

New Geisinger employee plan for 2018

Geisinger is introducing a new medical plan for Geisinger employees and their dependents in 2018. The new plan is called the Geisinger Provider Choice plan and will replace previous HMO plans available to Geisinger employees. The Geisinger stand-alone PPO plan will still be available to all employees, although with increased costs.

Overview

Beginning Jan. 1, 2018, all Geisinger employees will be enrolled in one of two plans:

1. **Geisinger Provider Choice** — Features a multilevel network where a member's out-of-pocket costs, such as copays, deductibles and coinsurance, are determined by the network group to which the provider they choose to see is designated. Members can see any provider from any group at any time. Referrals are not required for any specialist visits. Out-of-network services are not covered.
2. **Geisinger PPO** — A PPO plan that allows members to seek out-of-network services at an increased cost.

Network levels for Provider Choice plan

Members with the Geisinger Provider Choice plan will continue to have access to the entire Geisinger Health Plan (GHP) provider network. However, there will now be three groups of providers to choose from within the network:

- **Group 1: Geisinger providers** — Geisinger-employed providers and Geisinger-owned facilities.
- **Group 2: Partner providers** — Consists of the following providers including all non-Geisinger participants of the Keystone Accountable Care Organization (KACO) as of Jan. 1, 2018*:
 - Hershey Medical Center
 - Mount Nittany Health-owned facilities and employed providers
 - Evangelical Community Hospital and Evangelical Medical Services Organization*
 - Wayne Memorial Hospital and Wayne Memorial Community Health Centers*
 - Family Practice Center, P.C.*
 - The Wright Center Medical Group, P.C.*
 - Highland Physicians, Ltd.*
 - Brookpark Family Practice, P.C.*
 - Jackson Siegelbaum Gastroenterology, LTD*
 - West Shore Endoscopy Center*
 - Capital Anesthesia LLC*
 - Associated Otolaryngologists of PA, Inc.*
 - Urology of Central PA, Inc.*
 - Pennsylvania Gastroenterology Consultants, P.C.*
 - Enteron, Inc. d/b/a Poplar Church Anesthesia*
- **Group 3: Participating providers** — Includes all other participating providers within the GHP network.

Network levels for Provider Choice plan, cont'd

Network groupings for the Provider Choice plan were selected to align with Geisinger's strategic priorities based on the healthcare needs and patterns of Geisinger employees. Members can choose to receive any covered service from any network provider at any time, regardless of group designation. However, the provider's group designation will determine the member's out-of-pocket costs. Costs will always be lowest for members who choose Group 1: Geisinger providers. Member costs for certain services, such as emergency department services, will be consistent across all groups. Reference the enclosed benefit grid for more detail on member cost-sharing.

Some services may require prior authorization from GHP medical management. A complete list of services/medications that require prior authorization and the associated request forms are available on the GHP plan central page at [NaviNet.net](https://navinet.net).

Network group exception process

Under certain circumstances, medically necessary services rendered by a Group 2 or Group 3 provider may be paid at the Group 1 benefit level if the services are not available from a Group 1 provider and a network group exception request is approved by GHP medical management.

For questions about the network group exception process or the Geisinger Provider Choice plan in general, contact GHP customer service at **844-568-5229**.

