

Geisinger Gold
Secure 1 (HMO SNP)
Summary of Benefits

INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Geisinger Gold Secure 1 (HMO SNP). Our plan is offered by GEISINGER HEALTH PLAN/Geisinger Gold, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP) that contracts with the Federal government. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Geisinger Gold Secure 1 (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Geisinger Gold Secure 1 (HMO SNP) 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 health plan, like Geisinger Gold Secure 1 (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time. Please call Geisinger Gold Secure 1 (HMO SNP) 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 Secure 1 (HMO SNP) 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. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS GEISINGER GOLD SECURE 1 (HMO SNP) AVAILABLE?

The service area for this plan includes: Adams, Berks, Blair, Cambria, Cameron, Carbon, Centre, Clearfield, H3954 12306_1 File and Use 11/6/12

Clinton, Columbia, Cumberland, Dauphin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York Counties, PA. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN GEISINGER GOLD SECURE 1 (HMO SNP)?

You can join Geisinger Gold Secure 1 (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in Geisinger Gold Secure 1 (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Geisinger Gold Secure 1 (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at <https://www.thehealthplan.com/providersearch/selectsearch.cfm>. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Geisinger Gold Secure 1 (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.GeisingerGold.com. Our customer service number is listed at the end of this introduction.

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

Geisinger Gold Secure 1 (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Geisinger Gold Secure 1 (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at https://www.thehealthplan.com/Gold/Landing_Pages/Formulary/.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

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 '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 con-

tinue 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 Secure 1 (HMO SNP), 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.

As a member of Geisinger Gold Secure 1 (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a

grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. 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 IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Geisinger Gold Secure 1 (HMO SNP) for more details.

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 Secure 1 (HMO SNP) 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 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 Secure 1 (HMO SNP).

Visit us at 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 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.

Summary of Benefits

Benefit	Original Medicare	Secure 1 (HMO SNP)
<p>IMPORTANT INFORMATION</p>		
<p>1 - Premium and Other Important Information</p>	<ul style="list-style-type: none"> • 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. • If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. • 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. 	<p><i>General</i></p> <ul style="list-style-type: none"> • * Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services • \$38 monthly plan premium in addition to your monthly Medicare Part B premium.* <p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$6,700 out-of-pocket limit for Medicare-covered services and select Non-Medicare Supplemental Services. Contact plan for details regarding Non-Medicare Supplemental Services covered under this limit.*
<p>2 - Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<ul style="list-style-type: none"> • You may go to any doctor, specialist or hospital that accepts Medicare. 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • You must go to network doctors, specialists, and hospitals. • Referral required for network specialists (for certain benefits).
<p>INPATIENT CARE</p>		
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<ul style="list-style-type: none"> • In 2012 the amounts for each benefit period were: • Days 1 - 60: \$1156 deductible • Days 61 - 90: \$289 per day • Days 91 - 150: \$578 per lifetime reserve day 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • No limit to the number of days covered by the plan each hospital stay. • In 2012 the amounts for each benefit period were:

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4 - Inpatient Mental Health Care	<ul style="list-style-type: none"> • These amounts may change for 2013. • Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. • Lifetime reserve days can only be used once. • 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. 	<ul style="list-style-type: none"> • Days 1 - 60: \$1156 deductible • Days 61 - 90: \$289 per day • Days 91 - 150: \$578 per lifetime reserve day • These amounts may change for 2013. • You will not be charged additional cost sharing for professional services. • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
	<ul style="list-style-type: none"> • In 2012 the amounts for each benefit period were: • Days 1 - 60: \$1156 deductible • Days 61 - 90: \$289 per day • Days 91 - 150: \$578 per lifetime reserve day • These amounts may change for 2013. <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 furnished in a <i>General</i> hospital.</p>	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • 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 furnished in a general hospital. • In 2012 the amounts for each benefit period were: • Days 1 - 60: \$1156 deductible • Days 61 - 90: \$289 per day • Days 91 - 150: \$578 per lifetime reserve day • These amounts may change for 2013. • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

