

Geisinger Premier HMO 10/20/0

Platinum

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$0/\$0	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$6,000/\$12,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$10	Limited to In Network
Specialist - Office Visit	\$20	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$10	\$10
Outpatient Surgery Physician/Surgical Services	\$0	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$50 per day	Limited to In Network
Home Health Care Services (60 visits per year) ²	\$0	Limited to In Network
Hospice Services	Residential - \$20 per visit, Facility - \$50 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$10	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$10	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	Limited to In Network
Rehabilitative Speech Therapy	\$20	Limited to In Network
Habilitation Services	\$20	Limited to In Network
Durable Medical Equipment ³	10%	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$10	Limited to In Network
Routine Eye Exam for Children	\$20	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	\$0	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

Benefits Effective: 01/01/2024 to 12/31/2024

**HIOS ID: 22444PA0060121,
22444PA0060126,
22444PA0060131**

This benefit is only available to groups in the counties of Centre, Mifflin, Union, Snyder, Northumberland, Montour, Columbia, Lackawanna, Luzerne, Wayne, Carbon, Monroe, Schuylkill, Lehigh, and Northampton

1.Urgent Care-Copay does not apply to Mental Health and SUD visit
2.Home Health-Visit Limits do not apply to Mental Health and SUD visit
3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Premier HMO 10/20/0

Platinum

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	372.18	372.18	353.57	353.57	353.57	353.57	372.18	372.18
15	405.26	405.26	385.00	385.00	385.00	385.00	405.26	405.26
16	417.91	417.91	397.02	397.02	397.02	397.02	417.91	417.91
17	430.56	430.56	409.03	409.03	409.03	409.03	430.56	430.56
18	444.18	444.18	421.97	421.97	421.97	421.97	444.18	444.18
19	457.80	457.80	434.91	434.91	434.91	434.91	457.80	457.80
20	471.91	471.91	448.32	448.32	448.32	448.32	471.91	471.91
21	486.51	486.51	462.19	462.19	462.19	462.19	486.51	486.51
22	486.51	486.51	462.19	462.19	462.19	462.19	486.51	486.51
23	486.51	486.51	462.19	462.19	462.19	462.19	486.51	486.51
24	486.51	486.51	462.19	462.19	462.19	462.19	486.51	486.51
25	488.46	488.46	464.03	464.03	464.03	464.03	488.46	488.46
26	498.19	498.19	473.28	473.28	473.28	473.28	498.19	498.19
27	509.86	509.86	484.37	484.37	484.37	484.37	509.86	509.86
28	528.84	528.84	502.39	502.39	502.39	502.39	528.84	528.84
29	544.40	544.40	517.18	517.18	517.18	517.18	544.40	544.40
30	552.19	552.19	524.58	524.58	524.58	524.58	552.19	552.19
31	563.86	563.86	535.67	535.67	535.67	535.67	563.86	563.86
32	575.54	575.54	546.76	546.76	546.76	546.76	575.54	575.54
33	582.84	582.84	553.70	553.70	553.70	553.70	582.84	582.84
34	590.62	590.62	561.09	561.09	561.09	561.09	590.62	590.62
35	594.51	594.51	564.79	564.79	564.79	564.79	594.51	594.51
36	598.41	598.41	568.49	568.49	568.49	568.49	598.41	598.41
37	602.30	602.30	572.18	572.18	572.18	572.18	602.30	602.30
38	606.19	606.19	575.88	575.88	575.88	575.88	606.19	606.19
39	613.97	613.97	583.28	583.28	583.28	583.28	613.97	613.97
40	621.76	621.76	590.67	590.67	590.67	590.67	621.76	621.76
41	633.43	633.43	601.76	601.76	601.76	601.76	633.43	633.43
42	644.62	644.62	612.39	612.39	612.39	612.39	644.62	644.62
43	660.19	660.19	627.18	627.18	627.18	627.18	660.19	660.19
44	679.65	679.65	645.67	645.67	645.67	645.67	679.65	679.65
45	702.52	702.52	667.39	667.39	667.39	667.39	702.52	702.52
46	729.76	729.76	693.28	693.28	693.28	693.28	729.76	729.76
47	760.41	760.41	722.39	722.39	722.39	722.39	760.41	760.41
48	795.44	795.44	755.67	755.67	755.67	755.67	795.44	795.44
49	829.98	829.98	788.49	788.49	788.49	788.49	829.98	829.98
50	868.91	868.91	825.46	825.46	825.46	825.46	868.91	868.91
51	907.34	907.34	861.97	861.97	861.97	861.97	907.34	907.34
52	949.67	949.67	902.18	902.18	902.18	902.18	949.67	949.67
53	992.48	992.48	942.85	942.85	942.85	942.85	992.48	992.48
54	1,038.70	1,038.70	986.76	986.76	986.76	986.76	1,038.70	1,038.70
55	1,084.92	1,084.92	1,030.67	1,030.67	1,030.67	1,030.67	1,084.92	1,084.92
56	1,135.03	1,135.03	1,078.27	1,078.27	1,078.27	1,078.27	1,135.03	1,135.03
57	1,185.62	1,185.62	1,126.34	1,126.34	1,126.34	1,126.34	1,185.62	1,185.62
58	1,239.62	1,239.62	1,177.64	1,177.64	1,177.64	1,177.64	1,239.62	1,239.62
59	1,266.38	1,266.38	1,203.06	1,203.06	1,203.06	1,203.06	1,266.38	1,266.38
60	1,320.39	1,320.39	1,254.37	1,254.37	1,254.37	1,254.37	1,320.39	1,320.39
61	1,367.09	1,367.09	1,298.74	1,298.74	1,298.74	1,298.74	1,367.09	1,367.09
62	1,397.74	1,397.74	1,327.85	1,327.85	1,327.85	1,327.85	1,397.74	1,397.74
63	1,436.17	1,436.17	1,364.37	1,364.37	1,364.37	1,364.37	1,436.17	1,436.17
64 and Over	1,459.53	1,459.53	1,386.55	1,386.55	1,386.55	1,386.55	1,459.53	1,459.53

