



Quote request form

Geisinger Funding Alternative (GFA)

Group name: _____

Effective date: _____

Please select a maximum of three plans.

GFA All-Access network plan designs

- | | | |
|--|---|--|
| <input type="checkbox"/> All-Access MVP 2 - HMO ¹ | <input type="checkbox"/> All-Access HMO 7,000 ¹ | <input type="checkbox"/> All-Access PPO 3,000 |
| <input type="checkbox"/> All-Access HMO 250 ¹ | <input type="checkbox"/> All-Access HMO 2,500 (1X) ¹ | <input type="checkbox"/> All-Access PPO 4,000 |
| <input type="checkbox"/> All-Access HMO 500 ¹ | <input type="checkbox"/> All-Access HMO 3,500 (1X) ¹ | <input type="checkbox"/> All-Access PPO 5,000 |
| <input type="checkbox"/> All-Access HMO 1,000 ¹ | <input type="checkbox"/> All-Access HMO 5,000 (1X) ¹ | <input type="checkbox"/> All-Access PPO 6,000 |
| <input type="checkbox"/> All-Access HMO 1,500 ¹ | <input type="checkbox"/> All-Access HMO 6,000 (1X) ¹ | <input type="checkbox"/> All-Access PPO 2,500 (1X) |
| <input type="checkbox"/> All-Access HMO 2,000 ¹ | <input type="checkbox"/> All-Access PPO 250 | <input type="checkbox"/> All-Access PPO 3,500 (1X) |
| <input type="checkbox"/> All-Access HMO 2,500 ¹ | <input type="checkbox"/> All-Access PPO 500 | <input type="checkbox"/> All-Access PPO 5,000 (1X) |
| <input type="checkbox"/> All-Access HMO 3,000 ¹ | <input type="checkbox"/> All-Access PPO 1,000 | <input type="checkbox"/> All-Access PPO 6,000 (1X) |
| <input type="checkbox"/> All-Access HMO 4,000 ¹ | <input type="checkbox"/> All-Access PPO 1,500 | <input type="checkbox"/> All-Access QHDHP 1,400 |
| <input type="checkbox"/> All-Access HMO 5,000 ¹ | <input type="checkbox"/> All-Access PPO 2,000 | <input type="checkbox"/> All-Access QHDHP 2,500 |
| <input type="checkbox"/> All-Access HMO 6,000 ¹ | <input type="checkbox"/> All-Access PPO 2,500 | <input type="checkbox"/> All-Access QHDHP 5,000 |

Rx plan design (select one):

- | | |
|--|--|
| <input type="checkbox"/> Rx plan A: \$0/\$20/\$40/\$60 | <input type="checkbox"/> Rx plan B: \$0/\$25/\$50/\$70 |
| <input type="checkbox"/> Rx plan C: \$0/\$15/\$45/\$70 | <input type="checkbox"/> Rx plan B: \$0/\$15/\$30/\$50 |

¹Plans include a \$10 GHP Extra PCP copay

Group name:

Effective date:

GFA Premier network plan designs

- | | | |
|--|---|---|
| <input type="checkbox"/> Geisinger MVP 2 - HMO | <input type="checkbox"/> Premier HMO 2,500 (1X) | <input type="checkbox"/> Premier PPO 4,000 |
| <input type="checkbox"/> Premier HMO 250 | <input type="checkbox"/> Premier HMO 3,500 (1X) | <input type="checkbox"/> Premier PPO 5,000 |
| <input type="checkbox"/> Premier HMO 500 | <input type="checkbox"/> Premier HMO 5,000 (1X) | <input type="checkbox"/> Premier PPO 6,000 |
| <input type="checkbox"/> Premier HMO 1,000 | <input type="checkbox"/> Premier HMO 6,000 (1X) | <input type="checkbox"/> Premier PPO 2,500 (1X) |
| <input type="checkbox"/> Premier HMO 1,500 | <input type="checkbox"/> Premier PPO 250 | <input type="checkbox"/> Premier PPO 3,500 (1X) |
| <input type="checkbox"/> Premier HMO 2,000 | <input type="checkbox"/> Premier PPO 500 | <input type="checkbox"/> Premier PPO 5,000 (1X) |
| <input type="checkbox"/> Premier HMO 2,500 | <input type="checkbox"/> Premier PPO 1,000 | <input type="checkbox"/> Premier PPO 6,000 (1X) |
| <input type="checkbox"/> Premier HMO 3,000 | <input type="checkbox"/> Premier PPO 1,500 | |
| <input type="checkbox"/> Premier HMO 4,000 | <input type="checkbox"/> Premier PPO 2,000 | |
| <input type="checkbox"/> Premier HMO 5,000 | <input type="checkbox"/> Premier PPO 2,500 | |
| <input type="checkbox"/> Premier HMO 6,000 | <input type="checkbox"/> Premier PPO 3,000 | |

Rx plan design (select one):

- | | |
|--|--|
| <input type="checkbox"/> Rx plan A: \$0/\$20/\$40/\$60 | <input type="checkbox"/> Rx plan B: \$0/\$25/\$50/\$70 |
| <input type="checkbox"/> Rx plan C: \$0/\$15/\$45/\$70 | <input type="checkbox"/> Rx plan B: \$0/\$15/\$30/\$50 |

GFA Choices network plan designs

- | | | |
|--|---|--|
| <input type="checkbox"/> Choices HMO 0/500 | <input type="checkbox"/> Choices HMO 2,500 | <input type="checkbox"/> Choices PPO 3,000 |
| <input type="checkbox"/> Choices HMO 0/750 | <input type="checkbox"/> Choices HMO 3,000 | <input type="checkbox"/> Choices PPO 4,000 |
| <input type="checkbox"/> Choices HMO 250 | <input type="checkbox"/> Choices HMO 4,000 | |
| <input type="checkbox"/> Choices HMO 500 | <input type="checkbox"/> Choices HMO 2,500 (1X) | |
| <input type="checkbox"/> Choices HMO 1,000 | <input type="checkbox"/> Choices HMO 3,500 (1X) | |
| <input type="checkbox"/> Choices HMO 1,500 | <input type="checkbox"/> Choices PPO 1,000 | |
| <input type="checkbox"/> Choices HMO 2,000 | <input type="checkbox"/> Choices PPO 2,000 | |

Rx plan design (select one):

- | | |
|--|--|
| <input type="checkbox"/> Rx plan A: \$0/\$20/\$40/\$60 | <input type="checkbox"/> Rx plan B: \$0/\$25/\$50/\$70 |
| <input type="checkbox"/> Rx plan C: \$0/\$15/\$45/\$70 | <input type="checkbox"/> Rx plan B: \$0/\$15/\$30/\$50 |