

**In This Issue****Page 2**

SilverSneakers available for 2012; Dental network changes; Important information for members

Page 3

New PCPs

Page 4

Formulary Updates

Page 5

Important information for members

Page 6

Making important health care decisions; Health management programs

Page 7

When treatment can't wait

Page 8

Getting the most from your PCP

Y0032 H8468
11320_3
CMS Approved
12/12/11

Star Ratings measure plan quality

Geisinger Gold ratings reflect service to members

For 2012, Geisinger Gold's Medicare Advantage HMO plans have achieved a 4.5 star rating, and our PPO plans were awarded 4 stars. These ratings, along with Geisinger Gold's recent ranking as the top-ranked Medicare Advantage plan in Pennsylvania, and one of the top ten in the nation*, demonstrate a clear commitment to the well-being of our members.

The Star Rating program from the Centers for Medicare and Medicaid Services (CMS) provides a good way to compare Medicare Advantage plans.

Plans receive a rating of up to five stars based on member feedback and quality of care measures. Since the criteria used to award the stars is consistent for all Medicare Advantage plans, Medicare beneficiaries can easily and directly compare different plans to choose the one that is right for them.

You can also help increase Geisinger Gold's ratings by participating in member satisfaction surveys and keeping up with needed health screenings.

**NCQA's Medicare Health Insurance Plan Rankings 2011-2012.*



You can view your benefit documents, get information about doctors and hospitals, e-mail a customer service representative, and more! Visit thehealthplan.com for more details.

Announcing SilverSneakers Fitness Program® for 2012

Beginning January 1, 2012, all Geisinger Gold members* can enroll in the SilverSneakers Fitness Program®.

The program includes:

- Access to nearly 10,000 participating fitness centers nationwide
- A basic fitness membership at a participating fitness center in your area
- Customized classes designed exclusively for Medicare-eligible members
- A specially trained staff person to assist you at each location
- Health education seminars and other events that promote the benefits of a healthy lifestyle
- Instructor-led classes for members of all fitness levels and abilities.

Class offerings, services and amenities vary by location.

If you are currently using the ForeverFit program, and would like



assistance finding a SilverSneakers gym, please call the Customer Service Team at (800) 498-9731 from 8 a.m. to 8 p.m., seven days a week (TDD/TTY 711). Many gyms participate with both programs.

*Geisinger Gold Reserve (MSA) does not include SilverSneakers® benefits. For information on fitness center discounts available through the Accessories Program, please contact the Customer Service Team.

Dental network changes

Beginning January 1, 2012, there will be some changes to Geisinger Gold's Delta Dental network of participating dentists. We will be mailing a printed list of participating dentists in the near future. You can also call the Customer Service Team at (800) 498-9731, seven days a week from 8 a.m. to 8 p.m. for assistance in finding a dentist. TDD/TTY users should call 711.

At this time, you may find the dentist you have been seeing is no longer participating in Geisinger Gold's Delta Dental network. If this is the case, the Customer Service Team can assist you in finding a new, participating dentist.

Behavioral health services

Members who wish to use their behavioral health benefits, which include mental health and substance abuse services, can do so by calling OptumHealth at (888) 839-7972. OptumHealth Behavioral Solutions has a fully trained staff to assist you in locating a participating provider who is right for you. Their database contains detailed information about participating providers and they can help you find the one who meets your specific needs.

For your routine behavioral

health services, you can go directly to a participating provider. However, for services such as inpatient treatment, partial hospitalization or intensive outpatient therapy, your mental health provider must contact OptumHealth Behavioral Solutions first for pre-authorization. A referral from your PCP is not required, although we strongly encourage you to involve your PCP in your treatment.**

**Geisinger Gold Reserve (MSA) members can go to any provider that accepts Medicare and agrees to see them.

Continuing your care

New Classic (HMO) or Secure (HMO SNP) members who wish to continue an ongoing course of treatment with a non-participating provider must contact the Gold Customer Service Team prior to receiving treatment.

