Geisinger Choices PPO 20/40/2000	Gold		
Summary of Benefits	In-Network	In-Network (Tier 2)	Out-of-Network
Maximum Out of Pocket for Medical EHB Benefits	NA	NA	NA
Maximum Out of Pocket for Drug EHB Benefits	NA	NA	NA
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$7,350/\$14,700	\$15,000/\$30,000
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	\$4,000/\$8,000	\$8,000/\$16,000
Drug EHB Deductible	\$0/\$0	NA	Limited to In Network
Combined Medical and Drug EHB Deductible	NA	NA	NA
Coinsurance	0%	0%	30%
Primary Care Visit to Treat an Injury or Illness	\$20	\$40	30% after deductible
Specialist - Office Visit	\$40	\$80	30% after deductible
Other Practitioner Office Visit (Nurse, Physician Assistant)	\$20	\$40	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	\$100 after deductible	30% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	0% after deductible	30% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	NA	30% after deductible
Infertility Treatment (Note Exclusions)	\$200 after deductible	\$200 after deductible	30% after deductible
Routine Eye Exam (Adult)	Not Covered	Not Covered	Not Covered
Urgent Care Centers or Facilities	\$20	\$20	\$20
Home Health Care Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)	\$0	\$O	30% after deductible
Emergency Room Services	\$200	\$200	\$200
Emergency Transportation (Ambulance/Air)	\$0	\$0	\$0
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	\$200 per stay after deductible	30% after deductible
Inpatient Physician and Surgical Services	0% after deductible	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	NA	30% after deductible
Prenatal and Postnatal Care (Office Visit)	\$0	\$0	30% after deductible
Delivery and All Inpatient Services for Maternity Care	0% after deductible	0% after deductible	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	NA	30% after deductible
Mental/Behavioral Health Inpatient Services	\$200 per stay after deductible	NA	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	NA	30% after deductible
Substance Abuse Disorder Inpatient Services	\$200 per stay after deductible	NA	30% after deductible
Tier 2 - Preferred Generic Drugs	\$10	NA	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	NA	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	NA	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	NA	Limited to In Network
Tier 6 - Specialty Drugs	40% up to \$250	NA	Limited to In Network
Tier 1 - \$0 Rx	\$0	NA	Limited to In Network
Mail-Order Rx	1х сорау	NA	Limited to In Network
90-Day Retail	2x copay	NA	Limited to In Network
Outpatient Rehabilitation Services	\$40	\$80	30% after deductible

Outpatient Cardiac Rehabilitation Services (36 visits per benefit	\$0	\$80	30% after deductible
period) Outpatient Pulmonary Rehab/Respiratory Rehab Services (36	\$0	\$80	30% after deductible
visits per benefit period)	·	•	
Habilitation Services	\$40	\$80	30% after deductible
Habilitative Speech Therapy	\$40	\$80	30% after deductible
Habilitative Occupational and Physical Therapy	\$40	\$80	30% after deductible
Chiropractic Care (20 visits per benefit period)	\$20	\$35	Limited to In Network
Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)	0% after deductible	0% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100 after deductible	\$100 after deductible	30% after deductible
Preventive Care/Screening/Immunization	\$0	\$ 0	Limited to In Network
Routine Eye Exam for Children	\$40	\$80	Limited to In Network
Eyeglasses for Children	50%	50%	50%
Rehabilitative Speech Therapy	\$40	\$80	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$80	30% after deductible
Well Baby Visits and Care	\$0	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	0% after deductible	30% after deductible
X-rays	0% after deductible	0% after deductible	30% after deductible
Dental Checkup for Children	\$ 0	NA	Limited to In Network
Basic Dental Care - Child	50% after deductible	NA	Limited to In Network
