</p> <ul style="list-style-type: none"> <li>• In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay were:               <ul style="list-style-type: none"> <li>• Days 1 - 20: \$0 per day</li> <li>• Days 21 - 100: \$144.50 per day</li> <li>• These amounts may change for 2013.</li> </ul> </li> <li>• A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<p>6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<ul style="list-style-type: none"> <li>• \$0 copay.</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<p>7 - Hospice</p>	<ul style="list-style-type: none"> <li>• You pay part of the cost for outpatient drugs and inpatient respite care.</li> <li>• You must get care from a Medicare-certified hospice.</li> </ul>	<p><i>General</i></p> <ul style="list-style-type: none"> <li>• You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</li> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>



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Benefit	Original Medicare	Reserve (MSA)
<b>OUTPATIENT CARE</b>		
<b>8 - Doctor Office Visits</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<b>9 - Chiropractic Services</b>	<ul style="list-style-type: none"> <li>• Supplemental routine care not covered</li> <li>• 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor.</li> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<b>10 - Podiatry Services</b>	<ul style="list-style-type: none"> <li>• Supplemental routine care not covered.</li> <li>• 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare-covered podiatry visits are for medically-necessary foot care.</li> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<b>11 - Outpatient Mental Health Care</b>	<ul style="list-style-type: none"> <li>• 35% coinsurance for most outpatient mental health services</li> <li>• Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</li> <li>• “Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>

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12 - Outpatient Substance Abuse Care	20% coinsurance	<ul style="list-style-type: none"> <li>Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
13 - Outpatient Services	<ul style="list-style-type: none"> <li>20% coinsurance for the doctor's services</li> <li>Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible.</li> <li>20% coinsurance for ambulatory surgical center facility services</li> </ul>	<ul style="list-style-type: none"> <li>Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
14 - Ambulance Services (medically necessary ambulance services)	<ul style="list-style-type: none"> <li>20% coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> <li>20% coinsurance for the doctor's services</li> <li>Specified copayment for outpatient hospital facility emergency services.</li> <li>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</li> <li>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</li> <li>Not covered outside the U.S. except under limited circumstances.</li> </ul>	<p><i>General</i></p> <ul style="list-style-type: none"> <li>Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<ul style="list-style-type: none"> <li>20% coinsurance, or a set copay</li> <li>NOT covered outside the U.S. except under limited circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>

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<p>17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<p>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<p>18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<p>19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<p>20 - Diabetes Programs and Supplies</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance for diabetes self-management training</li> <li>• 20% coinsurance for diabetes supplies</li> <li>• 20% coinsurance for diabetic therapeutic shoes or inserts</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<p>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance for diagnostic tests and x-rays</li> <li>• \$0 copay for Medicare-covered lab services</li> <li>• Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>

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Benefit	Original Medicare	Reserve (MSA)
	<p>done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	
<p><b>22 - Cardiac and Pulmonary Rehabilitation Services</b></p>	<ul style="list-style-type: none"> <li>• 20% coinsurance for Cardiac Rehabilitation services</li> <li>• 20% coinsurance for Pulmonary Rehabilitation services</li> <li>• 20% coinsurance for Intensive Cardiac Rehabilitation services</li> <li>• This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<p><b>PREVENTIVE SERVICES, WELLNESS/ EDUCATION AND OTHER SUPPLEMENTAL BENEFIT PROGRAMS</b></p> <p><b>23 -Preventive Services, Wellness/ Education and other Supplemental Benefit Programs</b></p>	<ul style="list-style-type: none"> <li>• No coinsurance, copayment or deductible for the following:               <ul style="list-style-type: none"> <li>• - Abdominal Aortic Aneurysm Screening</li> <li>• - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>• - Cardiovascular Screening</li> <li>• Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>• Colorectal Cancer Screening</li> <li>• Diabetes Screening</li> <li>• Influenza Vaccine</li> <li>• Hepatitis B Vaccine for people with</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• This plan does not cover supplemental education/wellness programs.</li> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>

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Medicare who are at risk  
HIV Screening. \$0 copay for the HIV screening, but you *Generally* pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.

- Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.
- Medical Nutrition Therapy Services  
Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease
- Personalized Prevention Plan
- Services (Annual Wellness Visits)
- Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.
- Prostate Cancer Screening
- Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.
- Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by

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	<p>your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</p> <ul style="list-style-type: none"> <li>• Screening and behavioral counseling interventions in primary care to reduce alcohol misuse</li> <li>• Screening for depression in adults</li> <li>• Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs</li> <li>• Intensive behavioral counseling for Cardiovascular Disease (bi-annual)</li> <li>• Intensive behavioral therapy for obesity</li> <li>• Welcome to Medicare Preventive Visits (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visits or an Annual Wellness Visit. After your first 12 months, you can get one</li> <li>• Annual Wellness Visit every 12 months.</li> </ul>	
<p><b>24 - Kidney Disease and Conditions</b></p>	<ul style="list-style-type: none"> <li>• 20% coinsurance for renal dialysis</li> <li>• 20% coinsurance for kidney disease education services</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>

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<p><b>PRESCRIPTION DRUG BENEFITS</b></p>		
<p><b>25 - Outpatient Prescription Drugs</b></p>	<ul style="list-style-type: none"> <li>• Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</li> </ul>	<p><i>Drugs covered under Medicare Part B</i></p> <p><i>General</i></p> <ul style="list-style-type: none"> <li>• Most drugs not covered.</li> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul> <p><i>Drugs covered under Medicare Part D</i></p> <p><i>General</i></p> <ul style="list-style-type: none"> <li>• This plan does not offer prescription drug coverage.</li> </ul>
<p><b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b></p>		
<p><b>26 - Dental Services</b></p>	<ul style="list-style-type: none"> <li>• Preventive dental services (such as cleaning) not covered.</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<p><b>27 - Hearing Services</b></p>	<ul style="list-style-type: none"> <li>• Supplemental routine hearing exams and hearing aids not covered.</li> <li>• 20% coinsurance for diagnostic hearing exams.</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>
<p><b>28 - Vision Services</b></p>	<ul style="list-style-type: none"> <li>• 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</li> <li>• Supplemental routine eye exams and glasses not covered.</li> <li>• Medicare pays for one pair of eyeglasses or contact lenses after cataract</li> </ul>	<ul style="list-style-type: none"> <li>• Once you reach the plan deductible, Medicare MSA plans cover Original Medicare benefits. Co-pay for Medicare MSAs is \$0 once deductible is met.</li> </ul>

# Summary of Benefits

Benefit	Original Medicare	Reserve (MSA)
	surgery. • Annual glaucoma screenings covered for people at risk.	
Over-the-Counter Items	• Not covered.	<i>General</i> • The plan does not cover Over-the-Counter items.
Transportation (Routine)	• Not covered.	• This plan does not cover supplemental routine transportation.
Acupuncture	• Not covered.	• This plan does not cover Acupuncture.