

Geisinger



Geisinger

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Have a question? Get in touch

Get in touch with our health plan

Geisinger Health Plan Customer Care team 570-214-8525 · 844-568-5229

Get help with our prescription drug plan

Geisinger Health Plan Pharmacy Customer Care team 570-271-5673 · 800-988-4861

Geisinger Mail-Order Pharmacy 844-878-5562 · geisinger.org/pharmacy

Manage your prescriptions online geisinger.org/managerx

Get in touch with our Health & Wellness team

866-415-7138 · Fax: 570-214-7742 · wellness@geisinger.edu

Access mental health/substance abuse support

Geisinger Health Plan Customer Care team (behavioral health specialists) 888-839-7972

Employee Assistance Program (EAP): GuidanceResources® 888-327-4623 · guidanceresources.com

Get answers about our **flexible spending accounts** & **health savings accounts**

Baker Tilly Vantagen

800-307-0230 · Fax: 866-406-0946 · myflexdollars.com

Learn about Life, Accidental Death & Dismemberment (AD&D), Disability and Travel Accident Insurance

Short- and long-term disability, Life and AD&D, Leave of Absence administration: New York Life 888-842-4462 mynylgbs.com

Learn about voluntary benefits

Critical illness, accident and hospital indemnity Voya at 877-236-7564

Norton™ LifeLock™ Benefit Solutions 800-607-9174

Universal life with chronic care benefit Transamerica at 888-763-7474

MetLife legal plans 800-821-6400

MetLife pet insurance 800-438-6388

Learn about family benefits

Care.com membership 855-781-1303 · Care.com/yourbenefits

Get help with our retirement plans

Fidelity Investments

800-343-0860 · netbenefits.com/atwork

Other questions? Talk to our **Benefits team**

Human Resources online

go.geisinger.org/hr

Employee Benefits

570-271-6640 · employeebenefits@geisinger.edu

Employees of International Shared Services Inc. (ISS) 215-752-2221

Find a **Healthcare provider**

geisingerhealthplan.com 844-568-5229



Find a **Dental provider**

deltadentalins.com/geisinger 800-932-0783



Find a **Vision provider**

vsp.com 800-877-7195



How to enroll in benefits

You'll enroll online via Workday. Here's how:

1. From a work computer: Visit workday.geisinger.org. You can also access Workday from the OurGeisinger homepage. Just click on Workday in the navigation bar at the top of the page.

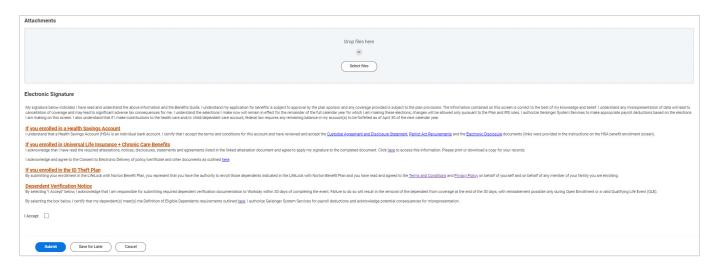
From a home computer (requires PingID): Visit workday.geisinger.org

From the mobile application (requires PingID): Download the free Workday app on your smartphone or tablet.

Before you start enrollment, review your dependent information to be sure all dependents you want to add to coverage are listed in Workday. Just click the Benefits and Pay icon on your home dashboard and click Dependents.



- Click on the Workday Inbox icon, where your onboarding task will be waiting.
- On the left-hand side, find the task titled "Add dependents for benefits" and enter your dependent(s) information.
- Return to your inbox and find the task titled "Change Benefits for Life Event" to take you to the screens to make your elections.
- When you've finished making your selections, click the "I Agree" checkbox to confirm your electronic signature. Then, click the orange "Submit" button at the bottom of the screen to complete your enrollment.



On the confirmation page, you'll be able to view and print your elections.

If you need to make changes to your benefit elections within 30 days of your hire date, contact Employee Benefits: employeebenefits@geisinger.edu or 570-271-6640.



Important

Is your personal information up to date? Make sure it is. To see how to update it in Workday, click here.

Determine your eligibility for benefits

Eligibility guidelines

If	Then
You work full-time Budgeted at 87.5% FTE or above	You're eligible for full-time benefits provided by Geisinger.
You work part-time Budgeted at 50% – 87.4% FTE	You're eligible for part-time benefits provided by Geisinger. Your premiums are based on your budgeted position.
You're in a union	Our benefits package is available to all benefits-eligible employees. Unionized employees should refer to their Collective Bargaining Agreements (CBAs) or speak with a union representative. Newly organized employees should consult with their respective union leaders.

Benefits are effective on the new employee's hire date and on the date an existing employee becomes eligible for benefits.

When can I enroll and when can I make changes?

If you are a new hire or a newly eligible employee, you need to enroll within 30 days of your hire date. If you don't enroll, you'll need to wait until the next open enrollment period, unless you experience one of the following life status changes:

- A change in job status
- · A change in marital status
- · The arrival of a child
- · Adding a stepchild or becoming a legal guardian for a child
- · A change in the status of other insurance
- A court order
- · A change in Medicare status

You must make your new benefit elections within 30 days of your life status change.

Your beneficiaries for Life, Accidental Death & Dismemberment (AD&D) and Business Travel Accident Insurance benefits can be changed at any time. Changes are effective on the date of the change.

Who else can I cover?

Your family members may also be eligible for coverage, including your spouse or domestic partner, your children, stepchildren and domestic partner's children.

Dependents	Eligibility requirements
Legally married spouse	You can cover your spouse. If your spouse also works for Geisinger, you can't be covered as both an employee and a dependent.
Children under the age of 26	You can cover your children, your stepchildren and your domestic partner's children up to age 26. If your spouse/domestic partner also works for Geisinger, your children can only be covered by one parent's plan.
Disabled children	You can continue to cover disabled children after their 26th birthday.
Domestic partner	You can cover a domestic partner who is at least 18 years old, involved with you in a committed relationship (but not legally married), not related to you by marriage or blood and with whom you are financially interdependent for a minimum of six months. If your domestic partner also works for Geisinger, only one of you can be the primary policy holder.

What should I consider when enrolling my domestic partner?

Add them under "Dependents" in Workday within your first 30 days as a new hire.

You will have two choices when enrolling a domestic partner: taxable or qualified domestic partner.

Your contributions and premiums for your domestic partner and their children are taxable unless they qualify as dependents under IRS Code Section 105. For your domestic partner to be considered qualified, the following conditions must be met:

- The domestic partner is a member of your household, and has their principal place of residence in your home.
- Your relationship with the domestic partner does not violate local law.
- You furnish over half of the domestic partner's support for the year.

If you need further clarity, you should consult a tax advisor to determine if you may claim your domestic partner and/or their child(ren) as a dependent for federal tax purposes. Due to federal tax regulations, there are a few things to note:

- You can't use your flexible spending account to pay for expenses incurred by your domestic partner and/ or their dependents, unless they qualify as your dependents under the IRS Code Section 105.
- We can't provide COBRA coverage to your domestic partner unless you are also enrolled in the same COBRA coverage at the same time.
- We can't provide COBRA coverage to your domestic partner's children unless they qualify as your dependents under the IRS Code Section 105.



You will need to verify your dependents

When you enroll an eligible dependent in a medical plan for the first time, you are required to submit documentation to verify your dependent's eligibility.

Look for a communication in your Geisinger email from Geisinger Dependent Verification that explains what documents are needed and how to upload those documents into Workday. Examples of required documents are marriage certificate, bank statement, tax return or birth certificate.

Questions? Call Employee Benefits at 570-271-6640.

Your medical plan options

Different families have different needs, so you can choose from three medical plans and pay only for the coverage you need or want.

Geisinger Enhanced

Pay higher premiums from your paycheck, but lower out-of-pocket costs (copays, deductible and coinsurance).

Geisinger Value HDHP

This high-deductible health plan has lower premiums, but higher out-of-pocket costs. It includes a health savings account (HSA) with a \$600-\$1,200 annual contribution from Geisinger.

Essential

Pay the lowest premiums, but the highest out-ofpocket costs.

For medical plan premiums, see page 33.



How do I choose a medical plan?

Consider all your costs, not just the premiums you'll pay

Your healthcare costs include not just the premiums you pay from your paycheck, but out-of-pocket costs like your deductible, copays, coinsurance and the cost of prescription and over-the-counter medications.

Evaluate your network providers

Find out which group your provider is in by visiting go.geisinger.org/providersearch. If you or a dependent live outside the Geisinger Health Plan (GHP) network area, learn how to find in-network providers through First Health. Contact GHP about the First Health network at 844-568-5229.

Need help electing a plan? Ask ALEX.

ALEX is an online tool that provides personalized, confidential help when electing your medical plan and other benefits. Simply answer a few questions and then ALEX will recommend the best options.

Visit: myalex.com/geisinger/2025



Helpful definitions

Some terms to know for the types of out-of-pocket costs you'll pay for your medical care:

Copay

The set price you pay for covered care, such as an office visit.

Coinsurance

The percentage you pay for services. If you have a 10% coinsurance and you need crutches that cost \$100, you would pay \$10 and Geisinger would pay \$90.

Deductible

The amount of money you must pay before Geisinger starts paying. (It doesn't include copays.)

Out-of-pocket maximum

The most you'll pay in deductibles, copays and coinsurance during a plan year. Once you reach your maximum, Geisinger covers 100% of your eligible medical costs.

Plan summary

Geisinger Enhanced

This plan pays part of the cost of doctor visits right away, even before you spend your deductible. And preventive services like annual wellness exams are 100% covered. With this plan, you can also open a flexible spending account to put aside money toward your health expenses.

When you choose Group 1 providers, you pay less for services. Geisinger Enhanced has no out-of-network coverage, except in emergencies.

	Group 1	Group 2	
Network			
Network in-area	Geisinger + Strategic	GHP Network	
Network out-of-area	First Health	N/A	
Key provisions			
	\$500 individual	\$2,000 individual	
Deductible	\$1,000 two people	\$4,000 two people	
	\$1,500 family	\$6,000 family	
Out-of-pocket maximum	\$3,000 individual	\$7,350 individual	
Out-or-pocket maximum	\$6,000 family	\$14,700 family	
Payment levels			
Preventive services	100% coverage	100% coverage	
Well child visits	100% coverage	100% coverage	
Maternity care Office visits with your physician before and after the arrival of your child	100% coverage for prenatal visits Other diagnostic services: \$30 copay	100% coverage for prenatal visits Other diagnostic services: 20% after deductible	
Primary care	\$10 copay	\$50 copay	
Specialist	\$30 copay	\$90 copay If the primary diagnosis is mental health or substance abuse, a \$50 copay will apply	
Physical therapy, occupational therapy, speech-language therapy	\$20 copay	\$20 copay	
Urgent care If the primary diagnosis is mental health or substance abuse, copay will be \$0	\$30 copay	\$30 copay	
Emergency department	\$250 copay	\$250 copay	
Hospital inpatient and outpatient services	0% coinsurance after deductible	20% coinsurance after deductible	
Maternity hospitalization	0% coinsurance after deductible	20% coinsurance after deductible	
Skilled nursing facility	100% coverage after deductible	20% coinsurance after deductible	
Home healthcare	100% coverage	20% coinsurance after deductible	
Hospice	100% coverage	100% coverage	
Ambulance	100% coverage	100% coverage	

