

GEISINGER HEALTH PLAN

# 2023 Small group ACA all plans brochure



**Geisinger**



## **Why Geisinger Health Plan? We give you more.**

Ready to find the perfect plan to fit the needs of your business? Our specially trained staff is here to answer your questions, select the right plan for your business and guide you through the enrollment process.

With our portfolio of plans for employer groups with 1–50 total employees, you'll find high-value options with a variety of monthly premiums and out-of-pocket costs. In addition, you can choose from plans where your employees can see providers both in and outside our vast provider network. All of our Geisinger small-group plans comply with the requirements of the Affordable Care Act (ACA).

## **We'll help you every step of the way.**

Call 800-554-4907 to speak to our dedicated team of trained advisors.

Monday – Friday, 8 a.m. – 5 p.m.

# Being healthier is getting easier.

## Local and nationwide discounts

With GHP, your employees will have access to our accessories program that gives them a wide variety of discounts on health and wellness related products, like:

- Fitness center memberships
- Eyeglasses
- Contact lenses
- Chiropractic care
- Massage therapy

## Geisinger Mail-Order Pharmacy

Prescription refills, made easy. When you enroll in the mail-order program, you'll receive three-month supplies of your covered prescription drugs, with lower costs than at retail stores. And they're mailed right to your home from our state-of-the-art mail-order facility in Elysburg. Shipping is free, and you can track your order from beginning to end. Register by calling 844-878-5562. We'll review your eligible medications, set up the account and work with providers to make your switch seamless.

## Health management programs

A number of award-winning health management programs help our members with chronic conditions. Members can enroll at no cost and can work with one of our health managers to better manage their health conditions.

Programs include:

- Asthma
- COPD
- Diabetes
- Quitting tobacco
- Heart failure
- Weight management

## Wellness coaching and support

Your employees will have access to certified wellness coaches who support their efforts to quit tobacco, manage weight, increase physical activity, decrease stress and improve their lifestyle. And your employees can use numerous online tools that they complete at their own pace, including wellness workshops, fitness trackers and a meal planner.

## Customer care

If there's one thing our members love, it's GHP customer service. Our customer care team is organized into teams that are specially trained to handle questions about specific plans, including our employer care team, which

was assembled to serve our groups as a dedicated line of contact, delivering a better service experience through one-call resolution. Each team member can answer questions about ID cards, premiums, billing, benefit/plan information, new hire criteria, application status, removing/adding dependents and much more.

## Network of providers

Your employees can select from our large provider network that includes Geisinger hospitals and physicians, as well as thousands of other providers throughout the service area. Our network includes:

- More than 20,000 primary care and specialty physicians
- More than 120 hospitals
- More than 220 urgent and convenient care facilities
- Telemedicine services for one-stop virtual care

Our overall service area includes the following counties:

- Adams
- Berks
- Blair
- Bradford
- Cambria
- Cameron
- Carbon
- Centre
- Clearfield
- Clinton
- Columbia
- Cumberland
- Dauphin
- Elk
- Fulton
- Huntingdon
- Jefferson
- Juniata
- Lackawanna
- Lancaster
- Lebanon
- Lehigh
- Luzerne
- Lycoming
- Mifflin
- Monroe
- Montour
- Northumberland
- Northampton
- Perry
- Pike
- Potter
- Schuylkill
- Somerset
- Snyder
- Sullivan
- Susquehanna
- Tioga
- Union
- Wayne
- Wyoming
- York

## Search for a provider online

Go to [geisingerhealthplan.com/providersearch](https://geisingerhealthplan.com/providersearch) and enter your location and plan type. Your plan type will include your network. 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.

If you select a plan in the Choices network, you'll be able to filter between Tier 1 and Tier 2 providers. The tier is also noted next to the provider name with Tier 1 designated with a green "lowest cost share" badge.



## Healthy Rewards now available for ACA Small Group

Need motivation to exercise? Already work out regularly? Whichever describes you, Healthy Rewards is a reimbursement program that helps you pay for fitness activities.