Orthodontia - Child (Medically necessary)	50% after deductible	NA	Limited to In Network
Major Dental Care - Child	50% after deductible	NA	Limited to In Network
Transplant	\$200 per stay after deductible	\$200 per stay after deductible	30% after deductible
Accidental Dental (medically necessary)	0% after deductible	0% after deductible	30% after deductible
Dialysis	0% after deductible	0% after deductible	30% after deductible
Allergy Testing	0% after deductible	0% after deductible	30% after deductible
Chemotherapy	0% after deductible	0% after deductible	30% after deductible
Radiation	0% after deductible	0% after deductible	30% after deductible
Diabetes Education	\$0	\$O	Limited to In Network
Prosthetic Devices	0% after deductible	0% after deductible	Limited to In Network
Infusion Therapy	\$0	\$0	30% after deductible
Nutritional Counseling	\$40	\$80	30% after deductible
Reconstructive Surgery	\$200 per stay after deductible	\$200 per stay after deductible	30% after deductible
Preventive - Physical (1 per benefit period)	\$0	\$0	Limited to In Network
Preventive - Mammograms	\$0	\$0	Limited to In Network
Preventive - Manimograms Preventive - Pap Smears	\$0	\$0	Limited to In Network
Preventive - Pap Sinears Preventive - Cholesterol	\$0	\$0	Limited to In Network
	· ·		
Preventive - Diabetes	\$0	\$0	Limited to In Network
Preventive - Lipid Panel	\$0	\$0	Limited to In Network
Specialist - Procedure	0% after deductible	0% after deductible	30% after deductible
Colorectal - Fecal Occult and Flexible Sigmoidoscopy	\$0	\$0	Limited to In Network

Not Covered Nater deductible Symplies - Not Covered No	Coloractal - Colonaccany	\$0	\$0	Limited to In Naturals
Correction for Obesity - Facility Ox of after deductible Ox after deductible Ox after deductible United to In Network Urology Supplies Ox after deductible Ox after deductible United to In Network Urology Supplies Ox after deductible Ox after deductible United to In Network Urology Supplies - Eye Exam So Ox after deductible Ox after deductible United to In Network Diabetic Services/Supplies - Fye Exam So Ox after deductible Ox after deductible United to In Network Diabetic Services/Supplies - Froot Orthotics Ox after deductible Ox after deductible United to In Network Diabetic Services/Supplies - Medical Equipment Ox after deductible Ox after deductible United to In Network Implanted Devices (Medical) - Drug Delivery Ox after deductible	Colorectal - Colonoscopy	· ·	\$0	Limited to In Network
Ostomy Supplies	Maternity - Office diagnostic services procedures			
Urology Supplies 0% after deductible 0% after deductible 1 Limited to In Network Diabetic Services/Supplies - Eye Exam 90 S0 S0 Limited to In Network Diabetic Services/Supplies - Rx Supplies Rx Supp	Correction for Obesity - Facility	Not Covered	Not Covered	Not Covered
Diabetic Services/Supplies - Eye Exam So So So Limited to In Network Diabetic Services/Supplies - Rx Supplies Rx S	Ostomy Supplies	0% after deductible	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Rx Supplies Rx copay applies NA Limited to In Network Diabetic Services/Supplies - Foot Orthotics 0% after deductible 0% after deductible Limited to In Network Diabetic Services/Supplies - Home Blood Glucose Monitor Rx copay applies NA Limited to In Network Diabetic Services/Supplies - Medical Equipment 0% after deductible 0% after deductible Limited to In Network Implanted Devices (Medical) - Drug Delivery 0% after deductible 0% after deductible 30% after deductible Implanted Devices (Medical) - All other non-contraceptive implanted devices (Medical) - All other non-contraceptive 0% after deductible 0% after deductible Limited to In Network Outpatient Opioid Detoxification 0% after deductible 0% after deductible 150% after deductible 30% after deductible Abortion (Elective) Not Covered Not Cover	Urology Supplies	0% after deductible	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Foot Ortholics	Diabetic Services/Supplies - Eye Exam	\$0	\$0	Limited to In Network