Geisinger Enhanced, continued

Lab/diagnostic	\$30 copay (annual max of \$300) If the primary diagnosis is mental health or substance abuse, cost sharing will be \$0	20% coinsurance after deductible If the primary diagnosis is mental health or substance abuse, cost sharing will be \$0
Elective spine surgery	100% coverage through GHP's Center of Excellence Spine Program, 20% coinsurance after deductible otherwise	20% coinsurance after deductible
Fertility services Lifetime limit of 3 intrauterine insemination (IUI) or in vitro fertilization (IVF)	100% coverage after deductible at Geisinger fertility centers	No coverage
Durable medical equipment	10% coinsurance	10% coinsurance
Ostomy/urological	10% coinsurance	10% coinsurance
Orthotics	50% coinsurance	50% coinsurance
Prosthetics	100% coverage	100% coverage
APOS (all phases of step) therapy	100% coverage at Geisinger orthopaedics	No coverage
Oral surgery/impacted wisdom teeth	100% coverage	20% coinsurance after deductible
Eye refraction exam	100% coverage for one eye refraction per benefit year Other services: deductible applies	\$90 copay for one eye refraction per benefit year Other services: 20% coinsurance after deductible
Medical benefit drugs injection/infusion	\$50 per injection (annual max of \$1,200)	\$50 per injection (annual max of \$1,200)
	Inpatient: 100% coverage after Group 1 deductible	Inpatient: 100% coverage after Group 1 deductible
Mental health &	Outpatient: \$10 copay for individual/group counseling	Outpatient: \$10 copay for individual/group counseling
substance use treatment	Partial hospitalization: 100% coverage after Group 1 deductible	Partial hospitalization: 100% coverage after Group 1 deductible
	Urgent care: \$0 If the primary diagnosis is mental health or substance abuse, copay will be \$0	Urgent care: \$0 If the primary diagnosis is mental health or substance abuse, copay will be \$0

Pres	cription drugs	Geisinger Retail Pharmacy 30-day supply	Geisinger Mail-Order Pharmacy 90-day supply	Other retail pharmacy (e.g., CVS, Rite Aid) 30-day supply
Tier 1	Generic drug costs	Up to \$15 copay	Up to \$30 copay	Up to \$20 copay
Tier 2	Preferred brand-name drug costs	Up to \$35 copay	Up to \$70 copay	Up to \$50 copay
Tier 3	Non-preferred brand-name drug costs	Up to \$65 copay	Up to \$130 copay	Up to \$90 copay
Tier 4	Specialty drug costs	10% coinsurance	N/A	10% coinsurance
Rx deductible (Separate from your medical deductible)		Individual Family	\$100 \$150	
Rx annual out-of-pocket maximum		Individual Family	\$1,500 \$3,500	



Maintenance drugs must be filled through Geisinger's Mail-Order Pharmacy.

Learn more here »

Plan summary

Geisinger Value HDHP

This plan is a high-deductible health plan. With Geisinger Value HDHP, you get a health savings account (HSA) and Geisinger will make a \$600 contribution (\$1,200 for families) toward your healthcare expenses. You can save additional pre-tax dollars if you decide to open a limited purpose flexible spending account (FSA) to put aside money toward dental and vision expenses.

For most services, you must spend your full deductible before Geisinger begins to pay any of the cost. When you choose Group 1 providers, you pay less for services. Preventive services like annual wellness exams are 100% covered when you use in-network providers. If you're on a family plan, only the family deductible listed below applies. It's possible that one person can meet the entire family deductible.

	Group 1	Group 2	Out-of-Network
Network			
Network in-area	Geisinger + Strategic	GHP Network	N/A
Network out-of-area	First Health	N/A	N/A
Key provisions			
Doductible	\$2,000 individual	\$3,000 individual	\$5,000 individual
Deductible	\$4,000 family	\$6,000 family	\$10,000 family
HSA contribution	\$600 individual	\$600 individual	\$600 individual
H5A contribution	\$1,200 family	\$1,200 family	\$1,200 family
Out-of-pocket maximum	\$4,000 individual	\$7,000 individual	\$10,000 individual
Out-of-pocket maximum	\$8,000 family	\$14,000 family	\$20,000 family
Payment levels			
Preventive services	100% coverage	100% coverage	30% coinsurance after deductible
Well child visits	100% coverage	100% coverage	30% coinsurance after deductible
Maternity care Office visits with your physician before and after the arrival of your child	100% coverage for prenatal visits Other diagnostic services: 10% coinsurance after deductible	100% coverage for prenatal visits Other diagnostic services: 20% coinsurance after deductible	30% coinsurance after deductible
Primary care	\$20 after deductible	\$50 after deductible	30% coinsurance after deductible
Specialist	\$40 after deductible	\$90 after deductible If the primary diagnosis is mental health or substance abuse, a \$50 copay after deductible will apply	30% coinsurance after deductible
Physical therapy, occupational therapy, speech-language therapy	\$20 after deductible	\$20 after deductible	30% coinsurance after deductible
Urgent care If the primary diagnosis is mental health or substance abuse, copay will be \$0 after deductible	\$40 after deductible	\$40 after deductible	\$40 after deductible
Emergency department	\$250 after deductible	\$250 after deductible	\$250 after deductible
Hospital inpatient and outpatient services	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Maternity hospitalization	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Skilled nursing facility	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Home healthcare	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Hospice	10% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible

Geisinger Value HDHP, continued

Ambulance	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Lab/diagnostic	10% coinsurance after deductible 0% coinsurance after deductible if the primary diagnosis is mental health or substance abuse	20% coinsurance after deductible 0% coinsurance after deductible if the primary diagnosis is mental health or substance abuse	30% coinsurance after deductible
GHP's Center of Excellence S Program: 100% coverage after deductible; 20% coinsurance deductible otherwise		20% coinsurance after deductible	30% coinsurance after deductible
Fertility services Lifetime limit of 3 intrauterine insemination (IUI) or in vitro fertilization (IVF)	10% coinsurance after deductible at Geisinger fertility centers only	No coverage	No coverage
Durable medical equipment	10% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Ostomy/urological	10% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Orthotics	10% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Prosthetics	10% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
APOS (all phases of step) therapy	10% coinsurance after deductible at Geisinger orthopaedics	No coverage	No coverage
Oral surgery/impacted wisdom teeth	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Eye refraction exam	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Medical benefit drugs injection/infusion	\$50 copay per injection up to \$1,200 after deductible	\$50 copay per injection up to \$1,200 after deductible	30% coinsurance after deductible
	Inpatient: 10% coinsurance after Group 1 deductible	Inpatient: 10% coinsurance after Group 1 deductible	
Mental health & substance use treatment	Outpatient: \$20 copay after deductible for individual/group	Outpatient: \$20 copay after deductible for individual/group	30% coinsurance after deductible
	Partial hospitalization: 10% coinsurance after Group 1 deductible	Partial hospitalization: 10% coinsurance after Group 1 deductible	
	Urgent care: \$0 If the primary diagnosis is mental health or substance abuse, copay will be \$0 after deductible	Urgent care: \$0 If the primary diagnosis is mental health or substance abuse, copay will be \$0 after deductible	Urgent care: \$0 If the primary diagnosis is mental health or substance abuse, copay will be \$0 after deductible

Prescription drugs

You don't have to pay a separate deductible for prescription drugs. Your Group 1 deductible and outof-pocket maximum apply. This means that for most drugs, you must spend your full Group 1 deductible (between \$2,000 and \$4,000) before Geisinger begins paying any of your prescription costs.

		Geisinger Retail Pharmacy 30-day supply	Geisinger Mail-Order Pharmacy 90-day supply	Other retail pharmacy (e.g., CVS, Rite Aid) 30-day supply
Tier 1	Generic drug costs	Up to \$15 copay	Up to \$30 copay	Up to \$20 copay
Tier 2	Preferred brand- name drug costs	Up to \$35 copay	Up to \$70 copay	Up to \$50 copay
Tier 3	Non-preferred brand- name drug costs	Up to \$65 copay	Up to \$130 copay	Up to \$90 copay
Tier 4	Specialty drug costs	10% coinsurance	N/A	10% coinsurance

Value HDHP plan drugs on the Safe Harbor list bypass the deductible and go straight to the copay.

Exception: Even before you've met your deductible, you can receive certain Safe Harbor drugs by paying only the copay. The Pharmacy Customer Care team can tell you more. Check to see if your prescription drugs are on the Safe Harbor list here.



Maintenance drugs must be filled through Geisinger's Mail-Order Pharmacy.

Learn more here »

Plan summary

Geisinger Essential

With Geisinger Essential, you pay the lowest premiums and the highest out-of-pocket costs. But Geisinger still pays part of the cost of doctor visits right away, even before you spend your deductible. And when you use in-network providers, preventive services like annual wellness exams are 100% covered. When you choose Group 1 providers, you pay less for services.

With this plan, you can add to your pre-tax savings by opening a healthcare flexible spending account.

	Group 1	Group 2	Out-of-Network
Network			
Network in-area Geisinger + Strategic		GHP Network	N/A
Network out-of-area	First Health	N/A	N/A
Key provisions			
	\$1,500 individual	\$2,000 individual	\$3,000 individual
Deductible	\$3,000 two people	\$4,000 two people	\$6,000 two people
	\$4,500 family	\$6,000 family	\$9,000 family
	\$5,500 individual	\$7,350 individual	\$9,100 individual
Out-of-pocket maximum	\$11,000 family	\$14,700 family	\$18,200 family
Payment levels			
Preventive services	100% coverage	100% coverage	30% coinsurance after deductible
Well child visits	100% coverage	100% coverage	30% coinsurance after deductible
Maternity care Office visits with your physician before and after the arrival of your child	100% coverage for prenatal visits Other diagnostic services: \$30 copay	100% coverage for prenatal visits Other diagnostic services: 20% coinsurance after deductible	30% coinsurance after deductible
Primary care	\$20 copay	\$50 copay	30% coinsurance after deductible
Specialist	\$40 copay	\$90 copay If the primary diagnosis is mental health or substance abuse, a \$50 copay will apply	30% coinsurance after deductible
Physical therapy, occupational therapy, speech-language therapy	\$20 copay	\$20 copay	30% coinsurance after deductible
Urgent care If the primary diagnosis is mental health or substance abuse, copay will be \$0	\$40 copay	\$40 copay	\$40 copay
Emergency department	\$250 copay	\$250 copay	\$250 copay
Hospital inpatient and outpatient services	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Maternity hospitalization	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Skilled nursing facility	100% coverage after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Home healthcare	100% coverage	20% coinsurance after deductible	30% coinsurance after deductible
Hospice	100% coverage	100% coverage	30% coinsurance after deductible
Ambulance	100% coverage	100% coverage	100% coverage
Lab/diagnostic	\$30 copay (annual max of \$300) If the primary diagnosis is mental health or substance abuse, cost sharing is \$0	20% coinsurance after deductible If the primary diagnosis is mental health or substance abuse, cost sharing is \$0	30% coinsurance after deductible

Geisinger Essential, continued

Elective spine surgery	100% coverage through GHP's Center of Excellence Spine Program, 20% coinsurance after deductible otherwise	20% coinsurance after deductible	30% coinsurance after deductible
Fertility services Lifetime limit of 3 intrauterine insemination (IUI) or in vitro fertilization (IVF)	10% coinsurance after deductible at Geisinger fertility centers only	No coverage	No coverage
Durable medical equipment	10% coinsurance	10% coinsurance	30% coinsurance after deductible
Ostomy/urological	10% coinsurance	10% coinsurance	30% coinsurance after deductible
Orthotics	50% coinsurance	50% coinsurance	30% coinsurance after deductible
Prosthetics	100% coverage	100% coverage	30% coinsurance after deductible
APOS (all phases of step) therapy	100% coverage at Geisinger orthopaedics	No coverage	No coverage
Oral surgery/ impacted wisdom teeth	100% coverage	20% coinsurance after deductible	30% coinsurance after deductible
Eye refraction exam	100% coverage for one eye refraction per benefit year Other services: deductible applies	\$90 copay for one eye refraction per benefit year Other services: 20% coinsurance after deductible	30% coinsurance after deductible
Medical benefit drugs injection/infusion	\$50 per injection (annual max of \$1,200)	\$50 per injection (annual max of \$1,200)	30% coinsurance after deductible
	Inpatient: 100% coverage after Group 1 deductible	Inpatient: 100% coverage after Group 1 deductible	
	Outpatient: \$10 copay for individual/group counseling	Outpatient: \$10 copay for individual/group counseling	30% coinsurance after deductible
Mental health & substance use treatment	Partial hospitalization: 100% coverage after Group 1 deductible	Partial hospitalization: 100% coverage after Group 1 deductible	
	Urgent care: \$0 If the primary diagnosis is mental health or substance abuse, copay will be \$0	Urgent care: \$0 If the primary diagnosis is mental health or substance abuse, copay will be \$0	Urgent care: \$0 If the primary diagnosis is mental health or substance abuse, copay will be \$0

Pres	cription drugs	Geisinger Retail Pharmacy 30-day supply	Geisinger Mail-Order Pharmacy 90-day supply	Other retail pharmacy (e.g., CVS, Rite Aid) 30-day supply
Tier 1	Generic drug costs	Up to \$15 copay	Up to \$30 copay	Up to \$20 copay
Tier 2	Preferred brand-name drug costs	Up to \$35 copay	Up to \$70 copay	Up to \$50 copay
Tier 3	Non-preferred brand-name drug costs	Up to \$65 copay	Up to \$130 copay	Up to \$90 copay
Tier 4	Specialty drug costs	10% coinsurance	N/A	10% coinsurance
				4



Maintenance drugs must be filled through Geisinger's Mail-Order Pharmacy.

