GEISINGER HEALTH PLAN

your group Can count on

Geisinger



Why Geisinger Health Plan? We give you more.

We're dedicated to helping you find the perfect plan to fit the needs of your business. Our specially trained staff is here to answer your questions. We can help you select the right plan for your business and help guide you through the enrollment process.

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

We'll help you every step of the way.

Call 800-554-4907 to speak to our dedicated team of trained advisors. Hours: Monday—Friday, 8 a.m. to 5 p.m.

Why Geisinger Health Plan? We give you more.

Local and nationwide discounts

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

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

Health management programs

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

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

COPD

Wellness coaching and support

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

Customer care

We pride ourselves on the service we provide our members. Our customer care team is organized into teams and each team is specially trained to handle questions about specific plans, including our employer care team, which was assembled to serve our groups as a dedicated line of contact, delivering a better service experience through one-call resolution. Each employer care team member can assist with questions regarding ID cards, premiums, billing, benefit/plan information, new hire criteria, application status, removing/adding dependents and much more.

Network of providers

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

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

Our overall service area encompasses the following counties:

• Fulton

Huntingdon

• Lackawanna

• Lancaster

Lebanon

• Lehigh

• Luzerne

• Mifflin

Monroe

• Montour

Northumberland

• Lycoming

• Jefferson

• Juniata

- Adams
- Berks
- Blair
- Bradford
- Cambria
- Cameron
- Carbon
- Centre
- Clearfield
- Clinton
- Columbia
- Cumberland
- Dauphin
- Elk

Search for a provider online

Go to <u>GeisingerHealthPlan.com/ProviderSearch</u> and enter your location and plan type. Your plan type will include your network. Select a category to search from our entire library of applicable providers, or narrow your search by searching for doctors, specialties, locations or types of places.

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

- Northampton
- Perry
- Pike
- Potter
- Schuylkill
- Somerset
- Snyder
- Sullivan
- Susquehanna
- Tioga
- Union
- Wayne
- Wyoming
- York



Healthy Rewards now available for ACA Small Group

Effective Jan. 1, 2022

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

How does Healthy Rewards work?

Annual reimbursement up to \$100/single and \$200/family

- Members (policyholder only) must complete the online wellness assessment to be eligible.
- Covered activities include:
 - Fitness center memberships
 Exercise classes
- School athletic feesSwimming lessons
- Karate and more

- Race fees
- Sports camps

Gymnastics

Sports fees

How do I get it?

Healthy Rewards is available to members who have a Geisinger HMO, Geisinger PPO, Geisinger Funding Alternative (GFA) or small group ACA plan through their employer.* Start by visiting **GeisingerHealthPlan.com**:

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

*Healthy Rewards is not available for Geisinger Gold, GHP Family, GHP Kids or individual Marketplace plans. Self-funded members may be able to participate if their employer has opted into Healthy Rewards. This benefit highlight is intended as an information source. Please consult with your benefits manager to confirm that you are eligible to participate. Reimbursement is subject to approval by Geisinger Health Plan. The policyholder is the only member required to take a wellness assessment, but each member must fill out the Health Rewards Reimbursement Form.

Dental coverage for your employees

Adult dental coverage with Guardian



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

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

Plans are available that include:

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

Guardian also offers ancillary coverage options including:

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

For more information about dental and other ancillary options through Guardian, call us at 800-554-4907.

Tools and services at your fingertips

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

Pediatric dental coverage, administered by SKYGEN



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

Pediatric dental plans administered by SKYGEN include coverage for the following services:

- Routine oral exams and cleanings
- X-rays
- Fillings
- Fluoride treatments
- Extractions
- Repairs and maintenance
- Anesthesia
- Root canal
- Orthodontia

Review your Schedule of Benefits for a more detailed list of covered services. Call our Customer Care Team at 866-379-4489 with questions about your pediatric dental benefits.



