GEISINGER GOLD

2027 Summary of benefits

Geisinger Gold HMO plans

Jan. 1 – Dec. 31, 2027



Geisinger
HEALTH PLAN

hmo_sb_27e



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.

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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 6 Geisinger Gold Medicare Advantage HMO plans and the coverage, benefits and member costs associated with each.

- With an HMO plan, you must choose a primary care physician (PCP) in our network to manage your care, and any care you receive with an HMO plan will need to be provided by in-network physicians. No referrals required.
- 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 HMO plans offered by Geisinger Gold:

Geisinger Gold Classic Complete Rx (HMO)
H3954, Plan 158 013
H3954, Plan 158 014

Geisinger Gold Classic Essential Rx (HMO)
H3954, Plan 161

Geisinger Gold Classic Advantage Rx (HMO)
H3954, Plan 157 021
H3954, Plan 157 022
H3954, Plan 157 023

Geisinger Gold Value Rx (HMO)
H3954, Plan 163

Geisinger Gold Heritage (HMO)
H3954, Plan 162

Geisinger Gold Classic 360 Rx (HMO)
H3954, Plan 160

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.
- [ ] Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Geisinger Gold Medicare Advantage HMO plans

Geisinger Gold HMO plans are Medicare Advantage HMO plans (HMO stands for health maintenance organization) with a Medicare contract. Enrollment in the plan depends on contract renewal.

To enroll in a Geisinger Gold HMO 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 HMO plans

Monthly premiums by county

HMO plan	Counties available	Premium
Classic Complete Rx	**Midstate region:** Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Chester, Clearfield, Clinton, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Northampton, Perry, Pike, Potter, Somerset, Sullivan, Susquehanna, Tioga, Wayne, Wyoming, York	**$58**
	Central region: Columbia, Luzerne, Montour, Northumberland, Schuylkill, Snyder, Union	**$56**
Classic Essential 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**
Classic Advantage Rx	**Midwest region:** Adams, Berks, Blair, Bradford, Cambria, Cameron, Chester, Clearfield, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Jefferson, Lancaster, Lebanon, Perry, Potter, Somerset, Tioga, York	**$135**
	Central region: Columbia, Luzerne, Montour, Northumberland, Schuylkill, Snyder, Union	**$151**
	Midstate region: Bucks, Carbon, Centre, Clinton, Juniata, Lackawanna, Lehigh, Lycoming, Mifflin, Monroe, Northampton, Pike, Sullivan, Susquehanna, Wayne, Wyoming	**$129**

HMO plan	Counties available	Premium
Value Rx	Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York	**$29**
Heritage	Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York	**$0 with $70 Part B buyback**
Classic 360 Rx	Blair, Bucks, Cambria, Centre, Clearfield, Clinton, Huntingdon, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Northampton, Pike, Sullivan, Susquehanna, Wyoming	**$0**

Geisinger Gold Medicare Advantage HMO plans

Deductibles and out-of-pocket maximum

	Classic Complete Rx *Plan 158 013* *Plan 158 014*	Classic Essential Rx *Plan 161*	Classic Advantage Rx *Plan 157 021* *Plan 157 022* *Plan 157 023*	Value Rx *Plan 163*	Heritage *Plan 162*	Classic 360 Rx *Plan 160*
Monthly premium	**Central region:** $56 **Midstate region:** $58	$0	**Central region:** $151 **Midstate region:** $129 **Midwest region:** $135	$29	$0	$0
Part B premium reduction	Not applicable	Not applicable	Not applicable	Not applicable	$70/month back in your Social Security check	Not applicable
Yearly medical deductible	$0	$0	$0	$0	$0	$0
Out-of-pocket maximum* (Does not include Part D coverage)	$5,700	$7,150	$3,450	$9,000	$6,700	$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 HMO plans

