

2015 Summary of Benefits

for

Geisinger Gold Reserve (MSA)

Introduction to Summary of Benefits

You have choices about how to get your Medicare benefits. One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. Another choice is to get your Medicare benefits by joining a Medical Savings Account (such as **Geisinger Gold Reserve (MSA)**). MSA plans combine a high-deductible health plan with a bank account. Medicare deposits money into the account (usually less than the deductible). You can use the money to pay for your health care services during the year. Only Medicare-covered expenses count toward your deductible. Refer to the “**Medicare & You**” handbook for Medicare-covered services. For more information about MSAs, refer to the “**Your Guide to Medicare Medical Savings Account Plans**” publication by visiting www.Medicare.gov, clicking “Publications” under “Take Action” and search for publication number 11206. Or, call 1-800-MEDICARE to request a copy. Enrollment is generally for a full calendar year unless you meet certain exceptions. Those who disenroll during the calendar year will owe a portion of the account deposit back to the plan.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Geisinger Gold Reserve (MSA)** covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Geisinger Gold Reserve (MSA)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Optional Benefits (you must pay an extra premium for these benefits)

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at (800)-498-9731.

Things to Know About Geisinger Gold Reserve (MSA)

Hours of Operation

From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.

From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Geisinger Gold Reserve (MSA) Phone Numbers and Website

If you are a member of this plan, call toll-free (800)-498-9731

If you are not a member of this plan, call toll-free (800)-514-0138

Our website: <http://www.GeisingerGold.com>

Who can join?

To join **Geisinger Gold Reserve (MSA)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Pennsylvania: 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, Washington, Wayne, Westmoreland, Wyoming, and York.

Which doctors and hospitals can I use?

You can go to any doctor, hospital, or other provider that accepts Medicare payment, the plan's terms and conditions for payment, and agrees to treat you.

What do we cover?

Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

Geisinger Gold Reserve (MSA) covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs. You may join a Medicare prescription drug plan.

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

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Benefit	Geisinger Gold Reserve (MSA)
<p>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES</p> <p>How much is the monthly premium?</p> <p>How much is the deductible?</p> <p>How much does Medicare deposit into my MSA bank account?</p>	<p>You pay nothing for your Medicare monthly plan premium. Medicare pays this monthly plan premium. You must keep paying your Medicare Part B premium.</p> <p>\$3,600 per year.</p> <p>Medicare will deposit \$1,020 into your account.</p> <p><i>Geisinger Gold Medicare Advantage HMO, PPO, HMO POS, HMO SNP, and MSA plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal.</i></p>
<p>COVERED MEDICAL AND HOSPITAL BENEFITS</p>	<p>NOTE:</p> <p>SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.</p> <p>SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.</p>
<p>OUTPATIENT CARE AND SERVICES</p> <p>Acupuncture and Other Alternative Therapies</p>	<p>Not covered</p>
<p>Ambulance</p>	<p>You pay nothing after you pay your deductible.</p>
<p>Chiropractic Care</p>	<ul style="list-style-type: none"> • Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing after you pay your deductible
<p>Dental Services</p>	<ul style="list-style-type: none"> • Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing after you pay your deductible
<p>Diabetes Supplies and Services</p>	<ul style="list-style-type: none"> • Diabetes monitoring supplies: You pay nothing after you pay your deductible • Diabetes self-management training: You pay nothing after you pay your deductible • Therapeutic shoes or inserts: You pay nothing after you pay your deductible

