

Geisinger Choices PPO 20/40/1000

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)	\$1,000 /\$2,000	\$2,000 / \$4,000	\$4,000 /\$8,000
Coinsurance	0%	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,000/ \$16,000	\$8,000 / \$16,000	\$15,000 /\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	\$40	30% after deductible
Specialist - Office Visit	\$40	\$80	30% after deductible
Well Child Office Visits(0-21)	\$0	\$0	Limited to In Network
Emergency Room Services	\$200	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0	\$0
Urgent Care Centers or Facilities ¹	\$20	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	\$100 after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 copay per stay after deductible	\$200 copay per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	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 \$100 per day	NA	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	\$80	30% after deductible
Rehabilitative Speech Therapy	\$40	\$80	30% after deductible
Habilitation Services	\$40	\$80	30% after deductible
Durable Medical Equipment	0% after deductible	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	\$35	Limited to In Network
Routine Eye Exam for Children	\$40	\$80	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	\$10	N/A	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	N/A	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	N/A	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	N/A	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	N/A	Limited to In Network
Laboratory Outpatient	0% after deductible	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment ³	0% after deductible	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: 75729PA0050141, 75729PA0050145, 75729PA0050149

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 20/40/1000

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	341.72	341.72	324.63	324.63	324.63	324.63	341.72	341.72
15	372.09	372.09	353.49	353.49	353.49	353.49	372.09	372.09
16	383.70	383.70	364.52	364.52	364.52	364.52	383.70	383.70
17	395.32	395.32	375.55	375.55	375.55	375.55	395.32	395.32
18	407.83	407.83	387.43	387.43	387.43	387.43	407.83	407.83
19	420.33	420.33	399.32	399.32	399.32	399.32	420.33	420.33
20	433.29	433.29	411.62	411.62	411.62	411.62	433.29	433.29
21	446.69	446.69	424.36	424.36	424.36	424.36	446.69	446.69
22	446.69	446.69	424.36	424.36	424.36	424.36	446.69	446.69
23	446.69	446.69	424.36	424.36	424.36	424.36	446.69	446.69
24	446.69	446.69	424.36	424.36	424.36	424.36	446.69	446.69
25	448.47	448.47	426.05	426.05	426.05	426.05	448.47	448.47
26	457.41	457.41	434.54	434.54	434.54	434.54	457.41	457.41
27	468.13	468.13	444.72	444.72	444.72	444.72	468.13	468.13
28	485.55	485.55	461.27	461.27	461.27	461.27	485.55	485.55
29	499.84	499.84	474.85	474.85	474.85	474.85	499.84	499.84
30	506.99	506.99	481.64	481.64	481.64	481.64	506.99	506.99
31	517.71	517.71	491.82	491.82	491.82	491.82	517.71	517.71
32	528.43	528.43	502.01	502.01	502.01	502.01	528.43	528.43
33	535.13	535.13	508.37	508.37	508.37	508.37	535.13	535.13
34	542.28	542.28	515.16	515.16	515.16	515.16	542.28	542.28
35	545.85	545.85	518.56	518.56	518.56	518.56	545.85	545.85
36	549.43	549.43	521.95	521.95	521.95	521.95	549.43	549.43
37	553.00	553.00	525.35	525.35	525.35	525.35	553.00	553.00
38	556.57	556.57	528.74	528.74	528.74	528.74	556.57	556.57
39	563.72	563.72	535.53	535.53	535.53	535.53	563.72	563.72
40	570.87	570.87	542.32	542.32	542.32	542.32	570.87	570.87
41	581.59	581.59	552.51	552.51	552.51	552.51	581.59	581.59
42	591.86	591.86	562.27	562.27	562.27	562.27	591.86	591.86
43	606.15	606.15	575.85	575.85	575.85	575.85	606.15	606.15
44	624.02	624.02	592.82	592.82	592.82	592.82	624.02	624.02
45	645.02	645.02	612.77	612.77	612.77	612.77	645.02	645.02
46	670.03	670.03	636.53	636.53	636.53	636.53	670.03	670.03
47	698.17	698.17	663.26	663.26	663.26	663.26	698.17	698.17
48	730.33	730.33	693.82	693.82	693.82	693.82	730.33	730.33
49	762.05	762.05	723.95	723.95	723.95	723.95	762.05	762.05
50	797.78	797.78	757.89	757.89	757.89	757.89	797.78	797.78
51	833.07	833.07	791.42	791.42	791.42	791.42	833.07	833.07
52	871.93	871.93	828.34	828.34	828.34	828.34	871.93	871.93
53	911.24	911.24	865.68	865.68	865.68	865.68	911.24	911.24
54	953.68	953.68	905.99	905.99	905.99	905.99	953.68	953.68
55	996.11	996.11	946.31	946.31	946.31	946.31	996.11	996.11
56	1,042.12	1,042.12	990.01	990.01	990.01	990.01	1,042.12	1,042.12
57	1,088.58	1,088.58	1,034.15	1,034.15	1,034.15	1,034.15	1,088.58	1,088.58
58	1,138.16	1,138.16	1,081.25	1,081.25	1,081.25	1,081.25	1,138.16	1,138.16
59	1,162.73	1,162.73	1,104.59	1,104.59	1,104.59	1,104.59	1,162.73	1,162.73
60	1,212.31	1,212.31	1,151.69	1,151.69	1,151.69	1,151.69	1,212.31	1,212.31
61	1,255.19	1,255.19	1,192.43	1,192.43	1,192.43	1,192.43	1,255.19	1,255.19
62	1,283.33	1,283.33	1,219.17	1,219.17	1,219.17	1,219.17	1,283.33	1,283.33
63	1,318.62	1,318.62	1,252.69	1,252.69	1,252.69	1,252.69	1,318.62	1,318.62
64 and Over	1,340.06	1,340.06	1,273.06	1,273.06	1,273.06	1,273.06	1,340.06	1,340.06

HIOS IDs **75729PA0050141** **75729PA0050149** **75729PA0050145** **75729PA0050145**

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