Learn more here »

Rx deductible	Individual	\$100
(Separate from your medical deductible)	Family	\$150
Rx annual out-of-pocket maximum	Individual Family	\$1,500 \$3,500

Ways to save on your medical and Rx costs

Geisinger providers

When you use Geisinger providers, you pay less.

Flexible spending accounts

Use pre-tax money to pay for eligible healthcare and dependent day care expenses.

Health savings account

If you're enrolled in our Geisinger Value HDHP plan, you'll get a \$600 HSA credit annually from Geisinger to use toward eligible healthcare expenses. \$1,200 HSA credit annually for a family, paid out on a per pay basis.

Healthy Rewards reimbursement and living discounts

Get reimbursed up to \$100 (individual) and \$200 (families) for healthy living. If you have GHP medical coverage, we'll reimburse you and your covered family members for fees associated with sports fees, gym memberships, race registrations, personal trainers, ballet classes and more.

Discounts on everyday health-related items, such as chiropractic care, massage therapy and acupuncture.

MyHealth Rewards

Earn a \$600 financial incentive, plus another \$600 if your spouse or domestic partner completes the program.

Mail-order pharmacy

Receive a 90-day supply for the copay cost of a 60-day supply for maintenance prescriptions.

Over-the-counter (OTC) drugs

Geisinger pharmacies offer some of the lowest-priced OTC drugs compared to national pharmacies and online retailers. You can use your HSA and FSA money to purchase them.

Free drug program

Our free drug program offers many prescription drugs at a \$0 copay if you're enrolled in the Enhanced or Essential medical plans. For more information visit go.geisinger.org/rxbenefits.

Not sure which medical plan to elect? **ALEX can help!**

ALEX provides personalized, confidential help when electing your medical plan and other benefits. Simply answer a few questions and ALEX will suggest the best options based on the information you provide.



Find out more: myalex.com/geisinger/2025

Your dental benefits

We offer two dental plans



Basic plan

Provides coverage for regular dental exams, X-rays, cleanings, fillings and other services.

Enhanced plan

Provides a higher level of coverage for in-network services than the Basic plan. And includes orthodontia coverage for you and/or covered dependents.

Coverage details

	Basic plan		Enhanced plan			
	In-network	Out-of-network	In-network	Out-of-network		
Deductible	\$75/\$225	\$100/\$300	\$50/\$150	\$100/\$300		
Services - plan coinsurance						
Preventive & diagnostic	100%	100%	100%	100%		
Basic	75%	75%	90%	75%		
Surgical periodontal	75%	75%	90%	75%		
Major	50%	50%	60%	50%		
Implants	50%	50%	50%	50%		
	0%	0%	50%	50%		
Orthodontia	Not applicable		Child & adult			
	\$1,800	\$1,500	\$1,800	\$1,500		
Annual maximums		diagnostic services gainst the annual		d diagnostic services against the annual		
Orthodontia lifetime maximum	N/A	N/A	\$1,500	\$1,000		

Fast facts

Enhanced plan with orthodontia

Braces for the whole family

Get braces and orthodontia for you, your spouse or domestic partner and your dependent children up to age 26.

Each person gets 50% up to \$1,500 in lifetime coverage for traditional braces or Invisalign when you use an in-network provider (and up to \$1,000 with an out-of-network provider).

Paid in two installments

You'll get half of the benefit (up to \$750) when the braces are first put on, and the other half 12 months later as long as you're still enrolled in the Enhanced plan.



If you use in-network providers, you'll never pay more than the amount above. All in-network providers have agreed to accept Delta Dental's Allowed Amount as full payment.

Percentage of coverage for services included in both the Basic and Enhanced plans is based on Delta Dental's applicable maximum plan allowance or the dentist's fee, whichever is less (the Allowed Amount). The Delta Dental payment under the program plus the patient payment equals the Allowed Amount, which is accepted by Delta Dental participating dentists as full payments.

For claims incurred out-of-network, additional charges apply if Delta Dental's payment is not accepted as full payment.



Your vision benefits

We provide free annual eye exams and savings on contacts, prescription glasses and more.

Benefit	Description	Сорау	Frequency
Frames	\$200 allowance 20% discount on costs that exceed your allowance	Included in prescription glasses	Every other calendar year
Prescription lenses Instead of contacts	Single vision, lined bifocal and lined trifocal lenses Impact-resistant lenses for dependent children	\$0 - There is no copay for exam or materials.	Every calendar year
Lens enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements	Standard progressives are covered in full at a VSP provider. \$95–105 for premium \$150–175 for custom	Every calendar year
Contact lenses Instead of glasses or lenses	\$130 allowance for contact lenses Contact lens exam	Up to \$50 for contact lens fitting and evaluation	Every calendar year
Extra savings	Glasses & sunglasses: Extra \$20 glasses and sunglasses, includin	ice and 5% off promotional price; disco I to spend on featured frame brands; 2 g lens enhancements n a \$39 copay on routine retinal scree	0% savings on additional

If both you and your spouse or domestic partner work at Geisinger, only one of you should enroll in coverage. You can't be covered as an employee and a dependent.

Create a VSP account to learn more

To create a vsp.com account, you will need your VSP member ID number. Your member ID is your Social Security number and you will not be issued a card from VSP.

Save with a flexible spending account (FSA)

	Healthcare FSA	Dependent care FSA	Limited purpose FSA
What is it?	An account you can use to pay for qualified medical and other healthcare expenses this year.	An account you can use to pay for qualified day care, senior care and other dependent care expenses this year.	An account you can use to pay for qualified dental and vision expenses this year. If you're enrolled in the Geisinger Value HDHP plan and have a health savings account (HSA), you can only open a limited purpose FSA.
What can I use the money for?	Eligible medical expenses for you and your dependents, including: Payments for services like deductibles, copays and coinsurance. Other eligible medical, prescription drug, dental, vision care expenses and items such as hearing aids, over-the-counter drugs, eyeglasses and laser vision corrections.	Eligible childcare and adult care expenses, including: Care provided in your home or someone else's home. Nursery schools or day camps, if replacing childcare. Licensed day care centers and adult day care centers.	Eligible dental and vision expenses for you and your dependents.
Does it save me money?	Yes. When you contribute to your ac so you reduce your income taxes.	ccount via payroll deduction, your co	ontributions are tax-free,
How much can I contribute?	Up to \$3,200 this year.	Up to \$5,000 this year (\$2,500 if you are married, filing separately).	Up to \$3,200 this year.
What is the minimum contribution?	\$100	\$100	\$100
What if I don't use all the money this year?	If you don't use the money by March 2026 and submit claims by April 30,		ur your expenses by March 15,
When can I access my funds?	Your full FSA election will be available the first of the new year. New employees have access when they enroll.	You have access to funds as you contribute; the full FSA election is not front loaded.	Your full FSA election will be available the first of the new year. New employees have access when they enroll.

The Benefits Card: A debit card for your FSA

When you open a flexible spending account, you'll receive a Benefits Card that can be used for qualifying FSA-eligible expenses. Make sure to save your receipts or explanations of benefits, because you may be required to verify your claim. If you can't use your card, you can submit a paper claim for reimbursement. All expenses are automatically deducted from your FSA.

Pre-funded dependent care FSAs

Geisinger preloads your first payroll deduction for your dependent care FSA, making it available to you before your first paycheck — so you can begin using your balance to pay expenses right away.

For more information about eligible FSA expenses, visit the FSA store here »

Save with a health savings account (HSA)

Health savings accounts (HSAs) allow you to set aside pre-tax dollars to pay for healthcare expenses for you and your family. To open an HSA, you must be enrolled in the Geisinger Value HDHP plan.

What is an HSA?	A savings account that belongs to you, which you can use for qualified medical and other healthcare expenses, this year or in the future.
Am I eligible for an HSA?	You can only open an HSA if you enroll in the Geisinger Value HDHP plan.
Will Geisinger contribute to my account?	Yes, Geisinger will contribute \$600 (\$1,200 for families) in equal amounts added to your pay throughout the year. Contributions for new employees will be pro-rated based on the date of hire.
How does an HSA save me money?	When you contribute to your account via payroll deduction, your contributions are tax-free, so you reduce your income taxes.
	As an individual, you can contribute up to \$3,700 each year. With the \$600 Geisinger contribution, that adds up to \$ 4,300, the IRS limit.
How much can I	For families, you can contribute up to \$7,350. With the \$1,200 Geisinger contribution, that adds up to \$8,550, the IRS limit.
contribute each year?	Eligible participants who are over the age of 55 by the end of the calendar year are allowed to make an additional catch-up contribution of \$1,000.
	You can change your HSA election at any time during the year.
What can I use my HSA money for?	 Eligible medical expenses for you and your dependents include: Payments for services under your medical plan, like deductibles, copays and coinsurance Other eligible medical, prescription drug, dental and vision care expenses Many other health expenses, such as hearing aids, over-the-counter drugs, eyeglasses and laser vision corrections You cannot use your HSA for your domestic partner's expenses unless you claim them as a dependent on your taxes If you have both an HSA and a limited purpose FSA, you can only use that FSA for dental and vision expenses.
What if I don't use all the money this year?	Your money rolls over from year to year, and you can use it next year or in the future, even if you leave Geisinger.

Your top HSA questions answered

What does Geisinger contribute to my HSA each year?

When you open your HSA as a Geisinger Value HDHP plan member, Geisinger will contribute \$600 (\$1,200 for families) a year to your account spread over each paycheck. Geisinger Value HDHP plan is a high-deductible health plan, which means you'll have to spend your full deductible (\$2,000 to \$4,000) — including paying the full cost of doctors' visits and some prescriptions — before the plan begins paying any of your costs. To help offset your out-of-pocket costs, Geisinger is giving you this credit, which you can use (alongside any money you contribute) to pay any qualifying medical expenses.

Can I open both an HSA and FSA?

If you have an HSA, you can only open a limited purpose FSA, which can only be used for vision and dental expenses. Like a regular FSA, you'll lose any money in your FSA that you don't use by the end of the year. If you enroll and contribute to an HSA, your spouse cannot be enrolled in a regular medical FSA with their employer.

Can I invest my HSA money?

Yes. Once you reach a balance of \$2,000, you can place your money in different investment funds with Charles Schwab. You can view your investment performance online at myflexdollars.com.

