

GEISINGER HEALTH PLAN

# Broker handbook

Geisinger small group ACA employer  
plans Quarter 4, 2023



Geisinger

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Please visit [this link](#) to access additional helpful documents: **More materials - Commercial | Geisinger Health Plan**

## Need help? We're here for you.



We recognize the success that brokers bring to our organization. In an effort to better serve our broker community, we created a contact list for your reference. Contacting the appropriate employees outlined below ensures that your requests, questions and concerns are resolved in a timely manner. Thank you for your continued support.

Topic	Contact	Email	Phone number	Hours
Prospect quote requests (new business group specific inquiries)	Sales coordinator	GHPBrokerQuotes @TheHealthPlan.com	800-554-4907	8 a.m. – 5 p.m.
51+ large group and GFA client service team - retention group specific inquiries	Your AE client service representative		570-808-2300	8 a.m. – 5 p.m.
ACA/KYP small group client service team retention group specific inquiries (alternative rate requests, CSA's and retention group specific inquiries)	Small group client services	GHPSmBusClientService @TheHealthPlan.com	800-554-4907	8 a.m. – 5 p.m.
51+ large group and GFA enrollment (add/change forms and new subscriber applications)*	Your AE client service representative	ghpcommenroll @TheHealthPlan.com	570-808-2300	8 a.m. – 5 p.m.
Small business enrollment: change forms and subscriber applications	Enrollment team	GHPSmBusEnroll @TheHealthPlan.com	866-488-6653	8 a.m. – 7 p.m.
Individual application inquiries	Sales coordinator	GHPIndMkt @TheHealthPlan.com	800-918-5154	8 a.m. – 4:30 p.m.
Commercial group, Individual and Medicare inquiries such as claims, benefits, eligibility, pharmacy, ID card requests, HRA inquiries, Application status, Medicare Commissions	Broker care team	brokerhelp @TheHealthPlan.com	866-488-6653	8 a.m. – 5 p.m.
Broker appointments and licensing (commercial, individual and Medicare); agency updates (additions, deletions, email updates, communications)	Caitlyn Locascio	brokers @TheHealthPlan.com	570-849-7639	7:30 a.m. – 4 p.m.
Commissions (commercial group and individual); broker of record forms	Sara Dalykas	brokers @TheHealthPlan.com	570-849-7637	7:30 a.m. – 4 p.m.
Super user registration forms	Zohreh Garrouisian	clientgroupservices @TheHealthPlan.com	800-554-4907	8 a.m. – 5 p.m.
Employer service center website support	Customer care team	webdatacoordinator @TheHealthPlan.com	877-571-5366	8 a.m. – 5 p.m.
Invoices, balance and payment history, account reconciliation (group and individual)	Accounts receivable	ghp_acct_rec @TheHealthPlan.com		8 a.m. – 5 p.m.
Updating banking information for GFA	Dorothy Dougherty	dpdougherty @TheHealthPlan.com	570-214-4940	7 a.m. – 3:30 p.m.
Premium payments (group and individual)	Premium payment team		844-639-3117 (automated payments)	8 a.m. – 7 p.m.
Senior director, new sales	Thomas Chuba	tgchuba1 @TheHealthPlan.com	412-889-4310	8 a.m. – 5 p.m.
Senior director, client services	Stacy Kreller	skreller @TheHealthPlan.com	570-849-7452	8 a.m. – 5 p.m.
Manager, small group new sales	C. Nicholas Gambo	cngambo @TheHealthPlan.com	570-877-3055	8 a.m. – 5 p.m.
Manager, small group client services	John Columbo	jacolumbo @TheHealthPlan.com	570-606-8023	8 a.m. – 5 p.m.
Broker manager, commercial sales	Matt Dennis	mdennis3 @TheHealthPlan.com	717-215-9655	8 a.m. – 5 p.m.
Broker manager, retail sales	Jay Kolb	jkolb @TheHealthPlan.com	570-606-6280	8 a.m. – 5 p.m.
Broker manager, retail sales	Sharon Musser	smusser3 @TheHealthPlan.com	814-482-0364	8 a.m. – 5 p.m.
Broker manager, operations	Andrea Martz	amartz3 @TheHealthPlan.com	570-509-4265	8 a.m. – 5 p.m.

\*We highly encourage sending enrollments to the assigned enrollment representative, the inbox can be used for convenience on an as-needed basis.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

## GEISINGER HEALTH PLAN

The Geisinger logo is displayed in a blue, sans-serif font. It is positioned in the lower right quadrant of the page, partially overlapping a large blue triangular graphic that points downwards from the top right corner.

### **Small group ACA submission and underwriting requirements**

The Affordable Care Act (ACA) requires health insurance carriers to follow regulations based on employer group size.

In order for Geisinger Health Plan (GHP) to follow ACA regulations on group size certification, small group health coverage is offered to employers who employed an average of at least one (1) but not more than 50 employees on business days during the preceding calendar year. Employer groups that employ 51 or more employees (using the average number of employees count) do not qualify for small group coverage and must be rated as large groups. The group size certification form must be submitted with quote request.

If an employer is part of a “controlled group” of affiliated companies (determined under IRS rules based upon ownership percentages), then the entire group is treated as a single employer and the employee counts for each company in the group are combined to determine group size. This means that where an employer’s controlled group is comprised of companies with different tax IDs, the employee counts from all of those companies will be totaled to determine whether they are a small or large employer.



## Submission requirements for first of the month effective date

- [Group size certification form](#): to determine group size and ACA eligibility
- [Employer group application](#)
  - Employer enrollment/census
  - Date of birth (including dependents)
  - Dependents
  - Zip code (including dependents)
  - Tobacco usage
  - County
  - Date of hire
- [Employee subscriber application](#) or enrollment spreadsheet: for each employee planning to enroll. Please contact your GHP account executive to access the enrollment spreadsheet; it is not available to download.
- [Broker of record](#) (in addition to its inclusion on the group application)
- Confirmation of sale (CSA)  
Note: the CSA will be generated by the GHP account executive once all required documents are submitted. It will need to be signed by the group's representative and returned prior to enrollment.
- Tax documents as outlined below

## Tax documents

- **PA Form UC-2A (most recent quarter)**: to verify group size and employees
- **If employees are not listed on PA Form UC-2A, we would need:**
  - **Form W-4 or payroll records/local earned income tax withholding**: to verify group employees if not listed on PA Form UC-2A
- **Schedule C (Schedule F for farms)**: to verify the owner of a sole proprietorship
- **Schedule K-1**: to verify the owners of a partnership; must submit one per partner
- **PA Rev-1605 or RCT-101**: to verify corporate officers for corporations
- **Form SS-4 or PA-100 form and a new business letter with owner's signature**: to verify employees and owner(s) of a new company.
- The new business letter must be addressed to Geisinger Health Plan on company letterhead or contain the company's return address. It should

state that the company is newly established and seeking to enroll in small group coverage. It must also include the requested coverage effective date plus the day's date and an authorized signature.

## Participation rules

- The group must have 1–50 total employees (full-time/part-time for all locations) as confirmed by the group size certification form to qualify for small group plans and rates.
- The group must have a physical location in our service area. Please see out of area guidelines for eligible employees below.
- Groups with one (1) eligible employee can be enrolled as long as the one (1) employee is a common law employee and is not the business owner, spouse of the business owner, a partner of the business owner, or dependent of the business owner.
- Groups with 2–15 eligible employees must enroll a minimum of two (2) employees.
- For renewing groups with 16 or more eligible employees, groups must enroll a minimum of 10 active employees.
- COBRA/Mini-COBRA: Enrollment cannot exceed 20% of the total number of subscribers, subject to the terms of the applicable COBRA/Mini-COBRA regulations.

## Guidelines for eligible out-of-area employees:

- Employees residing within 20 miles or 30 minutes (as determined by GHP) of a primary care provider (PCP) that is within the service area will be considered eligible as in-service area.
- Coverage is available for out-of-area dependents.
- Out-of-service-area coverage is available for groups with 5 or more enrolled subscribers. The number of out-of-area subscribers cannot exceed more than 40% of the total enrolled subscribers.
- Out-of-area classes requested off-cycle would require underwriting approval.

Failure to meet these requirements and/or to provide proof may result in termination of the out-of-area division or the entire group.

## 1099 acceptance rule

We do not accept 1099s. See below for rules on employee eligibility.

## Eligible employees

Those employees who are permanent employees, working a minimum of 20 hours per week, paid in accordance with Federal and State minimum wage laws, and have met the employer's new hire period. Other restrictions apply. PA Form UC-2A will be required to confirm employee eligibility.

## Non-eligible employees

1099 employees, retirees, directors, stockholders, trustees, partners or other outside consultants who are not active employees, owners not working the required number of hours, seasonal workers and those employees that do not meet the eligibility requirements as set forth in the underwriting requirements.

## Eligibility verification for township supervisors

Supervisors while in office or while in the employ of the township are eligible for inclusion in township-paid insurance plans whether or not they are employed by the township. We would require a copy of the letter requesting participation presented to the board of supervisors and **Form MS-914**. Minimum contribution requirements would apply.

## Group contribution

The group agrees, at a minimum, to contribute 50% of the cost of the employee-only rate for the lowest benefit plan offered.

## Plan offering quantity limitations

An employer can choose up to three (3) plans to offer to employees.

## Exclusive carrier rule

GHP must be the exclusive carrier for groups with 1-50 employees.

## Employee carve-outs

Union employees may be carved out and they will not be considered as an eligible employee. However, union employees will be considered towards the total employee count. All other carve outs will not be allowed (i.e. management only, salaried vs. hourly).

## New business submission timelines

Please reach out to your account executive. To ensure member ID cards are to the member by the effective date, submission deadline for new business is the last business day on or before the 15th of the month prior to the requested effective date. If the required information is not received by the submission deadline, the group's effective date and rates may be subject to change.

## Termination requirements

Termination requests require 30 days' notice for off-cycle terminations and 15 day notice for renewal effective date terminations. Groups will not be permitted to terminate retroactively.

If a group is terminated for non-payment of premium, there is no longer a waiting period to reapply for coverage with GHP.

# 2023 Small group ACA all plans brochure



**Geisinger**





## Why Geisinger Health Plan? We give you more.

Ready to find the perfect plan to fit the needs of your business? Our specially trained staff is here to answer your questions, select the right plan for your business and guide you through the enrollment process.

With our portfolio of plans for employer groups with 1–50 total employees, you'll find high-value options with a variety of monthly premiums and out-of-pocket costs. In addition, you can choose from plans where your employees can see providers both in and outside our vast provider network. All of our Geisinger small-group plans comply with the requirements of the Affordable Care Act (ACA).

## We'll help you every step of the way.

Call 800-554-4907 to speak to our dedicated team of trained advisors.

Monday – Friday, 8 a.m. – 5 p.m.



# Being healthier is getting easier.

## Local and nationwide discounts

With GHP, your employees will have access to our accessories program that gives them a wide variety of discounts on health and wellness related products, like:

- Fitness center memberships
- Eyeglasses
- Contact lenses
- Chiropractic care
- Massage therapy

## Geisinger Mail-Order Pharmacy

Prescription refills, made easy. When you enroll in the mail-order program, you'll receive three-month supplies of your covered prescription drugs, with lower costs than at retail stores. And they're mailed right to your home from our state-of-the-art mail-order facility in Elysburg. Shipping is free, and you can track your order from beginning to end. Register by calling 844-878-5562. We'll review your eligible medications, set up the account and work with providers to make your switch seamless.

## Health management programs

A number of award-winning health management programs help our members with chronic conditions. Members can enroll at no cost and can work with one of our health managers to better manage their health conditions.

Programs include:

- Asthma
- COPD
- Diabetes
- Quitting tobacco
- Heart failure
- Weight management

## Wellness coaching and support

Your employees will have access to certified wellness coaches who support their efforts to quit tobacco, manage weight, increase physical activity, decrease stress and improve their lifestyle. And your employees can use numerous online tools that they complete at their own pace, including wellness workshops, fitness trackers and a meal planner.

## Customer care

If there's one thing our members love, it's GHP customer service. Our customer care team is organized into teams that are specially trained to handle questions about specific plans, including our employer care team, which

was assembled to serve our groups as a dedicated line of contact, delivering a better service experience through one-call resolution. Each team member can answer questions about ID cards, premiums, billing, benefit/plan information, new hire criteria, application status, removing/adding dependents and much more.

## Network of providers

Your employees can select from our large provider network that includes Geisinger hospitals and physicians, as well as thousands of other providers throughout the service area. Our network includes:

- More than 20,000 primary care and specialty physicians
- More than 120 hospitals
- More than 220 urgent and convenient care facilities
- Telemedicine services for one-stop virtual care

Our overall service area includes the following counties:

- |              |                  |               |
|--------------|------------------|---------------|
| • Adams      | • Fulton         | • Northampton |
| • Berks      | • Huntingdon     | • Perry       |
| • Blair      | • Jefferson      | • Pike        |
| • Bradford   | • Juniata        | • Potter      |
| • Cambria    | • Lackawanna     | • Schuylkill  |
| • Cameron    | • Lancaster      | • Somerset    |
| • Carbon     | • Lebanon        | • Snyder      |
| • Centre     | • Lehigh         | • Sullivan    |
| • Clearfield | • Luzerne        | • Susquehanna |
| • Clinton    | • Lycoming       | • Tioga       |
| • Columbia   | • Mifflin        | • Union       |
| • Cumberland | • Monroe         | • Wayne       |
| • Dauphin    | • Montour        | • Wyoming     |
| • Elk        | • Northumberland | • York        |

## Search for a provider online

Go to [geisingerhealthplan.com/providersearch](https://geisingerhealthplan.com/providersearch) and enter your location and plan type. Your plan type will include your network. Select a category to search from our entire library of applicable providers, or narrow your search by searching for doctors, specialties, locations or types of places.

If you select a plan in the Choices network, you'll be able to filter between Tier 1 and Tier 2 providers. The tier is also noted next to the provider name with Tier 1 designated with a green "lowest cost share" badge.



## Healthy Rewards now available for ACA Small Group

Need motivation to exercise? Already work out regularly? Whichever describes you, Healthy Rewards is a reimbursement program that helps you pay for fitness activities.

### How does Healthy Rewards work?

- It's an annual reimbursement of up to \$100/single and \$200/family.
- Members (policyholder only) must complete the online wellness assessment to be eligible.
- Covered activities include:
  - Fitness center memberships
  - Gymnastics
  - Sports camps
  - Exercise classes
  - School athletic fees
  - Sports fees
  - Race fees
  - Swimming lessons
  - Karate

### How do I get it?

Healthy Rewards is available to members who have a small group ACA plan through their employer.\*

Visit [geisingerhealthplan.com](https://geisingerhealthplan.com), then:

1. Log in as a member.
2. Complete the wellness assessment (required). Once logged in, under the "Health and Wellness" tab at the top, click on "Wellness Assessment." Click the link to complete the assessment.
3. Next, under the "Health and Wellness" tab at the top, click on "Healthy Rewards Reimbursement."
4. Download and mail the reimbursement form, along with receipts, per the instructions listed on the form.

This benefit highlight is intended as an information source. Consult with your benefits manager to confirm that you are eligible to participate. Reimbursement is subject to approval by Geisinger Health Plan. The policyholder is the only member required to take a wellness assessment, but each member must fill out the Health Rewards Reimbursement Form.

# Dental coverage for your employees

## Adult dental coverage with Guardian



We've teamed up with Guardian to offer adult dental benefits that can be added to your Geisinger plan to ensure your employees have access to the dental coverage they need.

Guardian offers one of the largest preferred dental networks with over 88,000 providers at more than 200,000 locations nationwide. Guardian dental plans include up to 100% coverage for many preventive services including cleanings, X-rays and oral exams.

### Plans are available that include:

- Anesthesia
- Fillings
- Root canal
- Coverage for pre-existing conditions
- Large network of dentists and specialists
- Extractions
- Repairs and maintenance
- Orthodontia

### Guardian also offers ancillary coverage options including:

- Vision
- Life
- Short-term disability
- Long-term disability

For more information about dental and other ancillary options through Guardian, call us at [800-554-4907](tel:800-554-4907).

### Tools and services at your fingertips

Guardian provides online tools like the Dental Cost Estimator and Find a Provider service to help you make educated benefit decisions. Download the Guardian Anytime mobile app to use the Find a Provider service. Guardian's customer response unit is available to assist with benefits, claim inquiries or website support.



## Pediatric dental coverage, administered by SKYGEN



Dental coverage for children under the age of 19 is embedded in our Geisinger plans. No additional action is needed on your part if your employees need dental coverage for their children. All pediatric dental benefits are administered by SKYGEN.

### Pediatric dental plans administered by SKYGEN include coverage for the following services:

- Routine oral exams and cleanings
- X-rays
- Fillings
- Fluoride treatments
- Extractions
- Repairs and maintenance
- Anesthesia
- Root canal
- Orthodontia

Review your Schedule of Benefits for a more detailed list of covered services. Call [866-379-4489](tel:866-379-4489) with questions about your pediatric dental benefits.

Services available from a large network of participating pediatric dentists and specialists, listed at [geisinger.sciondental.com](http://geisinger.sciondental.com) [from the menu, click on Geisinger Exchange]

The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004

GUARDIAN® and the GUARDIAN G® Logo are registered service marks of The Guardian Life Insurance Company of America ("Guardian") and are used with express permission. Geisinger Health Plan is authorized to offer Guardian products and services but is not an affiliate or subsidiary of Guardian.

Guardian dental insurance products are offered by The Guardian Life Insurance of America, an independent company. Guardian insurance products are underwritten by and issued by The Guardian Life Insurance Company of America, New York, NY. Policy and limitations and exclusions may apply. Documents are the final arbiter of coverage.

# Things to know before you shop

Our plans have distinct names and numbers. We have outlined what those mean in the example below.

Geisinger All-Access **PPO** **20** / **40** / **1000**

## All of our plan names start with Geisinger.

The next portion of the name tells you the network name and plan type.

## The first number is the primary care provider (PCP) copay.

A copay is a fixed amount your employees will pay for a covered healthcare service, usually when they receive the service. In the example above, they would pay \$20 each time they visit their PCP.

## The second number is the specialty care provider (SCP) copay.

This means each time your employees visit a specialty care provider (SCP), they would pay \$40.

## The third number is the deductible amount.

This is the amount your employees will pay for healthcare services before their insurance pays for its portion. In the example above, your employees would have to pay \$1,000 for healthcare services before GHP pays for its portion.

## What are the different plan types?

### HMO (health maintenance organization)

With an HMO plan, your employees select a PCP who will help manage their health and wellness. HMOs generally cost less because your employees use in-network providers.

### POS (point of service)

With POS, your employees select a PCP to help coordinate their care. They can see other healthcare providers – in or out of our network. They will pay more for services from providers outside our network.

### PPO (preferred provider organization)

With a PPO, your employees do not need to select a PCP. They can see other healthcare providers – in or out of our network. Your employees will pay more for services from providers outside our network.

### Geisinger Extra

With our Geisinger Extra plans, if your employee visits a primary care site designated as a “Geisinger Extra” site, they will pay lower office visit copays. Some Geisinger Extra sites are also ProvenHealth Navigator® locations, where extra care is provided because the office is staffed with a GHP nurse. To find a Geisinger Extra site, visit [geisingerhealthplan.com/providersearch](https://www.geisingerhealthplan.com/providersearch). Geisinger Extra plans are only available in select counties. Find details on page 8.

### QHDHP

A qualified high-deductible health plan (QHDHP) has lower premiums and higher deductibles than a traditional insurance plan. Your employees must have a QHDHP to have a health savings account. For more information on health savings accounts (HSAs) and their benefits, visit <https://www.irs.gov/publications/p969>.

#### \*EHB (essential health benefits)

A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. See link for more details: <https://www.healthcare.gov/glossary/essential-health-benefits>



# Learn about our network options

## All-Access

<b>What is it?</b>	The All-Access network includes all participating network providers across the entire service area.
<b>What are the benefits?</b>	With All-Access, members enjoy access to our entire provider network all with a single level of cost-share.
<b>Key consideration?</b>	With broader access and one cost-share level, premiums may be higher than with other network options.

## Premier

<b>What is it?</b>	The Premier network is made up of the highest-performing, most exclusive providers.
<b>What are the benefits?</b>	Created using quality, efficiency and cost metrics leading to a highly integrated care delivery, plans using this network generally have a lower cost.
<b>Key consideration?</b>	This network is available in 15 counties <sup>1</sup> . Only services obtained through Premier network providers will be covered. This network's provider options are limited to a small, exclusive list. Visit <a href="https://geisingerhealthplan.com/providersearch">geisingerhealthplan.com/providersearch</a> to see if your provider is in the Premier network before making your selection

## Choices

<b>What is it?</b>	The Choices network splits all participating providers into two tiers, offering members a more selective choice on receiving care.
<b>What are the benefits?</b>	The highest-value providers, designated by Tier 1, will provide members with the highest quality of care at the lowest cost to them. The Choices plan offers the most flexibility with access to Tier 1, Tier 2 and out-of-network providers.
<b>Key consideration?</b>	This network is available in 15 counties <sup>1</sup> and only available as a PPO. Tier 2 services will have a higher out-of-pocket cost, but are still considered in-network. Visit <a href="https://geisingerhealthplan.com/providersearch">geisingerhealthplan.com/providersearch</a> to see if your provider is in the Choices network before making your selection.

<sup>1</sup>Premier and Choices networks are only available in the following counties: Carbon, Centre, Columbia, Lackawanna, Lehigh, Luzerne, Mifflin, Monroe, Montour, Northumberland, Northampton, Schuylkill, Snyder, Union and Wayne.

To ensure a majority of employees and dependents have access to the highest-performing providers, all enrolling employees must reside within the available 15 counties or within 20 minutes/30 miles of a Tier 1 provider.



## Geisinger Extra Care you need at a lower cost

Your employees can get the care they need in an innovative way through Geisinger Extra. When your employees select a primary care site designated as an Extra site, they will pay lower office visit copays.

Some Geisinger Extra sites are also ProvenHealth Navigator® (PHN) locations. At these offices members receive “extra” care because PHN sites include a Geisinger Health Plan nurse who works closely with physicians and office staff to provide additional services.

### Service area & eligibility

Geisinger Extra is available to small group employers in the 1 to 50 market segment and large group employers in the 51+ market segment as long as their physical location is in our Geisinger Extra service area. Eligible Geisinger Extra counties are listed below.

- Carbon
- Centre
- Clinton
- Columbia
- Cumberland
- Dauphin
- Juniata
- Lackawanna
- Lehigh
- Luzerne
- Lycoming
- Mifflin
- Monroe
- Montour
- Northampton
- Northumberland
- Perry
- Schuylkill
- Snyder
- Susquehanna
- Union
- Wayne
- Wyoming

Members must reside in our overall Geisinger service area, which is listed on page 3.

### Additional services at PHN sites:

- Same-day appointments for urgent care
- On-site health coaching
- Assistance managing all care for those with complex medical conditions
- Help moving from the hospital to home, if appropriate
- Preventive care such as flu shots or other immunizations
- Education about better managing diabetes, heart disease and other chronic conditions

**Questions?**  
Call 800-554-4907.

## Our Platinum plans

Your employees will generally pay more in monthly contributions and less out-of-pocket for medical care with a Platinum plan. The Platinum plans we offer include small group ACA HMO options, All-Access PPO options, Premier HMO options, Choices PPO options, as well as our unique Geisinger Extra plans. To compare benefit details of each plan, review the summary chart below.

Geisinger Premier, Choices and Extra plans are only available in certain counties. See page 7 for details on Premier and Choices network plans and page 8 for details on Extra plans.

	Platinum	Platinum	Platinum	Platinum
	Geisinger Small Group ACA All-Access HMO 10/20/0	Geisinger Small Group ACA All-Access HMO 15/30/400	Geisinger All-Access PPO 10/20/0	Geisinger All-Access PPO 15/30/250
<b>In-network services</b>				
PCP copay	\$10	\$15	\$10	\$15
Specialist copay	\$20	\$30	\$20	\$30
Medical deductible: Single/Family	\$0/\$0	\$400/\$800	\$0/\$0	\$250/\$500
Max. out-of-pocket: Single/Family	\$6,000/\$12,000	\$2,500/\$5,000	\$6,000/\$12,000	\$7,350/\$14,700
Coinsurance	0%	0%	0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible	\$200 per stay after deductible	0% after deductible
Outpatient services	\$100 after deductible	\$75 after deductible	\$100 copay after deductible	0% after deductible
Emergency room	\$75	\$100	\$75	\$150
Prescription drug	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>
<b>Out-of-network services</b>				
Deductible: Single/ Family	Limited to in-network	Limited to in-network	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance			20%	20%
Max. out-of-pocket: Single/Family			\$10,000/\$20,000	\$15,000/\$30,000

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

# Our Platinum plans (continued)

	Platinum	Platinum		Platinum	Platinum
	Geisinger Premier HMO 10/20/0	Geisinger Choices PPO 10/20/0		Geisinger All-Access Extra PPO 10/40/0	Geisinger All-Access Extra PPO 10/40/250
<b>In-network services</b>					
PCP copay	\$10	Tier 1: \$10	Tier 2: \$40	\$10 <sup>1</sup> /\$40	\$10 <sup>1</sup> /\$40
Specialist copay	\$20	Tier 1: \$20	Tier 2: \$70	\$40	\$40
Medical deductible: Single/Family	\$0/\$0	\$0/\$0	\$400/\$800	\$0/\$0	\$250/\$500
Max. out-of-pocket: Single/Family	\$6,000/\$12,000	\$2,000/\$4,000		\$1,850/\$3,700	\$2,250/\$4,500
Coinsurance	0%	0%		0%	0%
Inpatient services	\$200 per stay after deductible	\$100 per stay after deductible		\$250 per stay after deductible	0% after deductible
Outpatient services	\$100 after deductible	\$75 after deductible		\$100 after deductible	0% after deductible
Emergency room	\$75	\$75		\$125	\$75
Prescription drug	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>2</sup>	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% up to \$150 Tier 6: \$0 <sup>2</sup>		Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>2</sup>	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>2</sup>
<b>Out-of-network services</b>					
Deductible: Single/ Family	Limited to in-network	\$1,000/\$2,000		\$2,000/\$4,000	\$4,000/\$8,000
Coinsurance		20%		20%	20%
Max. out-of-pocket: Single/Family		\$10,000/\$20,000		\$10,000/\$20,000	\$15,000/\$30,000

<sup>1</sup>Notes the PCP copay amount when using a Geisinger Extra site.

<sup>2</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.



## Our Platinum plans (continued)

Platinum	
Geisinger Small Group ACA All-Access HMO 20/35/450	
In-network services	
PCP copay	\$20
Specialist copay	\$35
Medical deductible: Single/Family	\$450/\$900
Max. out-of-pocket: Single/Family	\$5,000/\$10,000
Coinsurance	20%
Inpatient services	20% after deductible
Outpatient services	20% after deductible
Emergency room	\$150
Prescription drug	Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>
Out-of-network services	
Deductible: Single/ Family	Limited to in-network
Coinsurance	
Max. out-of-pocket: Single/Family	

New plans for 2023 are highlighted in green above.

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

## Our Gold plans

The Gold plans we offer include small group ACA HMO options, All-Access PPO options, PPO qualified high deductible health plan (QHDHP) options, Premier HMO options, Choices PPO options, as well as our unique Geisinger Extra plans. To compare benefit details of each plan, review the summary chart below.

Geisinger Premier, Choices and Extra plans are only available in certain counties. See page 7 for details on Premier and Choices network plans and page 8 for details on Extra plans.

	Gold	Gold	Gold	Gold	Gold
	Geisinger Small Group ACA All-Access HMO 20/40/500	Geisinger Small Group ACA All-Access HMO 20/40/1000	Geisinger Small Group ACA All-Access HMO 20/40/1500	Geisinger Small Group ACA All-Access HMO 20/40/3200	Geisinger All-Access PPO 20/40/500
<b>In-network services</b>					
PCP copay	\$20	\$20	\$20	\$20	\$20
Specialist copay	\$40	\$40	\$40	\$40	\$40
Medical deductible: Single/Family	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,200/\$6,400	\$500/\$1,000
Max. out-of-pocket: Single/Family	\$9,100/\$18,200	\$8,600/\$17,200	\$9,100/\$18,200	\$8,550/\$17,100	\$9,100/\$18,200
Coinsurance	0%	0%	0%	0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible	\$200 per stay after deductible	0% after deductible	\$200 per stay after deductible
Outpatient services	\$250 copay after deductible	\$175 copay after deductible	\$150 after deductible	0% after deductible	\$250 copay after deductible
Emergency room	\$250	\$200	\$200	\$200 after deductible	\$250
Prescription drug	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Deductible: \$150/\$300 Tier 1: \$3 Tier 2: \$15 Tier 3: \$40 after deductible Tier 4: \$60 after deductible Tier 5: 40% coinsurance after deductible up to \$200 Tier 6: \$0 <sup>1</sup>	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$60 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>1</sup>
<b>Out-of-network services</b>					
Deductible: Single/Family	Limited to in-network	Limited to in-network	Limited to in-network	Limited to in-network	\$4,000/\$8,000
Coinsurance					30%
Max. out-of-pocket: Single/Family					\$15,000/\$30,000

<sup>1</sup> Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

## Our Gold plans (continued)

	Gold	Gold	Gold	Gold
	Geisinger All-Access PPO 20/40/1000	Geisinger All-Access PPO 20/40/1500	Geisinger All-Access PPO 25/50/2000	Geisinger All-Access PPO 25/50/3300
<b>In-network services</b>				
PCP copay	\$20	\$20	\$25	\$25
Specialist copay	\$40	\$40	\$50	\$50
Medical deductible: Single/Family	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$3,300/\$6,600
Max. out-of-pocket: Single/Family	\$8,600/\$17,200	\$9,100/\$18,200	\$7,350/\$14,700	\$8,550/\$17,100
Coinsurance	0%	0%	0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible	\$100 per stay after deductible	0% after deductible
Outpatient services	\$175 copay after deductible	\$150 copay after deductible	\$100 copay after deductible	0% after deductible
Emergency room	\$200	\$200	\$200	\$200 after deductible
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>
<b>Out-of-network services</b>				
Deductible: Single/ Family	\$4,000/\$8,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000
Coinsurance	30%	30%	30%	30%
Max. out-of-pocket: Single/Family	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

## Our Gold plans (continued)

	Gold	Gold	Gold	Gold	Gold
	Geisinger All-Access PPO 30/60/3500	Geisinger Small Group ACA All-Access HMO 30/60/3500	Geisinger All-Access PPO 25/50/2000 1x ded	Geisinger All-Access PPO 25/50/4500 1x ded	Geisinger All-Access QHDHP PPO 3000
<b>In-network services</b>					
PCP copay	\$30	\$30	\$25	\$25	0% after deductible
Specialist copay	\$60	\$60	\$50	\$50	0% after deductible
Medical deductible: Single/Family	\$3,500/\$7,000	\$3,500/\$7,000	\$2,000/\$2,000	\$4,500/\$4,500	\$3,000/\$6,000
Max. out-of-pocket: Single/Family	\$7,350/\$14,700	\$7,000/\$14,000	\$7,350/\$14,700	\$7,350/\$14,700	\$3,000/\$6,000
Coinsurance	0%	20%	0%	0%	0%
Inpatient services	0% after deductible	20% after deductible	\$100 per stay after deductible	\$100 per stay after deductible	0% after deductible
Outpatient services	0% after deductible	20% after deductible	\$100 copay after deductible	\$100 copay after deductible	0% after deductible
Emergency room	\$250	\$350	\$200	\$200	0% after deductible
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Deductible is combined with medical deductible.  Tier 1-5: 0% after deductible Tier 6: \$0 <sup>1</sup>
<b>Out-of-network services</b>					
Deductible: Single/Family	\$10,000/\$20,000	Limited to in-network	\$10,000/\$20,000	\$10,000/\$20,000	\$8,000/\$16,000
Coinsurance	30%		30%	30%	30%
Max. out-of-pocket: Single/Family	\$15,000/\$30,000		\$15,000/\$30,000	\$15,000/\$30,000	\$8,000/\$16,000

New plans for 2023 are highlighted in yellow above.

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.



## Our Gold plans (continued)

	Gold	Gold	Gold	Gold		Gold	
	Geisinger Premier HMO 20/40/1000	Geisinger Premier HMO 25/50/2000	Geisinger Premier HMO 25/50/3300	Geisinger Choices PPO 20/40/1000		Geisinger Choices PPO 20/40/2000	
<b>In-network services</b>							
PCP copay	\$20	\$25	\$25	Tier 1: \$20	Tier 2: \$40	Tier 1: \$20	Tier 2: \$40
Specialist copay	\$40	\$50	\$50	Tier 1: \$40	Tier 2: \$80	Tier 1: \$40	Tier 2: \$80
Medical deductible: Single/Family	\$1,000/\$2,000	\$2,000/\$4,000	\$3,300/\$6,600	Tier 1: \$1,000/ \$2,000	Tier 2: \$2,000/ \$4,000	Tier 1: \$2,000/ \$4,000	Tier 2: \$4,000/ \$8,000
Max. out-of-pocket: Single/Family	\$8,600/\$17,200	\$7,350/\$14,700	\$8,550/\$17,100	\$8,000/\$16,000		\$7,350/\$14,700	
Coinsurance	0%	0%	0%	0%		0%	
Inpatient services	\$200 per stay after deductible	\$100 per stay after deductible	0% after deductible	\$200 per stay after deductible		\$200 per stay after deductible	
Outpatient services	\$175 copay after deductible	\$100 copay after deductible	0% after deductible	\$100 after deductible		\$100 after deductible	
Emergency room	\$200	\$200	\$200 after deductible	\$200		\$200	
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% up to \$250 Tier 6: \$0 <sup>1</sup>		Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% up to \$250 Tier 6: \$0 <sup>1</sup>	
<b>Out-of-network services</b>							
Deductible: Single/Family				\$4,000/\$8,000		\$8,000/\$16,000	
Coinsurance	Limited to in-network	Limited to in-network	Limited to in-network	30%		30%	
Max. out-of-pocket: Single/Family				\$15,000/\$30,000		\$15,000/\$30,000	

<sup>1</sup> Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

## Our Gold plans (continued)

	Gold	Gold	Gold	Gold
	Geisinger All-Access Extra PPO 10/60/500	Geisinger All-Access Extra PPO 10/60/1000	Geisinger All-Access Extra PPO 10/60/2000	Geisinger All-Access Extra PPO 20/60/3500
<b>In-network services</b>				
PCP copay	\$10 <sup>1</sup> /\$60	\$10 <sup>1</sup> /\$60	\$10 <sup>1</sup> /\$60	\$20 <sup>1</sup> /\$60
Specialist copay	\$60	\$60	\$60	\$60
Medical deductible: Single/Family	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000
Max. out-of-pocket: Single/ Family	\$8,700/\$17,400	\$9,100/\$18,200	\$7,350/\$14,700	\$7,350/\$14,700
Coinsurance	0%	0%	0%	0%
Inpatient services	\$150 per stay after deductible	\$100 per stay after deductible	\$100 per stay after deductible	0% after deductible
Outpatient services	\$150 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	0% after deductible
Emergency room	\$150	\$150	\$150	\$250
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>2</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>2</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>2</sup>	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>2</sup>
<b>Out-of-network services</b>				
Deductible: Single/Family	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000	\$10,000/\$20,000
Coinsurance	30%	30%	30%	40%
Max. out-of-pocket: Single/ Family	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000

<sup>1</sup> Notes the PCP copay amount when using a Geisinger Extra site.

<sup>2</sup> Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

## Our Gold plans (continued)

	Gold	Gold		Gold	
	Geisinger Small Group ACA All-Access HMO 25/50/2000	Geisinger Choices PPO 20/40/0		Geisinger Choices PPO 20/40/0 Copay Based	
<b>In-network services</b>					
PCP copay	\$25	Tier 1: \$20	Tier 2: \$30	Tier 1: \$20	Tier 2: \$40
Specialist copay	\$50	Tier 1: \$40	Tier 2: \$60	Tier 1: \$40	Tier 2: \$80
Medical deductible: Single/Family	\$2,000/\$4,000	Tier 1: \$0/\$0	Tier 2: \$3,000/\$6,000	\$0/\$0	
Max. out-of-pocket: Single/Family	\$7,350/\$14,700	Tier 1: \$7,000/\$14,000	Tier 2: \$9,100/\$18,200	\$9,100/\$18,200	
Coinsurance	0%	0%		0%	
Inpatient services	\$100 per stay after deductible	\$200 per stay after deductible		Tier 1: \$300 per stay	Tier 2: \$600 per stay
Outpatient services	\$100 copay after deductible	\$200 after deductible		Tier 1: \$250	Tier 2: \$500
Emergency room	\$200	\$200		\$200	
Prescription drug	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>1</sup>	Tier 1: \$3 Tier 2: \$15 Tier 3: \$35 Tier 4: \$55 Tier 5: 40% up to \$150 Tier 6: \$0 <sup>1</sup>		Tier 1: \$3 Tier 2: \$5 Tier 3: \$25 Tier 4: \$50 Tier 5: 40% up to \$150 Tier 6: \$0 <sup>1</sup>	
<b>Out-of-network services</b>					
Deductible: Single/ Family	Limited to in-network	\$8,000/\$16,000		\$4,000/\$8,000	
Coinsurance		30%		30%	
Max out of pocket: Single/Family		\$15,000/\$30,000		\$15,000/\$30,000	

New plans for 2023 are highlighted in yellow above.

