

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

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: 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

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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	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