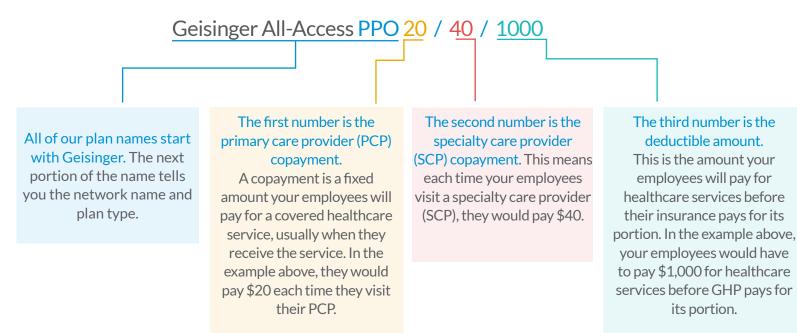
The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004

GUARDIAN® and the GUARDIAN G® Logo are registered service marks of The Guardian Life Insurance Company of America ("Guardian") and are used with express permission. Geisinger Health Plan is authorized to offer Guardian products and services but is not an affiliate or subsidiary of Guardian.

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

Things to know before you shop

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



What are the different plan types?

HMO (health maintenance organization)

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

POS (point of service)

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

PPO (preferred provider organization)

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

Geisinger Extra

With our Geisinger Extra plans, if your employee visits a primary care site designated as a "Geisinger Extra" site, they will pay lower office visit copays. Some Geisinger Extra sites are also ProvenHealth Navigator[®] locations, where extra care is provided because the office is staffed with a GHP nurse. To find a Geisinger Extra site, visit <u>GeisingerHealthPlan.com/ProviderSearch</u>.

Geisinger Extra plans are only available in select counties and can be found on page 8.

QHDHP

A qualified high-deductible health plan (QHDHP) has lower premiums and higher deductibles than a traditional insurance plan. Your employees must have a QHDHP to have a health savings account.

Learn about our network options

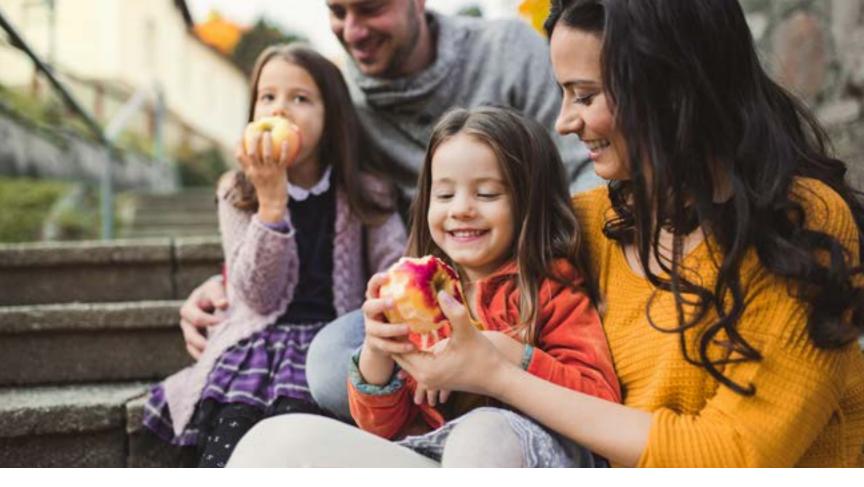
All-Access	
What is it?	The All-Access network includes all participating network providers across the entire service area.
What are the benefits?	With All-Access, members enjoy access to our entire provider network all with a single level of cost-share.
Key consideration?	With broader access and one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

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

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

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

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



Geisinger Extra Care you need at a lower cost

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

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

Service area & eligibility

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

- Carbon
- Centre
- Clinton
- Columbia
- Cumberland
- Dauphin
- Lackawanna
 - Lehigh

• Juniata

- Luzerne
- LycomingMifflin
 - g
- Monroe
- Montour
- Northampton
- Northumberland
- Perry
- Schuylkill

- Snyder
- Susquehanna
- Union
- Wayne
- Wyoming
- Members must reside in our overall Geisinger service area, which can be found on page 3.

Additional services at PHN sites:

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

Questions? Call 800-554-4907.

8

Our Platinum Plans

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

Geisinger Premier, Choices and Extra plans are only available in certain counties. See page 6 for details on Premier and Choices network plans and page 7 for details on Extra plans.