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

## Our Silver plans

The Silver plans we offer include small group ACA HMO options, All-Access PPO options, PPO qualified high deductible health plan (QHDHP) options, Premier HMO options, Choices PPO options, as well as our unique Geisinger Extra plans. Your employees will generally pay less in monthly premiums and more out-of-pocket for medical care with a Silver plan. To compare benefit details of each plan, review the summary chart below.

Geisinger Premier, Choices and Extra plans are only available in certain counties. See page 7 for details on Premier and Choices network plans and page 8 for details on Extra plans.

	Silver	Silver	Silver	Silver
	Geisinger Small Group ACA All-Access HMO 30/60/5800	Geisinger All-Access PPO 30/60/6000	Geisinger All-Access PPO 35/70/4300	Geisinger All-Access QHDHP PPO 4800
<b>In-network services</b>				
PCP copay	\$30	\$30	\$35	0% after deductible
Specialist copay	\$60	\$60	\$70	0% after deductible
Medical deductible: Single/Family	\$5,800/\$11,600	\$6,000/\$12,000	\$4,300/\$8,600	\$4800/\$9600
Max. out-of-pocket: Single/Family	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$4800/\$9600
Coinsurance	0%	0%	0%	0%
Inpatient services	0% after deductible	0% after deductible	\$200 per stay after deductible	0% after deductible
Outpatient services	\$100 after deductible	\$100 after deductible	\$250 after deductible	0% after deductible
Emergency room	\$350 copay after deductible	\$250 copay after deductible	\$250 after deductible	0% after deductible
Prescription drug	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>1</sup>	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$45 after deductible Tier 4: \$80 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>1</sup>	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>1</sup>	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 <sup>1</sup>
<b>Out-of-network services</b>				
Deductible: Single/Family	Limited to in-network	\$12,000/\$24,000	\$12,000/\$24,000	\$10,000/\$20,000
Coinsurance		30%	40%	40%
Max. out-of-pocket: Single/Family		\$15,000/\$30,000	\$15,000/\$30,000	\$10,000/\$20,000

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

## Our Silver plans (continued)

	Silver	Silver		Silver	Silver
	Geisinger Premier HMO 35/70/4300	Geisinger Choices PPO 20/40/4000		Geisinger All-Access Extra PPO 20/60/4300	Geisinger Small Group ACA All-Access HMO 45/75/5000
<b>In-network services</b>					
PCP copay	\$35	Tier 1: \$20	Tier 2: \$60	\$20 <sup>1</sup> /\$60	\$45
Specialist copay	\$70	Tier 1: \$40	Tier 2: \$80	\$60	\$75
Medical deductible: Single/Family	\$4,300/\$8,600	Tier 1: \$4,000/ \$8,000	Tier 2: \$7,900/ \$15,800	\$4,300/\$8,600	\$5,000/\$10,000
Max. out-of- pocket: Single/ Family	\$9,100/\$18,200	\$9,100/\$18,200		\$9,100/\$18,200	\$8,700/\$17,400
Coinsurance	0%	0%		0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible		\$200 per stay after deductible	\$125 per stay after deductible
Outpatient services	\$250 after deductible	\$150 after deductible		\$175 copay after deductible	\$400 after deductible
Emergency room	\$250 after deductible	\$200 after deductible		\$300 after deductible	\$450 after deductible
Prescription drug	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% after deductible up to max. out-of-pocket Tier 6: \$0 <sup>2</sup>	Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% after deductible up to max. out-of-pocket Tier 6: \$0 <sup>2</sup>		Deductible: \$500/\$1,000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>2</sup>	Deductible: \$0 Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 <sup>2</sup>
<b>Out-of-network services</b>					
Deductible: Single/Family	Limited to in-network	\$12,000/\$24,000		\$12,000/\$24,000	Limited to in-network
Coinsurance		40%		40%	
Max. out-of- pocket: Single/ Family		\$15,000/\$30,000		\$15,000/\$30,000	

<sup>1</sup> Notes the PCP copay amount when using a Geisinger Extra site.

<sup>2</sup> Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.



## Our Bronze plans

The Bronze plans we offer include one PPO, one point-of-service (POS) and one PPO qualified high deductible health plan (QHDHP) option. Your employees will generally pay the least in monthly premiums and the most out-of-pocket for medical care with a Bronze plan. To compare benefit details of each plan, review the summary chart below.

	Bronze	Bronze	Bronze
	Geisinger All-Access PPO 40/90/8400	Geisinger Small Group ACA All-Access QHDHP POS 6850	Geisinger All-Access QHDHP PPO 6850
<b>In-network services</b>			
PCP copay	\$40	0% after deductible	0% after deductible
Specialist copay	\$90	0% after deductible	0% after deductible
Medical deductible: Single/Family	\$8,400/\$16,800	\$6,850/\$13,700	\$6,850/\$13,700
Max. out-of-pocket: Single/Family	\$8,400/\$16,800	\$6,850/\$13,700	\$6,850/\$13,700
Coinsurance	0%	0%	0%
Inpatient services	0% after deductible	0% after deductible	0% after deductible
Outpatient services	0% after deductible	0% after deductible	0% after deductible
Emergency room	0% after deductible	0% after deductible	0% after deductible
Prescription drug	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 <sup>1</sup>	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 <sup>1</sup>	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 <sup>1</sup>
<b>Out-of-network services</b>			
Deductible: Single/Family	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000
Coinsurance	40%	40%	40%
Max. out-of-pocket: Single/Family	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000

<sup>1</sup>Tier 6 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

## Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the "Health Plan") comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator  
Geisinger Health Plan Appeals Department  
100 North Academy Avenue  
Danville, PA 17822-3220  
Phone: 866-577-7733, TTY: 711  
Fax: 570-271-7225  
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F  
HHH Building, Washington, DC 20201  
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

Geisinger HMO and PPO plans for small businesses are sold through Geisinger Health Plan and Geisinger Quality Options, Inc., which are referred to collectively as “Geisinger Health Plan” or “GHP,” unless otherwise noted.

This brochure is not a contract or policy and is intended as an easy-to-read summary only. Specific benefits, limitations, exclusions and terms are set forth in your benefit documents.

Geisinger HMO and PPO plans may not cover all your healthcare expenses. Read your Subscription Certificate carefully to determine which healthcare services are covered. For more information, call 800-554-4907.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

This benefits guide is intended as an information source and does not constitute a coverage document. The Subscription Certificate is controlling as to any issues of benefits coverage, limitations and exclusions. This managed care plan may not cover all your health care expenses. Read your Subscription Certificate carefully to determine which health care services are covered. For more information, contact the customer service team at the number on the back of your member ID card.



**Geisinger**

# GEISINGER HEALTH PLAN



# Geisinger

## Now, behavioral health is closer to home

Did you know? All behavioral health care services are coordinated in-house. The Behavioral Health Care Connector team provides support to our members when looking for a provider that specializes in their needs, reviewing benefits, connecting members with local resources and much more.

**The Behavioral Health Care Connector team is a game changer for member care. Here's how our team can help:**

- Educate members on their benefits and coverage questions
- Assist with utilization management question
- Help with prior authorization requests
- Direct case management inquiries
- Connect members with local behavioral health care providers, including addiction specialists
  - Members can also find providers by visiting [GeisingerHealthPlan.com/providersearch](https://www.geisingerhealthplan.com/providersearch).  
Input location and select plan type, and search “behavioral health.”
- Connect members with community resources and support groups
- Assist providers with benefit clarification for member care

### Get in touch with us

Our Behavioral Health Care Connector team is available  
**Monday – Friday**  
8 a.m. – 5 p.m.  
at 888-839-7972.

This number can also be found on the back of your member ID card.





# Geisinger

## Get to know our telemedicine services

### What is telemedicine?

Telemedicine (also called telehealth) appointments let your employees speak to a doctor in real time using video chat technology, like FaceTime or Skype. Using a secure network, our board-certified doctors will advise, treat and diagnose you the same way they would in a traditional office appointment — only in a live virtual visit.

It's completely safe — and everything is right at our doctor's fingertips for review and interpretation before and during your visit. All your employees need is a smartphone (iPhone or Android), tablet or computer with a webcam and speaker, along with a high-speed internet connection.

When it comes to telemedicine, what are your employees' options?

### Telemedicine and primary care providers

Many doctors are offering telemedicine services, even outside of Geisinger. Your employees can contact their primary care provider to learn about what they offer.

If your employees see Geisinger doctors, they can call our hotline at [800-275-6401](tel:800-275-6401) for more information on telemedicine services available and schedule their visit.

Telemedicine appointments with Geisinger providers can tackle primary care for your employees and their families. Get treatment for common issues like:

- Cold and flu
- Allergy
- Rash
- Sinus infection
- Urinary tract infection (UTI)

We also offer telemedicine visits for specialty care, including:

- Behavioral health
- Dermatology
- Pediatric specialties
- Cardiology
- Neurology
- Neurosurgery
- Orthopaedics
- Diabetes care
- Psychiatry and more

Get the full list of available services at [GeisingerHealthPlan.com/Teladoc](https://www.geisingerhealthplan.com/teladoc).

### Can't wait for an appointment? Try Teladoc.

Have a health concern and need care now? We're partnering with Teladoc to offer virtual doctor visits, including COVID-19 screenings. Geisinger Health Plan members can use Teladoc services with no cost-sharing through July 31, 2022. On Aug. 1, 2022, the cost-sharing for telehealth services that appears in member's benefit materials will apply.

Teladoc\* is a telehealth service that connects your employees to board-certified, highly trained doctors who can diagnose and treat non-emergency issues right over the phone, no in-person visit needed. And if an Rx prescription is needed? No worries — a prescription can also be provided, if necessary.

If your employees need routine medical or behavioral health care and their primary care provider is not available, visit [Teladoc.com](https://www.teladoc.com) or call 800-835-2362 to get started.

Teladoc is available to Geisinger Health Plan members at no cost. Non-members will be responsible for out-of-pocket costs.

### Tel-A-Nurse hotline

This hotline is designed to guide your employees to the proper care channels, whether that means scheduling an appointment with their PCP, stopping in at a convenient care location or heading to the emergency room. Think of Tel-A-Nurse as a first defense to medical questions and advice.

Talk with a registered nurse 24 hours a day, 7 days a week at 877-543-5061. Getting answers is as simple as picking up the phone and calling. This service is not for medical emergencies or urgent needs and should not replace your employees' primary care provider.

There is no copay or cost for using the service.

Chat with a registered nurse regarding coughs, health advice about newborns, colds, insect bites, arthritis pain, sunburns, information about medications and more. Below are just some of the topics included:

- Stomach pain
- Ulcers
- Hay fever
- Asthma
- Diabetes
- Arthritis
- Heat exhaustion
- Burns
- Colds
- Acid reflux
- Medications
- Medical tests
- Losing weight
- Croup
- Measles
- Children's bed wetting
- Infant vomiting
- Children's fever
- Mumps
- Sore throat
- Back pain
- Managing cholesterol
- Managing high blood pressure
- Developing an exercise plan
- Quitting smoking
- Questions to ask your doctor

### Telemedicine and COVID-19

You don't have to skip or cancel your medical or behavioral health\* appointments because of COVID-19.

While most people who have COVID-19 will experience mild symptoms, Teladoc doctors can evaluate your risk and recommend next steps. If you believe you're experiencing symptoms related to COVID-19, use Teladoc before heading to your doctor's office, urgent care clinic or the ER if your needs are non-emergent.

*\*Some members may not be eligible for behavioral health services through Geisinger Health Plan based on their benefits.*

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY: 711)

GEISINGER HEALTH PLAN

# Geisinger Extra

Care you need at a lower cost

Geisinger



You can get the care you need in a truly innovative way through Geisinger Extra. When you select a primary care site designated as an Extra site, you will pay lower office visit copays.

Some Geisinger Extra sites are also ProvenHealth Navigator® (PHN) locations. At these offices you'll receive "extra" care because PHN sites include a Geisinger Health Plan nurse who works closely with physicians and office staff to provide additional services.

## Service area & eligibility

Geisinger Extra is available to small group employers in the 1 to 50 market segment and large group employers in the 51+ market segment as long as their physical location is in our Geisinger Extra service area. Eligible Geisinger Extra counties are listed below.

- Carbon
- Centre
- Clinton
- Columbia
- Cumberland
- Dauphin
- Juniata
- Lackawanna
- Lehigh
- Luzerne
- Lycoming
- Mifflin
- Monroe
- Montour
- Northampton
- Northumberland
- Perry
- Schuylkill
- Snyder
- Susquehanna
- Union
- Wayne
- Wyoming

Members must reside in our overall Geisinger service area.

## Additional services at PHN sites:

- Same-day appointments for urgent care
- On-site health coaching
- Assistance managing all your care if you have a complex medical condition
- Help moving from the hospital to home, if appropriate
- Preventive care such as flu shots or other immunizations
- Education about better managing diabetes, heart disease and much more

**Questions?**  
Call 800-554-4907.

Locations are listed on pages  
3-6 of this document.



## Receive a lower copay at these sites

You will receive lower office visit copays if you select a physician at one of the sites listed. The sites marked with an asterisk (\*) are the practices that qualify for the lower copay but do not offer the extra PHN services listed on the first page. This flyer is accurate as of Jan. 12, 2023. Visit [geisingerhealthplan.com/find](https://www.geisingerhealthplan.com/find) for the most recent information and to check if a provider is accepting new patients.

### Berks

St. Luke's Hamburg Primary Care\*

### Bucks

Daniel J. Stauffer, MD\*

Quakertown Family Medical Center\*

Riegelsville Family Practice\*

St. Luke's Dublin Internal Medicine\*

St. Luke's Internal Medicine\*

St. Luke's Quakertown Internal

Medicine Associates\*

St. Luke's Quakertown Pediatrics\*

St. Luke's Quakertown Primary Care\*

St. Luke's Sellersville Primary Care\*

St. Luke's Upper Bucks Family

Medical Center\*

### Carbon

Lehighon Medical Associates\*

Manzella Family Healthcare\*

St. Luke's Albrightsville Primary Care\*

St. Luke's Anthracite Primary Care\*

St. Luke's Internal Medicine\*

St. Luke's Lehighon Family Practice\*

St. Luke's Miners Health Center -

Lansford\*

St. Luke's Miners Health Center

Nesquehoning\*

St. Luke's Palmerton Pediatrics\*

St. Luke's Palmerton Primary Care\*

St. Luke's Panther Valley Primary Care

St. Luke's Primary Care Nesquehoning\*

Joe S. Zhou, MD\*

### Centre

Geisinger 65 Forward Health Center -  
State College\*

Geisinger Bellefonte

Geisinger Healthplex State College

Geisinger Healthplex State College

Pediatrics\*

Geisinger Philipsburg

Geisinger Philipsburg Pediatrics\*

Geisinger Scenery Park

Mount Nittany Physician Group -

Bellefonte

Mount Nittany Physician Group - Blue  
Course Dr

Mount Nittany Physician Group -  
Green Tech Dr

Mount Nittany Physician Group - Park  
Ave

Mount Nittany Physician Group - Peds  
Bellefonte\*

Mount Nittany Physician Group - Peds  
Boalsburg\*

Mount Nittany Physician Group - Penns  
Valley

Mount Nittany Physician Group -  
Philipsburg

Oasis Lifecare LLC\*

### Clinton

Family Practice Center PC - Lock Haven

Geisinger Avis

Geisinger Medical Clinic Lock Haven

Geisinger Medical Clinic Lock Haven  
After Hours

Susquehanna Health Family Medicine at  
Lock Haven

### Columbia

Geisinger 65 Forward Health Center\*

Geisinger Benton

Geisinger Berwick

Geisinger Bloomsburg East First St

Geisinger Bloomsburg Pediatrics\*

Geisinger Buckhorn Medical Clinic

Susquehanna Valley Medical Specialties

### Cumberland

Family Practice Center PC - Ameigh

Family Practice Center PC - Boiling  
Springs

Family Practice Center PC - Enola

Family Practice Center PC -

Mechanicsburg

Penn State Health Holy Spirit Camp Hill\*

Penn State Health Holy Spirit Carlisle\*

Penn State Health Holy Spirit Carlisle -  
Pediatrics\*

Penn State Health Holy Spirit  
Mechanicsburg\*

Penn State Health Holy Spirit  
Mechanicsburg - Internal Med\*

Penn State Health Holy Spirit  
Mechanicsburg - Pediatrics\*

Penn State Health Holy Spirit Primary  
Care Enola\*

### Dauphin

Family Practice Center PC - Colonial Rd

Family Practice Center PC - Commerce

Family Practice Center PC -  
Elizabethville

## Find a location online

Visit

[geisingerhealthplan.com/find](https://www.geisingerhealthplan.com/find)

and select "Find a doctor or location." In the search area, enter your location and choose your plan. Click the search button to see a list of providers based on the location you entered.

To show only Geisinger Extra providers, check the "Geisinger Extra" or "ProvenHealth Navigator" boxes under the Tiered Networks filter on the left side of the search results.

**Note:** Make sure you know if a provider is accepting new patients before scheduling an appointment. For ease, you can filter your search results to only show providers that are accepting new patients.



Family Practice Center PC – Halifax  
 Family Practice Center PC – Harrisburg  
 Family Practice Center PC – Hershey  
 Family Practice Center PC – Lykens  
 Family Practice Center PC – Main St  
 Lykens  
 Family Practice Center PC –  
 Millersburg  
 Family Practice Center PC – State  
 Route 209  
 Family Practice Center PC – Steelton  
 Penn State Health Holy Spirit  
 Harrisburg\*

### Hunterdon (NJ)

St. Luke's North Hunterdon Physicians\*

### Huntingdon

Geisinger Huntingdon

### Juniata

Family Practice Center PC –  
 Mifflintown  
 Geisinger Mifflin  
 Geisinger Mifflintown

### Lackawanna

Anders P. Nelson, MD\*  
 Blondek Center For Pediatric Health &  
 Wellness PC\*  
 Carbondale Family Health Center\*  
 Geisinger 65 Forward Health Center\*  
 Geisinger PrimeMed – Clarks Summit  
 Geisinger PrimeMed – Dunmore  
 Geisinger PrimeMed – Jessup  
 Geisinger PrimeMed – Moosic  
 Geisinger PrimeMed – Olyphant  
 Geisinger PrimeMed – Peckville  
 Geisinger PrimeMed – Scranton  
 Geisinger Scranton Pediatrics\*  
 Geisinger Viewmont Health Associates\*  
 LIFE Geisinger\*  
 Paul A. Tomcykoski, DO\*  
 Pediatrics Associates of Kingston\*  
 Pediatrics of Northeastern  
 Pennsylvania\*  
 Scranton Primary Health Care\*  
 The Wright Center for Community  
 Health  
 The Wright Center Medical Group PC  
 Clarks Summit\*  
 The Wright Center Medical Group PC  
 Jermyn\*

The Wright Center Medical Group PC  
 Scranton\*

### Lancaster

Family Practice Center PC –  
 Elizabethtown

### Lehigh

ABW St. Luke's Pediatric\*  
 Allentown Family Health Center  
 St. Luke's Sacred Heart\*  
 Chew Street Primary Care  
 St. Luke's Sacred Heart\*  
 Children's Health Care Associates\*  
 Connelly Family Practice\*  
 Coopersburg Center Valley Family  
 Practice\*  
 Coopersburg Family Practice\*  
 Hamilton Primary Care  
 St. Luke's Sacred Heart\*  
 Hanover Family Medical Group  
 St. Luke's Sacred Heart\*  
 North Whitehall Family Practice\*  
 Pediatric & Adolescent Services  
 St. Luke's Sacred Heart\*  
 South Mountain Family Practice  
 Center\*  
 St. Luke's Allentown Pediatrics\*  
 St. Luke's Bethlehem Internal Medicine\*  
 St. Luke's Cedar Point Primary Care\*  
 St. Luke's Coopersburg Pediatrics\*  
 St. Luke's Emaus Avenue Family  
 Practice\*  
 St. Luke's Fogelsville Primary Care\*  
 St. Luke's Internal Medicine\*  
 St. Luke's Internal Medicine -  
 Allentown\*  
 St. Luke's Internal Medicine Hamilton  
 Court\*  
 St. Luke's Kids Care\*  
 St. Luke's Lehigh Primary Care\*  
 St. Luke's Macungie Medical Group\*  
 St. Luke's Northern Valley Primary  
 Care\*  
 St. Luke's Northgate Internal Medicine\*  
 St. Luke's Walbert Avenue Medical  
 Center\*  
 St. Luke's West Allentown Primary  
 Care\*  
 Stanley Stein and Richard Stein  
 Allentown\*  
 Stanley Stein and Richard Stein

Bethlehem\*

Valley Family Practice\*  
 Walbert Avenue Primary Care  
 St. Luke's Sacred Heart\*  
 Whitehall Primary Care  
 St. Luke's Sacred Heart\*

### Luzerne

Bassam F. Bittar, MD\*  
 CommunityCare Hazleton  
 CommunityCare Hazleton – Pediatrics\*  
 CommunityCare Kistler  
 CommunityCare Kistler – Pediatrics\*  
 Geisinger 65 Forward Health Center\*  
 Geisinger Dallas  
 Geisinger Dallas Family Practice  
 Geisinger Forty Fort Pediatrics\*  
 Geisinger Kingston  
 Geisinger Mountain Top  
 Geisinger Mountain Top Pediatrics\*  
 Geisinger Nanticoke  
 Geisinger Pittston  
 Geisinger Pittston Pediatrics\*  
 Geisinger Primary Care Carbondale\*  
 Geisinger Wilkes-Barre  
 Geisinger Wilkes-Barre Pediatrics\*  
 LIFE Geisinger\*  
 Partners in Pediatrics – Dallas\*  
 Partners in Pediatrics – Forty Fort\*  
 Pediatric Associates of Kingston LLC  
 Kingston\*  
 Pediatric Associates of Kingston LLC  
 Mountain Top\*  
 Pediatric Associates of Kingston LLC  
 Pittston\*  
 Rubina A. Zaman, MD, LLC\*  
 St. Luke's Hazleton Primary Care\*  
 The Wright Center for Community  
 Health\*  
 The Wright Center Medical Group  
 PC – Franklin St.\*  
 The Wright Center Medical Group  
 PC – Pennsylvania Ave.\*  
 The Wright Center Medical Group  
 PC – Sharpe St.\*  
 Valley Medical\*  
 Wyoming Valley Pediatrics\*

### Lycoming

Family Medicine Residency Center  
 Family Practice Center PC –  
 Hughesville  
 Family Practice Center PC –

Montoursville  
 Family Practice Center PC – Muncy  
 Family Practice Center PC – River Ave  
 1st Floor  
 Family Practice Center PC – River Ave  
 2nd Floor  
 Family Practice Center PC – Southside  
 Geisinger Jersey Shore  
 Geisinger Lycoming  
 Susquehanna Health Family Medicine  
 at Duboistown  
 Susquehanna Health Family Medicine  
 at Loyalsock  
 Susquehanna Health Family Medicine  
 at Montoursville  
 Susquehanna Health at Montoursville  
 Extended Hours  
 Susquehanna Health Internal Medicine  
 Susquehanna Health Pediatrics  
 Susquehanna Health The Work Center  
 Susquehanna Pediatrics at South  
 Williamsport\*  
 UPMC Family Medicine at Muncy  
 UPMC Primary Care Williamsport

### Mifflin

Geisinger Big Valley  
 Geisinger Lewistown  
 Geisinger Lewistown Pediatrics\*  
 LIFE Geisinger\*  
 Mount Nittany Physician Group –  
 Reedsville

### Monroe

East West Medical Group\*  
 Geisinger Mt. Pocono  
 Geisinger Mt. Pocono Pediatrics\*  
 Pocono Adult & Pediatric Medicine\*  
 Pocono Pediatric and Adolescent  
 Medicine\*  
 St. Luke's Brodheadsville Family  
 Practice\*  
 St. Luke's Family Medicine  
 Tobyhanna\*  
 St. Luke's Internal Medicine\*  
 St. Luke's Internal Medicine  
 Bartonsville\*  
 St. Luke's Kresgeville Family Practice\*  
 St. Luke's Medical Associates of Monroe  
 County\*  
 St. Luke's Monroe Family Practice\*  
 St. Luke's Pocono Pediatric Associates\*  
 St. Luke's Stroudsburg Internal  
 Medicine\*

St. Luke's Zahra Pediatrics\*  
**Montgomery**  
 Pennsburg Family Practice\*  
 St. Luke's Harleysville Pediatrics\*

### Montour

Geisinger Healthplex Woodbine Lane –  
 Family Medicine  
 Geisinger Healthplex Woodbine Lane –  
 General Pediatrics\*  
 GMC General Internal Medicine  
 GMC General Pediatrics\*

### Northampton

ABW St. Luke's Pediatrics  
 Bath\*  
 ABW St. Luke's Pediatrics  
 Wind Gap\*  
 ASC at St. Luke's Hospital  
 Bethlehem\*  
 ASC at St. Luke's Hospital  
 Easton\*  
 Joseph F. Bacak III, MD\*  
 Hassan Bozorgnia, MD\*  
 Bushkill Family Practice\*  
 Children's Choice Pediatrics PC\*  
 Easton Family Practice PC\*  
 Govindji B. Fuletra, MD\*  
 Sally Haggerty, MD\*  
 Lawrence M. Galtman, MD\*  
 Greater Lehigh Family Medicine LLC\*  
 H.C. Lee, MD\*  
 Medical Associates of Bethlehem\*  
 Nazareth Family Practice\*  
 Northampton Medical Associates  
 St. Luke's Sacred Heart  
 Palmer Pediatrics PC\*  
 Pediatric Medical Center of  
 Lehigh Valley Inc.\*  
 Saucon Valley Family Practice\*  
 South Bethlehem Family Practice\*  
 St. Luke's Anderson Pediatrics\*  
 St. Luke's Children's Choice Pediatrics\*  
 St. Luke's Easton Area Family Medicine\*  
 St. Luke's Family Medicine 25th Street\*  
 St. Luke's Family Medicine Easton\*  
 St. Luke's Family Medicine Nazareth\*  
 St. Luke's Family Practice – Blue Valley\*  
 St. Luke's Family Practice – Forks\*  
 St. Luke's Family Practice – Palmer\*  
 St. Luke's Family Practice at Walnutport\*  
 St. Luke's Family Practice – Wind Gap\*  
 St. Luke's Internal Medicine Allentown\*  
 St. Luke's Internal Medicine Bath\*

St. Luke's Internal Medicine Bethlehem\*  
 St. Luke's Internal Medicine Easton\*  
 St. Luke's Internal Medicine Northgate\*  
 St. Luke's Internal Medicine Wilson\*  
 St. Luke's Kids Care\*  
 St. Luke's Lifestyle Medicine Center\*  
 St. Luke's Nazareth Road Internal  
 Medicine\*  
 St. Luke's Nazareth Road Primary Care\*  
 St. Luke's Northern Valley Primary Care\*  
 St. Luke's Pediatric Associates\*  
 St. Luke's Physician Group Family  
 Medicine\*  
 St. Luke's Primary Care Easton\*  
 St. Luke's Riverside Internal Medicine\*  
 St. Luke's South Bethlehem Internal  
 Medicine\*  
 St. Luke's Southside Medical Center\*  
 William Penn Family Practice\*

### Northumberland

Alakananda Chakrabarty, MD, PC\*  
 Family Medicine of Evangelical – Milton  
 Family Medicine of Evangelical –  
 Northumberland  
 Family Practice Center PC – Elysburg  
 Family Practice Center PC – Herndon  
 Family Practice Center PC – Pagana-  
 DeFazio  
 Family Practice Center PC – Sunbury  
 Family Practice Center PC –  
 Watsontown  
 Geisinger 65 Forward Health Center\*  
 Geisinger Elysburg  
 Geisinger Kulpmont  
 Geisinger Milton  
 Geisinger Mt. Carmel  
 Geisinger Sunbury  
 LIFE Geisinger\*  
 Miller Donmoyer Family Health Center\*  
 Peter E. McNeil, MD\*  
 St. Joseph's Internal Medicine PC\*  
 Wardeh-Agha Medical Center LLC\*

### Perry

Family Practice Center PC – Loysville  
 Penn State Health Holy Spirit Family  
 Medicine\*  
 Penn State Health Holy Spirit  
 Marysville\*

### Pike

Pike Pediatric Center\*  
 Pinnacle Family Health Center\*

### Schuylkill

Family Practice Center PC – Valley View  
Geisinger Frackville  
Geisinger Mahanoy City  
Geisinger Orwigsburg  
Geisinger Orwigsburg Pediatrics\*  
Geisinger Pottsville  
Geisinger Pottsville Pediatrics & Specialties\*  
Geisinger St. Luke’s Orwigsburg Primary Care\*  
Integrated Medical Group PC – Adukaitis\*  
Integrated Medical Group PC – Blue Mtn Pediatrics\*  
LIFE Geisinger\*  
St. Luke’s Ashland Family Practice\*  
St. Luke’s Care Now – Mahanoy City\*  
St. Luke’s Internal Medicine at Tamaqua\*  
St. Luke’s Internal Medicine Miners\*  
St. Luke’s Miners Health Center – Hometown\*  
St. Luke’s Miners Health Center – Ringtown\*  
St. Luke’s Tamaqua Primary Care\*  
Tamaqua Family Practice\*

### Snyder

Family Medicine of Evangelical – Middleburg  
Family Medicine of Evangelical – Selinsgrove  
Family Practice Center PC – Middleburg  
Family Practice Center PC – Mt. Pleasant Mills  
Family Practice Center PC – Selinsgrove  
Family Practice Center PC – Shamokin Dam  
Geisinger 65 Forward Health Center  
Geisinger Selinsgrove

### Sullivan

Family Practice Center PC – Laporte

### Susquehanna

Forest City Family Health Center\*

### Union

Family Medicine of Evangelical – Lewisburg  
Family Medicine of Evangelical – Lewisburg POB  
Family Medicine of Evangelical – Mifflinburg  
Family Practice Center PC – Lewisburg  
Family Practice Center PC – Mifflinburg  
Geisinger Lewisburg  
Geisinger Lewisburg Pediatrics\*  
Ideal Pediatric & Adolescent Care PC\*  
Internal Medicine of Evangelical  
Mobile Health of Evangelical  
UPMC Primary Care Lewisburg\*  
Wound & Hyperbaric Center of Evangelical

### Warren (NJ)

Coventry Family Practice\*  
St. Luke’s Belvidere Family Practice\*  
St. Luke’s New Beginnings Pediatrics\*  
St. Luke’s Phillipsburg Internal Medicine\*  
Village Medical Center\*  
Warren Hills Family Practice\*

### Wayne

Geisinger PrimeMed – Honesdale  
Hamlin Family Health Center\*  
Highland Physicians Family Health Center\*  
Honesdale Family Health Center\*  
Honesdale Pediatric Center\*  
Northern Wayne Family Health Center\*  
Pike County Family Health Center\*  
Sterling Pediatric Center\*  
Waymart Family Health Center\*  
Waymart Pediatric Center\*  
The Wright Center for Community Health\*  
The Wright Center Medical Group PC\*

### Wyoming

Geisinger Tunkhannock

### York

Family Practice Center PC – Lewisberry  
Family Practice Center PC – York  
Penn State Health Holy Spirit Dillsburg\*

GEISINGER HEALTH PLAN

# Geisinger Extra

La atención que usted necesita a un  
costo más bajo

Geisinger





Geisinger Extra brinda una innovadora manera de recibir atención médica. Si selecciona un establecimiento de atención primaria designado como centro Extra **pagará copagos más bajos para consultas médicas.**

Algunos establecimientos Geisinger Extra también son centros ProvenHealth Navigator® (PHN). En estos consultorios recibirá atención “extra” porque los centros PHN incluyen a una enfermera de Geisinger Health Plan que trabaja estrechamente con los médicos y el personal del consultorio para proporcionar servicios adicionales.

## Área de servicio y elegibilidad

Geisinger Extra se ofrece a empresas con grupos pequeños en el segmento del mercado de 1–50 empleados y empresas con grupos grandes en el segmento del mercado de más de 51 empleados, siempre y cuando su ubicación física esté en nuestra área de servicio de Geisinger Extra. Geisinger Extra se ofrece en los siguientes condados:

- Carbon
- Centre
- Clinton
- Columbia
- Cumberland
- Dauphin
- Juniata
- Lackawanna
- Lehigh
- Luzerne
- Lycoming
- Mifflin
- Monroe
- Montour
- Northampton
- Northumberland
- Perry
- Schuylkill
- Snyder
- Susquehanna
- Union
- Wayne
- Wyoming

Los miembros deben residir en nuestra área de servicio general de Geisinger.

## Servicios adicionales en centros PHN:

- Citas para el mismo día para atención de urgencia
- Asesoramiento de salud en el mismo centro
- Asistencia con el manejo de toda la atención médica si tiene problemas médicos complejos
- Ayuda con el traslado del hospital al hogar, si corresponde
- Atención preventiva, como vacunas para la gripe u otras
- Educación sobre cómo manejar mejor la diabetes, enfermedades cardíacas y mucho más

**¿Tiene preguntas?**

Llame al 800-554-4907.

En las páginas 3 a 6 de este documento en-contrará la lista de las ubicaciones.

# En los siguientes sitios el copago es más bajo

Sus copagos para consultas en el consultorio serán más bajos si selecciona a un médico de uno de los centros indicados a continuación. Los centros marcados con un asterisco (\*) califican para el copago más bajo pero no ofrecen los servicios extra de PHN indicados en la primera página. Nota: la información de este folleto es la actual el 12 de enero de 2023. Visite [geisingerhealthplan.com/find](https://geisingerhealthplan.com/find) para obtener la información más reciente y para saber si un proveedor específico está aceptando pacientes nuevos.

## Berks

St. Luke's Hamburg Primary Care\*

## Bucks

Daniel J. Stauffer, MD\*  
 Quakertown Family Medical Center\*  
 Riegelsville Family Practice\*  
 St. Luke's Dublin Internal Medicine\*  
 St. Luke's Internal Medicine\*  
 St. Luke's Quakertown Internal Medicine Associates\*  
 St. Luke's Quakertown Pediatrics\*  
 St. Luke's Quakertown Primary Care\*  
 St. Luke's Sellersville Primary Care\*  
 St. Luke's Upper Bucks Family Medical Center\*

## Carbon

Leighton Medical Associates\*  
 Manzella Family Healthcare\*  
 St. Luke's Albrightsville Primary Care\*  
 St. Luke's Anthracite Primary Care\*  
 St. Luke's Internal Medicine\*  
 St. Luke's Leighton Family Practice\*  
 St. Luke's Miners Health Center – Lansford\*  
 St. Luke's Miners Health Center Nesquehoning\*  
 St. Luke's Palmerton Pediatrics\*  
 St. Luke's Palmerton Primary Care\*  
 St. Luke's Panther Valley Primary Care  
 St. Luke's Primary Care Nesquehoning\*  
 Joe S. Zhou, MD\*

## Centre

Geisinger 65 Forward Health Center - State College\*  
 Geisinger Bellefonte  
 Geisinger Healthplex State College  
 Geisinger Healthplex State College Pediatrics\*  
 Geisinger Philipsburg  
 Geisinger Philipsburg Pediatrics\*  
 Geisinger Scenery Park  
 Mount Nittany Physician Group – Bellefonte

Mount Nittany Physician Group – Blue Course Dr

Mount Nittany Physician Group – Green Tech Dr

Mount Nittany Physician Group – Park Ave

Mount Nittany Physician Group – Peds Bellefonte\*

Mount Nittany Physician Group – Peds Boalsburg\*

Mount Nittany Physician Group – Penns Valley

Mount Nittany Physician Group – Philipsburg

Oasis Lifecare LLC\*

## Clinton

Family Practice Center PC – Lock Haven  
 Geisinger Avis  
 Geisinger Medical Clinic Lock Haven  
 Geisinger Medical Clinic Lock Haven After Hours  
 Susquehanna Health Family Medicine at Lock Haven

## Columbia

Geisinger 65 Forward Health Center\*  
 Geisinger Benton  
 Geisinger Berwick  
 Geisinger Bloomsburg East First St  
 Geisinger Bloomsburg Pediatrics\*  
 Geisinger Buckhorn Medical Clinic  
 Susquehanna Valley Medical Specialities

## Cumberland

Family Practice Center PC – Ameigh  
 Family Practice Center PC – Boiling Springs  
 Family Practice Center PC – Enola  
 Family Practice Center PC – Mechanicsburg  
 Penn State Health Holy Spirit Camp Hill\*  
 Penn State Health Holy Spirit Carlisle\*  
 Penn State Health Holy Spirit Carlisle – Pediatrics\*

Penn State Health Holy Spirit Mechanicsburg\*

Penn State Health Holy Spirit Mechanicsburg – Internal Med\*

Penn State Health Holy Spirit Mechanicsburg – Pediatrics\*

Penn State Health Holy Spirit Primary Care Enola\*

## Dauphin

Family Practice Center PC – Colonial Rd  
 Family Practice Center PC – Commerce  
 Family Practice Center PC – Elizabethville

## Busque una ubicación en línea

Visite [geisingerhealthplan.com/find](https://geisingerhealthplan.com/find) y seleccione “Find a doctor or location” (Buscar un doctor o una ubicación). En el área de búsqueda, introduzca su ubicación y elija su plan. Haga clic en el botón de búsqueda para ver una lista de proveedores según la ubicación introducida.

