



Geisinger Gold Secure Rx (HMO D-SNP) offered by Geisinger Health Plan

Annual Notice of Changes for 2024

You are currently enrolled as a member of Geisinger Gold Secure Rx (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. *Please see page 4 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.geisingergold.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Geisinger Gold Secure Rx (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Geisinger Gold Secure Rx (HMO D-SNP).
- Look in section 3.2, page 16 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Services number at 1-800-498-9731 for additional information. TTY users should call PA Relay 711 or 1-800-654-5984. (This number requires special telephone equipment and is only for people who have difficulties with hearing and speaking). Calls to these numbers are free.

Our business hours:

October 1 - March 31: 8 a.m. - 8 p.m. 7 days a week
April 1 - September 30: 8 a.m. - 8 p.m. Monday - Friday, 8 a.m. - 2 p.m. Saturday

- Member Services has free language interpreter services available for non-English speakers. Please call the numbers listed in Section 7.1 of this document. We can also give you plan information in braille, in audio, in large print, or other alternate formats if you need it.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Geisinger Gold Secure Rx (HMO D-SNP)

- Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.
- When this document says “we,” “us,” or “our,” it means Geisinger Health Plan. When it says “plan” or “our plan,” it means Geisinger Gold Secure Rx (HMO D-SNP).

Geisinger Gold Secure Rx (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until December 31, 2024, based on a review of Geisinger Gold Secure Rx (HMO D-SNP)'s Model of Care.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Geisinger Gold Secure Rx (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

If at any time during the benefit year you lose your Pennsylvania Medical Assistance (Medicaid) eligibility, you will be given a 6-month grace period to get your Pennsylvania Medical Assistance (Medicaid) eligibility back. During this 6-month grace period, you are responsible for paying the provider for the portion of the cost sharing that Pennsylvania Medical Assistance (Medicaid) would have otherwise paid on your behalf.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details. | \$0 | \$0 |
| Doctor office visits | Primary care visits: \$0 copayment per visit Specialist visits: 20% coinsurance per visit If you are eligible for Medicare cost sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0 per visit. | Primary care visits: \$0 copayment per visit Specialist visits: 20% coinsurance per visit If you are eligible for Medicare cost sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0 per visit. |
| Inpatient hospital stays | You pay the 2023 Original Medicare cost-sharing amounts. | You pay the 2024 Original Medicare cost-sharing amounts. These are the 2023 cost-sharing amounts and may change for 2024. Geisinger Gold Secure Rx (HMO D-SNP) will provide updated rates as soon as they are released. |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|--|
| | <p>\$1,600 deductible for each benefit period; \$0 for days 1-60; \$400 copayment each day for days 61 to 90; \$800 per each "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime).</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p> | <p>\$1,600 deductible for each benefit period; \$0 for days 1-60; \$400 copayment each day for days 61 to 90; \$800 per each "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime).</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p> |
| <p>Inpatient hospital stays (Psychiatric)</p> | <p>You pay the 2023 Original Medicare cost-sharing amounts.</p> <p>\$1,600 deductible for each benefit period; \$0 for days 1-60; \$400 copayment each day for days 61 to 90; \$800 per each "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over</p> | <p>You pay the 2023 Original Medicare cost-sharing amounts.</p> <p>These are the 2023 cost-sharing amounts and may change for 2024.</p> <p>Geisinger Gold Secure Rx (HMO D-SNP) will provide updated rates as soon as they are released.</p> <p>\$1,600 deductible for each benefit period; \$0 for days 1-60; \$400 copayment each day for days 61 to 90; \$800 per each "lifetime reserve day" after day 90 of each benefit period</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|---|
| | <p>your lifetime).</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p> | <p>(up to a maximum of 60 days over your lifetime).</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p> |
| <p>Part D prescription drug coverage (See Section 1.5 for details.)</p> | <p>Deductible: \$505 except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> Covered Drugs: 25% <p>If you receive “Extra Help” to pay for your prescription drugs, this payment stage does not apply to you. If you do not receive “Extra Help”, you begin in this payment stage when you fill your first prescription of the year.</p> <p>Please refer to your Low-Income Subsidy Rider (LIS Rider) for your deductible amount.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> During this payment stage, the plan pays most of the cost for your covered drugs. <p>For each prescription, you pay whichever of these is larger: a payment equal to</p> | <p>Deductible: \$545 except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> Covered Drugs: 25% <p>If you receive “Extra Help” to pay for your prescription drugs, this payment stage does not apply to you. If you do not receive “Extra Help”, you begin in this payment stage when you fill your first prescription of the year.</p> <p>Please refer to your Low-Income Subsidy Rider (LIS Rider) for your deductible amount.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> During this payment stage, the plan pays the full cost for your covered drugs. |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|---|
| | <p>5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.)</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you are not responsible for paying any out-of-pocket costs towards the maximum out-of-pocket amount for covered Part A and Part B services.</p> | <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you are not responsible for paying any out-of-pocket costs towards the maximum out-of-pocket amount for covered Part A and Part B services.</p> |
| <p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p> | <p style="text-align: center;">\$7,550</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you are not responsible for paying any out-of-pocket costs towards the maximum out-of-pocket amount for covered Part A and Part B services</p> | <p style="text-align: center;">\$8,850</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you are not responsible for paying any out-of-pocket costs towards the maximum out-of-pocket amount for covered Part A and Part B services</p> |

