

Geisinger  
Gold

# 2017 Benefit Overview



For agent use only. Distribution to beneficiaries/consumers is prohibited and may result in termination of your contract. All plan designs are pending CMS approval and are subject to change.

# 2017 Geisinger Gold plan overview

## HMO

Classic Complete Rx  
Classic Advantage (MA only)  
Classic Advantage Rx  
Secure Rx (D-SNP)

## PPO

Preferred Complete Rx  
Preferred Advantage Rx

All plans are available throughout the  
entire 40 county service area

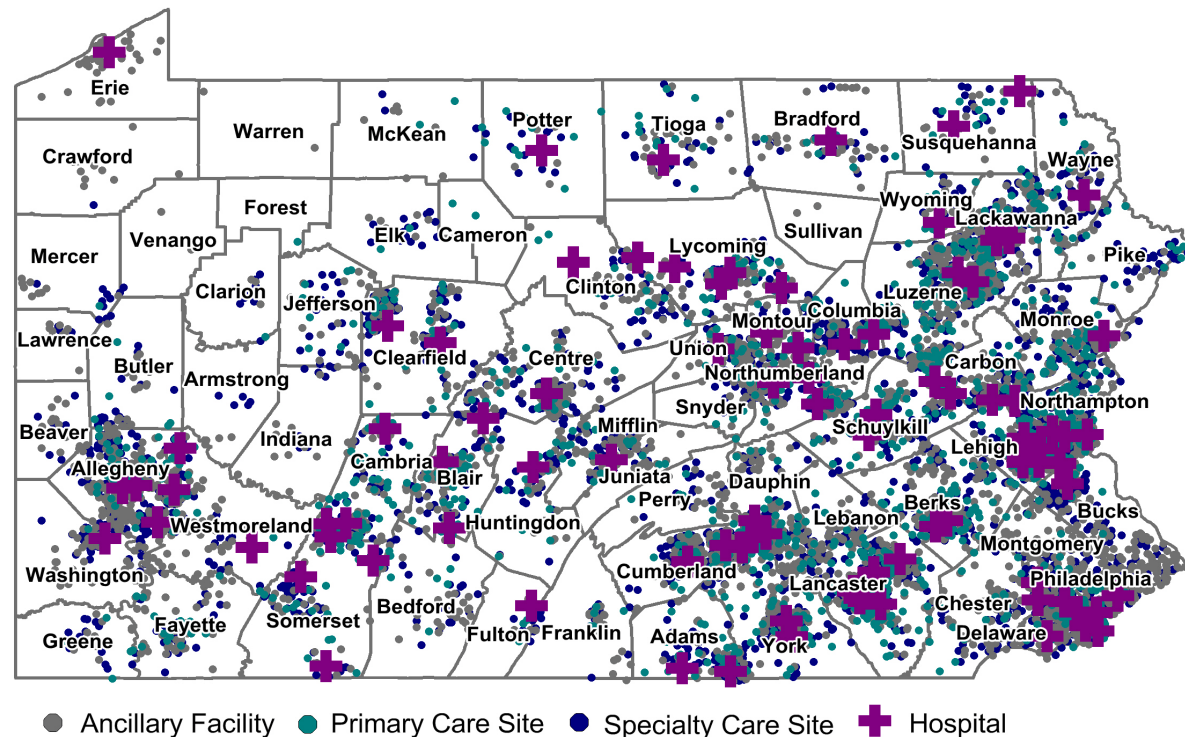
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# 2017 Geisinger Gold provider network

## Facility highlights

Geisinger Gold features an expansive network, allowing members to access:  
More than 29,000 providers, nearly 3,000 pharmacies &  
over 100 hospitals, including:

- Commonwealth Health
- Conemaugh Health System
- Dubois Medical Center
- Geisinger Health System
- Lancaster General Health
- Lehigh Valley Health Network
- Mt. Nittany Medical Center
- Pinnacle Health System
- Pocono Medical Center
- Reading Hospital
- St. Luke's Health Network
- UPMC Altoona
- WellSpan Health



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# HMO Medicare Advantage plans

Classic Complete Rx

Classic Advantage

Classic Advantage Rx



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# HMO Medicare Advantage plans