Para mostrar solo a los proveedores de Geisinger Extra, marque las casillas “Geisinger Extra” o “ProvenHealth Navigator” en el filtro de redes por niveles (Tiered Networks) en el lado izquierdo de los resultados de búsqueda.

Tenga en cuenta que: Es importante asegurarse de que un proveedor esté aceptando pacientes nuevos antes de hacer una cita. Para mayor facilidad, puede filtrar los resultados de búsqueda para mostrar solo a los proveedores que están aceptando pacientes nuevos.

Family Practice Center PC – Halifax  
 Family Practice Center PC – Harrisburg  
 Family Practice Center PC – Hershey  
 Family Practice Center PC – Lykens  
 Family Practice Center PC – Main St  
 Lykens  
 Family Practice Center PC –  
 Millersburg  
 Family Practice Center PC – State  
 Route 209  
 Family Practice Center PC – Steelton  
 Penn State Health Holy Spirit  
 Harrisburg\*

### Hunterdon (NJ)

St. Luke's North Hunterdon Physicians\*

### Huntingdon

Geisinger Huntingdon

### Juniata

Family Practice Center PC –  
 Mifflintown  
 Geisinger Mifflin  
 Geisinger Mifflintown

### Lackawanna

Anders P. Nelson, MD\*  
 Blondek Center For Pediatric Health &  
 Wellness PC\*  
 Carbondale Family Health Center\*  
 Geisinger 65 Forward Health Center\*  
 Geisinger PrimeMed – Clarks Summit  
 Geisinger PrimeMed – Dunmore  
 Geisinger PrimeMed – Jessup  
 Geisinger PrimeMed – Moosic  
 Geisinger PrimeMed – Olyphant  
 Geisinger PrimeMed – Peckville  
 Geisinger PrimeMed – Scranton  
 Geisinger Scranton Pediatrics\*  
 Geisinger Viewmont Health Associates\*  
 LIFE Geisinger\*  
 Paul A. Tomcykoski, DO\*  
 Pediatrics Associates of Kingston\*  
 Pediatrics of Northeastern  
 Pennsylvania\*  
 Scranton Primary Health Care\*  
 The Wright Center for Community  
 Health  
 The Wright Center Medical Group PC  
 Clarks Summit\*  
 The Wright Center Medical Group PC  
 Jermyn\*

The Wright Center Medical Group PC  
 Scranton\*

### Lancaster

Family Practice Center PC –  
 Elizabethtown

### Lehigh

ABW St. Luke's Pediatric\*  
 Allentown Family Health Center  
 St. Luke's Sacred Heart\*  
 Chew Street Primary Care  
 St. Luke's Sacred Heart\*  
 Children's Health Care Associates\*  
 Connelly Family Practice\*  
 Coopersburg Center Valley Family  
 Practice\*  
 Coopersburg Family Practice\*  
 Hamilton Primary Care  
 St. Luke's Sacred Heart\*  
 Hanover Family Medical Group  
 St. Luke's Sacred Heart\*  
 North Whitehall Family Practice\*  
 Pediatric & Adolescent Services  
 St. Luke's Sacred Heart\*  
 South Mountain Family Practice  
 Center\*  
 St. Luke's Allentown Pediatrics\*  
 St. Luke's Bethlehem Internal Medicine\*  
 St. Luke's Cedar Point Primary Care\*  
 St. Luke's Coopersburg Pediatrics\*  
 St. Luke's Emaus Avenue Family  
 Practice\*  
 St. Luke's Fogelsville Primary Care\*  
 St. Luke's Internal Medicine\*  
 St. Luke's Internal Medicine -  
 Allentown\*  
 St. Luke's Internal Medicine Hamilton  
 Court\*  
 St. Luke's Kids Care\*  
 St. Luke's Lehigh Primary Care\*  
 St. Luke's Macungie Medical Group\*  
 St. Luke's Northern Valley Primary  
 Care\*  
 St. Luke's Northgate Internal Medicine\*  
 St. Luke's Walbert Avenue Medical  
 Center\*  
 St. Luke's West Allentown Primary  
 Care\*  
 Stanley Stein and Richard Stein  
 Allentown\*  
 Stanley Stein and Richard Stein

Bethlehem\*

Valley Family Practice\*  
 Walbert Avenue Primary Care  
 St. Luke's Sacred Heart\*  
 Whitehall Primary Care  
 St. Luke's Sacred Heart\*

### Luzerne

Bassam F. Bittar, MD\*  
 CommunityCare Hazleton  
 CommunityCare Hazleton – Pediatrics\*  
 CommunityCare Kistler  
 CommunityCare Kistler – Pediatrics\*  
 Geisinger 65 Forward Health Center\*  
 Geisinger Dallas  
 Geisinger Dallas Family Practice  
 Geisinger Forty Fort Pediatrics\*  
 Geisinger Kingston  
 Geisinger Mountain Top  
 Geisinger Mountain Top Pediatrics\*  
 Geisinger Nanticoke  
 Geisinger Pittston  
 Geisinger Pittston Pediatrics\*  
 Geisinger Primary Care Carbondale\*  
 Geisinger Wilkes-Barre  
 Geisinger Wilkes-Barre Pediatrics\*  
 LIFE Geisinger\*  
 Partners in Pediatrics – Dallas\*  
 Partners in Pediatrics – Forty Fort\*  
 Pediatric Associates of Kingston LLC  
 Kingston\*  
 Pediatric Associates of Kingston LLC  
 Mountain Top\*  
 Pediatric Associates of Kingston LLC  
 Pittston\*  
 Rubina A. Zaman, MD, LLC\*  
 St. Luke's Hazleton Primary Care\*  
 The Wright Center for Community  
 Health\*  
 The Wright Center Medical Group  
 PC – Franklin St.\*  
 The Wright Center Medical Group  
 PC – Pennsylvania Ave.\*  
 The Wright Center Medical Group  
 PC – Sharpe St.\*  
 Valley Medical\*  
 Wyoming Valley Pediatrics\*

### Lycoming

Family Medicine Residency Center  
 Family Practice Center PC –  
 Hughesville  
 Family Practice Center PC –



Montoursville  
 Family Practice Center PC – Muncy  
 Family Practice Center PC – River Ave  
 1st Floor  
 Family Practice Center PC – River Ave  
 2nd Floor  
 Family Practice Center PC – Southside  
 Geisinger Jersey Shore  
 Geisinger Lycoming  
 Susquehanna Health Family Medicine  
 at Duboistown  
 Susquehanna Health Family Medicine  
 at Loyalsock  
 Susquehanna Health Family Medicine  
 at Montoursville  
 Susquehanna Health at Montoursville  
 Extended Hours  
 Susquehanna Health Internal Medicine  
 Susquehanna Health Pediatrics  
 Susquehanna Health The Work Center  
 Susquehanna Pediatrics at South  
 Williamsport\*  
 UPMC Family Medicine at Muncy  
 UPMC Primary Care Williamsport

### Mifflin

Geisinger Big Valley  
 Geisinger Lewistown  
 Geisinger Lewistown Pediatrics\*  
 LIFE Geisinger\*  
 Mount Nittany Physician Group –  
 Reedsville

### Monroe

East West Medical Group\*  
 Geisinger Mt. Pocono  
 Geisinger Mt. Pocono Pediatrics\*  
 Pocono Adult & Pediatric Medicine\*  
 Pocono Pediatric and Adolescent  
 Medicine\*  
 St. Luke's Brodheadsville Family  
 Practice\*  
 St. Luke's Family Medicine  
 Tobyhanna\*  
 St. Luke's Internal Medicine\*  
 St. Luke's Internal Medicine  
 Bartonsville\*  
 St. Luke's Kresgeville Family Practice\*  
 St. Luke's Medical Associates of Monroe  
 County\*  
 St. Luke's Monroe Family Practice\*  
 St. Luke's Pocono Pediatric Associates\*  
 St. Luke's Stroudsburg Internal  
 Medicine\*

St. Luke's Zahra Pediatrics\*  
**Montgomery**  
 Pennsburg Family Practice\*  
 St. Luke's Harleysville Pediatrics\*

### Montour

Geisinger Healthplex Woodbine Lane –  
 Family Medicine  
 Geisinger Healthplex Woodbine Lane –  
 General Pediatrics\*  
 GMC General Internal Medicine  
 GMC General Pediatrics\*

### Northampton

ABW St. Luke's Pediatrics  
 Bath\*  
 ABW St. Luke's Pediatrics  
 Wind Gap\*  
 ASC at St. Luke's Hospital  
 Bethlehem\*  
 ASC at St. Luke's Hospital  
 Easton\*  
 Joseph F. Bacak III, MD\*  
 Hassan Bozorgnia, MD\*  
 Bushkill Family Practice\*  
 Children's Choice Pediatrics PC\*  
 Easton Family Practice PC\*  
 Govindji B. Fuletra, MD\*  
 Sally Haggerty, MD\*  
 Lawrence M. Galtman, MD\*  
 Greater Lehigh Family Medicine LLC\*  
 H.C. Lee, MD\*  
 Medical Associates of Bethlehem\*  
 Nazareth Family Practice\*  
 Northampton Medical Associates  
 St. Luke's Sacred Heart  
 Palmer Pediatrics PC\*  
 Pediatric Medical Center of  
 Lehigh Valley Inc.\*  
 Saucon Valley Family Practice\*  
 South Bethlehem Family Practice\*  
 St. Luke's Anderson Pediatrics\*  
 St. Luke's Children's Choice Pediatrics\*  
 St. Luke's Easton Area Family Medicine\*  
 St. Luke's Family Medicine 25th Street\*  
 St. Luke's Family Medicine Easton\*  
 St. Luke's Family Medicine Nazareth\*  
 St. Luke's Family Practice – Blue Valley\*  
 St. Luke's Family Practice – Forks\*  
 St. Luke's Family Practice – Palmer\*  
 St. Luke's Family Practice at Walnutport\*  
 St. Luke's Family Practice – Wind Gap\*  
 St. Luke's Internal Medicine Allentown\*  
 St. Luke's Internal Medicine Bath\*

St. Luke's Internal Medicine Bethlehem\*  
 St. Luke's Internal Medicine Easton\*  
 St. Luke's Internal Medicine Northgate\*  
 St. Luke's Internal Medicine Wilson\*  
 St. Luke's Kids Care\*  
 St. Luke's Lifestyle Medicine Center\*  
 St. Luke's Nazareth Road Internal  
 Medicine\*  
 St. Luke's Nazareth Road Primary Care\*  
 St. Luke's Northern Valley Primary Care\*  
 St. Luke's Pediatric Associates\*  
 St. Luke's Physician Group Family  
 Medicine\*  
 St. Luke's Primary Care Easton\*  
 St. Luke's Riverside Internal Medicine\*  
 St. Luke's South Bethlehem Internal  
 Medicine\*  
 St. Luke's Southside Medical Center\*  
 William Penn Family Practice\*

### Northumberland

Alakananda Chakrabarty, MD, PC\*  
 Family Medicine of Evangelical – Milton  
 Family Medicine of Evangelical –  
 Northumberland  
 Family Practice Center PC – Elysburg  
 Family Practice Center PC – Herndon  
 Family Practice Center PC – Pagana-  
 DeFazio  
 Family Practice Center PC – Sunbury  
 Family Practice Center PC –  
 Watsontown  
 Geisinger 65 Forward Health Center\*  
 Geisinger Elysburg  
 Geisinger Kulpmont  
 Geisinger Milton  
 Geisinger Mt. Carmel  
 Geisinger Sunbury  
 LIFE Geisinger\*  
 Miller Donmoyer Family Health Center\*  
 Peter E. McNeil, MD\*  
 St. Joseph's Internal Medicine PC\*  
 Wardeh-Agha Medical Center LLC\*

### Perry

Family Practice Center PC – Loysville  
 Penn State Health Holy Spirit Family  
 Medicine\*  
 Penn State Health Holy Spirit  
 Marysville\*

### Pike

Pike Pediatric Center\*  
 Pinnacle Family Health Center\*

### Schuylkill

Family Practice Center PC – Valley View  
Geisinger Frackville  
Geisinger Mahanoy City  
Geisinger Orwigsburg  
Geisinger Orwigsburg Pediatrics\*  
Geisinger Pottsville  
Geisinger Pottsville Pediatrics & Specialties\*  
Geisinger St. Luke's Orwigsburg Primary Care\*  
Integrated Medical Group PC – Adukaitis\*  
Integrated Medical Group PC – Blue Mtn Pediatrics\*  
LIFE Geisinger\*  
St. Luke's Ashland Family Practice\*  
St. Luke's Care Now – Mahanoy City\*  
St. Luke's Internal Medicine at Tamaqua\*  
St. Luke's Internal Medicine Miners\*  
St. Luke's Miners Health Center – Hometown\*  
St. Luke's Miners Health Center – Ringtown\*  
St. Luke's Tamaqua Primary Care\*  
Tamaqua Family Practice\*

### Snyder

Family Medicine of Evangelical – Middleburg  
Family Medicine of Evangelical – Selinsgrove  
Family Practice Center PC – Middleburg  
Family Practice Center PC – Mt. Pleasant Mills  
Family Practice Center PC – Selinsgrove  
Family Practice Center PC – Shamokin Dam  
Geisinger 65 Forward Health Center  
Geisinger Selinsgrove

### Sullivan

Family Practice Center PC – Laporte

### Susquehanna

Forest City Family Health Center\*

### Union

Family Medicine of Evangelical – Lewisburg  
Family Medicine of Evangelical – Lewisburg POB  
Family Medicine of Evangelical – Mifflinburg  
Family Practice Center PC – Lewisburg  
Family Practice Center PC – Mifflinburg  
Geisinger Lewisburg  
Geisinger Lewisburg Pediatrics\*  
Ideal Pediatric & Adolescent Care PC\*  
Internal Medicine of Evangelical  
Mobile Health of Evangelical  
UPMC Primary Care Lewisburg\*  
Wound & Hyperbaric Center of Evangelical

### Warren (NJ)

Coventry Family Practice\*  
St. Luke's Belvidere Family Practice\*  
St. Luke's New Beginnings Pediatrics\*  
St. Luke's Phillipsburg Internal Medicine\*  
Village Medical Center\*  
Warren Hills Family Practice\*

### Wayne

Geisinger PrimeMed – Honesdale  
Hamlin Family Health Center\*  
Highland Physicians Family Health Center\*  
Honesdale Family Health Center\*  
Honesdale Pediatric Center\*  
Northern Wayne Family Health Center\*  
Pike County Family Health Center\*  
Sterling Pediatric Center\*  
Waymart Family Health Center\*  
Waymart Pediatric Center\*  
The Wright Center for Community Health\*  
The Wright Center Medical Group PC\*

### Wyoming

Geisinger Tunkhannock

### York

Family Practice Center PC – Lewisberry  
Family Practice Center PC – York  
Penn State Health Holy Spirit Dillsburg\*



GEISINGER HEALTH PLAN

# Participating hospitals

All-Access network

Geisinger

### Adams

WellSpan Gettysburg Hospital

### Allegheny

Allegheny General Hospital

Allegheny Valley Hospital

Forbes Hospital

UPMC Children's Hospital of Pittsburgh

West Penn Hospital

### Berks

Reading Hospital

Reading Hospital - Rehabilitation Unit

St. Joseph Medical Center

Surgical Institute of Reading

### Blair

Conemaugh Nason Medical Hospital

Tyrone Hospital

UPMC Altoona

### Bradford

Robert Packer Hospital

Robert Packer Hospital - Psychiatric Unit

Robert Packer Hospital Towanda Campus

Robert Packer Hospital Towanda Campus Rehabilitation

Troy Community Hospital

### Bucks

Jefferson Health Northeast - Bucks Campus

Rothman Orthopaedic Specialty Hospital

St. Luke's Hospital Upper Bucks Campus

St. Luke's Quakertown Hospital

### Cambria

Conemaugh Memorial Medical Center

Conemaugh Memorial Medical Center - Lee Campus

Conemaugh Miners Medical Center

### Carbon

Lehigh Valley Hospital - Carbon

St. Luke's Hospital - Carbon Campus

St. Luke's Hospital - Lehighon Campus

St. Luke's Hospital - Lehighon Campus Psychiatric

St. Luke's Hospital - Lehighon Campus Rehabilitation

### Centre

Mount Nittany Medical Center

Mount Nittany Medical Center - Behavioral Health Unit

### Chester

Chester County Hospital

Paoli Hospital

Phoenixville Hospital

Phoenixville Hospital - Rehabilitation Unit

### Clearfield

Penn Highlands Clearfield Hospital

Penn Highlands DuBois

### Clinton

Bucktail Medical Center

UPMC Lock Haven

### Columbia

Geisinger Bloomsburg Hospital

Geisinger Bloomsburg Hospital - Inpatient Behavioral

### Cumberland

Penn State Health Hampden Medical Center

Penn State Health Holy Spirit Inpatient Behavioral

UPMC Carlisle

UPMC Carlisle Rehabilitation Institute

UPMC West Shore

### Dauphin

Penn State Milton S. Hershey Medical Center

UPMC Community Osteopathic

UPMC Harrisburg

## How to find your provider online:

1. Go to [geisingerhealthplan.com/providersearch](https://www.geisingerhealthplan.com/providersearch).
2. Enter your location.
3. Select your plan.
4. Select a category to search from our entire library of applicable providers, or narrow your search by searching for doctors, specialties, locations or types of places.

### Delaware

Riddle Memorial Hospital

Crozer Chester Medical Center

Delaware County Memorial Hospital

Springfield Hospital

Taylor Hospital

Taylor Hospital - Regional Rehabilitation Center

### Elk

Penn Highlands Elk

### Fulton

Fulton County Medical Center

### Huntingdon

Penn Highlands Huntingdon

Penn Highlands Huntingdon - Psychiatric Unit

### Jefferson

Penn Highlands Brookville

### Lackawanna

Geisinger Community Medical Center

Geisinger Community Medical Center - Inpatient Behavioral

Lehigh Valley Hospital - Dickson City

Moses Taylor Hospital

Regional Hospital of Scranton

### Lancaster

Lancaster General Hospital  
Lancaster General Women & Babies Hospital  
Penn State Health Lancaster Medical Center  
UPMC Lititz  
WellSpan Ephrata Community Hospital  
WellSpan Ephrata Hospital – Psychiatric Unit

### Lebanon

WellSpan Good Samaritan Hospital

### Lehigh

Lehigh Valley Hospital – 1503 N. Cedar Crest Blvd.  
Lehigh Valley Hospital – Inpatient Rehabilitation Center  
St. Luke’s Hospital – Allentown Campus  
St. Luke’s Hospital – Sacred Heart Campus  
St. Luke’s Hospital – Sacred Heart Psychiatric Unit  
St. Luke’s Hospital – Sacred Heart Rehabilitation

### Luzerne

Center for Advanced Rehabilitation – WBGH  
Geisinger South Wilkes-Barre  
Geisinger Wyoming Valley Medical Center  
Lehigh Valley Gunderson Rehabilitation Center  
Lehigh Valley Hospital – Hazleton  
Wilkes-Barre General Hospital

### Lycoming

Geisinger Jersey Shore Hospital  
Geisinger Medical Center Muncy  
UPMC Muncy  
UPMC Williamsport

### Mifflin

Geisinger Lewistown Hospital

### Monroe

Lehigh Valley Hospital – Pocono  
Lehigh Valley Hospital - Pocono Psychiatric Unit  
St. Luke’s Hospital – Monroe Campus

### Montgomery

Abington Lansdale Hospital  
Abington Memorial Hospital  
Abington Memorial Hospital - Psychiatric Unit  
AEMC Elkins Campus  
AEMC Moss Rehabilitation Elkins Park  
Bryn Mawr Hospital  
CHOP Middleman Family Pavilion  
Einstein Medical Center Montgomery  
Lankenau Hospital  
Pottstown Hospital  
Pottstown Hospital - Psychiatric Unit

### Montour

Geisinger Medical Center  
Geisinger Medical Center – Inpatient Behavioral

### Northampton

Lehigh Valley Hospital – Hecktown Oaks  
Lehigh Valley Hospital – Highland Avenue  
Lehigh Valley Hospital - Muhlenberg Psychiatric Unit  
St. Luke’s Hospital – Anderson Campus  
St. Luke’s Hospital – Bethlehem  
St. Luke’s Hospital – Bethlehem Rehabilitation Unit  
St. Luke’s Hospital – Easton Campus

### Northumberland

Geisinger Shamokin Area Community Hospital

### Philadelphia

AEMC Moss Rehabilitation Willowcrest  
Albert Einstein Medical Center  
Children’s Hospital of Philadelphia  
Fox Chase Cancer Center  
Hospital of the University of Pennsylvania  
Jefferson Health Northeast – Frankford Campus  
Jefferson Health Northeast – Torresdale Campus  
Jefferson Hospital for Neuroscience  
Pennsylvania Hospital  
Presbyterian Medical Center of the UPHS  
Shriners Hospitals for Children Philadelphia  
St Christopher’s Hospital for Children  
Temple University Hospital – Jeanes Campus  
Temple University Hospital  
Temple Health – Chestnut Hill Hospital  
Temple Health – Chestnut Hill Hospital – Psychiatric Unit  
Thomas Jefferson University Hospital  
Thomas Jefferson University Hospital – Methodist Campus  
Thomas Jefferson University Hospital - Psychiatric Unit  
Wills Eye Hospital

### Potter

UPMC Cole

### Schuylkill

Geisinger St. Luke’s Hospital  
Lehigh Valley Hospital – Schuylkill – East Norwegian St.  
Lehigh Valley Hospital – Schuylkill Rehabilitation – East Norwegian St.  
Lehigh Valley Hospital – Schuylkill Psychiatric Unit  
Lehigh Valley Hospital – Schuylkill – South Jackson St.  
Lehigh Valley Hospital – Schuylkill Rehabilitation – South Jackson St.  
St. Luke’s Miners Memorial Hospital

### **Somerset**

Chan Soon-Shiong Medical Center at Windber

Conemaugh Meyersdale Medical Center

UPMC Somerset

### **Susquehanna**

Barnes-Kasson Hospital

Endless Mountains Health Systems

### **Tioga**

UPMC Wellsboro

### **Union**

Evangelical Community Hospital

Evangelical Community Hospital – Rehabilitation Unit

### **Washington**

Canonsburg Hospital

### **Wayne**

Wayne Memorial Hospital

### **York**

OSS Orthopaedic Hospital LLC

UPMC Hanover

UPMC Memorial

WellSpan York Hospital

WellSpan York Hospital Psychiatric and Crisis Intervention

### **Out-of-state participating hospitals**

#### **District of Columbia**

Sibley Memorial Hospital

#### **Delaware**

##### **New Castle**

Christiana Care – Wilmington Hospital

Nemours Children’s Hospital

#### **Maryland**

##### **Baltimore**

Mt. Washington Pediatric Hospital

UM Rehabilitation & Orthopaedic Institute

##### **Baltimore City**

Johns Hopkins Bayview Medical Center

Johns Hopkins Hospital

UMMC Midtown Campus

University of Maryland Medical Center

#### **Howard**

Howard County General Hospital

#### **Montgomery**

Suburban Hospital

#### **Washington**

Meritus Medical Center

#### **Massachusetts**

##### **Suffolk**

Shriners Hospitals for Children Boston

#### **New Jersey**

##### **Burlington**

Virtua Memorial Hospital of Burlington County

Virtua Memorial Hospital of Burlington County – Psychiatric Unit

Virtua West Jersey Hospital Marlton

Virtua Willingboro Hospital

Virtua Willingboro Hospital – Psychiatric Unit

### **Camden**

Jefferson Cherry Hill Hospital

Jefferson Washington Township Hospital

Virtua Our Lady of Lourdes Hospital

Virtua West Jersey Hospital Voorhees

### **Warren**

St. Luke’s Warren Hospital

### **New York**

#### **Chemung**

Arnot Ogden Medical Center

AOMC – Behavioral Health Unit

St. Joseph’s Hospital

#### **Cortland**

Guthrie Cortland Medical Center

Guthrie Cortland Medical Center – Psychiatric Unit

#### **Orange**

Bon Secours Community Hospital

Garnet Health Medical Center

Garnet Health Medical Center – Psychiatric Unit

St. Anthony Community Hospital

#### **Rockland**

Good Samaritan Hospital

#### **Steuben**

Corning Hospital

Ira Davenport Memorial Hospital

#### **Sullivan**

Garnet Health Medical Center – Catskills – Harris Bushville Rd

Garnet Health Medical Center Catskills Psychiatric Unit – Harris Bushville Rd

Garnet Health Medical Center – Catskills – State Route 97

### **Ohio**

#### **Montgomery**

Shriners Hospitals for Children Ohio

GEISINGER HEALTH PLAN

# Participating hospitals

Choices network

Geisinger



**Tier 1****Adams**

WellSpan Gettysburg Hospital

**Berks**

St. Joseph Medical Center

**Bradford**

Robert Packer Hospital

Robert Packer Hospital – Psychiatric Unit

Robert Packer Hospital Towanda Campus

Robert Packer Hospital Towanda Campus Rehabilitation

Troy Community Hospital

**Bucks**

St. Luke's Hospital Upper Bucks Campus

St. Luke's Quakertown Hospital

**Carbon**

St. Luke's Hospital – Carbon Campus

St. Luke's Hospital – Lehighton Campus

St. Luke's Hospital – Lehighton Campus Psychiatric

St. Luke's Hospital – Lehighton Campus Rehabilitation

**Centre**

Mount Nittany Medical Center

Mount Nittany Medical Center – Behavioral Health Unit

**Columbia**

Geisinger Bloomsburg Hospital

Geisinger Bloomsburg Hospital – Inpatient Behavioral Health

**Cumberland**

Penn State Health Hampden Medical Center

Penn State Health Holy Spirit Inpatient Behavioral

Penn State Health Holy Spirit Medical Center

**Dauphin**

Penn State Milton S Hershey Medical Center

**Lackawanna**

Geisinger Community Medical Center

Geisinger Community Medical Center – Inpatient Behavioral

**Lancaster**

Penn State Lancaster Medical Center

WellSpan Ephrata Community Hospital

WellSpan Ephrata Hospital – Psychiatric Unit

**Lebanon**

WellSpan Good Samaritan Hospital

**Lehigh**

St. Luke's Hospital – Allentown Campus

St. Luke's Hospital – Sacred Heart Campus

St. Luke's Hospital – Sacred Heart Psychiatric Unit

St. Luke's Hospital – Sacred Heart Rehabilitation

**Luzerne**

Geisinger South Wilkes-Barre

Geisinger Wyoming Valley Medical Center

**Lycoming**

Geisinger Jersey Shore Hospital

Geisinger Medical Center Muncy

**Mifflin**

Geisinger Lewistown Hospital

**Monroe**

St. Luke's Hospital – Monroe Campus

**Montour**

Geisinger Medical Center

Geisinger Medical Center – Inpatient Behavioral Health

**Northampton**

St. Luke's Hospital – Anderson Campus

St. Luke's Hospital – Bethlehem

St. Luke's Hospital – Bethlehem Rehabilitation Unit

St. Luke's Hospital – Easton Campus

**Northumberland**

Geisinger Shamokin Area Community Hospital

**Philadelphia**

Wills Eye Hospital

**How to find your provider online:**

1. Go to [geisingerhealthplan.com/providersearch](https://www.geisingerhealthplan.com/providersearch).
2. Enter your location.
3. Select your plan.
4. Select a category to search from our entire library of applicable providers, or narrow your search by searching for doctors, specialties, locations or types of places.
5. If you select a plan in the Choices network, you will be able to filter between Tier 1 and Tier 2 providers. The tier is also noted next to the provider name.

**Schuylkill**

Geisinger St. Luke's Hospital

St. Luke's Miners Memorial Hospital

**Somerset**

UPMC Somerset

**Union**

Evangelical Community Hospital

Evangelical Community Hospital – Rehabilitation Unit

**Wayne**

Wayne Memorial Hospital

**York**

WellSpan York Hospital

WellSpan York Hospital – Psychiatric and Crisis Intervention

**Tier 1 Out-of-state participating hospitals**

**District of Columbia**  
Sibley Memorial Hospital

**Maryland**  
**Baltimore City**  
Johns Hopkins Bayview Medical Center  
Johns Hopkins Hospital

**Howard**  
Howard County General Hospital

**Montgomery**  
Suburban Hospital

**New Jersey**  
**Burlington**  
Virtua Willingboro Hospital – Psychiatric Unit

**Warren**  
St. Luke's Warren Hospital

**New York**  
**Cortland**  
Guthrie Cortland Medical Center  
Guthrie Cortland Medical Center – Psychiatric Unit

**Orange**  
Garnet Health Medical Center – Psychiatric Unit

**Steuben**  
Corning Hospital

**Sullivan**  
Garnet Health Medical Center – Catskills Psychiatric Unit

**Tier 2**

**Allegheny**  
Allegheny General Hospital  
Allegheny Valley Hospital  
Forbes Hospital  
UPMC Children's Hospital of Pittsburgh  
West Penn Hospital

**Berks**  
Reading Hospital  
Reading Hospital – Rehabilitation Unit  
Surgical Institute of Reading

**Blair**  
Conemaugh Nason Medical Hospital  
Tyrone Hospital  
UPMC Altoona

**Bucks**  
Jefferson Health Northeast – Bucks Campus  
Rothman Orthopaedic Specialty Hospital

**Cambria**  
Conemaugh Memorial Medical Center  
Conemaugh Memorial Medical Center – Lee Campus  
Conemaugh Miners Medical Center

**Carbon**  
Lehigh Valley Hospital – Carbon

**Chester**  
Chester County Hospital  
Paoli Hospital  
Phoenixville Hospital  
Phoenixville Hospital – Rehabilitation Unit

**Clearfield**  
Penn Highlands Clearfield Hospital  
Penn Highlands DuBois

**Clinton**  
Bucktail Medical Center  
UPMC Lock Haven

**Cumberland**  
UPMC Carlisle  
UPMC Carlisle Rehabilitation Institute  
UPMC West Shore

**Dauphin**  
UPMC Community Osteopathic  
UPMC Harrisburg

**Delaware**  
Crozer Chester Medical Center  
Delaware County Memorial Hospital  
Riddle Memorial Hospital  
Springfield Hospital  
Taylor Hospital  
Taylor Hospital – Regional Rehabilitation Center

**Elk**  
Penn Highlands Elk

**Fulton**  
Fulton County Medical Center

**Huntingdon**  
Penn Highlands Huntingdon  
Penn Highlands Huntingdon – Psychiatric Unit

**Jefferson**  
Penn Highlands Brookville

**Lackawanna**  
Lehigh Valley Hospital – Dickson City  
Moses Taylor Hospital  
Regional Hospital of Scranton

**Lancaster**  
Lancaster General Hospital  
Lancaster General Women & Babies Hospital  
UPMC Lititz

**Lehigh**  
Lehigh Valley Hospital – 1503 N. Cedar Crest  
Lehigh Valley Hospital – LVH Inpatient Rehabilitation Center

**Luzerne**  
Center for Advanced Rehabilitation – WBGH  
Lehigh Valley Gunderson Rehabilitation Center  
Lehigh Valley Hospital – Hazleton  
Wilkes-Barre General Hospital

**Lycoming**  
UPMC Muncy  
UPMC Williamsport

**Monroe**  
Lehigh Valley Hospital – Pocono  
Lehigh Valley Hospital - Pocono Psychiatric Unit

**Montgomery**  
Abington Lansdale Hospital  
AEMC Elkins Campus  
AEMC Moss Rehabilitation Elkins Park  
Abington Memorial Hospital  
Abington Memorial Hospital - Psychiatric Unit  
Bryn Mawr Hospital  
CHOP Middleman Family Pavilion  
Einstein Medical Center Montgomery  
Lankenau Hospital  
Pottstown Hospital  
Pottstown Hospital – Psychiatric Unit

**Northampton**  
Lehigh Valley Hospital – Hecktown Oaks  
Lehigh Valley Hospital – Highland Avenue  
Lehigh Valley Hospital - Muhlenberg Psychiatric Unit

**Philadelphia**

AEMC Moss Rehabilitation  
Willowcrest

Albert Einstein Medical Center  
Children's Hospital of Philadelphia

Fox Chase Cancer Center

Hospital of the University of  
Pennsylvania

Jefferson Health Northeast –  
Frankford Campus

Jefferson Health Northeast –  
Torresdale Campus

Jefferson Hospital for Neuroscience

Lehigh Valley Hospital – Schuylkill  
Psychiatric Unit

Pennsylvania Hospital

Presbyterian Medical Center of the  
UPHS

Shriners Hospitals for Children  
Philadelphia

St Christopher's Hospital for Children

Temple University Hospital – Jeanes  
Campus

Temple Health - Chestnut Hill Hospital

Temple Health - Chestnut Hill Hospital  
– Psychiatric Unit

Temple University Hospital

Thomas Jefferson University Hospital  
– Methodist Campus

Thomas Jefferson University Hospital

Thomas Jefferson University Hospital -  
Psychiatric

**Potter**

UPMC Cole

**Schuylkill**

Lehigh Valley Hospital – Schuylkill –  
East Norwegian St.

Lehigh Valley Hospital – Schuylkill  
Psychiatric Unit, 420 S Jackson St.

Lehigh Valley Hospital - Schuylkill  
Psychiatric Unit, 700 E Norwegian St.

Lehigh Valley Hospital – Schuylkill  
Rehabilitation – East Norwegian St.

Lehigh Valley Hospital – Schuylkill –  
South Jackson St.

Lehigh Valley Hospital – Schuylkill  
Rehabilitation – South Jackson St.

