

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

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Platinum

	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	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