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5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<ul style="list-style-type: none"> • In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay were: <ul style="list-style-type: none"> • Days 1 - 20: \$0 per day • Days 21 - 100: \$144.50 per day • These amounts may change for 2013. • 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. 	<p><i>General</i></p> <ul style="list-style-type: none"> • Authorization rules may apply. <p><i>In-Network</i></p> <ul style="list-style-type: none"> • Plan covers up to 100 days each benefit period • No prior hospital stay is required. • In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay were: <ul style="list-style-type: none"> • Days 1 - 20: \$0 per day • Days 21 - 100: \$144.50 per day • These amounts may change for 2013. • You will not be charged additional cost sharing for professional services
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<ul style="list-style-type: none"> • \$0 copay. 	<p><i>General</i></p> <ul style="list-style-type: none"> • Authorization rules may apply. <p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered home health visits*
7 - Hospice	<ul style="list-style-type: none"> • You pay part of the cost for outpatient drugs and inpatient respite care. • You must get care from a Medicare-certified hospice. 	<p><i>General</i></p> <ul style="list-style-type: none"> • You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.
OUTPATIENT CARE		
8 - Doctor Office Visits	<ul style="list-style-type: none"> • 20% coinsurance 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$0 copay for each Medicare-covered primary care doctor visit.* • 0% or 20% of the cost for each Medicare-covered specialist visit.*

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Benefit	Original Medicare	Secure 1 (HMO SNP)
9 - Chiropractic Services	<ul style="list-style-type: none"> • Supplemental routine care not covered • 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. 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • 0% or 20% of the cost for each Medicare-covered chiropractic visit* • 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.
10 - Podiatry Services	<ul style="list-style-type: none"> • Supplemental routine care not covered. • 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • up to 4 supplemental routine podiatry visit(s) every year • 0% or 20% of the cost for each Medicare-covered podiatry visit* • Medicare-covered podiatry visits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	<ul style="list-style-type: none"> • 35% coinsurance for most outpatient mental health services • 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. • “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. 	<p><i>General</i></p> <ul style="list-style-type: none"> • Authorization rules may apply. • In-Network • 0% or 35% of the cost for each Medicare-covered individual therapy visit* • 0% or 35% of the cost for each Medicare-covered group therapy visit* • 0% or 35% of the cost for each Medicare-covered individual therapy visit with a psychiatrist* • 0% or 35% of the cost for each Medicare-covered group therapy visit with a psychiatrist* • 0% or 35% of the cost for Medicare-covered partial hospitalization program services*
12 - Outpatient Substance Abuse Care	<ul style="list-style-type: none"> • 20% coinsurance 	<p><i>General</i></p> <ul style="list-style-type: none"> • Authorization rules may apply. <p><i>In-Network</i></p> <ul style="list-style-type: none"> • 0% or 35% of the cost for Medicare-covered individual substance

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		abuse outpatient treatment visits* • 0% or 35% of the cost for Medicare-covered group substance abuse outpatient treatment visits*
13 - Outpatient Services	<ul style="list-style-type: none"> • 20% coinsurance for the doctor's services • Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible. • 20% coinsurance for ambulatory surgical center facility services 	<p><i>General</i></p> <ul style="list-style-type: none"> • Authorization rules may apply. <p><i>In-Network</i></p> <ul style="list-style-type: none"> • 0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit* • 0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit*
14 - Ambulance Services (medically necessary ambulance services)	<ul style="list-style-type: none"> • 20% coinsurance 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered ambulance benefits.* • If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> • 20% coinsurance for the doctor's services • Specified copayment for outpatient hospital facility emergency services. • Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital. • 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. • Not covered outside the U.S. except under limited circumstances. 	<p><i>General</i></p> <ul style="list-style-type: none"> • \$0 or \$65 copay for Medicare-covered emergency room visits* • Worldwide coverage. • If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit.
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"> • 20% coinsurance, or a set copay • NOT covered outside the U.S. except under limited circumstances. 	<p><i>General</i></p> <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered urgently-needed-care visits*

