

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	\$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)	\$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	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

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	384.70	384.70	365.46	365.46	365.46	365.46	384.70	384.70
15	418.89	418.89	397.95	397.95	397.95	397.95	418.89	418.89
16	431.97	431.97	410.37	410.37	410.37	410.37	431.97	431.97
17	445.04	445.04	422.79	422.79	422.79	422.79	445.04	445.04
18	459.12	459.12	436.17	436.17	436.17	436.17	459.12	459.12
19	473.20	473.20	449.54	449.54	449.54	449.54	473.20	473.20
20	487.79	487.79	463.40	463.40	463.40	463.40	487.79	487.79
21	502.88	502.88	477.73	477.73	477.73	477.73	502.88	502.88
22	502.88	502.88	477.73	477.73	477.73	477.73	502.88	502.88
23	502.88	502.88	477.73	477.73	477.73	477.73	502.88	502.88
24	502.88	502.88	477.73	477.73	477.73	477.73	502.88	502.88
25	504.88	504.88	479.64	479.64	479.64	479.64	504.88	504.88
26	514.94	514.94	489.19	489.19	489.19	489.19	514.94	514.94
27	527.01	527.01	500.66	500.66	500.66	500.66	527.01	527.01
28	546.62	546.62	519.29	519.29	519.29	519.29	546.62	546.62
29	562.71	562.71	534.58	534.58	534.58	534.58	562.71	562.71
30	570.76	570.76	542.22	542.22	542.22	542.22	570.76	570.76
31	582.83	582.83	553.69	553.69	553.69	553.69	582.83	582.83
32	594.90	594.90	565.15	565.15	565.15	565.15	594.90	594.90
33	602.44	602.44	572.32	572.32	572.32	572.32	602.44	602.44
34	610.49	610.49	579.96	579.96	579.96	579.96	610.49	610.49
35	614.51	614.51	583.79	583.79	583.79	583.79	614.51	614.51
36	618.53	618.53	587.61	587.61	587.61	587.61	618.53	618.53
37	622.56	622.56	591.43	591.43	591.43	591.43	622.56	622.56
38	626.58	626.58	595.25	595.25	595.25	595.25	626.58	626.58
39	634.63	634.63	602.89	602.89	602.89	602.89	634.63	634.63
40	642.67	642.67	610.54	610.54	610.54	610.54	642.67	642.67
41	654.74	654.74	622.00	622.00	622.00	622.00	654.74	654.74
42	666.31	666.31	632.99	632.99	632.99	632.99	666.31	666.31
43	682.40	682.40	648.28	648.28	648.28	648.28	682.40	682.40
44	702.51	702.51	667.39	667.39	667.39	667.39	702.51	702.51
45	726.15	726.15	689.84	689.84	689.84	689.84	726.15	726.15
46	754.31	754.31	716.59	716.59	716.59	716.59	754.31	754.31
47	785.99	785.99	746.69	746.69	746.69	746.69	785.99	785.99
48	822.20	822.20	781.09	781.09	781.09	781.09	822.20	822.20
49	857.90	857.90	815.01	815.01	815.01	815.01	857.90	857.90
50	898.13	898.13	853.22	853.22	853.22	853.22	898.13	898.13
51	937.86	937.86	890.97	890.97	890.97	890.97	937.86	937.86
52	981.61	981.61	932.53	932.53	932.53	932.53	981.61	981.61
53	1,025.86	1,025.86	974.57	974.57	974.57	974.57	1,025.86	1,025.86
54	1,073.63	1,073.63	1,019.95	1,019.95	1,019.95	1,019.95	1,073.63	1,073.63
55	1,121.41	1,121.41	1,065.34	1,065.34	1,065.34	1,065.34	1,121.41	1,121.41
56	1,173.20	1,173.20	1,114.54	1,114.54	1,114.54	1,114.54	1,173.20	1,173.20
57	1,225.50	1,225.50	1,164.23	1,164.23	1,164.23	1,164.23	1,225.50	1,225.50
58	1,281.32	1,281.32	1,217.25	1,217.25	1,217.25	1,217.25	1,281.32	1,281.32
59	1,308.98	1,308.98	1,243.53	1,243.53	1,243.53	1,243.53	1,308.98	1,308.98
60	1,364.80	1,364.80	1,296.56	1,296.56	1,296.56	1,296.56	1,364.80	1,364.80
61	1,413.07	1,413.07	1,342.42	1,342.42	1,342.42	1,342.42	1,413.07	1,413.07
62	1,444.75	1,444.75	1,372.52	1,372.52	1,372.52	1,372.52	1,444.75	1,444.75
63	1,484.48	1,484.48	1,410.26	1,410.26	1,410.26	1,410.26	1,484.48	1,484.48
64 and Over	1,508.62	1,508.62	1,433.19	1,433.19	1,433.19	1,433.19	1,508.62	1,508.62