	Platinum	Platinum	Platinum	Platinum
	Geisinger Small Group ACA HMO 10/20/0	Geisinger Small Group ACA HMO 15/30/400	Geisinger All-Access PPO 10/20/0	Geisinger All-Access PPO 15/30/250
In-network services				
PCP copay	\$10	\$15	\$10	\$15
Specialist copay	\$20	\$30	\$20	\$30
Medical deductible: Single/Family	\$0/\$0	\$400/\$800	\$0/\$0	\$250/\$500
Max. out-of-pocket: Single/Family	\$6,000/\$12,000	\$2,000/\$4,000	\$6,000/\$12,000	\$7,350/\$14,700
Coinsurance	0%	0%	0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible	\$200 per stay after deductible	0% after deductible
Outpatient services	\$75 after deductible	\$75 after deductible	\$75 after deductible	0% after deductible
Emergency room	\$75	\$100	\$75	\$100
Prescription drug	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹
Out-of-network serv	vices			
Deductible: Single/ Family			\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance	No out-of-network	No out-of-network	20%	20%
Max.out-of-pocket: Single/Family	benefits available	benefits available	\$10,000/\$20,000	\$15,000/\$30,000

Our Platinum Plans (continued)

	Platinum	Plat	inum	Platinum	Platinum
	Geisinger Premier HMO 10/20/0	Geisinger Choices PPO 10/20/0		Geisinger Extra PPO 10/40/0	Geisinger Extra PPO 10/40/250
In-network services					
PCP copay	\$10	Tier 1: \$10	Tier 2: \$40	\$40 Extra site: \$101	\$40 Extra site: \$10¹
Specialist copay	\$20	Tier 1: \$20	Tier 2: \$70	\$40	\$40
Medical deductible: Single/Family	\$0/\$0	\$0/\$0	\$400/\$800	\$0/\$0	\$250/\$500
Max. out-of-pocket: Single/Family	\$6,000/\$12,000	\$2,000)/\$4,000	\$1,600/\$3,200	\$2,250/\$4,500
Coinsurance	0%	0%		0%	0%
Inpatient services	\$200 per stay after deductible	\$100 per stay after deductible		\$250 per stay after deductible	0% after deductible
Outpatient services	\$75 after deductible	\$75 after deductible		\$100 after deductible	0% after deductible
Emergency room	\$75	\$	75	\$125	\$75
Prescription drug	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ²	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ²		Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ²	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ²
Out-of-network ser	vices				
Deductible: Single/ Family		\$1,000)/\$2,000	\$2,000/\$4,000	\$4,000/\$8,000
Coinsurance	No out-of-network benefits	20%		20%	20%
Max.out-of-pocket: Single/Family	available	\$10,000)/\$20,000	\$10,000/\$20,000	\$15,000/\$30,000

¹Notes the PCP copay amount when using a Geisinger Extra site.

Our Platinum Plans (continued)

	Platinum
	Geisinger Small Group ACA HMO 20/35/450
In-network services	
PCP copay	\$20
Specialist copay	\$35
Medical deductible: Single/Family	\$450/\$900
Max. out-of-pocket: Single/Family	\$7,350/\$14,700
Coinsurance	0%
Inpatient services	\$200 per stay after deductible
Outpatient services	\$100 after deductible
Emergency room	\$150
Prescription drug	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹
Out-of-network ser	vices
Deductible: Single/ Family	
Coinsurance	No out-of-network benefits
Max. out-of-pocket: Single/Family	available

New plans for 2022 are highlighted in green above.

Our Gold Plans

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

Geisinger Premier, Choices and Extra plans are only available in certain counties. See page 6 for details on Premier and Choices network plans and page 7 for details on Extra plans.

	Gold	Gold	Gold	Gold	Gold		
	Geisinger Small Group ACA HMO 20/40/500	Geisinger Small Group ACA HMO 20/40/1000	Geisinger Small Group ACA HMO 20/40/1500	Geisinger Small Group ACA HMO 20/40/3200	Geisinger All-Access PPO 20/40/500		
In-network service	In-network services						
PCP copay	\$20	\$20	\$20	\$20	\$20		
Specialist copay	\$40	\$40	\$40	\$40	\$40		
Medical deductible: Single/Family	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,200/\$6,400	\$500/\$1,000		
Max. out-of-pocket: Single/Family	\$8,150/\$16,300	\$8,550/\$17,100	\$7,900/\$15,800	\$8,550/\$17,100	\$8,150/\$16,300		
Coinsurance	0%	0%	0%	0%	0%		
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible	\$200 per stay after deductible	0% after deductible	\$200 per stay after deductible		
Outpatient services	\$200 copay after deductible	\$150 copay after deductible	\$100 copay after deductible	0% after deductible	\$200 copay after deductible		
Emergency room	\$200	\$200	\$200	\$300	\$200		
Prescription drug	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$3 Tier 2: \$15 Tier 3: \$40 after deductible Tier 4: \$60 after deductible Tier 5: 40% coinsurance after deductible up to \$200 Tier 6: \$0 ¹	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹		
Out-of-network se	rvices						
Deductible: Single/ Family	No	No	No	No	\$4,000/\$8,000		
Coinsurance	out-of-network	out-of-network	out-of-network	out-of-network	30%		
Max. out-of-pocket: Single/Family	benefits available	benefits available	benefits available	benefits available	\$15,000/\$30,000		