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Benefit	Original Medicare	Secure 1 (HMO SNP)
		<ul style="list-style-type: none"> If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the urgently-needed-care visit.
<p>17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<ul style="list-style-type: none"> 20% coinsurance 	<p><i>General</i></p> <ul style="list-style-type: none"> Authorization rules may apply. <p><i>In-Network</i></p> <ul style="list-style-type: none"> 0% or 20% of the cost for Medicare-covered Occupational Therapy visits* 0% or 20% of the cost for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits*
<p>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</p> <p>18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<ul style="list-style-type: none"> 20% coinsurance 	<p><i>General</i></p> <ul style="list-style-type: none"> Authorization rules may apply. <p><i>In-Network</i></p> <ul style="list-style-type: none"> 0% or 20% of the cost for Medicare-covered durable medical equipment*
<p>19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<ul style="list-style-type: none"> 20% coinsurance 	<p><i>General</i></p> <ul style="list-style-type: none"> Authorization rules may apply. <p><i>In-Network</i></p> <ul style="list-style-type: none"> 0% or 20% of the cost for Medicare-covered prosthetic devices*
<p>20 - Diabetes Programs and Supplies</p>	<ul style="list-style-type: none"> 20% coinsurance for diabetes self-management training 20% coinsurance for diabetes supplies 20% coinsurance for diabetic therapeutic shoes or inserts 	<p><i>General</i></p> <ul style="list-style-type: none"> Authorization rules may apply. <p><i>In-Network</i></p> <ul style="list-style-type: none"> 0% or 20% of the cost for Medicare-covered Diabetes self-management training* 0% or 0% to 20% of the cost for Medicare-covered Diabetes monitoring supplies* 0% or 20% of the cost for Medicare-covered Therapeutic shoes or inserts*

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<p>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<ul style="list-style-type: none"> • 20% coinsurance for diagnostic tests and x-rays • \$0 copay for Medicare-covered lab services • 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 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><i>General</i></p> <ul style="list-style-type: none"> • Authorization rules may apply. <p><i>In-Network</i></p> <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered lab services* • 0% or 20% of the cost for Medicare-covered diagnostic procedures and tests* • 0% or 20% of the cost for Medicare-covered X-rays* • 0% or 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)* • 0% or 20% of the cost for Medicare-covered therapeutic radiology services*
<p>22 - Cardiac and Pulmonary Rehabilitation Services</p>	<ul style="list-style-type: none"> • 20% coinsurance for Cardiac Rehabilitation services • 20% coinsurance for Pulmonary Rehabilitation services • 20% coinsurance for Intensive Cardiac Rehabilitation services • This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments. 	<p><i>General</i></p> <ul style="list-style-type: none"> • Authorization rules may apply. <p><i>In-Network</i></p> <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered Cardiac Rehabilitation Services* • 0% or 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services* • 0% or 20% of the cost for Medicare-covered Pulmonary Rehabilitation Services*

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<p>PREVENTIVE SERVICES, WELLNESS/ EDUCATION AND OTHER SUPPLEMENTAL BENEFIT PROGRAMS</p> <p>23 -Preventive Services, Wellness/ Education and other Supplemental Benefit Programs</p>	<ul style="list-style-type: none"> • No coinsurance, copayment or deductible for the following: <ul style="list-style-type: none"> • - Abdominal Aortic Aneurysm Screening • - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. • - Cardiovascular Screening • Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Hepatitis B Vaccine for people with Medicare who are at risk HIV Screening. \$0 copay for the HIV screening, but you <i>Generally</i> 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 	<p><i>General</i></p> <ul style="list-style-type: none"> • \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. • Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. <p><i>In-Network</i></p> <ul style="list-style-type: none"> • The plan covers a physical exam annually. • The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> • Health Club Membership/Fitness Classes • Nursing Hotline • \$0 copay for Enhanced Preventive Health Services. • Contact plan for details.

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Benefit

Original
Medicare

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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 your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.

