GEISINGER GOLD

2027 Summary of benefits

Geisinger Gold PPO plans

Jan. 1 – Dec. 31, 2027



Geisinger
HEALTH PLAN



Have questions? We've got answers.

Come meet your local Geisinger Gold agent and discuss your options. Or let us help you enroll.

Call 866-684-5172 (TTY: 711).
Oct. 1 – Dec. 7, daily, 8 a.m. – 8 p.m.
Dec. 8 – Sept. 30, weekdays, 8 a.m. – 8 p.m.

Or visit our website:
geisingergold.com

Members call: **800-498-9731 (TTY: 711)**
8 a.m. – 8 p.m. (Daily, October – March)
8 a.m. – 8 p.m. (Monday - Friday, April – September)
8 a.m. – 2 p.m. (Saturday, April – September)



Be confident in your Medicare plan choice.

Medicare Advantage plans offered by Geisinger Gold give you coverage you can feel good about. See the doctors and specialists you trust, from your local Geisinger doctor to more than 30,000 others across Pennsylvania. And make sure you get the support you need from local, licensed Medicare advisors.

Whether you're deciding which plan is right for you or need help enrolling or figuring out your benefits, you have an entire team ready to help — every step of the way.

We'll work with you to be sure you have affordable, quality coverage that's right for your health and budget.

Get more than just health insurance.

Geisinger Gold Medicare Advantage plans provide affordable health coverage that works the way it should.

In this booklet, you'll find overviews of 3 Geisinger Gold Medicare Advantage PPO plans and the coverage, benefits and member costs associated with each.

- With these PPO plans, you'll have the flexibility to choose any doctor who accepts Medicare you want, and you'll have access to Geisinger doctors and facilities, **plus** 30,000+ community- and regional-based doctors across Pennsylvania — including local and chain pharmacies, specialists and primary care physicians.
- The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, call Customer Care at 800-498-9731 (TTY: 711 or 800-654-5984) and request the Evidence of Coverage or access it online at **geisingergold.com**.

These are the PPO plans you'll find detailed in this booklet:

Geisinger Gold Preferred Complete Rx (PPO)
H3924, Plan 065

Geisinger Gold Preferred Advantage Rx (PPO)
H3924, Plan 059 021
H3924, Plan 059 022

New: Geisinger Gold Preferred Balance Rx (PPO)
H3924, Plan 067

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Pre-enrollment checklist

Before making an enrollment decision, be sure you fully understand our benefits and rules. Questions? Call and speak to a customer service representative at **800-498-9731 (TTY: 711)**, 8 a.m. – 8 p.m. (daily, October – March), 8 a.m. – 8 p.m. (Monday – Friday, April – September), and 8 a.m. – 2 p.m. (Saturday, April – September).

Understanding the benefits

- [ ] The Evidence of Coverage (EOC) provides a complete list of all coverage and services. Review plan coverage, costs and benefits before you enroll. Visit **geisingergold.com** or call **800-498-9731 (TTY: 711)** to view a copy of the EOC.
- [ ] Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they aren't listed, you will likely have to select a new doctor.
- [ ] Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you'll likely have to choose a new pharmacy for your prescriptions.
- [ ] Review the formulary to be sure your drugs are covered.

Understanding important rules

- [ ] In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- [ ] Benefits, premiums and/or copays/coinsurance may change on Jan. 1, 2027.
- [ ] Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, noncontracted providers may deny care.

Geisinger Gold Medicare Advantage PPO plans

Geisinger Gold PPO plans are Medicare Advantage PPO plans (PPO stands for preferred provider organization) with a Medicare contract. Enrollment in the plan depends on contract renewal.

To join a Geisinger Gold PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Geisinger Gold Medicare Advantage PPO plans

Costs are for both in- and out-of-network services unless otherwise specified.

Monthly premiums by county

	Counties available	Premium
Preferred Complete Rx	Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Chester, Clearfield, Clinton, Columbia, Cumberland, Dauphin, Franklin, 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	**$0**
Preferred Advantage Rx	**Northeast, Central & Midwest region:** Blair, Bradford, Cambria, Cameron, Centre, Clearfield, Clinton, Columbia, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Montour, Northumberland, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming	**$123**
	South & East region: Adams, Berks, Bucks, Carbon, Chester, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Lehigh, Monroe, Northampton, Perry, York	**$104**
New: Preferred Balance Rx	Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Chester, Clearfield, Clinton, Columbia, Cumberland, Dauphin, Franklin, 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	**$29**

