Quality coverage for students
We’ll help you every step of the way.

We get it. Health insurance is complicated, and we’re not going to leave you on your own. Reach out to us at 855-902-7123 to speak to our dedicated team of trained advisors.

Geisinger Commonwealth School of Medicine health plans are sold through Geisinger Health Plan and Geisinger Quality Options, Inc., which are referred to collectively as “Geisinger Health Plan” or “GHP,” unless otherwise noted.

This brochure is not a contract or policy and is intended as an easy-to-read summary only. Specific benefits, limitations, exclusions and terms are set forth in your benefit documents.

This managed care plan may not cover all your healthcare expenses. Read your Subscription Certificate carefully to determine which healthcare services are covered.
Because you deserve more.

We’re excited to introduce two brand-new health plans just for our Geisinger Commonwealth School of Medicine students. Each plan is full of added benefits so you don’t have to slow down.

Local and nationwide discounts
Pay less for health-related products and services you use every day.
- Fitness center memberships
- Eyeglasses
- Contact lenses
- Chiropractic care
- Local amusement parks and activities
- Massage therapy and more

Health management
We offer a number of award-winning health management programs to help our members with chronic conditions including asthma, diabetes, heart failure, chronic obstructive pulmonary disease (COPD), tobacco cessation, weight management and more.
- Enroll at no cost
- Work with one of our health managers to better manage your condition

Wellness coaching and support
Work with certified wellness coaches who support your efforts to quit tobacco, manage your weight, increase physical activity, decrease stress and improve your lifestyle. Use online tools, including wellness workshops, fitness trackers and a meal planner, and work at your own pace.

Access to care
As a Geisinger Commonwealth student, you have the opportunity to receive care at a facility near your campus. You can also receive care within the Premier network. You may also go outside the network, but services will not be covered by Geisinger Health Plan.

Mail order pharmacy
Our mail order prescription drug service specializes in providing 90-day supplies of medications you take on a regular basis. Most GHP members with prescription drug coverage will have lower copay amounts for their mail-order medications. Savings rates depend on your particular health plan. Call us at 800-988-4861 to learn more.
- Save on Rx copays
- Take fewer trips to the pharmacy
- Sign-up for automatic refills

Pediatric dental coverage with Avesis
Dental coverage for children under the age of 19 is embedded in our Geisinger Marketplace plans. All pediatric dental benefits are provided by Avesis. Pediatric dental plans from Avesis include coverage for the following services:
- Routine oral exams and cleanings
- X-rays
- Fillings
- Fluoride treatments
- Extractions
- Repairs and maintenance
- Anesthesia
- Root canal
- Orthodontia

Review your Schedule of Benefits for a more detailed list of covered services. Questions about your pediatric dental benefits? Call us at 800-918-5154.
Know before you choose

How do I know if I'm eligible?
If you're a full-time or part-time Geisinger Commonwealth School of Medicine student, you are eligible to enroll in one of our two student health plans. Open enrollment for these plans is from July 1, 2021, until July 21, 2021; coverage will be effective for enrolled members on August 1, 2021, for the 2021–2022 school year.

How do I enroll?
To enroll in a student health plan, simply fill out the student application included in the back of this brochure and follow the application's submission directions.

How can I tell the difference between the plans?
Our plans have distinct names and numbers. We've outlined the anatomy of a health plan name below:

Premier HMO 10 / 20 / 500

- The first part of your plan name tells you the name of the network and the plan type. You will be able to choose between two Premier HMO plans.
- The first number is your primary care provider (PCP) copay. A copay is a fixed amount you pay for a covered healthcare service, usually when you receive the service. The amount can vary. In the example above, you would pay $10 each time you visit your PCP.
- The second number is your specialty care provider (SCP) copay. This means each time you visit a specialty care provider (SCP), you would pay $20.
- The third number is your deductible amount. This is the amount you pay for healthcare services before your insurance pays for its portion. In the example above, your deductible amount is $500. This means you would have to pay $500 for healthcare services before GHP pays for its portion.

Where can I receive care?