Geisinger Gold will talk with the provider to determine if he or she will accept the Plan's terms and conditions for payment. If the provider agrees, the Plan will pay for covered services for the first 60 days of enrollment.

In certain cases, a member may also be considered for coverage of ongoing treatment for a transitional period of time when a provider leaves the network. If this occurs, Geisinger Gold will notify you about the process to exercise your continuity of care option.

New members in a Preferred (PPO) plan can continue to see out of network providers, although costs to see those providers may be higher. Reserve (MSA) members can go to any provider that accepts Medicare and agrees to see them, and must meet their annual deductible before services are covered.

New physicians

This list includes new primary care physicians who have joined Geisinger Gold since September 1, 2011. For more information on these or other participating providers, please visit our Web site, www.GeisingerGold.com, or call the Gold customer service team at (800) 498-9731 from 8 a.m. to 8 p.m. Monday through Friday. TDD/TTY: Pennsylvania Relay 711.

Lackawanna
Internal Medicine Rajiv V. Bansal MD Ariane M. Conaboy DO
Luzerne
Internal Medicine Nicole Lee Balchune DO
Schuylkill
Family Practice Jane R. Lagan MD
Dauphin
Internal Medicine Juanita M. Kreiser DO
Lycoming
Family Practice Kathy L. Nase DO Lori A. Rinker DO Christopher A. Wagner MD
Internal Medicine Susan F. Borys MD Ingrid Ockenhouse Donato MD
Northumberland
Internal Medicine Juanita M. Kreiser DO
Tioga
Internal Medicine Olufemi Awosika MD
Internal Medicine-Pediatrics Jill A. Burns MD
Union
Family Practice Ayn H. Kerber MD

Adams
Family Practice Rachel Benelli Markey MD
Chester
Family Practice Jeffrey C. Brand DO
Cumberland
Family Practice Caissa F. Troutman MD
Lancaster
Family Practice Richard L. Grunden MD Amy C. Hancock MD Danielle J. Miller MD David T. O'Gurek MD Joanna Isabelle Trojanowski MD
Internal Medicine Palak P. Mehta MD
York
Family Practice Gregory Ahamad Khan-Arthur DO Joshua Levi Warfel MD Charles J. Gartland DO
Berks
Family Practice Jeffrey C. Brand DO Jennifer A. Dwyer DO Timothy Andrew Ferenchick MD
Lehigh
Family Practice David M. Afzal DO Timothy M. Daly DO Dalya Delmar-Greenberg MD

Sherwin Nepomuceno MD
Internal Medicine Tina M. Casey DO Rena M. Lambert DO
Northampton
Family Practice AnnElise Collier MD Sara Mirza MD Mary C. Stock-Keister MD
Bedford
Family Practice John P. Forney MD
Blair
Internal Medicine Catherine Elizabeth Comas MD
Cambria
Family Practice Jarrett J. Bender DO Roy W. Warren DO
Centre
Family Practice Paul Richard Damaske MD
Clearfield
Family Practice Cara Marie Dellegrotti DO
Mckean
Family Practice A. Ramani Murugappan Arya MD
Mifflin
Family Practice Gaurav Dang MD Catherine Mary North MD

Copay reminder

Before you visit your PCP or a specialist, be sure to check whether you will have a copay due. This information can be found on your ID card or by calling the Gold Customer Service Team. When office visit services are provided by a physician, nurse practitioner, physician assistant (PA) or nurse specialist, you will pay a copay. If you receive additional services during an office visit, such as an injection or diagnostic test, those services will also have a copay. If several departments provide medical services, you will be charged a copay for each office visit, even if those visits occur in the same day. In addition to copayments, coinsurances and deductibles may apply, depending on your benefit package. Please note: If you are placed in an observation bed, this is not the same as an inpatient hospital admission. If you are not sure if you are an inpatient, you should ask the hospital staff. Your costs will vary based on your admission status.