Most frequently used services: Geisinger Provider Choice plan

	Group 1 Geisinger providers	Group 2 Partner providers	Group 3 Participating providers
Annual deductible <i>Deductibles accumulate across groups</i>	\$500 individual \$1,000 two people \$1,500 family <i>Copays do not apply to the deductible.</i>	\$1,000 individual \$2,000 two people \$3,000 family <i>Copays do not apply to the deductible.</i>	\$2,000 individual \$4,000 two people \$6,000 family <i>Copays do not apply to the deductible.</i>
Out-of-pocket maximum <i>Accumulates across groups</i>	\$3,000 individual \$6,000 family	\$5,000 individual \$10,000 family	\$7,350 individual \$14,700 family
Primary care physician services	\$10 copay per primary care physician visit/consultation	\$20 copay per primary care physician visit/consultation	\$20 copay per primary care physician visit/consultation
Wellness/preventive care <i>Including annual physical</i>	100% coverage Other services: deductible applies	100% coverage Other services: deductible applies	100% coverage Other services: deductible applies
Well child-care visits <i>Up to age 21</i>	100% coverage Other services: deductible applies	100% coverage Other services: deductible applies	100% coverage Other services: deductible applies
Preventive services <i>Per federal guidelines</i>	100% coverage Other services: deductible applies	100% coverage Other services: deductible applies	100% coverage Other services: deductible applies
Specialist physician services	\$30 copay per specialist visit/consultation	\$60 copay per specialist visit/consultation	\$90 copay per specialist visit/consultation
Laboratory and diagnostic services <i>Including radiology</i>	100% coverage	After deductible, 10% coinsurance	After deductible, 20% coinsurance
Urgent care visit	\$30 copay	\$30 copay	\$30 copay
Emergency care at a hospital ED <i>Emergency services are covered outside GHP's network area</i>	100% coverage after \$200 copay, waived if admitted	100% coverage after \$200 copay, waived if admitted	100% coverage after \$200 copay, waived if admitted
Ambulance (land/air)	100% coverage	100% coverage	100% coverage
Inpatient hospital services	After deductible, 100% coverage	After deductible, 10% coinsurance	After deductible, 20% coinsurance
Outpatient procedures <i>Including surgery</i>	After deductible, 100% coverage	After deductible, 10% coinsurance	After deductible, 20% coinsurance
Back/spine surgery	\$1,000 facility copay	\$1,000 facility copay	\$1,000 facility copay
Outpatient therapy <i>Physical, speech & occupational therapy</i>	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit
Fertility services <i>Limit of 3 IUI or IVF procedures per lifetime</i>	After deductible, 100% coverage	No coverage	No coverage
Maternity care <i>Office visits by your physician before and after the arrival of your child</i>	100% coverage for prenatal office visits including diagnostics	100% coverage for prenatal visits Other diagnostic services: deductible applies	100% coverage for prenatal visits Other diagnostic services: deductible applies
Maternity hospitalization <i>Mother & newborn hospitalization</i>	After deductible, 100% coverage	After deductible, 10% coinsurance	After deductible, 20% coinsurance
Skilled nursing facility	After deductible, 100% coverage	After deductible, 10% coinsurance	After deductible, 20% coinsurance

Plan services: Geisinger Provider Choice plan (cont'd)

	Group 1 Geisinger providers	Group 2 Partner providers	Group 3 Participating providers
Home healthcare	100% coverage	After deductible, 10% coinsurance	After deductible, 20% coinsurance
Hospice	100% coverage when specific criteria are met	100% coverage when specific criteria are met	100% coverage when specific criteria are met
Durable medical equipment	10% coinsurance, no deductible	10% coinsurance, no deductible	10% coinsurance, no deductible
Prosthetic devices	100% coverage	100% coverage	100% coverage
Orthotic devices	50% coinsurance, no deductible	50% coinsurance, no deductible	50% coinsurance, no deductible
High-cost specialty drugs	\$50 copay per injection/infusion \$1,200 maximum out-of-pocket per plan year	\$50 copay per injection/infusion \$1,200 maximum out-of-pocket per plan year	\$50 copay per injection/infusion \$1,200 maximum out-of-pocket per plan year
Oral surgery <i>Removal of bony impacted wisdom teeth</i>	100% coverage	After deductible, 10% coinsurance	After deductible, 20% coinsurance
Vision exams	100% coverage for one eye refraction per benefit year Other services: deductible applies	\$60 copay for one eye refraction per benefit year Other services: deductible applies	\$90 copay for one eye refraction per benefit year Other services: deductible applies
Mental health & substance abuse treatment <i>Managed through Magellan Health, requires pre-certification</i>	Inpatient: covered 100% after \$500/\$1,000/\$1,500 deductible Outpatient: \$10 copay for individual/group counseling Partial hospitalization: 100% coverage after \$500/\$1,000/\$1,500 deductible	Inpatient: covered 100% after \$500/\$1,000/\$1,500 deductible Outpatient: \$10 copay for individual/group counseling Partial hospitalization: 100% coverage after \$500/\$1,000/\$1,500 deductible	Inpatient: covered 100% after \$500/\$1,000/\$1,500 deductible Outpatient: \$10 copay for individual/group counseling Partial hospitalization: 100% coverage after \$500/\$1,000/\$1,500 deductible
Organ transplants	100% coverage	100% coverage	100% coverage

