

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

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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	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