Care near your campus
You have access to a variety of care options close to your campus. Visit our student health services resource page at go.geisinger.org/GCSOM_SHS to view a list of facilities and health resources available at each campus.

Care within the Premier network
Because you have a Premier HMO through Geisinger Health Plan, you have access to the providers in our exclusive Premier network.
2. Add your location.
3. Select your health plan from our list of available plans. Yours will be a Premier HMO.
4. Select a category to search from our entire library of applicable providers, or narrow your search by searching for doctors, specialties, locations or types of places.

Care outside the network
You also can go outside the Premier network to seek care. While you can do this, be aware that you will be subject to out-of-pocket costs by going out of network.
Our 2021–2022 student plans

We are offering two Premier HMO plans to students enrolled at the Geisinger Commonwealth School of Medicine. Out-of-network services are not covered; students who choose to seek out-of-network services will be required to pay entirely out-of-pocket for their care. Dependents can be enrolled with an additional fee.

<table>
<thead>
<tr>
<th></th>
<th>Premier HMO 10/20/500</th>
<th>Premier HMO 10/20/4000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premiums</strong></td>
<td>$403.08 per member, per month</td>
<td>$349.99 per member, per month</td>
</tr>
<tr>
<td><strong>In-network services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP copay</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Specialist copay</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Deductible: single/family</td>
<td>$500/$1,500</td>
<td>$4,000/$12,000</td>
</tr>
<tr>
<td>Max. out-of-pocket: single/family</td>
<td>$7,350/$14,700</td>
<td>$7,350/$14,700</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Inpatient services</td>
<td>0% after deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Outpatient services</td>
<td>0% after deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$75 after deductible</td>
<td>$75 after deductible</td>
</tr>
<tr>
<td>Prescription drug</td>
<td>Tier 1: $10 for 34 day supply</td>
<td>Tier 1: $10 for 34 day supply</td>
</tr>
<tr>
<td></td>
<td>Tier 2: $30 for 34 day supply</td>
<td>Tier 2: $30 for 34 day supply</td>
</tr>
<tr>
<td></td>
<td>Tier 3: $50 for 34 day supply</td>
<td>Tier 3: $50 for 34 day supply</td>
</tr>
</tbody>
</table>

Out-of-network services are not covered.

**Key terms to know:**

**Deductible:** The amount you pay for healthcare services before your insurance starts to pay its portion of costs for covered health expenses.

**Copayment or copay:** A fixed amount you pay for a covered healthcare service, usually paid at the time you receive the service. The amount can vary depending on your plan and the type of service you are receiving.

**Coinsurance:** Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. Your insurance plan pays for the rest of the allowed amount.

**Maximum out-of-pocket:** The maximum out-of-pocket (MOOP) amount includes all member cost sharing, such as deductibles, coinsurance and copays, for all covered services within a policy period. It's important to remember that MOOP does not include your monthly premium. Once your maximum out-of-pocket costs are met, your insurance plan will pay 100% of costs for covered services.
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 North Academy Avenue, Danville, PA 17822-3220
Phone: 866-577-7733, 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 https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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


ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務，請致電 800-447-4000（TTY：711）。


ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).


주문. 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.


МЕМО: Если вы говорите на итальянском языке, вам доступны бесплатные услуги перевода. Дополнительные услуги предоставляются по телефону 800-447-4000 (TTY: 711).

ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).


สุขภาพ: ดี ท่านไม่สามารถปฏิเสธได้ คุณสามารถสอบถามข้อมูลเพิ่มเติมได้ที่ 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSION: Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ПУБЛІЧНИЙ МІСЦЕ ЗАХОДИ ДЛЯ ІНВАНТІВ, НЕ ЗАХОДЖУЙТЕ ВИЗДАТОК ЗАХОДИ ДЛЯ ІНВАНТІВ, ЗАХОДИ ДЛЯ ІНВАНТІВ ПУБЛІЧНИЙ МІСЦЕ ЗАХОДИ ДЛЯ ІНВАНТІВ 711800-447-4000 (TTY: 711)


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