Why would I not be eligible for an HSA?

You can't be covered by any other health insurance plans, be claimed as a a dependent by someone like your parents or be enrolled in Medicare.

Focus on your health and earn a financial incentive with MyHealth Rewards

With the free tools and resources you get from MyHealth Rewards, you can focus on and better understand your health, plus earn a financial incentive.



Focus on your health

Your online member portal is loaded with tools and resources to help you manage your health in one convenient place. You'll find:

Educational resources

- · A symptom checker
- · Healthy recipes
- Podcasts on mental health and wellness
- Well-being resource center videos everything from quick 10-minute workouts to breathing exercises
- Health articles on a variety of topics
- A personal health record you can access and update as needed

Tools to adjust behaviors

- Daily Habits Use this online accountability tool to accomplish your goals at your own pace by breaking them down into achievable steps.
- Health trackers Sync your favorite fitness device to your well-being portal with our device and app connection center.
- Programs Join challenges, request a health coach or sign up for a class — and do it all right online.



Farn a financial incentive

Geisinger will give you a \$600 incentive and another incentive of \$600 if your spouse or domestic partner completes the program. You must be enrolled in a Geisinger medical plan to qualify for the credit. (If you and your spouse are both Geisinger employees and enrolled in benefits, you'll each only receive one \$600 credit.)

More healthy activity options to choose from to help you focus on your total health

Physical health options:

- Annual physical or wellness exam with your primary care physician
- Physical activity tracking
- · Virtual wellness activities and challenges

Sync fitness devices like Apple Watch or Fitbit or use applications like iFit and Google Health as part of the program.

Mental health and well-being options:

- M-PATH peer support
- · Well-being workshops
- Cabana engagement

Financial wellness options:

• Fidelity's financial wellness check-up

Learn more

Find out more about the program and how to participate by visiting the MyHealth Rewards site on OurGeisinger.

Work with a free health coach to identify your health goals and design a plan to achieve them.

Grow your career with tuition reimbursement

Helping you develop new skills will help us provide better health to all. That's why we provide financial assistance to employees who successfully pass courses at an accredited educational institute, as outlined in Geisinger's tuition reimbursement policy.

How much does Geisinger reimburse?

If your course work relates to your job or another position you're seeking at Geisinger, we will reimburse up to:

\$3,000

per year of qualifying undergraduate/certification education for tuition cost only

\$5,000

per year of qualifying graduate/certification education for tuition cost only

Courses that are eligible for tuition reimbursement

- Online or on-site courses taken and passed at the following types of institutions:
 - · Accredited educational institute, as outlined in Geisinger's tuition reimbursement policy
- Courses accredited by the Pennsylvania State Compliance Review for Vocational Schools
- Courses approved by the College-Level Examination Program (CLEP)

Courses and expenses that are not eligible for reimbursement

- Courses taken at unaccredited institutions
- Seminars that meet Continuing Education Unit (CEU) standards
- Books and supplies
- Eees

For more information, search "Tuition Assistance Policy" in Policy Manager.



Take these steps to get reimbursed

Step 1:

Complete the application for educational assistance before the course begins to make sure both you and the course are eligible.

Step 2:

Obtain an approval email from HR.

Step 3:

Complete your course, submit your itemized bill/invoice and evidence of course completion (i.e., documentation of your course grade).



For more information, visit our Learning and Development site »

Voluntary benefits 2025 employee biweekly rates

Accident insurance — Voya

Accidents can happen any time and have a huge financial impact on you and your family. You may have medical coverage, but what about all those other expenses and everyday bills? Voya accident insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. Use the benefit to pay for uncovered medical expenses and everyday expenses — there are no limitations. Benefits are paid directly to you, regardless of any other coverage you have. You also have access to the Wellness Benefit, which provides a yearly benefit if you complete a health screening test.

& Accident insurance	
Tier	Total biweekly rate
Employee only	\$3.67
Employee + spouse	\$7.04
Employee + child (ren)	\$7.85
Employee + family	\$11.22

Hospital indemnity insurance — Voya

The cost of a hospital stay can be overwhelming, and those costs seem to grow every year. Medical coverage alone might not be enough, and a hospital stay can set you back financially. Voya hospital indemnity insurance can help to ease the financial impact by providing a lump-sum payment directly to you for a stay in a hospital, critical care unit or rehabilitation facility. You can spend the benefit as you choose, such as for out-of-pocket expenses, deductibles, copays, car payments, rent, childcare and more.

⊯ Hospital indemnity insurance									
Tier	Total biweekly rate								
Employee only	\$15.38								
Employee + spouse	\$33.21								
Employee + child (ren)	\$22.46								
Employee + family	\$40.29								

Identity theft protection — Norton™ LifeLock™

It's a fact of life; there's a lot of bad performers who will try to steal your identity, and identity theft protection is a powerful way to protect you and your family. Norton LifeLock Benefit Premier Plus will help protect your digital life by combining leading identity theft protection, device security, online privacy and more, in an always-connected world. The plan is enhanced with features and pricing only available to you through Geisinger. LifeLock offers 24/7 protection and features such as:

- Member service and support agents
- Full-service, U.S.-based identity restoration specialists
- Robust preventive and family device security and child online safety tools
- Specialized alerts and monitoring for peace of mind
- Million Dollar Protection™ Package, plus new Cyber Crime Coverage

Identity theft protection	
Tier	Total biweekly rate
Employee only	\$4.38
Employee + family	\$7.38

Legal insurance — MetLife

Everyone can use backup every now and then, especially for legal issues. The MetLife legal plan includes consultations on covered legal matters and access to a network of credentialed plan attorneys — in-person, by phone or online. Features include:

- Legal services provided by experienced network attorneys (out-of-network benefits also available)
- No copays, deductibles or claim forms when using an in-network attorney for covered services
- Unlimited office and telephone consultations for covered legal matters
- A wide range of services for family life, financial well-being and asset protection, including estate planning, traffic matters, personal bankruptcy, real estate, divorce, tax preparation services and more
- Access to Family First, a program providing personalized solutions to caregiving challenges



Total rate \$6.92

Universal life insurance — Transamerica

Sometimes families need the added protection of a voluntary life insurance plan that goes beyond basic life insurance. Transamerica Universal Life Insurance is supplemental, voluntary, additional life insurance that you can take with you as long as premiums are paid. It offers the chance to build tax-deferred cash value at current interest rates with a guaranteed 2% minimum rate. Employee and spouse options are available. Features include:

- Guaranteed issue coverage no medical questions or exams required
- Employees can elect up to \$200,000 (not to exceed 5x salary); a spouse can elect up to \$50,000 if actively at work (otherwise \$15,000)
- The policy can help pay for chronic care expenses that traditional insurance doesn't cover, such as home health or nursing home care
- Portable coverage you can take it with you if you leave the company

🛧 Uni	Tuniversal life insurance — Employee only *Minimum premium of \$13 is required to have Universal Life coverage.													
	\$10,000		\$20,000		\$30,000		\$40,000		\$50,000		\$60,000		\$70,000	
Age band	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	tobacco
18 - 20	*	*	*	\$7.23	\$7.99	\$10.85	\$10.65	\$14.46	\$13.31	\$18.08	\$15.98	\$21.70	\$18.64	\$25.31
21 - 25	*	*	\$6.10	\$8.44	\$9.15	\$12.67	\$12.19	\$16.89	\$15.24	\$21.11	\$18.29	\$25.33	\$21.34	\$29.55
26 - 30	*	*	\$7.24	\$10.03	\$10.87	\$15.05	\$14.49	\$20.06	\$18.11	\$25.08	\$21.73	\$30.10	\$25.36	\$35.11
31 - 35	*	\$6.20	\$8.75	\$12.40	\$13.12	\$18.60	\$17.49	\$24.80	\$21.87	\$31.00	\$26.24	\$37.20	\$30.61	\$43.41
36 - 40	*	\$7.90	\$10.73	\$15.81	\$16.09	\$23.71	\$21.45	\$31.62	\$26.82	\$39.52	\$32.18	\$47.42	\$37.54	\$55.33
41 - 45	\$6.93	\$10.06	\$13.87	\$20.11	\$20.80	\$30.17	\$27.73	\$40.23	\$34.67	\$50.29	\$41.60	\$60.34	\$48.53	\$70.40
46 - 50	\$8.93	\$12.35	\$17.86	\$24.70	\$26.79	\$37.04	\$35.72	\$49.39	\$44.65	\$61.74	\$53.58	\$74.09	\$62.52	\$86.44
51 - 55	\$11.97	\$16.14	\$23.93	\$32.28	\$35.90	\$48.43	\$47.87	\$64.57	\$59.84	\$80.71	\$71.80	\$96.85	\$83.77	\$112.99
56 - 60	\$16.93	\$21.53	\$33.85	\$43.06	\$50.78	\$64.58	\$67.71	\$86.11	\$84.64	\$107.64	\$101.56	\$129.17	\$118.49	\$150.70
61 - 65	\$23.49	\$28.68	\$46.97	\$57.36	\$70.46	\$86.05	\$93.94	\$114.73	\$117.43	\$143.41	\$140.91	\$172.09	\$164.40	\$200.77
66 - 70	\$33.59	\$40.34	\$67.17	\$80.69	\$100.76	\$121.03	\$134.35	\$161.38	\$167.93	\$201.72	\$201.52	\$242.06	\$235.11	\$282.41
71 - 75	\$47.66	\$56.88	\$95.31	\$113.77	\$142.97	\$170.65	\$190.63	\$227.54	\$238.28	\$284.42	\$285.94	\$341.31	\$333.60	\$398.19
76 - 80	\$52.87	\$60.52	\$105.75	\$121.04	\$158.62	\$181.56	\$211.49	\$242.08	\$264.36	\$302.60	\$317.24	\$363.12	\$370.11	\$423.63

∱ Univ	ersal life	insurance	e – Emplo	yee only										
	\$80,000		\$90,000		\$100,000)	\$110,000)	\$120,000)	\$130,000)	\$140,000)
Age band	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	tobacco
18 - 20	\$21.30	\$28.93	\$23.96	\$32.55	\$26.63	\$36.16	\$29.29	\$39.78	\$31.95	\$43.39	\$34.61	\$47.01	\$37.28	\$50.63
21 - 25	\$24.39	\$33.77	\$27.44	\$38.00	\$30.48	\$42.22	\$33.53	\$46.44	\$36.58	\$50.66	\$39.63	\$54.88	\$42.68	\$59.10
26 - 30	\$28.98	\$40.13	\$32.60	\$45.14	\$36.22	\$50.16	\$39.84	\$55.18	\$43.47	\$60.19	\$47.09	\$65.21	\$50.71	\$70.22
31 - 35	\$34.98	\$49.61	\$39.36	\$55.81	\$43.73	\$62.01	\$48.10	\$68.21	\$52.48	\$74.41	\$56.85	\$80.61	\$61.22	\$86.81
36 - 40	\$42.91	\$63.23	\$48.27	\$71.13	\$53.64	\$79.04	\$59.00	\$86.94	\$64.36	\$94.85	\$69.73	\$102.75	\$75.09	\$110.65
41 - 45	\$55.46	\$80.46	\$62.39	\$90.52	\$69.33	\$100.57	\$76.26	\$110.63	\$83.19	\$120.69	\$90.13	\$130.75	\$97.06	\$140.80
46 - 50	\$71.45	\$98.78	\$80.38	\$111.13	\$89.31	\$123.48	\$98.24	\$135.83	\$107.17	\$148.18	\$116.10	\$160.52	\$125.03	\$172.87
51 - 55	\$95.74	\$129.13	\$107.71	\$145.28	\$119.67	\$161.42	\$131.64	\$177.56	\$143.61	\$193.70	\$155.57	\$209.84	\$167.54	\$225.99
56 - 60	\$135.42	\$172.22	\$152.34	\$193.75	\$169.27	\$215.28	\$186.20	\$236.81	\$203.12	\$258.34	\$220.05	\$279.86	\$236.98	\$301.39
61 - 65	\$187.88	\$229.45	\$211.37	\$258.14	\$234.85	\$286.82	\$258.34	\$315.50	\$281.82	\$344.18	\$305.31	\$372.86	\$328.80	\$401.55
66 - 70	\$268.69	\$322.75	\$302.28	\$363.10	\$335.87	\$403.44	\$369.45	\$443.78	\$403.04	\$484.13	\$436.63	\$524.47	\$470.21	\$564.82
71 - 75	\$381.25	\$455.08	\$428.91	\$511.96	\$476.57	\$568.85	\$524.22	\$625.73	\$571.88	\$682.62	\$619.54	\$739.50	\$667.19	\$796.38
76 - 80	\$381.25	\$455.08	\$428.91	\$511.96	\$476.57	\$568.85	\$524.22	\$625.73	\$571.88	\$682.62	\$619.54	\$739.50	\$667.19	\$796.38