- Screening and behavioral counseling interventions in primary care to reduce alcohol misuse

- Screening for depression in adults

- Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs

- Intensive behavioral counseling for Cardiovascular Disease (bi-annual)

- Intensive behavioral therapy for obesity

- Welcome to Medicare Preventive

Summary of Benefits

Benefit	Original Medicare	Secure 1 (HMO SNP)
	<p>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</p> <ul style="list-style-type: none"> • Annual Wellness Visit every 12 months. 	
<p>24 - Kidney Disease and Conditions</p>	<ul style="list-style-type: none"> • 20% coinsurance for renal dialysis • 20% coinsurance for kidney disease education services 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered renal dialysis* • 0% or 20% of the cost for Medicare-covered kidney disease education services*
<p>PRESCRIPTION DRUG BENEFITS</p> <p>25 - Outpatient Prescription Drugs</p>	<ul style="list-style-type: none"> • 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. 	<p><i>Drugs covered under Medicare Part B</i></p> <p><i>General</i></p> <ul style="list-style-type: none"> • \$0 yearly deductible for Medicare Part B drugs.* • 0% or 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.* <p><i>Drugs covered under Medicare Part D</i></p> <p><i>General</i></p> <ul style="list-style-type: none"> • This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://www.thehealthplan.com/Gold/Landing_Pages/Formulary/ on the web. • Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> • -have limited incomes, • -live in long term care facilities,

Summary of Benefits

Benefit	Original Medicare	Secure 1 (HMO SNP)
		<p>or</p> <ul style="list-style-type: none"> • -have access to Indian/Tribal/Urban (Indian Health Service) providers. • The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). • Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare. • The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. • Some drugs have quantity limits. • Your provider must get prior authorization from Geisinger Gold Secure 1 (HMO SNP) for certain drugs. • You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. • If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. <p><i>In-Network</i></p> <ul style="list-style-type: none"> • You pay a \$0 annual deductible.

Summary of Benefits

Benefit

Original
Medicare

Secure 1
(HMO SNP)

Initial Coverage

- Depending on your income and institutional status, 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.

Retail Pharmacy

- You can get drugs the following way(s):
 - one-month (34-day) supply
 - three-month (90-day) supply
- Not all drugs are available at this extended day supply. Please contact the plan for more information.

Long Term Care Pharmacy

- You can get drugs the following way(s):
 - one-month (34-day) supply of generic drugs
 - 34-day supply of brand drugs.
- Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.

Mail Order

- You can get drugs the following way(s):
 - three-month (90-day) supply
- Not all drugs are available at this extended day supply. Please contact the plan for more information.

Catastrophic Coverage

Summary of Benefits

Benefit	Original Medicare	Secure 1 (HMO SNP)
		<ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,750, you pay a \$0 copay. <p><i>Out-of-Network</i></p> <ul style="list-style-type: none"> • Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Geisinger Gold Secure 1 (HMO SNP). • You can get out-of-network drugs the following way: <ul style="list-style-type: none"> • one-month (34-day) supply <p><i>Out-of-Network Initial Coverage</i></p> <ul style="list-style-type: none"> • Depending on your income and institutional status, you will be reimbursed by Geisinger Gold Secure 1 (HMO SNP) up to the plan's cost of the drug minus the following: <ul style="list-style-type: none"> • For generic drugs purchased out-of-network (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • A \$0 copay or • A \$1.15 copay or • A \$2.65 copay • For all other drugs purchased out-of-network, either: <ul style="list-style-type: none"> • A \$0 copay or • A \$3.50 copay or • A \$6.60 copay. <p><i>Out-of-Network Catastrophic Coverage</i></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,750, you will be reimbursed in full for drugs purchased out-of-network.