HIOS IDs **22444PA0060121** **22444PA0060131** **22444PA0060126** **22444PA0060126**

Rates Effective: 07/01/2024 to 09/30/2024

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	\$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)	\$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	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

Geisinger Premier HMO 20/40/1000

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	341.44	341.44	324.37	324.37	324.37	324.37	341.44	341.44
15	371.79	371.79	353.20	353.20	353.20	353.20	371.79	371.79
16	383.40	383.40	364.23	364.23	364.23	364.23	383.40	383.40
17	395.00	395.00	375.25	375.25	375.25	375.25	395.00	395.00
18	407.50	407.50	387.13	387.13	387.13	387.13	407.50	407.50
19	420.00	420.00	399.00	399.00	399.00	399.00	420.00	420.00
20	432.94	432.94	411.29	411.29	411.29	411.29	432.94	432.94
21	446.34	446.34	424.02	424.02	424.02	424.02	446.34	446.34
22	446.34	446.34	424.02	424.02	424.02	424.02	446.34	446.34
23	446.34	446.34	424.02	424.02	424.02	424.02	446.34	446.34
24	446.34	446.34	424.02	424.02	424.02	424.02	446.34	446.34
25	448.12	448.12	425.71	425.71	425.71	425.71	448.12	448.12
26	457.04	457.04	434.19	434.19	434.19	434.19	457.04	457.04
27	467.76	467.76	444.37	444.37	444.37	444.37	467.76	467.76
28	485.16	485.16	460.90	460.90	460.90	460.90	485.16	485.16
29	499.45	499.45	474.47	474.47	474.47	474.47	499.45	499.45
30	506.59	506.59	481.26	481.26	481.26	481.26	506.59	506.59
31	517.30	517.30	491.43	491.43	491.43	491.43	517.30	517.30
32	528.01	528.01	501.61	501.61	501.61	501.61	528.01	528.01
33	534.71	534.71	507.97	507.97	507.97	507.97	534.71	534.71
34	541.85	541.85	514.75	514.75	514.75	514.75	541.85	541.85
35	545.42	545.42	518.15	518.15	518.15	518.15	545.42	545.42
36	548.99	548.99	521.54	521.54	521.54	521.54	548.99	548.99