HIOS IDs 22444PA0060121 22444PA0060131 22444PA0060126 22444PA0060126

Rates Effective: 01/01/2024 to 03/31/2024

Geisinger Premier HMO 20/40/1000

Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,000/\$2,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,600/\$17,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$175 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$175 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year) ²	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment ³	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

Benefits Effective: 01/01/2024 to 12/31/2024

**HIOS ID: 22444PA0060122,
22444PA0060127,
22444PA0060132**

This benefit is only available to groups in the counties of Centre, Mifflin, Union, Snyder, Northumberland, Montour, Columbia, Lackawanna, Luzerne, Wayne, Carbon, Monroe, Schuylkill, Lehigh, and Northampton

1.Urgent Care-Copay does not apply to Mental Health and SUD visit
2.Home Health-Visit Limits do not apply to Mental Health and SUD visit
3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Premier HMO 20/40/1000

Gold

	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
Age	N	Y	N	Y	N	Y	N	Y
0-14	330.33	330.33	313.82	313.82	313.82	313.82	330.33	330.33
15	359.70	359.70	341.71	341.71	341.71	341.71	359.70	359.70
16	370.92	370.92	352.38	352.38	352.38	352.38	370.92	370.92
17	382.15	382.15	363.04	363.04	363.04	363.04	382.15	382.15
18	394.24	394.24	374.53	374.53	374.53	374.53	394.24	394.24
19	406.33	406.33	386.01	386.01	386.01	386.01	406.33	406.33
20	418.85	418.85	397.91	397.91	397.91	397.91	418.85	418.85
21	431.81	431.81	410.22	410.22	410.22	410.22	431.81	431.81
22	431.81	431.81	410.22	410.22	410.22	410.22	431.81	431.81
23	431.81	431.81	410.22	410.22	410.22	410.22	431.81	431.81
24	431.81	431.81	410.22	410.22	410.22	410.22	431.81	431.81
25	433.53	433.53	411.86	411.86	411.86	411.86	433.53	433.53
26	442.17	442.17	420.06	420.06	420.06	420.06	442.17	442.17
27	452.53	452.53	429.91	429.91	429.91	429.91	452.53	452.53
28	469.37	469.37	445.91	445.91	445.91	445.91	469.37	469.37
29	483.19	483.19	459.03	459.03	459.03	459.03	483.19	483.19
30	490.10	490.10	465.60	465.60	465.60	465.60	490.10	490.10
31	500.46	500.46	475.44	475.44	475.44	475.44	500.46	500.46
32	510.83	510.83	485.29	485.29	485.29	485.29	510.83	510.83
33	517.30	517.30	491.44	491.44	491.44	491.44	517.30	517.30
34	524.21	524.21	498.00	498.00	498.00	498.00	524.21	524.21
35	527.67	527.67	501.28	501.28	501.28	501.28	527.67	527.67
36	531.12	531.12	504.57	504.57	504.57	504.57	531.12	531.12
37	534.58	534.58	507.85	507.85	507.85	507.85	534.58	534.58