### How does Healthy Rewards work?

- It's an annual reimbursement of up to \$100/single and \$200/family.
- Members (policyholder only) must complete the online wellness assessment to be eligible.
- Covered activities include:
  - Fitness center memberships
  - Exercise classes
  - Race fees
  - Gymnastics
  - School athletic fees
  - Swimming lessons
  - Sports camps
  - Sports fees
  - Karate

### How do I get it?

Healthy Rewards is available to members who have a small group ACA plan through their employer.\*

Visit [geisingerhealthplan.com](https://geisingerhealthplan.com), then:

1. Log in as a member.
2. Complete the wellness assessment (required). Once logged in, under the "Health and Wellness" tab at the top, click on "Wellness Assessment." Click the link to complete the assessment.
3. Next, under the "Health and Wellness" tab at the top, click on "Healthy Rewards Reimbursement."
4. Download and mail the reimbursement form, along with receipts, per the instructions listed on the form.

This benefit highlight is intended as an information source. Consult with your benefits manager to confirm that you are eligible to participate. Reimbursement is subject to approval by Geisinger Health Plan. The policyholder is the only member required to take a wellness assessment, but each member must fill out the Health Rewards Reimbursement Form.

# Dental coverage for your employees

## Adult dental coverage with Guardian



We've teamed up with Guardian to offer adult dental benefits that can be added to your Geisinger plan to ensure your employees have access to the dental coverage they need.

Guardian offers one of the largest preferred dental networks with over 88,000 providers at more than 200,000 locations nationwide. Guardian dental plans include up to 100% coverage for many preventive services including cleanings, X-rays and oral exams.

### Plans are available that include:

- Anesthesia
- Fillings
- Root canal
- Coverage for pre-existing conditions
- Large network of dentists and specialists
- Extractions
- Repairs and maintenance
- Orthodontia

### Guardian also offers ancillary coverage options including:

- Vision
- Life
- Short-term disability
- Long-term disability

For more information about dental and other ancillary options through Guardian, call us at [800-554-4907](tel:800-554-4907).

### Tools and services at your fingertips

Guardian provides online tools like the Dental Cost Estimator and Find a Provider service to help you make educated benefit decisions. Download the Guardian Anytime mobile app to use the Find a Provider service. Guardian's customer response unit is available to assist with benefits, claim inquiries or website support.



## Pediatric dental coverage, administered by SKYGEN



Dental coverage for children under the age of 19 is embedded in our Geisinger plans. No additional action is needed on your part if your employees need dental coverage for their children. All pediatric dental benefits are administered by SKYGEN.

### Pediatric dental plans administered by SKYGEN 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. Call [866-379-4489](tel:866-379-4489) with questions about your pediatric dental benefits.

Services available from a large network of participating pediatric dentists and specialists, listed at [geisinger.sciondental.com](http://geisinger.sciondental.com) [from the menu, click on Geisinger Exchange]

The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004

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Guardian dental insurance products are offered by The Guardian Life Insurance of America, an independent company. Guardian insurance products are underwritten by and issued by The Guardian Life Insurance Company of America, New York, NY. Policy and limitations and exclusions may apply. Documents are the final arbiter of coverage.

# Things to know before you shop

Our plans have distinct names and numbers. We have outlined what those mean in the example below.

Geisinger All-Access **PPO** **20** / **40** / **1000**

## All of our plan names start with Geisinger.

The next portion of the name tells you the network name and plan type.

## The first number is the primary care provider (PCP) copay.

A copay is a fixed amount your employees will pay for a covered healthcare service, usually when they receive the service. In the example above, they would pay \$20 each time they visit their PCP.

## The second number is the specialty care provider (SCP) copay.

This means each time your employees visit a specialty care provider (SCP), they would pay \$40.

## The third number is the deductible amount.

This is the amount your employees will pay for healthcare services before their insurance pays for its portion. In the example above, your employees would have to pay \$1,000 for healthcare services before GHP pays for its portion.

## What are the different plan types?

### HMO (health maintenance organization)

With an HMO plan, your employees select a PCP who will help manage their health and wellness. HMOs generally cost less because your employees use in-network providers.

### POS (point of service)

With POS, your employees select a PCP to help coordinate their care. They can see other healthcare providers — in or out of our network. They will pay more for services from providers outside our network.

### PPO (preferred provider organization)

With a PPO, your employees do not need to select a PCP. They can see other healthcare providers — in or out of our network. Your employees will pay more for services from providers outside our network.