Deductibles and out-of-pocket maximum

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021* *Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Monthly premium Includes both medical and prescription drugs	$0	**Northeast, Central & Midwest region:** $123 **South & East region:** $104	$29
Part B premium reduction	Not applicable	Not applicable	Not applicable
Yearly medical deductible	$0	$0	$350 (applies to select in-network and most out-of-network services)
Out-of-pocket maximum* Combined in & out of network (Does not include Part D coverage)	$9,850	$4,450	$9,850

**Your out-of-pocket maximum is the most you'll pay for covered services in a plan year. Once you've reached this amount, all remaining covered services will be paid for by the plan.*

Geisinger Gold Medicare Advantage PPO plans

Costs are for both in- and out-of-network services unless otherwise specified.

Medical and hospital benefits

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021* *Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Inpatient hospital stays* Covers an unlimited number of days	$300/day copay (days 1 – 6) $0/day copay (days 7 – 90)	$200/day copay (days 1 – 6) $0/day copay (days 7 – 90)	**In- and out-of-network:** $345/day copay after deductible (days 1 – 6) $0/day copay (days 7 – 90)
Outpatient hospital visits*	$0 – $350 copay	$0 – $275 copay	**In- and out-of-network:** $0 – $400 copay after deductible
Ambulatory Surgical Center (ASC)*	$0 – $350 copay	$0 – $275 copay	**In- and out-of-network:** $0 – $400 copay after deductible
Doctor visits **Primary care** In-person & telehealth visits	$0 copay (telehealth in-network only)	$10 copay (telehealth in-network only)	**In-network:** $0 copay (telehealth in-network only) **Out-of-network:** $0 copay after deductible (telehealth in-network only)
Specialty care* In-person & telehealth visits	$40 copay (telehealth in-network only)	$25 copay (telehealth in-network only)	**In-network:** $50 copay (telehealth in-network only) **Out-of-network:** $50 copay after deductible (telehealth in-network only)

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021* *Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Preventive care Such as cancer screenings, cardiovascular care, diabetes care, routine screenings and immunizations and counseling services	$0 copay	$0 copay	**In- and out-of-network:** $0 copay
Emergency care If you are admitted within 3 days for the same condition, you pay $0	$115 copay	$150 copay	**In- and out-of-network:** $115 copay
Urgent care If you are admitted within 3 days for the same condition, you pay $0	$35 copay	$25 copay	**In- and out-of-network:** $40 copay
Diagnostic services*			
Labs	$20/day copay	$15/day copay	**In-network:** $0/day copay **Out-of-network:** $0/day copay after deductible
Outpatient X-rays	$40 copay	$30 copay	**In-network:** $45 copay **Out-of-network:** $45 copay after deductible
Radiology services	$0 – $305 copay	$0 – $275 copay	**In- and out-of-network:** $0 – $325 copay after deductible
Tests and procedures	$20 copay	$15 copay	**In-network:** $0 copay **Out-of-network:** $0 copay after deductible

**Certain services may require authorization from Geisinger Gold. Contact us for details.*

Medical and hospital benefits — continued

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021* *Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Therapeutic radiology	$40 – $60 copay	$30 – $60 copay	**In- and out-of-network:** $45 – $60 copay after deductible
Hearing services Medicare-covered diagnostic exam	$40 copay	$25 copay	**In-network:** $50 copay **Out-of-network:** $50 copay after deductible
Routine exam (1/year)	Available with Geisinger Gold Health+ (see page 17)	Available with Geisinger Gold Health+ (see page 17)	**In- and out-of-network:** $20 copay
Hearing aids Prescription devices	Available with Geisinger Gold Health+ (see page 17)	Available with Geisinger Gold Health+ (see page 17)	**In- and out-of-network:** $500 copay per ear (Up to $1,250/year allowance, per ear every 3 years)
Hearing aid eval/fitting	Available with Geisinger Gold Health+ (see page 17)	Available with Geisinger Gold Health+ (see page 17)	**In- and out-of-network:** $0 copay
Over-the-counter hearing aids	Not covered	Not covered	Up to $250 allowance, 1 pair every 2 years

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021* *Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Dental services Medicare-covered exam*	$40 copay	$25 copay	**In-network:** $50 copay **Out-of-network:** $50 copay after deductible
Comprehensive • Endodontics • Extractions • Periodontics • Removable prosthodontics • Restorative services	Available with Geisinger Gold Health+ (see page 17)	Available with Geisinger Gold Health+ (see page 17)	**In- and out-of-network:** $0 copay (Up to $1,000/ year allowance for combined comprehensive and preventive services)
Preventive • Cleanings (2/year) • Exams (2/year) • X-rays • Fluoride treatments (2/year)	Available with Geisinger Gold Health+ (see page 17)	Available with Geisinger Gold Health+ (see page 17)	**In- and out-of-network:** $0 copay

**Certain services may require authorization from Geisinger Gold. Contact us for details.*

Geisinger Gold Medicare Advantage PPO plans

Costs are for both in- and out-of-network services unless otherwise specified.