Medical and hospital benefits

	Classic Complete Rx *Plan 158 013* *Plan 158 014*	Classic Essential Rx *Plan 161*	Classic Advantage Rx *Plan 157 021* *Plan 157 022* *Plan 157 023*	Value Rx *Plan 163*	Heritage *Plan 162*	Classic 360 Rx *Plan 160*
Inpatient hospital stays* Covers an unlimited number of days	$200/day copay (days 1 – 5) $0/day copay (days 6 – 90)	$275/day copay (days 1 – 6) $0/day copay (days 7 – 90)	$150/day copay (days 1 – 5) *Not to exceed $750 annually* $0/day copay (days 6 – 90)	$265/day copay (days 1 – 6) $0/day copay (days 7 – 90)	$150/day copay (days 1 – 5) *Not to exceed $750 annually* $0/day copay (days 6 – 90)	$250/day copay (days 1 – 6) $0/day copay (days 7 – 90)
Outpatient hospital visits*	$0 – $245 copay	$0 – $285 copay	$0 – $200 copay	$0 – $350 copay	$0 – $200 copay	$0 – $325 copay
Ambulatory Surgical Center (ASC)*	$0 – $245 copay	$0 – $285 copay	$0 – $200 copay	$0 – $350 copay	$0 – $200 copay	$0 – $325 copay
Doctor visits						
Primary care In-person & telehealth visits	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Specialty care* In-person & telehealth visits	$35 copay	$35 copay	$20 copay	$35 copay ($0 copay for endocrinologist)	$15 copay	$30 copay
Preventive care Such as cancer screenings, cardiovascular care, diabetes care, routine screenings and immunizations, and counseling services	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Emergency care If you are admitted within 3 days for the same condition, you pay $0	$130 copay	$130 copay	$150 copay	$115 copay	$130 copay	$115 copay
Urgent care If you are admitted within 3 days for the same condition, you pay $0	$35 copay	$30 copay	$20 copay	$35 copay	$20 copay	$25 copay

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

Geisinger Gold Medicare Advantage HMO plans

Medical and hospital benefits

	Classic Complete Rx *Plan 158 013* *Plan 158 014*	Classic Essential Rx *Plan 161*	Classic Advantage Rx *Plan 157 021* *Plan 157 022* *Plan 157 023*	Value Rx *Plan 163*	Heritage *Plan 162*	Classic 360 Rx *Plan 160*
Diagnostic services*						
Labs	$5/day copay	$10/day copay	$5/day copay	$0/day copay for A1c testing; $10/day copay for all other services	$0/day copay	$0/day copay
Outpatient X-rays	$35 copay	$35 copay	$25 copay	$35 copay	$25 copay	$35 copay
Radiology services	$0 – $265 copay	$0 – $235 copay	$0 – $150 copay	$0 – $240 copay	$0 – $150 copay	$0 – $275 copay
Therapeutic radiology	$35 – $60 copay	$35 – $60 copay	$25 – $60 copay	$35 – $60 copay	$25 – $60 copay	$35 – $60 copay
Tests and procedures	$5 copay	$10 copay	$5 copay	$10 copay	$0 copay	$0 copay
Hearing services						
Medicare-covered diagnostic exam	$35 copay	$35 copay	$20 copay	$35 copay	$15 copay	$30 copay
Hearing aids *Prescription devices*	$500 copay per ear *(Up to $1,250/year allowance, per ear every 3 years)*	Not covered	$500 copay per ear *(Up to $1,250/year allowance, per ear every 3 years)*	Not covered	$500 copay per ear *(Up to $1,250/year allowance, per ear every 3 years)*	Not covered
Hearing aid eval/fitting	$0 copay	Not covered	$0 copay	Not covered	$0 copay	Not covered
Over-the-counter hearing aids	Not covered	Not covered	Not covered	Not covered	Up to $250 allowance, 1 pair every 2 years	Not covered
Routine exam (1/year)	$20 copay	$20 copay	$20 copay	$20 copay	$20 copay	$20 copay
Dental services						
Medicare-covered exam*	$35 copay	$35 copay	$20 copay	$35 copay	$15 copay	$30 copay
Comprehensive • Endodontics • Extractions • Periodontics • Removable prosthodontics • Restorative services	$0 copay *(Up to $750/year allowance for combined comprehensive and preventive services)*	Not covered	$0 copay *(Up to $1,250/year allowance for combined comprehensive and preventive services)*	$0 copay *(Up to $500/year allowance for combined comprehensive and preventive services)*	$0 copay *(Up to $2,000/year allowance for combined comprehensive and preventive services)*	$0 copay *(Up to $750/year allowance for combined comprehensive and preventive services)*
Preventive • Cleanings (2/year) • Exams (2/year) • X-rays • Fluoride treatments (2/year)	$0 copay	Not covered	$0 copay	$0 copay	$0 copay	$0 copay