### Geisinger Extra

With our Geisinger Extra plans, if your employee visits a primary care site designated as a “Geisinger Extra” site, they will pay lower office visit copays. Some Geisinger Extra sites are also ProvenHealth Navigator® locations, where extra care is provided because the office is staffed with a GHP nurse. To find a Geisinger Extra site, visit [geisingerhealthplan.com/providersearch](https://www.geisingerhealthplan.com/providersearch). Geisinger Extra plans are only available in select counties. Find details on page 8.

### QHDHP

A qualified high-deductible health plan (QHDHP) has lower premiums and higher deductibles than a traditional insurance plan. Your employees must have a QHDHP to have a health savings account. For more information on health savings accounts (HSAs) and their benefits, visit <https://www.irs.gov/publications/p969>.

### EHB (essential health benefits)

A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. See link for more details: <https://www.healthcare.gov/glossary/essential-health-benefits/>.

# Learn about our network options

## All-Access

What is it?	The All-Access network includes all participating network providers across the entire service area.
What are the benefits?	With All-Access, members enjoy access to our entire provider network all with a single level of cost-share.
Key consideration?	With broader access and one cost-share level, premiums may be higher than with other network options.

## Premier

What is it?	The Premier network is made up of the highest-performing, most exclusive providers.
What are the benefits?	Created using quality, efficiency and cost metrics leading to a highly integrated care delivery, plans using this network generally have a lower cost.
Key consideration?	This network is available in 15 counties <sup>1</sup> . Only services obtained through Premier network providers will be covered. This network's provider options are limited to a small, exclusive list. Visit <a href="https://geisingerhealthplan.com/providersearch">geisingerhealthplan.com/providersearch</a> to see if your provider is in the Premier network before making your selection

## Choices

What is it?	The Choices network splits all participating providers into two tiers, offering members a more selective choice on receiving care.
What are the benefits?	The highest-value providers, designated by Tier 1, will provide members with the highest quality of care at the lowest cost to them. The Choices plan offers the most flexibility with access to Tier 1, Tier 2 and out-of-network providers.
Key consideration?	This network is available in 15 counties <sup>1</sup> and only available as a PPO. Tier 2 services will have a higher out-of-pocket cost, but are still considered in-network. Visit <a href="https://geisingerhealthplan.com/providersearch">geisingerhealthplan.com/providersearch</a> to see if your provider is in the Choices network before making your selection.

<sup>1</sup>Premier and Choices networks are only available in the following counties: Carbon, Centre, Columbia, Lackawanna, Lehigh, Luzerne, Mifflin, Monroe, Montour, Northumberland, Northampton, Schuylkill, Snyder, Union and Wayne.

To ensure a majority of employees and dependents have access to the highest-performing providers, all enrolling employees must reside within the available 15 counties or within 20 minutes/30 miles of a Tier 1 provider.



## Geisinger Extra Care you need at a lower cost

Your employees can get the care they need in an innovative way through Geisinger Extra. When your employees select a primary care site designated as an Extra site, they will pay lower office visit copays.

Some Geisinger Extra sites are also ProvenHealth Navigator® (PHN) locations. At these offices members receive “extra” care because PHN sites include a Geisinger Health Plan nurse who works closely with physicians and office staff to provide additional services.

### Service area & eligibility

Geisinger Extra is available to small group employers in the 1 to 50 market segment and large group employers in the 51+ market segment as long as their physical location is in our Geisinger Extra service area. Eligible Geisinger Extra counties are listed below.

- Carbon
- Centre
- Clinton
- Columbia
- Cumberland
- Dauphin
- Juniata
- Lackawanna
- Lehigh
- Luzerne
- Lycoming
- Mifflin
- Monroe
- Montour
- Northampton
- Northumberland
- Perry
- Schuylkill
- Snyder
- Susquehanna
- Union
- Wayne
- Wyoming

Members must reside in our overall Geisinger service area, which is listed on page 3.

