

Geisinger
Health Plan

Quality coverage
for your employees



We'll help you every step of the way.

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

Hours: Monday—Friday, 8 a.m. to 5 p.m.

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, please call 800-554-4907.



Why Geisinger Health Plan?

We give you more.

We're dedicated to helping you find the perfect plan to fit the needs of your business. Our specially trained staff is here to answer your questions. We can help you select the right plan for your business and help 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 large provider network. All of our Geisinger small-group plans comply with the requirements of the Affordable Care Act (ACA).

More perks for your employees

Accessories Program

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, such as:

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

Health management programs

We offer a number of award-winning health management programs to 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
- Tobacco cessation
- Heart failure
- Weight management and more



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. There are also numerous online tools that members can access and complete at their own pace, including wellness workshops, fitness trackers and a meal planner.

Customer service

We pride ourselves on the service we provide our members. Our customer service staff is organized into teams and each team is 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 employer care team member can assist with questions regarding 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 38,000 primary care and specialty physicians
- More than 120 hospitals
- More than 230 urgent and convenient care facilities

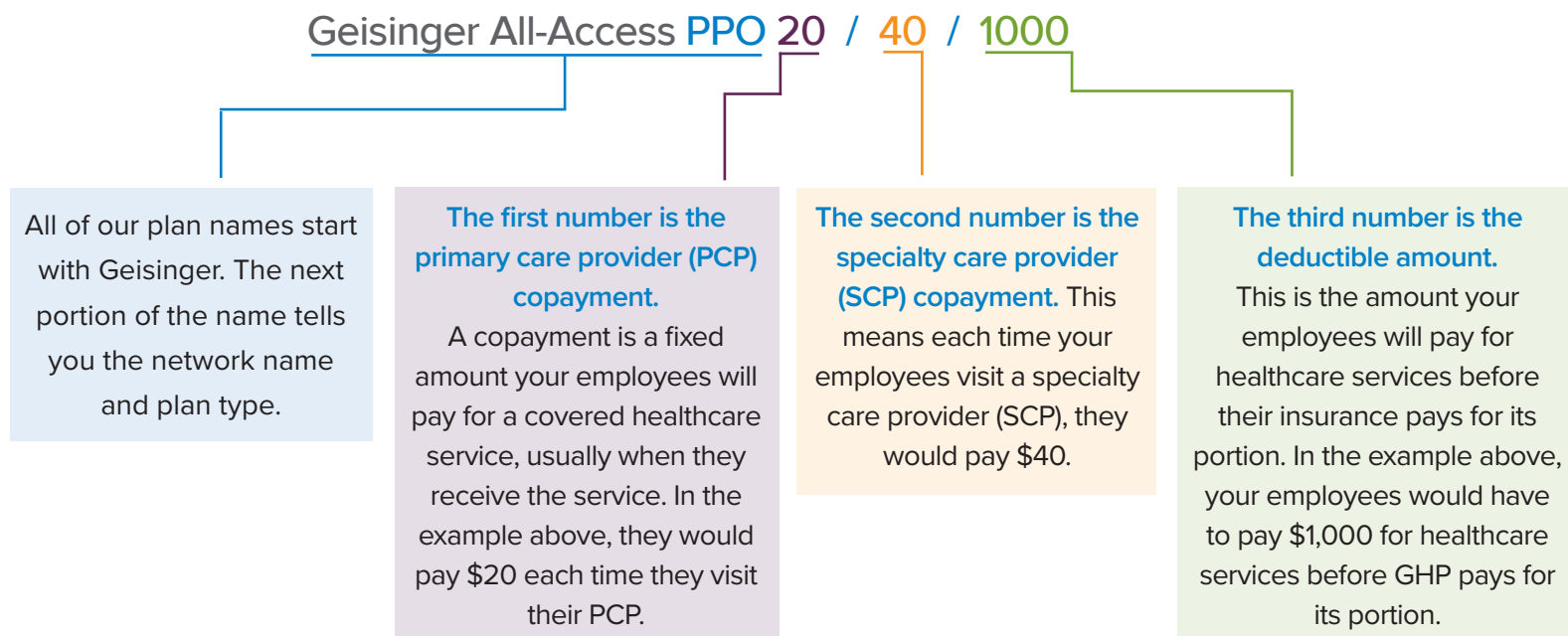
See page 5 for a summary of our network options.