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Geisinger Gold Medicare Advantage HMO plans

Medical and hospital benefits

	Classic Complete Rx *Plan 158 013* *Plan 158 014*	Classic Essential Rx *Plan 161*	Classic Advantage Rx *Plan 157 021* *Plan 157 022* *Plan 157 023*	Value Rx *Plan 163*	Heritage *Plan 162*	Classic 360 Rx *Plan 160*
Vision care						
Medicare-covered vision exam	$35 copay	$35 copay	$20 copay	$35 copay	$15 copay	$30 copay
Eyewear after cataract surgery	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Routine exam (1/year)	$20 copay	Not covered	$20 copay	$20 copay	$20 copay	$20 copay
Supplemental vision benefit •Contact lenses •Eyeglass lenses •Eyeglass frames	$0 copay *with up to $100/year allowance*	Not covered	$0 copay *with up to $200/year allowance*	$0 copay *with up to $135/year allowance*	$0 copay *with up to $200/year allowance*	$0 copay *with up to $200/year allowance*
Medicare-covered diabetic eye exam	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Mental health services*						
Inpatient visit	$200/day copay (days 1 – 5) $0/day copay (days 6 – 90)	$275/day copay (days 1 – 6) $0/day copay (days 7 – 90)	$150/day copay (days 1 – 5) *Not to exceed $750 annually* $0/day copay (days 6 – 90)	$265/day copay (days 1 – 6) $0/day copay (days 7 – 90)	$150/day copay (days 1 – 5) *Not to exceed $750 annually* $0/day copay (days 6 – 90)	$250/day copay (days 1 – 6) $0/day copay (days 7 – 90)
Partial hospitalization (PHP)	$55/day copay	$55/day copay	$25/day copay	$70/day copay	$25/day copay	$55/day copay
Intensive outpatient program (OP)	$55/day copay	$55/day copay	$25/day copay	$70/day copay	$25/day copay	$55/day copay
Outpatient substance abuse services (Medicare-covered)	$10/individual session copay $5/group session copay	$10/individual session copay $5/group session copay	$10/individual session copay $5/group session copay	$10/individual session copay $5/group session copay	$10/individual session copay $5/group session copay	$10/individual session copay $5/group session copay

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

Geisinger Gold Medicare Advantage HMO plans

Medical and hospital benefits

	Classic Complete Rx *Plan 158 013* *Plan 158 014*	Classic Essential Rx *Plan 161*	Classic Advantage Rx *Plan 157 021* *Plan 157 022* *Plan 157 023*	Value Rx *Plan 163*	Heritage *Plan 162*	Classic 360 Rx *Plan 160*
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)	$0/day copay (days 1 – 20) $160/day copay (days 21 – 100)	$0/day copay (days 1 – 20) $203/day copay (days 21 – 100)	$0/day copay (days 1 – 20) $160/day copay (days 21 – 100)	$0/day copay (days 1 – 20) $160/day copay (days 21 – 100)
Physical & speech therapy*	$35 copay	$35 copay	$20 copay	$35 copay	$20 copay	$35 copay
Ambulance services* Ground or air Waived if admitted as inpatient to a hospital	$200 copay (each way)	$200 copay (each way)	$100 copay (each way)	$275 copay (each way)	$100 copay (each way)	$275 copay (each way)
Nonemergent ambulance transport*	$200 copay (each way)	$200 copay (each way)	$100 copay (each way)	$275 copay (each way)	$100 copay (each way)	$275 copay (each way)
Medicare Part B prescription drugs*						
Chemotherapy and radiation	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Other Part B drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