### Additional services at PHN sites:

- Same-day appointments for urgent care
- On-site health coaching
- Assistance managing all care for those with complex medical conditions
- Help moving from the hospital to home, if appropriate
- Preventive care such as flu shots or other immunizations
- Education about better managing diabetes, heart disease and other chronic conditions

**Questions?**  
Call 800-554-4907.



# Our Platinum plans

Your employees will generally pay more in monthly contributions and less out-of-pocket for medical care with a Platinum plan. The Platinum plans we offer include small group ACA HMO options, All-Access PPO options, Premier HMO options, Choices PPO options, as well as our unique Geisinger Extra plans. To compare benefit details of each plan, review the summary chart below.

Geisinger Premier, Choices and Extra plans are only available in certain counties. See page 7 for details on Premier and Choices network plans and page 8 for details on Extra plans.

	Platinum	Platinum	Platinum	Platinum
	Geisinger Small Group ACA All-Access HMO 10/20/0	Geisinger Small Group ACA All-Access HMO 15/30/400	Geisinger All-Access PPO 10/20/0	Geisinger All-Access PPO 15/30/250
<b>In-network services</b>				
PCP copay	\$10	\$15	\$10	\$15
Specialist copay	\$20	\$30	\$20	\$30
Medical deductible: Single/Family	\$0/\$0	\$400/\$800	\$0/\$0	\$250/\$500
Max. out-of-pocket: Single/Family	\$6,000/\$12,000	\$2,500/\$5,000	\$6,000/\$12,000	\$7,350/\$14,700
Coinsurance	0%	0%	0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible	\$200 per stay after deductible	0% after deductible
Outpatient services	\$100 after deductible	\$75 after deductible	\$100 copay after deductible	0% after deductible
Emergency room	\$75	\$100	\$75	\$150
Prescription drug	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>
<b>Out-of-network services</b>				
Deductible: Single/Family	Limited to in-network	Limited to in-network	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance			20%	20%
Max. out-of-pocket: Single/Family			\$10,000/\$20,000	\$15,000/\$30,000

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

# Our Platinum plans (continued)

	Platinum	Platinum		Platinum	Platinum
	Geisinger Premier HMO 10/20/0	Geisinger Choices PPO 10/20/0		Geisinger All-Access Extra PPO 10/40/0	Geisinger All-Access Extra PPO 10/40/250
<b>In-network services</b>					
PCP copay	\$10	Tier 1: \$10	Tier 2: \$40	\$10 <sup>1</sup> /\$40	\$10 <sup>1</sup> /\$40
Specialist copay	\$20	Tier 1: \$20	Tier 2: \$70	\$40	\$40
Medical deductible: Single/Family	\$0/\$0	\$0/\$0	\$400/\$800	\$0/\$0	\$250/\$500
Max. out-of-pocket: Single/Family	\$6,000/\$12,000	\$2,000/\$4,000		\$1,850/\$3,700	\$2,250/\$4,500
Coinsurance	0%	0%		0%	0%
Inpatient services	\$200 per stay after deductible	\$100 per stay after deductible		\$250 per stay after deductible	0% after deductible
Outpatient services	\$100 after deductible	\$75 after deductible		\$100 after deductible	0% after deductible
Emergency room	\$75	\$75		\$125	\$75
Prescription drug	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>2</sup>	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% up to \$150 Tier 6: \$0 <sup>2</sup>		Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>2</sup>	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>2</sup>
<b>Out-of-network services</b>					
Deductible: Single/ Family	Limited to in-network	\$1,000/\$2,000		\$2,000/\$4,000	\$4,000/\$8,000
Coinsurance		20%		20%	20%
Max. out-of-pocket: Single/Family		\$10,000/\$20,000		\$10,000/\$20,000	\$15,000/\$30,000

<sup>1</sup>Notes the PCP copay amount when using a Geisinger Extra site.

<sup>2</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

# Our Platinum plans (continued)

Platinum	
Geisinger Small Group ACA All-Access HMO 20/35/450	
In-network services	
PCP copay	\$20
Specialist copay	\$35
Medical deductible: Single/Family	\$450/\$900
Max. out-of-pocket: Single/Family	\$5,000/\$10,000
Coinsurance	20%
Inpatient services	20% after deductible
Outpatient services	20% after deductible
Emergency room	\$150
Prescription drug	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>
Out-of-network services	
Deductible: Single/ Family	Limited to in-network
Coinsurance	
Max. out-of-pocket: Single/Family	

New plans for 2023 are highlighted in green above.