38	538.03	538.03	511.13	511.13	511.13	511.13	538.03	538.03
39	544.94	544.94	517.69	517.69	517.69	517.69	544.94	544.94
40	551.85	551.85	524.26	524.26	524.26	524.26	551.85	551.85
41	562.21	562.21	534.10	534.10	534.10	534.10	562.21	562.21
42	572.14	572.14	543.54	543.54	543.54	543.54	572.14	572.14
43	585.96	585.96	556.66	556.66	556.66	556.66	585.96	585.96
44	603.23	603.23	573.07	573.07	573.07	573.07	603.23	603.23
45	623.53	623.53	592.35	592.35	592.35	592.35	623.53	623.53
46	647.71	647.71	615.32	615.32	615.32	615.32	647.71	647.71
47	674.91	674.91	641.17	641.17	641.17	641.17	674.91	674.91
48	706.00	706.00	670.70	670.70	670.70	670.70	706.00	706.00
49	736.66	736.66	699.83	699.83	699.83	699.83	736.66	736.66
50	771.21	771.21	732.65	732.65	732.65	732.65	771.21	771.21
51	805.32	805.32	765.05	765.05	765.05	765.05	805.32	805.32
52	842.89	842.89	800.74	800.74	800.74	800.74	842.89	842.89
53	880.89	880.89	836.84	836.84	836.84	836.84	880.89	880.89
54	921.91	921.91	875.81	875.81	875.81	875.81	921.91	921.91
55	962.93	962.93	914.78	914.78	914.78	914.78	962.93	962.93
56	1,007.41	1,007.41	957.04	957.04	957.04	957.04	1,007.41	1,007.41
57	1,052.31	1,052.31	999.70	999.70	999.70	999.70	1,052.31	1,052.31
58	1,100.24	1,100.24	1,045.23	1,045.23	1,045.23	1,045.23	1,100.24	1,100.24
59	1,123.99	1,123.99	1,067.79	1,067.79	1,067.79	1,067.79	1,123.99	1,123.99
60	1,171.92	1,171.92	1,113.33	1,113.33	1,113.33	1,113.33	1,171.92	1,171.92
61	1,213.38	1,213.38	1,152.71	1,152.71	1,152.71	1,152.71	1,213.38	1,213.38
62	1,240.58	1,240.58	1,178.55	1,178.55	1,178.55	1,178.55	1,240.58	1,240.58
63	1,274.69	1,274.69	1,210.96	1,210.96	1,210.96	1,210.96	1,274.69	1,274.69
64 and Over	1,295.42	1,295.42	1,230.65	1,230.65	1,230.65	1,230.65	1,295.42	1,295.42

HIOS IDs **22444PA0060122** **22444PA0060132** **22444PA0060127** **22444PA0060127**

Rates Effective: 01/01/2024 to 03/31/2024

Geisinger Premier HMO 25/50/2000

Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$25	Limited to In Network
Specialist - Office Visit	\$50	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year) ²	\$0	Limited to In Network
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$25	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$25	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	Limited to In Network
Rehabilitative Speech Therapy	\$50	Limited to In Network
Habilitation Services	\$50	Limited to In Network
Durable Medical Equipment ³	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

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Benefits Effective: 01/01/2024 to 12/31/2024