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|---|------------------|------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Pennsylvania Medical Assistance (Medicaid).) | \$0 | \$0 |

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost | 2023 (this year) | 2024 (next year) |
|---|------------------|---|
| Maximum out-of-pocket amount Because our members also get assistance from Pennsylvania Medical Assistance (Medicaid), very few members ever reach this out-of-pocket maximum. If you are eligible for Pennsylvania Medical Assistance (Medicaid) with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | \$7,550 | \$8,850 Once you have paid \$8,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. |

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.geisingergold.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Provider Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

All member cost sharing is dependent on member's Pennsylvania Medical Assistance (Medicaid) eligibility.

As a member of Geisinger Gold Secure Rx (HMO D-SNP), you are eligible for \$143 combined monthly benefit package towards the purchase of food and produce (which may be purchased at a variety of grocery stores or online for delivery), over-the-counter health and wellness products and utilities (which are limited to electricity, gas, internet, phone bills, sanitary/trash, and water/sewage). This combined monthly benefit package will be available using a prepaid flexible spending debit card. You will receive additional details in the mail about your flexible spending debit card.

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|---|
| <p>Emergency Care</p> | <p>You pay a \$95 copayment for each Medicare-covered service.</p> <p>Copayment is waived if you are admitted to a hospital within 3 days for the same condition.</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p> | <p>You pay a \$100 copayment for each Medicare-covered service.</p> <p>Copayment is waived if you are admitted to a hospital within 3 days for the same condition.</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p> |
| <p>Fitness Program</p> | <p>Up to a \$120 annual allowance every calendar quarter.</p> | <p>You pay a \$0 copayment for use of participating Silver&Fit fitness centers.</p> |
| <p>Food & Produce (uses Flexible Spending Debit Card)</p> | <p><u>Not</u> covered</p> | <p>See the Food, Over the Counter and Utilities Combined Benefit Package.</p> <p>Unused credits do not roll over to the next period.</p> |
| <p>Food, Over The Counter and Utilities Combined Benefit Package (uses Flexible Spending Debit card)</p> | <p><u>Not</u> covered</p> | <p>\$143 combined monthly benefit using a prepaid flexible spending debit card to use towards food and produce (may be purchased at a variety of grocery stores or online for delivery), over-the-counter health and wellness products and utilities (limited to electricity, gas, internet, phone bills, sanitary/trash, and water/sewage).</p> <p>Unused credits do not roll over to the next period.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|--|
| <p>Medicare Part B prescription drugs</p> | <p>You pay a 20% coinsurance for each Medicare-covered service.</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p> | <p>You pay a 0% - 20% coinsurance depending on the Medicare-covered service.</p> <p>You will pay no more than a \$35 copayment per month supply for each covered insulin product.</p> <p>If you are eligible for Medicare cost-sharing assistance under Pennsylvania Medical Assistance (Medicaid), you pay \$0.</p> |
| <p>Over the Counter Items (OTC)</p> | <p>You are eligible for \$130 every month to be used toward the purchase of over-the-counter (OTC) health and wellness products.</p> <p>Unused credits do not roll over to the next period.</p> | <p>You are eligible for \$143 every month to be used toward the purchase of over-the-counter (OTC) health and wellness products, healthy foods and utilities.</p> <p>Unused credits do not roll over to the next period.</p> |
| <p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p> | <p>\$3,000 benefit limit per year.</p> | <p>Special Supplemental Benefits for the Chronically Ill (SSBCI) is not covered.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|--|
| Transportation Services | <p>You are eligible for up to \$500 annually for reimbursement towards rideshare services, bus/subway, van, medical transport, uber and similar services.</p> <p>Reimbursement is available for members when they need to reimburse privately owned vehicles because other transportation services are unavailable in their area.</p> | <p>You are eligible for up to \$500 annually using a flexible spending debit card towards rideshare services, bus/subway, van, uber and similar services.</p> <p>Reimbursement is not available for members when they need to reimburse privately owned vehicles because other transportation services are unavailable in their area.</p> |
| Utilities (uses Flexible Spending Debit Card) | Not covered | <p>See the Food, Over the Counter and Utilities Combined Benefit Package.</p> <p>Unused credits do not roll over to the next period.</p> |

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our "Drug List" is provided electronically.