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Diagnostic Tests, Lab and Radiology Services, and X-Rays	<ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans): You pay nothing after you pay your deductible • Diagnostic tests and procedures: You pay nothing after you pay your deductible • Lab services: You pay nothing after you pay your deductible • Outpatient x-rays: You pay nothing after you pay your deductible • Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing after you pay your deductible
Doctor's Office Visits	<ul style="list-style-type: none"> • Primary care physician visit: You pay nothing after you pay your deductible • Specialist visit: You pay nothing after you pay your deductible
Durable Medical Equipment (wheelchairs, oxygen, etc.)	You pay nothing after you pay your deductible
Emergency Care	You pay nothing after you pay your deductible
Foot Care (podiatry services)	<ul style="list-style-type: none"> • Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay nothing after you pay your deductible
Hearing Services	<ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues: You pay nothing after you pay your deductible
Home Health Care	You pay nothing after you pay your deductible
Mental Health Care	<p>Inpatient visit:</p> <ul style="list-style-type: none"> • Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. • You pay nothing after you pay your deductible. <p>Outpatient group therapy visit:</p> <ul style="list-style-type: none"> • You pay nothing after you pay your deductible <p>Outpatient individual therapy visit:</p> <ul style="list-style-type: none"> • You pay nothing after you pay your deductible
Outpatient Rehabilitation	<ul style="list-style-type: none"> • Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing after you pay your deductible • Occupational therapy visit: You pay nothing after you pay your deductible • Physical therapy and speech and language therapy visit: You pay nothing after you pay your deductible

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Outpatient Substance Abuse	<ul style="list-style-type: none">• Group therapy visit: You pay nothing after you pay your deductible• Individual therapy visit: You pay nothing after you pay your deductible
Outpatient Surgery	<ul style="list-style-type: none">• Ambulatory surgical center: You pay nothing after you pay your deductible• Outpatient hospital: You pay nothing after you pay your deductible
Over-the-Counter Items	Not Covered
Prosthetic Devices (braces, artificial limbs, etc.)	<ul style="list-style-type: none">• Prosthetic devices: You pay nothing after you pay your deductible• Related medical supplies: You pay nothing after you pay your deductible
Renal Dialysis	You pay nothing after you pay your deductible
Transportation	Not covered
Urgent Care	You pay nothing after you pay your deductible
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): <ul style="list-style-type: none">• You pay nothing after you pay your deductible. Eyeglasses or contact lenses after cataract surgery: <ul style="list-style-type: none">• You pay nothing after you pay your deductible

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Geisinger Gold Reserve (MSA)

Preventive Care

You pay nothing after you pay your deductible. Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colonoscopy
- Colorectal cancer screenings
- Depression screening
- Diabetes screenings
- Fecal occult blood test
- Flexible sigmoidoscopy
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)
- Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Hospice

- You pay nothing for hospice care from a Medicare-certified hospice.
- You may have to pay part of the cost for drugs and respite care.

INPATIENT CARE

Inpatient Hospital Care

- The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you’re admitted as an inpatient and ends when you haven’t received any inpatient care (or skilled care in a SNF) for 60 days in a row.
- If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There’s no limit to the number of benefit periods.
- Our plan covers 90 days for an inpatient hospital stay.
- Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.
- You pay nothing after you pay your deductible.

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Inpatient Mental Health Care	For inpatient mental health care, see the “Mental Health Care” section of this booklet.
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> • Our plan covers up to 100 days in a SNF as long as you previously stayed in a hospital for 3 days. • You pay nothing after you pay your deductible.
PRESCRIPTION DRUG BENEFITS How much do I pay?	<ul style="list-style-type: none"> • For Part B drugs such as chemotherapy drugs: You pay nothing after you pay your deductible • Other Part B drugs: You pay nothing after you pay your deductible
Optional Benefits (you must pay an extra premium each month for these benefits) Package 1: Geisinger Gold Health+ How much is the monthly premium? How much is the deductible? Is there a limit on how much the plan will pay?	<p>Benefits include:</p> <ul style="list-style-type: none"> • Eligible Supplemental Benefits • Preventive Dental • Eye Exams • Eyewear • Hearing Exams • Hearing Aids <ul style="list-style-type: none"> • Additional \$36.60 per month. • You must keep paying your Medicare Part B premium and your \$0 monthly plan premium. <p>This package does not have a deductible.</p> <p>Our plan has a coverage limit for certain benefits.</p>