37	552.56	552.56	524.93	524.93	524.93	524.93	552.56	552.56
38	556.13	556.13	528.32	528.32	528.32	528.32	556.13	556.13
39	563.27	563.27	535.11	535.11	535.11	535.11	563.27	563.27
40	570.41	570.41	541.89	541.89	541.89	541.89	570.41	570.41
41	581.12	581.12	552.07	552.07	552.07	552.07	581.12	581.12
42	591.39	591.39	561.82	561.82	561.82	561.82	591.39	591.39
43	605.67	605.67	575.39	575.39	575.39	575.39	605.67	605.67
44	623.53	623.53	592.35	592.35	592.35	592.35	623.53	623.53
45	644.50	644.50	612.28	612.28	612.28	612.28	644.50	644.50
46	669.50	669.50	636.02	636.02	636.02	636.02	669.50	669.50
47	697.62	697.62	662.74	662.74	662.74	662.74	697.62	697.62
48	729.75	729.75	693.27	693.27	693.27	693.27	729.75	729.75
49	761.44	761.44	723.37	723.37	723.37	723.37	761.44	761.44
50	797.15	797.15	757.29	757.29	757.29	757.29	797.15	797.15
51	832.41	832.41	790.79	790.79	790.79	790.79	832.41	832.41
52	871.24	871.24	827.68	827.68	827.68	827.68	871.24	871.24
53	910.52	910.52	864.99	864.99	864.99	864.99	910.52	910.52
54	952.92	952.92	905.27	905.27	905.27	905.27	952.92	952.92
55	995.32	995.32	945.55	945.55	945.55	945.55	995.32	995.32
56	1,041.29	1,041.29	989.23	989.23	989.23	989.23	1,041.29	1,041.29
57	1,087.71	1,087.71	1,033.33	1,033.33	1,033.33	1,033.33	1,087.71	1,087.71
58	1,137.25	1,137.25	1,080.39	1,080.39	1,080.39	1,080.39	1,137.25	1,137.25
59	1,161.80	1,161.80	1,103.71	1,103.71	1,103.71	1,103.71	1,161.80	1,161.80
60	1,211.35	1,211.35	1,150.78	1,150.78	1,150.78	1,150.78	1,211.35	1,211.35
61	1,254.19	1,254.19	1,191.48	1,191.48	1,191.48	1,191.48	1,254.19	1,254.19
62	1,282.31	1,282.31	1,218.20	1,218.20	1,218.20	1,218.20	1,282.31	1,282.31
63	1,317.57	1,317.57	1,251.69	1,251.69	1,251.69	1,251.69	1,317.57	1,317.57
64 and Over	1,339.00	1,339.00	1,272.05	1,272.05	1,272.05	1,272.05	1,339.00	1,339.00