Medical and hospital benefits — continued

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021* *Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Vision care			
Medicare-covered vision exam	$40 copay	$25 copay	**In-network:** $50 copay **Out-of-network:** $50 copay after deductible
Eyewear after cataract surgery	$0 copay	$0 copay	**In-network:** $0 copay **Out-of-network:** $0 copay after deductible
Routine exam (1/year)	Available with Geisinger Gold Health+ (see page 17)	Available with Geisinger Gold Health+ (see page 17)	**In- and out-of-network:** $20 copay
Supplemental vision benefit •Contact lenses •Eyeglass lenses •Eyeglass frames	Available with Geisinger Gold Health+ (see page 17)	Available with Geisinger Gold Health+ (see page 17)	**In- and out-of-network:** $0 copay *With up to $200/year allowance*
Medicare-covered diabetic eye exam	$0 copay	$0 copay	**In-network:** $0 copay **Out-of-network:** $0 copay after deductible
Mental health services*			
Inpatient visit	$300/day copay (days 1 – 6) $0/day copay (days 7 – 90)	$200/day copay (days 1 – 6) $0/day copay (days 7 – 90)	**In- and out-of-network:** $345/day copay after deductible (days 1 – 6) $0/day copay (days 7 – 90)

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021* *Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Partial hospitalization (PHP)	$55 copay	$55 copay	**In-network:** $115 copay **Out-of-network:** $115 copay after deductible
Intensive outpatient program (OP)	$55 copay	$55 copay	**In-network:** $115 copay **Out-of-network:** $115 copay after deductible
Outpatient substance abuse services (Medicare-covered)	$10 copay/individual session $5 copay/group session	$10 copay/individual session $5 copay/group session	**In-network:** $10 copay/individual session $5 copay/group session **Out-of-network:** $10 copay/ individual session after deductible; $5 copay/group session after deductible
Skilled nursing facility*	$0/day copay (days 1 – 20) $160/day copay (days 21 – 100)	$0/day copay (days 1 – 20) $160/day copay (days 21 – 100)	**In- and out-of-network:** $0/day copay (days 1 – 20) $221/day copay after deductible (days 21 – 100)
Physical & speech therapy*	$40 copay	$25 copay	**In-network:** $45 copay **Out-of-network:** $45 copay after deductible

**Certain services may require authorization from Geisinger Gold. Contact us for details.*

Medical and hospital benefits — continued

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021* *Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Ambulance services* Ground or Air Waived if admitted as inpatient to a hospital	$325 copay (each way)	$200 copay (each way)	**In-network:** $350 copay (each way) **Out-of-network:** $350 copay after deductible (each way)
Nonemergent ambulance transport*	$325 copay (each way)	$200 copay (each way)	**In-network:** $350 copay (each way) **Out-of-network:** $350 copay after deductible (each way)
Medicare Part B prescription drugs*			
Chemotherapy and radiation	20% coinsurance	20% coinsurance	**In-network:** 20% coinsurance **Out-of-network:** 20% coinsurance after deductible
Other Part B drugs	20% coinsurance	20% coinsurance	**In-network:** 20% coinsurance **Out-of-network:** 20% coinsurance after deductible

**Certain services may require authorization from Geisinger Gold. Contact us for details.*

Additional benefits

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021* *Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Annual routine physical exam	$0 copay	$10 copay	**In and out-of-network:** $0 copay
Medicare-covered chiropractic services Only manual manipulation of the spine to correct subluxation is covered.	$15 copay	$20 copay	**In-network:** $15 copay **Out-of-network:** $15 copay after deductible
Diabetic monitoring supplies*	0% – 20% coinsurance	0% – 20% coinsurance	**In-network:** 0% – 20% coinsurance **Out-of-network:** 0% – 20% coinsurance after deductible
Durable medical equipment (DME)* And related supplies	20% coinsurance	20% coinsurance	**In-network:** 20% coinsurance **Out-of-network:** 20% coinsurance after deductible
Fitness benefit	Available with Geisinger Gold Health+ (see page 17)	Available with Geisinger Gold Health+ (see page 17)	**In-network:** $0 annual fee (Silver&Fit®) $0 copay 1 home fitness kit/year **Out-of-network:** 20% co-insurance