We made changes to our "Drug List," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 5 of your Evidence of Coverage and talk to your doctor to find out your options, such as

asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Pharmacy Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2023, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| <p>Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p> | <p>Your deductible amount is either \$0 or \$505, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p> | <p>Your deductible amount is \$545. You pay \$0 if you receive "Extra Help." Please refer to your LIS Rider.</p> |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a retail network pharmacy. For information about the costs for a long-term supply at a retail network pharmacy or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> | <p>Your cost for a one-month supply filled at a network pharmacy: 25% Coinsurance</p> <p>You pay \$0 if you receive "Extra Help." Please refer to your LIS Rider.</p> <p>Once you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> | <p>Your cost for a one-month supply filled at a network pharmacy: 25% Coinsurance</p> <p>You pay \$0 if you receive "Extra Help." Please refer to your LIS Rider.</p> <p>Once you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> |

Changes to your VBID Part D Benefit

Because you are enrolled in Geisinger Gold Secure Rx (HMO D-SNP), you are automatically enrolled in a program called “Value Based Insurance Design” VBID. Because you receive “Extra Help” from Medicare, this program removes any out-of-pocket cost on your Part D prescription drug benefit, and you pay nothing for your prescriptions. **NOTE: The Value Based Insurance Design program is not applicable to any prescription drugs you might receive under your Pennsylvania Medical Assistance (Medicaid) benefit.**

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

| Description | 2023 (this year) | 2024 (next year) |
|--|--|---|
| Flexible spending debit card | Flexible spending debit card not available. | Flexible spending debit card is available. |
| Hearing Aid Vendor | AudioNet | Name changed to Birdsong. New website: birdsonghearing.com/ For additional information, visit GeisingerHealthPlan.com/find or call Member Services at 1-800-498-9731. TTY users should call PA Relay 711 or 1-800-654-5984 (This number requires special telephone equipment and is only for people who have difficulties with hearing and speaking). |
| Health and wellness Education Programs – Fitness Benefit | Member reimbursement | Silver&Fit |
| Pharmacy Benefit Manager (PBM) – change in vendor (Geisinger Health Plan uses a vendor to process payments for all prescriptions filled at an outpatient pharmacy) | PBM Vendor is PerformRx | PBM Vendor is Navitus For additional information visit GeisingerHealthPlan.com/find or call Member Services at 1-800-498-9731. TTY users should call PA Relay 711 or 1-800-654-5984 (This number requires special telephone equipment and is only for people who have difficulties with hearing and speaking). New ID cards should be presented at your pharmacy for prescriptions filled on or after Jan. 1, 2024. |
| Over-the-Counter (OTC) | InComm Healthcare & Affinity | Nations Benefits |

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Geisinger Gold Secure Rx (HMO D-SNP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Geisinger Gold Secure Rx (HMO D-SNP).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Geisinger Health Plan offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Geisinger Gold Secure Rx (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Geisinger Gold Secure Rx (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Pennsylvania Medical Assistance (Medicaid), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Pennsylvania, the SHIP is called Pennsylvania Medicare Education and Decision Insight (PA MEDI).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Pennsylvania Medicare Education and Decision Insight (PA MEDI) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Pennsylvania Medicare Education and Decision Insight (PA MEDI) at 1-800-783-7067. You can learn more about Pennsylvania Medicare Education and Decision Insight (PA MEDI) by visiting their website (<https://www.aging.pa.gov/aging-services/medicare-counseling/Pages/default.aspx>).

For questions about your Pennsylvania Medical Assistance (Medicaid) benefits, contact your Community HealthChoices (CHC) plan. See Section 7.3 of this document. Ask how joining another plan or returning to Original Medicare affects how you get your Pennsylvania Medical Assistance (Medicaid) coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Pennsylvania has a program called PACE Program - Prescription Assistance that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through The Special Pharmaceutical Benefits Program (SPBP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-922-9384. If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. For information please call the State Pharmaceutical Benefit Program (SPBP) customer service at 1-800-922-9384. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the State Pharmaceutical Benefits Program (SPBP) Customer Service number at 1-800-922-9384 or send questions to <https://www.health.pa.gov/topics/programs/HIV/Pages/Special-Pharmaceutical-Benefits.aspx>.

SECTION 7 Questions?

Section 7.1 – Getting Help from Geisinger Gold Secure Rx (HMO D-SNP)

Questions? We're here to help. Please call Member Services at 1-800-498-9731 or Pharmacy Member Services at 1-800-988-4861 for additional information. TTY users should call PA Relay at 711 or 1-800-654-5984 (This number requires special telephone equipment and is only for people who have difficulties with hearing and speaking). Calls to these numbers are free.

Our business hours:

October 1 - March 31: 8 a.m. - 8 p.m. 7 days a week
April 1 - September 30: 8 a.m. - 8 p.m. Monday - Friday, 8 a.m. - 2 p.m. Saturday

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Geisinger Gold Secure Rx (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.geisingergold.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.geisingergold.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.

Section 7.3 – Getting Help from Pennsylvania Medical Assistance (Medicaid)

| CHC Plan | Website | Call | TTY |
|--|---|----------------|----------------|
| AmeriHealth Caritas Pennsylvania | http://www.amerihealthcaritaschc.com | 1-855-235-5115 | 1-855-235-5112 |
| Keystone First Community HealthChoices | http://www.keystonefirstchc.com | 1-855-332-0729 | 1-855-235-4976 |
| PA Health & Wellness | https://www.pahealthwellness.com | 1-844-626-6813 | 1-844-349-8916 |
| UPMC Community HealthChoices | https://www.upmchealthplan.com/chc | 1-844-833-0523 | 1-866-407-8762 |