**Somerset**

Chan Soon-Shiong Medical Center at  
Windber

Conemaugh Meyersdale Medical  
Center

**Susquehanna**

Barnes-Kasson Hospital

Endless Mountains Health Systems

**Tioga**

UPMC Wellsboro

**Washington**

Canonsburg Hospital

**York**

OSS Orthopaedic Hospital LLC

UPMC Hanover

UPMC Memorial

**Tier 2 Out-of-state  
participating hospitals****Delaware****New Castle**

Nemours Children's Hospital

**Maryland****Baltimore**

Mt. Washington Pediatric Hospital

UM Rehabilitation & Orthopaedic  
Institute

**Baltimore City**

UMMC Midtown Campus

University of Maryland Medical Center

**Washington**

Meritus Medical Center

**Massachusetts****Suffolk**

Shriners Hospitals for Children Boston

**New Jersey****Burlington**

Virtua Memorial Hospital of Burlington  
County

Virtua Memorial Hospital of Burlington  
County – Psychiatric Unit

Virtua West Jersey Hospital Marlton

Virtua Willingboro Hospital

**Camden**

Jefferson Cherry Hill Hospital

Jefferson Stratford Hospital

Jefferson Washington Township  
Hospital

Virtua Our Lady of Lourdes Hospital

Virtua West Jersey Hospital Voorhees

**New York****Chemung**

Arnot Ogden Medical Center

St. Joseph's Hospital

**Orange**

Bon Secours Community Hospital

Garnet Health Medical Center

St. Anthony Community Hospital

**Rockland**

Good Samaritan Hospital

**Steuben**

Ira Davenport Memorial Hospital

**Sullivan**

Garnet Health Medical Center –  
Catskills – Harris Bushville Rd

Garnet Health Medical Center –  
Catskills – State Route 97

**Ohio**

Montgomery

Shriners Hospitals for Children Ohio

GEISINGER HEALTH PLAN

# Participating hospitals

Premier network

Geisinger

**Adams**

WellSpan Gettysburg Hospital

**Berks**

St. Joseph Medical Center

**Bradford**

Robert Packer Hospital

Robert Packer Hospital –  
Psychiatric UnitRobert Packer Hospital Towanda  
CampusRobert Packer Hospital Towanda  
Campus Rehabilitation

Troy Community Hospital

**Bucks**St. Luke's Hospital Upper Bucks  
Campus

St. Luke's Quakertown Hospital

**Carbon**St. Luke's Hospital – Carbon  
CampusSt. Luke's Hospital – Lehigh  
CampusSt. Luke's Hospital – Lehigh  
Campus Psychiatric UnitSt. Luke's Hospital – Lehigh  
Campus Rehabilitation**Centre**

Mount Nittany Medical Center

Mount Nittany Medical Center –  
Behavioral Health Unit**Columbia**

Geisinger Bloomsburg Hospital

Geisinger Bloomsburg Hospital –  
Inpatient Behavioral Health**Cumberland**Penn State Health Hampden  
Medical CenterPenn State Health Holy Spirit –  
Inpatient Behavioral HealthPenn State Health Holy Spirit  
Medical Center**Dauphin**Penn State Milton S. Hershey  
Medical Center**Delaware**

Crozer Chester Medical Center

Delaware County Memorial  
Hospital

Springfield Hospital

Taylor Hospital

Taylor Hospital – Regional  
Rehabilitation Center**Lackawanna**Geisinger Community Medical  
CenterGeisinger Community Medical  
Center – Inpatient Behavioral  
Health**Lancaster**WellSpan Ephrata Community  
HospitalWellSpan Ephrata Community  
Hospital – Psychiatric Unit**Lebanon**

WellSpan Good Samaritan Hospital

**Lehigh**St. Luke's Hospital – Allentown  
CampusSt. Luke's Hospital – Sacred Heart  
CampusSt. Luke's Hospital – Sacred Heart  
Psychiatric UnitSt. Luke's Hospital – Sacred Heart  
Rehabilitation**Luzerne**

Geisinger South Wilkes-Barre

Geisinger Wyoming Valley Medical  
Center**Lycoming**

Geisinger Jersey Shore Hospital

Geisinger Medical Center Muncy

**Mifflin**

Geisinger Lewistown Hospital

**Monroe**St. Luke's Hospital – Monroe  
Campus**Montour**

Geisinger Medical Center

Geisinger Medical Center –  
Inpatient Behavioral Health**How to find your  
provider online:**

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2. Enter your location.
3. Select your plan.
4. Select a category to search from our entire library of applicable providers, or narrow your search by searching for doctors, specialties, locations or types of places.

**Northampton**St. Luke's Hospital – Anderson  
Campus

St. Luke's Hospital – Bethlehem

St. Luke's Hospital – Bethlehem  
RehabilitationSt. Luke's Hospital – Easton  
Campus**Northumberland**Geisinger Shamokin Area  
Community Hospital**Philadelphia**

Wills Eye Hospital

**Schuylkill**

Geisinger St. Luke's Hospital

St. Luke's Miners Memorial  
Hospital**Somerset**

UPMC Somerset

**Union**

Evangelical Community Hospital

Evangelical Community Hospital –  
Rehabilitation**Wayne**

Wayne Memorial Hospital

**York**

WellSpan York Hospital

WellSpan York Hospital –  
Psychiatric and Crisis Intervention

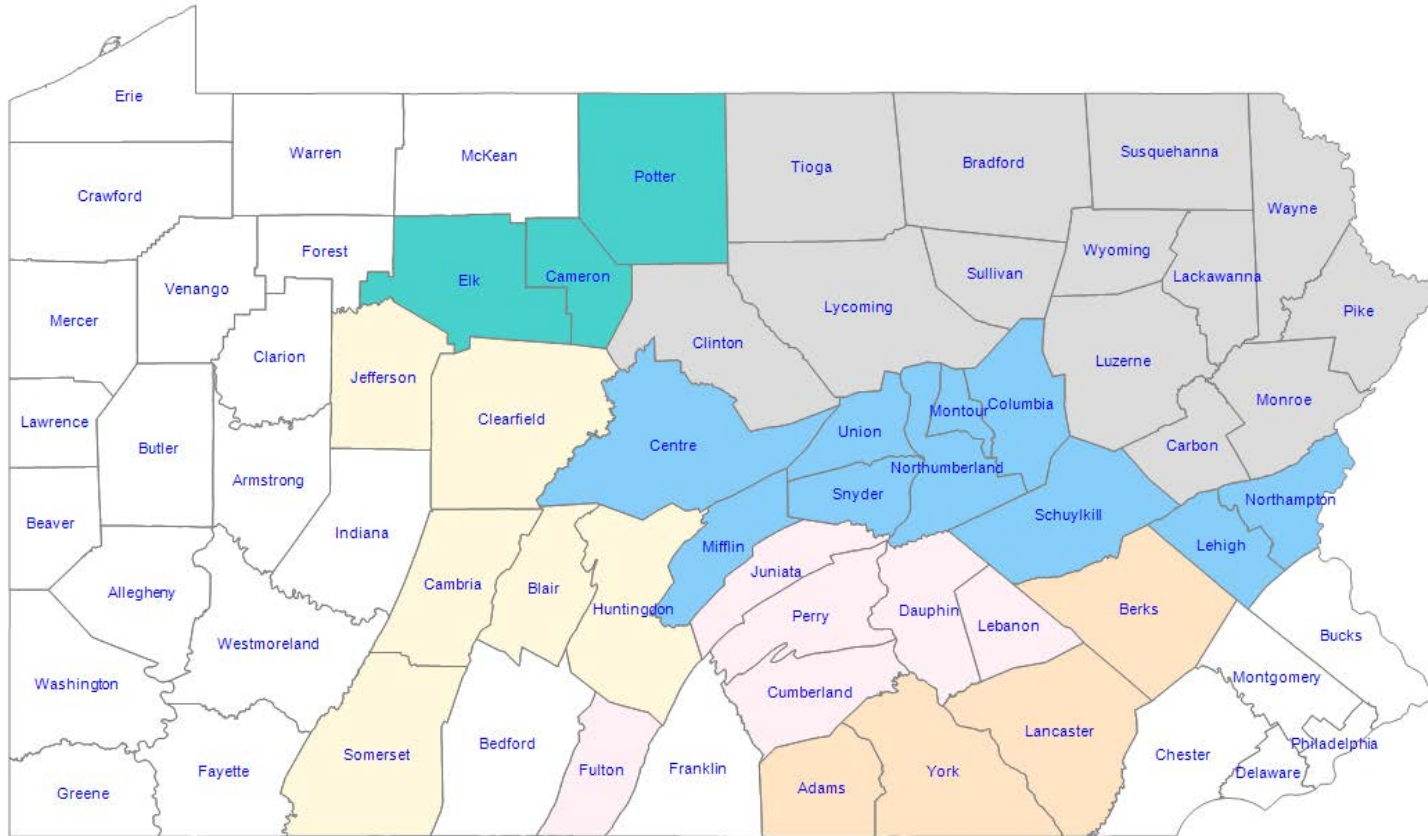
Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

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# Rating Areas and Service Counties



Region 2	Region 3		Region 5	Region 6		Region 7	Region 9		
Potter	Clinton*	Tioga	Jefferson	Centre* <sup>OP</sup>	Lehigh* <sup>OP</sup>	Adams	Juniata*	Fulton	Lebanon
Cameron	Lycoming*	Bradford	Clearfield	Mifflin* <sup>OP</sup>	Northampton* <sup>OP</sup>	Berks	Perry*		
Elk	Luzerne* <sup>OP</sup>	Sullivan	Cambria	Union* <sup>OP</sup>		York	Dauphin*		
	Monroe* <sup>OP</sup>	Carbon* <sup>OP</sup>	Blair	Snyder* <sup>OP</sup>		Lancaster	Cumberland*		
	Wayne* <sup>OP</sup>	Pike	Huntingdon	Northumberland* <sup>OP</sup>					
	Lackawanna* <sup>OP</sup>		Somerset	Montour* <sup>OP</sup>					
	Wyoming*			Columbia* <sup>OP</sup>					
	Susquehanna*			Schuylkill* <sup>OP</sup>					

*\*PPO Extra plans are only available in these specific counties within our service area.*

*<sup>OP</sup> PPO Choices plans are only available in these specific counties within our service area.*

*<sup>P</sup> HMO Premier plans are only available in these specific counties within our service area.*

GEISINGER HEALTH PLAN

# 2023 Small group ACA benefit changes



Geisinger

# Things to know before you shop

Our plans have distinct names and numbers. We have outlined what those mean in the example below.

Geisinger All-Access **PPO** **20** / **40** / **1000**

## All of our plan names start with Geisinger.

The next portion of the name tells you the network name and plan type.

## The first number is the primary care provider (PCP) copay.

A copay is a fixed amount your employees will pay for a covered healthcare service, usually when they receive the service. In the example above, they would pay \$20 each time they visit their PCP.

## The second number is the specialty care provider (SCP) copay.

This means each time your employees visit a specialty care provider (SCP), they would pay \$40.

## The third number is the deductible amount.

This is the amount your employees will pay for healthcare services before their insurance pays for its portion. In the example above, your employees would have to pay \$1,000 for healthcare services before GHP pays for its portion.

## What are the different plan types?

### HMO (health maintenance organization)

With an HMO plan, your employees select a PCP who will help manage their health and wellness. HMOs generally cost less because your employees use in-network providers.

### POS (point of service)

With POS, your employees select a PCP to help coordinate their care. They can see other healthcare providers — in or out of our network. However, they'll pay more for services received from providers outside our network.

### PPO (preferred provider organization)

With a PPO, your employees don't need to select a PCP. They can see other healthcare providers — in or out of our network. Your employees will pay more for services from providers outside our network.

### Geisinger Extra

With our Geisinger Extra plans, if your employee visits a primary care site designated as a "Geisinger Extra" site, they will pay lower office visit copays. Some Geisinger Extra sites are also ProvenHealth Navigator® locations, where extra care is provided because the office is staffed with a GHP nurse. To find a Geisinger Extra site, visit [geisingerhealthplan.com/providersearch](https://www.geisingerhealthplan.com/providersearch).

### QHDHP

A qualified high-deductible health plan (QHDHP) has lower premiums and higher deductibles than a traditional insurance plan. Your employees must have a QHDHP to have a health savings account. For more information on health savings accounts and their benefits, visit [irs.gov/publications/p969](https://www.irs.gov/publications/p969).

### EHB (essential health benefits)

A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. For more details, visit [healthcare.gov/glossary/essential-health-benefits](https://www.healthcare.gov/glossary/essential-health-benefits).



# Learn about our network options

## All-Access

<b>What is it?</b>	The All-Access network includes all participating network providers across the entire service area.
<b>What are the benefits?</b>	With All-Access, members enjoy access to our entire provider network all with a single level of cost-share.
<b>Key consideration?</b>	With broader access and one cost-share level, premiums may be higher than with other network options.

## Premier

<b>What is it?</b>	The Premier network is made up of the highest-performing, most exclusive providers.
<b>What are the benefits?</b>	Created using quality, efficiency and cost metrics leading to a highly integrated care delivery, plans using this network generally have a lower cost.
<b>Key consideration?</b>	This network is available in 15 counties <sup>1</sup> . Only services obtained through Premier network providers will be covered. This network's provider options are limited to a small, exclusive list. Visit <a href="https://geisingerhealthplan.com/providersearch">geisingerhealthplan.com/providersearch</a> to see if your provider is in the Premier network before making your selection

## Choices

<b>What is it?</b>	The Choices network splits all participating providers into two tiers, offering members a more selective choice on receiving care.
<b>What are the benefits?</b>	The highest-value providers, designated by Tier 1, will provide members with the highest quality of care at the lowest cost to them. The Choices plan offers the most flexibility with access to Tier 1, Tier 2 and out-of-network providers.
<b>Key consideration?</b>	This network is available in 15 counties <sup>1</sup> and only available as a PPO. Tier 2 services will have a higher out-of-pocket cost, but are still considered in-network. Visit <a href="https://geisingerhealthplan.com/providersearch">geisingerhealthplan.com/providersearch</a> to see if your provider is in the Choices network before making your selection.

<sup>1</sup>Premier and Choices networks are only available in the following counties: Carbon, Centre, Columbia, Lackawanna, Lehigh, Luzerne, Mifflin, Monroe, Montour, Northumberland, Northampton, Schuylkill, Snyder, Union and Wayne.

To ensure a majority of employees and dependents have access to the highest-performing providers, all enrolling employees must reside within the available 15 counties or within 20 minutes/30 miles of a Tier 1 provider.



## 2023 HMO benefit changes

2022 plan name	Benefit changes	2023 plan name (if changed)
Geisinger Small Group ACA HMO 10/20/0	<ol style="list-style-type: none"> <li>1. Orthotic Devices 0% to <b>10% after deductible</b></li> <li>2. Diabetic Services/Supplies - Foot Orthotics 10% to <b>0% after deductible</b></li> <li>3. Diabetic Services/Supplies - Medical Equipment 10% to <b>0% after deductible</b></li> <li>4. Implanted Devices (Medical) - All other non-contraceptive implanted devices 25% to <b>0% after deductible</b></li> <li>5. Outpatient Facility Fee (e.g., Ambulatory Surgery Center) \$75 to <b>\$100 copay after deductible</b></li> <li>6. Imaging (CT/PET Scans, MRIs) \$75 to <b>\$100 copay after deductible</b></li> </ol>	Geisinger Small Group ACA <b>All-Access HMO 10/20/0</b>
Geisinger Small Group ACA HMO 15/30/400	<ol style="list-style-type: none"> <li>1. Diabetic Services/Supplies - Foot Orthotics 20% to <b>0% after deductible</b></li> <li>2. Diabetic Services/Supplies - Medical Equipment 20% to <b>0% after deductible</b></li> <li>3. Implanted Devices (Medical) - All other non-contraceptive implanted devices 50% to <b>0% after deductible</b></li> <li>4. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$2,000/\$4,000 to <b>\$2,500/\$5,000</b></li> </ol>	Geisinger Small Group ACA <b>All-Access HMO 15/30/400</b>
N/A	<b>New plan for 2023</b>	Geisinger Small Group ACA <b>All-Access HMO 20/35/450</b>
Geisinger Small Group ACA HMO 20/40/500	<ol style="list-style-type: none"> <li>1. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$8,150/\$16,300 to <b>\$9,100/\$18,200</b></li> <li>2. Outpatient Facility Fee (e.g. Ambulatory Surgery Center) \$200 to <b>\$250 copay after deductible</b></li> <li>3. Emergency Room Services (In and Out-of-Network) \$200 to <b>\$250 copay</b></li> <li>4. Imaging (CT/PET Scans, MRIs) \$200 to <b>\$250 copay after deductible</b></li> </ol>	Geisinger Small Group ACA <b>All-Access HMO 20/40/500</b>

## 2023 HMO benefit changes (continued)

<p>Geisinger Small Group ACA HMO 20/40/1000</p>	<p>1. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$8,550/\$17,100 to <b>\$8,600/\$17,200</b></p> <p>2. Outpatient Facility Fee (e.g. Ambulatory Surgery Center) \$150 to <b>\$175 copay after deductible</b></p> <p>3. Imaging (CT/PET Scans, MRIs) \$100 to <b>\$175 copay after deductible</b></p>	<p>Geisinger Small Group ACA <b>All-Access HMO</b> 20/40/1000</p>
<p>Geisinger All-Access HMO 20/40/1500</p>	<p>1. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$7,900/\$15,800 to <b>\$9,100/\$18,200</b></p> <p>2. Outpatient Facility Fee (e.g. Ambulatory Surgery Center) \$100 to <b>\$150 copay after deductible</b></p> <p>3. Imaging (CT/PET Scans, MRIs) \$100 to <b>\$150 copay after deductible</b></p>	<p>Geisinger Small Group ACA <b>All-Access HMO</b> 20/40/1500</p>
<p>Geisinger Small Group ACA HMO 20/40/3200</p>	<p>1. Spinal Injections 30% to <b>0% after deductible</b></p> <p>2. Emergency Room Services (In and Out-of-Network) \$300 copay to <b>\$200 copay after deductible</b></p>	<p>Geisinger Small Group ACA <b>All-Access HMO</b> 20/40/3200</p>
<p>N/A</p>	<p><b>New plan for 2023</b></p>	<p>Geisinger Small Group ACA <b>All-Access HMO</b> 25/50/2000</p>
<p>N/A</p>	<p><b>New plan for 2023</b></p>	<p>Geisinger Small Group ACA <b>All-Access HMO</b> 30/60/3500</p>
<p>Geisinger Small Group ACA HMO 30/60/5800</p>	<p>1. Spinal Injections 30% to <b>0% after deductible</b></p> <p>2. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$7,400/\$14,800 to <b>\$9,100/\$18,200</b></p> <p>3. Outpatient Facility Fee (e.g. Ambulatory Surgery Center) 0% after deductible to <b>\$100 copay after deductible</b></p>	<p>Geisinger Small Group ACA <b>All-Access HMO</b> 30/60/5800</p>
<p>Geisinger Small Group ACA HMO 45/75/5000</p>	<p>1. Spinal Injections 30% to <b>0% after deductible</b></p>	<p>Geisinger Small Group ACA <b>All-Access HMO</b> 45/75/5000</p>

## 2023 HMO benefit changes (continued)

<p>Geisinger Small Group ACA QHDHP POS 6850</p>	<p>1. Prenatal and Postnatal Care (Office Visit) 0% after deductible to <b>\$0</b></p> <p>2. Diabetic Services/Supplies - Foot Orthotics and Medical Equipment 20% to <b>0% after deductible</b></p>	<p>Geisinger Small Group ACA <b>All-Access</b> QHDHP POS 6850</p>
<p>Geisinger Premier HMO 10/20/0</p>	<p>1. Diabetic Services/Supplies - Foot Orthotics and Medical Equipment 10% to <b>0% after deductible</b></p> <p>2. Implanted Devices (Medical) - All other non-contraceptive implanted devices 25% to <b>0% after deductible</b></p> <p>3. Outpatient Facility Fee (e.g. Ambulatory Surgery Center) <b>\$75 to \$100 copay after deductible</b></p> <p>4. Imaging (CT/PET Scans, MRIs) <b>\$75 to \$100 copay after deductible</b></p>	<p>N/A</p>
<p>Geisinger Premier HMO 20/40/1000</p>	<p>1. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) <b>\$8,550/\$17,100 to \$8,600/\$17,200</b></p> <p>2. Outpatient Facility Fee (e.g. Ambulatory Surgery Center) <b>\$150 to \$175 copay after deductible</b></p> <p>3. Imaging (CT/PET Scans, MRIs) <b>\$100 to \$175 copay after deductible</b></p>	<p>N/A</p>
<p>Geisinger Premier HMO 25/50/2000</p>	<p>No changes</p>	<p>N/A</p>
<p>Geisinger Premier HMO 25/50/3300</p>	<p>1. Spinal Injections 30% to <b>0% after deductible</b></p> <p>2. Emergency Room Services (In and Out-of-Network) <b>\$200 copay to \$200 copay after deductible</b></p>	<p>N/A</p>
<p>Geisinger Premier HMO 35/70/4300</p>	<p>1. Spinal Injections 30% to <b>0% after deductible</b></p> <p>2. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) <b>\$8,550/\$17,100 to \$9,100/\$18,200</b></p> <p>3. Outpatient Facility Fee (e.g. Ambulatory Surgery Center) <b>\$175 to \$250 copay after deductible</b></p> <p>4. Emergency Room Services (In and Out-of-Network) <b>\$350 copay to \$250 copay after deductible</b></p> <p>5. Imaging (CT/PET Scans, MRIs) <b>\$200 to \$250 copay after deductible</b></p>	<p>N/A</p>

## 2023 PPO benefit changes

2022 plan name	Benefit changes	2023 plan name (if changed)
Geisinger Extra PPO 10/40/0	1. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$1,600/\$3,200 to <b>\$1,850/\$3,700</b>	Geisinger <b>All-Access</b> Extra PPO 10/40/0
Geisinger Extra PPO 10/40/250	No changes	Geisinger <b>All-Access</b> Extra PPO 10/40/250
Geisinger Extra PPO 10/60/500	1. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$8,150/\$16,300 to <b>\$8,700/\$17,400</b> 2. Outpatient Facility Fee (e.g. Ambulatory Surgery Center) \$125 to <b>\$150 copay after deductible</b> 3. Imaging (CT/PET Scans, MRIs) \$100 to <b>\$150 copay after deductible</b>	Geisinger <b>All-Access</b> Extra PPO 10/60/500
Geisinger Extra PPO 10/60/1000	1. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$7,350/\$14,700 to <b>\$9,100/\$18,200</b>	Geisinger <b>All-Access</b> Extra PPO 10/60/1000
Geisinger Extra PPO 10/60/2000	No changes	Geisinger <b>All-Access</b> Extra PPO 10/60/2000
Geisinger Extra PPO 20/60/3500	1. Spinal Injections 30% to <b>0% after deductible</b>	Geisinger <b>All-Access</b> Extra PPO 20/60/3500
Geisinger Extra PPO 20/60/4300	1. Spinal Injections 30% to <b>0% after deductible</b> 2. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$8,550/\$17,100 to <b>\$9,100/\$18,200</b> 3. Emergency Room Services (In and Out-of-Network) \$350 copay to <b>\$300 copay after deductible</b>	Geisinger <b>All-Access</b> Extra PPO 20/60/4300
Geisinger All-Access PPO 10/20/0	1. Diabetic Services/Supplies - Foot Orthotics and Medical Equipment 10% to <b>0% after deductible</b> 2. Implanted Devices (Medical) - All other non-contraceptive implanted devices 25% to <b>0% after deductible</b> 3. Outpatient Facility Fee (e.g. Ambulatory Surgery Center) \$75 to <b>\$100 copay after deductible</b> 4. Imaging (CT/PET Scans, MRIs) \$75 to <b>\$100 copay after deductible</b>	N/A

## 2023 PPO benefit changes (continued)

Geisinger All-Access PPO 15/30/250	1. Emergency Room Services (In and Out-of-Network) \$100 to <b>\$150 copay</b>	N/A
Geisinger All-Access PPO 20/40/500	1. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$8,150/\$16,300 to <b>\$9,100/\$18,200</b> 2. Outpatient Facility Fee (e.g. Ambulatory Surgery Center) \$200 to <b>\$250 copay after deductible</b> 3. Emergency Room Services (In and Out-of-Network) \$200 to <b>\$250 copay</b> 4. Imaging (CT/PET Scans, MRIs) \$200 to <b>\$250 copay after deductible</b>	N/A
Geisinger All-Access PPO 20/40/1000	1. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$8,550/\$17,100 to <b>\$8,600/\$17,200</b> 2. Outpatient Facility Fee (e.g. Ambulatory Surgery Center) \$150 to <b>\$175 copay after deductible</b> 3. Imaging (CT/PET Scans, MRIs) \$100 to <b>\$175 copay after deductible</b>	N/A
Geisinger All-Access PPO 20/40/1500	1. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$7,900/\$15,800 to <b>\$9,100/\$18,200</b> 2. Outpatient Facility Fee (e.g. Ambulatory Surgery Center) \$100 to <b>\$150 copay after deductible</b> 3. Imaging (CT/PET Scans, MRIs) \$100 to <b>\$150 copay after deductible</b>	N/A
Geisinger All-Access PPO 25/50/2000	No changes	N/A
Geisinger All-Access PPO 25/50/2000 1xded	No changes	N/A
Geisinger All-Access PPO 25/50/4500 1xded	No changes	N/A



## 2023 PPO benefit changes (continued)

Geisinger All-Access PPO 25/50/3300	<ol style="list-style-type: none"> <li>Spinal Injections 30% to <b>0% after deductible</b></li> <li>Emergency Room Services (In and Out-of-Network) \$200 copay to <b>\$200 copay after deductible</b></li> </ol>	N/A
Geisinger All-Access PPO 30/60/3500	<ol style="list-style-type: none"> <li>Spinal Injections 30% to <b>0% after deductible</b></li> </ol>	N/A
Geisinger All-Access PPO 30/60/6000	<ol style="list-style-type: none"> <li>Spinal Injections 30% to <b>0% after deductible</b></li> <li>Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$7,350/\$14,700 to <b>\$9,100/\$18,200</b></li> <li>Outpatient Facility Fee (e.g. Ambulatory Surgery Center) 0% after deductible to <b>\$100 copay after deductible</b></li> </ol>	N/A
Geisinger All-Access PPO 35/70/4300	<ol style="list-style-type: none"> <li>Spinal Injections 30% to <b>0% after deductible</b></li> <li>Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$8,550/\$17,100 to <b>\$9,100/\$18,200</b></li> <li>Outpatient Facility Fee (e.g. Ambulatory Surgery Center) \$175 to <b>\$250 copay after deductible</b></li> <li>Emergency Room Services (In and Out-of-Network) \$350 copay to <b>\$250 copay after deductible</b></li> <li>Imaging (CT/PET Scans, MRIs) \$200 to <b>\$250 copay after deductible</b></li> </ol>	N/A
Geisinger All-Access PPO 40/90/8400	<ol style="list-style-type: none"> <li>Prenatal and Postnatal Care (Office Visit) 0% after deductible to <b>\$0</b></li> <li>Diabetic Services/Supplies - Foot Orthotics and Medical Equipment 20% to <b>0% after deductible</b></li> </ol>	N/A
Geisinger All-Access QHDHP PPO 2900	<ol style="list-style-type: none"> <li>Combined Medical and Drug EHB Deductible \$2,900/\$5,800 to <b>\$3,000/\$6,000</b></li> <li>Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$2,900/\$5,800 to <b>\$3,000/\$6,000</b></li> <li>Medical EHB Deductible (Embedded) \$2,900/\$5,800 to <b>\$3,000/\$6,000</b></li> <li>Prenatal and Postnatal Care (Office Visit) 0% after deductible to <b>\$0</b></li> </ol>	Geisinger All-Access QHDHP PPO 3000

## 2023 PPO benefit changes (continued)

Geisinger All-Access QHDHP PPO 4300	<ol style="list-style-type: none"> <li>1. Combined Medical and Drug EHB Deductible \$4,300/\$8,600 to <b>\$4,800/\$9,600</b></li> <li>2. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$4,300/\$8,600 to <b>\$4,800/\$9,600</b></li> <li>3. Medical EHB Deductible (Embedded) \$4,300/\$8,600 to <b>\$4,800/\$9,600</b></li> <li>4. Prenatal and Postnatal Care (Office Visit) 0% after deductible to <b>\$0</b></li> </ol>	Geisinger All-Access QHDHP PPO 4800
Geisinger All-Access QHDHP PPO 6850	<ol style="list-style-type: none"> <li>1. Prenatal and Postnatal Care (Office Visit) 0% after deductible to <b>\$0</b></li> <li>2. Diabetic Services/Supplies - Foot Orthotics and Medical Equipment 20% to <b>0% after deductible</b></li> </ol>	N/A
Geisinger Choices PPO 10/20/0	No changes	N/A
N/A	<b>New plan for 2023</b>	Geisinger Choices PPO 20/40/0
N/A	<b>New plan for 2023</b>	Geisinger Choices PPO 20/40/0 Copay Based
Geisinger Choices PPO 20/40/1000	<ol style="list-style-type: none"> <li>1. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$7,350/\$14,700 to <b>\$8,000/\$16,000</b></li> </ol>	N/A
Geisinger Choices PPO 20/40/2000	No changes	N/A
Geisinger Choices PPO 20/40/4000	<ol style="list-style-type: none"> <li>1. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$8,400/\$16,800 to <b>\$9,100/\$18,200</b></li> <li>2. Emergency Room Services (In and Out-of-Network) \$350 copay to <b>\$200 copay after deductible</b></li> </ol>	N/A



## Healthy Rewards now available for ACA Small Group

Need motivation to exercise? Already work out regularly? Whichever describes you, Healthy Rewards is a reimbursement program that helps you pay for fitness activities.

### How does Healthy Rewards work?

- It's an annual reimbursement for up to \$100/single and \$200/family.
- Members (policyholder only) must complete the online wellness assessment to be eligible.
- Covered activities include things like:
  - Fitness center memberships
  - Gymnastics
  - Sports camps
  - Exercise classes
  - School athletic fees
  - Sports fees
  - Race fees
  - Swimming lessons
  - Karate

### How do I get it?

Healthy Rewards is available to members who have a small group ACA plan through their employer.\*

Visit [geisingerhealthplan.com](https://geisingerhealthplan.com), then:

1. Log in as a member.
2. Complete the wellness assessment (required). Once logged in, under the "Health and Wellness" tab at the top, click on "Wellness Assessment." Click the link to complete the assessment.
3. Next, under the "Health and Wellness" tab at the top, click on "Healthy Rewards Reimbursement."
4. Download and mail the reimbursement form, along with receipts, per the instructions listed on the form.

\*This benefit highlight is intended as an information source. Consult with your benefits manager to confirm that you're eligible to participate. Reimbursement is subject to approval by Geisinger Health Plan. The policyholder is the only member required to take a wellness assessment, but each member must fill out the Health Rewards Reimbursement Form.

Geisinger HMO and PPO plans for small businesses are sold through Geisinger Health Plan and Geisinger Quality Options, Inc., which are referred to collectively as "Geisinger Health Plan" or "GHP," unless otherwise noted.

This document is not a contract or policy and is intended as an easy-to-read summary only. Specific benefits, limitations, exclusions and terms are set forth in your benefit documents.

This managed care plan may not cover all your health care expenses. Read your Subscription Certificate carefully to determine which health care services are covered. For more information, call 800-918-5154.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

This benefits guide is intended as an information source and does not constitute a coverage document. The Summary Plan Description is controlling as to any issues of benefits coverage, limitations and exclusions. This managed care plan may not cover all your health care expenses. Read your Summary Plan Description carefully to determine which health care services are covered. For more information, contact the customer service team at the number on the back of your member ID card.

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY: 711)

1022\_2023 Small Group ACA Benefit Changes DW

The Geisinger logo is displayed in a large, bold, blue sans-serif font. Above the logo, a blue line descends from the left edge of the page, reaches a sharp V-shaped point, and then ascends to the right edge of the page.

<b>Geisinger All-Access Extra PPO 10/40/0</b>		<b>Platinum</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$0/\$0	\$2,000/\$4,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$1,850/\$3,700	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$40	20% after deductible
Specialist - Office Visit	\$40	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$125	\$125
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$40	\$40
Outpatient Surgery Physician/Surgical Services	0% after deductible	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 after deductible	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$250 per stay after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	\$50 per day after deductible	20% after deductible
Home Health Care Services (60 visits per year)	\$0	20% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$40	20% after deductible
Substance Abuse Disorder Outpatient Services	\$40	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	20% after deductible
Rehabilitative Speech Therapy	\$40	20% after deductible
Habilitation Services	\$40	20% after deductible
Durable Medical Equipment	10% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	20% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050131</b>

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**



<b>Geisinger All-Access Extra PPO 10/40/0</b>								<b>Platinum</b>				
	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
Age	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			440.60	440.60			463.79	463.79			556.55	556.55
15			479.77	479.77			505.02	505.02			606.02	606.02
16			494.74	494.74			520.78	520.78			624.94	624.94
17			509.72	509.72			536.54	536.54			643.85	643.85
18			525.84	525.84			553.52	553.52			664.22	664.22
19			541.97	541.97			570.49	570.49			684.59	684.59
20			558.67	558.67			588.08	588.08			705.69	705.69
21			575.96	575.96			606.27	606.27			727.52	727.52
22			575.96	575.96			606.27	606.27			727.52	727.52
23			575.96	575.96			606.27	606.27			727.52	727.52
24			575.96	575.96			606.27	606.27			727.52	727.52
25			578.25	578.25			608.69	608.69			730.43	730.43
26			589.77	589.77			620.81	620.81			744.98	744.98
27			603.60	603.60			635.36	635.36			762.44	762.44
28			626.06	626.06			659.01	659.01			790.81	790.81
29			644.49	644.49			678.41	678.41			814.09	814.09
30			653.70	653.70			688.11	688.11			825.73	825.73
31			667.53	667.53			702.66	702.66			843.19	843.19
32			681.35	681.35			717.21	717.21			860.65	860.65
33			689.99	689.99			726.30	726.30			871.57	871.57
34			699.20	699.20			736.00	736.00			883.21	883.21
35			703.81	703.81			740.85	740.85			889.03	889.03
36			708.42	708.42			745.70	745.70			894.85	894.85
37			713.03	713.03			750.55	750.55			900.67	900.67
38			717.63	717.63			755.40	755.40			906.49	906.49
39			726.85	726.85			765.11	765.11			918.13	918.13
40			736.07	736.07			774.81	774.81			929.77	929.77
41			749.89	749.89			789.36	789.36			947.23	947.23
42			763.13	763.13			803.30	803.30			963.96	963.96
43			781.57	781.57			822.70	822.70			987.24	987.24
44			804.60	804.60			846.95	846.95			1,016.34	1,016.34
45			831.67	831.67			875.45	875.45			1,050.53	1,050.53
46			863.93	863.93			909.40	909.40			1,091.28	1,091.28
47			900.21	900.21			947.59	947.59			1,137.11	1,137.11
48			941.68	941.68			991.24	991.24			1,189.49	1,189.49
49			982.57	982.57			1,034.29	1,034.29			1,241.14	1,241.14
50			1,028.65	1,028.65			1,082.79	1,082.79			1,299.35	1,299.35
51			1,074.15	1,074.15			1,130.68	1,130.68			1,356.82	1,356.82
52			1,124.26	1,124.26			1,183.43	1,183.43			1,420.11	1,420.11
53			1,174.94	1,174.94			1,236.78	1,236.78			1,484.13	1,484.13
54			1,229.65	1,229.65			1,294.37	1,294.37			1,553.25	1,553.25
55			1,284.37	1,284.37			1,351.97	1,351.97			1,622.36	1,622.36
56			1,343.69	1,343.69			1,414.41	1,414.41			1,697.30	1,697.30
57			1,403.59	1,403.59			1,477.47	1,477.47			1,772.96	1,772.96
58			1,467.52	1,467.52			1,544.76	1,544.76			1,853.71	1,853.71
59			1,499.20	1,499.20			1,578.11	1,578.11			1,893.73	1,893.73
60			1,563.13	1,563.13			1,645.40	1,645.40			1,974.48	1,974.48
61			1,618.42	1,618.42			1,703.60	1,703.60			2,044.32	2,044.32
62			1,654.71	1,654.71			1,741.80	1,741.80			2,090.16	2,090.16
63			1,700.21	1,700.21			1,789.69	1,789.69			2,147.63	2,147.63
64 and Over			1,727.85	1,727.85			1,818.79	1,818.79			2,182.55	2,182.55
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>75729PA0050131</b>				

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<b>Geisinger All-Access Extra PPO 10/40/250</b>		<b>Platinum</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$250/\$500	\$4,000/\$8,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$2,250/\$4,500	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$40	20% after deductible
Specialist - Office Visit	\$40	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$40	\$40
Outpatient Surgery Physician/Surgical Services	0% after deductible	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	20% after deductible
Home Health Care Services (60 visits per year)	\$0	20% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$40	20% after deductible
Substance Abuse Disorder Outpatient Services	\$40	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	20% after deductible
Rehabilitative Speech Therapy	\$40	20% after deductible
Habilitation Services	\$40	20% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$5	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	20% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050082</b>

