Retired Employees Health Program (REHP)

PEBTF_2014

Thank you for your interest in Geisinger Gold Classic. Our plan is offered by Geisinger Health Plan/Geisinger Gold Classic, a Medicare Advantage Health Maintenance Organization (HMO). 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 Classic 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 Medicare (Part A and B) Plan. Another option is a Medicare health plan, like Geisinger Gold Classic. 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 Classic at the telephone 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 Classic 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 Classic Available?

Adams, Berks, Bradford, Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York counties.

Who Is Eligible To Join Geisinger Gold Classic?

You can join Geisinger Gold Classic if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

Can I Choose My Doctors?

Geisinger Gold Classic 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, or for an up-to-date 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 Geisinger Gold Classic nor the Original Medicare Plan will pay for these services.

Does My Plan Cover Medicare Part B Or Part D Drugs?

Please consult PEBTF at (800) 522-7279 for details on prescription drug coverage.

What Types Of Drugs May Be Covered Under Medicare Part B?

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

- 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 drugs for osteoporosis for certain women with Medicare.
- 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 incidental to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- 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 provided through DME.

Please call Geisinger Gold Classic for more information about Geisinger Gold Classic.

Visit us at

www.thehealthplan.com/gold/pebtf.aspx

or, call us:

Seven days a week from 8 a.m. - 8 p.m.

Current members should call toll-free (800)-498-9731 . (TTY/TDD (800)-447-2833)

Prospective members should call toll-free (800) 540-8653. (TTY/TDD (800)-447-2833)

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.

If you have special needs, this document may be available in other formats.

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

Summary of Benefits

	Original Medicare	REHP
IMPORTANT INFORMATION		
1 - Premium and Other Important Information	• In 2013 the monthly Part B Premium was $104.90 and may change for 2014 and the annual Part B deductible amount was $147 and may change for 2014. • 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.	***General*** • You must pay your monthly Medicare premiums to remain covered for benefits under the REHP. • Retirees that retired on or after 7/1/05 must also pay their retiree REHP contribution. • Most people will pay the standard monthly Part B premium. For more information on Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. • There is an annual out-of-pocket maximum of $2,500. • There is no plan deductible. • There is no lifetime maximum for Medicare covered services.
2 - Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.) **INPATIENT CARE**	You may go to any doctor, specialist or hospital that accepts Medicare.	***In-Network*** • You must go to network doctors, specialists, and hospitals. • Referral required for network specialists (for certain benefits).

Summary of Benefits

	Original Medicare	REHP
3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	• In 2013 the amounts for each benefit period were: • Days 1 - 60: $1,184 deductible • Days 61 - 90: $296 per day • Days 91 - 150: $592 per lifetime reserve day • These amounts may change for 2014. • 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.	***In-Network*** • No limit to the number of days covered by the plan each hospital stay. • $0 copay for each Medicare covered hospital stay. • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
4 - Inpatient Mental Health Care	• In 2013 the amounts for each benefit period were: • Days 1 - 60: $1,184 deductible • Days 61 - 90: $296 per day • Days 91 - 150: $592 per lifetime reserve day • These amounts may change for 2014. • 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-Network*** • No limit to the number of days covered by the plan each hospital stay. • $0 copay for each Medicare covered hospital stay. • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Summary of Benefits

	Original Medicare	REHP
5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	• In 2013 the amounts for each benefit period after at least a 3-day Medicare-covered hospital stay were: • Days 1 - 20: $0 per day • Days 21 - 100: $148 per day • These amounts may change for 2014. • 100 days for each benefit period. • 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.	***General*** • Authorization rules may apply. ***In-Network*** • Plan covers up to 100 days each benefit period • No prior hospital stay is required. • $0 copay days 1-100
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	• $0 copay.	***General*** • Authorization rules may apply. ***In-Network*** • $0 copay for Medicare-covered home health visits
7 - Hospice	• You pay part of the cost for outpatient drugs and inpatient respite care. • You must get care from a Medicare-certified hospice.	***General*** • You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.

Summary of Benefits

	Original Medicare	REHP
OUTPATIENT CARE		
8 - Doctor Office Visits	• 20% coinsurance	***In-Network*** • $10 copay for each Medicare-covered primary care doctor visit. • $15 copay for each Medicare-covered specialist visit.
9 - Chiropractic Services	• 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).	***In-Network*** • $15 copay 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	• Supplemental routine care not covered. • 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	***In-Network*** • $15 copay for each Medicare-covered podiatry visit • Medicare-covered podiatry visits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	• 20% 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.	***General*** • Authorization rules may apply. ***In-Network*** • $10 copay for each Medicare-covered group or individual therapy visit

Summary of Benefits

	Original Medicare	REHP
12 - Outpatient Substance Abuse Care	• 20% coinsurance	*General* • Authorization rules may apply. *In-Network* • $0 copay for each Medicare-covered group or individual therapy visit
13 - Outpatient Services	• 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	*General* • Authorization rules may apply. *In-Network* • $0 copay for each Medicare-covered ambulatory surgical center visit • $0 copay for each Medicare-covered outpatient hospital facility visit
14 - Ambulance Services (medically necessary ambulance services)	• 20% coinsurance	*In-Network* • $0 copay 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.)	• 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.	*General* • $50 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.