Search for a provider online

Go to 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 will 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.

Things to know before you shop

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



What are the different plan types?

HMO (health maintenance organization)

With an HMO plan, your employees select a primary care physician (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 received 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 received 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).

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.

*Geisinger Extra plans are only available in select counties. Please review page 7.

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 counties¹. **Only services obtained through Premier network providers will be covered.**



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 counties¹ and only available as a PPO. Tier 2 services will have a higher out-of-pocket cost, but are still considered in-network.

¹Premier 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 at a lower cost

Geisinger Extra provides an innovative way to receive care. If you select a primary care site designated as an Extra site, you will **pay lower office visit copays**.

Some Geisinger Extra sites are also ProvenHealth Navigator® (PHN) locations. At these offices you'll 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 1-50 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

Small group members must live in a Geisinger Extra county or within 20 minutes (or 30 miles) of a participating provider. Large group members do not need to reside in a Geisinger Extra county, but must reside in our overall Geisinger service area.

Additional services at PHN sites:

- Same-day appointments for urgent care
- On-site health coaching
- Assistance managing all your care if you have a complex medical condition
- 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 much more



Find a location online

Visit [GeisingerHealthPlan.com/find](https://www.GeisingerHealthPlan.com/find) and select "Find a doctor or location." In the search area, enter your location and choose your plan. Click the search button to see a list of providers based on the location you entered.

To show only Geisinger Extra providers, check the "Geisinger Extra" or "ProvenHealth Navigator" boxes under the Tiered Networks filter on the left side of the search results.

Please note: It is important to ensure a provider is accepting new patients before scheduling an appointment. For ease, you can filter your search results to only show providers that are accepting new patients.

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 All-Access HMO and PPO options, Premier HMO options, Choices PPO options, as well as our unique Geisinger Extra plans. To learn more about all our plans, review page 5. 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 6 for details on Premier and Choices network plans and page 7 for details on Extra plans.

	Platinum	Platinum	Platinum	Platinum
	Geisinger All-Access HMO 10/20/0	Geisinger All-Access HMO 15/30/400	Geisinger All-Access HMO 20/40/250	Geisinger All-Access PPO 10/20/0
In-network services				
PCP copay	\$10	\$15	\$20	\$10
Specialist copay	\$20	\$30	\$40	\$20
Medical deductible: Single/Family	\$0/\$0	\$400/\$800	\$250/\$500	\$0/\$0
Max. out-of-pocket: Single/Family	\$2,900/\$5,800	\$2,000/\$4,000	\$7,350/\$14,700	\$2,900/\$5,800
Coinsurance	0%	0%	0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible	0% after deductible	\$200 per stay after deductible
Outpatient services	\$75 after deductible	\$75 after deductible	0% after deductible	\$75 after deductible
Emergency room	\$75	\$100	\$100	\$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 ¹	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹
Out-of-network services				
Deductible: Single/Family				\$1,000/\$2,000
Coinsurance	No out-of-network benefits available	No out-of-network benefits available	No out-of-network benefits available	20%
Max. out-of-pocket: Single/Family				\$10,000/\$20,000

¹Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

Platinum plans continued

	Platinum	Platinum	Platinum	Platinum
	Geisinger All-Access PPO 15/30/0	Geisinger All-Access PPO 15/30/250	Geisinger All-Access PPO 15/30/1500	Geisinger All-Access QHDHP PPO 1500 ²
In-network services				
PCP copay	\$15	\$15	\$15	0% after deductible
Specialist copay	\$30	\$30	\$30	0% after deductible
Medical deductible: Single/Family	\$0/\$0	\$250/\$500	\$1,500/\$3,000	\$1,500/\$3,000
Max. out-of-pocket: Single/Family	\$2,500/\$5,000	\$7,350/\$14,700	\$7,350/\$14,700	\$1,500/\$3,000
Coinsurance	0%	0%	0%	0%
Inpatient services	\$250 per stay after deductible	0% after deductible	0% after deductible	0% after deductible
Outpatient services	\$100 after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency room	\$200	\$100	\$100	0% after deductible
Prescription drug	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 ¹
Out-of-network services				
Deductible: Single/Family	\$2,000/\$4,000	\$2,000/\$4,000	\$5,000/\$10,000	\$8,000/\$16,000
Coinsurance	20%	20%	20%	30%
Max. out-of-pocket: Single/Family	\$10,000/\$20,000	\$15,000/\$30,000	\$15,000/\$30,000	\$8,000/\$16,000

¹Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

²If you have family members on your policy, the overall family deductible must be met before the plan begins to pay.