Additional benefits – continued

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021* *Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Foot care	$0 copay routine foot care (4/year) $40 copay podiatry visits	$0 copay routine foot care (4/year) $25 copay podiatry visits	**In- and out-of-network:** $0 copay routine foot care (4/year) **In-network:** $50 copay podiatry visits **Out-of-network:** $50 copay podiatry visits after deductible
Home health agency care*	$0 copay	$0 copay	**In-network:** $0 copay **Out-of-network:** $0 copay after deductible
Hospice	$0 copay	$0 copay	**In-network:** $0 copay **Out-of-network:** $0 copay after deductible
Kidney disease services Dialysis	10% coinsurance in home services 20% coinsurance in facility services	10% coinsurance in home services 20% coinsurance in facility services	**In-network:** 20% coinsurance **Out-of-network:** 20% coinsurance after deductible
Nursing hotline	$0 copay	$0 copay	**In- and out-of-network:** $0 copay
Opioid treatment program services*	20% coinsurance	20% coinsurance	**In-network:** 20% coinsurance **Out-of-network:** 20% coinsurance after deductible

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021* *Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Outpatient rehabilitation services* Occupational therapy	$35 copay	$25 copay	**In-network:** $35 copay **Out-of-network:** $35 copay after deductible
Over-the-counter items	Not covered	Not covered	Up to $45/quarter allowance
Prosthetic devices and related supplies*	20% coinsurance	20% coinsurance	**In-network:** 20% coinsurance **Out-of-network:** 20% coinsurance after deductible
Pulmonary rehabilitation services*	$15 copay	$15 copay	**In-network:** $25 copay **Out-of-network:** $25 copay after deductible
Welcome to Medicare preventive visit	$0 copay	$0 copay	**In- and out-of-network:** $0 copay
Worldwide coverage ($100,000 limit/year) Emergency care If you are admitted within 3 days for the same condition, you pay $0	$115 copay	$150 copay	**In- and out-of-network:** $115 copay
Emergency transportation Ground transportation copayment is waived if admitted as an inpatient to a hospital within 3 days for the same condition. Worldwide air ambulance cost sharing is not waived if you are admitted to the hospital.	$325 copay ground, $1,000 copay air	$200 copay ground, $1,000 copay air	**In- and out-of-network:** $350 copay ground, $1,000 copay air
Urgent care If you are admitted within 3 days for the same condition, you pay $0	$35 copay	$25 copay	**In- and out-of-network:** $40 copay

**Certain services may require authorization from Geisinger Gold. Contact us for details.*





Geisinger Gold prescription drug benefits

2027 Geisinger Gold Medicare Advantage plans that include Part D prescription drug coverage can help make managing your medication needs simpler, more convenient and more affordable:

- $0 out-of-pocket costs for vaccines and select antibiotics under Part D
- $2,400 Part D out-of-pocket maximum
- $35/month out-of-pocket maximum for covered insulin
- **No copays on Tier 1 and Tier 2 drugs with Geisinger Mail-Order Pharmacy —** have your medications delivered with free shipping and enjoy no-hassle automatic refills

Spread out your prescription costs

The Medicare Prescription Payment Plan (M3P) lets you pay for your Part D prescriptions in monthly installments across the calendar year instead of all at once. You'll get a bill from your plan each month rather than paying the pharmacy directly.

- Available to anyone with a Medicare drug plan or Medicare health plan with drug coverage.
- Participation is voluntary, and there's no cost to use the plan.
- The plan does not lower your drug costs; it simply spreads them out across the calendar year to help with budgeting.