Diabetic Services/Supplies - Home Blood Glucose Monitor Diabetic Services/Supplies - Medical Equipment O% after deductible O% after deductible Umited to In Network Implanted Devices (Medical) - Drug Delivery O% after deductible Umited to In Network Orthotic Devices O% after deductible Office Devices O% after deductible Office Visits Office Visits Office Visits Office Visits Office Visits Office Visits (O-21) SO Office Visi	Diabetic Services/Supplies - Rx Supplies	Rx copay applies	NA	Limited to In Network
Diabetic Services/Supplies - Medical Equipment O% after deductible Of	Diabetic Services/Supplies - Foot Orthotics	0% after deductible	0% after deductible	Limited to In Network
Implanted Devices (Medical) - Drug Delivery O% after deductible Dilitated Devices (Medical) - All other non-contraceptive implanted devices O% after deductible O% after deductible O% after deductible Umited to In Network Outpatient Opioid Detoxification O% after deductible O% after deductible O% after deductible Not Covered Not Covered Not Covered Not Covered Not Covered High Cost Specialty Drugs/Select Injectables 150 3150 30% after deductible Injectable Drugs - Physician So O% after deductible Dental Anesthesia O% after deductible O% after ded	Diabetic Services/Supplies - Home Blood Glucose Monitor	Rx copay applies	NA	Limited to In Network
Implanted Devices (Medical) - All other non-contraceptive implanted devices O's after deductible O's after deductible O's after deductible O's after deductible Limited to In Network Outpatient Opioid Detoxification O's after deductible Not Covered Not C	Diabetic Services/Supplies - Medical Equipment	0% after deductible	0% after deductible	Limited to In Network
Ors after deductible Ors after deductible Ors after deductible Orthotic Devices Office Devices O	Implanted Devices (Medical) - Drug Delivery	0% after deductible	0% after deductible	30% after deductible
Outpatient Opioid Detoxification O% after deductible Injectable Drugs - Physician Injectable Drugs - Physician O% after deductible O% after deduct		0% after deductible	0% after deductible	30% after deductible
Abortion (Elective) Not Covered Not Covere	Orthotic Devices	0% after deductible	0% after deductible	Limited to In Network
High Cost Specialty Drugs/Select Injectables \$150 \$150 30% after deductible Injectable Drugs - Physician \$0 \$0 \$0 30% after deductible Injectable Drugs - Facility 0% after deductible 0% after deductible 30% after deductible Spinal Injections 0% after deductible 0% after deductible Limited to In Network Dental Anesthesia 0% after deductible 0% after deductible 30% after deductible Impacted Wisdom Teeth 0% after deductible 0% after deductible 30% after deductible Medical Foods/PKU \$0 \$0 \$0 Limited to In Network Pulmonary Function Tests 0% after deductible 0% after deductible 30% after deductible Spirometry \$0 \$0 \$0 Limited to In Network Dental Anesthesia 0% after deductible 0% after deductible 30% after deductible Medical Foods/PKU \$0 \$0 \$0 Limited to In Network Delmonary Function Tests 0% after deductible 0% after deductible 30% after deductible Spirometry \$0 \$0 \$0 Limited to In Network Delmonary Function (Ambulance/Air) \$0 \$0 Limited to In Network Contact Lenses 50% 50% 50% Well Child Office Visits (0-21) \$0 \$0 Limited to In Network Well Woman Exam \$0 \$0 Limited to In Network Telehealth (PCP Services) \$5 \$40 30% after deductible Telehealth (Behavioral Health Services) \$50 NA 30% after deductible Telehealth (Specialist Services) \$10 \$80 30% after deductible Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible 30% after deductible	Outpatient Opioid Detoxification	0% after deductible	0% after deductible	30% after deductible