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Geisinger Gold Medicare Advantage HMO plans

Additional benefits

	Classic Complete Rx *Plan 158 013* *Plan 158 014*	Classic Essential Rx *Plan 161*	Classic Advantage Rx *Plan 157 021* *Plan 157 022* *Plan 157 023*	Value Rx *Plan 163*	Heritage *Plan 162*	Classic 360 Rx *Plan 160*
Annual routine physical exam	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Medicare-covered chiropractic services Only manual manipulation of the spine to correct subluxation is covered	$15 copay	$15 copay	$20 copay	$15 copay	$15 copay	$15 copay
Diabetic needs						
Monitoring supplies*	0% – 20% coinsurance	0% – 20% coinsurance	0% – 20% coinsurance	0% – 20% coinsurance	0% – 20% coinsurance	0% – 20% coinsurance
Therapeutic shoes or inserts	20% coinsurance	20% coinsurance	20% coinsurance	$0 copay	20% coinsurance	20% coinsurance
Durable medical equipment (DME)* And related supplies	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Fitness benefit	Up to $90 allowance every 3 months	Not covered	Up to $90 allowance every 3 months	$0 annual fee (Silver&Fit®) $0 copay 1 home fitness kit/year	Up to $90 allowance every 3 months	$0 annual fee (Silver&Fit®) $0 copay 1 home fitness kit/year
Foot care	$0 copay routine foot care (4/year) $35 copay podiatry visits	$0 copay routine foot care (4/year) $35 copay podiatry visits	$0 copay routine foot care (4/year) $20 copay podiatry visits	$0 copay routine foot care (4/year) $0 copay podiatry visits	$0 copay routine foot care (4/year) $15 copay podiatry visits	$0 copay routine foot care (4/year) $30 copay podiatry visits
Home health agency care*	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Hospice	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Kidney disease services Dialysis	10% coinsurance in home services 20% coinsurance in facility services	10% coinsurance in home services 20% coinsurance in facility services	10% coinsurance in home services 20% coinsurance in facility services	20% coinsurance	10% coinsurance in home services 20% coinsurance in facility services	10% coinsurance in home services 20% coinsurance in facility services
Nursing hotline	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Opioid treatment program services*	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

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

Geisinger Gold Medicare Advantage HMO plans

Additional benefits

	Classic Complete Rx *Plan 158 013* *Plan 158 014*	Classic Essential Rx *Plan 161*	Classic Advantage Rx *Plan 157 021* *Plan 157 022* *Plan 157 023*	Value Rx *Plan 163*	Heritage *Plan 162*	Classic 360 Rx *Plan 160*
Outpatient rehabilitation services* Occupational therapy	$35 copay	$35 copay	$20 copay	$35 copay	$20 copay	$35 copay
Over-the-counter items	Not covered	Not covered	Not covered	Up to $40/month allowance	Up to $40/month allowance	Up to $50/quarter allowance
Prosthetic devices And related supplies*	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Pulmonary rehabilitation services*	$0 copay	$0 copay	$0 copay	$15 copay	$0 copay	$15 copay
Welcome to Medicare preventive visit	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Worldwide coverage ($100,000 limit/year)						
Emergency care If you are admitted within 3 days for the same condition, you pay $0	$130 copay	$130 copay	$150 copay	$115 copay	$130 copay	$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.	$200 copay ground, $1,000 copay air	$200 copay ground, $1,000 copay air	$100 copay ground, $1,000 copay air	$275 copay ground, $1,000 copay air	$100 copay ground, $1,000 copay air	$275 copay ground, $1,000 copay air
Urgent care If you are admitted within 3 days for the same condition, you pay $0	$35 copay	$30 copay	$20 copay	$35 copay	$20 copay	$25 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.