**HIOS ID: 22444PA0060125,
22444PA0060130,
22444PA0060135**

This benefit is only available to groups in the counties of Centre, Mifflin, Union, Snyder, Northumberland, Montour, Columbia, Lackawanna, Luzerne, Wayne, Carbon, Monroe, Schuylkill, Lehigh, and Northampton

1.Urgent Care-Copay does not apply to Mental Health and SUD visit
2.Home Health-Visit Limits do not apply to Mental Health and SUD visit
3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Premier HMO 25/50/2000

Gold

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	308.42	308.42	293.00	293.00	293.00	293.00	308.42	308.42
15	335.83	335.83	319.04	319.04	319.04	319.04	335.83	335.83
16	346.32	346.32	329.00	329.00	329.00	329.00	346.32	346.32
17	356.80	356.80	338.96	338.96	338.96	338.96	356.80	356.80
18	368.09	368.09	349.68	349.68	349.68	349.68	368.09	368.09
19	379.38	379.38	360.41	360.41	360.41	360.41	379.38	379.38
20	391.07	391.07	371.51	371.51	371.51	371.51	391.07	391.07
21	403.17	403.17	383.01	383.01	383.01	383.01	403.17	403.17
22	403.17	403.17	383.01	383.01	383.01	383.01	403.17	403.17
23	403.17	403.17	383.01	383.01	383.01	383.01	403.17	403.17
24	403.17	403.17	383.01	383.01	383.01	383.01	403.17	403.17
25	404.77	404.77	384.54	384.54	384.54	384.54	404.77	404.77
26	412.84	412.84	392.20	392.20	392.20	392.20	412.84	412.84
27	422.51	422.51	401.39	401.39	401.39	401.39	422.51	422.51
28	438.24	438.24	416.33	416.33	416.33	416.33	438.24	438.24
29	451.14	451.14	428.58	428.58	428.58	428.58	451.14	451.14
30	457.59	457.59	434.71	434.71	434.71	434.71	457.59	457.59
31	467.26	467.26	443.90	443.90	443.90	443.90	467.26	467.26
32	476.94	476.94	453.09	453.09	453.09	453.09	476.94	476.94
33	482.99	482.99	458.84	458.84	458.84	458.84	482.99	482.99
34	489.44	489.44	464.97	464.97	464.97	464.97	489.44	489.44
35	492.66	492.66	468.03	468.03	468.03	468.03	492.66	492.66
36	495.89	495.89	471.09	471.09	471.09	471.09	495.89	495.89
37	499.11	499.11	474.16	474.16	474.16	474.16	499.11	499.11
38	502.34	502.34	477.22	477.22	477.22	477.22	502.34	502.34
39	508.79	508.79	483.35	483.35	483.35	483.35	508.79	508.79
40	515.24	515.24	489.48	489.48	489.48	489.48	515.24	515.24
41	524.92	524.92	498.67	498.67	498.67	498.67	524.92	524.92
42	534.19	534.19	507.48	507.48	507.48	507.48	534.19	534.19
43	547.09	547.09	519.74	519.74	519.74	519.74	547.09	547.09
44	563.22	563.22	535.06	535.06	535.06	535.06	563.22	563.22
45	582.17	582.17	553.06	553.06	553.06	553.06	582.17	582.17
46	604.74	604.74	574.51	574.51	574.51	574.51	604.74	604.74
47	630.14	630.14	598.64	598.64	598.64	598.64	630.14	630.14
48	659.17	659.17	626.21	626.21	626.21	626.21	659.17	659.17
49	687.79	687.79	653.40	653.40	653.40	653.40	687.79	687.79
50	720.05	720.05	684.04	684.04	684.04	684.04	720.05	720.05
51	751.90	751.90	714.30	714.30	714.30	714.30	751.90	751.90
52	786.97	786.97	747.62	747.62	747.62	747.62	786.97	786.97
53	822.45	822.45	781.33	781.33	781.33	781.33	822.45	822.45
54	860.75	860.75	817.71	817.71	817.71	817.71	860.75	860.75
55	899.05	899.05	854.10	854.10	854.10	854.10	899.05	899.05
56	940.58	940.58	893.55	893.55	893.55	893.55	940.58	940.58
57	982.51	982.51	933.38	933.38	933.38	933.38	982.51	982.51
58	1,027.26	1,027.26	975.89	975.89	975.89	975.89	1,027.26	1,027.26
59	1,049.43	1,049.43	996.96	996.96	996.96	996.96	1,049.43	1,049.43
60	1,094.18	1,094.18	1,039.47	1,039.47	1,039.47	1,039.47	1,094.18	1,094.18
61	1,132.89	1,132.89	1,076.24	1,076.24	1,076.24	1,076.24	1,132.89	1,132.89
62	1,158.28	1,158.28	1,100.37	1,100.37	1,100.37	1,100.37	1,158.28	1,158.28
63	1,190.13	1,190.13	1,130.63	1,130.63	1,130.63	1,130.63	1,190.13	1,190.13
64 and Over	1,209.49	1,209.49	1,149.01	1,149.01	1,149.01	1,149.01	1,209.49	1,209.49

