Geisinger Premier HMO 25/50/3300		Gold
Summary of Benefits	In-Network	Out-of-Network
Maximum Out of Pocket for Medical EHB Benefits	NA	NA
Maximum Out of Pocket for Drug EHB Benefits	NA	NA
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,550/\$17,100	Limited to In Network
Medical EHB Deductible (Embedded)	\$3,300/\$6,600	Limited to In Network
Drug EHB Deductible	\$0/\$0	Limited to In Network
Combined Medical and Drug EHB Deductible	NA	Limited to In Network
Coinsurance	0%	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
Other Practitioner Office Visit (Nurse, Physician Assistant)	\$25	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	Limited to In Network
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	Limited to In Network
Infertility Treatment (Note Exclusions)	0% after deductible	Limited to In Network
Routine Eye Exam (Adult)	Not Covered	Not Covered
Urgent Care Centers or Facilities	\$25	\$25
Home Health Care Services (60 visits per year - visit limits do not apply to mental health/ substance use disorder benefits)	\$O	Limited to In Network
Emergency Room Services	\$200 after deductible	\$200 after deductible
Emergency Transportation (Ambulance/Air)	\$0	\$0
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	Limited to In Network
Inpatient Physician and Surgical Services	0% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Prenatal and Postnatal Care (Office Visit)	\$0	Limited to In Network
Delivery and All Inpatient Services for Maternity Care	0% after deductible	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$25	Limited to In Network
Mental/Behavioral Health Inpatient Services	0% after deductible	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$25	Limited to In Network
Substance Abuse Disorder Inpatient Services	0% after deductible	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
Tier 1 - \$0 Rx	\$0	Limited to In Network
Mail-Order Rx	1х сорау	Limited to In Network
90-Day Retail	2x copay	Limited to In Network
Outpatient Rehabilitation Services	\$50	Limited to In Network
Outpatient Cardiac Rehabilitation Services (36 visits per benefit period)	\$0	Limited to In Network

^{*} EHB = Essential Health Benefits

Abbilitation Formores Habilitation Care (20) Valida per Livened I personal Demonstration Care (20) Validation I considered to the Network Demonstration Care (20) Validation (20	Outpatient Pulmonary Rehab/Respiratory Rehab Services (36 visits per benefit period)	\$0	Limited to In Network
Habilitative Speech Therapy \$50 Limited to in Network Habilitative Occupational and Physical Therapy \$50 Limited to in Network Chiropractic Care CO visits per benefit period \$25 Limited Con in Network Distributed Care Covisits per benefit period \$25 Limited Con in Network diagnosid: Imaging (CTPET Scam, MRb) \$50 Limited to in Network Brownithe Care/Screening/Immunication \$50 Limited to in Network Routine Eye Scam for Children \$50 Limited to in Network Preventive Care/Screening/Immunication \$50 Limited to in Network Seplayses for Children \$50 Limited to in Network Well Baby visit and Care \$50 Limited to in Network Vell Baby visit and Care \$50 Limited to in Network Laberatury Outpatient \$50 Limited Con in Network Limited Con in Network Limited Con in Network Chiral Care - Child \$50 Continuaranea alter deductible Children Carlid (Medically recessary) Major Dental Care - Child \$50 Continuaranea alter deductible Limited to in Network Limited to in Network Alleray Testing \$50 Limited to in Network Alleray Testing \$50 Limited to in Network Alleray Testing \$50 Limited to in Network Al		· ·	
Habilitative Occupational and Physical Therapy		· ·	
Chirograetic Care (20 visits per benefit period) Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosted) Imaging (CT/PET Scam, MRb) Preventive Care/Screening/Immunization Preventive Care/Screening/Immunization So Limited to in Network Broutine Spe Eorn for Children So Limited to in Network So Rehabilitative Occupational and Rehabilitative Physical Thorapy So Limited to in Network Rehabilitative Occupational and Rehabilitative Physical Thorapy So Limited to in Network Rehabilitative Occupational and Rehabilitative Physical Thorapy So Limited to in Network Rehabilitative Occupational and Rehabilitative Physical Thorapy So Rehabilitative Occupational and Rehabilitative Physical Thorapy Rehabilitative Occupational Rehabilitative Physical Thorapy Rehabilitative Occupational Rehabilitative Physical Thorapy Rehabilitativ		· ·	
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Routine Eye Exam for Children	Imaging (CT/PET Scans, MRIs)	0% after deductible	Limited to In Network