**Value Rx out-of-pocket maximum is $25/month.*

Geisinger Gold prescription drug benefits

Tiers 1, 2, 3 and 4

		Classic Complete Rx *Plan 158 013* *Plan 158 014*	Classic Essential Rx *Plan 161*	Classic Advantage Rx *Plan 157 021* *Plan 157 022* *Plan 157 023*	Value Rx *Plan 163*	Heritage *Plan 162*	Classic 360 Rx *Plan 160*
Deductible		$0	$700 (Tiers 3 – 5)	$0	$0	Not offered	$700 (Tiers 3 – 5)
Tier 1 (Preferred generic)	30-day supply Retail	$1 copay	$1 copay	$1 copay	$0 copay	Not offered	$1 copay
	100-day supply Retail	$2.50 copay	$2.50 copay	$2.50 copay	$0 copay	Not offered	$2.50 copay
	100-day supply Mail-order	$0 copay	$0 copay	$0 copay	$0 copay	Not offered	$0 copay
Tier 2 (Generic)	30-day supply Retail	$2 copay	$2 copay	$2 copay	$5 copay	Not offered	$2 copay
	100-day supply Retail	$5 copay	$5 copay	$5 copay	$12.50 copay	Not offered	$5 copay
	100-day supply Mail-order	$0 copay	$0 copay	$0 copay	$0 copay	Not offered	$0 copay
Tier 3 (Preferred brand)	30-day supply Retail	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	Not offered	25% coinsurance
	100-day supply Retail	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	Not offered	25% coinsurance
	100-day supply Mail-order	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	Not offered	25% coinsurance
Tier 4 (Non-preferred drug)	30-day supply Retail	47% coinsurance	34% coinsurance	47% coinsurance	43% coinsurance	Not offered	31% coinsurance
	100-day supply Retail	47% coinsurance	34% coinsurance	47% coinsurance	43% coinsurance	Not offered	31% coinsurance
	100-day supply Mail-order	47% coinsurance	34% coinsurance	47% coinsurance	43% coinsurance	Not offered	31% coinsurance

Geisinger Gold prescription drug benefits

Tiers 5, 6 and insulin

		Classic Complete Rx *Plan 158 013* *Plan 158 014*	Classic Essential Rx *Plan 161*	Classic Advantage Rx *Plan 157 021* *Plan 157 022* *Plan 157 023*	Value Rx *Plan 163*	Heritage *Plan 162*	Classic 360 Rx *Plan 160*
Tier 5 (Specialty)	**30-day supply** Retail	33% coinsurance	25% coinsurance	33% coinsurance	33% coinsurance	Not offered	25% coinsurance
	100-day supply Retail	Not covered	Not covered	Not covered	Not covered	Not offered	Not covered
	100-day supply Mail-order	Not covered	Not covered	Not covered	Not covered	Not offered	Not covered
Tier 6 (Select care drugs)	**30-day supply** Retail	$0 copay	$0 copay	$0 copay	$0 copay	Not offered	$0 copay
	100-day supply Retail	$0 copay	$0 copay	$0 copay	$0 copay	Not offered	$0 copay
	100-day supply Mail-order	$0 copay	$0 copay	$0 copay	$0 copay	Not offered	$0 copay

Cost-sharing may differ based on point of service (e.g., mail-order, retail, or 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.

Part B Drugs	**Insulin:** Capped at $35/month for all plans except Value Rx, which is capped at $25/month		
Part D Insulin (Tiers 3 & 4) **Not subject to deductible**	**Value Rx**	**30-day supply copay**	$25 retail / $25 mail-order
		60-day supply copay	$50 retail / $37.50 mail-order
		100-day supply copay	$75 retail / $37.50 mail-order
	All Plans Except Heritage and Value Rx	**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.

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.

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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