Summary of Benefits

Benefit	Original Medicare	Secure 1 (HMO SNP)
<p>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</p> <p>26 - Dental Services</p>	<ul style="list-style-type: none"> • Preventive dental services (such as cleaning) not covered. 	<p><i>General</i></p> <ul style="list-style-type: none"> • Authorization rules may apply. <p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$0 copay for the following preventive dental benefits: <ul style="list-style-type: none"> • up to 1 oral exam(s) every six months • up to 1 cleaning(s) every six months • up to 1 fluoride treatment(s) every six months • up to 1 dental x-ray(s) every six months • 0% or 20% of the cost for Medicare-covered dental benefits* • \$2,000 plan coverage limit for preventive dental benefits every year
<p>27 - Hearing Services</p>	<ul style="list-style-type: none"> • Supplemental routine hearing exams and hearing aids not covered. • 20% coinsurance for diagnostic hearing exams. 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered diagnostic hearing exams* • \$0 copay for : <ul style="list-style-type: none"> • up to 1 supplemental routine hearing exam(s) every year • up to 1 fitting-evaluation(s) for a hearing aid every three years • \$0 copay for up to 1 hearing aid(s) every three years • \$1,000 plan coverage limit for hearing aids every three years.
<p>28 - Vision Services</p>	<ul style="list-style-type: none"> • 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. • Supplemental routine eye exams and glasses not covered. • Medicare pays for one pair of eye- 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered diagnosis and treatment for diseases and conditions of the eye* • \$0 copay for up to 1 supplemental routine eye exam(s) every year

Summary of Benefits

Benefit	Original Medicare	Secure 1 (HMO SNP)
	<p>glasses or contact lenses after cataract surgery.</p> <ul style="list-style-type: none"> • Annual glaucoma screenings covered for people at risk. 	<ul style="list-style-type: none"> • \$0 copay for <ul style="list-style-type: none"> • one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery * • glasses • contacts • lenses • frames • \$200 plan coverage limit for eye wear every year.
Over-the-Counter Items	<ul style="list-style-type: none"> • Not covered. 	<p><i>General</i></p> <ul style="list-style-type: none"> • Please visit our plan website to see our list of covered Over-the-Counter items. • OTC items may be purchased only for the enrollee. • Please contact the plan for specific instructions for using this benefit.
Transportation (Routine)	<ul style="list-style-type: none"> • Not covered. 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • This plan does not cover supplemental routine transportation.
Acupuncture	<ul style="list-style-type: none"> • Not covered. 	<p><i>In-Network</i></p> <ul style="list-style-type: none"> • This plan does not cover Acupuncture.

Medicaid Benefit Comparison

This chart shows a comparison of covered benefits under Medicaid and Secure 1 (HMO SNP).

Please note: Medical Assistance (Medicaid) benefits and costs listed below are based on Pennsylvania DPW "Categorically Needy" Medical Assistance coverage and cost sharing. Specific coverage of any service or item depends on the recipient's Medical Assistance category and meeting coverage criteria for a specific benefit.

When medically necessary services or items are covered by both Medicare and Medicaid, Medicare always pays first, whether you receive Medicare coverage through Original Medicare or through a Medicare Advantage Plan such as Secure 1 (HMO SNP).

Pennsylvania Medical Assistance continues to cover your Medicaid benefits, and provides coverage for Medicaid-covered services and items not covered by Medicare or Secure 1 (HMO SNP).

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure 1 (HMO SNP) Cost Sharing and Applicable Limits
	<i>Most benefits covered if medically necessary; some items have specific age or specific medical condition requirements for coverage</i>	
Inpatient Hospital Services	\$0-\$6 per day up to \$21-\$42 per admission, depending on level of assistance - Covered when medically necessary	\$0 Copayment No limit to the number of days covered by the plan each hospital stay. You will not be charged additional cost sharing for professional services. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
Inpatient Hospital Medical Rehabilitation Admission (Skilled Nursing Facility)	\$0-\$7.60 copay, depending on level of assistance - One admission per fiscal year	\$0 Copayment for covered Skilled Nursing Facility Care. Plan covers up to 100 days each benefit period. No prior hospital stay is required. There are no limits on the number of benefit periods per year. Prior Authorization may be required.
Combined maximum of 18 visits per year for Clinic, office, or home visits to:		
Primary care physicians	\$0-\$7.60 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	\$0 Copayment for each Medicare-covered primary care doctor visit. There are no limits on the number of visits per year for covered services