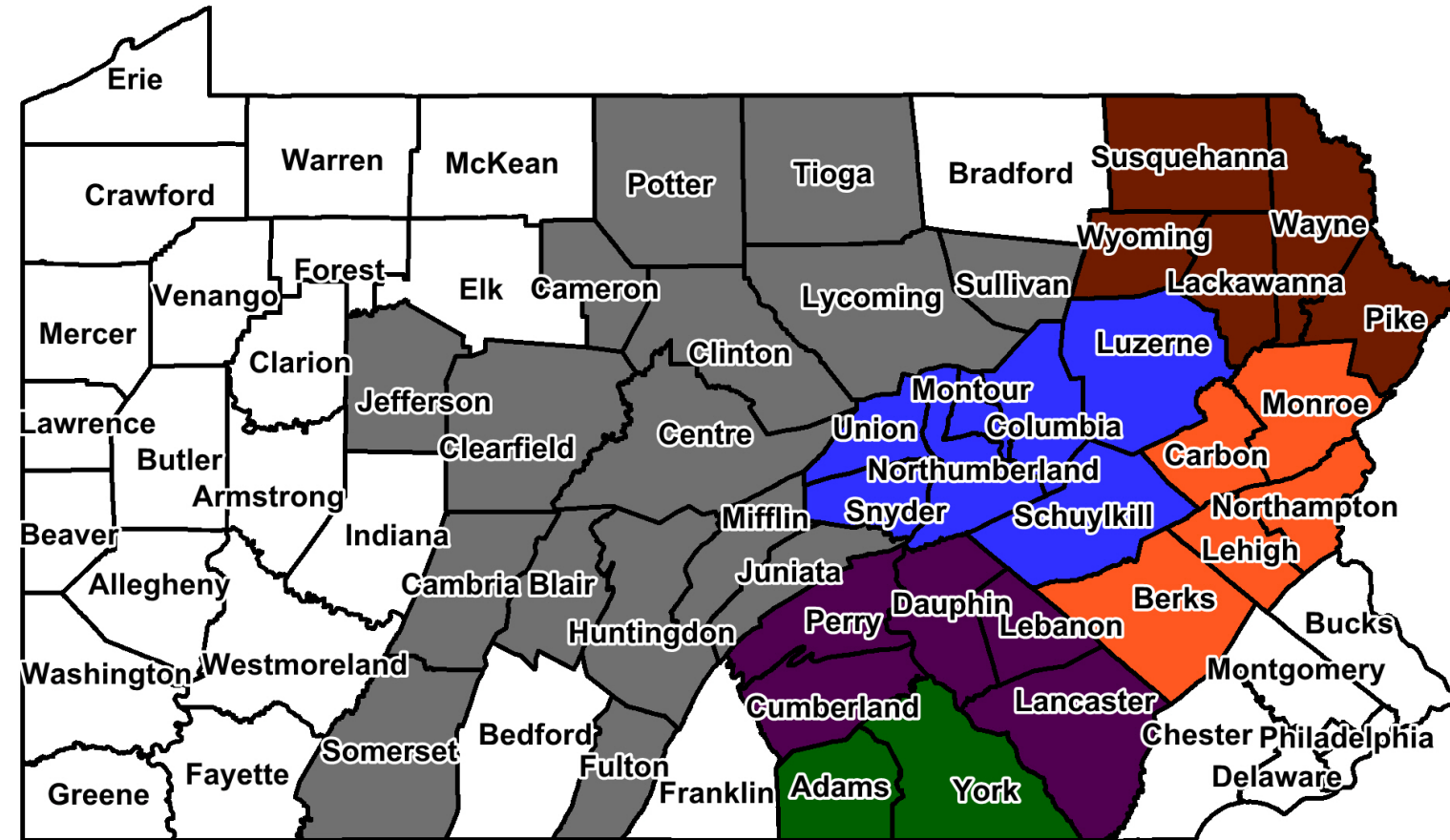
	Classic Advantage (Rx)	Classic Complete Rx
2017 Product Highlights	<ul style="list-style-type: none"> <li>• No referrals required</li> <li>• Stable premiums</li> <li>• One of the lowest MOOPs in the market</li> <li>• \$0 PCP visits</li> <li>• Predictable \$200 outpatient hospital copay</li> </ul>	<ul style="list-style-type: none"> <li>• No referrals required</li> <li>• Enhanced out-of-pocket maximum</li> <li>• Decreased inpatient hospital copay duration</li> <li>• Low PCP copay</li> <li>• Predictable \$300 outpatient hospital copay</li> </ul>
Monthly Premium*	\$30-\$149 with or without Rx	\$0
MOOP	\$3,400	\$5,900
Deductible	\$0	\$0
Inpatient Hospital	\$150 per day (1-5)	\$175 per day (1-5)
PCP	\$0	\$5
Specialist	\$20	\$35
Outpatient Hospital	\$200	\$300
\$0 Deductible Rx	\$3/\$20/\$47/\$100/33%	\$3/\$20/\$47/\$100/33%

