

Geisinger Premier HMO 35/70/4300

Silver

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$4,300/\$8,600	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$35	Limited to In Network
Specialist - Office Visit	\$70	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250 after deductible	\$250 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$35	\$35
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$250 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 - \$60 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$35	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$35	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$70	Limited to In Network
Rehabilitative Speech Therapy	\$70	Limited to In Network
Habilitation Services	\$70	Limited to In Network
Durable Medical Equipment ³	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$70	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	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	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	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: 22444PA0060123,
22444PA0060128,
22444PA0060133**

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	255.61	255.61	242.83	242.83	242.83	242.83	255.61	255.61
15	278.33	278.33	264.41	264.41	264.41	264.41	278.33	278.33
16	287.02	287.02	272.67	272.67	272.67	272.67	287.02	287.02
17	295.71	295.71	280.92	280.92	280.92	280.92	295.71	295.71
18	305.06	305.06	289.81	289.81	289.81	289.81	305.06	305.06
19	314.42	314.42	298.70	298.70	298.70	298.70	314.42	314.42
20	324.11	324.11	307.90	307.90	307.90	307.90	324.11	324.11
21	334.13	334.13	317.43	317.43	317.43	317.43	334.13	334.13
22	334.13	334.13	317.43	317.43	317.43	317.43	334.13	334.13
23	334.13	334.13	317.43	317.43	317.43	317.43	334.13	334.13
24	334.13	334.13	317.43	317.43	317.43	317.43	334.13	334.13
25	335.47	335.47	318.69	318.69	318.69	318.69	335.47	335.47
26	342.15	342.15	325.04	325.04	325.04	325.04	342.15	342.15
27	350.17	350.17	332.66	332.66	332.66	332.66	350.17	350.17
28	363.20	363.20	345.04	345.04	345.04	345.04	363.20	363.20
29	373.89	373.89	355.20	355.20	355.20	355.20	373.89	373.89
30	379.24	379.24	360.28	360.28	360.28	360.28	379.24	379.24
31	387.26	387.26	367.89	367.89	367.89	367.89	387.26	387.26
32	395.28	395.28	375.51	375.51	375.51	375.51	395.28	395.28
33	400.29	400.29	380.27	380.27	380.27	380.27	400.29	400.29
34	405.63	405.63	385.35	385.35	385.35	385.35	405.63	405.63
35	408.31	408.31	387.89	387.89	387.89	387.89	408.31	408.31
36	410.98	410.98	390.43	390.43	390.43	390.43	410.98	410.98
37	413.65	413.65	392.97	392.97	392.97	392.97	413.65	413.65
38	416.33	416.33	395.51	395.51	395.51	395.51	416.33	416.33
39	421.67	421.67	400.59	400.59	400.59	400.59	421.67	421.67
40	427.02	427.02	405.67	405.67	405.67	405.67	427.02	427.02
41	435.04	435.04	413.29	413.29	413.29	413.29	435.04	435.04
42	442.72	442.72	420.59	420.59	420.59	420.59	442.72	442.72
43	453.41	453.41	430.74	430.74	430.74	430.74	453.41	453.41
44	466.78	466.78	443.44	443.44	443.44	443.44	466.78	466.78
45	482.48	482.48	458.36	458.36	458.36	458.36	482.48	482.48
46	501.20	501.20	476.14	476.14	476.14	476.14	501.20	501.20
47	522.25	522.25	496.13	496.13	496.13	496.13	522.25	522.25
48	546.30	546.30	518.99	518.99	518.99	518.99	546.30	546.30
49	570.03	570.03	541.52	541.52	541.52	541.52	570.03	570.03
50	596.76	596.76	566.92	566.92	566.92	566.92	596.76	596.76
51	623.15	623.15	591.99	591.99	591.99	591.99	623.15	623.15
52	652.22	652.22	619.61	619.61	619.61	619.61	652.22	652.22
53	681.63	681.63	647.54	647.54	647.54	647.54	681.63	681.63
54	713.37	713.37	677.70	677.70	677.70	677.70	713.37	713.37
55	745.11	745.11	707.85	707.85	707.85	707.85	745.11	745.11
56	779.53	779.53	740.55	740.55	740.55	740.55	779.53	779.53
57	814.27	814.27	773.56	773.56	773.56	773.56	814.27	814.27
58	851.36	851.36	808.80	808.80	808.80	808.80	851.36	851.36
59	869.74	869.74	826.25	826.25	826.25	826.25	869.74	869.74
60	906.83	906.83	861.49	861.49	861.49	861.49	906.83	906.83
61	938.91	938.91	891.96	891.96	891.96	891.96	938.91	938.91
62	959.96	959.96	911.96	911.96	911.96	911.96	959.96	959.96
63	986.35	986.35	937.03	937.03	937.03	937.03	986.35	986.35
64 and Over	1,002.39	1,002.39	952.27	952.27	952.27	952.27	1,002.39	1,002.39

HIOS IDs **22444PA0060123** **22444PA0060133** **22444PA0060128** **22444PA0060128**

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