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

Rates Effective: 07/01/2024 to 09/30/2024

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	\$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)	\$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	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

Geisinger Premier HMO 25/50/2000

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	318.79	318.79	302.85	302.85	302.85	302.85	318.79	318.79
15	347.13	347.13	329.77	329.77	329.77	329.77	347.13	347.13
16	357.97	357.97	340.07	340.07	340.07	340.07	357.97	357.97
17	368.80	368.80	350.36	350.36	350.36	350.36	368.80	368.80
18	380.47	380.47	361.44	361.44	361.44	361.44	380.47	380.47
19	392.14	392.14	372.53	372.53	372.53	372.53	392.14	392.14
20	404.22	404.22	384.01	384.01	384.01	384.01	404.22	404.22
21	416.73	416.73	395.89	395.89	395.89	395.89	416.73	416.73
22	416.73	416.73	395.89	395.89	395.89	395.89	416.73	416.73
23	416.73	416.73	395.89	395.89	395.89	395.89	416.73	416.73
24	416.73	416.73	395.89	395.89	395.89	395.89	416.73	416.73
25	418.39	418.39	397.47	397.47	397.47	397.47	418.39	418.39
26	426.72	426.72	405.39	405.39	405.39	405.39	426.72	426.72
27	436.73	436.73	414.89	414.89	414.89	414.89	436.73	436.73
28	452.98	452.98	430.33	430.33	430.33	430.33	452.98	452.98
29	466.31	466.31	443.00	443.00	443.00	443.00	466.31	466.31
30	472.98	472.98	449.33	449.33	449.33	449.33	472.98	472.98
31	482.98	482.98	458.83	458.83	458.83	458.83	482.98	482.98
32	492.98	492.98	468.33	468.33	468.33	468.33	492.98	492.98
33	499.23	499.23	474.27	474.27	474.27	474.27	499.23	499.23
34	505.90	505.90	480.61	480.61	480.61	480.61	505.90	505.90
35	509.24	509.24	483.77	483.77	483.77	483.77	509.24	509.24
36	512.57	512.57	486.94	486.94	486.94	486.94	512.57	512.57
37	515.90	515.90	490.11	490.11	490.11	490.11	515.90	515.90
38	519.24	519.24	493.28	493.28	493.28	493.28	519.24	519.24
39	525.90	525.90	499.61	499.61	499.61	499.61	525.90	525.90
40	532.57	532.57	505.94	505.94	505.94	505.94	532.57	532.57
41	542.57	542.57	515.44	515.44	515.44	515.44	542.57	542.57
42	552.16	552.16	524.55	524.55	524.55	524.55	552.16	552.16
43	565.49	565.49	537.22	537.22	537.22	537.22	565.49	565.49
44	582.16	582.16	553.05	553.05	553.05	553.05	582.16	582.16
45	601.75	601.75	571.66	571.66	571.66	571.66	601.75	601.75
46	625.08	625.08	593.83	593.83	593.83	593.83	625.08	625.08
47	651.34	651.34	618.77	618.77	618.77	618.77	651.34	651.34
48	681.34	681.34	647.27	647.27	647.27	647.27	681.34	681.34
49	710.93	710.93	675.38	675.38	675.38	675.38	710.93	710.93
50	744.27	744.27	707.05	707.05	707.05	707.05	744.27	744.27
51	777.19	777.19	738.33	738.33	738.33	738.33	777.19	777.19
52	813.44	813.44	772.77	772.77	772.77	772.77	813.44	813.44
53	850.11	850.11	807.61	807.61	807.61	807.61	850.11	850.11
54	889.70	889.70	845.22	845.22	845.22	845.22	889.70	889.70
55	929.29	929.29	882.83	882.83	882.83	882.83	929.29	929.29
56	972.21	972.21	923.60	923.60	923.60	923.60	972.21	972.21
57	1,015.55	1,015.55	964.78	964.78	964.78	964.78	1,015.55	1,015.55
58	1,061.81	1,061.81	1,008.72	1,008.72	1,008.72	1,008.72	1,061.81	1,061.81
59	1,084.73	1,084.73	1,030.49	1,030.49	1,030.49	1,030.49	1,084.73	1,084.73
60	1,130.99	1,130.99	1,074.44	1,074.44	1,074.44	1,074.44	1,130.99	1,130.99
61	1,170.99	1,170.99	1,112.44	1,112.44	1,112.44	1,112.44	1,170.99	1,170.99
62	1,197.25	1,197.25	1,137.38	1,137.38	1,137.38	1,137.38	1,197.25	1,197.25
63	1,230.17	1,230.17	1,168.66	1,168.66	1,168.66	1,168.66	1,230.17	1,230.17
64 and Over	1,250.17	1,250.17	1,187.66	1,187.66	1,187.66	1,187.66	1,250.17	1,250.17

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

Rates Effective: 07/01/2024 to 09/30/2024

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	\$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)	\$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	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