† Unive	→ Universal life insurance — Employee only												
	\$150,000		\$160,000		\$170,000		\$180,000		\$190,000		\$200,000		
Age band	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	
18 - 20	\$39.94	\$54.24	\$42.60	\$57.86	\$45.26	\$61.47	\$47.93	\$65.09	\$50.59	\$68.71	\$53.25	\$72.32	
21 - 25	\$45.73	\$63.33	\$48.78	\$67.55	\$51.82	\$71.77	\$54.87	\$75.99	\$57.92	\$80.21	\$60.97	\$84.43	
26 - 30	\$54.33	\$75.24	\$57.95	\$80.26	\$61.58	\$85.27	\$65.20	\$90.29	\$68.82	\$95.30	\$72.44	\$100.32	
31 - 35	\$65.60	\$93.01	\$69.97	\$99.21	\$74.34	\$105.41	\$78.72	\$111.61	\$83.09	\$117.81	\$87.46	\$124.02	
36 - 40	\$80.45	\$118.56	\$85.82	\$126.46	\$91.18	\$134.37	\$96.54	\$142.27	\$101.91	\$150.17	\$107.27	\$158.08	
41 - 45	\$103.99	\$150.86	\$110.92	\$160.92	\$117.86	\$170.98	\$124.79	\$181.03	\$131.72	\$191.09	\$138.66	\$201.15	
46 - 50	\$133.96	\$185.22	\$142.89	\$197.57	\$151.82	\$209.92	\$160.75	\$222.26	\$169.68	\$234.61	\$178.62	\$246.96	
51 - 55	\$179.51	\$242.13	\$191.48	\$258.27	\$203.44	\$274.41	\$215.41	\$290.55	\$227.38	\$306.70	\$239.34	\$322.84	
56 - 60	\$253.90	\$322.92	\$270.83	\$344.45	\$287.76	\$365.98	\$304.68	\$387.50	\$321.61	\$409.03	\$338.54	\$430.56	
61 - 65	\$352.28	\$430.23	\$375.77	\$458.91	\$399.25	\$487.59	\$422.74	\$516.27	\$446.22	\$544.96	\$469.71	\$573.64	
66 - 70	\$503.80	\$605.16	\$537.39	\$645.50	\$570.97	\$685.85	\$604.56	\$726.19	\$638.15	\$766.54	\$671.73	\$806.88	
71 - 75	\$714.85	\$853.27	\$762.51	\$910.15	\$810.16	\$967.04	\$857.82	\$1,023.92	\$905.48	\$1,080.81	\$953.13	\$1,137.69	
76 - 80	\$793.09	\$907.79	\$845.97	\$968.31	\$898.84	\$1,028.83	\$951.71	\$1,089.35	\$1,004.59	\$1,149.87	\$1,057.46	\$1,210.38	

Tuniversal life insurance — Spouse: Actively at work *Minimum premium of \$13 is required to have Universal Life coverage.												
	\$10,000		\$20,000	\$20,000		\$30,000		\$40,000				
Age band	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco		
18 - 20	*	*	*	\$7.23	\$7.99	\$10.85	\$10.65	\$14.46	\$13.31	\$18.08		
21 - 25	*	*	\$6.10	\$8.44	\$9.15	\$12.67	\$12.19	\$16.89	\$15.24	\$21.11		
26 - 30	*	*	\$7.24	\$10.03	\$10.87	\$15.05	\$14.49	\$20.06	\$18.11	\$25.08		
31 - 35	*	\$6.20	\$8.75	\$12.40	\$13.12	\$18.60	\$17.49	\$24.80	\$21.87	\$31.00		
36 - 40	*	\$7.90	\$10.73	\$15.81	\$16.09	\$23.71	\$21.45	\$31.62	\$26.82	\$39.52		
41 - 45	\$6.93	\$10.06	\$13.87	\$20.11	\$20.80	\$30.17	\$27.73	\$40.23	\$34.66	\$50.29		
46 - 50	\$8.93	\$12.35	\$17.86	\$24.70	\$26.79	\$37.04	\$35.72	\$49.39	\$44.65	\$61.74		
51 - 55	\$11.97	\$16.14	\$23.93	\$32.28	\$35.90	\$48.43	\$47.87	\$64.57	\$59.84	\$80.71		
56 - 60	\$16.93	\$21.53	\$33.85	\$43.06	\$50.78	\$64.58	\$67.71	\$86.11	\$84.63	\$107.64		
61 - 65	\$23.49	\$28.68	\$46.97	\$57.36	\$70.46	\$86.05	\$93.94	\$114.73	\$117.43	\$143.41		

Universal life insurance — Spouse: \$15,000 Not actively at work						
Age Band	Non Tobacco	Tobacco				
31 - 35	\$6.56	\$9.30				
36 - 40	\$8.05	\$11.86				
41 - 45	\$10.40	\$15.09				
46 - 50	\$13.40	\$18.52				
51 - 55	\$17.95	\$24.21				
56 - 60	\$25.39	\$32.29				
61 - 65	\$35.23	\$43.02				

2025 employee biweekly rates

Critical illness insurance — Voya

A critical illness can devastate your family's finances, as well as your health. Voya critical illness insurance is designed to come to the rescue of budget-conscious families by helping to pay the costs associated with the initial occurrence of a serious illness such as a heart attack, stroke, cancer or other critical condition as defined in the policy. You can choose a benefit amount of \$5,000 to \$30,000, and your spouse and eligible children can get a benefit of 50% of your amount. You receive a lump-sum benefit, regardless of any other insurance you may have, paid directly to you, and can use it for deductibles, coinsurance, home healthcare needs, travel, lodging or however you wish.

Critical illn	ess insurance			
•	00 · Spouse: \$2,500 · Child: \$	2,500		
Age band	Employee only	Employee + spouse	Employee + child (ren)	Employee + family
Under 30	\$0.53	\$0.80	\$0.53	\$0.80
30 - 39	\$1.22	\$1.84	\$1.22	\$1.84
40 - 49	\$2.40	\$3.60	\$2.40	\$3.60
50 - 59	\$4.06	\$6.09	\$4.06	\$6.09
50 - 64	\$5.15	\$7.72	\$5.15	\$7.72
65 - 69	\$5.15	\$7.72	\$5.15	\$7.72
70+	\$6.95	\$10.42	\$6.95	\$10.42
Employee: \$10,0	000 · Spouse: \$5,000 · Child:	\$5,000		
Jnder 30	\$1.06	\$1.59	\$1.06	\$1.59
30 - 39	\$2.45	\$3.67	\$2.45	\$3.67
10 - 49	\$4.80	\$7.20	\$4.80	\$7.20
50 - 59	\$8.12	\$12.18	\$8.12	\$12.18
60 - 64	\$10.29	\$15.44	\$10.29	\$15.44
65 - 69	\$10.29	\$15.44	\$10.29	\$15.44
70+	\$13.89	\$20.84	\$13.89	\$20.84
Employee: \$15.0	000 · Spouse: \$7,500 · Child:			
Under 30	\$1.59	\$2.39	\$1.59	\$2.39
30 - 39	\$3.67	\$5.51	\$3.67	\$5.51
10 – 49	\$7.20	\$10.80	\$7.20	\$10.80
50 - 59	\$12.18	\$18.28	\$12.18	\$18.28
60 - 64	\$15.44	\$23.16	\$15.44	\$23.16
65 – 69	\$15.44	\$23.16	\$15.44	\$23.16
70+	\$20.84	\$31.26	\$20.84	\$31.26
	000 · Spouse: \$10,000 · Child		¥====	, s =s
Under 30	\$2.12	\$3.18	\$2.12	\$3.18
30 - 39	\$4.89	\$7.34	\$4.89	\$7.34
40 - 49	\$9.60	\$14.40	\$9.60	\$14.40
50 - 59	\$16.25	\$24.37	\$16.25	\$24.37
60 - 64	\$20.58	\$30.88	\$20.58	\$30.88
65 – 69	\$20.58	\$30.88	\$20.58	\$30.88
70+	\$27.78	\$41.68	\$27.78	\$41.68
	000 · Spouse: \$12,500 · Child		<i>\$27.17</i>	ψ 11.00
Under 30	\$2.65	\$3.98	\$2.65	\$3.98
30 - 39	\$6.12	\$9.18	\$6.12	\$9.18
40 - 49	\$12.00	\$18.00	\$12.00	\$18.00
50 - 59	\$20.31	\$30.46	\$20.31	\$30.46
60 - 64		\$38.60		\$38.60
65 - 69	\$25.73 \$25.73	\$38.60	\$25.73 \$25.73	\$38.60
70+	\$34.73	\$52.10	\$34.73	\$52.10
	000 · Spouse: \$15,000 · Child		ψυπ./ υ	Ψ92.10
Under 30	\$3.18	\$4.78	\$3.18	\$4.78
		\$4.78 \$11.01		
30 - 39	\$7.34	,	\$7.34	\$11.01
40 – 49 50 – 59	\$14.40 \$24.27	\$21.60	\$14.40 \$24.27	\$21.60 \$36.55
50 - 59	\$24.37	\$36.55	\$24.37	,
60 - 64 65 - 69	\$30.88	\$46.32	\$30.88	\$46.32
	\$30.88	\$46.32	\$30.88	\$46.32
70+	\$41.68	\$62.52	\$41.68	\$62.52

Voluntary benefits 2025 employee monthly rates

Accident insurance — Voya

Accidents can happen any time and have a huge financial impact on you and your family. You may have medical coverage, but what about all those other expenses and everyday bills? Voya accident insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. Use the benefit to pay for uncovered medical expenses and everyday expenses — there are no limitations. Benefits are paid directly to you, regardless of any other coverage you have. You also have access to the Wellness Benefit, which provides a yearly benefit if you complete a health screening test.

Accident insurance	
Tier	Total biweekly rate
Employee only	\$7.95
Employee + spouse	\$15.25
Employee + child (ren)	\$17.00
Employee + family	\$24.30

Hospital indemnity insurance — Voya

The cost of a hospital stay can be overwhelming, and those costs seem to grow every year. Medical coverage alone might not be enough, and a hospital stay can set you back financially. Voya hospital indemnity insurance can help to ease the financial impact by providing a lump-sum payment directly to you for a stay in a hospital, critical care unit or rehabilitation facility. You can spend the benefit as you choose, such as for out-of-pocket expenses, deductibles, copays, car payments, rent, childcare and more.