Formulary Updates

The following drugs have been added to the 2011 Geisinger Gold Formulary:

Amitiza	Pradaxa
Banzel	Sylatron*
Dulera HFA	Vandetanib*
Eduvant	Vitreolis*
Incivek*	Viibryd*
Latuda	Viramune XR
Nulojix*	Xarelto
Oleptro	Zytiga*

* = requires prior authorization

The following drugs are considered non-formulary, and require prior authorization from Geisinger Gold:

Abstral	Kombiglyze XR
Amturnide	Lastacaft
Bromday	Nexiclon XR
Embeda	Vimovo
Fortesta	

Members can review the formulary online at www.thehealthplan.com/Gold/Landing_Pages/Formulary. They may consult the online formulary for the most recent updates such as quantity limits, tiering levels, and pharmacy management procedures. Any questions regarding their drug benefits, members may call (800) 988-4861, Monday through Friday from 8 a.m. to 8:00 p.m. Members may also call to receive a printed version of the online formulary.

Formulary updates apply only to members with Medicare Prescription Drug Coverage (Part D). Please consult your Evidence of Coverage or call the Customer Service Team at (800) 498-9731, Monday through Friday from 8 a.m. to 8:00 p.m., for information on drugs covered under Medicare Part B.

Prescription cards discontinued for 2012

Geisinger Gold members with Part D prescription drug coverage will no longer receive a second member identification (ID) card for your prescription benefits. All necessary information has been included on your primary member identification card. All members will be receiving new cards for 2012. Your new card will reflect any benefit changes you have made for 2012, as well as include the information of our new pharmacy processor, MedImpact. MedImpact assists in processing your prescriptions and claims. Please be sure to present this new card at pharmacies when filling your prescriptions beginning January 1, 2012.

Members without Part D will continue to receive discounts on certain medications at retail pharmacies. Please be sure to present your Geisinger Gold member identification card when filling prescriptions to be eligible for any discounts.

Quality improvement

Geisinger Gold is committed to providing quality health care to our members. One way we can ensure that we are holding ourselves to the highest standards is to review our performance against accepted care and service measures. For example, the Healthcare Effectiveness Data and Information Set (HEDIS®)* provides a set of measures against which we can judge our effectiveness.

Quality indicators, such as HEDIS and other initiatives, are set forth by the National Committee for Quality Assurance (NCQA) to ensure that Gold members receive high quality care.

Geisinger Gold conducts an aggressive preventive health program, geared toward members most at risk for a variety of preventable illnesses, ailments and diseases.

Quality improvement nurses work directly through personal and automated telephone calls and mailings to reinforce the importance of preventive measures and suggested screenings.

* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Changing your enrollment status

If you are planning an extended vacation or permanent relocation, please call the Gold Customer Service Team. Verify with the representative that the place you are going is in the Geisinger Gold service area and determine any appropriate actions.*

Any permanent move (six months or longer) could require you to change your Geisinger Gold status. Moving outside the approved service area generally requires us to end your coverage. If, for any reason, you decide to end your coverage, you can write or fax us a letter or fill out a disenrollment form. You can also disenroll from the plan by contacting your local Social Security office or Railroad Retirement Board, or by contacting Medicare directly at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week.

The date of your change will depend upon when we receive your request. Your coverage usually ends the first of the month following the date that Geisinger Gold receives your written request to disenroll. You will receive a written notice clearly stating your disenrollment date.

Any claim for medical care that you incur after your disenrollment can be submitted to Medicare (or another Medicare Advantage plan, if you join one); you will not have a lapse in coverage.

**The Centers for Medicare and Medicaid Services have specific regulations regarding your ability to make a plan change. A permanent move qualifies you for a "Special Election Period." This means that you must make your election the month before, the month of, or up to two months after your actual move date. Failure to make the election during this time could result in your involuntary disenrollment from Geisinger Gold.*

How to submit a claim

Providers first bill Geisinger Gold for your medical care, so with some exceptions, you may not receive a bill for covered services. You will receive bills for most out-of-area emergency and urgent care services. Specialists or out of network providers might also bill you, even if you have a PCP referral.