Eyeglasses for Children So% So% Rehabilitative Speech Therapy \$50 Limited to In Network Rehabilitative Occupational and Rehabilitative Physical Therapy \$50 Limited to In Network Well Baby Visits and Care \$50 Limited to In Network Laboratory Outpatient O% after deductible Limited to In Network X-rays O% after deductible Limited to In Network Dental Checkup for Children \$50 Limited to In Network Dental Checkup for Children \$50 Limited to In Network Basic Dental Care - Child Orthodonita - Child (Medically necessary) Soft coinsurance after deductible Limited to In Network deductible Limited to In Network deductible Limited to In Network Accidental Dental Care - Child Children Of after deductible Limited to In Network Accidental Dental (medically necessary) Of after deductible Limited to In Network Limited to In Network Accidental Dental (medically necessary) Of after deductible Limited to In Network Allergy Testing Of after deductible Limited to In Network Limited to In Network Chemotherapy Off after deductible Limited to In Network Dialysis Off after deductible Limited to In Network Limited to In Network Limited to In Network Dialysis Off after deductible Limited to In Network Dialpetes Education Off after deductible Limited to In Network Intributor Therapy 30 Limited to In Network Preventive Devices Off after deductible Limited to In Network Limited to In Network Limited to In Network Intributor to In Network Preventive Physical (1 per benefit period) So Limited to In Network Preventive Physical (1 per benefit period) Freventive - Pap Smears So Limited to In Network Preventive - Pap Smears So Limited to In Network Preventive - Diabetes Dialphanel Limited to In Network Preventive - Diabetes Limited to In Network Limited to In Network Limited to In N	Preventive Care/Screening/Immunization	\$0	Limited to In Network
Rehabilitative Speech Therapy Rehabilitative Occupational and Rehabilitative Physical Therapy \$50	Routine Eye Exam for Children	\$50	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy Vell Baby Visits and Care \$0 Limited to In Network Laboratory Outpatient O% after deductible Limited to In Network Navays O% after deductible Limited to In Network Dental Checkup for Children \$0 Limited to In Network Basic Dental Care - Child Orthodontia - Child (Medically necessary) Solw coinsurance after deductible Limited to In Network Major Dental Care - Child Ow after deductible Limited to In Network Dialysis Accidental Dental (medically necessary) Ow after deductible Limited to In Network Dialysis Ow after deductible Limited to In Network Chemotherapy Ow after deductible Limited to In Network Chemotherapy Ow after deductible Limited to In Network Diabetes Education Ow after deductible Limited to In Network Diabetes Education Ow after deductible Limited to In Network Not after deductible Limited to In Network Limited to In Network Diabetes Education Ow after deductible Limited to In Network Infusion Therapy So Limited to In Network Nutritional Courseling So Limited to In Network Nutritional Courseling So Limited to In Network Preventive - Physical (1 per benefit period) Preventive - Physical (2 per benefit period) Preventive - Physical (1 per benefit period) Preventive - Diabetes Preventive - Lipid Panel Diabetes Limited to In Network Limited	Eyeglasses for Children	50%	50%
Well Baby Visits and Care Laboratory Outpatient Destal Checkup for Children So Limited to In Network Strays O% after deductible Limited to In Network Laboratory Children So Limited to In Network Limited to In Network Dental Checkup for Children So Limited to In Network Basic Dental Care - Child Corthodontia - Child (Medically necessary) So Coinsurance after deductible Limited to In Network deductible Corthodontia - Child (Medically necessary) So So Coinsurance after deductible Limited to In Network deductible Coinsurance after deductible Limited to In Network deductible Limited to In Network Coinsurance after deductible Limited to In Network Disposite Transplant O% after deductible Limited to In Network Accidental Dental (medically necessary) O% after deductible Limited to In Network Limited to In Network Allergy Testing O% after deductible Limited to In Network Chemotherapy O% after deductible Limited to In Network Disbetes Education O% after deductible Limited to In Network Disbetes Education O% after deductible Limited to In Network Disbetes Education O% after deductible Limited to In Network Disbetes Education O% after deductible Limited to In Network Disbetes Education O% after deductible Limited to In Network Disbetes Education O% after deductible Limited to In Network Disbetes Devices O% after deductible Limited to In Network Disbetes Devices O% after deductible Limited to In Network Disbetes Devices O% after deductible Limited to In Network Disbetes Devices O% after deductible Limited to In Network Deventive - Physical It per benefit period) So Limited to In Network Preventive - Physical It per benefit period) So Limited to In Network Preventive - Physical It per benefit period) So Limited to In Network Preventive - Physical It per benefit period) So Limited to In Network Preventive - Pap Smears So Limited to In Network Preventive - Disbetes Di	Rehabilitative Speech Therapy	\$50	Limited to In Network