⊯ Hospital indemnity insurance					
Tier	Total biweekly rate				
Employee only	\$33.32				
Employee + spouse	\$71.95				
Employee + child (ren)	\$48.67				
Employee + family	\$87.30				

Identity theft protection — Norton™ LifeLock™

It's a fact of life; there's a lot of bad performers who will try to steal your identity, and identity theft protection is a powerful way to protect you and your family. Norton LifeLock Benefit Premier Plus will help protect your digital life by combining leading identity theft protection, device security, online privacy and more, in an always-connected world. The plan is enhanced with features and pricing only available to you through Geisinger. LifeLock offers 24/7 protection and features such as:

- Member service and support agents
- Full-service, U.S.-based identity restoration specialists
- Robust preventive and family device security and child online safety tools
- Specialized alerts and monitoring for peace of mind
- Million Dollar Protection™ Package, plus new Cyber Crime Coverage

Identity theft protection	
Tier	Total biweekly rate
Employee only	\$9.49
Employee + family	\$15.98

Legal insurance — MetLife

Everyone can use backup every now and then, especially for legal issues. The MetLife legal plan includes consultations on covered legal matters and access to a network of credentialed plan attorneys — in-person, by phone or online. Features include:

- Legal services provided by experienced network attorneys (out-of-network benefits also available)
- No copays, deductibles or claim forms when using an in-network attorney for covered services
- Unlimited office and telephone consultations for covered legal matters
- A wide range of services for family life, financial well-being and asset protection, including estate planning, traffic matters, personal bankruptcy, real estate, divorce, tax preparation services and more
- Access to Family First, a program providing personalized solutions to caregiving challenges



Total rate \$15.00

Universal life insurance — Transamerica

Sometimes families need the added protection of a voluntary life insurance plan that goes beyond basic life insurance. Transamerica Universal Life Insurance is supplemental, voluntary, additional life insurance that you can take with you as long as premiums are paid. It offers the chance to build tax-deferred cash value at current interest rates with a guaranteed 2% minimum rate. Employee and spouse options are available. Features include:

- Guaranteed issue coverage no medical questions or exams required
- Employees can elect up to \$200,000 (not to exceed 5x salary); a spouse can elect up to \$50,000 if actively at work (otherwise \$15,000);
- The policy can help pay for chronic care expenses that traditional insurance doesn't cover, such as home health or nursing home care
- Portable coverage you can take it with you if you leave the company

🛧 Uni	Tuniversal life insurance — Employee only *Minimum premium of \$13 is required to have Universal Life coverage.													
	\$10,000		\$20,000		\$30,000		\$40,000		\$50,000		\$60,000		\$70,000	
Age band	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	tobacco
18 - 20	*	*	*	\$15.67	\$17.31	\$23.51	\$23.08	\$31.34	\$28.85	\$39.18	\$34.61	\$47.01	\$40.38	\$54.85
21 - 25	*	*	\$13.21	\$18.29	\$19.82	\$27.44	\$26.42	\$36.59	\$33.03	\$45.74	\$39.63	\$54.88	\$46.24	\$64.03
26 - 30	*	*	\$15.70	\$21.74	\$23.54	\$32.60	\$31.39	\$43.47	\$39.24	\$54.34	\$47.09	\$65.21	\$54.94	\$76.08
31 - 35	*	\$13.44	\$18.95	\$26.87	\$28.43	\$40.31	\$37.90	\$53.74	\$47.38	\$67.18	\$56.85	\$80.61	\$66.33	\$94.05
36 - 40	*	\$17.13	\$23.24	\$34.25	\$34.86	\$51.38	\$46.48	\$68.50	\$58.11	\$85.63	\$69.73	\$102.75	\$81.35	\$119.88
41 - 45	\$15.02	\$21.79	\$30.04	\$43.58	\$45.06	\$65.37	\$60.08	\$87.16	\$75.11	\$108.96	\$90.13	\$130.75	\$105.15	\$152.54
46 - 50	\$19.35	\$26.75	\$38.70	\$53.51	\$58.05	\$80.26	\$77.40	\$107.02	\$96.75	\$133.77	\$116.10	\$160.52	\$135.45	\$187.28
51 - 55	\$25.93	\$34.97	\$51.86	\$69.95	\$77.79	\$104.92	\$103.72	\$139.90	\$129.65	\$174.87	\$155.57	\$209.84	\$181.50	\$244.82
56 - 60	\$36.68	\$46.64	\$73.35	\$93.29	\$110.03	\$139.93	\$146.70	\$186.58	\$183.38	\$233.22	\$220.05	\$279.86	\$256.73	\$326.51
61 - 65	\$50.89	\$62.14	\$101.77	\$124.29	\$152.66	\$186.43	\$203.54	\$248.58	\$254.43	\$310.72	\$305.31	\$372.86	\$356.20	\$435.01
66 - 70	\$72.77	\$87.41	\$145.54	\$174.82	\$218.31	\$262.24	\$291.08	\$349.65	\$363.86	\$437.06	\$436.63	\$524.47	\$509.40	\$611.88
71 - 75	\$103.26	\$123.25	\$206.51	\$246.50	\$309.77	\$369.75	\$413.02	\$493.00	\$516.28	\$616.25	\$619.54	\$739.50	\$722.79	\$862.75
76 - 80	\$114.56	\$131.13	\$229.12	\$262.25	\$343.67	\$393.38	\$458.23	\$524.50	\$572.79	\$655.63	\$687.35	\$786.75	\$801.91	\$917.88

🛧 Uni	🛧 Universal life insurance — Employee only													
	\$80,000		\$90,000		\$100,000		\$110,000)	\$120,000)	\$130,000		\$140,000)
Age band	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	tobacco
18 - 20	\$46.15	\$62.68	\$51.92	\$70.52	\$57.69	\$78.35	\$63.46	\$86.19	\$69.23	\$94.02	\$75.00	\$101.86	\$80.77	\$109.69
21 - 25	\$52.84	\$73.18	\$59.45	\$82.32	\$66.05	\$91.47	\$72.66	\$100.62	\$79.26	\$109.76	\$85.87	\$118.91	\$92.47	\$128.06
26 - 30	\$62.78	\$86.94	\$70.63	\$97.81	\$78.48	\$108.68	\$86.33	\$119.55	\$94.18	\$130.42	\$102.02	\$141.28	\$109.87	\$152.15
31 - 35	\$75.80	\$107.48	\$85.28	\$120.92	\$94.75	\$134.35	\$104.23	\$147.79	\$113.70	\$161.22	\$123.18	\$174.66	\$132.65	\$188.09
36 - 40	\$92.97	\$137.00	\$104.59	\$154.13	\$116.21	\$171.25	\$127.83	\$188.38	\$139.45	\$205.50	\$151.07	\$222.63	\$162.69	\$239.75
41 - 45	\$120.17	\$174.33	\$135.19	\$196.12	\$150.21	\$217.91	\$165.23	\$239.70	\$180.25	\$261.49	\$195.27	\$283.28	\$210.29	\$305.07
46 - 50	\$154.80	\$214.03	\$174.15	\$240.79	\$193.50	\$267.54	\$212.85	\$294.29	\$232.20	\$321.05	\$251.55	\$347.80	\$270.90	\$374.56
51 - 55	\$207.43	\$279.79	\$233.36	\$314.77	\$259.29	\$349.74	\$285.22	\$384.71	\$311.15	\$419.69	\$337.08	\$454.66	\$363.01	\$489.64
56 - 60	\$293.40	\$373.15	\$330.08	\$419.80	\$366.75	\$466.44	\$403.43	\$513.08	\$440.10	\$559.73	\$476.78	\$606.37	\$513.45	\$653.02
61 - 65	\$407.08	\$497.15	\$457.97	\$559.30	\$508.85	\$621.44	\$559.74	\$683.58	\$610.62	\$745.73	\$661.51	\$807.87	\$712.39	\$870.02
66 - 70	\$582.17	\$699.30	\$654.94	\$786.71	\$727.71	\$874.12	\$800.48	\$961.53	\$873.25	\$1,048.94	\$946.02	\$1,136.36	\$1,018.79	\$1,223.77
71 – 75	\$826.05	\$986.00	\$929.30	\$1,109.25	\$1,032.56	\$1,232.50	\$1,135.82	\$1,355.75	\$1,239.07	\$1,479.00	\$1,342.33	\$1,602.25	\$1,445.58	\$1,725.50
76 - 80	\$916.46	\$1,049.00	\$1,031.02	\$1,180.13	\$1,145.58	\$1,311.25	\$1,260.14	\$1,442.38	\$1,374.70	\$1,573.50	\$1,489.25	\$1,704.63	\$1,603.81	\$1,835.75

† Unive	🕇 Universal life insurance — Employee only											
	\$150,000		\$160,000		\$170,000		\$180,000	\$180,000			\$200,000	
Age band	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco
18 - 20	\$86.54	\$117.53	\$92.30	\$125.36	\$98.07	\$133.20	\$103.84	\$141.03	\$109.61	\$148.87	\$115.38	\$156.70
21 - 25	\$99.08	\$137.21	\$105.68	\$146.35	\$112.29	\$155.50	\$118.89	\$164.65	\$125.50	\$173.79	\$132.10	\$182.94
26 - 30	\$117.72	\$163.02	\$125.57	\$173.89	\$133.42	\$184.76	\$141.26	\$195.62	\$149.11	\$206.49	\$156.96	\$217.36
31 - 35	\$142.13	\$201.53	\$151.60	\$214.96	\$161.08	\$228.40	\$170.55	\$241.83	\$180.03	\$255.27	\$189.50	\$268.70
36 - 40	\$174.32	\$256.88	\$185.94	\$274.00	\$197.56	\$291.13	\$209.18	\$308.25	\$220.80	\$325.38	\$232.42	\$342.50
41 - 45	\$225.32	\$326.87	\$240.34	\$348.66	\$255.36	\$370.45	\$270.38	\$392.24	\$285.40	\$414.03	\$300.42	\$435.82
46 - 50	\$290.25	\$401.31	\$309.60	\$428.06	\$328.95	\$454.82	\$348.30	\$481.57	\$367.65	\$508.33	\$387.00	\$535.08
51 - 55	\$388.94	\$524.61	\$414.86	\$559.58	\$440.79	\$594.56	\$466.72	\$629.53	\$492.65	\$664.51	\$518.58	\$699.48
56 - 60	\$550.13	\$699.66	\$586.80	\$746.30	\$623.48	\$762.95	\$660.15	\$839.59	\$696.83	\$886.24	\$733.50	\$932.88
61 - 65	\$763.28	\$932.16	\$814.16	\$994.30	\$865.05	\$1,056.45	\$915.93	\$1,118.59	\$966.82	\$1,180.74	\$1,017.70	\$1,242.88
66 - 70	\$1,091.57	\$1,311.18	\$1,164.34	\$1,398.59	\$1,237.11	\$1,486.00	\$1,309.88	\$1,573.42	\$1,382.65	\$1,660.83	\$1,455.42	\$1,748.24
71 - 75	\$1,548.84	\$1,848.75	\$1,652.10	\$1,972.00	\$1,755.35	\$2,095.25	\$1,858.61	\$2,218.50	\$1,961.86	\$2,341.75	\$2,065.12	\$2,465.00
76 - 80	\$1,718.37	\$1,966.88	\$1,832.93	\$2,098.00	\$1,947.49	\$2,229.13	\$2,062.04	\$2,360.25	\$2,176.00	\$2,491.38	\$2,291.16	\$2,622.50