HIOS IDs **22444PA0060125** **22444PA0060135** **22444PA0060130** **22444PA0060130**

Rates Effective: 01/01/2024 to 03/31/2024

Geisinger Premier HMO 25/50/3300

Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$3,300/\$6,600	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,550/\$17,100	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$25	Limited to In Network
Specialist - Office Visit	\$50	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200 after deductible	\$200 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	0% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year) ²	\$0	Limited to In Network
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$25	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$25	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	Limited to In Network
Rehabilitative Speech Therapy	\$50	Limited to In Network
Habilitation Services	\$50	Limited to In Network
Durable Medical Equipment ³	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

Benefits Effective: 01/01/2024 to 12/31/2024

**HIOS ID: 22444PA0060124,
22444PA0060129,
22444PA0060134**

This benefit is only available to groups in the counties of Centre, Mifflin, Union, Snyder, Northumberland, Montour, Columbia, Lackawanna, Luzerne, Wayne, Carbon, Monroe, Schuylkill, Lehigh, and Northampton

1.Urgent Care-Copay does not apply to Mental Health and SUD visit
2.Home Health-Visit Limits do not apply to Mental Health and SUD visit
3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Premier HMO 25/50/3300

Gold

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	292.68	292.68	278.05	278.05	278.05	278.05	292.68	292.68
15	318.70	318.70	302.77	302.77	302.77	302.77	318.70	318.70
16	328.65	328.65	312.22	312.22	312.22	312.22	328.65	328.65
17	338.60	338.60	321.67	321.67	321.67	321.67	338.60	338.60
18	349.31	349.31	331.84	331.84	331.84	331.84	349.31	349.31
19	360.02	360.02	342.02	342.02	342.02	342.02	360.02	360.02
20	371.12	371.12	352.56	352.56	352.56	352.56	371.12	371.12
21	382.60	382.60	363.47	363.47	363.47	363.47	382.60	382.60
22	382.60	382.60	363.47	363.47	363.47	363.47	382.60	382.60
23	382.60	382.60	363.47	363.47	363.47	363.47	382.60	382.60
24	382.60	382.60	363.47	363.47	363.47	363.47	382.60	382.60
25	384.12	384.12	364.92	364.92	364.92	364.92	384.12	384.12
26	391.78	391.78	372.19	372.19	372.19	372.19	391.78	391.78
27	400.96	400.96	380.91	380.91	380.91	380.91	400.96	400.96
28	415.88	415.88	395.09	395.09	395.09	395.09	415.88	415.88
29	428.12	428.12	406.72	406.72	406.72	406.72	428.12	428.12
30	434.24	434.24	412.53	412.53	412.53	412.53	434.24	434.24
31	443.43	443.43	421.26	421.26	421.26	421.26	443.43	443.43
32	452.61	452.61	429.98	429.98	429.98	429.98	452.61	452.61
33	458.35	458.35	435.43	435.43	435.43	435.43	458.35	458.35
34	464.47	464.47	441.25	441.25	441.25	441.25	464.47	464.47
35	467.53	467.53	444.15	444.15	444.15	444.15	467.53	467.53
36	470.59	470.59	447.06	447.06	447.06	447.06	470.59	470.59
37	473.65	473.65	449.97	449.97	449.97	449.97	473.65	473.65
38	476.71	476.71	452.88	452.88	452.88	452.88	476.71	476.71
39	482.83	482.83	458.69	458.69	458.69	458.69	482.83	482.83
40	488.96	488.96	464.51	464.51	464.51	464.51	488.96	488.96