Laboratory Outpatient Xrays 0% after deductible Limited to In Network Xrays 0% after deductible Limited to In Network Some consurance after deductible Limited to In Network Some consurance after deductible Limited to In Network Some consurance after deductible Limited to In Network Limited to In Network Limited to In Network Some consurance after deductible Limited to In Network Preventive - Physical (I per benefit period) So Limited to In Network Preventive - Physical (I per benefit period) Preventive - Mammograms So Limited to In Network Preventive - Physical (I ber benefit period) Preventive - Physical (I ber benefit period) Preventive - Diabetes So Limited to In Network Preventive - Diabetes So Limited to In Network	Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	Limited to In Network
Nater deductible Limited to In Network	Well Baby Visits and Care	\$0	Limited to In Network
Dental Checkup for Children Basic Dental Care - Child Corthodontia - Child (Medically necessary) Dental Care - Child So% coinsurance after deductible Limited to In Network Some coinsurance after deductible Limited to In Network Major Dental Care - Child Some coinsurance after deductible Limited to In Network Down after deductible Limited to In Network Limited to In Network Limited to In Network Limited to In Network Accidental Dental (medically necessary) O% after deductible Limited to In Network Limited to In Network Limited to In Network Dialysis O% after deductible Limited to In Network Limited to In Network Dialysis O% after deductible Limited to In Network Diabetes Education O% after deductible Limited to In Network Infusion Therapy Some Limited to In Network Nutritional Counseling Some Limited to In Network Preventive - Physical (1 per benefit period) Preventive - Physical (1 per benefit period) Preventive - Pap Smears Some Limited to In Network Preventive - Cholesterol Preventive - Diabetes Some Limited to In Network Deventive - Diabetes Some Limited to In Network Deventive - Diabetes Dialited to In Network Deventive - Diabetes Some Limited to In Network Deventive - Diabetes Dialited to In Network Deventive - Diabetes Some Limited to In Network Deventive - Diabetes Dialited to In Network Dial	Laboratory Outpatient	0% after deductible	Limited to In Network
Basic Dental Care - Child 50% coinsurance after deductible Limited to In Network 50% coinsurance after deductible Limited to In Network Major Dental Care - Child 50% coinsurance after deductible Limited to In Network 50% coinsurance after deductible Limited to In Network Limited to In Network Limited to In Network Accidental Dental (medically necessary) 0% after deductible Limited to In Network Limited to In Network Allergy Testing 0% after deductible Limited to In Network Chemotherapy 0% after deductible Limited to In Network Radiation 0% after deductible Limited to In Network Diabetes Education 30 Limited to In Network Infusion Therapy 30 Limited to In Network Nutritional Counseling Reconstructive Surgery 0% after deductible Limited to In Network Preventive - Physical (1 per benefit period) Preventive - Physical (1 per benefit period) Preventive - Physical (2 per benefit period) Preventive - Physical (3 per benefit period) Preventive - Physical (4 per benefit period) Preventive - Physical (5 per benefit period) Preventive - Diabetes 30 Limited to In Network Preventive - Cholesterol 30 Limited to In Network Preventive - Lipid Panel 30 Limited to In Network Preventive - Lipid Panel 50 Limited to In Network Preventive - Lipid Panel 50 Limited to In Network Preventive - Lipid Panel 50 Limited to In Network Preventive - Lipid Panel 50 Limited to In Network Preventive - Lipid Panel 50 Limited to In Network Preventive - Lipid Panel 50 Limited to In Network Preventive - Lipid Panel 50 Limited to In Network Preventive - Lipid Panel 50 Limited to In Network Preventive - Lipid Panel 50 Limited to In Network	X-rays	0% after deductible	Limited to In Network
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Major Dental Care - Child S0% coinsurance after deductible Limited to In Network Transplant O% after deductible Limited to In Network Radiation O% after deductible Limited to In Network Limited to In Network Posthetic Devices O% after deductible Limited to In Network Limited to In Network Limited to In Network Prosthetic Devices O% after deductible Limited to In Network Preventive Surgery O% after deductible Limited to In Network Limited to In Network Limited to In Network Limited to In Network Preventive - Physical (1 per benefit period) SO Limited to In Network Preventive - Mammograms SO Limited to In Network Preventive - Pap Smears SO Limited to In Network Preventive - Cholesterol SO Limited to In Network Limi	Basic Dental Care - Child		Limited to In Network