Summary of Benefits

	Original Medicare	REHP
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	• 20% coinsurance, or a set copay • If you are admitted to the hospital within 3 days for the same condition, you pay $0 for the urgently-needed-care visit. • NOT covered outside the U.S. except under limited circumstances.	***General*** • $50 copay for Medicare-covered urgently-needed-care visits • If you are admitted to the hospital within 3-day(s) for the same condition, you pay $0 for the urgently-needed-care visit.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	• 20% coinsurance • Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.	***General*** • Authorization rules may apply. ***In-Network*** • $10 copay for Medicare-covered Occupational Therapy visits • $10 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	• 20% coinsurance	***General*** • Authorization rules may apply. ***In-Network*** • $0 copay for Medicare-covered durable medical equipment
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	• 20% coinsurance • 20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices.	***General*** • Authorization rules may apply. ***In-Network*** • $0 copay for Medicare-covered prosthetic devices
20 - Diabetes Programs and Supplies	• 20% coinsurance for diabetes self-management training • 20% coinsurance for diabetes supplies • 20% coinsurance for diabetic therapeutic shoes or inserts	***General*** • Authorization rules may apply. ***In-Network*** • $0 copay for Medicare-covered Diabetes self-management training • $0 copay for Medicare-covered Diabetes monitoring supplies • $0 copay for Medicare-covered Therapeutic shoes or inserts

Summary of Benefits

	Original Medicare	REHP
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	• 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.	***General*** • Authorization rules may apply. ***In-Network*** • $0 copay for Medicare-covered lab services • $0 copay for Medicare-covered diagnostic procedures and tests • $0 copay for Medicare-covered X-rays • $0 copay for Medicare-covered diagnostic radiology services (not including X-rays) • $0 copay for Medicare-covered therapeutic radiology services
22 - Cardiac and Pulmonary Rehabilitation Services	• 20% coinsurance for Cardiac Rehabilitation services • 20% coinsurance for Pulmonary Rehabilitation services • 20% coinsurance for Intensive Cardiac Rehabilitation services	***General*** • Authorization rules may apply. ***In-Network*** • $10 copay for Medicare-covered Cardiac Rehabilitation Services • $10 copay for Medicare-covered Intensive Cardiac Rehabilitation Services • $10 copay for Medicare-covered Pulmonary Rehabilitation Services
PREVENTIVE SERVICES		
23 -Preventive Services	• No coinsurance, copayment or deductible for the following: • 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	***General*** • $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. ***In-Network*** • $0 copay for an annual physical exam

Summary of Benefits

	Original Medicare	REHP
	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 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	

	Original Medicare	REHP
	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 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 • Annual Wellness Visit every 12 months.	

Summary of Benefits

	Original Medicare	REHP
24 - Kidney Disease and Conditions	• 20% coinsurance for renal dialysis • 20% coinsurance for kidney disease education services	***In-Network*** • $0 copayfor Medicare-covered renal dialysis • $0 copay for Medicare-covered kidney disease education services
PRESCRIPTION DRUG BENEFITS		
25 - Outpatient Prescription Drugs	• 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.	***General*** • This plan does not cover Medicare **Part D** prescription drugs. **Prescription drugs are covered under the REHP Prescription Drug Plan.** Your REHP Prescription Drugs benefits will be serviced by SilverScript at (866) 329-2088. ***In Network*** • You pay $0 copayment for **Part B** covered drugs.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
26 - Dental Services	• Preventive dental services (such as cleaning) not covered.	***In-Network*** • $0 copay for Medicare-covered dental benefits • In general, you pay 100% for dental services. Dental implants are covered under very limited medical conditions to restore function lost through disease when no other treatment option is available. • Dental implants will be covered in the following instances: Dental implants are the only alternative following oral surgery to reconstruct a jaw following the removal of a tumor, or after oral surgery to reconstruct a jaw due to a develop-

	Original Medicare	REHP
		mental (congenital) malformation, and where a review of your situation by a dental consultant confirms that dental implants are the only viable alternative.
27 - Hearing Services	• Supplemental routine hearing exams and hearing aids not covered. • 20% coinsurance for diagnostic hearing exams.	***In-Network*** • $0 copay for Medicare-covered diagnostic hearing exams
28 - Vision Services	• 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk • Supplemental routine eye exams and eyeglasses (lenses and frames) not covered. • Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.	***In-Network*** • $0 copay for • one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery • $0 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye. • $0 copay for in-network glaucoma screening once per year for people who are at high risk of glaucoma.
Wellness/Education and Other Supplemental Benefits & Services	• Not covered.	• The plan covers the following supplemental education/wellness programs: • Health Club Membership/Fitness Classes • Nursing Hotline • $0 copay for Enhanced Preventive Health Services.
Over-the-Counter Items	• Not covered.	***General*** • The plan does not cover Over-the-Counter items.
Transportation (Routine)	• Not covered.	***In-Network*** • This plan does not cover supplemental routine transportation.
Acupuncture and Other Alternative Therapies	• Not covered.	***In-Network*** • This plan does not cover Acupuncture and other alternative therapies.