Platinum plans continued

	Platinum	Platinum		Platinum	Platinum
	Geisinger Premier HMO 10/20/0	Geisinger Choices PPO 10/20/0		Geisinger Extra PPO 10/40/0	Geisinger Extra PPO 10/40/250
In-network services					
PCP copay	\$10	Tier 1: \$10	Tier 2: \$40	\$40 Extra site: \$10 ¹	\$40 Extra site: \$10 ¹
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	\$2,900/\$5,800	\$2,000/\$4,000		\$1,600/\$3,200	\$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	\$75 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 ²	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ²		Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ²	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ²
Out-of-network services					
Deductible: Single/ Family	No out-of-network benefits available	\$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

¹ Notes your PCP copay amount if you use a Geisinger Extra site.

² Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

Our Gold plans

The Gold plans we offer include All-Access HMO, PPO and PPO qualified high deductible health plan (QHDHP) options, Premier HMO options, Choices PPO options, as well as our unique Geisinger Extra plans. To learn more about all our plans, review page 5. 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 6 for details on Premier and Choices network plans and page 7 for details on Extra plans.

	Gold	Gold	Gold	Gold	Gold
	Geisinger All-Access HMO 20/40/500	Geisinger All-Access HMO 20/40/1000	Geisinger All-Access HMO 20/40/1500	Geisinger All-Access HMO 20/40/2500	Geisinger All-Access PPO 20/40/500
In-network services					
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	\$2,500/\$5,000	\$500/\$1,000
Max. out-of-pocket: Single/Family	\$8,150/\$16,300	\$8,150/\$16,300	\$7,350/\$14,700	\$8,150/\$16,300	\$8,150/\$16,300
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	\$200 copay after deductible	\$125 copay after deductible	\$100 copay after deductible	0% after deductible	\$200 copay after deductible
Emergency room	\$200	\$200	\$200	\$250	\$200
Prescription drug	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	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 ¹	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹
Out-of-network services					
Deductible: Single/Family	No out-of-network benefits available	No out-of-network benefits available	No out-of-network benefits available	No out-of-network benefits available	\$4,000/\$8,000
Coinsurance					30%
Max. out-of-pocket: Single/Family					\$15,000/\$30,000

¹Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

Gold plans continued

	Gold	Gold	Gold	Gold	Gold
	Geisinger All-Access PPO 20/40/1000	Geisinger All-Access PPO 20/40/1500	Geisinger All-Access PPO 25/50/500	Geisinger All-Access PPO 25/50/2000	Geisinger All-Access PPO 25/50/2750
In-network services					
PCP copay	\$20	\$20	\$25	\$25	\$25
Specialist copay	\$40	\$40	\$50	\$50	\$50
Medical deductible: Single/Family	\$1,000/\$2,000	\$1,500/\$3,000	\$500/\$1,000	\$2,000/\$4,000	\$2,750/\$5,500
Max. out-of-pocket: Single/Family	\$8,150/\$16,300	\$7,350/\$14,700	\$6,850/\$13,700	\$7,350/\$14,700	\$7,350/\$14,700
Coinsurance	0%	0%	20%	0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible	\$400 per stay after deductible	\$100 per stay after deductible	0% after deductible
Outpatient services	\$125 copay after deductible	\$100 copay after deductible	\$200 copay after deductible	\$100 copay after deductible	0% after deductible
Emergency room	\$200	\$200	\$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 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Deductible: \$250/\$500 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$80 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of- pocket Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹
Out-of-network services					
Deductible: Single/ Family	\$4,000/\$8,000	\$5,000/\$10,000	\$3,000/\$6,000	\$10,000/\$20,000	\$5,000/\$10,000
Coinsurance	30%	30%	30%	30%	30%
Max. out-of-pocket: Single/Family	\$15,000/\$30,000	\$15,000/\$30,000	\$10,000/\$20,000	\$15,000/\$30,000	\$15,000/\$30,000