Geisinger Gold prescription drug benefits

Tiers 1 – 6 and insulin

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021 Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Deductible	$700 (Tiers 3 – 5)	$0	$0
Tier 1 (Preferred generic)			
30-day supply — Retail	$1 copay	$1 copay	$0 copay
100-day supply — Retail	$2.50 copay	$2.50 copay	$0 copay
100-day supply — Mail-order	$0 copay	$0 copay	$0 copay
Tier 2 (Generic)			
30-day supply — Retail	$2 copay	$2 copay	$5 copay
100-day supply — Retail	$5 copay	$5 copay	$12.50 copay
100-day supply — Mail-order	$0 copay	$0 copay	$0 copay
Tier 3 (Preferred brand)			
30-day supply — Retail	25% coinsurance	25% coinsurance	25% coinsurance
100-day supply — Retail	25% coinsurance	25% coinsurance	25% coinsurance
100-day supply — Mail-order	25% coinsurance	25% coinsurance	25% coinsurance

Part B Drugs	**Insulin:** Capped at $35/month for all plans	
Part D Insulin (Tiers 3 & 4) Not subject to deductible	30-day supply copay	$35 retail / $35 mail-order
	60-day supply copay	$70 retail / $70 mail-order
	100-day supply copay	$105 retail / $87.50 mail-order

Each plan has a "drug list" that tells you which Part D prescription drugs are covered in each Geisinger Gold Medicare Advantage plan's Part D benefits. This list also tells you if there are any rules that restrict coverage for your drugs.

To get the most complete and current information about which drugs are covered, visit geisingergold.com or call pharmacy Customer Care:

800-988-4861 (TTY: 711) Monday – Friday, 8 a.m. – 8 p.m., Saturday, 8 a.m. – 2 p.m.

	Preferred Complete Rx *Plan 065*	Preferred Advantage Rx *Plan 059 021* *Plan 059 022*	New: Preferred Balance Rx *Plan 067*
Tier 4 (Non-preferred generic)			
30-day supply — Retail	31% coinsurance	49% coinsurance	41% coinsurance
100-day supply — Retail	31% coinsurance	49% coinsurance	41% coinsurance
100-day supply — Mail-order	31% coinsurance	49% coinsurance	41% coinsurance
Tier 5 (Specialty)			
30-day supply — Retail	25% coinsurance	33% coinsurance	33% coinsurance
100-day supply — Retail	Not covered	Not covered	Not covered
100-day supply — Mail-order	Not covered	Not covered	Not covered
Tier 6 (Select care drugs)			
30-day supply — Retail	$0 copay	$0 copay	$0 copay
100-day supply — Retail	$0 copay	$0 copay	$0 copay
100-day supply — Mail-order	$0 copay	$0 copay	$0 copay

Cost-sharing may differ based on point-of-service (mail-order, retail, long-term care (LTC)), whether the pharmacy is in our standard network or whether the prescription is a short-term (30-day) supply or long-term (100-day) supply.



Save more with Geisinger Mail-Order Pharmacy

Save time
Skip the trips to the pharmacy and let your medications come to you.

Save money
Free shipping and lower copays add up to big cost savings.

Save hassle
Get refills shipped before you run out and online tracking.

And if you need to talk to a pharmacist or have questions about your medication, we're here to help.

Enroll by calling 844-878-5562 (TTY: 711), weekdays, 6:30 a.m. to 7 p.m.

Optional supplemental benefits

Optional PPO supplemental benefits for Preferred Advantage Rx and Preferred Complete Rx members.

Geisinger Gold Health+ is an optional add-on benefits package available to new and existing Geisinger Gold members enrolled in **Preferred Advantage Rx** or **Preferred Complete Rx**. You can purchase it during the Annual Enrollment Period and up to 30 days after your plan's effective date.

Premium	$38/month
Dental	$1,000 max benefit per year that includes: • 2 routine exams/year (with or without cleaning) • Fluoride coverage (2/year) and silver diamine fluoride treatment (2/year) • Unlimited X-rays (bitewing or panoramic) • Simple fillings, simple extractions, dentures, crowns and root canals • See any provider
Vision	• $20 copay • 1 routine exam per year (includes refraction) • Up to $150 hardware allowance per year (contacts, glasses, lenses, frames) • See any provider • Can be combined with Beyond Your Benefits discounts
Hearing	• $20 copay • 1 routine exam per year • Up to $500 hearing aid and fitting allowance per year • See any provider
Fitness	• Up to $90 allowance per quarter • Access to facilities of your choice • Can be applied to any fitness service the facility offers (excludes food and beverages)

Here are the details

- Existing members of Health+ will be automatically renewed in Health+ the following year if no change is made, just like their plan enrollment automatically renews.
- Amounts spent on Health+ benefits do not count toward the plan's annual out-of-pocket maximum.
- Providers may bill Geisinger directly for routine eye exams, routine hearing exams and dental benefits (members should ask providers if they are willing to bill Geisinger directly).
  - Members should submit receipts to Geisinger for reimbursement if providers are not willing to bill Geisinger directly.
- Routine eyeglasses, eyeglass lenses, eyeglass frames, contact lenses and hearing aids are reimbursement-only benefits.
- 2 dental exams and cleanings can be done any time during the year.
- Fitness membership benefits are primarily a reimbursement-only benefit.