If you have a deductible or coinsurance for certain services, your provider may ask you to pay an estimated amount at the time of service, or they may wait and bill you after Geisinger Gold has processed the claim for services.

Providers will often bill you and Geisinger Gold at the same time. If you get a second bill, submit it to Geisinger

Gold or call the Customer Service Team. Please provide your member ID number and a contact phone number with the bill. For an emergency care bill you will also need to explain the situation that led to the services.

If you paid anything other than a copayment, deductible, coinsurance or fees for non-covered services, request a claim form from the customer service team at the number on the back of your member ID card. Submit the claim form along with receipts and instructions to pay you, not the doctor. Claims must be received by Geisinger Gold within one year of the date of treatment.

Cultural needs assessment

Geisinger Gold is conducting a voluntary and confidential campaign to gather information regarding race, ethnicity and language preference. Gathering this information will help us ensure access to health care services for members of all backgrounds.

A survey was included in the Things You Should Know booklet you received in late September. Data collected will not affect your benefit coverage in any way.

Preventive Health Guidelines available online

Geisinger Gold's Preventive Health Guidelines for members has been updated and is available online at www.GeisingerGold.com. This informative document includes information on needed tests and immunizations, as well as diet and exercise tips, safety information, and advice on how to better manage chronic conditions. If you would like a printed copy of this document, please contact the Customer Service Team.



Make important health care decisions in advance

Advance health care directives let you clearly communicate your wishes regarding your care to your family, friends and doctors. If a time comes when you are unable to make these decisions due to an accident or serious illness, these documents can help avoid confusion and ease the burden on family members.

There are two types of advance health care directives

A *living will* is written instructions documenting your wishes about whether to receive life support and other medical treatments when you are permanently unconscious or have a terminal condition.

A *health care power of attorney* lets you name a person you trust to make health care decisions for you when you no longer can.

There are several ways to obtain a living will or power of attorney form.

You can get a form from your lawyer, a social worker, or at some office supply stores. Keep in mind that this form is a legal document, so consider having a lawyer help you prepare it. Also, because these are complex, personal decisions, it's a good idea to discuss your preferences with your doctor, trusted friends and family members, or a clergy person.

If you ever change your mind, you can change your advance health care directive at any time.



Keep a copy of your form at home.

You should also give a copy to your doctor and the person you name as your power of attorney. You may want to give copies to other close friends or family members as well.

Enroll in a health management program online

Geisinger Gold offers programs for our members with certain chronic health conditions. Specialized nurses, called health managers, work with you and your health care provider to help you better manage your health care needs.

Our Care Coordination department currently offers the following programs to Gold members:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Tobacco cessation (quitting)
- Heart failure
- Diabetes
- Heart disease
- Osteoporosis
- Chronic kidney disease
- Hypertension (high blood pressure)

To learn more about these programs or to enroll online, log on to our Web site and choose Information for Members from the menu along the right side of the screen. Then click on Care Coordination and Case Management for descriptions of the programs we offer. To start one of these programs, click enroll next to the program of your choice.

For more information, call Care Coordination at (800) 883-6355 Monday through Friday from 8 a.m. to 4:30 p.m.

When treatment can't wait

You can't be prepared for every situation. Whether at home, visiting relatives or vacationing in another state, there is always the possibility of an accident or illness. Your first concern may be where to go for treatment. Do you rush to the emergency room or call your physician? What if the closest doctor is not a participating provider? Is your treatment covered?

Unfortunately when you are really sick, there isn't time to consider all your options, so it is important to understand your options in advance.

Emergencies: what are they and when are they covered?

A medical emergency is when your health is in serious danger – when every second counts. An emergency may include severe pain, a bad injury, or a serious illness or medical condition that is quickly getting worse.

If you believe you are experiencing a medical emergency you should call 911 or go to the nearest emergency room.

Medical emergencies are covered anywhere in the United States, at any time. However, emergency services provided by non-participating providers are covered only until the doctor caring for you determines that your condition is stable. At that time, Geisinger Gold or your PCP may arrange to take over your care or, if you are out of the area, have you transported back to our coverage area.