¹Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

Gold plans continued

	Gold	Gold	Gold	Gold	Gold
	Geisinger All-Access PPO 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 2100 ²	Geisinger All-Access QHDHP PPO 20/40/1500 ²
In-network services					
PCP copay	\$30	\$25	\$25	0% after deductible	\$20 after deductible
Specialist copay	\$60	\$50	\$50	0% after deductible	\$40 after deductible
Medical deductible: Single/Family	\$3,500/\$7,000	\$2,000/\$2,000	\$4,500/\$4,500	\$2,100/\$4,200	N/A
Max. out-of-pocket: Single/Family	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700	\$2,100/\$4,200	\$6,900/\$13,800
Coinsurance	0%	0%	0%	0%	0%
Inpatient services	0% after deductible	\$100 per stay after deductible	\$100 per stay after deductible	0% after deductible	\$200 per stay after deductible
Outpatient services	0% after deductible	\$100 copay after deductible	\$100 copay after deductible	0% after deductible	\$100 copay after deductible
Emergency room	\$250	\$200	\$200	0% after deductible	\$200 copay 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 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 ¹	Tier 1: \$3 after deductible Tier 2: \$15 after deductible Tier 3: \$40 after deductible Tier 4: \$60 after deductible Tier 5: 40% coinsurance up to \$200 Tier 6: \$0 ¹
Out-of-network services					
Deductible: Single/Family	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$8,000/\$16,000	\$5,000/\$10,000
Coinsurance	30%	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	\$15,000/\$30,000

¹Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

²If you have family members on your policy, the overall family deductible must be met before the plan begins to pay.

Gold plans continued

	Gold	Gold	Gold	Gold		Gold	
	Geisinger Premier HMO 20/40/1000	Geisinger Premier HMO 25/50/2000	Geisinger Premier HMO 25/50/2750	Geisinger Choices PPO 20/40/1000		Geisinger Choices PPO 20/40/2000	
In-network services							
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	\$2,750/\$5,500	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	\$8,150/\$16,300	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700		\$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	\$125 copay after deductible	\$100 copay after deductible	0% after deductible	\$100 copay after deductible		\$100 copay after deductible	
Emergency room	\$200	\$200	\$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 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹
Out-of-network services							
Deductible: Single/Family	No out-of-network benefits available	No out-of-network benefits available	No out-of-network benefits available	\$4,000/\$8,000		\$8,000/\$16,000	
Coinsurance				30%		30%	
Max. out-of-pocket: Single/Family				\$15,000/\$30,000		\$15,000/\$30,000	

¹Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

Gold plans continued

	Gold	Gold	Gold	Gold
	Geisinger Extra PPO 10/60/500	Geisinger Extra PPO 10/60/1000	Geisinger Extra PPO 10/60/2000	Geisinger Extra PPO 20/60/3500
In-network services				
PCP copay	\$60 Extra site: \$10 ¹	\$60 Extra site: \$10 ¹	\$60 Extra site: \$10 ¹	\$60 Extra site: \$20 ¹
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	\$8,150/\$16,300	\$7,350/\$14,700	\$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	\$125 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 ²	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ²	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ²	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ²
Out-of-network services				
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

¹ Notes your PCP copay amount if you use a Geisinger Extra site.

² Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

Our Silver plans

The Silver plans we offer include All-Access HMO, PPO and 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 learn more about all our plans, review page 5. 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 6 for details on Premier and Choices network plans and page 7 for details on Extra plans.

	Silver	Silver	Silver	Silver	Silver
	Geisinger All-Access HMO 30/60/5800	Geisinger All-Access HMO 35/70/4300	Geisinger All-Access PPO 25/50/6750	Geisinger All-Access PPO 30/60/6000	Geisinger All-Access PPO 35/70/4300
In-network services					
PCP copay	\$30	\$35	\$25	\$30	\$35
Specialist copay	\$60	\$70	\$50	\$60	\$70
Medical deductible: Single/Family	\$5,800/\$11,600	\$4,300/\$8,600	\$6,750/\$13,500	\$6,000/\$12,000	\$4,300/\$8,600
Max. out-of-pocket: Single/Family	\$7,350/\$14,700	\$8,150/\$16,300	\$7,350/\$14,700	\$7,350/\$14,700	\$8,150/\$16,300
Coinsurance	0%	0%	0%	0%	0%
Inpatient services	0% after deductible	\$200 per stay after deductible	0% after deductible	0% after deductible	\$200 per stay after deductible
Outpatient services	0% after deductible	\$150 copay after deductible	0% after deductible	0% after deductible	\$150 copay after deductible
Emergency room	\$350 copay after deductible	\$350	\$200 copay after deductible	\$250 copay after deductible	\$350
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 ¹	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 ¹	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 ¹	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 ¹	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 ¹
Out-of-network services					
Deductible: Single/Family			\$12,000/\$24,000	\$12,000/\$24,000	\$12,000/\$24,000
Coinsurance	No out-of-network benefits available	No out-of-network benefits available	40%	30%	40%
Max. out-of-pocket: Single/Family			\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000

