

Geisinger Choices PPO 20/40/4000

Silver

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)	\$4,000 /\$8,000	\$7,900 / \$15,800	\$12,000 /\$24,000
Coinsurance	0%	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/ \$18,200	\$9,100 / \$18,200	\$15,000 /\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	\$60	40% after deductible
Specialist - Office Visit	\$40	\$80	40% after deductible
Well Child Office Visits(0-21)	\$0	\$0	Limited to In Network
Emergency Room Services	\$200 after deductible	\$200 after deductible	\$200 after deductible
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	40% after deductible
Imaging (CT/PET Scans, MRIs)	\$150 copay after deductible	\$150 copay after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 copay per stay after deductible	\$200 copay per stay after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	N/A	40% after deductible
Home Health Care Services (60 visits per year) ²	\$0	\$0	40% after deductible
Hospice Services	Residential \$40 per visit, Facility \$100 per day	N/A	40% after deductible
Mental/Behavioral Health Outpatient Services	\$20	N/A	40% after deductible
Substance Abuse Disorder Outpatient Services	\$20	N/A	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$80	40% after deductible
Rehabilitative Speech Therapy	\$40	\$80	40% after deductible
Habilitation Services	\$40	\$80	40% 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	\$500 / \$1,000	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	\$20	N/A	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	N/A	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	N/A	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	N/A	Limited to In Network
Laboratory Outpatient	0% after deductible	0% after deductible	40% 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: 75729PA0050143, 75729PA0050147, 75729PA0050151

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 20/40/4000							Silver	
	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
Age	N	Y	N	Y	N	Y	N	Y
0-14	269.23	269.23	255.77	255.77	255.77	255.77	269.23	269.23
15	293.16	293.16	278.51	278.51	278.51	278.51	293.16	293.16
16	302.31	302.31	287.20	287.20	287.20	287.20	302.31	302.31
17	311.46	311.46	295.89	295.89	295.89	295.89	311.46	311.46
18	321.32	321.32	305.25	305.25	305.25	305.25	321.32	321.32
19	331.17	331.17	314.61	314.61	314.61	314.61	331.17	331.17
20	341.38	341.38	324.31	324.31	324.31	324.31	341.38	341.38
21	351.94	351.94	334.35	334.35	334.35	334.35	351.94	351.94
22	351.94	351.94	334.35	334.35	334.35	334.35	351.94	351.94
23	351.94	351.94	334.35	334.35	334.35	334.35	351.94	351.94
24	351.94	351.94	334.35	334.35	334.35	334.35	351.94	351.94
25	353.34	353.34	335.68	335.68	335.68	335.68	353.34	353.34
26	360.38	360.38	342.36	342.36	342.36	342.36	360.38	360.38
27	368.83	368.83	350.39	350.39	350.39	350.39	368.83	368.83
28	382.56	382.56	363.43	363.43	363.43	363.43	382.56	382.56
29	393.82	393.82	374.13	374.13	374.13	374.13	393.82	393.82
30	399.45	399.45	379.48	379.48	379.48	379.48	399.45	399.45
31	407.89	407.89	387.50	387.50	387.50	387.50	407.89	407.89
32	416.34	416.34	395.52	395.52	395.52	395.52	416.34	416.34
33	421.62	421.62	400.54	400.54	400.54	400.54	421.62	421.62
34	427.25	427.25	405.89	405.89	405.89	405.89	427.25	427.25
35	430.07	430.07	408.56	408.56	408.56	408.56	430.07	430.07
36	432.88	432.88	411.24	411.24	411.24	411.24	432.88	432.88
37	435.70	435.70	413.91	413.91	413.91	413.91	435.70	435.70
38	438.51	438.51	416.59	416.59	416.59	416.59	438.51	438.51
39	444.14	444.14	421.94	421.94	421.94	421.94	444.14	444.14
40	449.78	449.78	427.29	427.29	427.29	427.29	449.78	449.78
41	458.22	458.22	435.31	435.31	435.31	435.31	458.22	458.22
42	466.32	466.32	443.00	443.00	443.00	443.00	466.32	466.32
43	477.58	477.58	453.70	453.70	453.70	453.70	477.58	477.58
44	491.66	491.66	467.07	467.07	467.07	467.07	491.66	491.66
45	508.20	508.20	482.79	482.79	482.79	482.79	508.20	508.20
46	527.91	527.91	501.51	501.51	501.51	501.51	527.91	527.91
47	550.08	550.08	522.57	522.57	522.57	522.57	550.08	550.08
48	575.42	575.42	546.65	546.65	546.65	546.65	575.42	575.42
49	600.40	600.40	570.38	570.38	570.38	570.38	600.40	600.40
50	628.56	628.56	597.13	597.13	597.13	597.13	628.56	628.56
51	656.36	656.36	623.54	623.54	623.54	623.54	656.36	656.36
52	686.98	686.98	652.63	652.63	652.63	652.63	686.98	686.98
53	717.95	717.95	682.05	682.05	682.05	682.05	717.95	717.95
54	751.39	751.39	713.82	713.82	713.82	713.82	751.39	751.39
55	784.82	784.82	745.58	745.58	745.58	745.58	784.82	784.82
56	821.07	821.07	780.02	780.02	780.02	780.02	821.07	821.07
57	857.67	857.67	814.79	814.79	814.79	814.79	857.67	857.67
58	896.74	896.74	851.90	851.90	851.90	851.90	896.74	896.74
59	916.09	916.09	870.29	870.29	870.29	870.29	916.09	916.09
60	955.16	955.16	907.40	907.40	907.40	907.40	955.16	955.16
61	988.94	988.94	939.50	939.50	939.50	939.50	988.94	988.94
62	1,011.12	1,011.12	960.56	960.56	960.56	960.56	1,011.12	1,011.12
63	1,038.92	1,038.92	986.97	986.97	986.97	986.97	1,038.92	1,038.92
64 and Over	1,055.81	1,055.81	1,003.02	1,003.02	1,003.02	1,003.02	1,055.81	1,055.81
HIOS IDs	75729PA0050143		75729PA0050151		75729PA0050147		75729PA0050147	

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