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

# Our Gold plans

The Gold plans we offer include small group ACA HMO options, All-Access PPO options, PPO qualified high deductible health plan (QHDHP) options, Premier HMO options, Choices PPO options, as well as our unique Geisinger Extra plans. To compare benefit details of each plan, review the summary chart below.

Geisinger Premier, Choices and Extra plans are only available in certain counties. See page 7 for details on Premier and Choices network plans and page 8 for details on Extra plans.

	Gold	Gold	Gold	Gold	Gold
	Geisinger Small Group ACA All-Access HMO 20/40/500	Geisinger Small Group ACA All-Access HMO 20/40/1000	Geisinger Small Group ACA All-Access HMO 20/40/1500	Geisinger Small Group ACA All-Access HMO 20/40/3200	Geisinger All-Access PPO 20/40/500
<b>In-network services</b>					
PCP copay	\$20	\$20	\$20	\$20	\$20
Specialist copay	\$40	\$40	\$40	\$40	\$40
Medical deductible: Single/Family	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,200/\$6,400	\$500/\$1,000
Max. out-of-pocket: Single/Family	\$9,100/\$18,200	\$8,600/\$17,200	\$9,100/\$18,200	\$8,550/\$17,100	\$9,100/\$18,200
Coinsurance	0%	0%	0%	0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible	\$200 per stay after deductible	0% after deductible	\$200 per stay after deductible
Outpatient services	\$250 copay after deductible	\$175 copay after deductible	\$150 after deductible	0% after deductible	\$250 copay after deductible
Emergency room	\$250	\$200	\$200	\$200 after deductible	\$250
Prescription drug	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Deductible: \$150/\$300 Tier 1: \$3 Tier 2: \$15 Tier 3: \$40 after deductible Tier 4: \$60 after deductible Tier 5: 40% coinsurance after deductible up to \$200 Tier 6: \$0 <sup>1</sup>	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>
<b>Out-of-network services</b>					
Deductible: Single/Family	Limited to in-network	Limited to in-network	Limited to in-network	Limited to in-network	\$4,000/\$8,000
Coinsurance					30%
Max. out-of-pocket: Single/Family					\$15,000/\$30,000

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

## Our Gold plans (continued)

	Gold	Gold	Gold	Gold
	Geisinger All-Access PPO 20/40/1000	Geisinger All-Access PPO 20/40/1500	Geisinger All-Access PPO 25/50/2000	Geisinger All-Access PPO 25/50/3300
<b>In-network services</b>				
PCP copay	\$20	\$20	\$25	\$25
Specialist copay	\$40	\$40	\$50	\$50
Medical deductible: Single/Family	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$3,300/\$6,600
Max. out-of-pocket: Single/Family	\$8,600/\$17,200	\$9,100/\$18,200	\$7,350/\$14,700	\$8,550/\$17,100
Coinsurance	0%	0%	0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible	\$100 per stay after deductible	0% after deductible
Outpatient services	\$175 copay after deductible	\$150 copay after deductible	\$100 copay after deductible	0% after deductible
Emergency room	\$200	\$200	\$200	\$200 after deductible
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>
<b>Out-of-network services</b>				
Deductible: Single/ Family	\$4,000/\$8,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000
Coinsurance	30%	30%	30%	30%
Max. out-of-pocket: Single/Family	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