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

<b>Geisinger All-Access Extra PPO 10/40/250</b>								<b>Platinum</b>				
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			420.41	420.41			442.54	442.54			531.05	531.05
15			457.78	457.78			481.88	481.88			578.25	578.25
16			472.07	472.07			496.92	496.92			596.30	596.30
17			486.36	486.36			511.96	511.96			614.35	614.35
18			501.75	501.75			528.16	528.16			633.79	633.79
19			517.14	517.14			544.35	544.35			653.22	653.22
20			533.07	533.07			561.13	561.13			673.36	673.36
21			549.56	549.56			578.49	578.49			694.19	694.19
22			549.56	549.56			578.49	578.49			694.19	694.19
23			549.56	549.56			578.49	578.49			694.19	694.19
24			549.56	549.56			578.49	578.49			694.19	694.19
25			551.76	551.76			580.80	580.80			696.96	696.96
26			562.75	562.75			592.37	592.37			710.84	710.84
27			575.94	575.94			606.25	606.25			727.50	727.50
28			597.37	597.37			628.81	628.81			754.57	754.57
29			614.96	614.96			647.32	647.32			776.79	776.79
30			623.75	623.75			656.58	656.58			787.90	787.90
31			636.94	636.94			670.46	670.46			804.56	804.56
32			650.13	650.13			684.35	684.35			821.22	821.22
33			658.37	658.37			693.02	693.02			831.63	831.63
34			667.17	667.17			702.28	702.28			842.74	842.74
35			671.56	671.56			706.91	706.91			848.29	848.29
36			675.96	675.96			711.54	711.54			853.84	853.84
37			680.36	680.36			716.16	716.16			859.40	859.40
38			684.75	684.75			720.79	720.79			864.95	864.95
39			693.54	693.54			730.05	730.05			876.06	876.06
40			702.34	702.34			739.30	739.30			887.16	887.16
41			715.53	715.53			753.19	753.19			903.82	903.82
42			728.17	728.17			766.49	766.49			919.79	919.79
43			745.75	745.75			785.00	785.00			942.00	942.00
44			767.74	767.74			808.14	808.14			969.77	969.77
45			793.56	793.56			835.33	835.33			1,002.40	1,002.40
46			824.34	824.34			867.73	867.73			1,041.27	1,041.27
47			858.96	858.96			904.17	904.17			1,085.00	1,085.00
48			898.53	898.53			945.82	945.82			1,134.99	1,134.99
49			937.55	937.55			986.89	986.89			1,184.27	1,184.27
50			981.51	981.51			1,033.17	1,033.17			1,239.81	1,239.81
51			1,024.93	1,024.93			1,078.87	1,078.87			1,294.65	1,294.65
52			1,072.74	1,072.74			1,129.20	1,129.20			1,355.04	1,355.04
53			1,121.10	1,121.10			1,180.11	1,180.11			1,416.13	1,416.13
54			1,173.31	1,173.31			1,235.06	1,235.06			1,482.08	1,482.08
55			1,225.52	1,225.52			1,290.02	1,290.02			1,548.02	1,548.02
56			1,282.12	1,282.12			1,349.60	1,349.60			1,619.52	1,619.52
57			1,339.28	1,339.28			1,409.77	1,409.77			1,691.72	1,691.72
58			1,400.28	1,400.28			1,473.98	1,473.98			1,768.77	1,768.77
59			1,430.50	1,430.50			1,505.79	1,505.79			1,806.95	1,806.95
60			1,491.51	1,491.51			1,570.01	1,570.01			1,884.01	1,884.01
61			1,544.26	1,544.26			1,625.54	1,625.54			1,950.65	1,950.65
62			1,578.89	1,578.89			1,661.98	1,661.98			1,994.38	1,994.38
63			1,622.30	1,622.30			1,707.68	1,707.68			2,049.22	2,049.22
64 and Over			1,648.68	1,648.68			1,735.45	1,735.45			2,082.54	2,082.54
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>75729PA0050082</b>				

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

<b>Geisinger All-Access PPO 10/20/0</b>		<b>Platinum</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$0/\$0	\$1,000/\$2,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$6,000/\$12,000	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	\$10	20% after deductible
Specialist - Office Visit	\$20	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$10	\$10
Outpatient Surgery Physician/Surgical Services	0% after deductible	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 after deductible	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	\$50 per day after deductible	20% after deductible
Home Health Care Services (60 visits per year)	\$0	20% after deductible
Hospice Services	Residential - \$20 per visit, Facility - \$50 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$10	20% after deductible
Substance Abuse Disorder Outpatient Services	\$10	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	20% after deductible
Rehabilitative Speech Therapy	\$20	20% after deductible
Habilitation Services	\$20	20% after deductible
Durable Medical Equipment	10% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$10	Limited to In Network
Routine Eye Exam for Children	\$20	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	20% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050128</b>

<b>Geisinger All-Access PPO 10/20/0</b>									<b>Platinum</b>			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status	Tobacco Status	Tobacco Status	Tobacco Status	Tobacco Status	Tobacco Status	Tobacco Status	Tobacco Status	Tobacco Status	Tobacco Status	Tobacco Status	Tobacco Status
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	473.93	473.93	450.24	450.24	450.24	450.24	473.93	473.93	592.42	592.42	568.72	568.72
15	516.06	516.06	490.26	490.26	490.26	490.26	516.06	516.06	645.08	645.08	619.27	619.27
16	532.17	532.17	505.56	505.56	505.56	505.56	532.17	532.17	665.21	665.21	638.60	638.60
17	548.28	548.28	520.86	520.86	520.86	520.86	548.28	548.28	685.34	685.34	657.93	657.93
18	565.62	565.62	537.34	537.34	537.34	537.34	565.62	565.62	707.03	707.03	678.75	678.75
19	582.97	582.97	553.82	553.82	553.82	553.82	582.97	582.97	728.71	728.71	699.56	699.56
20	600.93	600.93	570.89	570.89	570.89	570.89	600.93	600.93	751.17	751.17	721.12	721.12
21	619.52	619.52	588.55	588.55	588.55	588.55	619.52	619.52	774.40	774.40	743.43	743.43
22	619.52	619.52	588.55	588.55	588.55	588.55	619.52	619.52	774.40	774.40	743.43	743.43
23	619.52	619.52	588.55	588.55	588.55	588.55	619.52	619.52	774.40	774.40	743.43	743.43
24	619.52	619.52	588.55	588.55	588.55	588.55	619.52	619.52	774.40	774.40	743.43	743.43
25	622.00	622.00	590.90	590.90	590.90	590.90	622.00	622.00	777.50	777.50	746.40	746.40
26	634.39	634.39	602.67	602.67	602.67	602.67	634.39	634.39	792.99	792.99	761.27	761.27
27	649.26	649.26	616.79	616.79	616.79	616.79	649.26	649.26	811.57	811.57	779.11	779.11
28	673.42	673.42	639.75	639.75	639.75	639.75	673.42	673.42	841.77	841.77	808.10	808.10
29	693.24	693.24	658.58	658.58	658.58	658.58	693.24	693.24	866.55	866.55	831.89	831.89
30	703.16	703.16	668.00	668.00	668.00	668.00	703.16	703.16	878.94	878.94	843.79	843.79
31	718.02	718.02	682.12	682.12	682.12	682.12	718.02	718.02	897.53	897.53	861.63	861.63
32	732.89	732.89	696.25	696.25	696.25	696.25	732.89	732.89	916.12	916.12	879.47	879.47
33	742.18	742.18	705.08	705.08	705.08	705.08	742.18	742.18	927.73	927.73	890.62	890.62
34	752.10	752.10	714.49	714.49	714.49	714.49	752.10	752.10	940.12	940.12	902.52	902.52
35	757.05	757.05	719.20	719.20	719.20	719.20	757.05	757.05	946.32	946.32	908.46	908.46
36	762.01	762.01	723.91	723.91	723.91	723.91	762.01	762.01	952.51	952.51	914.41	914.41
37	766.97	766.97	728.62	728.62	728.62	728.62	766.97	766.97	958.71	958.71	920.36	920.36
38	771.92	771.92	733.33	733.33	733.33	733.33	771.92	771.92	964.90	964.90	926.31	926.31
39	781.83	781.83	742.74	742.74	742.74	742.74	781.83	781.83	977.29	977.29	938.20	938.20
40	791.75	791.75	752.16	752.16	752.16	752.16	791.75	791.75	989.68	989.68	950.10	950.10
41	806.62	806.62	766.28	766.28	766.28	766.28	806.62	806.62	1,008.27	1,008.27	967.94	967.94
42	820.86	820.86	779.82	779.82	779.82	779.82	820.86	820.86	1,026.08	1,026.08	985.04	985.04
43	840.69	840.69	798.65	798.65	798.65	798.65	840.69	840.69	1,050.86	1,050.86	1,008.83	1,008.83
44	865.47	865.47	822.20	822.20	822.20	822.20	865.47	865.47	1,081.84	1,081.84	1,038.56	1,038.56
45	894.59	894.59	849.86	849.86	849.86	849.86	894.59	894.59	1,118.23	1,118.23	1,073.50	1,073.50
46	929.28	929.28	882.82	882.82	882.82	882.82	929.28	929.28	1,161.60	1,161.60	1,115.14	1,115.14
47	968.31	968.31	919.89	919.89	919.89	919.89	968.31	968.31	1,210.39	1,210.39	1,161.97	1,161.97
48	1,012.92	1,012.92	962.27	962.27	962.27	962.27	1,012.92	1,012.92	1,266.14	1,266.14	1,215.50	1,215.50
49	1,056.90	1,056.90	1,004.06	1,004.06	1,004.06	1,004.06	1,056.90	1,056.90	1,321.13	1,321.13	1,268.28	1,268.28
50	1,106.46	1,106.46	1,051.14	1,051.14	1,051.14	1,051.14	1,106.46	1,106.46	1,383.08	1,383.08	1,327.76	1,327.76
51	1,155.40	1,155.40	1,097.63	1,097.63	1,097.63	1,097.63	1,155.40	1,155.40	1,444.26	1,444.26	1,386.49	1,386.49
52	1,209.30	1,209.30	1,148.84	1,148.84	1,148.84	1,148.84	1,209.30	1,209.30	1,511.63	1,511.63	1,451.16	1,451.16
53	1,263.82	1,263.82	1,200.63	1,200.63	1,200.63	1,200.63	1,263.82	1,263.82	1,579.78	1,579.78	1,516.58	1,516.58
54	1,322.68	1,322.68	1,256.54	1,256.54	1,256.54	1,256.54	1,322.68	1,322.68	1,653.34	1,653.34	1,587.21	1,587.21
55	1,381.53	1,381.53	1,312.45	1,312.45	1,312.45	1,312.45	1,381.53	1,381.53	1,726.91	1,726.91	1,657.84	1,657.84
56	1,445.34	1,445.34	1,373.07	1,373.07	1,373.07	1,373.07	1,445.34	1,445.34	1,806.68	1,806.68	1,734.41	1,734.41
57	1,509.77	1,509.77	1,434.28	1,434.28	1,434.28	1,434.28	1,509.77	1,509.77	1,887.21	1,887.21	1,811.72	1,811.72
58	1,578.54	1,578.54	1,499.61	1,499.61	1,499.61	1,499.61	1,578.54	1,578.54	1,973.17	1,973.17	1,894.24	1,894.24
59	1,612.61	1,612.61	1,531.98	1,531.98	1,531.98	1,531.98	1,612.61	1,612.61	2,015.76	2,015.76	1,935.13	1,935.13
60	1,681.38	1,681.38	1,597.31	1,597.31	1,597.31	1,597.31	1,681.38	1,681.38	2,101.72	2,101.72	2,017.65	2,017.65
61	1,740.85	1,740.85	1,653.81	1,653.81	1,653.81	1,653.81	1,740.85	1,740.85	2,176.06	2,176.06	2,089.02	2,089.02
62	1,779.88	1,779.88	1,690.89	1,690.89	1,690.89	1,690.89	1,779.88	1,779.88	2,224.85	2,224.85	2,135.86	2,135.86
63	1,828.82	1,828.82	1,737.38	1,737.38	1,737.38	1,737.38	1,828.82	1,828.82	2,286.03	2,286.03	2,194.59	2,194.59
64 and Over	1,858.56	1,858.56	1,765.63	1,765.63	1,765.63	1,765.63	1,858.56	1,858.56	2,323.20	2,323.20	2,230.27	2,230.27
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>75729PA0050128</b>			



<b>Geisinger All-Access PPO 15/30/250</b>		<b>Platinum</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$250/\$500	\$2,000/\$4,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$15	20% after deductible
Specialist - Office Visit	\$30	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$15	\$15
Outpatient Surgery Physician/Surgical Services	0% after deductible	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	20% after deductible
Home Health Care Services (60 visits per year)	\$0	20% after deductible
Hospice Services	Residential - \$30 per visit, Facility - \$100 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$15	20% after deductible
Substance Abuse Disorder Outpatient Services	\$15	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$30	20% after deductible
Rehabilitative Speech Therapy	\$30	20% after deductible
Habilitation Services	\$30	20% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$15	Limited to In Network
Routine Eye Exam for Children	\$30	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$5	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	20% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050080</b>

<b>Geisinger All-Access PPO 15/30/250</b>								<b>Platinum</b>				
<b>Age</b>	<b>Rating Area 2</b>		<b>Rating Area 3</b>		<b>Rating Area 5</b>		<b>Rating Area 6</b>		<b>Rating Area 7</b>		<b>Rating Area 9</b>	
	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	
	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>
0-14	447.36	447.36	424.99	424.99	424.99	424.99	447.36	447.36	559.20	559.20	536.83	536.83
15	487.12	487.12	462.77	462.77	462.77	462.77	487.12	487.12	608.90	608.90	584.55	584.55
16	502.33	502.33	477.21	477.21	477.21	477.21	502.33	502.33	627.91	627.91	602.79	602.79
17	517.53	517.53	491.66	491.66	491.66	491.66	517.53	517.53	646.92	646.92	621.04	621.04
18	533.91	533.91	507.21	507.21	507.21	507.21	533.91	533.91	667.38	667.38	640.69	640.69
19	550.28	550.28	522.77	522.77	522.77	522.77	550.28	550.28	687.85	687.85	660.34	660.34
20	567.24	567.24	538.88	538.88	538.88	538.88	567.24	567.24	709.05	709.05	680.69	680.69
21	584.79	584.79	555.55	555.55	555.55	555.55	584.79	584.79	730.98	730.98	701.74	701.74
22	584.79	584.79	555.55	555.55	555.55	555.55	584.79	584.79	730.98	730.98	701.74	701.74
23	584.79	584.79	555.55	555.55	555.55	555.55	584.79	584.79	730.98	730.98	701.74	701.74
24	584.79	584.79	555.55	555.55	555.55	555.55	584.79	584.79	730.98	730.98	701.74	701.74
25	587.12	587.12	557.77	557.77	557.77	557.77	587.12	587.12	733.90	733.90	704.55	704.55
26	598.82	598.82	568.88	568.88	568.88	568.88	598.82	598.82	748.52	748.52	718.58	718.58
27	612.85	612.85	582.21	582.21	582.21	582.21	612.85	612.85	766.06	766.06	735.42	735.42
28	635.66	635.66	603.88	603.88	603.88	603.88	635.66	635.66	794.57	794.57	762.79	762.79
29	654.37	654.37	621.65	621.65	621.65	621.65	654.37	654.37	817.96	817.96	785.25	785.25
30	663.73	663.73	630.54	630.54	630.54	630.54	663.73	663.73	829.66	829.66	796.47	796.47
31	677.76	677.76	643.87	643.87	643.87	643.87	677.76	677.76	847.20	847.20	813.31	813.31
32	691.80	691.80	657.21	657.21	657.21	657.21	691.80	691.80	864.75	864.75	830.16	830.16
33	700.57	700.57	665.54	665.54	665.54	665.54	700.57	700.57	875.71	875.71	840.68	840.68
34	709.93	709.93	674.43	674.43	674.43	674.43	709.93	709.93	887.41	887.41	851.91	851.91
35	714.60	714.60	678.87	678.87	678.87	678.87	714.60	714.60	893.25	893.25	857.52	857.52
36	719.28	719.28	683.32	683.32	683.32	683.32	719.28	719.28	899.10	899.10	863.14	863.14
37	723.96	723.96	687.76	687.76	687.76	687.76	723.96	723.96	904.95	904.95	868.75	868.75
38	728.64	728.64	692.21	692.21	692.21	692.21	728.64	728.64	910.80	910.80	874.37	874.37
39	737.99	737.99	701.10	701.10	701.10	701.10	737.99	737.99	922.49	922.49	885.59	885.59
40	747.35	747.35	709.98	709.98	709.98	709.98	747.35	747.35	934.19	934.19	896.82	896.82
41	761.39	761.39	723.32	723.32	723.32	723.32	761.39	761.39	951.73	951.73	913.66	913.66
42	774.84	774.84	736.09	736.09	736.09	736.09	774.84	774.84	968.55	968.55	929.80	929.80
43	793.55	793.55	753.87	753.87	753.87	753.87	793.55	793.55	991.94	991.94	952.26	952.26
44	816.94	816.94	776.09	776.09	776.09	776.09	816.94	816.94	1,021.18	1,021.18	980.33	980.33
45	844.43	844.43	802.20	802.20	802.20	802.20	844.43	844.43	1,055.53	1,055.53	1,013.31	1,013.31
46	877.17	877.17	833.31	833.31	833.31	833.31	877.17	877.17	1,096.47	1,096.47	1,052.61	1,052.61
47	914.01	914.01	868.31	868.31	868.31	868.31	914.01	914.01	1,142.52	1,142.52	1,096.82	1,096.82
48	956.12	956.12	908.31	908.31	908.31	908.31	956.12	956.12	1,195.15	1,195.15	1,147.34	1,147.34
49	997.64	997.64	947.76	947.76	947.76	947.76	997.64	997.64	1,247.05	1,247.05	1,197.17	1,197.17
50	1,044.42	1,044.42	992.20	992.20	992.20	992.20	1,044.42	1,044.42	1,305.53	1,305.53	1,253.30	1,253.30
51	1,090.62	1,090.62	1,036.09	1,036.09	1,036.09	1,036.09	1,090.62	1,090.62	1,363.27	1,363.27	1,308.74	1,308.74
52	1,141.49	1,141.49	1,084.42	1,084.42	1,084.42	1,084.42	1,141.49	1,141.49	1,426.87	1,426.87	1,369.79	1,369.79
53	1,192.96	1,192.96	1,133.31	1,133.31	1,133.31	1,133.31	1,192.96	1,192.96	1,491.19	1,491.19	1,431.55	1,431.55
54	1,248.51	1,248.51	1,186.08	1,186.08	1,186.08	1,186.08	1,248.51	1,248.51	1,560.64	1,560.64	1,498.21	1,498.21
55	1,304.06	1,304.06	1,238.86	1,238.86	1,238.86	1,238.86	1,304.06	1,304.06	1,630.08	1,630.08	1,564.88	1,564.88
56	1,364.30	1,364.30	1,296.08	1,296.08	1,296.08	1,296.08	1,364.30	1,364.30	1,705.37	1,705.37	1,637.16	1,637.16
57	1,425.11	1,425.11	1,353.86	1,353.86	1,353.86	1,353.86	1,425.11	1,425.11	1,781.39	1,781.39	1,710.14	1,710.14
58	1,490.02	1,490.02	1,415.52	1,415.52	1,415.52	1,415.52	1,490.02	1,490.02	1,862.53	1,862.53	1,788.03	1,788.03
59	1,522.19	1,522.19	1,446.08	1,446.08	1,446.08	1,446.08	1,522.19	1,522.19	1,902.73	1,902.73	1,826.63	1,826.63
60	1,587.10	1,587.10	1,507.74	1,507.74	1,507.74	1,507.74	1,587.10	1,587.10	1,983.87	1,983.87	1,904.52	1,904.52
61	1,643.24	1,643.24	1,561.08	1,561.08	1,561.08	1,561.08	1,643.24	1,643.24	2,054.05	2,054.05	1,971.88	1,971.88
62	1,680.08	1,680.08	1,596.07	1,596.07	1,596.07	1,596.07	1,680.08	1,680.08	2,100.10	2,100.10	2,016.09	2,016.09
63	1,726.28	1,726.28	1,639.96	1,639.96	1,639.96	1,639.96	1,726.28	1,726.28	2,157.85	2,157.85	2,071.53	2,071.53
64 and Over	1,754.35	1,754.35	1,666.63	1,666.63	1,666.63	1,666.63	1,754.35	1,754.35	2,192.93	2,192.93	2,105.22	2,105.22
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>75729PA0050080</b>				

<b>Geisinger Small Group ACA All-Access HMO 10/20/0</b>		<b>Platinum</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Preventive services covered at 100%</b>		<b>Health management programs</b>
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$0/\$0	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$6,000/\$12,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$10	Limited to In Network
Specialist - Office Visit	\$20	Limited to In Network
Emergency Room Services	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$10	\$10
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100 after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$50 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$20 per visit, Facility - \$50 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$10	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$10	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	Limited to In Network
Rehabilitative Speech Therapy	\$20	Limited to In Network
Habilitation Services	\$20	Limited to In Network
Durable Medical Equipment	10% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$10	Limited to In Network
Routine Eye Exam for Children	\$20	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>22444PA0060114</b>

<b>Geisinger Small Group ACA All-Access HMO 10/20/0</b>								<b>Platinum</b>				
<b>Age</b>	<b>Rating Area 2</b>		<b>Rating Area 3</b>		<b>Rating Area 5</b>		<b>Rating Area 6</b>		<b>Rating Area 7</b>		<b>Rating Area 9</b>	
	<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>	
	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>
0-14	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.93	563.93	541.38	541.38
15	491.25	491.25	466.69	466.69	466.69	466.69	491.25	491.25	614.06	614.06	589.50	589.50
16	506.58	506.58	481.25	481.25	481.25	481.25	506.58	506.58	633.23	633.23	607.90	607.90
17	521.92	521.92	495.82	495.82	495.82	495.82	521.92	521.92	652.39	652.39	626.30	626.30
18	538.43	538.43	511.51	511.51	511.51	511.51	538.43	538.43	673.04	673.04	646.11	646.11
19	554.94	554.94	527.19	527.19	527.19	527.19	554.94	554.94	693.68	693.68	665.93	665.93
20	572.04	572.04	543.44	543.44	543.44	543.44	572.04	572.04	715.05	715.05	686.45	686.45
21	589.74	589.74	560.25	560.25	560.25	560.25	589.74	589.74	737.17	737.17	707.69	707.69
22	589.74	589.74	560.25	560.25	560.25	560.25	589.74	589.74	737.17	737.17	707.69	707.69
23	589.74	589.74	560.25	560.25	560.25	560.25	589.74	589.74	737.17	737.17	707.69	707.69
24	589.74	589.74	560.25	560.25	560.25	560.25	589.74	589.74	737.17	737.17	707.69	707.69
25	592.09	592.09	562.49	562.49	562.49	562.49	592.09	592.09	740.12	740.12	710.51	710.51
26	603.89	603.89	573.69	573.69	573.69	573.69	603.89	603.89	754.86	754.86	724.67	724.67
27	618.04	618.04	587.14	587.14	587.14	587.14	618.04	618.04	772.55	772.55	741.65	741.65
28	641.04	641.04	608.99	608.99	608.99	608.99	641.04	641.04	801.30	801.30	769.25	769.25
29	659.91	659.91	626.92	626.92	626.92	626.92	659.91	659.91	824.89	824.89	791.90	791.90
30	669.35	669.35	635.88	635.88	635.88	635.88	669.35	669.35	836.69	836.69	803.22	803.22
31	683.50	683.50	649.33	649.33	649.33	649.33	683.50	683.50	854.38	854.38	820.20	820.20
32	697.66	697.66	662.77	662.77	662.77	662.77	697.66	697.66	872.07	872.07	837.19	837.19
33	706.50	706.50	671.18	671.18	671.18	671.18	706.50	706.50	883.13	883.13	847.80	847.80
34	715.94	715.94	680.14	680.14	680.14	680.14	715.94	715.94	894.92	894.92	859.13	859.13
35	720.66	720.66	684.62	684.62	684.62	684.62	720.66	720.66	900.82	900.82	864.79	864.79
36	725.37	725.37	689.11	689.11	689.11	689.11	725.37	725.37	906.72	906.72	870.45	870.45
37	730.09	730.09	693.59	693.59	693.59	693.59	730.09	730.09	912.61	912.61	876.11	876.11
38	734.81	734.81	698.07	698.07	698.07	698.07	734.81	734.81	918.51	918.51	881.77	881.77
39	744.25	744.25	707.03	707.03	707.03	707.03	744.25	744.25	930.31	930.31	893.09	893.09
40	753.68	753.68	716.00	716.00	716.00	716.00	753.68	753.68	942.10	942.10	904.42	904.42
41	767.83	767.83	729.44	729.44	729.44	729.44	767.83	767.83	959.79	959.79	921.40	921.40
42	781.40	781.40	742.33	742.33	742.33	742.33	781.40	781.40	976.75	976.75	937.68	937.68
43	800.27	800.27	760.26	760.26	760.26	760.26	800.27	800.27	1,000.34	1,000.34	960.32	960.32
44	823.86	823.86	782.67	782.67	782.67	782.67	823.86	823.86	1,029.82	1,029.82	988.63	988.63
45	851.58	851.58	809.00	809.00	809.00	809.00	851.58	851.58	1,064.47	1,064.47	1,021.89	1,021.89
46	884.60	884.60	840.37	840.37	840.37	840.37	884.60	884.60	1,105.75	1,105.75	1,061.52	1,061.52
47	921.76	921.76	875.67	875.67	875.67	875.67	921.76	921.76	1,152.19	1,152.19	1,106.11	1,106.11
48	964.22	964.22	916.01	916.01	916.01	916.01	964.22	964.22	1,205.27	1,205.27	1,157.06	1,157.06
49	1,006.09	1,006.09	955.78	955.78	955.78	955.78	1,006.09	1,006.09	1,257.61	1,257.61	1,207.31	1,207.31
50	1,053.27	1,053.27	1,000.60	1,000.60	1,000.60	1,000.60	1,053.27	1,053.27	1,316.58	1,316.58	1,263.92	1,263.92
51	1,099.86	1,099.86	1,044.86	1,044.86	1,044.86	1,044.86	1,099.86	1,099.86	1,374.82	1,374.82	1,319.83	1,319.83
52	1,151.16	1,151.16	1,093.60	1,093.60	1,093.60	1,093.60	1,151.16	1,151.16	1,438.95	1,438.95	1,381.40	1,381.40
53	1,203.06	1,203.06	1,142.91	1,142.91	1,142.91	1,142.91	1,203.06	1,203.06	1,503.82	1,503.82	1,443.67	1,443.67
54	1,259.08	1,259.08	1,196.13	1,196.13	1,196.13	1,196.13	1,259.08	1,259.08	1,573.86	1,573.86	1,510.90	1,510.90
55	1,315.11	1,315.11	1,249.35	1,249.35	1,249.35	1,249.35	1,315.11	1,315.11	1,643.89	1,643.89	1,578.13	1,578.13
56	1,375.85	1,375.85	1,307.06	1,307.06	1,307.06	1,307.06	1,375.85	1,375.85	1,719.81	1,719.81	1,651.02	1,651.02
57	1,437.18	1,437.18	1,365.32	1,365.32	1,365.32	1,365.32	1,437.18	1,437.18	1,796.48	1,796.48	1,724.62	1,724.62
58	1,502.64	1,502.64	1,427.51	1,427.51	1,427.51	1,427.51	1,502.64	1,502.64	1,878.31	1,878.31	1,803.17	1,803.17
59	1,535.08	1,535.08	1,458.33	1,458.33	1,458.33	1,458.33	1,535.08	1,535.08	1,918.85	1,918.85	1,842.10	1,842.10
60	1,600.54	1,600.54	1,520.51	1,520.51	1,520.51	1,520.51	1,600.54	1,600.54	2,000.68	2,000.68	1,920.65	1,920.65
61	1,657.16	1,657.16	1,574.30	1,574.30	1,574.30	1,574.30	1,657.16	1,657.16	2,071.44	2,071.44	1,988.59	1,988.59
62	1,694.31	1,694.31	1,609.59	1,609.59	1,609.59	1,609.59	1,694.31	1,694.31	2,117.89	2,117.89	2,033.17	2,033.17
63	1,740.90	1,740.90	1,653.85	1,653.85	1,653.85	1,653.85	1,740.90	1,740.90	2,176.12	2,176.12	2,089.08	2,089.08
64 and Over	1,769.21	1,769.21	1,680.74	1,680.74	1,680.74	1,680.74	1,769.21	1,769.21	2,211.51	2,211.51	2,123.05	2,123.05
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>22444PA0060114</b>				

<b>Geisinger Small Group ACA All-Access HMO 15/30/400</b>		<b>Platinum</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Preventive services covered at 100%</b>		<b>Health management programs</b>
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$400/\$800	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$2,500/\$5,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$15	Limited to In Network
Specialist - Office Visit	\$30	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$100	\$100
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$15	\$15
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$75 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$75 after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$50 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$30 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$15	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$15	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$30	Limited to In Network
Rehabilitative Speech Therapy	\$30	Limited to In Network
Habilitation Services	\$30	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$15	Limited to In Network
Routine Eye Exam for Children	\$30	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	\$0	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>22444PA0060120</b>



<b>Geisinger Small Group ACA All-Access HMO 15/30/400</b>									<b>Platinum</b>			
	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
Age	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	428.90	428.90	407.45	407.45	407.45	407.45	428.90	428.90	536.12	536.12	514.68	514.68
15	467.02	467.02	443.67	443.67	443.67	443.67	467.02	467.02	583.78	583.78	560.43	560.43
16	481.60	481.60	457.52	457.52	457.52	457.52	481.60	481.60	602.00	602.00	577.92	577.92
17	496.18	496.18	471.37	471.37	471.37	471.37	496.18	496.18	620.22	620.22	595.41	595.41
18	511.88	511.88	486.28	486.28	486.28	486.28	511.88	511.88	639.85	639.85	614.25	614.25
19	527.57	527.57	501.20	501.20	501.20	501.20	527.57	527.57	659.47	659.47	633.09	633.09
20	543.83	543.83	516.64	516.64	516.64	516.64	543.83	543.83	679.79	679.79	652.60	652.60
21	560.66	560.66	532.63	532.63	532.63	532.63	560.66	560.66	700.82	700.82	672.79	672.79
22	560.66	560.66	532.63	532.63	532.63	532.63	560.66	560.66	700.82	700.82	672.79	672.79
23	560.66	560.66	532.63	532.63	532.63	532.63	560.66	560.66	700.82	700.82	672.79	672.79
24	560.66	560.66	532.63	532.63	532.63	532.63	560.66	560.66	700.82	700.82	672.79	672.79
25	562.90	562.90	534.75	534.75	534.75	534.75	562.90	562.90	703.62	703.62	675.47	675.47
26	574.11	574.11	545.40	545.40	545.40	545.40	574.11	574.11	717.64	717.64	688.93	688.93
27	587.56	587.56	558.19	558.19	558.19	558.19	587.56	587.56	734.46	734.46	705.08	705.08
28	609.43	609.43	578.96	578.96	578.96	578.96	609.43	609.43	761.79	761.79	731.32	731.32
29	627.37	627.37	596.00	596.00	596.00	596.00	627.37	627.37	784.21	784.21	752.84	752.84
30	636.34	636.34	604.52	604.52	604.52	604.52	636.34	636.34	795.43	795.43	763.61	763.61
31	649.80	649.80	617.31	617.31	617.31	617.31	649.80	649.80	812.25	812.25	779.76	779.76
32	663.25	663.25	630.09	630.09	630.09	630.09	663.25	663.25	829.07	829.07	795.90	795.90
33	671.66	671.66	638.08	638.08	638.08	638.08	671.66	671.66	839.58	839.58	805.99	805.99
34	680.63	680.63	646.60	646.60	646.60	646.60	680.63	680.63	850.79	850.79	816.76	816.76
35	685.12	685.12	650.86	650.86	650.86	650.86	685.12	685.12	856.40	856.40	822.14	822.14
36	689.60	689.60	655.12	655.12	655.12	655.12	689.60	689.60	862.00	862.00	827.52	827.52
37	694.09	694.09	659.38	659.38	659.38	659.38	694.09	694.09	867.61	867.61	832.91	832.91
38	698.57	698.57	663.64	663.64	663.64	663.64	698.57	698.57	873.22	873.22	838.29	838.29
39	707.54	707.54	672.17	672.17	672.17	672.17	707.54	707.54	884.43	884.43	849.05	849.05
40	716.51	716.51	680.69	680.69	680.69	680.69	716.51	716.51	895.64	895.64	859.82	859.82
41	729.97	729.97	693.47	693.47	693.47	693.47	729.97	729.97	912.46	912.46	875.96	875.96
42	742.87	742.87	705.72	705.72	705.72	705.72	742.87	742.87	928.58	928.58	891.44	891.44
43	760.81	760.81	722.77	722.77	722.77	722.77	760.81	760.81	951.01	951.01	912.97	912.97
44	783.23	783.23	744.07	744.07	744.07	744.07	783.23	783.23	979.04	979.04	939.88	939.88
45	809.58	809.58	769.10	769.10	769.10	769.10	809.58	809.58	1,011.98	1,011.98	971.50	971.50
46	840.98	840.98	798.93	798.93	798.93	798.93	840.98	840.98	1,051.22	1,051.22	1,009.18	1,009.18
47	876.30	876.30	832.49	832.49	832.49	832.49	876.30	876.30	1,095.38	1,095.38	1,051.56	1,051.56
48	916.67	916.67	870.83	870.83	870.83	870.83	916.67	916.67	1,145.83	1,145.83	1,100.00	1,100.00
49	956.47	956.47	908.65	908.65	908.65	908.65	956.47	956.47	1,195.59	1,195.59	1,147.77	1,147.77
50	1,001.33	1,001.33	951.26	951.26	951.26	951.26	1,001.33	1,001.33	1,251.66	1,251.66	1,201.59	1,201.59
51	1,045.62	1,045.62	993.34	993.34	993.34	993.34	1,045.62	1,045.62	1,307.02	1,307.02	1,254.74	1,254.74
52	1,094.39	1,094.39	1,039.67	1,039.67	1,039.67	1,039.67	1,094.39	1,094.39	1,367.99	1,367.99	1,313.27	1,313.27
53	1,143.73	1,143.73	1,086.55	1,086.55	1,086.55	1,086.55	1,143.73	1,143.73	1,429.67	1,429.67	1,372.48	1,372.48
54	1,196.99	1,196.99	1,137.14	1,137.14	1,137.14	1,137.14	1,196.99	1,196.99	1,496.24	1,496.24	1,436.39	1,436.39
55	1,250.26	1,250.26	1,187.74	1,187.74	1,187.74	1,187.74	1,250.26	1,250.26	1,562.82	1,562.82	1,500.31	1,500.31
56	1,308.00	1,308.00	1,242.60	1,242.60	1,242.60	1,242.60	1,308.00	1,308.00	1,635.00	1,635.00	1,569.60	1,569.60
57	1,366.31	1,366.31	1,298.00	1,298.00	1,298.00	1,298.00	1,366.31	1,366.31	1,707.89	1,707.89	1,639.57	1,639.57
58	1,428.54	1,428.54	1,357.12	1,357.12	1,357.12	1,357.12	1,428.54	1,428.54	1,785.68	1,785.68	1,714.25	1,714.25
59	1,459.38	1,459.38	1,386.41	1,386.41	1,386.41	1,386.41	1,459.38	1,459.38	1,824.22	1,824.22	1,751.26	1,751.26
60	1,521.61	1,521.61	1,445.53	1,445.53	1,445.53	1,445.53	1,521.61	1,521.61	1,902.02	1,902.02	1,825.93	1,825.93
61	1,575.43	1,575.43	1,496.66	1,496.66	1,496.66	1,496.66	1,575.43	1,575.43	1,969.29	1,969.29	1,890.52	1,890.52
62	1,610.76	1,610.76	1,530.22	1,530.22	1,530.22	1,530.22	1,610.76	1,610.76	2,013.45	2,013.45	1,932.91	1,932.91
63	1,655.05	1,655.05	1,572.30	1,572.30	1,572.30	1,572.30	1,655.05	1,655.05	2,068.81	2,068.81	1,986.06	1,986.06
64 and Over	1,681.96	1,681.96	1,597.86	1,597.86	1,597.86	1,597.86	1,681.96	1,681.96	2,102.45	2,102.45	2,018.35	2,018.35
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>22444PA0060120</b>			

<b>Geisinger Small Group ACA All-Access HMO 20/35/450</b>		<b>Platinum</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Preventive services covered at 100%</b>		<b>Health management programs</b>
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$450/\$900	Limited to In Network
Coinsurance	20%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$5,000/\$10,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$35	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	20% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	20% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	20% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$75 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$35 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$35	Limited to In Network
Rehabilitative Speech Therapy	\$35	Limited to In Network
Habilitation Services	\$35	Limited to In Network
Durable Medical Equipment	20% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$35	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	\$0	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	20% 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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>22444PA0060139</b>