	Gold	Gold	Gold	Gold
	Geisinger All-Access PPO 20/40/1000	Geisinger All-Access PPO 20/40/1500	Geisinger All-Access PPO 25/50/2000	Geisinger All-Access PPO 25/50/3300
In-network services				
PCP copay	\$20	\$20	\$25	\$25
Specialist copay	\$40	\$40	\$50	\$50
Medical deductible: Single/Family	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$3,300/\$6,600
Max. out-of-pocket: Single/Family	\$8,550/\$17,100	\$7,900/\$15,800	\$7,350/\$14,700	\$8,550/\$17,100
Coinsurance	0%	0%	0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible	\$100 per stay after deductible	0% after deductible
Outpatient services	\$150 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	0% after deductible
Emergency room	\$200	\$200	\$200	\$200
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹
Out-of-network serv	ices			
Deductible: Single/ Family	\$4,000/\$8,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000
Coinsurance	30%	30%	30%	30%
Max. out-of-pocket: Single/Family	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000

	Gold	Gold	Gold	Gold	Gold
	Geisinger All-Access PPO 30/60/3500	Geisinger Small Group ACA HMO 30/60/3600	Geisinger All-Access PPO 25/50/2000 1x ded	Geisinger All-Access PPO 25/50/4500 1x ded	Geisinger All-Access QHDHP PPO 2900 ²
In-network service	S				
PCP copay	\$30	\$30	\$25	\$25	0% after deductible
Specialist copay	\$60	\$60	\$50	\$50	0% after deductible
Medical deductible: Single/Family	\$3,500/\$7,000	\$3,600/\$7,200	\$2,000/\$2,000	\$4,500/\$4,500	\$2,900/\$5,800
Max. out-of- pocket: Single/Family	\$7,350/\$14,700	\$8,550/\$17,100	\$7,350/\$14,700	\$7,350/\$14,700	\$2,900/\$5,800
Coinsurance	0%	0%	0%	0%	0%
Inpatient services	0% after deductible	\$200 after deductible	\$100 per stay after deductible	\$100 per stay after deductible	0% after deductible
Outpatient services	0% after deductible	\$150 after deductible	\$100 copay after deductible	\$100 copay after deductible	0% after deductible
Emergency room	\$250	\$350	\$200	\$200	0% after deductible
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40%	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40%	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40%	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40%	Deductible is combined with medical deductible.
	coinsurance up to \$250 Tier 6: \$0¹	coinsurance up to \$250 Tier 6: \$0¹	coinsurance up to \$250 Tier 6: \$0¹	coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1-5: 0% after deductible Tier 6: \$01
Out-of-network se	rvices				
Deductible: Single/Family	\$10,000/\$20,000		\$10,000/\$20,000	\$10,000/\$20,000	\$8,000/\$16,000
Coinsurance	30%	No out-of-network	30%	30%	30%
Max. out-of- pocket: Single/ Family	\$15,000/\$30,000	benefits available	\$15,000/\$30,000	\$15,000/\$30,000	\$8,000/\$16,000

New plans for 2022 are highlighted in yellow above.

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

²If there are family members on a member's policy, the overall family deductible must be met before the plan begins to pay.