† Univer	Tuniversal life insurance — Spouse: Actively at work *Minimum premium of \$13 is required to have Universal Life coverage.										
	\$10,000		\$20,000		\$30,000	\$30,000		\$40,000		\$50,000	
Age band	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	Non tobacco	Tobacco	
18 - 20	*	*	*	\$15.67	\$17.31	\$23.51	\$23.08	\$31.34	\$28.85	\$39.18	
21 - 25	*	*	\$13.21	\$18.29	\$19.82	\$27.44	\$26.42	\$36.59	\$33.03	\$45.74	
26 - 30	*	*	\$15.70	\$21.74	\$23.54	\$32.60	\$31.39	\$43.47	\$39.24	\$54.34	
31 - 35	*	\$13.44	\$18.95	\$26.87	\$28.43	\$40.31	\$37.90	\$53.74	\$47.38	\$67.18	
36 - 40	*	\$17.13	\$23.24	\$34.25	\$34.86	\$51.38	\$46.48	\$68.50	\$58.11	\$85.63	
41 - 45	\$15.02	\$21.79	\$30.04	\$43.58	\$45.06	\$65.37	\$60.08	\$87.16	\$75.11	\$108.96	
46 - 50	\$19.35	\$26.75	\$38.70	\$53.51	\$58.05	\$80.26	\$77.40	\$107.02	\$96.75	\$133.77	
51 - 55	\$25.93	\$34.97	\$51.86	\$69.95	\$77.79	\$104.92	\$103.72	\$139.90	\$129.65	\$174.87	
56 - 60	\$36.68	\$46.64	\$73.35	\$93.29	\$110.03	\$139.93	\$146.70	\$186.58	\$183.38	\$233.22	
61 - 65	\$50.89	\$62.14	\$101.77	\$124.29	\$152.66	\$186.43	\$203.54	\$248.58	\$254.43	\$310.72	

👚 Universal life insurance — Spouse: \$15,000 Not actively at work					
Age Band	Non Tobacco	Tobacco			
31 - 35	\$14.22	\$20.16			
36 - 40	\$17.44	\$25.69			
41 - 45	\$22.54	\$32.69			
46 - 50	\$29.03	\$40.13			
51 - 55	\$38.90	\$52.46			
56 - 60	\$55.02	\$69.97			
61 - 65	\$76.33	\$93.22			

2025 employee monthly rates

Critical illness insurance — Voya

A critical illness can devastate your family's finances, as well as your health. Voya critical illness insurance is designed to come to the rescue of budget-conscious families by helping to pay the costs associated with the initial occurrence of a serious illness such as a heart attack, stroke, cancer or other critical condition as defined in the policy. You can choose a benefit amount of \$5,000 to \$30,000, and your spouse and eligible children can get a benefit of 50% of your amount. You receive a lump-sum benefit, regardless of any other insurance you may have, paid directly to you, and can use it for deductibles, coinsurance, home healthcare needs, travel, lodging or however you wish.

Critical illn	ess insurance			
	0 · Spouse: \$2,500 · Child: \$	52,500		
Age band	Employee only	Employee + spouse	Employee + child (ren)	Employee + family
Under 30	\$1.15	\$1.73	\$1.15	\$1.73
30 - 39	\$2.65	\$3.98	\$2.65	\$3.98
40 - 49	\$5.20	\$7.80	\$5.20	\$7.80
50 - 59	\$8.80	\$13.20	\$8.80	\$13.20
60 - 64	\$11.15	\$16.73	\$11.15	\$16.73
65 - 69	\$11.15	\$16.73	\$11.15	\$16.73
70+	\$15.05	\$22.58	\$15.05	\$22.58
Employee: \$10,0	000 · Spouse: \$5,000 · Child:			
Under 30	\$2.30	\$3.45	\$2.30	\$3.45
30 - 39	\$5.30	\$7.95	\$5.30	\$7.95
40 - 49	\$10.40	\$15.60	\$10.40	\$15.60
50 - 59	\$17.60	\$26.40	\$17.60	\$26.40
60 - 64	\$22.30	\$33.45	\$22.30	\$33.45
65 - 69	\$22.30	\$33.45	\$22.30	\$33.45
70+	\$30.10	\$45.15	\$30.10	\$45.15
	000 · Spouse: \$7,500 · Child:		400.120	Ţ 10120
Under 30	\$3.45	\$5.18	\$3.45	\$5.18
30 - 39	\$7.95	\$11.93	\$7.95	\$11.93
40 - 49	\$15.60	\$23.40	\$15.60	\$23.40
50 - 59	\$26.40	\$39.60	\$26.40	\$39.60
	·			
60 - 64	\$33.45	\$50.18	\$33.45	\$50.18
65 - 69 70+	\$33.45 \$45.15	\$50.18 \$67.73	\$33.45 \$45.15	\$50.18 \$67.73
	900 • Spouse: \$10,000 • Child		⊅4 5.15	Φ07.73
			¢4./0	¢ / 00
Under 30	\$4.60	\$6.90	\$4.60	\$6.90
30 - 39	\$10.60	\$15.90	\$10.60	\$15.90
40 - 49	\$20.80	\$31.20	\$20.80	\$31.20
50 - 59	\$35.20	\$52.80	\$35.20	\$52.80
60 - 64	\$44.60	\$66.90	\$44.60	\$66.90
65 - 69	\$44.60 \$60.20	\$66.90	\$44.60	\$66.90
70+	·	\$90.30	\$60.20	\$90.30
	000 · Spouse: \$12,500 · Child		45.75	40.40
Under 30	\$5.75	\$8.63	\$5.75	\$8.63
30 - 39	\$13.25	\$19.88	\$13.25	\$19.88
40 - 49	\$26.00	\$39.00	\$26.00	\$39.00
50 - 59	\$44.00	\$66.00	\$44.00	\$66.00
60 - 64	\$55.75	\$83.63	\$55.75	\$83.63
65 - 69	\$55.75	\$83.63	\$55.75	\$83.63
70+	\$75.25	\$112.88	\$75.25	\$112.88
	000 · Spouse: \$15,000 · Child			
Under 30	\$6.90	\$10.35	\$6.90	\$10.35
30 - 39	\$15.90	\$23.85	\$15.90	\$23.85
40 - 49	\$31.20	\$46.80	\$31.20	\$46.80
50 - 59	\$52.80	\$79.20	\$52.80	\$79.20
60 - 64	\$66.90	\$100.35	\$66.90	\$100.35
65 - 69	\$66.90	\$100.35	\$66.90	\$100.35
70+	\$90.30	\$135.45	\$90.30	\$135.45

Life, Accidental Death & Dismemberment (AD&D) and **Business Travel Accident Insurance**

Basic coverage

We provide full- and part-time employees with Basic Life Insurance, Accidental Death & Dismemberment (AD&D) coverage and Business Travel accident insurance at no additional cost. Here's a quick breakdown:

Basic Life and AD&D

Based on what you elect, your beneficiary can receive one of the following due to your death:

- One and a half times your salary*
- One time your salary*
- A lump sum of \$50,000

Business travel accident insurance

Financial protection of 5X your salary, up to \$1,000,000, when traveling on official Geisinger business.

Optional coverage

Enhanced Life and AD&D

You can also choose to pay for the following additional life and AD&D insurance.

Up to 8X your annual salary or \$1,500,000, whichever is less, in the event of your death or serious injury.

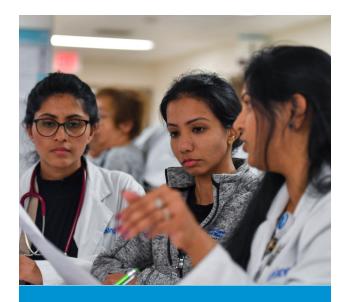
Your spouse or domestic partner*

Up to \$150,000 if your spouse passes away. Newly eligible employees may elect Spouse Life up to \$20,000 without having to complete an evidence of insurability form from New York Life.

Your children

Up to \$25,000 per child or infant, in the event your child passes away.

*Employees may be required to complete an evidence of insurability depending upon their election.



Four things to know about basic and optional coverage

- 1. You must designate a life insurance beneficiary for each life insurance plan in Workday.
- 2. Life insurance coverage over \$50,000 results in additional taxable income.
- 3. Optional life insurance rates are based on age and tobacco use.
- 4. If you are a new employee, you can elect up to 3X your salary or \$750.000 without needing to complete an evidence of insurability form.

^{*}Capped at \$1,000,000

Sick and Family and Medical Leave of Absence (FMLA) and long-term disability coverage

All House Staff Members who have completed twelve (12) months of service and worked 1,250 hours in the twelve (12) month period immediately prior to the communication of the need for leave are eligible for FMLA for one or more of the following reasons up to the amount of leave authorized each leave year:

- To care for the employee's child after birth, or placement for adoption or foster care within one (1) year of the child's birth or placement.
- To care for the employee's spouse (not boyfriend, girlfriend, fiance or domestic partner), son or daughter (under the age of 18 or 18 or older and incapable of self-care because of mental or physical disability and not in-law), or parent (not in-law), who has a serious health condition;
- For a serious health condition that makes the employee unable to perform at least one essential function of his/her job.
- For certain reasons related to the military service of a qualifying family member, as described in the resident agreement addendum.

Benefits and job guarantee are maintained during any absence qualifying under the Family Medical Leave Act (FMLA). If a House Staff Member qualifies for FMLA due to their own serious health condition, they are eligible for full pay for up to 130 days.

Long-term disability

Geisinger provides benefits-eligible employees with an FTE of 50% or more with a policy designed to cover a disability that continues for more than six months. There is no cost to the employee for this benefit, and benefits are paid until you recover or reach normal retirement age, as long as you continue to meet the definition of disability.

Disability is based on your inability to perform the duties of your own occupation for the first 24 months. Afterward, the definition becomes your inability to do the duties of any occupation for which you are reasonably suited based on education, training and experience.

If your medical condition continues after six months, your long-term disability coverage takes over, and will begin to pay up to 60% of your salary (50% for part-time employees) for up to 24 months or longer. The maximum monthly benefit under long-term disability for biweekly employees is \$15,000.

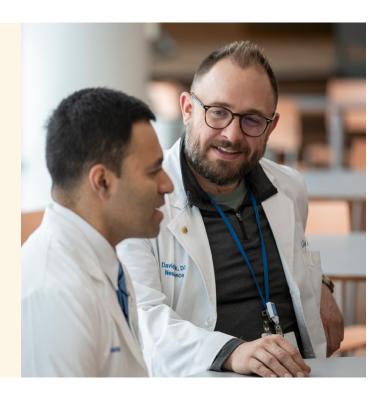
The table below outlines your eligibility:

Position	Eligibility	Maximum monthly benefit
Full-time employees	60% salary replacement	\$15,000
Part-time employees	50% salary replacement	\$15,000



Long-term disability: **Important notes**

- A long-term disability (LTD) pre-existing condition limitation applies to newly hired or recently eligible employees.
- The LTD benefit may be reduced by any other benefits you may receive from worker's compensation, Social Security or other group disability benefit.
- LTD is a Geisinger-paid benefit that cannot be waived. Your deductions are offset by the employer contribution to your earnings to make it a tax-free benefit.



Understand your time off benefits

Employees say that paid time off is one of the benefits they value the most, and that's why our time off program is flexible and competitive. How you use your time off is up to you: in addition to vacation, you can also use it to recover from illness, for emergencies requiring you to take time off or for any other personal needs that take you away from work.

Paid Time off

All Residents and Fellows receive 15 vacation days off per year.

House Staff Members are granted 1 extra vacation day for each Health System recognized holiday they work (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day).

House Staff Members are encouraged to take vacation time that is allocated to them at each level.

Relocation days

All House Staff Members at the onset of training at Geisinger are given 5 relocation days, which can be used for moving, job interviews, and fellowship interviews during their residency or fellowship. The 5 days of relocation time will be given once to each House Staff Member during their tenure at Geisinger.

Education funds and Meeting days

PGY1 residents may access up to \$750 for reimbursement of expenses for educational funds (materials and travel). \$500 may be carried over to next year.

PGY2 and above residents may access up to \$2,500 educational funds (materials and travels. \$1,000 may be carried over to next year. 5 CME days per year to attend approved professional development activities/conferences.