\*See map for service area counties & premiums.  
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# HMO Medicare Advantage plans

## Service area and premiums



Classic Complete Rx: \$0  
Classic Advantage: \$80/\$129 w/Rx

Classic Complete Rx: \$0  
Classic Advantage: \$70/\$124 w/Rx

Classic Complete Rx: \$0  
Classic Advantage: \$90/\$149 w/Rx

Classic Complete Rx: \$0  
Classic Advantage: \$70/\$124 w/Rx

Classic Complete Rx: \$0  
Classic Advantage: \$75/\$139 w/Rx

Classic Complete Rx: \$0  
Classic Advantage: \$30/\$119 w/Rx

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# PPO Medicare Advantage plans

Preferred Complete Rx  
Preferred Advantage Rx



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# PPO Medicare Advantage plans

	Preferred Advantage Rx		Preferred Complete Rx	
2017 Product Highlights	<ul style="list-style-type: none"> <li>• Out-of-network cost share that mirrors in-network cost share!</li> <li>• Enhanced MOOP</li> <li>• Low PCP copays</li> </ul>		<ul style="list-style-type: none"> <li>• Out-of-network cost share that mirrors in-network cost share!</li> <li>• Low PCP copays</li> <li>• Decreased inpatient hospital copay duration</li> </ul>	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly Premium	\$75		\$0	
MOOP	\$5,900		\$6,700	
Deductible	\$0		\$0	
Inpatient Hospital	\$175 per day (1-5)		\$200 per day (1-5)	
PCP	\$5		\$5	
Specialist	\$25		\$40	
Outpatient Hospital	\$225		\$350	
\$0 Deductible Rx	\$3/\$20/\$47/\$100/33%		\$3/\$20/\$47/\$100/33%	

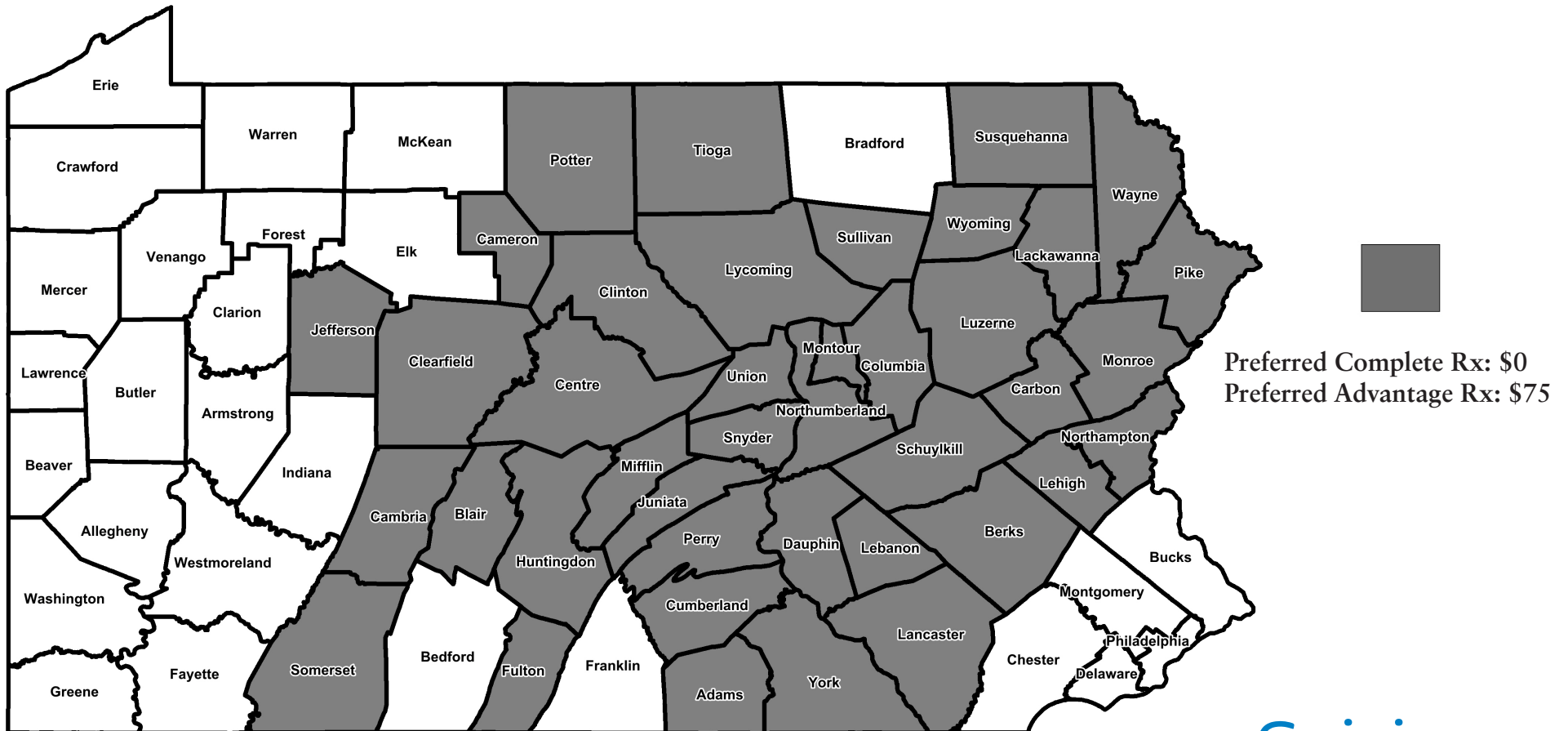
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\*See map for counties included in service area.  
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# PPO Medicare Advantage plans