<b>Geisinger Small Group ACA All-Access HMO 20/35/450</b>									<b>Platinum</b>			
	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
Age	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	398.27	398.27	378.36	378.36	378.36	378.36	398.27	398.27	497.84	497.84	477.92	477.92
15	433.67	433.67	411.99	411.99	411.99	411.99	433.67	433.67	542.09	542.09	520.41	520.41
16	447.21	447.21	424.85	424.85	424.85	424.85	447.21	447.21	559.01	559.01	536.65	536.65
17	460.74	460.74	437.71	437.71	437.71	437.71	460.74	460.74	575.93	575.93	552.89	552.89
18	475.32	475.32	451.56	451.56	451.56	451.56	475.32	475.32	594.15	594.15	570.39	570.39
19	489.90	489.90	465.40	465.40	465.40	465.40	489.90	489.90	612.37	612.37	587.88	587.88
20	505.00	505.00	479.75	479.75	479.75	479.75	505.00	505.00	631.25	631.25	606.00	606.00
21	520.62	520.62	494.59	494.59	494.59	494.59	520.62	520.62	650.77	650.77	624.74	624.74
22	520.62	520.62	494.59	494.59	494.59	494.59	520.62	520.62	650.77	650.77	624.74	624.74
23	520.62	520.62	494.59	494.59	494.59	494.59	520.62	520.62	650.77	650.77	624.74	624.74
24	520.62	520.62	494.59	494.59	494.59	494.59	520.62	520.62	650.77	650.77	624.74	624.74
25	522.70	522.70	496.56	496.56	496.56	496.56	522.70	522.70	653.37	653.37	627.24	627.24
26	533.11	533.11	506.45	506.45	506.45	506.45	533.11	533.11	666.39	666.39	639.73	639.73
27	545.60	545.60	518.32	518.32	518.32	518.32	545.60	545.60	682.01	682.01	654.73	654.73
28	565.91	565.91	537.61	537.61	537.61	537.61	565.91	565.91	707.39	707.39	679.09	679.09
29	582.57	582.57	553.44	553.44	553.44	553.44	582.57	582.57	728.21	728.21	699.08	699.08
30	590.90	590.90	561.35	561.35	561.35	561.35	590.90	590.90	738.62	738.62	709.08	709.08
31	603.39	603.39	573.22	573.22	573.22	573.22	603.39	603.39	754.24	754.24	724.07	724.07
32	615.89	615.89	585.09	585.09	585.09	585.09	615.89	615.89	769.86	769.86	739.07	739.07
33	623.70	623.70	592.51	592.51	592.51	592.51	623.70	623.70	779.62	779.62	748.44	748.44
34	632.03	632.03	600.43	600.43	600.43	600.43	632.03	632.03	790.03	790.03	758.43	758.43
35	636.19	636.19	604.38	604.38	604.38	604.38	636.19	636.19	795.24	795.24	763.43	763.43
36	640.36	640.36	608.34	608.34	608.34	608.34	640.36	640.36	800.45	800.45	768.43	768.43
37	644.52	644.52	612.30	612.30	612.30	612.30	644.52	644.52	805.65	805.65	773.43	773.43
38	648.69	648.69	616.25	616.25	616.25	616.25	648.69	648.69	810.86	810.86	778.42	778.42
39	657.02	657.02	624.17	624.17	624.17	624.17	657.02	657.02	821.27	821.27	788.42	788.42
40	665.35	665.35	632.08	632.08	632.08	632.08	665.35	665.35	831.68	831.68	798.42	798.42
41	677.84	677.84	643.95	643.95	643.95	643.95	677.84	677.84	847.30	847.30	813.41	813.41
42	689.81	689.81	655.32	655.32	655.32	655.32	689.81	689.81	862.27	862.27	827.78	827.78
43	706.47	706.47	671.15	671.15	671.15	671.15	706.47	706.47	883.09	883.09	847.77	847.77
44	727.30	727.30	690.93	690.93	690.93	690.93	727.30	727.30	909.12	909.12	872.76	872.76
45	751.77	751.77	714.18	714.18	714.18	714.18	751.77	751.77	939.71	939.71	902.12	902.12
46	780.92	780.92	741.88	741.88	741.88	741.88	780.92	780.92	976.15	976.15	937.11	937.11
47	813.72	813.72	773.04	773.04	773.04	773.04	813.72	813.72	1,017.15	1,017.15	976.47	976.47
48	851.21	851.21	808.65	808.65	808.65	808.65	851.21	851.21	1,064.01	1,064.01	1,021.45	1,021.45
49	888.17	888.17	843.76	843.76	843.76	843.76	888.17	888.17	1,110.21	1,110.21	1,065.80	1,065.80
50	929.82	929.82	883.33	883.33	883.33	883.33	929.82	929.82	1,162.27	1,162.27	1,115.78	1,115.78
51	970.95	970.95	922.40	922.40	922.40	922.40	970.95	970.95	1,213.68	1,213.68	1,165.14	1,165.14
52	1,016.24	1,016.24	965.43	965.43	965.43	965.43	1,016.24	1,016.24	1,270.30	1,270.30	1,219.49	1,219.49
53	1,062.05	1,062.05	1,008.95	1,008.95	1,008.95	1,008.95	1,062.05	1,062.05	1,327.57	1,327.57	1,274.47	1,274.47
54	1,111.51	1,111.51	1,055.94	1,055.94	1,055.94	1,055.94	1,111.51	1,111.51	1,389.39	1,389.39	1,333.82	1,333.82
55	1,160.97	1,160.97	1,102.92	1,102.92	1,102.92	1,102.92	1,160.97	1,160.97	1,451.21	1,451.21	1,393.17	1,393.17
56	1,214.59	1,214.59	1,153.87	1,153.87	1,153.87	1,153.87	1,214.59	1,214.59	1,518.24	1,518.24	1,457.51	1,457.51
57	1,268.74	1,268.74	1,205.30	1,205.30	1,205.30	1,205.30	1,268.74	1,268.74	1,585.92	1,585.92	1,522.49	1,522.49
58	1,326.53	1,326.53	1,260.20	1,260.20	1,260.20	1,260.20	1,326.53	1,326.53	1,658.16	1,658.16	1,591.83	1,591.83
59	1,355.16	1,355.16	1,287.40	1,287.40	1,287.40	1,287.40	1,355.16	1,355.16	1,693.95	1,693.95	1,626.19	1,626.19
60	1,412.95	1,412.95	1,342.30	1,342.30	1,342.30	1,342.30	1,412.95	1,412.95	1,766.19	1,766.19	1,695.54	1,695.54
61	1,462.93	1,462.93	1,389.78	1,389.78	1,389.78	1,389.78	1,462.93	1,462.93	1,828.66	1,828.66	1,755.51	1,755.51
62	1,495.73	1,495.73	1,420.94	1,420.94	1,420.94	1,420.94	1,495.73	1,495.73	1,869.66	1,869.66	1,794.87	1,794.87
63	1,536.86	1,536.86	1,460.01	1,460.01	1,460.01	1,460.01	1,536.86	1,536.86	1,921.07	1,921.07	1,844.23	1,844.23
64 and Over	1,561.85	1,561.85	1,483.75	1,483.75	1,483.75	1,483.75	1,561.85	1,561.85	1,952.31	1,952.31	1,874.21	1,874.21
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>22444PA0060139</b>			

<b>Geisinger All-Access Extra PPO 10/60/1000</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$1,000/\$2,000	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$60	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$60	30% after deductible
Substance Abuse Disorder Outpatient Services	\$60	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050132</b>

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

<b>Geisinger All-Access Extra PPO 10/60/1000</b>								<b>Gold</b>				
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			365.16	365.16			384.37	384.37			461.25	461.25
15			397.61	397.61			418.54	418.54			502.25	502.25
16			410.02	410.02			431.60	431.60			517.93	517.93
17			422.43	422.43			444.67	444.67			533.60	533.60
18			435.80	435.80			458.74	458.74			550.48	550.48
19			449.17	449.17			472.81	472.81			567.37	567.37
20			463.01	463.01			487.38	487.38			584.85	584.85
21			477.33	477.33			502.45	502.45			602.94	602.94
22			477.33	477.33			502.45	502.45			602.94	602.94
23			477.33	477.33			502.45	502.45			602.94	602.94
24			477.33	477.33			502.45	502.45			602.94	602.94
25			479.24	479.24			504.46	504.46			605.35	605.35
26			488.78	488.78			514.51	514.51			617.41	617.41
27			500.24	500.24			526.57	526.57			631.88	631.88
28			518.85	518.85			546.16	546.16			655.40	655.40
29			534.13	534.13			562.24	562.24			674.69	674.69
30			541.77	541.77			570.28	570.28			684.34	684.34
31			553.22	553.22			582.34	582.34			698.81	698.81
32			564.68	564.68			594.40	594.40			713.28	713.28
33			571.84	571.84			601.94	601.94			722.32	722.32
34			579.48	579.48			609.97	609.97			731.97	731.97
35			583.29	583.29			613.99	613.99			736.79	736.79
36			587.11	587.11			618.01	618.01			741.62	741.62
37			590.93	590.93			622.03	622.03			746.44	746.44
38			594.75	594.75			626.05	626.05			751.26	751.26
39			602.39	602.39			634.09	634.09			760.91	760.91
40			610.02	610.02			642.13	642.13			770.56	770.56
41			621.48	621.48			654.19	654.19			785.03	785.03
42			632.46	632.46			665.75	665.75			798.90	798.90
43			647.73	647.73			681.82	681.82			818.19	818.19
44			666.83	666.83			701.92	701.92			842.31	842.31
45			689.26	689.26			725.54	725.54			870.65	870.65
46			715.99	715.99			753.68	753.68			904.41	904.41
47			746.06	746.06			785.33	785.33			942.40	942.40
48			780.43	780.43			821.51	821.51			985.81	985.81
49			814.32	814.32			857.18	857.18			1,028.62	1,028.62
50			852.51	852.51			897.38	897.38			1,076.85	1,076.85
51			890.22	890.22			937.07	937.07			1,124.48	1,124.48
52			931.74	931.74			980.78	980.78			1,176.94	1,176.94
53			973.75	973.75			1,025.00	1,025.00			1,230.00	1,230.00
54			1,019.09	1,019.09			1,072.73	1,072.73			1,287.28	1,287.28
55			1,064.44	1,064.44			1,120.46	1,120.46			1,344.56	1,344.56
56			1,113.61	1,113.61			1,172.22	1,172.22			1,406.66	1,406.66
57			1,163.25	1,163.25			1,224.47	1,224.47			1,469.36	1,469.36
58			1,216.23	1,216.23			1,280.24	1,280.24			1,536.29	1,536.29
59			1,242.48	1,242.48			1,307.88	1,307.88			1,569.45	1,569.45
60			1,295.47	1,295.47			1,363.65	1,363.65			1,636.38	1,636.38
61			1,341.29	1,341.29			1,411.88	1,411.88			1,694.26	1,694.26
62			1,371.36	1,371.36			1,443.54	1,443.54			1,732.25	1,732.25
63			1,409.07	1,409.07			1,483.23	1,483.23			1,779.88	1,779.88
64 and Over			1,431.98	1,431.98			1,507.35	1,507.35			1,808.82	1,808.82
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>75729PA0050132</b>			

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**



<b>Geisinger All-Access Extra PPO 10/60/2000</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$60	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$60	30% after deductible
Substance Abuse Disorder Outpatient Services	\$60	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050133</b>

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

<b>Geisinger All-Access Extra PPO 10/60/2000</b>								<b>Gold</b>				
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			338.46	338.46			356.28	356.28			427.53	427.53
15			368.55	368.55			387.95	387.95			465.54	465.54
16			380.05	380.05			400.06	400.06			480.07	480.07
17			391.56	391.56			412.17	412.17			494.60	494.60
18			403.95	403.95			425.21	425.21			510.25	510.25
19			416.33	416.33			438.25	438.25			525.90	525.90
20			429.16	429.16			451.75	451.75			542.10	542.10
21			442.44	442.44			465.73	465.73			558.87	558.87
22			442.44	442.44			465.73	465.73			558.87	558.87
23			442.44	442.44			465.73	465.73			558.87	558.87
24			442.44	442.44			465.73	465.73			558.87	558.87
25			444.21	444.21			467.59	467.59			561.10	561.10
26			453.06	453.06			476.90	476.90			572.28	572.28
27			463.67	463.67			488.08	488.08			585.69	585.69
28			480.93	480.93			506.24	506.24			607.49	607.49
29			495.09	495.09			521.15	521.15			625.37	625.37
30			502.17	502.17			528.60	528.60			634.32	634.32
31			512.79	512.79			539.77	539.77			647.73	647.73
32			523.40	523.40			550.95	550.95			661.14	661.14
33			530.04	530.04			557.94	557.94			669.52	669.52
34			537.12	537.12			565.39	565.39			678.47	678.47
35			540.66	540.66			569.11	569.11			682.94	682.94
36			544.20	544.20			572.84	572.84			687.41	687.41
37			547.74	547.74			576.57	576.57			691.88	691.88
38			551.28	551.28			580.29	580.29			696.35	696.35
39			558.36	558.36			587.74	587.74			705.29	705.29
40			565.44	565.44			595.20	595.20			714.23	714.23
41			576.05	576.05			606.37	606.37			727.65	727.65
42			586.23	586.23			617.08	617.08			740.50	740.50
43			600.39	600.39			631.99	631.99			758.38	758.38
44			618.09	618.09			650.62	650.62			780.74	780.74
45			638.88	638.88			672.51	672.51			807.01	807.01
46			663.66	663.66			698.59	698.59			838.30	838.30
47			691.53	691.53			727.93	727.93			873.51	873.51
48			723.39	723.39			761.46	761.46			913.75	913.75
49			754.80	754.80			794.53	794.53			953.43	953.43
50			790.19	790.19			831.78	831.78			998.14	998.14
51			825.15	825.15			868.58	868.58			1,042.29	1,042.29
52			863.64	863.64			909.09	909.09			1,090.91	1,090.91
53			902.57	902.57			950.08	950.08			1,140.09	1,140.09
54			944.60	944.60			994.32	994.32			1,193.18	1,193.18
55			986.64	986.64			1,038.56	1,038.56			1,246.28	1,246.28
56			1,032.21	1,032.21			1,086.53	1,086.53			1,303.84	1,303.84
57			1,078.22	1,078.22			1,134.97	1,134.97			1,361.96	1,361.96
58			1,127.33	1,127.33			1,186.66	1,186.66			1,424.00	1,424.00
59			1,151.67	1,151.67			1,212.28	1,212.28			1,454.74	1,454.74
60			1,200.78	1,200.78			1,263.97	1,263.97			1,516.77	1,516.77
61			1,243.25	1,243.25			1,308.68	1,308.68			1,570.42	1,570.42
62			1,271.12	1,271.12			1,338.03	1,338.03			1,605.63	1,605.63
63			1,306.08	1,306.08			1,374.82	1,374.82			1,649.78	1,649.78
64 and Over			1,327.31	1,327.31			1,397.17	1,397.17			1,676.61	1,676.61
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>75729PA0050133</b>			

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

<b>Geisinger All-Access Extra PPO 10/60/500</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$500/\$1,000	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,700/\$17,400	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$60	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$150 after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$150 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$60	30% after deductible
Substance Abuse Disorder Outpatient Services	\$60	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050068</b>

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

Geisinger All-Access Extra PPO 10/60/500								Gold				
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			379.28	379.28			399.24	399.24			479.09	479.09
15			413.00	413.00			434.73	434.73			521.68	521.68
16			425.89	425.89			448.30	448.30			537.96	537.96
17			438.78	438.78			461.87	461.87			554.24	554.24
18			452.66	452.66			476.48	476.48			571.78	571.78
19			466.54	466.54			491.10	491.10			589.31	589.31
20			480.92	480.92			506.23	506.23			607.48	607.48
21			495.80	495.80			521.89	521.89			626.27	626.27
22			495.80	495.80			521.89	521.89			626.27	626.27
23			495.80	495.80			521.89	521.89			626.27	626.27
24			495.80	495.80			521.89	521.89			626.27	626.27
25			497.78	497.78			523.97	523.97			628.77	628.77
26			507.69	507.69			534.41	534.41			641.29	641.29
27			519.59	519.59			546.94	546.94			656.33	656.33
28			538.93	538.93			567.29	567.29			680.75	680.75
29			554.79	554.79			583.99	583.99			700.79	700.79
30			562.72	562.72			592.34	592.34			710.81	710.81
31			574.62	574.62			604.87	604.87			725.84	725.84
32			586.52	586.52			617.39	617.39			740.87	740.87
33			593.96	593.96			625.22	625.22			750.26	750.26
34			601.89	601.89			633.57	633.57			760.28	760.28
35			605.86	605.86			637.75	637.75			765.30	765.30
36			609.82	609.82			641.92	641.92			770.31	770.31
37			613.79	613.79			646.10	646.10			775.32	775.32
38			617.76	617.76			650.27	650.27			780.33	780.33
39			625.69	625.69			658.62	658.62			790.35	790.35
40			633.62	633.62			666.97	666.97			800.37	800.37
41			645.52	645.52			679.50	679.50			815.40	815.40
42			656.93	656.93			691.50	691.50			829.80	829.80
43			672.79	672.79			708.20	708.20			849.84	849.84
44			692.62	692.62			729.08	729.08			874.89	874.89
45			715.92	715.92			753.60	753.60			904.33	904.33
46			743.69	743.69			782.83	782.83			939.40	939.40
47			774.92	774.92			815.71	815.71			978.85	978.85
48			810.62	810.62			853.29	853.29			1,023.94	1,023.94
49			845.82	845.82			890.34	890.34			1,068.41	1,068.41
50			885.49	885.49			932.09	932.09			1,118.51	1,118.51
51			924.65	924.65			973.32	973.32			1,167.98	1,167.98
52			967.79	967.79			1,018.72	1,018.72			1,222.47	1,222.47
53			1,011.42	1,011.42			1,064.65	1,064.65			1,277.58	1,277.58
54			1,058.52	1,058.52			1,114.23	1,114.23			1,337.07	1,337.07
55			1,105.62	1,105.62			1,163.81	1,163.81			1,396.57	1,396.57
56			1,156.68	1,156.68			1,217.56	1,217.56			1,461.07	1,461.07
57			1,208.25	1,208.25			1,271.84	1,271.84			1,526.21	1,526.21
58			1,263.28	1,263.28			1,329.77	1,329.77			1,595.72	1,595.72
59			1,290.55	1,290.55			1,358.47	1,358.47			1,630.17	1,630.17
60			1,345.58	1,345.58			1,416.40	1,416.40			1,699.68	1,699.68
61			1,393.18	1,393.18			1,466.50	1,466.50			1,759.80	1,759.80
62			1,424.41	1,424.41			1,499.38	1,499.38			1,799.26	1,799.26
63			1,463.58	1,463.58			1,540.61	1,540.61			1,848.73	1,848.73
64 and Over			1,487.38	1,487.38			1,565.66	1,565.66			1,878.79	1,878.79
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>75729PA0050068</b>				

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

<b>Geisinger All-Access Extra PPO 20/60/3500</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Preventive services covered at 100%</b>		<b>Health management programs</b>
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$3,500/\$7,000	\$10,000/\$20,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20/\$60	40% after deductible
Specialist - Office Visit	\$60	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250	\$250
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year)	\$0	40% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	40% after deductible
Mental/Behavioral Health Outpatient Services	\$60	40% after deductible
Substance Abuse Disorder Outpatient Services	\$60	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	40% after deductible
Rehabilitative Speech Therapy	\$60	40% after deductible
Habilitation Services	\$60	40% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050097</b>

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**



Geisinger All-Access Extra PPO 20/60/3500									Gold			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			325.28	325.28			342.40	342.40			410.87	410.87
15			354.19	354.19			372.83	372.83			447.40	447.40
16			365.24	365.24			384.47	384.47			461.36	461.36
17			376.30	376.30			396.10	396.10			475.33	475.33
18			388.21	388.21			408.64	408.64			490.36	490.36
19			400.11	400.11			421.17	421.17			505.40	505.40
20			412.44	412.44			434.15	434.15			520.98	520.98
21			425.20	425.20			447.58	447.58			537.10	537.10
22			425.20	425.20			447.58	447.58			537.10	537.10
23			425.20	425.20			447.58	447.58			537.10	537.10
24			425.20	425.20			447.58	447.58			537.10	537.10
25			426.90	426.90			449.37	449.37			539.24	539.24
26			435.40	435.40			458.32	458.32			549.98	549.98
27			445.61	445.61			469.06	469.06			562.87	562.87
28			462.19	462.19			486.52	486.52			583.82	583.82
29			475.80	475.80			500.84	500.84			601.01	601.01
30			482.60	482.60			508.00	508.00			609.60	609.60
31			492.80	492.80			518.74	518.74			622.49	622.49
32			503.01	503.01			529.48	529.48			635.38	635.38
33			509.39	509.39			536.20	536.20			643.44	643.44
34			516.19	516.19			543.36	543.36			652.03	652.03
35			519.59	519.59			546.94	546.94			656.33	656.33
36			522.99	522.99			550.52	550.52			660.62	660.62
37			526.39	526.39			554.10	554.10			664.92	664.92
38			529.80	529.80			557.68	557.68			669.22	669.22
39			536.60	536.60			564.84	564.84			677.81	677.81
40			543.40	543.40			572.00	572.00			686.40	686.40
41			553.61	553.61			582.74	582.74			699.29	699.29
42			563.39	563.39			593.04	593.04			711.65	711.65
43			576.99	576.99			607.36	607.36			728.83	728.83
44			594.00	594.00			625.26	625.26			750.32	750.32
45			613.98	613.98			646.30	646.30			775.56	775.56
46			637.80	637.80			671.36	671.36			805.64	805.64
47			664.58	664.58			699.56	699.56			839.47	839.47
48			695.20	695.20			731.79	731.79			878.14	878.14
49			725.39	725.39			763.56	763.56			916.28	916.28
50			759.40	759.40			799.37	799.37			959.24	959.24
51			792.99	792.99			834.73	834.73			1,001.68	1,001.68
52			829.98	829.98			873.67	873.67			1,048.40	1,048.40
53			867.40	867.40			913.06	913.06			1,095.67	1,095.67
54			907.80	907.80			955.57	955.57			1,146.69	1,146.69
55			948.19	948.19			998.09	998.09			1,197.71	1,197.71
56			991.99	991.99			1,044.19	1,044.19			1,253.03	1,253.03
57			1,036.21	1,036.21			1,090.74	1,090.74			1,308.89	1,308.89
58			1,083.40	1,083.40			1,140.42	1,140.42			1,368.51	1,368.51
59			1,106.79	1,106.79			1,165.04	1,165.04			1,398.05	1,398.05
60			1,153.99	1,153.99			1,214.72	1,214.72			1,457.67	1,457.67
61			1,194.80	1,194.80			1,257.69	1,257.69			1,509.23	1,509.23
62			1,221.59	1,221.59			1,285.89	1,285.89			1,543.06	1,543.06
63			1,255.18	1,255.18			1,321.24	1,321.24			1,585.49	1,585.49
64 and Over			1,275.59	1,275.59			1,342.73	1,342.73			1,611.27	1,611.27
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>75729PA0050097</b>			

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

<b>Geisinger All-Access PPO 20/40/1000</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$1,000/\$2,000	\$4,000/\$8,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,600/\$17,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	30% after deductible
Specialist - Office Visit	\$40	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$175 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$175 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	30% after deductible
Rehabilitative Speech Therapy	\$40	30% after deductible
Habilitation Services	\$40	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050070</b>

<b>Geisinger All-Access PPO 20/40/1000</b>								<b>Gold</b>				
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	388.57	388.57	369.14	369.14	369.14	369.14	388.57	388.57	485.71	485.71	466.28	466.28
15	423.10	423.10	401.95	401.95	401.95	401.95	423.10	423.10	528.88	528.88	507.73	507.73
16	436.31	436.31	414.50	414.50	414.50	414.50	436.31	436.31	545.39	545.39	523.57	523.57
17	449.52	449.52	427.04	427.04	427.04	427.04	449.52	449.52	561.90	561.90	539.42	539.42
18	463.74	463.74	440.55	440.55	440.55	440.55	463.74	463.74	579.67	579.67	556.49	556.49
19	477.96	477.96	454.06	454.06	454.06	454.06	477.96	477.96	597.45	597.45	573.55	573.55
20	492.69	492.69	468.06	468.06	468.06	468.06	492.69	492.69	615.86	615.86	591.23	591.23
21	507.93	507.93	482.54	482.54	482.54	482.54	507.93	507.93	634.92	634.92	609.52	609.52
22	507.93	507.93	482.54	482.54	482.54	482.54	507.93	507.93	634.92	634.92	609.52	609.52
23	507.93	507.93	482.54	482.54	482.54	482.54	507.93	507.93	634.92	634.92	609.52	609.52
24	507.93	507.93	482.54	482.54	482.54	482.54	507.93	507.93	634.92	634.92	609.52	609.52
25	509.96	509.96	484.46	484.46	484.46	484.46	509.96	509.96	637.45	637.45	611.95	611.95
26	520.12	520.12	494.11	494.11	494.11	494.11	520.12	520.12	650.15	650.15	624.14	624.14
27	532.31	532.31	505.69	505.69	505.69	505.69	532.31	532.31	665.39	665.39	638.77	638.77
28	552.12	552.12	524.51	524.51	524.51	524.51	552.12	552.12	690.15	690.15	662.54	662.54
29	568.37	568.37	539.95	539.95	539.95	539.95	568.37	568.37	710.47	710.47	682.05	682.05
30	576.50	576.50	547.67	547.67	547.67	547.67	576.50	576.50	720.62	720.62	691.80	691.80
31	588.69	588.69	559.26	559.26	559.26	559.26	588.69	588.69	735.86	735.86	706.43	706.43
32	600.88	600.88	570.84	570.84	570.84	570.84	600.88	600.88	751.10	751.10	721.06	721.06
33	608.50	608.50	578.07	578.07	578.07	578.07	608.50	608.50	760.62	760.62	730.20	730.20
34	616.63	616.63	585.79	585.79	585.79	585.79	616.63	616.63	770.78	770.78	739.95	739.95
35	620.69	620.69	589.65	589.65	589.65	589.65	620.69	620.69	775.86	775.86	744.83	744.83
36	624.75	624.75	593.52	593.52	593.52	593.52	624.75	624.75	780.94	780.94	749.70	749.70
37	628.82	628.82	597.38	597.38	597.38	597.38	628.82	628.82	786.02	786.02	754.58	754.58
38	632.88	632.88	601.24	601.24	601.24	601.24	632.88	632.88	791.10	791.10	759.46	759.46
39	641.01	641.01	608.96	608.96	608.96	608.96	641.01	641.01	801.26	801.26	769.21	769.21
40	649.13	649.13	616.68	616.68	616.68	616.68	649.13	649.13	811.42	811.42	778.96	778.96
41	661.32	661.32	628.26	628.26	628.26	628.26	661.32	661.32	826.65	826.65	793.59	793.59
42	673.01	673.01	639.36	639.36	639.36	639.36	673.01	673.01	841.26	841.26	807.61	807.61
43	689.26	689.26	654.80	654.80	654.80	654.80	689.26	689.26	861.57	861.57	827.11	827.11
44	709.58	709.58	674.10	674.10	674.10	674.10	709.58	709.58	886.97	886.97	851.49	851.49
45	733.45	733.45	696.78	696.78	696.78	696.78	733.45	733.45	916.81	916.81	880.14	880.14
46	761.89	761.89	723.80	723.80	723.80	723.80	761.89	761.89	952.37	952.37	914.27	914.27
47	793.89	793.89	754.20	754.20	754.20	754.20	793.89	793.89	992.37	992.37	952.67	952.67
48	830.46	830.46	788.94	788.94	788.94	788.94	830.46	830.46	1,038.08	1,038.08	996.56	996.56
49	866.53	866.53	823.20	823.20	823.20	823.20	866.53	866.53	1,083.16	1,083.16	1,039.83	1,039.83
50	907.16	907.16	861.80	861.80	861.80	861.80	907.16	907.16	1,133.95	1,133.95	1,088.59	1,088.59
51	947.29	947.29	899.92	899.92	899.92	899.92	947.29	947.29	1,184.11	1,184.11	1,136.75	1,136.75
52	991.48	991.48	941.90	941.90	941.90	941.90	991.48	991.48	1,239.35	1,239.35	1,189.77	1,189.77
53	1,036.18	1,036.18	984.37	984.37	984.37	984.37	1,036.18	1,036.18	1,295.22	1,295.22	1,243.41	1,243.41
54	1,084.43	1,084.43	1,030.21	1,030.21	1,030.21	1,030.21	1,084.43	1,084.43	1,355.54	1,355.54	1,301.31	1,301.31
55	1,132.68	1,132.68	1,076.05	1,076.05	1,076.05	1,076.05	1,132.68	1,132.68	1,415.85	1,415.85	1,359.22	1,359.22
56	1,185.00	1,185.00	1,125.75	1,125.75	1,125.75	1,125.75	1,185.00	1,185.00	1,481.25	1,481.25	1,422.00	1,422.00
57	1,237.82	1,237.82	1,175.93	1,175.93	1,175.93	1,175.93	1,237.82	1,237.82	1,547.28	1,547.28	1,485.39	1,485.39
58	1,294.20	1,294.20	1,229.49	1,229.49	1,229.49	1,229.49	1,294.20	1,294.20	1,617.75	1,617.75	1,553.04	1,553.04
59	1,322.14	1,322.14	1,256.03	1,256.03	1,256.03	1,256.03	1,322.14	1,322.14	1,652.67	1,652.67	1,586.57	1,586.57
60	1,378.52	1,378.52	1,309.59	1,309.59	1,309.59	1,309.59	1,378.52	1,378.52	1,723.15	1,723.15	1,654.22	1,654.22
61	1,427.28	1,427.28	1,355.92	1,355.92	1,355.92	1,355.92	1,427.28	1,427.28	1,784.10	1,784.10	1,712.74	1,712.74
62	1,459.28	1,459.28	1,386.32	1,386.32	1,386.32	1,386.32	1,459.28	1,459.28	1,824.10	1,824.10	1,751.14	1,751.14
63	1,499.41	1,499.41	1,424.44	1,424.44	1,424.44	1,424.44	1,499.41	1,499.41	1,874.26	1,874.26	1,799.29	1,799.29
64 and Over	1,523.79	1,523.79	1,447.60	1,447.60	1,447.60	1,447.60	1,523.79	1,523.79	1,904.73	1,904.73	1,828.54	1,828.54
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>75729PA0050070</b>				

<b>Geisinger All-Access PPO 20/40/1500</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$1,500/\$3,000	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	30% after deductible
Specialist - Office Visit	\$40	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$150 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	30% after deductible
Rehabilitative Speech Therapy	\$40	30% after deductible
Habilitation Services	\$40	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050103</b>

<b>Geisinger All-Access PPO 20/40/1500</b>								<b>Gold</b>				
	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
Age	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	374.77	374.77	356.03	356.03	356.03	356.03	374.77	374.77	468.46	468.46	449.73	449.73
15	408.08	408.08	387.68	387.68	387.68	387.68	408.08	408.08	510.11	510.11	489.70	489.70
16	420.82	420.82	399.78	399.78	399.78	399.78	420.82	420.82	526.03	526.03	504.99	504.99
17	433.56	433.56	411.88	411.88	411.88	411.88	433.56	433.56	541.95	541.95	520.27	520.27
18	447.28	447.28	424.91	424.91	424.91	424.91	447.28	447.28	559.09	559.09	536.73	536.73
19	460.99	460.99	437.94	437.94	437.94	437.94	460.99	460.99	576.24	576.24	553.19	553.19
20	475.20	475.20	451.44	451.44	451.44	451.44	475.20	475.20	594.00	594.00	570.24	570.24
21	489.90	489.90	465.41	465.41	465.41	465.41	489.90	489.90	612.38	612.38	587.88	587.88
22	489.90	489.90	465.41	465.41	465.41	465.41	489.90	489.90	612.38	612.38	587.88	587.88
23	489.90	489.90	465.41	465.41	465.41	465.41	489.90	489.90	612.38	612.38	587.88	587.88
24	489.90	489.90	465.41	465.41	465.41	465.41	489.90	489.90	612.38	612.38	587.88	587.88
25	491.86	491.86	467.26	467.26	467.26	467.26	491.86	491.86	614.82	614.82	590.23	590.23
26	501.65	501.65	476.57	476.57	476.57	476.57	501.65	501.65	627.07	627.07	601.99	601.99
27	513.41	513.41	487.74	487.74	487.74	487.74	513.41	513.41	641.77	641.77	616.09	616.09
28	532.52	532.52	505.89	505.89	505.89	505.89	532.52	532.52	665.65	665.65	639.02	639.02
29	548.19	548.19	520.79	520.79	520.79	520.79	548.19	548.19	685.24	685.24	657.83	657.83
30	556.03	556.03	528.23	528.23	528.23	528.23	556.03	556.03	695.04	695.04	667.24	667.24
31	567.79	567.79	539.40	539.40	539.40	539.40	567.79	567.79	709.74	709.74	681.35	681.35
32	579.55	579.55	550.57	550.57	550.57	550.57	579.55	579.55	724.44	724.44	695.46	695.46
33	586.90	586.90	557.55	557.55	557.55	557.55	586.90	586.90	733.62	733.62	704.28	704.28
34	594.73	594.73	565.00	565.00	565.00	565.00	594.73	594.73	743.42	743.42	713.68	713.68
35	598.65	598.65	568.72	568.72	568.72	568.72	598.65	598.65	748.32	748.32	718.38	718.38
36	602.57	602.57	572.44	572.44	572.44	572.44	602.57	602.57	753.22	753.22	723.09	723.09
37	606.49	606.49	576.17	576.17	576.17	576.17	606.49	606.49	758.12	758.12	727.79	727.79
38	610.41	610.41	579.89	579.89	579.89	579.89	610.41	610.41	763.01	763.01	732.49	732.49
39	618.25	618.25	587.34	587.34	587.34	587.34	618.25	618.25	772.81	772.81	741.90	741.90
40	626.09	626.09	594.78	594.78	594.78	594.78	626.09	626.09	782.61	782.61	751.31	751.31
41	637.85	637.85	605.95	605.95	605.95	605.95	637.85	637.85	797.31	797.31	765.42	765.42
42	649.11	649.11	616.66	616.66	616.66	616.66	649.11	649.11	811.39	811.39	778.94	778.94
43	664.79	664.79	631.55	631.55	631.55	631.55	664.79	664.79	830.99	830.99	797.75	797.75
44	684.39	684.39	650.17	650.17	650.17	650.17	684.39	684.39	855.48	855.48	821.26	821.26
45	707.41	707.41	672.04	672.04	672.04	672.04	707.41	707.41	884.26	884.26	848.89	848.89
46	734.85	734.85	698.10	698.10	698.10	698.10	734.85	734.85	918.56	918.56	881.81	881.81
47	765.71	765.71	727.42	727.42	727.42	727.42	765.71	765.71	957.14	957.14	918.85	918.85
48	800.98	800.98	760.93	760.93	760.93	760.93	800.98	800.98	1,001.23	1,001.23	961.18	961.18
49	835.76	835.76	793.98	793.98	793.98	793.98	835.76	835.76	1,044.71	1,044.71	1,002.92	1,002.92
50	874.96	874.96	831.21	831.21	831.21	831.21	874.96	874.96	1,093.70	1,093.70	1,049.95	1,049.95
51	913.66	913.66	867.98	867.98	867.98	867.98	913.66	913.66	1,142.07	1,142.07	1,096.39	1,096.39
52	956.28	956.28	908.46	908.46	908.46	908.46	956.28	956.28	1,195.35	1,195.35	1,147.53	1,147.53
53	999.39	999.39	949.42	949.42	949.42	949.42	999.39	999.39	1,249.24	1,249.24	1,199.27	1,199.27
54	1,045.93	1,045.93	993.63	993.63	993.63	993.63	1,045.93	1,045.93	1,307.41	1,307.41	1,255.12	1,255.12
55	1,092.47	1,092.47	1,037.85	1,037.85	1,037.85	1,037.85	1,092.47	1,092.47	1,365.59	1,365.59	1,310.96	1,310.96
56	1,142.93	1,142.93	1,085.78	1,085.78	1,085.78	1,085.78	1,142.93	1,142.93	1,428.66	1,428.66	1,371.52	1,371.52
57	1,193.88	1,193.88	1,134.19	1,134.19	1,134.19	1,134.19	1,193.88	1,193.88	1,492.35	1,492.35	1,432.65	1,432.65
58	1,248.26	1,248.26	1,185.84	1,185.84	1,185.84	1,185.84	1,248.26	1,248.26	1,560.32	1,560.32	1,497.91	1,497.91
59	1,275.20	1,275.20	1,211.44	1,211.44	1,211.44	1,211.44	1,275.20	1,275.20	1,594.00	1,594.00	1,530.24	1,530.24
60	1,329.58	1,329.58	1,263.10	1,263.10	1,263.10	1,263.10	1,329.58	1,329.58	1,661.98	1,661.98	1,595.50	1,595.50
61	1,376.61	1,376.61	1,307.78	1,307.78	1,307.78	1,307.78	1,376.61	1,376.61	1,720.76	1,720.76	1,651.93	1,651.93
62	1,407.47	1,407.47	1,337.10	1,337.10	1,337.10	1,337.10	1,407.47	1,407.47	1,759.34	1,759.34	1,688.97	1,688.97
63	1,446.18	1,446.18	1,373.87	1,373.87	1,373.87	1,373.87	1,446.18	1,446.18	1,807.72	1,807.72	1,735.41	1,735.41
64 and Over	1,469.69	1,469.69	1,396.21	1,396.21	1,396.21	1,396.21	1,469.69	1,469.69	1,837.11	1,837.11	1,763.63	1,763.63
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>75729PA0050103</b>				



