

Geisinger Choices PPO 20/40/0

Gold

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	\$3,000 / \$6,000	\$8,000/\$16,000
Coinsurance	0%	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,000 / \$14,000	\$9,100 / \$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	\$30	30% after deductible
Specialist - Office Visit	\$40	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	\$0	Limited to In Network
Emergency Room Services	\$250	\$250	250
Emergency Transportation(Ambulance/Air)	\$0	\$0	\$0
Urgent Care Centers or Facilities ¹	\$20	\$20	\$20
Outpatient Surgery Physician/Surgical Services	\$0	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250	\$250 after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$75	\$75 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$250 copay per stay	\$250 copay per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	\$0	N/A	30% after deductible
Home Health Care Services (60 visits per year) ²	\$0	\$0	30% after deductible
Hospice Services	Residential \$40 per visit, Facility \$60 per day	N/A	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	N/A	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	N/A	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$60	30% after deductible
Rehabilitative Speech Therapy	\$40	\$60	30% after deductible
Habilitation Services	\$40	\$60	30% after deductible
Durable Medical Equipment	\$0	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	\$30	Limited to In Network
Routine Eye Exam for Children	\$40	\$60	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	\$15	N/A	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$35	N/A	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$55	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	30% after deductible
Diabetic Services/Supplies - Medical Equipment ³	\$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: 75729PA0050152, 75729PA0050154, 75729PA0050156

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	363.36	363.36	345.20	345.20	345.20	345.20	363.36	363.36
15	395.66	395.66	375.88	375.88	375.88	375.88	395.66	395.66
16	408.01	408.01	387.61	387.61	387.61	387.61	408.01	408.01
17	420.36	420.36	399.34	399.34	399.34	399.34	420.36	420.36
18	433.66	433.66	411.98	411.98	411.98	411.98	433.66	433.66
19	446.96	446.96	424.61	424.61	424.61	424.61	446.96	446.96
20	460.74	460.74	437.70	437.70	437.70	437.70	460.74	460.74
21	474.99	474.99	451.24	451.24	451.24	451.24	474.99	474.99
22	474.99	474.99	451.24	451.24	451.24	451.24	474.99	474.99
23	474.99	474.99	451.24	451.24	451.24	451.24	474.99	474.99
24	474.99	474.99	451.24	451.24	451.24	451.24	474.99	474.99
25	476.88	476.88	453.04	453.04	453.04	453.04	476.88	476.88
26	486.38	486.38	462.07	462.07	462.07	462.07	486.38	486.38
27	497.78	497.78	472.90	472.90	472.90	472.90	497.78	497.78
28	516.31	516.31	490.49	490.49	490.49	490.49	516.31	516.31
29	531.51	531.51	504.93	504.93	504.93	504.93	531.51	531.51
30	539.11	539.11	512.15	512.15	512.15	512.15	539.11	539.11
31	550.51	550.51	522.98	522.98	522.98	522.98	550.51	550.51
32	561.91	561.91	533.81	533.81	533.81	533.81	561.91	561.91
33	569.03	569.03	540.58	540.58	540.58	540.58	569.03	569.03
34	576.63	576.63	547.80	547.80	547.80	547.80	576.63	576.63
35	580.43	580.43	551.41	551.41	551.41	551.41	580.43	580.43
36	584.23	584.23	555.02	555.02	555.02	555.02	584.23	584.23
37	588.03	588.03	558.63	558.63	558.63	558.63	588.03	588.03
38	591.83	591.83	562.24	562.24	562.24	562.24	591.83	591.83
39	599.43	599.43	569.46	569.46	569.46	569.46	599.43	599.43
40	607.03	607.03	576.68	576.68	576.68	576.68	607.03	607.03
41	618.43	618.43	587.51	587.51	587.51	587.51	618.43	618.43
42	629.36	629.36	597.89	597.89	597.89	597.89	629.36	629.36
43	644.55	644.55	612.33	612.33	612.33	612.33	644.55	644.55
44	663.55	663.55	630.38	630.38	630.38	630.38	663.55	663.55
45	685.88	685.88	651.58	651.58	651.58	651.58	685.88	685.88
46	712.48	712.48	676.85	676.85	676.85	676.85	712.48	712.48
47	742.40	742.40	705.28	705.28	705.28	705.28	742.40	742.40
48	776.60	776.60	737.77	737.77	737.77	737.77	776.60	776.60
49	810.32	810.32	769.81	769.81	769.81	769.81	810.32	810.32
50	848.32	848.32	805.91	805.91	805.91	805.91	848.32	848.32
51	885.85	885.85	841.55	841.55	841.55	841.55	885.85	885.85
52	927.17	927.17	880.81	880.81	880.81	880.81	927.17	927.17
53	968.97	968.97	920.52	920.52	920.52	920.52	968.97	968.97
54	1,014.09	1,014.09	963.39	963.39	963.39	963.39	1,014.09	1,014.09
55	1,059.22	1,059.22	1,006.26	1,006.26	1,006.26	1,006.26	1,059.22	1,059.22
56	1,108.14	1,108.14	1,052.73	1,052.73	1,052.73	1,052.73	1,108.14	1,108.14
57	1,157.54	1,157.54	1,099.66	1,099.66	1,099.66	1,099.66	1,157.54	1,157.54
58	1,210.26	1,210.26	1,149.75	1,149.75	1,149.75	1,149.75	1,210.26	1,210.26
59	1,236.39	1,236.39	1,174.57	1,174.57	1,174.57	1,174.57	1,236.39	1,236.39
60	1,289.11	1,289.11	1,224.65	1,224.65	1,224.65	1,224.65	1,289.11	1,289.11
61	1,334.71	1,334.71	1,267.97	1,267.97	1,267.97	1,267.97	1,334.71	1,334.71
62	1,364.63	1,364.63	1,296.40	1,296.40	1,296.40	1,296.40	1,364.63	1,364.63
63	1,402.16	1,402.16	1,332.05	1,332.05	1,332.05	1,332.05	1,402.16	1,402.16
64 and Over	1,424.96	1,424.96	1,353.71	1,353.71	1,353.71	1,353.71	1,424.96	1,424.96

HIOS IDs 75729PA0050152 75729PA0050156 75729PA0050154 75729PA0050154

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