# Our Gold plans (continued)

	Gold	Gold	Gold	Gold	Gold
	Geisinger All-Access PPO 30/60/3500	Geisinger Small Group ACA All-Access HMO 30/60/3500	Geisinger All-Access PPO 25/50/2000 1x ded	Geisinger All-Access PPO 25/50/4500 1x ded	Geisinger All-Access QHDHP PPO 3000
<b>In-network services</b>					
PCP copay	\$30	\$30	\$25	\$25	0% after deductible
Specialist copay	\$60	\$60	\$50	\$50	0% after deductible
Medical deductible: Single/Family	\$3,500/\$7,000	\$3,500/\$7,000	\$2,000/\$2,000	\$4,500/\$4,500	\$3,000/\$6,000
Max. out-of-pocket: Single/Family	\$7,350/\$14,700	\$7,000/\$14,000	\$7,350/\$14,700	\$7,350/\$14,700	\$3,000/\$6,000
Coinsurance	0%	20%	0%	0%	0%
Inpatient services	0% after deductible	20% after deductible	\$100 per stay after deductible	\$100 per stay after deductible	0% after deductible
Outpatient services	0% after deductible	20% after deductible	\$100 copay after deductible	\$100 copay after deductible	0% after deductible
Emergency room	\$250	\$350	\$200	\$200	0% after deductible
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Deductible is combined with medical deductible.  Tier 1-5: 0% after deductible Tier 6: \$0 <sup>1</sup>
<b>Out-of-network services</b>					
Deductible: Single/Family	\$10,000/\$20,000	Limited to in-network	\$10,000/\$20,000	\$10,000/\$20,000	\$8,000/\$16,000
Coinsurance	30%		30%	30%	30%
Max. out-of-pocket: Single/Family	\$15,000/\$30,000		\$15,000/\$30,000	\$15,000/\$30,000	\$8,000/\$16,000

New plans for 2023 are highlighted in yellow above.

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

# Our Gold plans (continued)

	Gold	Gold	Gold	Gold		Gold	
	Geisinger Premier HMO 20/40/1000	Geisinger Premier HMO 25/50/2000	Geisinger Premier HMO 25/50/3300	Geisinger Choices PPO 20/40/1000		Geisinger Choices PPO 20/40/2000	
<b>In-network services</b>							
PCP copay	\$20	\$25	\$25	Tier 1: \$20	Tier 2: \$40	Tier 1: \$20	Tier 2: \$40
Specialist copay	\$40	\$50	\$50	Tier 1: \$40	Tier 2: \$80	Tier 1: \$40	Tier 2: \$80
Medical deductible: Single/Family	\$1,000/\$2,000	\$2,000/\$4,000	\$3,300/\$6,600	Tier 1: \$1,000/ \$2,000	Tier 2: \$2,000/ \$4,000	Tier 1: \$2,000/ \$4,000	Tier 2: \$4,000/ \$8,000
Max. out-of-pocket: Single/Family	\$8,600/\$17,200	\$7,350/\$14,700	\$8,550/\$17,100	\$8,000/\$16,000		\$7,350/\$14,700	
Coinsurance	0%	0%	0%	0%		0%	
Inpatient services	\$200 per stay after deductible	\$100 per stay after deductible	0% after deductible	\$200 per stay after deductible		\$200 per stay after deductible	
Outpatient services	\$175 copay after deductible	\$100 copay after deductible	0% after deductible	\$100 after deductible		\$100 after deductible	
Emergency room	\$200	\$200	\$200 after deductible	\$200		\$200	
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% up to \$250 Tier 6: \$0 <sup>1</sup>		Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% up to \$250 Tier 6: \$0 <sup>1</sup>	
<b>Out-of-network services</b>							
Deductible: Single/Family				\$4,000/\$8,000		\$8,000/\$16,000	
Coinsurance	Limited to in-network	Limited to in-network	Limited to in-network	30%		30%	
Max. out-of-pocket: Single/Family				\$15,000/\$30,000		\$15,000/\$30,000	

<sup>1</sup> Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

## Our Gold plans (continued)

	Gold	Gold	Gold	Gold
	Geisinger All-Access Extra PPO 10/60/500	Geisinger All-Access Extra PPO 10/60/1000	Geisinger All-Access Extra PPO 10/60/2000	Geisinger All-Access Extra PPO 20/60/3500
<b>In-network services</b>				
PCP copay	\$10 <sup>1</sup> /\$60	\$10 <sup>1</sup> /\$60	\$10 <sup>1</sup> /\$60	\$20 <sup>1</sup> /\$60
Specialist copay	\$60	\$60	\$60	\$60
Medical deductible: Single/Family	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000
Max. out-of-pocket: Single/Family	\$8,700/\$17,400	\$9,100/\$18,200	\$7,350/\$14,700	\$7,350/\$14,700
Coinsurance	0%	0%	0%	0%
Inpatient services	\$150 per stay after deductible	\$100 per stay after deductible	\$100 per stay after deductible	0% after deductible
Outpatient services	\$150 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	0% after deductible
Emergency room	\$150	\$150	\$150	\$250
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>2</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>2</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>2</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>2</sup>
<b>Out-of-network services</b>				
Deductible: Single/Family	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000	\$10,000/\$20,000
Coinsurance	30%	30%	30%	40%
Max. out-of-pocket: Single/Family	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000

<sup>1</sup> Notes the PCP copay amount when using a Geisinger Extra site.