<b>Geisinger All-Access PPO 20/40/500</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$500/\$1,000	\$4,000/\$8,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	30% after deductible
Specialist - Office Visit	\$40	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250	\$250
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$250 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	30% after deductible
Rehabilitative Speech Therapy	\$40	30% after deductible
Habilitation Services	\$40	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$5	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050102</b>

Geisinger All-Access PPO 20/40/500									Gold			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	410.95	410.95	390.41	390.41	390.41	390.41	410.95	410.95	513.69	513.69	493.15	493.15
15	447.48	447.48	425.11	425.11	425.11	425.11	447.48	447.48	559.36	559.36	536.98	536.98
16	461.45	461.45	438.38	438.38	438.38	438.38	461.45	461.45	576.81	576.81	553.74	553.74
17	475.42	475.42	451.65	451.65	451.65	451.65	475.42	475.42	594.27	594.27	570.50	570.50
18	490.46	490.46	465.94	465.94	465.94	465.94	490.46	490.46	613.07	613.07	588.55	588.55
19	505.50	505.50	480.23	480.23	480.23	480.23	505.50	505.50	631.88	631.88	606.60	606.60
20	521.08	521.08	495.03	495.03	495.03	495.03	521.08	521.08	651.35	651.35	625.30	625.30
21	537.20	537.20	510.34	510.34	510.34	510.34	537.20	537.20	671.50	671.50	644.64	644.64
22	537.20	537.20	510.34	510.34	510.34	510.34	537.20	537.20	671.50	671.50	644.64	644.64
23	537.20	537.20	510.34	510.34	510.34	510.34	537.20	537.20	671.50	671.50	644.64	644.64
24	537.20	537.20	510.34	510.34	510.34	510.34	537.20	537.20	671.50	671.50	644.64	644.64
25	539.34	539.34	512.38	512.38	512.38	512.38	539.34	539.34	674.18	674.18	647.21	647.21
26	550.09	550.09	522.58	522.58	522.58	522.58	550.09	550.09	687.61	687.61	660.11	660.11
27	562.98	562.98	534.83	534.83	534.83	534.83	562.98	562.98	703.73	703.73	675.58	675.58
28	583.93	583.93	554.74	554.74	554.74	554.74	583.93	583.93	729.92	729.92	700.72	700.72
29	601.12	601.12	571.07	571.07	571.07	571.07	601.12	601.12	751.40	751.40	721.35	721.35
30	609.72	609.72	579.23	579.23	579.23	579.23	609.72	609.72	762.15	762.15	731.66	731.66
31	622.61	622.61	591.48	591.48	591.48	591.48	622.61	622.61	778.26	778.26	747.13	747.13
32	635.50	635.50	603.73	603.73	603.73	603.73	635.50	635.50	794.38	794.38	762.60	762.60
33	643.56	643.56	611.38	611.38	611.38	611.38	643.56	643.56	804.45	804.45	772.27	772.27
34	652.16	652.16	619.55	619.55	619.55	619.55	652.16	652.16	815.19	815.19	782.59	782.59
35	656.45	656.45	623.63	623.63	623.63	623.63	656.45	656.45	820.57	820.57	787.74	787.74
36	660.75	660.75	627.71	627.71	627.71	627.71	660.75	660.75	825.94	825.94	792.90	792.90
37	665.05	665.05	631.80	631.80	631.80	631.80	665.05	665.05	831.31	831.31	798.06	798.06
38	669.35	669.35	635.88	635.88	635.88	635.88	669.35	669.35	836.68	836.68	803.22	803.22
39	677.94	677.94	644.04	644.04	644.04	644.04	677.94	677.94	847.43	847.43	813.53	813.53
40	686.54	686.54	652.21	652.21	652.21	652.21	686.54	686.54	858.17	858.17	823.84	823.84
41	699.43	699.43	664.46	664.46	664.46	664.46	699.43	699.43	874.29	874.29	839.32	839.32
42	711.78	711.78	676.20	676.20	676.20	676.20	711.78	711.78	889.73	889.73	854.14	854.14
43	728.97	728.97	692.53	692.53	692.53	692.53	728.97	728.97	911.22	911.22	874.77	874.77
44	750.46	750.46	712.94	712.94	712.94	712.94	750.46	750.46	938.08	938.08	900.56	900.56
45	775.71	775.71	736.93	736.93	736.93	736.93	775.71	775.71	969.64	969.64	930.85	930.85
46	805.79	805.79	765.50	765.50	765.50	765.50	805.79	805.79	1,007.24	1,007.24	966.95	966.95
47	839.64	839.64	797.66	797.66	797.66	797.66	839.64	839.64	1,049.55	1,049.55	1,007.56	1,007.56
48	878.32	878.32	834.40	834.40	834.40	834.40	878.32	878.32	1,097.89	1,097.89	1,053.98	1,053.98
49	916.46	916.46	870.63	870.63	870.63	870.63	916.46	916.46	1,145.57	1,145.57	1,099.75	1,099.75
50	959.43	959.43	911.46	911.46	911.46	911.46	959.43	959.43	1,199.29	1,199.29	1,151.32	1,151.32
51	1,001.87	1,001.87	951.78	951.78	951.78	951.78	1,001.87	1,001.87	1,252.34	1,252.34	1,202.24	1,202.24
52	1,048.61	1,048.61	996.18	996.18	996.18	996.18	1,048.61	1,048.61	1,310.76	1,310.76	1,258.33	1,258.33
53	1,095.88	1,095.88	1,041.09	1,041.09	1,041.09	1,041.09	1,095.88	1,095.88	1,369.85	1,369.85	1,315.06	1,315.06
54	1,146.91	1,146.91	1,089.57	1,089.57	1,089.57	1,089.57	1,146.91	1,146.91	1,433.64	1,433.64	1,376.30	1,376.30
55	1,197.95	1,197.95	1,138.05	1,138.05	1,138.05	1,138.05	1,197.95	1,197.95	1,497.43	1,497.43	1,437.54	1,437.54
56	1,253.28	1,253.28	1,190.61	1,190.61	1,190.61	1,190.61	1,253.28	1,253.28	1,566.60	1,566.60	1,503.93	1,503.93
57	1,309.15	1,309.15	1,243.69	1,243.69	1,243.69	1,243.69	1,309.15	1,309.15	1,636.43	1,636.43	1,570.98	1,570.98
58	1,368.78	1,368.78	1,300.34	1,300.34	1,300.34	1,300.34	1,368.78	1,368.78	1,710.97	1,710.97	1,642.53	1,642.53
59	1,398.32	1,398.32	1,328.41	1,328.41	1,328.41	1,328.41	1,398.32	1,398.32	1,747.90	1,747.90	1,677.99	1,677.99
60	1,457.95	1,457.95	1,385.05	1,385.05	1,385.05	1,385.05	1,457.95	1,457.95	1,822.44	1,822.44	1,749.54	1,749.54
61	1,509.52	1,509.52	1,434.04	1,434.04	1,434.04	1,434.04	1,509.52	1,509.52	1,886.90	1,886.90	1,811.42	1,811.42
62	1,543.36	1,543.36	1,466.20	1,466.20	1,466.20	1,466.20	1,543.36	1,543.36	1,929.21	1,929.21	1,852.04	1,852.04
63	1,585.80	1,585.80	1,506.51	1,506.51	1,506.51	1,506.51	1,585.80	1,585.80	1,982.25	1,982.25	1,902.96	1,902.96
64 and Over	1,611.59	1,611.59	1,531.01	1,531.01	1,531.01	1,531.01	1,611.59	1,611.59	2,014.49	2,014.49	1,933.91	1,933.91
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>75729PA0050102</b>			

<b>Geisinger All-Access PPO 25/50/2000</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050104</b>

<b>Geisinger All-Access PPO 25/50/2000</b>								<b>Gold</b>				
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	362.12	362.12	344.02	344.02	344.02	344.02	362.12	362.12	452.65	452.65	434.55	434.55
15	394.31	394.31	374.59	374.59	374.59	374.59	394.31	394.31	492.89	492.89	473.17	473.17
16	406.62	406.62	386.29	386.29	386.29	386.29	406.62	406.62	508.27	508.27	487.94	487.94
17	418.92	418.92	397.98	397.98	397.98	397.98	418.92	418.92	523.66	523.66	502.71	502.71
18	432.18	432.18	410.57	410.57	410.57	410.57	432.18	432.18	540.22	540.22	518.61	518.61
19	445.43	445.43	423.16	423.16	423.16	423.16	445.43	445.43	556.79	556.79	534.52	534.52
20	459.16	459.16	436.20	436.20	436.20	436.20	459.16	459.16	573.95	573.95	550.99	550.99
21	473.37	473.37	449.70	449.70	449.70	449.70	473.37	473.37	591.71	591.71	568.04	568.04
22	473.37	473.37	449.70	449.70	449.70	449.70	473.37	473.37	591.71	591.71	568.04	568.04
23	473.37	473.37	449.70	449.70	449.70	449.70	473.37	473.37	591.71	591.71	568.04	568.04
24	473.37	473.37	449.70	449.70	449.70	449.70	473.37	473.37	591.71	591.71	568.04	568.04
25	475.25	475.25	451.49	451.49	451.49	451.49	475.25	475.25	594.07	594.07	570.31	570.31
26	484.72	484.72	460.49	460.49	460.49	460.49	484.72	484.72	605.90	605.90	581.67	581.67
27	496.08	496.08	471.28	471.28	471.28	471.28	496.08	496.08	620.10	620.10	595.30	595.30
28	514.54	514.54	488.82	488.82	488.82	488.82	514.54	514.54	643.18	643.18	617.45	617.45
29	529.69	529.69	503.21	503.21	503.21	503.21	529.69	529.69	662.11	662.11	635.63	635.63
30	537.26	537.26	510.40	510.40	510.40	510.40	537.26	537.26	671.58	671.58	644.72	644.72
31	548.63	548.63	521.19	521.19	521.19	521.19	548.63	548.63	685.78	685.78	658.35	658.35
32	559.99	559.99	531.99	531.99	531.99	531.99	559.99	559.99	699.98	699.98	671.98	671.98
33	567.09	567.09	538.73	538.73	538.73	538.73	567.09	567.09	708.86	708.86	680.50	680.50
34	574.66	574.66	545.93	545.93	545.93	545.93	574.66	574.66	718.33	718.33	689.59	689.59
35	578.45	578.45	549.52	549.52	549.52	549.52	578.45	578.45	723.06	723.06	694.14	694.14
36	582.23	582.23	553.12	553.12	553.12	553.12	582.23	582.23	727.79	727.79	698.68	698.68
37	586.02	586.02	556.72	556.72	556.72	556.72	586.02	586.02	732.53	732.53	703.23	703.23
38	589.81	589.81	560.32	560.32	560.32	560.32	589.81	589.81	737.26	737.26	707.77	707.77
39	597.38	597.38	567.51	567.51	567.51	567.51	597.38	597.38	746.73	746.73	716.86	716.86
40	604.96	604.96	574.71	574.71	574.71	574.71	604.96	604.96	756.19	756.19	725.95	725.95
41	616.32	616.32	585.50	585.50	585.50	585.50	616.32	616.32	770.40	770.40	739.58	739.58
42	627.20	627.20	595.84	595.84	595.84	595.84	627.20	627.20	784.00	784.00	752.64	752.64
43	642.35	642.35	610.23	610.23	610.23	610.23	642.35	642.35	802.94	802.94	770.82	770.82
44	661.29	661.29	628.22	628.22	628.22	628.22	661.29	661.29	826.61	826.61	793.54	793.54
45	683.53	683.53	649.36	649.36	649.36	649.36	683.53	683.53	854.42	854.42	820.24	820.24
46	710.04	710.04	674.54	674.54	674.54	674.54	710.04	710.04	887.55	887.55	852.05	852.05
47	739.86	739.86	702.87	702.87	702.87	702.87	739.86	739.86	924.83	924.83	887.84	887.84
48	773.95	773.95	735.25	735.25	735.25	735.25	773.95	773.95	967.43	967.43	928.73	928.73
49	807.55	807.55	767.18	767.18	767.18	767.18	807.55	807.55	1,009.44	1,009.44	969.06	969.06
50	845.42	845.42	803.15	803.15	803.15	803.15	845.42	845.42	1,056.78	1,056.78	1,014.51	1,014.51
51	882.82	882.82	838.68	838.68	838.68	838.68	882.82	882.82	1,103.52	1,103.52	1,059.38	1,059.38
52	924.00	924.00	877.80	877.80	877.80	877.80	924.00	924.00	1,155.00	1,155.00	1,108.80	1,108.80
53	965.66	965.66	917.37	917.37	917.37	917.37	965.66	965.66	1,207.07	1,207.07	1,158.79	1,158.79
54	1,010.63	1,010.63	960.09	960.09	960.09	960.09	1,010.63	1,010.63	1,263.28	1,263.28	1,212.75	1,212.75
55	1,055.60	1,055.60	1,002.82	1,002.82	1,002.82	1,002.82	1,055.60	1,055.60	1,319.49	1,319.49	1,266.71	1,266.71
56	1,104.35	1,104.35	1,049.13	1,049.13	1,049.13	1,049.13	1,104.35	1,104.35	1,380.44	1,380.44	1,325.22	1,325.22
57	1,153.58	1,153.58	1,095.90	1,095.90	1,095.90	1,095.90	1,153.58	1,153.58	1,441.98	1,441.98	1,384.30	1,384.30
58	1,206.12	1,206.12	1,145.82	1,145.82	1,145.82	1,145.82	1,206.12	1,206.12	1,507.65	1,507.65	1,447.35	1,447.35
59	1,232.16	1,232.16	1,170.55	1,170.55	1,170.55	1,170.55	1,232.16	1,232.16	1,540.20	1,540.20	1,478.59	1,478.59
60	1,284.70	1,284.70	1,220.47	1,220.47	1,220.47	1,220.47	1,284.70	1,284.70	1,605.88	1,605.88	1,541.64	1,541.64
61	1,330.14	1,330.14	1,263.64	1,263.64	1,263.64	1,263.64	1,330.14	1,330.14	1,662.68	1,662.68	1,596.17	1,596.17
62	1,359.97	1,359.97	1,291.97	1,291.97	1,291.97	1,291.97	1,359.97	1,359.97	1,699.96	1,699.96	1,631.96	1,631.96
63	1,397.36	1,397.36	1,327.49	1,327.49	1,327.49	1,327.49	1,397.36	1,397.36	1,746.70	1,746.70	1,676.83	1,676.83
64 and Over	1,420.08	1,420.08	1,349.08	1,349.08	1,349.08	1,349.08	1,420.08	1,420.08	1,775.10	1,775.10	1,704.10	1,704.10
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>75729PA0050104</b>				

<b>Geisinger All-Access PPO 25/50/2000 1xded</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$2,000/\$2,000	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050127</b>



Geisinger All-Access PPO 25/50/2000 1xded									Gold			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	372.07	372.07	353.47	353.47	353.47	353.47	372.07	372.07	465.09	465.09	446.49	446.49
15	405.14	405.14	384.89	384.89	384.89	384.89	405.14	405.14	506.43	506.43	486.17	486.17
16	417.79	417.79	396.90	396.90	396.90	396.90	417.79	417.79	522.24	522.24	501.35	501.35
17	430.44	430.44	408.91	408.91	408.91	408.91	430.44	430.44	538.04	538.04	516.52	516.52
18	444.05	444.05	421.85	421.85	421.85	421.85	444.05	444.05	555.07	555.07	532.86	532.86
19	457.67	457.67	434.79	434.79	434.79	434.79	457.67	457.67	572.09	572.09	549.21	549.21
20	471.78	471.78	448.19	448.19	448.19	448.19	471.78	471.78	589.72	589.72	566.13	566.13
21	486.37	486.37	462.05	462.05	462.05	462.05	486.37	486.37	607.96	607.96	583.65	583.65
22	486.37	486.37	462.05	462.05	462.05	462.05	486.37	486.37	607.96	607.96	583.65	583.65
23	486.37	486.37	462.05	462.05	462.05	462.05	486.37	486.37	607.96	607.96	583.65	583.65
24	486.37	486.37	462.05	462.05	462.05	462.05	486.37	486.37	607.96	607.96	583.65	583.65
25	488.31	488.31	463.90	463.90	463.90	463.90	488.31	488.31	610.39	610.39	585.98	585.98
26	498.04	498.04	473.14	473.14	473.14	473.14	498.04	498.04	622.55	622.55	597.65	597.65
27	509.71	509.71	484.23	484.23	484.23	484.23	509.71	509.71	637.14	637.14	611.66	611.66
28	528.68	528.68	502.25	502.25	502.25	502.25	528.68	528.68	660.85	660.85	634.42	634.42
29	544.25	544.25	517.03	517.03	517.03	517.03	544.25	544.25	680.31	680.31	653.09	653.09
30	552.03	552.03	524.43	524.43	524.43	524.43	552.03	552.03	690.03	690.03	662.43	662.43
31	563.70	563.70	535.52	535.52	535.52	535.52	563.70	563.70	704.63	704.63	676.44	676.44
32	575.37	575.37	546.60	546.60	546.60	546.60	575.37	575.37	719.22	719.22	690.45	690.45
33	582.67	582.67	553.54	553.54	553.54	553.54	582.67	582.67	728.34	728.34	699.20	699.20
34	590.45	590.45	560.93	560.93	560.93	560.93	590.45	590.45	738.06	738.06	708.54	708.54
35	594.34	594.34	564.62	564.62	564.62	564.62	594.34	594.34	742.93	742.93	713.21	713.21
36	598.23	598.23	568.32	568.32	568.32	568.32	598.23	598.23	747.79	747.79	717.88	717.88
37	602.12	602.12	572.02	572.02	572.02	572.02	602.12	602.12	752.65	752.65	722.55	722.55
38	606.01	606.01	575.71	575.71	575.71	575.71	606.01	606.01	757.52	757.52	727.22	727.22
39	613.80	613.80	583.11	583.11	583.11	583.11	613.80	613.80	767.25	767.25	736.56	736.56
40	621.58	621.58	590.50	590.50	590.50	590.50	621.58	621.58	776.97	776.97	745.89	745.89
41	633.25	633.25	601.59	601.59	601.59	601.59	633.25	633.25	791.56	791.56	759.90	759.90
42	644.44	644.44	612.22	612.22	612.22	612.22	644.44	644.44	805.55	805.55	773.33	773.33
43	660.00	660.00	627.00	627.00	627.00	627.00	660.00	660.00	825.00	825.00	792.00	792.00
44	679.46	679.46	645.48	645.48	645.48	645.48	679.46	679.46	849.32	849.32	815.35	815.35
45	702.32	702.32	667.20	667.20	667.20	667.20	702.32	702.32	877.89	877.89	842.78	842.78
46	729.55	729.55	693.07	693.07	693.07	693.07	729.55	729.55	911.94	911.94	875.46	875.46
47	760.19	760.19	722.18	722.18	722.18	722.18	760.19	760.19	950.24	950.24	912.23	912.23
48	795.21	795.21	755.45	755.45	755.45	755.45	795.21	795.21	994.01	994.01	954.25	954.25
49	829.74	829.74	788.26	788.26	788.26	788.26	829.74	829.74	1,037.18	1,037.18	995.69	995.69
50	868.65	868.65	825.22	825.22	825.22	825.22	868.65	868.65	1,085.82	1,085.82	1,042.38	1,042.38
51	907.08	907.08	861.72	861.72	861.72	861.72	907.08	907.08	1,133.85	1,133.85	1,088.49	1,088.49
52	949.39	949.39	901.92	901.92	901.92	901.92	949.39	949.39	1,186.74	1,186.74	1,139.27	1,139.27
53	992.19	992.19	942.58	942.58	942.58	942.58	992.19	992.19	1,240.24	1,240.24	1,190.63	1,190.63
54	1,038.40	1,038.40	986.48	986.48	986.48	986.48	1,038.40	1,038.40	1,297.99	1,297.99	1,246.07	1,246.07
55	1,084.60	1,084.60	1,030.37	1,030.37	1,030.37	1,030.37	1,084.60	1,084.60	1,355.75	1,355.75	1,301.52	1,301.52
56	1,134.70	1,134.70	1,077.96	1,077.96	1,077.96	1,077.96	1,134.70	1,134.70	1,418.37	1,418.37	1,361.64	1,361.64
57	1,185.28	1,185.28	1,126.01	1,126.01	1,126.01	1,126.01	1,185.28	1,185.28	1,481.60	1,481.60	1,422.33	1,422.33
58	1,239.27	1,239.27	1,177.30	1,177.30	1,177.30	1,177.30	1,239.27	1,239.27	1,549.08	1,549.08	1,487.12	1,487.12
59	1,266.02	1,266.02	1,202.72	1,202.72	1,202.72	1,202.72	1,266.02	1,266.02	1,582.52	1,582.52	1,519.22	1,519.22
60	1,320.00	1,320.00	1,254.00	1,254.00	1,254.00	1,254.00	1,320.00	1,320.00	1,650.00	1,650.00	1,584.00	1,584.00
61	1,366.69	1,366.69	1,298.36	1,298.36	1,298.36	1,298.36	1,366.69	1,366.69	1,708.37	1,708.37	1,640.03	1,640.03
62	1,397.34	1,397.34	1,327.47	1,327.47	1,327.47	1,327.47	1,397.34	1,397.34	1,746.67	1,746.67	1,676.80	1,676.80
63	1,435.76	1,435.76	1,363.97	1,363.97	1,363.97	1,363.97	1,435.76	1,435.76	1,794.70	1,794.70	1,722.91	1,722.91
64 and Over	1,459.10	1,459.10	1,386.15	1,386.15	1,386.15	1,386.15	1,459.10	1,459.10	1,823.88	1,823.88	1,750.92	1,750.92
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>75729PA0050127</b>			

<b>Geisinger All-Access PPO 25/50/3300</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	3,300/\$6,600	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,550/\$17,100	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200 after deductible	\$200 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050071</b>

<b>Geisinger All-Access PPO 25/50/3300</b>								<b>Gold</b>				
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	348.64	348.64	331.21	331.21	331.21	331.21	348.64	348.64	435.80	435.80	418.36	418.36
15	379.63	379.63	360.65	360.65	360.65	360.65	379.63	379.63	474.53	474.53	455.55	455.55
16	391.48	391.48	371.90	371.90	371.90	371.90	391.48	391.48	489.35	489.35	469.77	469.77
17	403.33	403.33	383.16	383.16	383.16	383.16	403.33	403.33	504.16	504.16	483.99	483.99
18	416.09	416.09	395.28	395.28	395.28	395.28	416.09	416.09	520.11	520.11	499.30	499.30
19	428.85	428.85	407.40	407.40	407.40	407.40	428.85	428.85	536.06	536.06	514.62	514.62
20	442.06	442.06	419.96	419.96	419.96	419.96	442.06	442.06	552.58	552.58	530.48	530.48
21	455.74	455.74	432.95	432.95	432.95	432.95	455.74	455.74	569.67	569.67	546.89	546.89
22	455.74	455.74	432.95	432.95	432.95	432.95	455.74	455.74	569.67	569.67	546.89	546.89
23	455.74	455.74	432.95	432.95	432.95	432.95	455.74	455.74	569.67	569.67	546.89	546.89
24	455.74	455.74	432.95	432.95	432.95	432.95	455.74	455.74	569.67	569.67	546.89	546.89
25	457.56	457.56	434.68	434.68	434.68	434.68	457.56	457.56	571.95	571.95	549.07	549.07
26	466.67	466.67	443.34	443.34	443.34	443.34	466.67	466.67	583.34	583.34	560.01	560.01
27	477.61	477.61	453.73	453.73	453.73	453.73	477.61	477.61	597.01	597.01	573.13	573.13
28	495.38	495.38	470.61	470.61	470.61	470.61	495.38	495.38	619.23	619.23	594.46	594.46
29	509.97	509.97	484.47	484.47	484.47	484.47	509.97	509.97	637.46	637.46	611.96	611.96
30	517.26	517.26	491.40	491.40	491.40	491.40	517.26	517.26	646.57	646.57	620.71	620.71
31	528.20	528.20	501.79	501.79	501.79	501.79	528.20	528.20	660.25	660.25	633.84	633.84
32	539.13	539.13	512.18	512.18	512.18	512.18	539.13	539.13	673.92	673.92	646.96	646.96
33	545.97	545.97	518.67	518.67	518.67	518.67	545.97	545.97	682.46	682.46	655.16	655.16
34	553.26	553.26	525.60	525.60	525.60	525.60	553.26	553.26	691.58	691.58	663.91	663.91
35	556.91	556.91	529.06	529.06	529.06	529.06	556.91	556.91	696.14	696.14	668.29	668.29
36	560.55	560.55	532.53	532.53	532.53	532.53	560.55	560.55	700.69	700.69	672.66	672.66
37	564.20	564.20	535.99	535.99	535.99	535.99	564.20	564.20	705.25	705.25	677.04	677.04
38	567.85	567.85	539.45	539.45	539.45	539.45	567.85	567.85	709.81	709.81	681.41	681.41
39	575.14	575.14	546.38	546.38	546.38	546.38	575.14	575.14	718.92	718.92	690.17	690.17
40	582.43	582.43	553.31	553.31	553.31	553.31	582.43	582.43	728.04	728.04	698.92	698.92
41	593.37	593.37	563.70	563.70	563.70	563.70	593.37	593.37	741.71	741.71	712.04	712.04
42	603.85	603.85	573.66	573.66	573.66	573.66	603.85	603.85	754.81	754.81	724.62	724.62
43	618.43	618.43	587.51	587.51	587.51	587.51	618.43	618.43	773.04	773.04	742.12	742.12
44	636.66	636.66	604.83	604.83	604.83	604.83	636.66	636.66	795.83	795.83	763.99	763.99
45	658.08	658.08	625.18	625.18	625.18	625.18	658.08	658.08	822.60	822.60	789.70	789.70
46	683.60	683.60	649.42	649.42	649.42	649.42	683.60	683.60	854.50	854.50	820.32	820.32
47	712.31	712.31	676.70	676.70	676.70	676.70	712.31	712.31	890.39	890.39	854.78	854.78
48	745.13	745.13	707.87	707.87	707.87	707.87	745.13	745.13	931.41	931.41	894.15	894.15
49	777.48	777.48	738.61	738.61	738.61	738.61	777.48	777.48	971.85	971.85	932.98	932.98
50	813.94	813.94	773.25	773.25	773.25	773.25	813.94	813.94	1,017.43	1,017.43	976.73	976.73
51	849.95	849.95	807.45	807.45	807.45	807.45	849.95	849.95	1,062.43	1,062.43	1,019.93	1,019.93
52	889.59	889.59	845.11	845.11	845.11	845.11	889.59	889.59	1,111.99	1,111.99	1,067.51	1,067.51
53	929.70	929.70	883.21	883.21	883.21	883.21	929.70	929.70	1,162.12	1,162.12	1,115.64	1,115.64
54	972.99	972.99	924.34	924.34	924.34	924.34	972.99	972.99	1,216.24	1,216.24	1,167.59	1,167.59
55	1,016.29	1,016.29	965.47	965.47	965.47	965.47	1,016.29	1,016.29	1,270.36	1,270.36	1,219.55	1,219.55
56	1,063.23	1,063.23	1,010.07	1,010.07	1,010.07	1,010.07	1,063.23	1,063.23	1,329.04	1,329.04	1,275.88	1,275.88
57	1,110.63	1,110.63	1,055.09	1,055.09	1,055.09	1,055.09	1,110.63	1,110.63	1,388.28	1,388.28	1,332.75	1,332.75
58	1,161.21	1,161.21	1,103.15	1,103.15	1,103.15	1,103.15	1,161.21	1,161.21	1,451.52	1,451.52	1,393.46	1,393.46
59	1,186.28	1,186.28	1,126.96	1,126.96	1,126.96	1,126.96	1,186.28	1,186.28	1,482.85	1,482.85	1,423.53	1,423.53
60	1,236.86	1,236.86	1,175.02	1,175.02	1,175.02	1,175.02	1,236.86	1,236.86	1,546.08	1,546.08	1,484.24	1,484.24
61	1,280.62	1,280.62	1,216.58	1,216.58	1,216.58	1,216.58	1,280.62	1,280.62	1,600.77	1,600.77	1,536.74	1,536.74
62	1,309.33	1,309.33	1,243.86	1,243.86	1,243.86	1,243.86	1,309.33	1,309.33	1,636.66	1,636.66	1,571.19	1,571.19
63	1,345.33	1,345.33	1,278.06	1,278.06	1,278.06	1,278.06	1,345.33	1,345.33	1,681.66	1,681.66	1,614.40	1,614.40
64 and Over	1,367.21	1,367.21	1,298.84	1,298.84	1,298.84	1,298.84	1,367.21	1,367.21	1,709.01	1,709.01	1,640.65	1,640.65
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>75729PA0050071</b>				

<b>Geisinger All-Access PPO 25/50/4500 1x ded</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$4,500/\$4,500	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050137</b>

Geisinger All-Access PPO 25/50/4500 1x ded									Gold			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	341.16	341.16	324.10	324.10	324.10	324.10	341.16	341.16	426.45	426.45	409.39	409.39
15	371.49	371.49	352.91	352.91	352.91	352.91	371.49	371.49	464.36	464.36	445.78	445.78
16	383.08	383.08	363.93	363.93	363.93	363.93	383.08	383.08	478.85	478.85	459.70	459.70
17	394.68	394.68	374.94	374.94	374.94	374.94	394.68	394.68	493.35	493.35	473.61	473.61
18	407.16	407.16	386.81	386.81	386.81	386.81	407.16	407.16	508.95	508.95	488.60	488.60
19	419.65	419.65	398.67	398.67	398.67	398.67	419.65	419.65	524.56	524.56	503.58	503.58
20	432.58	432.58	410.95	410.95	410.95	410.95	432.58	432.58	540.73	540.73	519.10	519.10
21	445.97	445.97	423.67	423.67	423.67	423.67	445.97	445.97	557.46	557.46	535.16	535.16
22	445.97	445.97	423.67	423.67	423.67	423.67	445.97	445.97	557.46	557.46	535.16	535.16
23	445.97	445.97	423.67	423.67	423.67	423.67	445.97	445.97	557.46	557.46	535.16	535.16
24	445.97	445.97	423.67	423.67	423.67	423.67	445.97	445.97	557.46	557.46	535.16	535.16
25	447.75	447.75	425.36	425.36	425.36	425.36	447.75	447.75	559.68	559.68	537.30	537.30
26	456.67	456.67	433.83	433.83	433.83	433.83	456.67	456.67	570.83	570.83	548.00	548.00
27	467.37	467.37	444.00	444.00	444.00	444.00	467.37	467.37	584.21	584.21	560.84	560.84
28	484.76	484.76	460.52	460.52	460.52	460.52	484.76	484.76	605.95	605.95	581.71	581.71
29	499.03	499.03	474.08	474.08	474.08	474.08	499.03	499.03	623.79	623.79	598.84	598.84
30	506.17	506.17	480.86	480.86	480.86	480.86	506.17	506.17	632.71	632.71	607.40	607.40
31	516.87	516.87	491.03	491.03	491.03	491.03	516.87	516.87	646.09	646.09	620.24	620.24
32	527.57	527.57	501.19	501.19	501.19	501.19	527.57	527.57	659.47	659.47	633.09	633.09
33	534.26	534.26	507.55	507.55	507.55	507.55	534.26	534.26	667.83	667.83	641.11	641.11
34	541.40	541.40	514.33	514.33	514.33	514.33	541.40	541.40	676.75	676.75	649.68	649.68
35	544.97	544.97	517.72	517.72	517.72	517.72	544.97	544.97	681.21	681.21	653.96	653.96
36	548.53	548.53	521.11	521.11	521.11	521.11	548.53	548.53	685.67	685.67	658.24	658.24
37	552.10	552.10	524.50	524.50	524.50	524.50	552.10	552.10	690.13	690.13	662.52	662.52
38	555.67	555.67	527.89	527.89	527.89	527.89	555.67	555.67	694.59	694.59	666.80	666.80
39	562.80	562.80	534.66	534.66	534.66	534.66	562.80	562.80	703.51	703.51	675.36	675.36
40	569.94	569.94	541.44	541.44	541.44	541.44	569.94	569.94	712.42	712.42	683.93	683.93
41	580.64	580.64	551.61	551.61	551.61	551.61	580.64	580.64	725.80	725.80	696.77	696.77
42	590.90	590.90	561.35	561.35	561.35	561.35	590.90	590.90	738.62	738.62	709.08	709.08
43	605.17	605.17	574.91	574.91	574.91	574.91	605.17	605.17	756.46	756.46	726.20	726.20
44	623.01	623.01	591.86	591.86	591.86	591.86	623.01	623.01	778.76	778.76	747.61	747.61
45	643.97	643.97	611.77	611.77	611.77	611.77	643.97	643.97	804.96	804.96	772.76	772.76
46	668.94	668.94	635.50	635.50	635.50	635.50	668.94	668.94	836.18	836.18	802.73	802.73
47	697.04	697.04	662.19	662.19	662.19	662.19	697.04	697.04	871.30	871.30	836.45	836.45
48	729.15	729.15	692.69	692.69	692.69	692.69	729.15	729.15	911.43	911.43	874.98	874.98
49	760.81	760.81	722.77	722.77	722.77	722.77	760.81	760.81	951.01	951.01	912.97	912.97
50	796.49	796.49	756.66	756.66	756.66	756.66	796.49	796.49	995.61	995.61	955.79	955.79
51	831.72	831.72	790.13	790.13	790.13	790.13	831.72	831.72	1,039.65	1,039.65	998.06	998.06
52	870.52	870.52	826.99	826.99	826.99	826.99	870.52	870.52	1,088.15	1,088.15	1,044.62	1,044.62
53	909.76	909.76	864.27	864.27	864.27	864.27	909.76	909.76	1,137.20	1,137.20	1,091.71	1,091.71
54	952.13	952.13	904.52	904.52	904.52	904.52	952.13	952.13	1,190.16	1,190.16	1,142.55	1,142.55
55	994.50	994.50	944.77	944.77	944.77	944.77	994.50	994.50	1,243.12	1,243.12	1,193.39	1,193.39
56	1,040.43	1,040.43	988.41	988.41	988.41	988.41	1,040.43	1,040.43	1,300.54	1,300.54	1,248.52	1,248.52
57	1,086.81	1,086.81	1,032.47	1,032.47	1,032.47	1,032.47	1,086.81	1,086.81	1,358.51	1,358.51	1,304.17	1,304.17
58	1,136.31	1,136.31	1,079.50	1,079.50	1,079.50	1,079.50	1,136.31	1,136.31	1,420.39	1,420.39	1,363.57	1,363.57
59	1,160.84	1,160.84	1,102.80	1,102.80	1,102.80	1,102.80	1,160.84	1,160.84	1,451.05	1,451.05	1,393.01	1,393.01
60	1,210.34	1,210.34	1,149.82	1,149.82	1,149.82	1,149.82	1,210.34	1,210.34	1,512.93	1,512.93	1,452.41	1,452.41
61	1,253.15	1,253.15	1,190.50	1,190.50	1,190.50	1,190.50	1,253.15	1,253.15	1,566.44	1,566.44	1,503.78	1,503.78
62	1,281.25	1,281.25	1,217.19	1,217.19	1,217.19	1,217.19	1,281.25	1,281.25	1,601.56	1,601.56	1,537.50	1,537.50
63	1,316.48	1,316.48	1,250.66	1,250.66	1,250.66	1,250.66	1,316.48	1,316.48	1,645.60	1,645.60	1,579.78	1,579.78
64 and Over	1,337.89	1,337.89	1,270.99	1,270.99	1,270.99	1,270.99	1,337.89	1,337.89	1,672.36	1,672.36	1,605.46	1,605.46
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>75729PA0050137</b>			