Injectable Drugs - Physician \$0 \$0 \$0 30% after deductible Injectable Drugs - Facility 0% after deductible 0% after deductible 5pinal Injections 0% after deductible 0% after deductible 0% after deductible 10% after deductible 0% after deductible 10% after deductible 10% after deductible 20% after deductible 30% after deductible 5pirometry \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Abortion (Elective)	Not Covered	Not Covered	Not Covered
Injectable Drugs - Facility O% after deductible O% after deductible O% after deductible O% after deductible Limited to In Network Dental Anesthesia O% after deductible O	High Cost Specialty Drugs/Select Injectables	\$150	\$150	30% after deductible
Spinal Injections0% after deductible0% after deductibleLimited to In NetworkDental Anesthesia0% after deductible0% after deductible30% after deductibleImpacted Wisdom Teeth0% after deductible0% after deductible30% after deductibleMedical Foods/PKU\$0\$0Limited to In NetworkPulmonary Function Tests0% after deductible30% after deductibleSpirometry\$0\$030% after deductibleScheduled Transportation (Ambulance/Air)\$0\$0Limited to In NetworkContact Lenses50%50%50%Well Child Office Visits (0-21)\$0\$0Limited to In NetworkWell Woman Exam\$0\$0Limited to In NetworkTelehealth (PCP Services)\$5\$4030% after deductibleTelehealth (Behavioral Health Services)\$5NA30% after deductibleTelehealth (Specialist Services)\$10\$8030% after deductibleGender-Affirming Care\$200 per stay after deductible\$200 per stay after deductible30% after deductible	Injectable Drugs - Physician	\$0	\$0	30% after deductible
Dental Anesthesia 0% after deductible 0% after deductible 30% after deductible Impacted Wisdom Teeth 0% after deductible 0% after deductible 30% after deductible Medical Foods/PKU \$0 \$0 \$0 Limited to In Network Pulmonary Function Tests 0% after deductible 0% after deductible 30% after deductible Spirometry \$0 \$0 \$0 30% after deductible 5cheduled Transportation (Ambulance/Air) \$0 \$0 Limited to In Network Contact Lenses 50% 50% 50% 50% Well Child Office Visits (0-21) \$0 \$0 Limited to In Network Well Woman Exam \$0 \$0 Limited to In Network Telehealth (PCP Services) \$5 \$40 30% after deductible Telehealth (Behavioral Health Services) \$5 NA 30% after deductible \$200 per stay after deductible \$200 per stay after deductible 30% after deductible	Injectable Drugs - Facility	0% after deductible	0% after deductible	30% after deductible
Impacted Wisdom Teeth Medical Foods/PKU \$0 \$0 \$0 Limited to In Network Pulmonary Function Tests 0% after deductible 0% after deductible 30% after deductible 5pirometry \$0 \$0 \$0 30% after deductible Scheduled Transportation (Ambulance/Air) \$0 \$0 Limited to In Network Contact Lenses 50% 50% Well Child Office Visits (0-21) \$0 \$0 Limited to In Network Well Woman Exam \$0 \$0 Limited to In Network Telehealth (PCP Services) \$5 \$40 30% after deductible Telehealth (Behavioral Health Services) \$10 \$80 30% after deductible Telehealth (Specialist Services) \$10 \$80 30% after deductible 30% after deductible 30% after deductible \$200 per stay after deductible \$200 per stay after deductible	Spinal Injections	0% after deductible	0% after deductible	Limited to In Network
Medical Foods/PKU\$0\$0Limited to In NetworkPulmonary Function Tests0% after deductible0% after deductible30% after deductibleSpirometry\$0\$030% after deductibleScheduled Transportation (Ambulance/Air)\$0\$0Limited to In NetworkContact Lenses50%50%50%Well Child Office Visits (0-21)\$0\$0Limited to In NetworkWell Woman Exam\$0\$0Limited to In NetworkTelehealth (PCP Services)\$5\$4030% after deductibleTelehealth (Behavioral Health Services)\$5NA30% after deductibleTelehealth (Specialist Services)\$10\$8030% after deductibleGender-Affirming Care\$200 per stay after deductible\$200 per stay after deductible30% after deductible	Dental Anesthesia	0% after deductible	0% after deductible	30% after deductible