41	498.14	498.14	473.23	473.23	473.23	473.23	498.14	498.14
42	506.94	506.94	481.59	481.59	481.59	481.59	506.94	506.94
43	519.18	519.18	493.22	493.22	493.22	493.22	519.18	519.18
44	534.48	534.48	507.76	507.76	507.76	507.76	534.48	534.48
45	552.47	552.47	524.84	524.84	524.84	524.84	552.47	552.47
46	573.89	573.89	545.20	545.20	545.20	545.20	573.89	573.89
47	597.99	597.99	568.09	568.09	568.09	568.09	597.99	597.99
48	625.54	625.54	594.26	594.26	594.26	594.26	625.54	625.54
49	652.71	652.71	620.07	620.07	620.07	620.07	652.71	652.71
50	683.31	683.31	649.15	649.15	649.15	649.15	683.31	683.31
51	713.54	713.54	677.86	677.86	677.86	677.86	713.54	713.54
52	746.82	746.82	709.48	709.48	709.48	709.48	746.82	746.82
53	780.49	780.49	741.47	741.47	741.47	741.47	780.49	780.49
54	816.84	816.84	776.00	776.00	776.00	776.00	816.84	816.84
55	853.18	853.18	810.53	810.53	810.53	810.53	853.18	853.18
56	892.59	892.59	847.96	847.96	847.96	847.96	892.59	892.59
57	932.38	932.38	885.76	885.76	885.76	885.76	932.38	932.38
58	974.85	974.85	926.11	926.11	926.11	926.11	974.85	974.85
59	995.89	995.89	946.10	946.10	946.10	946.10	995.89	995.89
60	1,038.36	1,038.36	986.44	986.44	986.44	986.44	1,038.36	1,038.36
61	1,075.09	1,075.09	1,021.33	1,021.33	1,021.33	1,021.33	1,075.09	1,075.09
62	1,099.19	1,099.19	1,044.23	1,044.23	1,044.23	1,044.23	1,099.19	1,099.19
63	1,129.42	1,129.42	1,072.95	1,072.95	1,072.95	1,072.95	1,129.42	1,129.42
64 and Over	1,147.78	1,147.78	1,090.39	1,090.39	1,090.39	1,090.39	1,147.78	1,147.78

HIOS IDs **22444PA0060124** **22444PA0060134** **22444PA0060129** **22444PA0060129**

Rates Effective: 01/01/2024 to 03/31/2024

Geisinger Premier HMO 35/70/4300

Silver

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$4,300/\$8,600	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$35	Limited to In Network
Specialist - Office Visit	\$70	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250 after deductible	\$250 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$35	\$35
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$250 after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year) ²	\$0	Limited to In Network
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$35	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$35	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$70	Limited to In Network
Rehabilitative Speech Therapy	\$70	Limited to In Network
Habilitation Services	\$70	Limited to In Network
Durable Medical Equipment ³	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$70	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

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Benefits Effective: 01/01/2024 to 12/31/2024

**HIOS ID: 22444PA0060123,
22444PA0060128,
22444PA0060133**

This benefit is only available to groups in the counties of Centre, Mifflin, Union, Snyder, Northumberland, Montour, Columbia, Lackawanna, Luzerne, Wayne, Carbon, Monroe, Schuylkill, Lehigh, and Northampton

1.Urgent Care-Copay does not apply to Mental Health and SUD visit
2.Home Health-Visit Limits do not apply to Mental Health and SUD visit
3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Premier HMO 35/70/4300