<sup>2</sup> Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.



# Our Gold plans (continued)

	Gold	Gold		Gold	
	Geisinger Small Group ACA All-Access HMO 25/50/2000	Geisinger Choices PPO 20/40/0		Geisinger Choices PPO 20/40/0 Copay Based	
<b>In-network services</b>					
PCP copay	\$25	Tier 1: \$20	Tier 2: \$30	Tier 1: \$20	Tier 2: \$40
Specialist copay	\$50	Tier 1: \$40	Tier 2: \$60	Tier 1: \$40	Tier 2: \$80
Medical deductible: Single/Family	\$2,000/\$4,000	Tier 1: \$0/\$0	Tier 2: \$3,000/\$6,000	\$0/\$0	
Max. out-of-pocket: Single/Family	\$7,350/\$14,700	Tier 1: \$7,000/\$14,000	Tier 2: \$9,100/\$18,200	\$9,100/\$18,200	
Coinsurance	0%	0%		0%	
Inpatient services	\$100 per stay after deductible	\$200 per stay after deductible		Tier 1: \$300 per stay	Tier 2: \$600 per stay
Outpatient services	\$100 copay after deductible	\$200 after deductible		Tier 1: \$250	Tier 2: \$500
Emergency room	\$200	\$200		\$200	
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$3 Tier 2: \$15 Tier 3: \$35 Tier 4: \$55 Tier 5: 40% up to \$150 Tier 6: \$0 <sup>1</sup>		Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% up to \$150 Tier 6: \$0 <sup>1</sup>	
<b>Out-of-network services</b>					
Deductible: Single/ Family	Limited to in-network	\$8,000/\$16,000		\$4,000/\$8,000	
Coinsurance		30%		30%	
Max out of pocket: Single/Family		\$15,000/\$30,000		\$15,000/\$30,000	

New plans for 2023 are highlighted in yellow above.

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

# Our Silver plans

The Silver plans we offer include small group ACA HMO options, All-Access PPO options, PPO qualified high deductible health plan (QHDHP) options, Premier HMO options, Choices PPO options, as well as our unique Geisinger Extra plans. Your employees will generally pay less in monthly premiums and more out-of-pocket for medical care with a Silver plan. To compare benefit details of each plan, review the summary chart below.

Geisinger Premier, Choices and Extra plans are only available in certain counties. See page 7 for details on Premier and Choices network plans and page 8 for details on Extra plans.

	Silver	Silver	Silver	Silver
	Geisinger Small Group ACA All-Access HMO 30/60/5800	Geisinger All-Access PPO 30/60/6000	Geisinger All-Access PPO 35/70/4300	Geisinger All-Access QHDHP PPO 4800
<b>In-network services</b>				
PCP copay	\$30	\$30	\$35	0% after deductible
Specialist copay	\$60	\$60	\$70	0% after deductible
Medical deductible: Single/Family	\$5,800/\$11,600	\$6,000/\$12,000	\$4,300/\$8,600	\$4800/\$9600
Max. out-of-pocket: Single/Family	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$4800/\$9600
Coinsurance	0%	0%	0%	0%
Inpatient services	0% after deductible	0% after deductible	\$200 per stay after deductible	0% after deductible
Outpatient services	\$100 after deductible	\$100 after deductible	\$250 after deductible	0% after deductible
Emergency room	\$350 copay after deductible	\$250 copay after deductible	\$250 after deductible	0% after deductible
Prescription drug	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>1</sup>	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$45 after deductible Tier 4: \$80 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>1</sup>	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>1</sup>	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 <sup>1</sup>
<b>Out-of-network services</b>				
Deductible: Single/Family	Limited to in-network	\$12,000/\$24,000	\$12,000/\$24,000	\$10,000/\$20,000
Coinsurance		30%	40%	40%
Max. out-of-pocket: Single/Family		\$15,000/\$30,000	\$15,000/\$30,000	\$10,000/\$20,000

