

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 ¹	\$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) 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: 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

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

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	292.68	292.68	278.05	278.05	278.05	278.05	292.68	292.68
15	318.70	318.70	302.77	302.77	302.77	302.77	318.70	318.70
16	328.65	328.65	312.22	312.22	312.22	312.22	328.65	328.65
17	338.60	338.60	321.67	321.67	321.67	321.67	338.60	338.60
18	349.31	349.31	331.84	331.84	331.84	331.84	349.31	349.31
19	360.02	360.02	342.02	342.02	342.02	342.02	360.02	360.02
20	371.12	371.12	352.56	352.56	352.56	352.56	371.12	371.12
21	382.60	382.60	363.47	363.47	363.47	363.47	382.60	382.60
22	382.60	382.60	363.47	363.47	363.47	363.47	382.60	382.60
23	382.60	382.60	363.47	363.47	363.47	363.47	382.60	382.60
24	382.60	382.60	363.47	363.47	363.47	363.47	382.60	382.60
25	384.12	384.12	364.92	364.92	364.92	364.92	384.12	384.12
26	391.78	391.78	372.19	372.19	372.19	372.19	391.78	391.78
27	400.96	400.96	380.91	380.91	380.91	380.91	400.96	400.96
28	415.88	415.88	395.09	395.09	395.09	395.09	415.88	415.88
29	428.12	428.12	406.72	406.72	406.72	406.72	428.12	428.12
30	434.24	434.24	412.53	412.53	412.53	412.53	434.24	434.24
31	443.43	443.43	421.26	421.26	421.26	421.26	443.43	443.43
32	452.61	452.61	429.98	429.98	429.98	429.98	452.61	452.61
33	458.35	458.35	435.43	435.43	435.43	435.43	458.35	458.35
34	464.47	464.47	441.25	441.25	441.25	441.25	464.47	464.47
35	467.53	467.53	444.15	444.15	444.15	444.15	467.53	467.53
36	470.59	470.59	447.06	447.06	447.06	447.06	470.59	470.59
37	473.65	473.65	449.97	449.97	449.97	449.97	473.65	473.65
38	476.71	476.71	452.88	452.88	452.88	452.88	476.71	476.71
39	482.83	482.83	458.69	458.69	458.69	458.69	482.83	482.83
40	488.96	488.96	464.51	464.51	464.51	464.51	488.96	488.96
41	498.14	498.14	473.23	473.23	473.23	473.23	498.14	498.14
42	506.94	506.94	481.59	481.59	481.59	481.59	506.94	506.94
43	519.18	519.18	493.22	493.22	493.22	493.22	519.18	519.18
44	534.48	534.48	507.76	507.76	507.76	507.76	534.48	534.48
45	552.47	552.47	524.84	524.84	524.84	524.84	552.47	552.47
46	573.89	573.89	545.20	545.20	545.20	545.20	573.89	573.89
47	597.99	597.99	568.09	568.09	568.09	568.09	597.99	597.99
48	625.54	625.54	594.26	594.26	594.26	594.26	625.54	625.54
49	652.71	652.71	620.07	620.07	620.07	620.07	652.71	652.71
50	683.31	683.31	649.15	649.15	649.15	649.15	683.31	683.31
51	713.54	713.54	677.86	677.86	677.86	677.86	713.54	713.54
52	746.82	746.82	709.48	709.48	709.48	709.48	746.82	746.82
53	780.49	780.49	741.47	741.47	741.47	741.47	780.49	780.49
54	816.84	816.84	776.00	776.00	776.00	776.00	816.84	816.84
55	853.18	853.18	810.53	810.53	810.53	810.53	853.18	853.18
56	892.59	892.59	847.96	847.96	847.96	847.96	892.59	892.59
57	932.38	932.38	885.76	885.76	885.76	885.76	932.38	932.38
58	974.85	974.85	926.11	926.11	926.11	926.11	974.85	974.85
59	995.89	995.89	946.10	946.10	946.10	946.10	995.89	995.89
60	1,038.36	1,038.36	986.44	986.44	986.44	986.44	1,038.36	1,038.36
61	1,075.09	1,075.09	1,021.33	1,021.33	1,021.33	1,021.33	1,075.09	1,075.09
62	1,099.19	1,099.19	1,044.23	1,044.23	1,044.23	1,044.23	1,099.19	1,099.19
63	1,129.42	1,129.42	1,072.95	1,072.95	1,072.95	1,072.95	1,129.42	1,129.42
64 and Over	1,147.78	1,147.78	1,090.39	1,090.39	1,090.39	1,090.39	1,147.78	1,147.78

HIOS IDs 22444PA0060124 22444PA0060134 22444PA0060129 22444PA0060129

Rates Effective: 01/01/2024 to 03/31/2024