Silver

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	255.61	255.61	242.83	242.83	242.83	242.83	255.61	255.61
15	278.33	278.33	264.41	264.41	264.41	264.41	278.33	278.33
16	287.02	287.02	272.67	272.67	272.67	272.67	287.02	287.02
17	295.71	295.71	280.92	280.92	280.92	280.92	295.71	295.71
18	305.06	305.06	289.81	289.81	289.81	289.81	305.06	305.06
19	314.42	314.42	298.70	298.70	298.70	298.70	314.42	314.42
20	324.11	324.11	307.90	307.90	307.90	307.90	324.11	324.11
21	334.13	334.13	317.43	317.43	317.43	317.43	334.13	334.13
22	334.13	334.13	317.43	317.43	317.43	317.43	334.13	334.13
23	334.13	334.13	317.43	317.43	317.43	317.43	334.13	334.13
24	334.13	334.13	317.43	317.43	317.43	317.43	334.13	334.13
25	335.47	335.47	318.69	318.69	318.69	318.69	335.47	335.47
26	342.15	342.15	325.04	325.04	325.04	325.04	342.15	342.15
27	350.17	350.17	332.66	332.66	332.66	332.66	350.17	350.17
28	363.20	363.20	345.04	345.04	345.04	345.04	363.20	363.20
29	373.89	373.89	355.20	355.20	355.20	355.20	373.89	373.89
30	379.24	379.24	360.28	360.28	360.28	360.28	379.24	379.24
31	387.26	387.26	367.89	367.89	367.89	367.89	387.26	387.26
32	395.28	395.28	375.51	375.51	375.51	375.51	395.28	395.28
33	400.29	400.29	380.27	380.27	380.27	380.27	400.29	400.29
34	405.63	405.63	385.35	385.35	385.35	385.35	405.63	405.63
35	408.31	408.31	387.89	387.89	387.89	387.89	408.31	408.31
36	410.98	410.98	390.43	390.43	390.43	390.43	410.98	410.98
37	413.65	413.65	392.97	392.97	392.97	392.97	413.65	413.65
38	416.33	416.33	395.51	395.51	395.51	395.51	416.33	416.33
39	421.67	421.67	400.59	400.59	400.59	400.59	421.67	421.67
40	427.02	427.02	405.67	405.67	405.67	405.67	427.02	427.02
41	435.04	435.04	413.29	413.29	413.29	413.29	435.04	435.04
42	442.72	442.72	420.59	420.59	420.59	420.59	442.72	442.72
43	453.41	453.41	430.74	430.74	430.74	430.74	453.41	453.41
44	466.78	466.78	443.44	443.44	443.44	443.44	466.78	466.78
45	482.48	482.48	458.36	458.36	458.36	458.36	482.48	482.48
46	501.20	501.20	476.14	476.14	476.14	476.14	501.20	501.20
47	522.25	522.25	496.13	496.13	496.13	496.13	522.25	522.25
48	546.30	546.30	518.99	518.99	518.99	518.99	546.30	546.30
49	570.03	570.03	541.52	541.52	541.52	541.52	570.03	570.03
50	596.76	596.76	566.92	566.92	566.92	566.92	596.76	596.76
51	623.15	623.15	591.99	591.99	591.99	591.99	623.15	623.15
52	652.22	652.22	619.61	619.61	619.61	619.61	652.22	652.22
53	681.63	681.63	647.54	647.54	647.54	647.54	681.63	681.63
54	713.37	713.37	677.70	677.70	677.70	677.70	713.37	713.37
55	745.11	745.11	707.85	707.85	707.85	707.85	745.11	745.11
56	779.53	779.53	740.55	740.55	740.55	740.55	779.53	779.53
57	814.27	814.27	773.56	773.56	773.56	773.56	814.27	814.27
58	851.36	851.36	808.80	808.80	808.80	808.80	851.36	851.36
59	869.74	869.74	826.25	826.25	826.25	826.25	869.74	869.74
60	906.83	906.83	861.49	861.49	861.49	861.49	906.83	906.83
61	938.91	938.91	891.96	891.96	891.96	891.96	938.91	938.91
62	959.96	959.96	911.96	911.96	911.96	911.96	959.96	959.96
63	986.35	986.35	937.03	937.03	937.03	937.03	986.35	986.35
64 and Over	1,002.39	1,002.39	952.27	952.27	952.27	952.27	1,002.39	1,002.39

HIOS IDs **22444PA0060123** **22444PA0060133** **22444PA0060128** **22444PA0060128**

Rates Effective: 01/01/2024 to 03/31/2024