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

# Our Silver plans (continued)

	Silver	Silver		Silver	Silver
	Geisinger Premier HMO 35/70/4300	Geisinger Choices PPO 20/40/4000		Geisinger All-Access Extra PPO 20/60/4300	Geisinger Small Group ACA All-Access HMO 45/75/5000
<b>In-network services</b>					
PCP copay	\$35	Tier 1: \$20	Tier 2: \$60	\$20 <sup>1</sup> /\$60	\$45
Specialist copay	\$70	Tier 1: \$40	Tier 2: \$80	\$60	\$75
Medical deductible: Single/Family	\$4,300/\$8,600	Tier 1: \$4,000/\$8,000	Tier 2: \$7,900/\$15,800	\$4,300/\$8,600	\$5,000/\$10,000
Max. out-of-pocket: Single/Family	\$9,100/\$18,200	\$9,100/\$18,200		\$9,100/\$18,200	\$8,700/\$17,400
Coinsurance	0%	0%		0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible		\$200 per stay after deductible	\$125 per stay after deductible
Outpatient services	\$250 after deductible	\$150 after deductible		\$175 copay after deductible	\$400 after deductible
Emergency room	\$250 after deductible	\$200 after deductible		\$300 after deductible	\$450 after deductible
Prescription drug	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% after deductible up to max. out-of-pocket Tier 6: \$0 <sup>2</sup>	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% after deductible up to max. out-of-pocket Tier 6: \$0 <sup>2</sup>		Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>2</sup>	Deductible: \$0 Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>2</sup>
<b>Out-of-network services</b>					
Deductible: Single/Family	Limited to in-network	\$12,000/\$24,000		\$12,000/\$24,000	Limited to in-network
Coinsurance		40%		40%	
Max. out-of-pocket: Single/Family		\$15,000/\$30,000		\$15,000/\$30,000	
<small><sup>1</sup> Notes the PCP copay amount when using a Geisinger Extra site.  <sup>2</sup> Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.</small>					

# Our Bronze plans

The Bronze plans we offer include one PPO, one point-of-service (POS) and one PPO qualified high deductible health plan (QHDHP) option. Your employees will generally pay the least in monthly premiums and the most out-of-pocket for medical care with a Bronze plan. To compare benefit details of each plan, review the summary chart below.

	Bronze	Bronze	Bronze
	Geisinger All-Access PPO 40/90/8400	Geisinger Small Group ACA All-Access QHDHP POS 6850	Geisinger All-Access QHDHP PPO 6850
<b>In-network services</b>			
PCP copay	\$40	0% after deductible	0% after deductible
Specialist copay	\$90	0% after deductible	0% after deductible
Medical deductible: Single/Family	\$8,400/\$16,800	\$6,850/\$13,700	\$6,850/\$13,700
Max. out-of-pocket: Single/Family	\$8,400/\$16,800	\$6,850/\$13,700	\$6,850/\$13,700
Coinsurance	0%	0%	0%
Inpatient services	0% after deductible	0% after deductible	0% after deductible
Outpatient services	0% after deductible	0% after deductible	0% after deductible
Emergency room	0% after deductible	0% after deductible	0% after deductible
Prescription drug	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 <sup>1</sup>	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 <sup>1</sup>	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 <sup>1</sup>
<b>Out-of-network services</b>			
Deductible: Single/Family	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000
Coinsurance	40%	40%	40%
Max. out-of-pocket: Single/Family	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000

<sup>1</sup> Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

# 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)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

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

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

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

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

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

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

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

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

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

Geisinger HMO and PPO plans for small businesses 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.

Geisinger HMO and PPO plans may not cover all your healthcare expenses. Read your Subscription Certificate carefully to determine which healthcare services are covered. For more information, call 800-554-4907.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

This benefits guide is intended as an information source and does not constitute a coverage document. The Subscription Certificate is controlling as to any issues of benefits coverage, limitations and exclusions. This managed care plan may not cover all your health care expenses. Read your Subscription Certificate carefully to determine which health care services are covered. For more information, contact the customer service team at the number on the back of your member ID card.



**Geisinger**