Silver plans continued

	Silver	Silver	Silver	Silver	
	Geisinger All-Access PPO 35/70/5000	Geisinger All-Access QHDHP PPO 4100	Geisinger Premier HMO 35/70/4300	Geisinger Choices PPO 20/40/4000	
In-network services					
PCP copay	\$35	0% after deductible	\$35	Tier 1: \$20	Tier 2: \$60
Specialist copay	\$70	0% after deductible	\$70	Tier 1: \$40	Tier 1: \$80
Medical deductible: Single/Family	\$5,000/\$10,000	\$4,100/\$8,200	\$4,300/\$8,600	Tier 1: \$4,000/\$8,000	Tier 1: \$7,900/\$15,800
Max. out-of-pocket: Single/Family	\$7,700/\$15,400	\$4,100/\$8,200	\$8,150/\$16,300	\$7,900/\$15,800	
Coinsurance	0%	0%	0%	0%	
Inpatient services	\$200 per stay after deductible	0% after deductible	\$200 per stay after deductible	\$200 per stay after deductible	
Outpatient services	\$150 copay after deductible	0% after deductible	\$150 copay after deductible	\$150 copay after deductible	
Emergency room	\$350	0% after deductible	\$350	\$350	
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 ¹	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 ¹	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 ¹	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 ¹	
Out-of-network services					
Deductible: Single/Family	\$12,000/\$24,000	\$10,000/\$20,000	No out-of-network benefits available	\$12,000/\$24,000	
Coinsurance	40%	40%		40%	
Max. out-of-pocket: Single/Family	\$15,000/\$30,000	\$10,000/\$20,000		\$15,000/\$30,000	

¹Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

Silver plans continued

	Silver	Silver
	Geisinger Extra PPO 20/60/4300	Geisinger Extra PPO 20/60/6250
In-network services		
PCP copay	\$60 Extra site: \$20 ¹	\$60 Extra site: \$20 ¹
Specialist copay	\$60	\$60
Medical deductible: Single/Family	\$4,300/\$8,600	\$6,250/\$12,500
Max. out-of-pocket: Single/Family	\$8,150/\$16,300	\$7,350/\$14,700
Coinsurance	0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible
Outpatient services	\$150 copay after deductible	\$100 copay after deductible
Emergency room	\$350	\$300
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 ²	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 ²
Out-of-network services		
Deductible: Single/ Family	\$12,000/\$24,000	\$12,000/\$24,000
Coinsurance	40%	30%
Max. out-of-pocket: Single/Family	\$15,000/\$30,000	\$15,000/\$30,000

¹Notes your PCP copay amount if you use a Geisinger Extra site.

²Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

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 learn more about all our plans, review page 5. To compare benefit details of each plan, review the summary chart below.

	Bronze	Bronze	Bronze
	Geisinger All-Access PPO 40/90/7200	Geisinger All-Access QHDHP PPO 6500	Geisinger All-Access QHDHP POS 6500
In-network services			
PCP copay	\$40	0% after deductible	0% after deductible
Specialist copay	\$90	0% after deductible	0% after deductible
Medical deductible: Single/Family	\$7,200/\$14,400	\$6,500/\$13,000	\$6,500/\$13,000
Max. out-of-pocket: Single/Family	\$7,200/\$14,400	\$6,500/\$13,000	\$6,500/\$13,000
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 ¹	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 ¹	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 ¹
Out-of-network services			
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

¹Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

Dental options available

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**.

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 with Avesis



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 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

Please review your Schedule of Benefits for a more detailed list of covered services.

Call us at **800-554-4907** with questions about your pediatric dental benefits.

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.

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/ocrportal/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 الصمم 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 નિઃશુલ્ક 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, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ 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).

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