To receive reimbursement for claims, members must submit receipts to Geisinger.

Eligibility and enrollment

Who is eligible?

You're eligible to join a Geisinger Gold Medicare Advantage plan as long as you have Medicare Parts A and B and live in the health plan's service area.

When can I enroll?

Medicare beneficiaries can enroll in Geisinger Gold Medicare Advantage coverage at certain times of the year.

Annual Election Period: Oct. 15 through Dec. 7

You can enroll in or switch to a new Medicare Advantage plan or Medicare Advantage prescription drug plan during the Annual Election Period (AEP). For 2027 coverage, the AEP is from Oct. 15 to Dec. 7, 2026.

Initial Coverage Election Period

When you turn 65 or otherwise become eligible for Medicare, you qualify for an Initial Election Period. This is usually a 7-month period — it begins 3 months before the month you turn 65 and ends 3 months after the month you turn 65.

Special Election Periods

Special Election Periods allow Medicare beneficiaries to make a plan change due to certain circumstances during the year. Reasons include a change in residence, delayed retirement, disability, loss of benefits if your existing plan's contract is not renewed by Medicare, loss of low-income subsidy or special needs status. Call for more information.

How do I enroll?

Enrolling is easy. Especially when local Geisinger Gold Medicare advisors give you personalized advice and assistance. Once you decide what plan is right for you, your Medicare advisor can complete your enrollment right over the phone. You can also visit **geisingergold.com** for plan information and to enroll online. In-person enrollment meetings may also be available.

When will my coverage become effective?

If you enroll between Oct. 15 and Dec. 7, 2026, your coverage will become effective on Jan. 1, 2027.

What if I change my mind?

During the Open Enrollment Period, from Jan. 1 to March 31, you can make a **one-time** plan selection change. Options include selecting a new Medicare Advantage plan, changing to a Medicare Supplement plan, or disenrolling from a Medicare Advantage plan and returning to Original Medicare. Depending on the change you make, you could be eligible to enroll in a standalone Prescription Drug Plan (PDP). You won't be able to make any further changes until the next Annual Election Period (unless you qualify for a Special Election Period during the year).

Discrimination policy

Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the "Health Plan") comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 N. Academy Ave.
Danville, PA 17822-3220
Phone: 866-477-7733, TTY: 711
Fax: 570-271-7225
ghpcivilrights@thehealthplan.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the civil rights grievance coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services' Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave. S.W.
Room 509F, HHH Building
Washington, DC 20201
Phone: 800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf.

Notice of Availability

Multi-language interpreter services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800-447-4000 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800-447-4000 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，**帮**助**您**解答**关**于健康或药物保险的任何疑问。如果**您**需要此翻译服务，请致电 800-447-4000 (TTY:711)。我们的中文工作人员很乐意**帮**助**您**。 这是一项免费服务。

Chinese Cantonese: **您**對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 800-447-4000 (TTY: 711)。我們講中文的人員將樂意為**您**提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 800-447-4000 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 800-447-4000 (TTY : 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 800-447-4000 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 800-447-4000 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 800-447-4000 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 800-447-4000 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (711 :TTY) 800-447-4000. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 800-447-4000 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 800-447-4000 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 800-447-4000 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 800-447-4000 (TTY : 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 800-447-4000 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、
800-447-4000 (TTY: 711) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Our privacy policy

Organized Health Care Arrangement Designation

As covered entities, the below-listed separate GH corporate legal entities are participating in an Organized Health Care Arrangement ("OHCA"). These separate corporate legal entities may share PHI as necessary to carry out treatment, payment and healthcare operations related to the OHCA and for other purposes as permitted or required by law.

- Geisinger Affiliated Covered Entities
- Geisinger Indemnity Insurance Company
- Geisinger Quality Options, Inc.
- Geisinger Health Plan

Notes

GEISINGER GOLD

Geisinger
HEALTH PLAN

Want to know more about the coverage and costs of Original Medicare? Look in your "Medicare & You" handbook. See it online at **medicare.gov** or get a copy by calling **800-MEDICARE** (800-633-4227), 7 days a week, 24 hours a day. TTY users should call 877-486-2048.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company/Geisinger Quality Options, Inc., health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. are part of Geisinger, an integrated health care delivery and coverage organization. Risant Health is the parent organization of Geisinger.

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