Your PCP or Geisinger Gold should be notified of the emergency as soon as possible, preferably within 48 hours, so they can provide post-emergency care and coordinate follow-ups.

In the emergency room, you are required to pay any applicable emergency room copayments. These copays are waived if you are directly admitted to the hospital or admitted within 72 hours for the same condition.

After you have been discharged from an emergency room, any additional follow-up medical services must be authorized by your PCP to be covered.

Please note: You may be placed in an observation bed after an emergency room visit; this is not the same as an admission. If you are kept for observation and later discharged without being admitted, you will be charged an emergency room copay.



George Doyle/Stockbyte/Thinkstock

Urgent Care: what is it and when is it covered?

Fortunately, emergencies are rare. However, there are many other situations when, although your health may not be in serious danger, you need medical attention for a sudden illness or injury. These situations are referred to as urgent care. Often, you may be unable to seek help from your PCP or other Health Plan providers when you are out of our coverage area.

In urgent care situations you have a few options. You can contact your PCP's office 24 hours a day, seven days a week for medical direction. You can also contact Tel-A-Nurse for advice regarding your situation at (877) 543-5061, 24 hours a day, seven days a week. TDD/TTY users call (800) 877-8044.

Geisinger Gold will cover urgent care anywhere in the United States. If possible, contact your PCP before seeking urgently needed care or immediately after.

You should return to your PCP for follow-up care. You will be covered for continued care outside the service area as long as the treatment continues to fit the definition of urgently needed care.

What else is covered when I'm away from home?

If you are traveling outside the Geisinger Gold service area, certain services will still be covered. The Health Plan will pay for medical emergency care, urgently needed care, renal dialysis and any care that has been pre-approved by Geisinger Gold.

If you have questions about coverage of treatment, please refer to your Evidence of Coverage, or contact the Customer Service Team at (800) 498-9731 from 8 a.m. to 8 p.m. Monday through Friday. TDD/TTY users should call 711.



100 North Academy Avenue
Danville, PA 17822-3240

Important Plan Information

NON-PROFIT ORG.
U.S. POSTAGE
PAID
Geisinger

Getting the most from your PCP

If you have a Primary Care Provider (PCP), the identifying number, name and telephone number of your primary care site are printed on your member identification card. Remember, if you receive services from a primary care site other than the one we have designated for you, these services will not be covered.

Your PCP or a representative from your primary care site is required to be available to you 24 hours a day, seven days a week. If you require non-emergency care during non-business hours, call your primary care site and a representative from that site will provide you with further instructions.

If you need to change your PCP, you may do so at any time by completing a Subscriber Application Change Form, available at your primary care site or by calling the Gold Customer Service Team. You can also change your PCP in the member section of our Web site.

If your PCP retires or decides to discontinue participation with Geisinger Gold, we will notify you and help arrange care with another PCP. If you are currently seeing a specialist for an ongoing health condition, it may be possible to have this specialist serve as your PCP.

Please also remember, a referral from your PCP is required before receiving specialty services, except in emergencies or for direct access services such as obstetrics and gynecology. If you do not have a referral, you will be responsible for all charges. With the referral process, your primary care physician (PCP) is responsible for coordinating all of your care. Your PCP can treat you more effectively when coordinating all of your care because he or she is aware of other treatments you are receiving. If your PCP or specialist determines that you require hospitalization, he or she will precertify your admission through Geisinger Gold's Health Services Department.

*Geisinger Gold Preferred (PPO) and Reserve (MSA) members are not required to choose a PCP or obtain referrals for specialty care.

Geisinger Gold Member Update is published three times a year. Comments are welcome.

Please write:

Geisinger Gold Member Update

100 North Academy Avenue

Danville, PA 17822-3240

or e-mail:

goldmemberupdate@thehealthplan.com

For questions about your plan, phone
(800) 498-9731 8 a.m. to 8 p.m. Monday - Friday;
TDD/TTY for the hearing impaired: PA Relay 711

HPM50 cd Gold MU December 2011