

# Geisinger Choices PPO 10/20/0

## Platinum

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

Summary of Benefits	In-Network (Tier 1)	In-Network (Tier 2)	Out-of-Network
Medical EHB Deductible (Embedded)	\$0 /\$0	\$400 / \$800	\$1,000/\$2,000
Coinsurance	0%	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	\$10	\$40	20% after deductible
Specialist - Office Visit	\$20	\$70	20% after deductible
Well Child Office Visits(0-21)	\$0	\$0	Limited to In Network
Emergency Room Services	\$75	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$10	\$10	\$10
Outpatient Surgery Physician/Surgical Services	\$0	0% after deductible	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$75	\$75 after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	\$75	\$75 copay after deductible	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 copay per stay	\$100 copay per stay after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	\$50 copay per day	N/A	20% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	\$0	20% after deductible
Hospice Services	Residential \$20 per visit, Facility \$100 per day	N/A	20% after deductible
Mental/Behavioral Health Outpatient Services	\$10	N/A	20% after deductible
Substance Abuse Disorder Outpatient Services	\$10	N/A	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	\$70	20% after deductible
Rehabilitative Speech Therapy	\$20	\$70	20% after deductible
Habilitation Services	\$20	\$70	20% after deductible
Durable Medical Equipment	\$0	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$10	\$35	Limited to In Network
Routine Eye Exam for Children	\$20	\$70	Limited to In Network
Eye Glasses for Children	50%	50%	50%
Drug EHB Deductible	\$0 / \$0	N/A	Limited to In Network
Mail Order Rx	1x copay	N/A	Limited to In Network
Tier 1 - \$0 Rx	\$0	N/A	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	N/A	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	N/A	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	N/A	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	N/A	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	N/A	Limited to In Network
Laboratory Outpatient	\$0	0% after deductible	20% after deductible
Diabetic Services/Supplies - Medical Equipment <sup>3</sup>	\$0	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: 75729PA0050140, 75729PA0050144, 75729PA0050148**

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 Choices PPO 10/20/0

Platinum

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	395.58	395.58	375.80	375.80	375.80	375.80	395.58	395.58
15	430.74	430.74	409.20	409.20	409.20	409.20	430.74	430.74
16	444.18	444.18	421.97	421.97	421.97	421.97	444.18	444.18
17	457.63	457.63	434.75	434.75	434.75	434.75	457.63	457.63
18	472.11	472.11	448.50	448.50	448.50	448.50	472.11	472.11
19	486.59	486.59	462.26	462.26	462.26	462.26	486.59	486.59
20	501.58	501.58	476.50	476.50	476.50	476.50	501.58	501.58
21	517.10	517.10	491.24	491.24	491.24	491.24	517.10	517.10
22	517.10	517.10	491.24	491.24	491.24	491.24	517.10	517.10
23	517.10	517.10	491.24	491.24	491.24	491.24	517.10	517.10
24	517.10	517.10	491.24	491.24	491.24	491.24	517.10	517.10
25	519.16	519.16	493.20	493.20	493.20	493.20	519.16	519.16
26	529.50	529.50	503.03	503.03	503.03	503.03	529.50	529.50
27	541.91	541.91	514.82	514.82	514.82	514.82	541.91	541.91
28	562.08	562.08	533.98	533.98	533.98	533.98	562.08	562.08
29	578.63	578.63	549.70	549.70	549.70	549.70	578.63	578.63
30	586.90	586.90	557.56	557.56	557.56	557.56	586.90	586.90
31	599.31	599.31	569.35	569.35	569.35	569.35	599.31	599.31
32	611.72	611.72	581.14	581.14	581.14	581.14	611.72	611.72
33	619.48	619.48	588.50	588.50	588.50	588.50	619.48	619.48
34	627.75	627.75	596.36	596.36	596.36	596.36	627.75	627.75
35	631.89	631.89	600.29	600.29	600.29	600.29	631.89	631.89
36	636.03	636.03	604.22	604.22	604.22	604.22	636.03	636.03
37	640.16	640.16	608.15	608.15	608.15	608.15	640.16	640.16
38	644.30	644.30	612.08	612.08	612.08	612.08	644.30	644.30
39	652.57	652.57	619.94	619.94	619.94	619.94	652.57	652.57
40	660.85	660.85	627.80	627.80	627.80	627.80	660.85	660.85
41	673.26	673.26	639.59	639.59	639.59	639.59	673.26	673.26
42	685.15	685.15	650.89	650.89	650.89	650.89	685.15	685.15
43	701.70	701.70	666.61	666.61	666.61	666.61	701.70	701.70
44	722.38	722.38	686.26	686.26	686.26	686.26	722.38	722.38
45	746.68	746.68	709.35	709.35	709.35	709.35	746.68	746.68
46	775.64	775.64	736.86	736.86	736.86	736.86	775.64	775.64
47	808.22	808.22	767.81	767.81	767.81	767.81	808.22	808.22
48	845.45	845.45	803.18	803.18	803.18	803.18	845.45	845.45
49	882.16	882.16	838.05	838.05	838.05	838.05	882.16	882.16
50	923.53	923.53	877.35	877.35	877.35	877.35	923.53	923.53
51	964.38	964.38	916.16	916.16	916.16	916.16	964.38	964.38
52	1,009.37	1,009.37	958.90	958.90	958.90	958.90	1,009.37	1,009.37
53	1,054.87	1,054.87	1,002.13	1,002.13	1,002.13	1,002.13	1,054.87	1,054.87
54	1,104.00	1,104.00	1,048.80	1,048.80	1,048.80	1,048.80	1,104.00	1,104.00
55	1,153.12	1,153.12	1,095.46	1,095.46	1,095.46	1,095.46	1,153.12	1,153.12
56	1,206.38	1,206.38	1,146.06	1,146.06	1,146.06	1,146.06	1,206.38	1,206.38
57	1,260.16	1,260.16	1,197.15	1,197.15	1,197.15	1,197.15	1,260.16	1,260.16
58	1,317.56	1,317.56	1,251.68	1,251.68	1,251.68	1,251.68	1,317.56	1,317.56
59	1,346.00	1,346.00	1,278.70	1,278.70	1,278.70	1,278.70	1,346.00	1,346.00
60	1,403.39	1,403.39	1,333.22	1,333.22	1,333.22	1,333.22	1,403.39	1,403.39
61	1,453.03	1,453.03	1,380.38	1,380.38	1,380.38	1,380.38	1,453.03	1,453.03
62	1,485.61	1,485.61	1,411.33	1,411.33	1,411.33	1,411.33	1,485.61	1,485.61
63	1,526.46	1,526.46	1,450.14	1,450.14	1,450.14	1,450.14	1,526.46	1,526.46
64 and Over	1,551.28	1,551.28	1,473.72	1,473.72	1,473.72	1,473.72	1,551.28	1,551.28

HIOS IDs      75729PA0050140      75729PA0050148      75729PA0050144      75729PA0050144

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