## Service area and premiums



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# D-SNP Medicare Advantage plan

## Secure Rx



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# D-SNP Medicare Advantage plan

	Secure Rx
Helpful Hint	Take advantage of our Broker Service Unit (BSU) to check eligibility status before completing an application. The BSU can be reached at 866-488-6653 and can determine if your client meets eligibility criteria for this D-SNP plan.
Monthly Premium*	\$0
MOOP	\$6,700
Deductible	\$0 to member; Medicare FFS Part A deductible billed to Medicaid; No deductible on Part B
Inpatient Hospital	\$0 to member; Medicare FFS Part A deductible and Part A cost-sharing billed to Medicaid
PCP	\$0 to member; \$0 copay not billed to Medicaid
Specialist	\$0 to member; 20% Medicare FFS billed to Medicaid
Outpatient Hospital	\$0 to member; 20% Medicare FFS billed to Medicaid
Vision	\$0 to member; \$200 maximum benefit every 2 years
Dental	\$3,000 allowance maximum per year combined for all non-Medicare dental: Includes 2 exams per year (with or without cleanings), x-rays, simple fillings, simple extractions and dentures.
Hearing	\$0 to member; \$1,000 maximum benefit every 3 years
Fitness	\$120 allowance per quarter
Part D	Part D drugs covered with appropriate LIS cost-sharing and premium subsidies
Over-the-Counter Drugs	\$25 allowance per month

\*See map for counties included in service area.