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure 1 (HMO SNP) Cost Sharing and Applicable Limits
Specialty physicians	\$0-\$7.60 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	<p>\$0 Copayment for each Medicare-covered specialist visit.</p> <p>There are no limits on the number of visits per year for covered services. A Referral from your PCP is required.</p>
CRNPs (Nurse Practitioners)	\$0-\$7.60 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	<p>\$0 Copayment</p> <p>Secure 1 (HMO SNP) coverage of care provided by a qualified in-network licensed Nurse Practitioner (CPRN) or a qualified in-network Physician Assistant (PA) is the same as coverage for services provided by an in-network physician.</p>
Optometrists	\$0-\$7.60 copay, depending on level of assistance - Vision Examinations covered. Counts toward combined 18 visit limit	<p>Medically Necessary Ophthalmologist visits are also covered with a referral from your Primary Care Provider.</p> <p>\$0 Copayment for Medicare-covered diagnosis and treatment for diseases and conditions of the eye. There are no limits on the number of medically-necessary covered visits per year. A Referral from your Primary Care Physician (PCP) is required.</p> <p>\$0 Copayment for up to one (1) supplemental routine eye exam (vision exam) every year. No referral is necessary.</p>
Chiropractors	\$0-\$7.60 copay, depending on level of assistance - Benefits limited to evaluation exam and manual manipulation of the spine. Visits counts toward combined 18 visit limit	<p>\$0 Copayment for each Medicare-covered chiropractic visit. Benefit is limited to manual manipulation of the spine. A referral from your PCP is required.</p>

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure 1 (HMO SNP) Cost Sharing and Applicable Limits
Podiatrists	\$0-\$7.60 copay, depending on level of assistance - Limited to Medically Necessary Podiatry Services. Counts toward combined 18 visit limit.	<p>\$0 Copayment for up to 4 supplemental routine podiatry visit(s) covered each year.</p> <p>\$0 Copayment for each Medicare-covered podiatry visit* Medicare-covered podiatry visits are for medically-necessary foot care. A referral from your PCP may be required.</p>
Independent medical clinics	\$0-\$7.60 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	<p>\$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services.</p> <p>A referral from your primary care provider for specialist care and services may be required.</p>
Rural health clinics	\$0-\$7.60 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	<p>\$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services.</p> <p>A referral from your primary care provider for specialist care and services may be required.</p>
Federally qualified health clinics	\$0-\$7.60 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	<p>\$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services.</p> <p>A referral from your primary care provider for specialist care and services may be required.</p>
Outpatient hospital clinics	\$0-\$7.60 copay, depending on level of assistance - Covered; counts toward combined 18 visit limit	<p>\$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services.</p> <p>A referral from your primary care provider for specialist care and services may be required.</p>

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure 1 (HMO SNP) Cost Sharing and Applicable Limits
Outpatient Hospital Services:		
Short Procedure Unit	\$0-\$7.60 Copayment, depending on level of assistance - Covered	\$0 Copayment for each Medicare-covered outpatient hospital facility visit \$0 Copayment for Outpatient Hospital Surgery
Ambulatory Surgical Center	\$0-\$7.60 Copayment, depending on level of assistance - Covered	\$0 Copayment for each Medicare-covered ambulatory surgical center visit
Psychiatric Partial Hospitalization	\$0-\$7.60 Copayment, depending on level of assistance - Up to 180 three-hour sessions, total of 540 hours, per fiscal year	\$0 Copayment for Medicare-covered partial hospitalization program services. There is no limit on the number of visits for covered services. Prior Authorization may be required.
Laboratory and X-ray services:		
Outpatient lab services	\$0-\$2 Copayment, depending on level of assistance - Covered	\$0 Copayment for Medicare-covered lab services
Portable x-ray services (radiology)	\$0-\$2 Copayment, depending on level of assistance - Covered	\$0 Copayment for Medicare-covered X-rays
Nursing Facility Care	\$0-\$2 Copayment, depending on level of assistance - Covered	\$0 Copayment for covered Skilled Nursing Facility Care. Plan covers up to 100 days each benefit period. No prior hospital stay is required. There are no limits on the number of benefit periods per year.
Nursing Facility Services	\$0-\$2 Copayment, depending on level of assistance - Covered	\$0 Copayment for covered Skilled Nursing Facility Care. Plan covers up to 100 days each benefit period. No prior hospital stay is required. There are no limits on the number of benefit periods per year.