Most frequently used services: Geisinger PPO

	In-network	Out-of-network
Annual deductible	\$1,500 individual \$3,000 two people \$4,500 family <i>Copays do not apply to the deductible.</i>	\$2,000 individual \$4,000 two people \$6,000 family <i>Copays do not apply to the deductible.</i>
Out-of-pocket maximum	\$7,350 individual \$14,700 family	\$10,000 individual \$20,000 family
Primary care physician services	\$40 copay per primary care physician visit/consultation Other services: deductible and 30% coinsurance	After deductible, 30% coinsurance
Wellness/preventive care <i>Including annual physical</i>	100% coverage Other services: deductible & 30% coinsurance	After deductible, 30% coinsurance
Well child-care visits <i>Up to age 21</i>	100% coverage Other services: deductible & 30% coinsurance	After deductible, 30% coinsurance
Preventive services <i>Per federal guidelines</i>	100% coverage Other services: deductible & 30% coinsurance	After deductible, 30% coinsurance
Specialist physician services	\$80 copay per specialist visit/consultation Other services: deductible and 30% coinsurance	After deductible, 30% coinsurance
Laboratory and diagnostic services <i>Including radiology</i>	After deductible, 30% coinsurance	After deductible, 30% coinsurance

Plan services: Geisinger PPO (cont'd)

	In-network	Out-of-network
Urgent care visit	\$40 copay	\$40 copay
Emergency care at a hospital ED <i>Emergency services are covered outside GHP's network area</i>	100% coverage after \$200 copay, waived if admitted	100% coverage after \$200 copay, waived if admitted
Ambulance (land/air)	100% coverage	100% coverage
Inpatient hospital services	After deductible, 30% coinsurance	After deductible, 30% coinsurance Requires pre-certification
Outpatient procedures <i>Including surgery</i>	After deductible, 20% coinsurance	After deductible, 20% coinsurance
Back/spine surgery	\$1,000 facility copay	\$1,000 facility copay
Outpatient therapy <i>Physical, speech & occupational therapy</i>	After deductible, 30% coinsurance	After deductible, 30% coinsurance Pre-certification required
Fertility services <i>Limit of 3 IUI or IVF procedures per lifetime</i>	After deductible, 30% coinsurance At Geisinger Fertility Centers only	Not covered
Maternity care <i>Office visits by your physician before and after the arrival of your child</i>	100% coverage for prenatal visits Other diagnostic services: deductible and 30% coinsurance	After deductible, 30% coinsurance Pre-certification required
Maternity hospitalization <i>Mother & newborn hospitalization</i>	After deductible, 30% coinsurance	After deductible, 30% coinsurance Pre-certification required
Skilled nursing facility	After deductible, 30% coinsurance	After deductible, 30% coinsurance Pre-certification required
Home healthcare	After deductible, 30% coinsurance	After deductible, 30% coinsurance
Hospice	100% coverage when specific criteria are met	100% coverage when specific criteria are met
Durable medical equipment	After deductible, 30% coinsurance	After deductible, 30% coinsurance
Prosthetic devices	After deductible, 30% coinsurance	After deductible, 30% coinsurance
Orthotic devices	50% coinsurance	50% coinsurance
High-cost specialty drugs	\$50 copay per injection/infusion \$1,200 maximum out-of-pocket per plan year	After deductible, 30% coinsurance
Oral surgery <i>Removal of bony impacted wisdom teeth</i>	After deductible, 30% coinsurance	After deductible, 30% coinsurance
Vision exams	100% coverage for one eye refraction per person per benefit year with a participating provider Other services: \$40 copay, deductible and 30% coinsurance	After deductible, 30% coinsurance
Mental health & substance abuse treatment <i>Managed through Magellan Health, requires pre-certification</i>	Inpatient: 30% coinsurance after deductible Outpatient: \$40 copay for individual/group Partial hospitalization: 30% coinsurance after deductible	Inpatient: 30% coinsurance after deductible Outpatient: 30% coinsurance after deductible Partial hospitalization: 30% coinsurance after deductible
Organ transplants	After deductible, 30% coinsurance	Not covered