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	302.53	302.53	287.40	287.40	287.40	287.40	302.53	302.53
15	329.42	329.42	312.95	312.95	312.95	312.95	329.42	329.42
16	339.70	339.70	322.72	322.72	322.72	322.72	339.70	339.70
17	349.98	349.98	332.49	332.49	332.49	332.49	349.98	349.98
18	361.06	361.06	343.00	343.00	343.00	343.00	361.06	361.06
19	372.13	372.13	353.52	353.52	353.52	353.52	372.13	372.13
20	383.60	383.60	364.42	364.42	364.42	364.42	383.60	383.60
21	395.47	395.47	375.69	375.69	375.69	375.69	395.47	395.47
22	395.47	395.47	375.69	375.69	375.69	375.69	395.47	395.47
23	395.47	395.47	375.69	375.69	375.69	375.69	395.47	395.47
24	395.47	395.47	375.69	375.69	375.69	375.69	395.47	395.47
25	397.04	397.04	377.19	377.19	377.19	377.19	397.04	397.04
26	404.95	404.95	384.71	384.71	384.71	384.71	404.95	404.95
27	414.45	414.45	393.72	393.72	393.72	393.72	414.45	414.45
28	429.87	429.87	408.37	408.37	408.37	408.37	429.87	429.87
29	442.52	442.52	420.40	420.40	420.40	420.40	442.52	442.52
30	448.85	448.85	426.41	426.41	426.41	426.41	448.85	448.85
31	458.34	458.34	435.42	435.42	435.42	435.42	458.34	458.34
32	467.83	467.83	444.44	444.44	444.44	444.44	467.83	467.83
33	473.76	473.76	450.08	450.08	450.08	450.08	473.76	473.76
34	480.09	480.09	456.09	456.09	456.09	456.09	480.09	480.09
35	483.26	483.26	459.09	459.09	459.09	459.09	483.26	483.26
36	486.42	486.42	462.10	462.10	462.10	462.10	486.42	486.42
37	489.58	489.58	465.10	465.10	465.10	465.10	489.58	489.58
38	492.75	492.75	468.11	468.11	468.11	468.11	492.75	492.75
39	499.07	499.07	474.12	474.12	474.12	474.12	499.07	499.07
40	505.40	505.40	480.13	480.13	480.13	480.13	505.40	505.40
41	514.89	514.89	489.15	489.15	489.15	489.15	514.89	514.89
42	523.99	523.99	497.79	497.79	497.79	497.79	523.99	523.99
43	536.64	536.64	509.81	509.81	509.81	509.81	536.64	536.64
44	552.46	552.46	524.84	524.84	524.84	524.84	552.46	552.46
45	571.05	571.05	542.50	542.50	542.50	542.50	571.05	571.05
46	593.19	593.19	563.53	563.53	563.53	563.53	593.19	593.19
47	618.11	618.11	587.20	587.20	587.20	587.20	618.11	618.11
48	646.58	646.58	614.25	614.25	614.25	614.25	646.58	646.58
49	674.66	674.66	640.93	640.93	640.93	640.93	674.66	674.66
50	706.30	706.30	670.98	670.98	670.98	670.98	706.30	706.30
51	737.54	737.54	700.66	700.66	700.66	700.66	737.54	737.54
52	771.94	771.94	733.35	733.35	733.35	733.35	771.94	771.94
53	806.74	806.74	766.41	766.41	766.41	766.41	806.74	806.74
54	844.31	844.31	802.10	802.10	802.10	802.10	844.31	844.31
55	881.88	881.88	837.79	837.79	837.79	837.79	881.88	881.88
56	922.62	922.62	876.48	876.48	876.48	876.48	922.62	922.62
57	963.74	963.74	915.56	915.56	915.56	915.56	963.74	963.74
58	1,007.64	1,007.64	957.26	957.26	957.26	957.26	1,007.64	1,007.64
59	1,029.39	1,029.39	977.92	977.92	977.92	977.92	1,029.39	1,029.39
60	1,073.29	1,073.29	1,019.62	1,019.62	1,019.62	1,019.62	1,073.29	1,073.29
61	1,111.25	1,111.25	1,055.69	1,055.69	1,055.69	1,055.69	1,111.25	1,111.25
62	1,136.17	1,136.17	1,079.36	1,079.36	1,079.36	1,079.36	1,136.17	1,136.17
63	1,167.41	1,167.41	1,109.04	1,109.04	1,109.04	1,109.04	1,167.41	1,167.41
64 and Over	1,186.39	1,186.39	1,127.07	1,127.07	1,127.07	1,127.07	1,186.39	1,186.39

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

Rates Effective: 07/01/2024 to 09/30/2024

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	\$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)	\$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	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

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: 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