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure 1 (HMO SNP) Cost Sharing and Applicable Limits
Intermediate Care	\$0-\$2 Copayment, depending on level of assistance - Covered	<p>\$0 Copayment for covered Skilled Nursing Facility Care.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>There are no limits on the number of benefit periods per year. Non Skilled supportive care is not covered by Secure 1</p>
Inpatient psychiatric care	<p>\$0-\$6 per day up to \$21-\$42 per admission, depending on level of assistance - 30 days per fiscal year.</p> <p>Not all benefit levels are eligible at all ages; coverage for certain benefit categories may be limited to coverage for those under age 21 or age 65 and older.</p>	<p>\$0 Copayment</p> <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 furnished in a general hospital.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure 1 (HMO SNP) Cost Sharing and Applicable Limits
Home health care	\$0-\$7.60 Copayment, depending on level of assistance - Covered -Must medically necessary and must be ordered by a physician. Covered when	\$0 Copayment for Medicare-covered home health visits
	1. Services provided would avoid or delay the need for treatment in a hospital or other institutional setting OR	To receive home health services you must be homebound, which means leaving home is a major effort.
	2. The recipient has an illness or injury that justifies providing services at the patient's residence instead of in an outpatient setting.	
	\$0-\$7.60 Copayment, depending on level of assistance - Skilled Nursing Care, Home health aide services, physical and occupational therapy, Speech pathology and Medical supplies are covered under the Home Health Agency Services Medical Assistance Benefit.	\$0 Copayment for Medicare-covered home health visits. \$0 Copayment for Medicare-covered Outpatient Occupational Therapy visits. \$0 Copayment for Medicare-covered Outpatient Physical Therapy and/or Speech and Language Pathology visits. \$0 Copayment for Medicare-covered durable medical equipment. Some services may require a referral from your PCP or Prior Authorization
	<i>(Medicare does not cover non-medical home health aide services)</i>	<i>(Medicare and Secure 1 (HMO SNP) does not cover non-medical home health aide services)</i>
Clinic services		
Independent medical clinic	Covered	\$0 Copayment for each provider office visit. There is no limit on the number of visits for covered services.
Ambulatory surgical center	\$0-\$7.60 Copayment, depending on level of assistance - Covered	\$0 Copayment for each Medicare-covered ambulatory surgical center visit

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure 1 (HMO SNP) Cost Sharing and Applicable Limits
Psychiatric clinic services	\$0-\$1 per unit, depending on level of assistance (Limit 5 hours psychotherapy per 30 days) - Covered	\$0 Copayment for each Medicare covered group or individual therapy visit. There is no limit on the number of visits for covered services.
Drug and alcohol clinic	\$0-\$7.60 Copayment, depending on level of assistance (Limit 8 hours psychotherapy per 30 days; 7 methadone visits per week; 42 opiate detox visits per 365 days) - Covered	\$0 Copayment for each Medicare covered group or individual therapy visit
Ambulance services	\$0-\$7.60 Copayment, depending on level of assistance - Covered	\$0 Copayment for Medicare-covered ambulance benefits
Emergency Room	\$0-\$7.60 Copayment, depending on level of assistance - Covered; limited to emergency situations	\$0 Copayment for Medicare-covered emergency room visits Worldwide coverage
Dental Services	\$0-\$7.60 Copayment, depending on level of assistance (Limits: Dental exams and prophylaxis are limited to 1 per 180 days, per recipient; crowns, endodontic and periodontal services will not be covered; and dentures will be limited to one upper arch or partial and one lower arch or partial, or one full set of dentures per lifetime) - Medically Necessary dental services are covered. General comprehensive dental services such as fillings and extractions are covered. Additional services may be covered with prior authorization	<p>\$0 Copayment for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to 1 oral exam(s) every six months - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every six months - up to 1 dental x-ray(s) every six months - simple fillings and extractions <p>\$0 Copayment for Medicare-covered dental benefits</p> <p>\$2,000 plan coverage limit for preventive dental benefits every year</p>
Medical equipment, supplies and prosthetics	\$0-\$7.60 Copayment, depending on level of assistance - Covered	<p>\$0 Copayment for Medicare-covered durable medical equipment and related supplies</p> <p>\$0 Copayment for Medicare-covered prosthetic devices and related supplies</p>