Pulmonary Function Tests 0% after deductible 0% after deductible 30% after deductible \$0 \$0 \$0 30% after deductible Scheduled Transportation (Ambulance/Air) \$0 \$0 Limited to In Network Contact Lenses 50% 50% Well Child Office Visits (0-21) \$0 \$0 Limited to In Network Well Woman Exam \$0 \$0 Limited to In Network Telehealth (PCP Services) \$5 \$40 30% after deductible Telehealth (Behavioral Health Services) \$10 \$80 30% after deductible 30% after deductible \$200 per stay after deductible \$200 per stay after deductible \$200 per stay after deductible	Impacted Wisdom Teeth	0% after deductible	0% after deductible	30% after deductible
Spirometry \$0 \$0 \$0 30% after deductible Scheduled Transportation (Ambulance/Air) \$0 \$0 Limited to In Network Contact Lenses 50% 50% 50% Well Child Office Visits (0-21) \$0 \$0 Limited to In Network Well Woman Exam \$0 \$0 Limited to In Network Telehealth (PCP Services) \$5 \$40 30% after deductible Telehealth (Behavioral Health Services) \$5 NA 30% after deductible Telehealth (Specialist Services) \$10 \$80 30% after deductible Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible	Medical Foods/PKU	\$0	\$0	Limited to In Network
Scheduled Transportation (Ambulance/Air) \$0 \$0 \$0 Limited to In Network Contact Lenses \$50% \$50% \$50% Well Child Office Visits (0-21) \$0 \$0 Limited to In Network Well Woman Exam \$0 \$0 Limited to In Network Telehealth (PCP Services) \$5 \$40 30% after deductible Telehealth (Behavioral Health Services) \$5 NA 30% after deductible Telehealth (Specialist Services) \$10 \$80 30% after deductible Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible	Pulmonary Function Tests	0% after deductible	0% after deductible	30% after deductible
Contact Lenses 50% 50% 50% Well Child Office Visits (0-21) \$0 \$0 Limited to In Network Well Woman Exam \$0 \$0 Limited to In Network Telehealth (PCP Services) \$5 \$40 30% after deductible Telehealth (Behavioral Health Services) \$5 NA 30% after deductible Telehealth (Specialist Services) \$10 \$80 30% after deductible Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible	Spirometry	\$0	\$0	30% after deductible
Well Child Office Visits (0-21) \$0 \$0 Limited to In Network Well Woman Exam \$0 \$0 Limited to In Network Telehealth (PCP Services) \$5 \$40 30% after deductible Telehealth (Behavioral Health Services) \$5 NA 30% after deductible Telehealth (Specialist Services) \$10 \$80 30% after deductible Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible	Scheduled Transportation (Ambulance/Air)	\$0	\$0	Limited to In Network
Well Woman Exam\$0\$0Limited to In NetworkTelehealth (PCP Services)\$5\$4030% after deductibleTelehealth (Behavioral Health Services)\$5NA30% after deductibleTelehealth (Specialist Services)\$10\$8030% after deductibleGender-Affirming Care\$200 per stay after deductible\$200 per stay after deductible30% after deductible	Contact Lenses	50%	50%	50%
Telehealth (PCP Services) \$5 \$40 30% after deductible Telehealth (Behavioral Health Services) \$5 NA 30% after deductible Telehealth (Specialist Services) \$10 \$80 30% after deductible Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible	Well Child Office Visits (0-21)	\$0	\$0	Limited to In Network
Telehealth (Behavioral Health Services) \$5 NA 30% after deductible Telehealth (Specialist Services) \$10 \$80 30% after deductible Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible	Well Woman Exam	\$0	\$0	Limited to In Network
Telehealth (Specialist Services) \$10 \$80 30% after deductible Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible	Telehealth (PCP Services)	\$5	\$40	30% after deductible
Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible 30% after deductible	Telehealth (Behavioral Health Services)	\$5	NA	30% after deductible
	Telehealth (Specialist Services)	\$10	\$80	30% after deductible
Mental Health/Substance Abuse Urgent Care Services \$0 \$0 \$0	Gender-Affirming Care	\$200 per stay after deductible	\$200 per stay after deductible	30% after deductible
	Mental Health/Substance Abuse Urgent Care Services	\$0	\$0	\$0