	Gold	Gold	Gold	Go	old	Go	old
	Geisinger Premier HMO 20/40/1000	Geisinger Premier HMO 25/50/2000	Geisinger Premier HMO 25/50/3300		r Choices 40/1000		r Choices 40/2000
In-network services							
PCP copay	\$20	\$25	\$25	Tier 1: \$20	Tier 2: \$40	Tier 1: \$20	Tier 2: \$40
Specialist copay	\$40	\$50	\$50	Tier 1: \$40	Tier 2: \$80	Tier 1: \$40	Tier 2: \$80
Medical deductible: Single/Family	\$1,000/\$2,000	\$2,000/\$4,000	\$3,300/\$6,600	Tier 1: \$1,000/ \$2,000	Tier 2: \$2,000/ \$4,000	Tier 1: \$2,000/ \$4,000	Tier 2 : \$4,000/ \$8,000
Max. out-of-pocket: Single/Family	\$8,550/\$17,100	\$7,350/\$14,700	\$8,550/\$17,100	\$7,350/\$14,700		00 \$7,350/\$14,700	
Coinsurance	0%	0%	0%	0	%	0%	
Inpatient services	\$200 per stay after deductible	\$100 per stay after deductible	0% after deductible	\$200 per stay after deductible		\$200 per stay after deductible	
Outpatient services	\$150 copay after deductible	\$100 copay after deductible	0% after deductible		pay after ctible	\$100 copay after deductible	
Emergency room	\$200	\$200	\$200	\$2	.00	\$200	
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹		Tier 3 Tier 4 Tier 5 coinsura \$2	2: \$20 3: \$40 4: \$80 : 40%
Out-of-network serv	vices						
Deductible: Single/ Family				\$4,000,	/\$8,000	\$8,000/	\$16,000
Coinsurance	No out-of-network	No out-of-network	No out-of-network	30)%	30)%
Max. out-of-pocket: Single/Family	benefits available	benefits available	benefits available	\$15,000,	/\$30,000	\$15,000	/\$30,000

	Gold	Gold	Gold	Gold
	Geisinger Extra PPO 10/60/500	Geisinger Extra PPO 10/60/1000	Geisinger Extra PPO 10/60/2000	Geisinger Extra PPO 20/60/3500
In-network servic	es			
PCP copay	\$60 Extra site: \$10 ¹	\$60 Extra site: \$10 ¹	\$60 Extra site: \$10 ¹	\$60 Extra site: \$20¹
Specialist copay	\$60	\$60	\$60	\$60
Medical deductible: Single/Family	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000
Max. out-of- pocket: Single/ Family	\$8,150/\$16,300	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700
Coinsurance	0%	0%	0%	0%
Inpatient services	\$150 per stay after deductible	\$100 per stay after deductible	\$100 per stay after deductible	0% after deductible
Outpatient services	\$125 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	0% after deductible
Emergency room	\$150	\$150	\$150	\$250
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ²	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ²	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ²	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ²
Out-of-network s	ervices			
Deductible: Single/Family	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000	\$10,000/\$20,000
Coinsurance	30%	30%	30%	40%
Max. out-of- pocket: Single/ Family	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000

¹Notes the PCP copay amount when using a Geisinger Extra site.

Our Silver Plans

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

Geisinger Premier, Choices and Extra plans are only available in certain counties. See page 6 for details on Premier and Choices network plans and page 7 for details on Extra plans.

	Silver	Silver	Silver	Silver
	Geisinger Small Group ACA HMO 30/60/5800	Geisinger All-Access PPO 30/60/6000	Geisinger All-Access PPO 35/70/4300	Geisinger All-Access QHDHP PPO 4300
In-network servio	ces			
PCP copay	\$30	\$30	\$35	0% after deductible
Specialist copay	\$60	\$60	\$70	0% after deductible
Medical deductible: Single/Family	\$5,800/\$11,600	\$6,000/\$12,000	\$4,300/\$8,600	\$4,300/\$8,600
Max. out-of- pocket: Single/Family	\$7,400/\$14,800	\$7,350/\$14,700	\$8,550/\$17,100	\$4,300/\$8,600
Coinsurance	0%	0%	0%	0%
Inpatient services	0% after deductible	0% after deductible	\$200 per stay after deductible	0% after deductible
Outpatient services	0% after deductible	0% after deductible	\$175 copay after deductible	0% after deductible
Emergency room	\$350 copay after deductible	\$250 copay after deductible	\$350	0% after deductible
Prescription drug	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 ¹	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$45 after deductible Tier 4: \$80 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 ¹	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 ¹	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 ¹
Out-of-network	services			
Deductible: Single/Family	No	\$12,000/\$24,000	\$12,000/\$24,000	\$10,000/\$20,000
Coinsurance	out-of-network	30%	40%	40%
Max. out-of- pocket: Single/Family	benefits available	\$15,000/\$30,000	\$15,000/\$30,000	\$10,000/\$20,000