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Accidental Dental (medically necessary) Dialysis O% after deductible Limited to In Network Allergy Testing O% after deductible Limited to In Network Chemotherapy O% after deductible Limited to In Network Chemotherapy O% after deductible Limited to In Network Radiation O% after deductible Limited to In Network Diabetes Education \$0 Limited to In Network Prosthetic Devices O% after deductible Limited to In Network Limited to In Network Infusion Therapy \$0 Limited to In Network Nutritional Counseling \$50 Limited to In Network Reconstructive Surgery O% after deductible Limited to In Network Preventive - Physical (1 per benefit period) \$0 Limited to In Network Preventive - Mammograms \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Major Dental Care - Child		Limited to In Network
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Chemotherapy Radiation O% after deductible Limited to In Network Diabetes Education \$0 Limited to In Network Prosthetic Devices O% after deductible Limited to In Network Limited to In Network Infusion Therapy \$0 Limited to In Network Nutritional Counseling \$50 Limited to In Network Reconstructive Surgery O% after deductible Limited to In Network Preventive - Physical (1 per benefit period) \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Limited to In Network Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Dialysis	0% after deductible	Limited to In Network
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Reconstructive Surgery 0% after deductible Limited to In Network Preventive - Physical (1 per benefit period) \$0 Limited to In Network Preventive - Mammograms \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Infusion Therapy	\$0	Limited to In Network
Preventive - Physical (1 per benefit period) \$0	Nutritional Counseling	\$50	Limited to In Network
Preventive - Mammograms \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Specialist - Procedure \$0 after deductible Limited to In Network	Reconstructive Surgery	0% after deductible	Limited to In Network
Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Specialist - Procedure 0% after deductible Limited to In Network	Preventive - Physical (1 per benefit period)	\$0	Limited to In Network
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Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network Specialist - Procedure 0% after deductible Limited to In Network	Preventive - Pap Smears	\$0	Limited to In Network
Preventive - Lipid Panel \$0 Limited to In Network Specialist - Procedure 0% after deductible Limited to In Network	Preventive - Cholesterol	\$0	Limited to In Network
Specialist - Procedure 0% after deductible Limited to In Network	Preventive - Diabetes	\$0	Limited to In Network
	Preventive - Lipid Panel	\$0	Limited to In Network
Colorectal - Fecal Occult and Flexible Sigmoidoscopy \$0 Limited to In Network	Specialist - Procedure	0% after deductible	Limited to In Network
	Colorectal - Fecal Occult and Flexible Sigmoidoscopy	\$0	Limited to In Network

Colorectal - Colonoscopy Maternity - Office diagnostic services procedures	\$0 0% after deductible	Limited to In Network
Maternity - Office diagnostic services procedures	0% after deductible	
		Limited to In Network
Correction for Obesity - Facility	Not Covered	Not Covered
Ostomy Supplies	0% after deductible	Limited to In Network
Urology Supplies	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Eye Exam	\$0	Limited to In Network
Diabetic Services/Supplies - Rx Supplies	Rx copay applies	Limited to In Network
Diabetic Services/Supplies - Foot Orthotics	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Home Blood Glucose Monitor	Rx copay applies	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network
Implanted Devices (Medical) - Drug Delivery	0% after deductible	Limited to In Network
Implanted Devices (Medical) - All other non-contraceptive implanted devices	0% after deductible	Limited to In Network
Orthotic Devices	0% after deductible	Limited to In Network
Outpatient Opioid Detoxification	0% after deductible	Limited to In Network
Abortion (Elective)	Not Covered	Not Covered
High Cost Specialty Drugs/Select Injectables	\$150	Limited to In Network
Injectable Drugs - Physician	\$0	Limited to In Network
Injectable Drugs - Facility	0% after deductible	Limited to In Network
Spinal Injections	0% after deductible	Limited to In Network
Dental Anesthesia	0% after deductible	Limited to In Network
Impacted Wisdom Teeth	0% after deductible	Limited to In Network
Medical Foods/PKU	\$0	Limited to In Network
Pulmonary Function Tests	0% after deductible	Limited to In Network
Spirometry	\$0	Limited to In Network
Scheduled Transportation (Ambulance/Air)	\$0	Limited to In Network
Contact Lenses	50%	50%
Well Child Office Visits (0-21)	\$0	Limited to In Network
Well Woman Exam	\$0	Limited to In Network
Telehealth (PCP Services)	\$5	Limited to In Network
Telehealth (Behavioral Health Services)	\$5	Limited to In Network
Telehealth (Specialist Services)	\$10	Limited to In Network
Gender-Affirming Care	0% after deductible	Limited to In Network
Mental Health/Substance Abuse Urgent Care Services	\$0	\$0