

# Geisinger Choices PPO 20/40/2000

## 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)	\$2,000 /\$4,000	\$4,000 / \$8,000	\$8,000 /\$16,000
Coinsurance	0%	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350 / \$14,700	\$7,350 / \$14,700	\$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 <sup>1</sup>	\$20	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	0% 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) <sup>2</sup>	\$0	\$0	30% after deductible
Hospice Services	Residential \$40 per visit, Facility \$100 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	\$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 <sup>3</sup>	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: 75729PA0050142, 75729PA0050146, 75729PA0050150**

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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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	319.63	319.63	303.65	303.65	303.65	303.65	319.63	319.63
15	348.04	348.04	330.64	330.64	330.64	330.64	348.04	348.04
16	358.90	358.90	340.96	340.96	340.96	340.96	358.90	358.90
17	369.77	369.77	351.28	351.28	351.28	351.28	369.77	369.77
18	381.47	381.47	362.39	362.39	362.39	362.39	381.47	381.47
19	393.16	393.16	373.51	373.51	373.51	373.51	393.16	393.16
20	405.28	405.28	385.02	385.02	385.02	385.02	405.28	405.28
21	417.82	417.82	396.93	396.93	396.93	396.93	417.82	417.82
22	417.82	417.82	396.93	396.93	396.93	396.93	417.82	417.82
23	417.82	417.82	396.93	396.93	396.93	396.93	417.82	417.82
24	417.82	417.82	396.93	396.93	396.93	396.93	417.82	417.82
25	419.49	419.49	398.51	398.51	398.51	398.51	419.49	419.49
26	427.84	427.84	406.45	406.45	406.45	406.45	427.84	427.84
27	437.87	437.87	415.98	415.98	415.98	415.98	437.87	437.87
28	454.17	454.17	431.46	431.46	431.46	431.46	454.17	454.17
29	467.54	467.54	444.16	444.16	444.16	444.16	467.54	467.54
30	474.22	474.22	450.51	450.51	450.51	450.51	474.22	474.22
31	484.25	484.25	460.04	460.04	460.04	460.04	484.25	484.25
32	494.28	494.28	469.56	469.56	469.56	469.56	494.28	494.28
33	500.54	500.54	475.52	475.52	475.52	475.52	500.54	500.54
34	507.23	507.23	481.87	481.87	481.87	481.87	507.23	507.23
35	510.57	510.57	485.04	485.04	485.04	485.04	510.57	510.57
36	513.91	513.91	488.22	488.22	488.22	488.22	513.91	513.91
37	517.26	517.26	491.39	491.39	491.39	491.39	517.26	517.26
38	520.60	520.60	494.57	494.57	494.57	494.57	520.60	520.60
39	527.28	527.28	500.92	500.92	500.92	500.92	527.28	527.28
40	533.97	533.97	507.27	507.27	507.27	507.27	533.97	533.97
41	544.00	544.00	516.80	516.80	516.80	516.80	544.00	544.00
42	553.61	553.61	525.93	525.93	525.93	525.93	553.61	553.61
43	566.98	566.98	538.63	538.63	538.63	538.63	566.98	566.98
44	583.69	583.69	554.50	554.50	554.50	554.50	583.69	583.69
45	603.33	603.33	573.16	573.16	573.16	573.16	603.33	603.33
46	626.72	626.72	595.39	595.39	595.39	595.39	626.72	626.72
47	653.05	653.05	620.39	620.39	620.39	620.39	653.05	653.05
48	683.13	683.13	648.97	648.97	648.97	648.97	683.13	683.13
49	712.79	712.79	677.15	677.15	677.15	677.15	712.79	712.79
50	746.22	746.22	708.91	708.91	708.91	708.91	746.22	746.22
51	779.23	779.23	740.27	740.27	740.27	740.27	779.23	779.23
52	815.58	815.58	774.80	774.80	774.80	774.80	815.58	815.58
53	852.34	852.34	809.73	809.73	809.73	809.73	852.34	852.34
54	892.04	892.04	847.44	847.44	847.44	847.44	892.04	892.04
55	931.73	931.73	885.14	885.14	885.14	885.14	931.73	931.73
56	974.76	974.76	926.03	926.03	926.03	926.03	974.76	974.76
57	1,018.22	1,018.22	967.31	967.31	967.31	967.31	1,018.22	1,018.22
58	1,064.60	1,064.60	1,011.37	1,011.37	1,011.37	1,011.37	1,064.60	1,064.60
59	1,087.58	1,087.58	1,033.20	1,033.20	1,033.20	1,033.20	1,087.58	1,087.58
60	1,133.95	1,133.95	1,077.25	1,077.25	1,077.25	1,077.25	1,133.95	1,133.95
61	1,174.06	1,174.06	1,115.36	1,115.36	1,115.36	1,115.36	1,174.06	1,174.06
62	1,200.39	1,200.39	1,140.37	1,140.37	1,140.37	1,140.37	1,200.39	1,200.39
63	1,233.39	1,233.39	1,171.72	1,171.72	1,171.72	1,171.72	1,233.39	1,233.39
64 and Over	1,253.45	1,253.45	1,190.78	1,190.78	1,190.78	1,190.78	1,253.45	1,253.45

**HIOS IDs**      **75729PA0050142**      **75729PA0050150**      **75729PA0050146**      **75729PA0050146**

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