

# Geisinger Choices PPO 30/50/0 Copay Based

## 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	\$0 /\$0	\$4,000/\$8,000
Coinsurance	0%	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,450 / \$18,900	\$9,450 / \$18,900	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$30	\$60	30% after deductible
Specialist - Office Visit	\$50	\$100	30% after deductible
Well Child Office Visits(0-21)	\$0	\$0	Limited to In Network
Emergency Room Services	\$300	\$300	\$300
Emergency Transportation(Ambulance/Air)	\$0	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$30	\$30	\$30
Outpatient Surgery Physician/Surgical Services	\$0	\$0	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$700	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$350	\$700	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$350 copay per stay	\$700 copay per stay	30% after deductible
Skilled Nursing Facility (120 days per year)	\$550 per admit	\$1,100 per admit	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	\$0	30% after deductible
Hospice Services	Residential \$50 per visit, Facility \$100 per day	N/A	30% after deductible
Mental/Behavioral Health Outpatient Services	\$30	N/A	30% after deductible
Substance Abuse Disorder Outpatient Services	\$30	N/A	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	\$100	30% after deductible
Rehabilitative Speech Therapy	\$50	\$100	30% after deductible
Habilitation Services	\$50	\$100	30% after deductible
Durable Medical Equipment	\$0	\$0	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	\$35	Limited to In Network
Routine Eye Exam for Children	\$50	\$100	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	30% after deductible
Diabetic Services/Supplies - Medical Equipment <sup>3</sup>	\$0	\$0	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: 75729PA0050153, 75729PA0050155, 75729PA0050157**

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	359.45	359.45	341.47	341.47	341.47	341.47	359.45	359.45
15	391.40	391.40	371.83	371.83	371.83	371.83	391.40	391.40
16	403.61	403.61	383.43	383.43	383.43	383.43	403.61	403.61
17	415.83	415.83	395.04	395.04	395.04	395.04	415.83	415.83
18	428.98	428.98	407.54	407.54	407.54	407.54	428.98	428.98
19	442.14	442.14	420.03	420.03	420.03	420.03	442.14	442.14
20	455.77	455.77	432.98	432.98	432.98	432.98	455.77	455.77
21	469.87	469.87	446.37	446.37	446.37	446.37	469.87	469.87
22	469.87	469.87	446.37	446.37	446.37	446.37	469.87	469.87
23	469.87	469.87	446.37	446.37	446.37	446.37	469.87	469.87
24	469.87	469.87	446.37	446.37	446.37	446.37	469.87	469.87
25	471.74	471.74	448.16	448.16	448.16	448.16	471.74	471.74
26	481.14	481.14	457.08	457.08	457.08	457.08	481.14	481.14
27	492.42	492.42	467.80	467.80	467.80	467.80	492.42	492.42
28	510.74	510.74	485.20	485.20	485.20	485.20	510.74	510.74
29	525.78	525.78	499.49	499.49	499.49	499.49	525.78	525.78
30	533.29	533.29	506.63	506.63	506.63	506.63	533.29	533.29
31	544.57	544.57	517.34	517.34	517.34	517.34	544.57	544.57
32	555.85	555.85	528.06	528.06	528.06	528.06	555.85	555.85
33	562.90	562.90	534.75	534.75	534.75	534.75	562.90	562.90
34	570.41	570.41	541.89	541.89	541.89	541.89	570.41	570.41
35	574.17	574.17	545.46	545.46	545.46	545.46	574.17	574.17
36	577.93	577.93	549.03	549.03	549.03	549.03	577.93	577.93
37	581.69	581.69	552.61	552.61	552.61	552.61	581.69	581.69
38	585.45	585.45	556.18	556.18	556.18	556.18	585.45	585.45
39	592.97	592.97	563.32	563.32	563.32	563.32	592.97	592.97
40	600.48	600.48	570.46	570.46	570.46	570.46	600.48	600.48
41	611.76	611.76	581.17	581.17	581.17	581.17	611.76	611.76
42	622.57	622.57	591.44	591.44	591.44	591.44	622.57	622.57
43	637.60	637.60	605.72	605.72	605.72	605.72	637.60	637.60
44	656.40	656.40	623.58	623.58	623.58	623.58	656.40	656.40
45	678.48	678.48	644.56	644.56	644.56	644.56	678.48	678.48
46	704.79	704.79	669.55	669.55	669.55	669.55	704.79	704.79
47	734.40	734.40	697.68	697.68	697.68	697.68	734.40	734.40
48	768.23	768.23	729.81	729.81	729.81	729.81	768.23	768.23
49	801.59	801.59	761.51	761.51	761.51	761.51	801.59	801.59
50	839.18	839.18	797.22	797.22	797.22	797.22	839.18	839.18
51	876.29	876.29	832.48	832.48	832.48	832.48	876.29	876.29
52	917.17	917.17	871.31	871.31	871.31	871.31	917.17	917.17
53	958.52	958.52	910.59	910.59	910.59	910.59	958.52	958.52
54	1,003.16	1,003.16	953.00	953.00	953.00	953.00	1,003.16	1,003.16
55	1,047.79	1,047.79	995.40	995.40	995.40	995.40	1,047.79	1,047.79
56	1,096.19	1,096.19	1,041.38	1,041.38	1,041.38	1,041.38	1,096.19	1,096.19
57	1,145.06	1,145.06	1,087.80	1,087.80	1,087.80	1,087.80	1,145.06	1,145.06
58	1,197.21	1,197.21	1,137.35	1,137.35	1,137.35	1,137.35	1,197.21	1,197.21
59	1,223.05	1,223.05	1,161.90	1,161.90	1,161.90	1,161.90	1,223.05	1,223.05
60	1,275.21	1,275.21	1,211.45	1,211.45	1,211.45	1,211.45	1,275.21	1,275.21
61	1,320.32	1,320.32	1,254.30	1,254.30	1,254.30	1,254.30	1,320.32	1,320.32
62	1,349.92	1,349.92	1,282.42	1,282.42	1,282.42	1,282.42	1,349.92	1,349.92
63	1,387.04	1,387.04	1,317.68	1,317.68	1,317.68	1,317.68	1,387.04	1,387.04
64 and Over	1,409.59	1,409.59	1,339.11	1,339.11	1,339.11	1,339.11	1,409.59	1,409.59

**HIOS IDs      75729PA0050153      75729PA0050157      75729PA0050155      75729PA0050155**

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