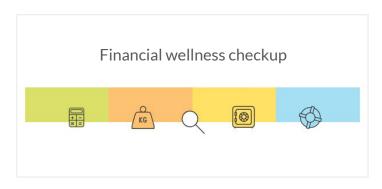
Fellows (first year) may access up to \$3,000 educational funds (materials and travel). \$1,000 may be carried over to next year. 10 CME days per year to attend approved professional development activities/conferences.

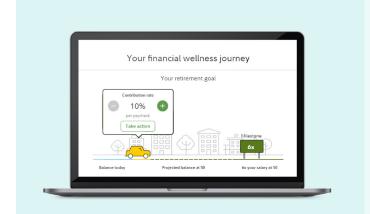
Fellows (second year and beyond) may access up to \$3,000 educational funds (materials and travel). \$1,000 may be carried over to next year. 15 CME days per year to attend approved professional development activities/conferences.

Required skills courses such as ACLS, ATLS and PALS are provided by the program.

Secure your future: How to save and plan for your retirement with Fidelity

Whether you're just starting your career or have years of experience, it's always a good time to start planning for your retirement. The sooner you start contributing to your retirement savings, the longer your contributions can work for you to provide financial security when you retire. To help secure your future, we offer the following retirement resources through Fidelity:





Online retirement planning center

Get your personalized retirement plan score to see if you're on track toward a secure future. Fidelity's online guidance center also helps you develop an investment strategy and manage your plan.

Take a Financial Wellness Checkup by visiting netbenefits.com.



Free on-demand and live web workshops

Fidelity's web workshops help you organize, plan and own your future. Some of the topics include how to:

- · Create a budget, ditch debt and start building for the future.
- Look at your investments and build a long-term investment strategy.
- Set savings goals and learn how to achieve them.
- Maximize Social Security in your retirement strategy.
- Understand healthcare costs in retirement and how you can prepare for them.

To sign up, visit netbenefits.fidelity.com/livewebmeetings.



Free one-on-one appointments with a financial planner

We offer virtual, one-on-one financial planning sessions with Fidelity representatives throughout the year to help you plan for the future.

To schedule an appointment, call 800-642-7131 or go to fidelity.com/atwork/reservations.

Do you have an emergency savings account?

If not, consider opening a Cash Management Account with Fidelity to save for unexpected costs.

Save for your future with our retirement plans

Our retirement benefits through Fidelity make it easy for you to save for your future, no matter where you are in your career. All employees over age 18 are immediately eligible to contribute.

retirement plans?
403(b)
Geisinger System
Services Tax

Sheltered Annuity

What are

Program

to enroll? All Geisinger

Who is

eligible

employees, excluding employees of GHP and ISS.

Residents, Fellows and employees who earn \$160,000+ must make their emplovee contributions to this plan.

What can I contribute in 2025?**

A minimum of 3% of your compensation, up to \$23,500 per year.

Up to \$31,000 per year if you're age 50+ (includes a \$7,500 catch-up contribution).

What does Geisinger contribute in 2025?*

The Geisinger contribution is made to the GSS 401(k) plan.

Residents and fellows will not receive a Geisinger contribution.

When is my employer contribution vested?*

Your employee contributions to this plan are immediately vested.

How do i contribute to the plan?

If you wish to contribute to your 403(b) plan, you must contact Fidelity at 800-343-0860 or visit netbenefits.com.

How do I make changes?

Contact Fidelity if you want to change your contribution or start contributing sooner. If you're a new employee, Fidelity will also mail you an enrollment packet within 14 days of your start date if you do not enroll online.

Eager to start saving?

At the end of your first week with Geisinger, contact Fidelity to set up retirement contributions.

Call 800-343-0860 or visit netbenefits.com.

^{**}Note: The above amounts are based on 2025 IRS employee elective deferral limits.

2025 Employee premiums

Paid biweekly

Geisinger Enhanced plan										
	Salary level 1 Up to \$15.97/hour		Salary level 2 \$15.98-\$31.94/hour		Salary level 3 \$66,456-\$168,599/year		Salary level 4 \$168,600-\$344,999/year		Salary level 5 \$345,000+/year	
	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time
Employee	\$89.85	\$64.18	\$136.99	\$97.84	\$154.69	\$110.48	\$182.87	\$130.62	\$207.00	\$147.84
Employee + child(ren)	\$183.47	\$131.05	\$277.84	\$198.44	\$315.49	\$225.34	\$370.59	\$264.71	\$419.44	\$299.60
Employee + spouse/DP	\$202.95	\$144.96	\$317.01	\$226.43	\$374.26	\$267.34	\$436.52	\$311.81	\$495.29	\$353.78
Employee + family	\$271.82	\$194.15	\$389.70	\$278.35	\$464.24	\$331.62	\$566.11	\$404.36	\$649.53	\$463.95

Geisinger Value HDHP plan										
	Salary level 1 Up to \$15.97/hour		Salary level 2 \$15.98-\$31.94/hour		Salary level 3 \$66,456-\$168,599/year		Salary level 4 \$168,600-\$344,999/year		Salary level 5 \$345,000+/year	
	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time
Employee	\$64.00	\$44.26	\$93.68	\$65.66	\$107.77	\$80.15	\$127.41	\$99.08	\$142.25	\$124.08
Employee + child(ren)	\$124.08	\$86.85	\$184.28	\$130.16	\$211.99	\$155.96	\$250.57	\$190.21	\$281.26	\$232.70
Employee + spouse/DP	\$143.20	\$99.70	\$214.86	\$150.85	\$257.64	\$190.66	\$314.36	\$241.44	\$341.96	\$290.71
Employee + family	\$194.31	\$135.11	\$286.85	\$201.19	\$342.66	\$254.18	\$412.03	\$318.98	\$451.19	\$387.54

Geisinger Essential plan										
	Salary level 1 Up to \$15.97/hour		Salary level 2 \$15.98-\$31.94/hour		Salary level 3 \$66,456-\$168,599/year		Salary level 4 \$168,600-\$344,999/year		Salary level 5 \$345,000+/year	
	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time
Employee	\$50.65	\$35.22	\$75.14	\$52.53	\$86.64	\$64.82	\$102.90	\$80.99	\$115.14	\$102.89
Employee + child(ren)	\$96.40	\$66.94	\$145.83	\$102.80	\$171.19	\$126.48	\$201.85	\$155.22	\$225.95	\$190.90
Employee + spouse/DP	\$111.60	\$77.74	\$171.72	\$119.83	\$205.00	\$152.56	\$253.30	\$196.61	\$275.71	\$239.58
Employee + family	\$154.29	\$106.82	\$231.21	\$161.74	\$273.96	\$204.41	\$332.35	\$259.65	\$364.16	\$321.96

	Bas	sic	Enhar	nced				
	Part-time Full-time		Part-time	Full-time				
Employee	\$4.34	\$2.76	\$8.29	\$5.73				
Employee + child(ren)	\$9.08	\$4.98	\$23.64	\$19.54				
Employee + spouse/DP	\$8.22	\$5.42	\$15.52	\$10.72				
Employee + family	\$14.91	\$8.18	\$32.82	\$26.09				

O Vision premiums						
	Full- and part-time					
Employee	\$3.03					
Employee + child(ren)	\$6.50					
Employee + spouse/DP	\$6.06					
Employee + family	\$10.39					

All benefit premiums are based on FTE and annual base pay as of January 2025. If your base pay increases to a new salary level, your benefit premiums will increase. Annual salary is calculated by hourly rate x 2080 hours x FTE.

Extra benefits that save you money

At Geisinger, your benefits go way beyond health insurance and paid time off. You also get free and discounted perks that help you save money, grow your family and protect you and your family in times of need. A few examples:



Expert advice

Free help with will preparation and estate planning through New York Life's Financial, Legal & Estate Support program.

800-344-9752 · guidanceresources.com Web ID: GHSEAP

Free legal consults. Licensed attorneys provided by GuidanceResources® can answer legal questions about buying a home, adopting a child or navigating a divorce.

Free financial experts. Certified public accountants and certified financial planners from GuidanceResources can advise you on college planning or buying or refinancing a loan.

Free mental health counseling. Guidance Resources provides counselors 24/7 for confidential conversations, support and referrals. We offer six free therapy visits, a concierge program to help you schedule appointments and a self-help therapy tool. We're also introducing free group support sessions for 2025.



Emergency travel services

Free emergency evacuation and medical transportation for you and your family. New York Life Benefit Solutions Secure Travel will pay for emergency medical transportation when you and your family are more than 100 miles from home. For more information, call New York Life Benefit Solutions Secure Travel at 888-226-4567.

Free emergency medical assistance. Secure Travel can provide referrals to physicians, dentists and medical facilities and help with lost or stolen items, including luggage and prescription replacement services.

For more information on extra benefits, see our Geisinger discount and perks page »



Family-friendly support

Adoption assistance. We provide up to \$5,000 toward the cost of a finalized adoption.

Paid parental leave. We provide parents with up to 80 hours of paid leave following the arrival of a child through birth, adoption, legal guardianship or foster care placement.

Free referrals for family care. Referral specialists from GuidanceResources can help you find trusted providers for childcare, elder care, movers, home repair and more.

Paid military leave: Members of the armed forces are eligible for up to 80 hours of paid military training leave. You may use the paid leave for annual trainings, encampments or drills.



Free Care.com membership

Care.com is the world's largest marketplace for caregiving and family support to help you find the services you need.

You'll also get discounts on family services and products, including LifeMart discounts, and you'll be eligible for 15 days of discounted backup care when your regular caregiver is unavailable (copay is \$6 per hour for in-home care and \$10 per day for in-center care).

"I worked with the team at the Center for Professionalism and Well-being to get help finding care for a family member. They were very responsive and in a matter of hours, helped me get a list of available, covered providers from our Employee Assistance Program. My family member got an appointment the next day to be seen. The overall response time was amazing — I highly recommend checking out and using these resources."

- Rebecca Couch, RN, Geisinger Lewistown Hospital

Required notices and other information

COBRA continuation of coverage

Employees who terminate employment, change to a benefit-ineligible status or otherwise lose coverage may continue coverage up to 18 months. Spouses and their dependents who lose coverage due to divorce, as well as dependents of employees who lose coverage when they reach age 26, may continue coverage for up to 36 months. Individuals who lose coverage will be mailed a COBRA information packet from Geisinger's COBRA vendor, Baker Tilly Vantagen LLC, approximately two weeks from the qualifying event.

Women's Health and Cancer Rights Act

In accordance with the Women's Health and Cancer Rights Act, the medical benefit provides coverage for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthetics and treatment of complications resulting from a mastectomy (including lymphedemas). These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan. Please contact the Plan Administrator or refer to your Summary Plan Description for more detailed information regarding deductibles and coinsurance for these benefits under the Plan. If you would like more information on WHCRA benefits, contact the Plan Administrator at:

Geisinger System Services Human Resources Department 100 N. Academy Ave. Danville, PA 17822

Newborn and Mothers Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a caesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother and her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance carrier for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Name of program

Geisinger Welfare Plan

Individual benefits are a component of the Geisinger Welfare Plan.

Type of plan

Cafeteria Plan, including a Healthcare spending account and a Dependent Care spending account.

Plan sponsor

Geisinger System Services on behalf of its affiliate entities under the common corporate control of Geisinger Health, collectively referred to as Geisinger:

Geisinger System Services

100 N. Academy Ave. MC 24-52 Danville, PA 17822 570-271-6640

Plan year: Jan. 1 through Dec. 31

EIN: 23-2164794 Plan number: 513

Agent for service of legal process

Geisinger System Services

100 N. Academy Ave. Danville, PA 17822-1525 Attention: General Counsel

Summary plan description

For a full list of coverage and service details, refer to the Geisinger System Services Summary Plan Description (SPD). If there are conflicts between this document and the SPD, the SPD prevails.

HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to the information. Review it carefully here on our Benefits SharePoint site.