Our Silver Plans (continued)

	Silver	Si	ilver	Silver	Silver
	Geisinger Premier HMO 35/70/4300		er Choices)/40/4000	Geisinger Extra PPO 20/60/4300	Geisinger Small Group ACA HMO 45/75/5000
In-network services					
РСР сорау	\$35	Tier 1: \$20	Tier 2: \$60	\$60 Extra site: \$20 ¹	\$45
Specialist copay	\$70	Tier 1: \$40	Tier 1: \$80	\$60	\$75
Medical deductible: Single/Family	\$4,300/\$8,600	Tier 1: \$4,000/ \$8,000	Tier 1: \$7,900/ \$15,800	\$4,300/\$8,600	\$5,000/\$10,000
Max.out-of-pocket: Single/Family	\$8,550/\$17,100	\$8,400)/\$16,800	\$8,550/\$17,100	\$8,700/\$17,400
Coinsurance	0%		0%	0%	0%
Inpatient services	\$200 per stay after deductible		er stay after uctible	\$200 per stay after deductible	\$125 per stay after deductible
Outpatient services	\$175 copay after deductible		opay after uctible	\$175 copay after deductible	\$400 copay after deductible
Emergency room	\$350	\$	350	\$350	\$450 copay after deductible
Prescription drug	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% after deductible up to max. out-of-pocket Tier 6: \$0 ¹	\$500 Tie Tier 3: ded Tier 4: ded Tier 5: deductib out-o	uctible: /\$1,000 r 1: \$3 · 2: \$20 \$50 after uctible \$85 after uctible 50% after le up to max. f-pocket r 6: \$0 ¹	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 ²	Deductible: \$0 Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ²
Out-of-network serv	vices			1	
Deductible: Single/Family	No	\$12,00	0/\$24,000	\$12,000/\$24,000	No
Coinsurance	out-of-network	40% \$15,000/\$30,000		40%	out-of-network benefits available
Max.out-of-pocket: Single/Family	benefits available			\$15,000/\$30,000	

New plans for 2022 are highlighted in red above.

Our Bronze Plans

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

	Bronze	Bronze	Bronze
	Geisinger All-Access PPO 40/90/8400	Geisinger Small Group ACA QHDHP POS 6850	Geisinger All-Access QHDHP PPO 6850
In-network services			
PCP copay	\$40	0% after deductible	0% after deductible
Specialist copay	\$90	0% after deductible	0% after deductible
Medical deductible: Single/Family	\$8,400/\$16,800	\$6,850/\$13,700	\$6,850/\$13,700
Max. out-of-pocket: Single/Family	\$8,400/\$16,800	\$6,850/\$13,700	\$6,850/\$13,700
Coinsurance	0%	0%	0%
Inpatient services	0% after deductible	0% after deductible	0% after deductible
Outpatient services	0% after deductible	0% after deductible	0% after deductible
Emergency room	0% after deductible	0% after deductible	0% after deductible
Prescription drug	Deductible is combined with medical deductible.	Deductible is combined with medical deductible.	Deductible is combined with medical deductible.
	Tier 1-5: 0% after deductible Tier 6: \$01	Tier 1-5: 0% after deductible Tier 6: \$0¹	Tier 1-5: 0% after deductible Tier 6: \$01
Out-of-network serv	vices		
Deductible: Single/ Family	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000
Coinsurance	40%	40%	40%
Max. out-of-pocket: Single/Family	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000

Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the "Health Plan") comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator Geisinger Health Plan Appeals Department 100 North Academy Avenue Danville, PA 17822-3220 Phone: 866-577-7733, TTY: 711 Fax: 570-271-7225 GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal. hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្លួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 71))។

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

Geisinger HMO and PPO plans for small businesses are sold through Geisinger Health Plan and Geisinger Quality Options, Inc., which are referred to collectively as "Geisinger Health Plan" or "GHP," unless otherwise noted.

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

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

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

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