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure 1 (HMO SNP) Cost Sharing and Applicable Limits
Family Planning	Covered	<p>Family Planning Services is not a Medicare-covered benefit.</p> <p>You would continue to be covered by Medical Assistance for Family Planning Services.</p>
Orthopedic Shoes when medically necessary	Orthopedic shoes, molded shoes and shoe inserts prescribed for eligible persons - prior approval required	\$0 Copayment for one pair of Medicare-covered therapeutic shoes and inserts per calendar year for people with severe diabetic foot disease.
Vision Aids, Including Eyewear (Glasses, Lenses, Frames, Contacts)	\$0-\$7.60 Copayment, depending on level of assistance - Covered only for those 20 years old and younger	<p>\$0 Copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery. No age restrictions apply.</p> <p>\$0 Copayment for glasses, contacts, lenses and/or frames, covered up to a \$200 plan coverage limit each year. No age restrictions apply.</p>
Hearing Services and Hearing Aids	\$0-\$7.60 Copayment, depending on level of assistance - Covered only for those 20 years old and younger	<p>\$0 Copayment for Medicare-covered diagnostic hearing exams</p> <p>\$0 Copayment for up to one (1) supplemental routine hearing exam every year</p> <p>\$0 Copayment for up to one (1) hearing aid every three years \$1,000 plan coverage limit for hearing aids every three years.</p> <p>\$0 Copayment for fitting and evaluation for a hearing aid every three years. Fitting and evaluation are included in the \$1,000 Hearing Aid benefit coverage limit. No age restrictions apply.</p>

Benefit Name	Medical Assistance Cost Sharing and Applicable Limits	Secure 1 (HMO SNP) Cost Sharing and Applicable Limits
Medicare Part B prescription drugs	\$3 Copayment brand, \$1 Copayment generic - Limits may apply to the type and number of prescriptions/refills per month, depending on category of Medical Assistance. Part D Drug Cost Sharing is determined by your Medicare Part D "Extra Help" (LIS) benefit."	See Section 25 of the Summary of Benefits for details on Prescription Drug Coverage. Part D Drug Cost Sharing is determined by your Medicare Part D "Extra Help" (LIS) benefit."
Out-of-state Urgent Care	\$0-\$7.60 Copayment, depending on level of assistance - Covered, but only when out of state.	\$0 Copayment for Medicare-covered urgently-needed-care visits
	Please see the Summary of Benefits (SB) or contact Geisinger Gold member services at (800) 514-0138 for more details about Secure 1 (HMO SNP) benefit coverage.	
Important Information about Medical Assistance and Geisinger Gold		
If a person has both Medical Assistance and Medicare/Medicare Advantage coverage, the Medicare/Medicare Advantage coverage will always be used first. Medical Assistance will cover anything not covered by Medicare/Medicare Advantage.		
Participating providers cannot deny services to Medical Assistance recipients due to inability to pay any related costs. All Secure 1 members have \$0 Copayments for most covered services.		
A participating provider may not charge a Medical Assistance recipient more for services than is allowed by the Medical Assistance fee structure.		
Prior Authorization is required for many services. Geisinger Gold Secure 1 also requires Primary Care Provider referrals for specialty care.		
Both Medical Assistance and Geisinger Gold Secure 1 have a network of providers. Covered services must be obtained from network providers in order for those services to be paid for. If services are obtained from non-network providers, or are not covered by the benefit plan, the member is responsible for all costs.		