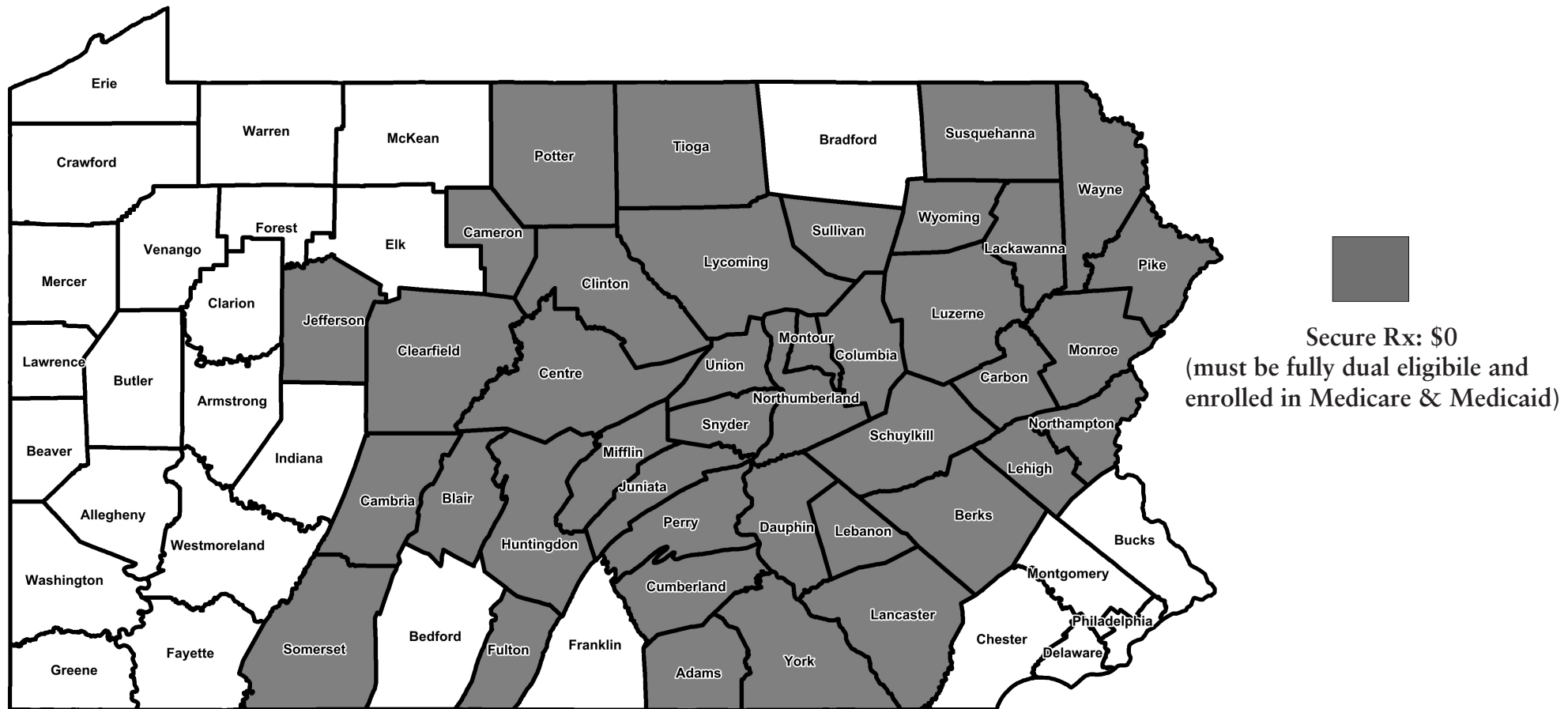
\*Must meet full dual eligibility requirement.

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# SNP Medicare Advantage plans

## Service area and premiums



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# Supplemental benefit package

Health +



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# Supplemental benefit package

## Option available on:

- Classic Complete Rx
- Preferred Complete Rx
- Preferred Advantage Rx

## Helpful hints

- To enroll, simply check a box on the application for the eligible plans
- Existing Geisinger Gold members can enroll during the Annual Election Period
- New Geisinger Gold members can purchase at time of enrollment and up to 30 days after their effective date
- Non-commissionable plan

Health +	
Monthly Premium	\$38
Dental	<ul style="list-style-type: none"><li>• 2 routine exams per year (with or without cleaning)</li><li>• 1 set of x-rays per year (bitewing and panoramic)</li><li>• Simple fillings, simple extractions, or dentures</li><li>• \$500 max benefit per year</li></ul>
Vision	<ul style="list-style-type: none"><li>• \$20 copay</li><li>• 1 routine exam per year</li><li>• \$100 hardware allowance per year</li><li>• Can be combined with GHP Accessories Program discounts</li></ul>
Hearing	<ul style="list-style-type: none"><li>• \$20 copay</li><li>• 1 routine exam per year</li><li>• \$500 hearing aid &amp; fitting allowance per year</li><li>• Can be combined with GHP Accessories Program discounts</li></ul>
Fitness	<ul style="list-style-type: none"><li>• \$90 allowance per quarter</li><li>• Access to facilities of your choice</li><li>• Can be applied to any fitness service the facility offers (excluding food &amp; beverage)</li></ul>

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