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	264.21	264.21	251.00	251.00	251.00	251.00	264.21	264.21
15	287.69	287.69	273.31	273.31	273.31	273.31	287.69	287.69
16	296.67	296.67	281.84	281.84	281.84	281.84	296.67	296.67
17	305.65	305.65	290.37	290.37	290.37	290.37	305.65	305.65
18	315.32	315.32	299.56	299.56	299.56	299.56	315.32	315.32
19	324.99	324.99	308.74	308.74	308.74	308.74	324.99	324.99
20	335.01	335.01	318.26	318.26	318.26	318.26	335.01	335.01
21	345.37	345.37	328.11	328.11	328.11	328.11	345.37	345.37
22	345.37	345.37	328.11	328.11	328.11	328.11	345.37	345.37
23	345.37	345.37	328.11	328.11	328.11	328.11	345.37	345.37
24	345.37	345.37	328.11	328.11	328.11	328.11	345.37	345.37
25	346.75	346.75	329.41	329.41	329.41	329.41	346.75	346.75
26	353.66	353.66	335.97	335.97	335.97	335.97	353.66	353.66
27	361.95	361.95	343.85	343.85	343.85	343.85	361.95	361.95
28	375.42	375.42	356.65	356.65	356.65	356.65	375.42	375.42
29	386.47	386.47	367.14	367.14	367.14	367.14	386.47	386.47
30	391.99	391.99	372.39	372.39	372.39	372.39	391.99	391.99
31	400.28	400.28	380.27	380.27	380.27	380.27	400.28	400.28
32	408.57	408.57	388.14	388.14	388.14	388.14	408.57	408.57
33	413.75	413.75	393.06	393.06	393.06	393.06	413.75	413.75
34	419.28	419.28	398.31	398.31	398.31	398.31	419.28	419.28
35	422.04	422.04	400.94	400.94	400.94	400.94	422.04	422.04
36	424.80	424.80	403.56	403.56	403.56	403.56	424.80	424.80
37	427.57	427.57	406.19	406.19	406.19	406.19	427.57	427.57
38	430.33	430.33	408.81	408.81	408.81	408.81	430.33	430.33
39	435.86	435.86	414.06	414.06	414.06	414.06	435.86	435.86
40	441.38	441.38	419.31	419.31	419.31	419.31	441.38	441.38
41	449.67	449.67	427.19	427.19	427.19	427.19	449.67	449.67
42	457.61	457.61	434.73	434.73	434.73	434.73	457.61	457.61
43	468.67	468.67	445.23	445.23	445.23	445.23	468.67	468.67
44	482.48	482.48	458.36	458.36	458.36	458.36	482.48	482.48
45	498.71	498.71	473.78	473.78	473.78	473.78	498.71	498.71
46	518.05	518.05	492.15	492.15	492.15	492.15	518.05	518.05
47	539.81	539.81	512.82	512.82	512.82	512.82	539.81	539.81
48	564.68	564.68	536.44	536.44	536.44	536.44	564.68	564.68
49	589.20	589.20	559.74	559.74	559.74	559.74	589.20	589.20
50	616.83	616.83	585.99	585.99	585.99	585.99	616.83	616.83
51	644.11	644.11	611.91	611.91	611.91	611.91	644.11	644.11
52	674.16	674.16	640.45	640.45	640.45	640.45	674.16	674.16
53	704.55	704.55	669.33	669.33	669.33	669.33	704.55	704.55
54	737.36	737.36	700.49	700.49	700.49	700.49	737.36	737.36
55	770.17	770.17	731.66	731.66	731.66	731.66	770.17	770.17
56	805.75	805.75	765.46	765.46	765.46	765.46	805.75	805.75
57	841.66	841.66	799.58	799.58	799.58	799.58	841.66	841.66
58	880.00	880.00	836.00	836.00	836.00	836.00	880.00	880.00
59	899.00	899.00	854.05	854.05	854.05	854.05	899.00	899.00
60	937.33	937.33	890.46	890.46	890.46	890.46	937.33	937.33
61	970.49	970.49	921.96	921.96	921.96	921.96	970.49	970.49
62	992.25	992.25	942.63	942.63	942.63	942.63	992.25	992.25
63	1,019.53	1,019.53	968.55	968.55	968.55	968.55	1,019.53	1,019.53
64 and Over	1,036.11	1,036.11	984.30	984.30	984.30	984.30	1,036.11	1,036.11

HIOS IDs	22444PA0060123	22444PA0060133	22444PA0060128	22444PA0060128
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Rates Effective: 07/01/2024 to 09/30/2024