<b>Geisinger All-Access PPO 30/60/3500</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$3,500/\$7,000	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$30	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250	\$250
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$30	\$30
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$30	30% after deductible
Substance Abuse Disorder Outpatient Services	\$30	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050096</b>

Geisinger All-Access PPO 30/60/3500								Gold				
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	347.38	347.38	330.01	330.01	330.01	330.01	347.38	347.38	434.23	434.23	416.86	416.86
15	378.26	378.26	359.35	359.35	359.35	359.35	378.26	378.26	472.82	472.82	453.91	453.91
16	390.07	390.07	370.56	370.56	370.56	370.56	390.07	390.07	487.58	487.58	468.08	468.08
17	401.87	401.87	381.78	381.78	381.78	381.78	401.87	401.87	502.34	502.34	482.25	482.25
18	414.59	414.59	393.86	393.86	393.86	393.86	414.59	414.59	518.23	518.23	497.50	497.50
19	427.30	427.30	405.94	405.94	405.94	405.94	427.30	427.30	534.13	534.13	512.76	512.76
20	440.47	440.47	418.45	418.45	418.45	418.45	440.47	440.47	550.59	550.59	528.56	528.56
21	454.10	454.10	431.39	431.39	431.39	431.39	454.10	454.10	567.62	567.62	544.92	544.92
22	454.10	454.10	431.39	431.39	431.39	431.39	454.10	454.10	567.62	567.62	544.92	544.92
23	454.10	454.10	431.39	431.39	431.39	431.39	454.10	454.10	567.62	567.62	544.92	544.92
24	454.10	454.10	431.39	431.39	431.39	431.39	454.10	454.10	567.62	567.62	544.92	544.92
25	455.91	455.91	433.11	433.11	433.11	433.11	455.91	455.91	569.89	569.89	547.09	547.09
26	464.99	464.99	441.74	441.74	441.74	441.74	464.99	464.99	581.24	581.24	557.99	557.99
27	475.89	475.89	452.09	452.09	452.09	452.09	475.89	475.89	594.86	594.86	571.07	571.07
28	493.60	493.60	468.92	468.92	468.92	468.92	493.60	493.60	617.00	617.00	592.32	592.32
29	508.13	508.13	482.72	482.72	482.72	482.72	508.13	508.13	635.16	635.16	609.75	609.75
30	515.39	515.39	489.62	489.62	489.62	489.62	515.39	515.39	644.24	644.24	618.47	618.47
31	526.29	526.29	499.98	499.98	499.98	499.98	526.29	526.29	657.87	657.87	631.55	631.55
32	537.19	537.19	510.33	510.33	510.33	510.33	537.19	537.19	671.49	671.49	644.63	644.63
33	544.00	544.00	516.80	516.80	516.80	516.80	544.00	544.00	680.00	680.00	652.80	652.80
34	551.27	551.27	523.70	523.70	523.70	523.70	551.27	551.27	689.08	689.08	661.52	661.52
35	554.90	554.90	527.16	527.16	527.16	527.16	554.90	554.90	693.63	693.63	665.88	665.88
36	558.53	558.53	530.61	530.61	530.61	530.61	558.53	558.53	698.17	698.17	670.24	670.24
37	562.17	562.17	534.06	534.06	534.06	534.06	562.17	562.17	702.71	702.71	674.60	674.60
38	565.80	565.80	537.51	537.51	537.51	537.51	565.80	565.80	707.25	707.25	678.96	678.96
39	573.06	573.06	544.41	544.41	544.41	544.41	573.06	573.06	716.33	716.33	687.68	687.68
40	580.33	580.33	551.31	551.31	551.31	551.31	580.33	580.33	725.41	725.41	696.40	696.40
41	591.23	591.23	561.67	561.67	561.67	561.67	591.23	591.23	739.03	739.03	709.47	709.47
42	601.67	601.67	571.59	571.59	571.59	571.59	601.67	601.67	752.09	752.09	722.01	722.01
43	616.20	616.20	585.39	585.39	585.39	585.39	616.20	616.20	770.25	770.25	739.44	739.44
44	634.37	634.37	602.65	602.65	602.65	602.65	634.37	634.37	792.96	792.96	761.24	761.24
45	655.71	655.71	622.92	622.92	622.92	622.92	655.71	655.71	819.64	819.64	786.85	786.85
46	681.14	681.14	647.08	647.08	647.08	647.08	681.14	681.14	851.42	851.42	817.37	817.37
47	709.75	709.75	674.26	674.26	674.26	674.26	709.75	709.75	887.18	887.18	851.69	851.69
48	742.44	742.44	705.32	705.32	705.32	705.32	742.44	742.44	928.05	928.05	890.93	890.93
49	774.68	774.68	735.95	735.95	735.95	735.95	774.68	774.68	968.35	968.35	929.62	929.62
50	811.01	811.01	770.46	770.46	770.46	770.46	811.01	811.01	1,013.76	1,013.76	973.21	973.21
51	846.88	846.88	804.54	804.54	804.54	804.54	846.88	846.88	1,058.60	1,058.60	1,016.26	1,016.26
52	886.39	886.39	842.07	842.07	842.07	842.07	886.39	886.39	1,107.98	1,107.98	1,063.67	1,063.67
53	926.35	926.35	880.03	880.03	880.03	880.03	926.35	926.35	1,157.93	1,157.93	1,111.62	1,111.62
54	969.49	969.49	921.01	921.01	921.01	921.01	969.49	969.49	1,211.86	1,211.86	1,163.38	1,163.38
55	1,012.63	1,012.63	961.99	961.99	961.99	961.99	1,012.63	1,012.63	1,265.78	1,265.78	1,215.15	1,215.15
56	1,059.40	1,059.40	1,006.43	1,006.43	1,006.43	1,006.43	1,059.40	1,059.40	1,324.25	1,324.25	1,271.28	1,271.28
57	1,106.62	1,106.62	1,051.29	1,051.29	1,051.29	1,051.29	1,106.62	1,106.62	1,383.28	1,383.28	1,327.95	1,327.95
58	1,157.03	1,157.03	1,099.18	1,099.18	1,099.18	1,099.18	1,157.03	1,157.03	1,446.28	1,446.28	1,388.43	1,388.43
59	1,182.00	1,182.00	1,122.90	1,122.90	1,122.90	1,122.90	1,182.00	1,182.00	1,477.50	1,477.50	1,418.40	1,418.40
60	1,232.41	1,232.41	1,170.79	1,170.79	1,170.79	1,170.79	1,232.41	1,232.41	1,540.51	1,540.51	1,478.89	1,478.89
61	1,276.00	1,276.00	1,212.20	1,212.20	1,212.20	1,212.20	1,276.00	1,276.00	1,595.00	1,595.00	1,531.20	1,531.20
62	1,304.61	1,304.61	1,239.38	1,239.38	1,239.38	1,239.38	1,304.61	1,304.61	1,630.76	1,630.76	1,565.53	1,565.53
63	1,340.48	1,340.48	1,273.46	1,273.46	1,273.46	1,273.46	1,340.48	1,340.48	1,675.60	1,675.60	1,608.58	1,608.58
64 and Over	1,362.28	1,362.28	1,294.16	1,294.16	1,294.16	1,294.16	1,362.28	1,362.28	1,702.85	1,702.85	1,634.73	1,634.73
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>75729PA0050096</b>				

<b>Geisinger All-Access QHDHP PPO 3000</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$3,000/\$6,000	\$8,000/\$16,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$3,000/\$6,000	\$8,000/\$16,000
Primary Care Visit to Treat an Injury or Illness	0% after deductible	30% after deductible
Specialist - Office Visit	0% after deductible	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	0% after deductible	0% after deductible
Emergency Transportation(Ambulance/Air)	0% after deductible	0% after deductible
Urgent Care Centers or Facilities	0% after deductible	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	0% after deductible	30% after deductible
Hospice Services	0% after deductible	30% after deductible
Mental/Behavioral Health Outpatient Services	0% after deductible	30% after deductible
Substance Abuse Disorder Outpatient Services	0% after deductible	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible	30% after deductible
Rehabilitative Speech Therapy	0% after deductible	30% after deductible
Habilitation Services	0% after deductible	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	0% after deductible	Limited to In Network
Routine Eye Exam for Children	0% after deductible	Limited to In Network
Eye Glasses for Children	0% after deductible	0% after deductible
Drug EHB Deductible	Combined with Medical	Limited to In Network
Mail Order Rx	0% after deductible	Limited to In Network
Tier 1 - Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 3 - Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 5 - Specialty Drugs	0% after deductible	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050078</b>

<b>Geisinger All-Access QHDHP PPO 3000</b>								<b>Gold</b>				
	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
Age	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	367.39	367.39	349.02	349.02	349.02	349.02	367.39	367.39	459.24	459.24	440.87	440.87
15	400.05	400.05	380.05	380.05	380.05	380.05	400.05	400.05	500.06	500.06	480.06	480.06
16	412.54	412.54	391.91	391.91	391.91	391.91	412.54	412.54	515.67	515.67	495.05	495.05
17	425.02	425.02	403.77	403.77	403.77	403.77	425.02	425.02	531.28	531.28	510.03	510.03
18	438.47	438.47	416.55	416.55	416.55	416.55	438.47	438.47	548.09	548.09	526.17	526.17
19	451.92	451.92	429.32	429.32	429.32	429.32	451.92	451.92	564.90	564.90	542.30	542.30
20	465.85	465.85	442.55	442.55	442.55	442.55	465.85	465.85	582.31	582.31	559.02	559.02
21	480.26	480.26	456.25	456.25	456.25	456.25	480.26	480.26	600.32	600.32	576.31	576.31
22	480.26	480.26	456.25	456.25	456.25	456.25	480.26	480.26	600.32	600.32	576.31	576.31
23	480.26	480.26	456.25	456.25	456.25	456.25	480.26	480.26	600.32	600.32	576.31	576.31
24	480.26	480.26	456.25	456.25	456.25	456.25	480.26	480.26	600.32	600.32	576.31	576.31
25	482.18	482.18	458.07	458.07	458.07	458.07	482.18	482.18	602.72	602.72	578.61	578.61
26	491.78	491.78	467.19	467.19	467.19	467.19	491.78	491.78	614.73	614.73	590.14	590.14
27	503.31	503.31	478.14	478.14	478.14	478.14	503.31	503.31	629.13	629.13	603.97	603.97
28	522.04	522.04	495.93	495.93	495.93	495.93	522.04	522.04	652.55	652.55	626.44	626.44
29	537.40	537.40	510.53	510.53	510.53	510.53	537.40	537.40	671.76	671.76	644.89	644.89
30	545.09	545.09	517.83	517.83	517.83	517.83	545.09	545.09	681.36	681.36	654.11	654.11
31	556.61	556.61	528.78	528.78	528.78	528.78	556.61	556.61	695.77	695.77	667.94	667.94
32	568.14	568.14	539.73	539.73	539.73	539.73	568.14	568.14	710.18	710.18	681.77	681.77
33	575.34	575.34	546.58	546.58	546.58	546.58	575.34	575.34	719.18	719.18	690.41	690.41
34	583.03	583.03	553.88	553.88	553.88	553.88	583.03	583.03	728.79	728.79	699.63	699.63
35	586.87	586.87	557.53	557.53	557.53	557.53	586.87	586.87	733.59	733.59	704.24	704.24
36	590.71	590.71	561.18	561.18	561.18	561.18	590.71	590.71	738.39	738.39	708.85	708.85
37	594.55	594.55	564.83	564.83	564.83	564.83	594.55	594.55	743.19	743.19	713.47	713.47
38	598.40	598.40	568.48	568.48	568.48	568.48	598.40	598.40	748.00	748.00	718.08	718.08
39	606.08	606.08	575.78	575.78	575.78	575.78	606.08	606.08	757.60	757.60	727.30	727.30
40	613.76	613.76	583.08	583.08	583.08	583.08	613.76	613.76	767.21	767.21	736.52	736.52
41	625.29	625.29	594.03	594.03	594.03	594.03	625.29	625.29	781.61	781.61	750.35	750.35
42	636.34	636.34	604.52	604.52	604.52	604.52	636.34	636.34	795.42	795.42	763.60	763.60
43	651.70	651.70	619.12	619.12	619.12	619.12	651.70	651.70	814.63	814.63	782.05	782.05
44	670.91	670.91	637.37	637.37	637.37	637.37	670.91	670.91	838.64	838.64	805.10	805.10
45	693.49	693.49	658.81	658.81	658.81	658.81	693.49	693.49	866.86	866.86	832.18	832.18
46	720.38	720.38	684.36	684.36	684.36	684.36	720.38	720.38	900.48	900.48	864.46	864.46
47	750.64	750.64	713.11	713.11	713.11	713.11	750.64	750.64	938.30	938.30	900.76	900.76
48	785.22	785.22	745.95	745.95	745.95	745.95	785.22	785.22	981.52	981.52	942.26	942.26
49	819.31	819.31	778.35	778.35	778.35	778.35	819.31	819.31	1,024.14	1,024.14	983.18	983.18
50	857.73	857.73	814.85	814.85	814.85	814.85	857.73	857.73	1,072.17	1,072.17	1,029.28	1,029.28
51	895.67	895.67	850.89	850.89	850.89	850.89	895.67	895.67	1,119.59	1,119.59	1,074.81	1,074.81
52	937.46	937.46	890.58	890.58	890.58	890.58	937.46	937.46	1,171.82	1,171.82	1,124.95	1,124.95
53	979.72	979.72	930.73	930.73	930.73	930.73	979.72	979.72	1,224.65	1,224.65	1,175.66	1,175.66
54	1,025.34	1,025.34	974.08	974.08	974.08	974.08	1,025.34	1,025.34	1,281.68	1,281.68	1,230.41	1,230.41
55	1,070.97	1,070.97	1,017.42	1,017.42	1,017.42	1,017.42	1,070.97	1,070.97	1,338.71	1,338.71	1,285.16	1,285.16
56	1,120.43	1,120.43	1,064.41	1,064.41	1,064.41	1,064.41	1,120.43	1,120.43	1,400.54	1,400.54	1,344.52	1,344.52
57	1,170.38	1,170.38	1,111.86	1,111.86	1,111.86	1,111.86	1,170.38	1,170.38	1,462.97	1,462.97	1,404.45	1,404.45
58	1,223.69	1,223.69	1,162.50	1,162.50	1,162.50	1,162.50	1,223.69	1,223.69	1,529.61	1,529.61	1,468.42	1,468.42
59	1,250.10	1,250.10	1,187.60	1,187.60	1,187.60	1,187.60	1,250.10	1,250.10	1,562.63	1,562.63	1,500.12	1,500.12
60	1,303.41	1,303.41	1,238.24	1,238.24	1,238.24	1,238.24	1,303.41	1,303.41	1,629.26	1,629.26	1,564.09	1,564.09
61	1,349.51	1,349.51	1,282.04	1,282.04	1,282.04	1,282.04	1,349.51	1,349.51	1,686.89	1,686.89	1,619.42	1,619.42
62	1,379.77	1,379.77	1,310.78	1,310.78	1,310.78	1,310.78	1,379.77	1,379.77	1,724.71	1,724.71	1,655.72	1,655.72
63	1,417.71	1,417.71	1,346.82	1,346.82	1,346.82	1,346.82	1,417.71	1,417.71	1,772.14	1,772.14	1,701.25	1,701.25
64 and Over	1,440.76	1,440.76	1,368.72	1,368.72	1,368.72	1,368.72	1,440.76	1,440.76	1,800.95	1,800.95	1,728.91	1,728.91
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>75729PA0050078</b>				

<b>Geisinger Small Group ACA All-Access HMO 20/40/1000</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Preventive services covered at 100%</b>		<b>Health management programs</b>
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$1,000/\$2,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,600/\$17,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$175 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$175 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>22444PA0060117</b>



<b>Geisinger Small Group ACA All-Access HMO 20/40/1000</b>									<b>Gold</b>			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	373.18	373.18	354.52	354.52	354.52	354.52	373.18	373.18	466.48	466.48	447.82	447.82
15	406.36	406.36	386.04	386.04	386.04	386.04	406.36	406.36	507.94	507.94	487.63	487.63
16	419.04	419.04	398.09	398.09	398.09	398.09	419.04	419.04	523.80	523.80	502.85	502.85
17	431.72	431.72	410.14	410.14	410.14	410.14	431.72	431.72	539.65	539.65	518.07	518.07
18	445.38	445.38	423.11	423.11	423.11	423.11	445.38	445.38	556.73	556.73	534.46	534.46
19	459.04	459.04	436.09	436.09	436.09	436.09	459.04	459.04	573.80	573.80	550.85	550.85
20	473.19	473.19	449.53	449.53	449.53	449.53	473.19	473.19	591.48	591.48	567.82	567.82
21	487.83	487.83	463.44	463.44	463.44	463.44	487.83	487.83	609.78	609.78	585.39	585.39
22	487.83	487.83	463.44	463.44	463.44	463.44	487.83	487.83	609.78	609.78	585.39	585.39
23	487.83	487.83	463.44	463.44	463.44	463.44	487.83	487.83	609.78	609.78	585.39	585.39
24	487.83	487.83	463.44	463.44	463.44	463.44	487.83	487.83	609.78	609.78	585.39	585.39
25	489.77	489.77	465.28	465.28	465.28	465.28	489.77	489.77	612.22	612.22	587.73	587.73
26	499.53	499.53	474.55	474.55	474.55	474.55	499.53	499.53	624.41	624.41	599.44	599.44
27	511.24	511.24	485.68	485.68	485.68	485.68	511.24	511.24	639.05	639.05	613.48	613.48
28	530.26	530.26	503.75	503.75	503.75	503.75	530.26	530.26	662.83	662.83	636.32	636.32
29	545.87	545.87	518.58	518.58	518.58	518.58	545.87	545.87	682.34	682.34	655.05	655.05
30	553.68	553.68	525.99	525.99	525.99	525.99	553.68	553.68	692.10	692.10	664.41	664.41
31	565.39	565.39	537.12	537.12	537.12	537.12	565.39	565.39	706.73	706.73	678.46	678.46
32	577.09	577.09	548.24	548.24	548.24	548.24	577.09	577.09	721.37	721.37	692.51	692.51
33	584.41	584.41	555.19	555.19	555.19	555.19	584.41	584.41	730.51	730.51	701.29	701.29
34	592.22	592.22	562.61	562.61	562.61	562.61	592.22	592.22	740.27	740.27	710.66	710.66
35	596.12	596.12	566.31	566.31	566.31	566.31	596.12	596.12	745.15	745.15	715.34	715.34
36	600.02	600.02	570.02	570.02	570.02	570.02	600.02	600.02	750.03	750.03	720.03	720.03
37	603.92	603.92	573.73	573.73	573.73	573.73	603.92	603.92	754.90	754.90	724.71	724.71
38	607.83	607.83	577.43	577.43	577.43	577.43	607.83	607.83	759.78	759.78	729.39	729.39
39	615.63	615.63	584.85	584.85	584.85	584.85	615.63	615.63	769.54	769.54	738.76	738.76
40	623.44	623.44	592.26	592.26	592.26	592.26	623.44	623.44	779.30	779.30	748.12	748.12
41	635.14	635.14	603.39	603.39	603.39	603.39	635.14	635.14	793.93	793.93	762.17	762.17
42	646.36	646.36	614.05	614.05	614.05	614.05	646.36	646.36	807.96	807.96	775.64	775.64
43	661.97	661.97	628.88	628.88	628.88	628.88	661.97	661.97	827.47	827.47	794.37	794.37
44	681.49	681.49	647.41	647.41	647.41	647.41	681.49	681.49	851.86	851.86	817.78	817.78
45	704.41	704.41	669.19	669.19	669.19	669.19	704.41	704.41	880.52	880.52	845.30	845.30
46	731.73	731.73	695.15	695.15	695.15	695.15	731.73	731.73	914.67	914.67	878.08	878.08
47	762.47	762.47	724.34	724.34	724.34	724.34	762.47	762.47	953.08	953.08	914.96	914.96
48	797.59	797.59	757.71	757.71	757.71	757.71	797.59	797.59	996.99	996.99	957.11	957.11
49	832.22	832.22	790.61	790.61	790.61	790.61	832.22	832.22	1,040.28	1,040.28	998.67	998.67
50	871.25	871.25	827.69	827.69	827.69	827.69	871.25	871.25	1,089.06	1,089.06	1,045.50	1,045.50
51	909.79	909.79	864.30	864.30	864.30	864.30	909.79	909.79	1,137.24	1,137.24	1,091.75	1,091.75
52	952.23	952.23	904.62	904.62	904.62	904.62	952.23	952.23	1,190.29	1,190.29	1,142.67	1,142.67
53	995.16	995.16	945.40	945.40	945.40	945.40	995.16	995.16	1,243.95	1,243.95	1,194.19	1,194.19
54	1,041.50	1,041.50	989.42	989.42	989.42	989.42	1,041.50	1,041.50	1,301.87	1,301.87	1,249.80	1,249.80
55	1,087.84	1,087.84	1,033.45	1,033.45	1,033.45	1,033.45	1,087.84	1,087.84	1,359.80	1,359.80	1,305.41	1,305.41
56	1,138.09	1,138.09	1,081.18	1,081.18	1,081.18	1,081.18	1,138.09	1,138.09	1,422.61	1,422.61	1,365.71	1,365.71
57	1,188.82	1,188.82	1,129.38	1,129.38	1,129.38	1,129.38	1,188.82	1,188.82	1,486.03	1,486.03	1,426.59	1,426.59
58	1,242.97	1,242.97	1,180.82	1,180.82	1,180.82	1,180.82	1,242.97	1,242.97	1,553.71	1,553.71	1,491.56	1,491.56
59	1,269.80	1,269.80	1,206.31	1,206.31	1,206.31	1,206.31	1,269.80	1,269.80	1,587.25	1,587.25	1,523.76	1,523.76
60	1,323.95	1,323.95	1,257.75	1,257.75	1,257.75	1,257.75	1,323.95	1,323.95	1,654.94	1,654.94	1,588.74	1,588.74
61	1,370.78	1,370.78	1,302.24	1,302.24	1,302.24	1,302.24	1,370.78	1,370.78	1,713.47	1,713.47	1,644.94	1,644.94
62	1,401.51	1,401.51	1,331.44	1,331.44	1,331.44	1,331.44	1,401.51	1,401.51	1,751.89	1,751.89	1,681.82	1,681.82
63	1,440.05	1,440.05	1,368.05	1,368.05	1,368.05	1,368.05	1,440.05	1,440.05	1,800.06	1,800.06	1,728.06	1,728.06
64 and Over	1,463.47	1,463.47	1,390.29	1,390.29	1,390.29	1,390.29	1,463.47	1,463.47	1,829.33	1,829.33	1,756.16	1,756.16
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>22444PA0060117</b>			

<b>Geisinger Small Group ACA All-Access HMO 20/40/1500</b>		<b>Gold</b>
<b>Preventive services covered at 100%   Accessories Program   Health management programs</b>		
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$1,500/\$3,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$150 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>22444PA0060118</b>

<b>Geisinger Small Group ACA All-Access HMO 20/40/1500</b>										<b>Gold</b>			
	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9		
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		
Age	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	
0-14	359.94	359.94	341.94	341.94	341.94	341.94	359.94	359.94	449.92	449.92	431.93	431.93	
15	391.93	391.93	372.34	372.34	372.34	372.34	391.93	391.93	489.92	489.92	470.32	470.32	
16	404.17	404.17	383.96	383.96	383.96	383.96	404.17	404.17	505.21	505.21	485.00	485.00	
17	416.40	416.40	395.58	395.58	395.58	395.58	416.40	416.40	520.50	520.50	499.68	499.68	
18	429.57	429.57	408.09	408.09	408.09	408.09	429.57	429.57	536.97	536.97	515.49	515.49	
19	442.75	442.75	420.61	420.61	420.61	420.61	442.75	442.75	553.43	553.43	531.30	531.30	
20	456.39	456.39	433.57	433.57	433.57	433.57	456.39	456.39	570.49	570.49	547.67	547.67	
21	470.51	470.51	446.99	446.99	446.99	446.99	470.51	470.51	588.14	588.14	564.61	564.61	
22	470.51	470.51	446.99	446.99	446.99	446.99	470.51	470.51	588.14	588.14	564.61	564.61	
23	470.51	470.51	446.99	446.99	446.99	446.99	470.51	470.51	588.14	588.14	564.61	564.61	
24	470.51	470.51	446.99	446.99	446.99	446.99	470.51	470.51	588.14	588.14	564.61	564.61	
25	472.39	472.39	448.77	448.77	448.77	448.77	472.39	472.39	590.49	590.49	566.87	566.87	
26	481.80	481.80	457.71	457.71	457.71	457.71	481.80	481.80	602.25	602.25	578.16	578.16	
27	493.09	493.09	468.44	468.44	468.44	468.44	493.09	493.09	616.36	616.36	591.71	591.71	
28	511.44	511.44	485.87	485.87	485.87	485.87	511.44	511.44	639.30	639.30	613.73	613.73	
29	526.50	526.50	500.17	500.17	500.17	500.17	526.50	526.50	658.12	658.12	631.80	631.80	
30	534.03	534.03	507.32	507.32	507.32	507.32	534.03	534.03	667.53	667.53	640.83	640.83	
31	545.32	545.32	518.05	518.05	518.05	518.05	545.32	545.32	681.65	681.65	654.38	654.38	
32	556.61	556.61	528.78	528.78	528.78	528.78	556.61	556.61	695.76	695.76	667.93	667.93	
33	563.67	563.67	535.48	535.48	535.48	535.48	563.67	563.67	704.58	704.58	676.40	676.40	
34	571.20	571.20	542.64	542.64	542.64	542.64	571.20	571.20	713.99	713.99	685.43	685.43	
35	574.96	574.96	546.21	546.21	546.21	546.21	574.96	574.96	718.70	718.70	689.95	689.95	
36	578.72	578.72	549.79	549.79	549.79	549.79	578.72	578.72	723.40	723.40	694.47	694.47	
37	582.49	582.49	553.36	553.36	553.36	553.36	582.49	582.49	728.11	728.11	698.99	698.99	
38	586.25	586.25	556.94	556.94	556.94	556.94	586.25	586.25	732.81	732.81	703.50	703.50	
39	593.78	593.78	564.09	564.09	564.09	564.09	593.78	593.78	742.22	742.22	712.54	712.54	
40	601.31	601.31	571.24	571.24	571.24	571.24	601.31	601.31	751.63	751.63	721.57	721.57	
41	612.60	612.60	581.97	581.97	581.97	581.97	612.60	612.60	765.75	765.75	735.12	735.12	
42	623.42	623.42	592.25	592.25	592.25	592.25	623.42	623.42	779.28	779.28	748.11	748.11	
43	638.48	638.48	606.55	606.55	606.55	606.55	638.48	638.48	798.10	798.10	766.17	766.17	
44	657.30	657.30	624.43	624.43	624.43	624.43	657.30	657.30	821.62	821.62	788.76	788.76	
45	679.41	679.41	645.44	645.44	645.44	645.44	679.41	679.41	849.27	849.27	815.29	815.29	
46	705.76	705.76	670.47	670.47	670.47	670.47	705.76	705.76	882.20	882.20	846.91	846.91	
47	735.40	735.40	698.63	698.63	698.63	698.63	735.40	735.40	919.25	919.25	882.48	882.48	
48	769.28	769.28	730.81	730.81	730.81	730.81	769.28	769.28	961.60	961.60	923.13	923.13	
49	802.68	802.68	762.55	762.55	762.55	762.55	802.68	802.68	1,003.36	1,003.36	963.22	963.22	
50	840.33	840.33	798.31	798.31	798.31	798.31	840.33	840.33	1,050.41	1,050.41	1,008.39	1,008.39	
51	877.50	877.50	833.62	833.62	833.62	833.62	877.50	877.50	1,096.87	1,096.87	1,052.99	1,052.99	
52	918.43	918.43	872.51	872.51	872.51	872.51	918.43	918.43	1,148.04	1,148.04	1,102.12	1,102.12	
53	959.83	959.83	911.84	911.84	911.84	911.84	959.83	959.83	1,199.79	1,199.79	1,151.80	1,151.80	
54	1,004.53	1,004.53	954.31	954.31	954.31	954.31	1,004.53	1,004.53	1,255.67	1,255.67	1,205.44	1,205.44	
55	1,049.23	1,049.23	996.77	996.77	996.77	996.77	1,049.23	1,049.23	1,311.54	1,311.54	1,259.08	1,259.08	
56	1,097.69	1,097.69	1,042.81	1,042.81	1,042.81	1,042.81	1,097.69	1,097.69	1,372.12	1,372.12	1,317.23	1,317.23	
57	1,146.63	1,146.63	1,089.29	1,089.29	1,089.29	1,089.29	1,146.63	1,146.63	1,433.28	1,433.28	1,375.95	1,375.95	
58	1,198.85	1,198.85	1,138.91	1,138.91	1,138.91	1,138.91	1,198.85	1,198.85	1,498.56	1,498.56	1,438.62	1,438.62	
59	1,224.73	1,224.73	1,163.49	1,163.49	1,163.49	1,163.49	1,224.73	1,224.73	1,530.91	1,530.91	1,469.68	1,469.68	
60	1,276.96	1,276.96	1,213.11	1,213.11	1,213.11	1,213.11	1,276.96	1,276.96	1,596.19	1,596.19	1,532.35	1,532.35	
61	1,322.12	1,322.12	1,256.02	1,256.02	1,256.02	1,256.02	1,322.12	1,322.12	1,652.66	1,652.66	1,586.55	1,586.55	
62	1,351.77	1,351.77	1,284.18	1,284.18	1,284.18	1,284.18	1,351.77	1,351.77	1,689.71	1,689.71	1,622.12	1,622.12	
63	1,388.94	1,388.94	1,319.49	1,319.49	1,319.49	1,319.49	1,388.94	1,388.94	1,736.17	1,736.17	1,666.72	1,666.72	
64 and Over	1,411.52	1,411.52	1,340.94	1,340.94	1,340.94	1,340.94	1,411.52	1,411.52	1,764.40	1,764.40	1,693.83	1,693.83	
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>										<b>22444PA0060118</b>			

<b>Geisinger Small Group ACA All-Access HMO 20/40/3200</b>		<b>Gold</b>
<b>Preventive services covered at 100%   Accessories Program   Health management programs</b>		
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$3,200/\$6,400	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,550/\$17,100	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200 after deductible	\$200 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	0% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$150/\$300	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40 after deductible	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$60 after deductible	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance after deductible up to \$200	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>22444PA0060062</b>

Geisinger Small Group ACA All-Access HMO 20/40/3200									Gold			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	343.42	343.42	326.25	326.25	326.25	326.25	343.42	343.42	429.28	429.28	412.11	412.11
15	373.95	373.95	355.25	355.25	355.25	355.25	373.95	373.95	467.44	467.44	448.74	448.74
16	385.62	385.62	366.34	366.34	366.34	366.34	385.62	385.62	482.03	482.03	462.75	462.75
17	397.29	397.29	377.43	377.43	377.43	377.43	397.29	397.29	496.62	496.62	476.75	476.75
18	409.86	409.86	389.37	389.37	389.37	389.37	409.86	409.86	512.33	512.33	491.84	491.84
19	422.43	422.43	401.31	401.31	401.31	401.31	422.43	422.43	528.04	528.04	506.92	506.92
20	435.45	435.45	413.68	413.68	413.68	413.68	435.45	435.45	544.32	544.32	522.54	522.54
21	448.92	448.92	426.48	426.48	426.48	426.48	448.92	448.92	561.15	561.15	538.71	538.71
22	448.92	448.92	426.48	426.48	426.48	426.48	448.92	448.92	561.15	561.15	538.71	538.71
23	448.92	448.92	426.48	426.48	426.48	426.48	448.92	448.92	561.15	561.15	538.71	538.71
24	448.92	448.92	426.48	426.48	426.48	426.48	448.92	448.92	561.15	561.15	538.71	538.71
25	450.72	450.72	428.18	428.18	428.18	428.18	450.72	450.72	563.39	563.39	540.86	540.86
26	459.69	459.69	436.71	436.71	436.71	436.71	459.69	459.69	574.62	574.62	551.63	551.63
27	470.47	470.47	446.94	446.94	446.94	446.94	470.47	470.47	588.09	588.09	564.56	564.56
28	487.98	487.98	463.58	463.58	463.58	463.58	487.98	487.98	609.97	609.97	585.57	585.57
29	502.34	502.34	477.22	477.22	477.22	477.22	502.34	502.34	627.93	627.93	602.81	602.81
30	509.52	509.52	484.05	484.05	484.05	484.05	509.52	509.52	636.91	636.91	611.43	611.43
31	520.30	520.30	494.28	494.28	494.28	494.28	520.30	520.30	650.37	650.37	624.36	624.36
32	531.07	531.07	504.52	504.52	504.52	504.52	531.07	531.07	663.84	663.84	637.29	637.29
33	537.81	537.81	510.92	510.92	510.92	510.92	537.81	537.81	672.26	672.26	645.37	645.37
34	544.99	544.99	517.74	517.74	517.74	517.74	544.99	544.99	681.24	681.24	653.99	653.99
35	548.58	548.58	521.15	521.15	521.15	521.15	548.58	548.58	685.73	685.73	658.30	658.30
36	552.17	552.17	524.56	524.56	524.56	524.56	552.17	552.17	690.21	690.21	662.61	662.61
37	555.76	555.76	527.97	527.97	527.97	527.97	555.76	555.76	694.70	694.70	666.92	666.92
38	559.35	559.35	531.39	531.39	531.39	531.39	559.35	559.35	699.19	699.19	671.23	671.23
39	566.54	566.54	538.21	538.21	538.21	538.21	566.54	566.54	708.17	708.17	679.84	679.84
40	573.72	573.72	545.03	545.03	545.03	545.03	573.72	573.72	717.15	717.15	688.46	688.46
41	584.49	584.49	555.27	555.27	555.27	555.27	584.49	584.49	730.62	730.62	701.39	701.39
42	594.82	594.82	565.08	565.08	565.08	565.08	594.82	594.82	743.52	743.52	713.78	713.78
43	609.18	609.18	578.73	578.73	578.73	578.73	609.18	609.18	761.48	761.48	731.02	731.02
44	627.14	627.14	595.78	595.78	595.78	595.78	627.14	627.14	783.93	783.93	752.57	752.57
45	648.24	648.24	615.83	615.83	615.83	615.83	648.24	648.24	810.30	810.30	777.89	777.89
46	673.38	673.38	639.71	639.71	639.71	639.71	673.38	673.38	841.73	841.73	808.06	808.06
47	701.66	701.66	666.58	666.58	666.58	666.58	701.66	701.66	877.08	877.08	841.99	841.99
48	733.98	733.98	697.28	697.28	697.28	697.28	733.98	733.98	917.48	917.48	880.78	880.78
49	765.86	765.86	727.56	727.56	727.56	727.56	765.86	765.86	957.32	957.32	919.03	919.03
50	801.77	801.77	761.68	761.68	761.68	761.68	801.77	801.77	1,002.21	1,002.21	962.13	962.13
51	837.24	837.24	795.37	795.37	795.37	795.37	837.24	837.24	1,046.54	1,046.54	1,004.68	1,004.68
52	876.29	876.29	832.48	832.48	832.48	832.48	876.29	876.29	1,095.36	1,095.36	1,051.55	1,051.55
53	915.80	915.80	870.01	870.01	870.01	870.01	915.80	915.80	1,144.75	1,144.75	1,098.96	1,098.96
54	958.44	958.44	910.52	910.52	910.52	910.52	958.44	958.44	1,198.06	1,198.06	1,150.13	1,150.13
55	1,001.09	1,001.09	951.04	951.04	951.04	951.04	1,001.09	1,001.09	1,251.36	1,251.36	1,201.31	1,201.31
56	1,047.33	1,047.33	994.96	994.96	994.96	994.96	1,047.33	1,047.33	1,309.16	1,309.16	1,256.80	1,256.80
57	1,094.02	1,094.02	1,039.32	1,039.32	1,039.32	1,039.32	1,094.02	1,094.02	1,367.52	1,367.52	1,312.82	1,312.82
58	1,143.85	1,143.85	1,086.66	1,086.66	1,086.66	1,086.66	1,143.85	1,143.85	1,429.81	1,429.81	1,372.62	1,372.62
59	1,168.54	1,168.54	1,110.11	1,110.11	1,110.11	1,110.11	1,168.54	1,168.54	1,460.67	1,460.67	1,402.25	1,402.25
60	1,218.37	1,218.37	1,157.45	1,157.45	1,157.45	1,157.45	1,218.37	1,218.37	1,522.96	1,522.96	1,462.04	1,462.04
61	1,261.47	1,261.47	1,198.39	1,198.39	1,198.39	1,198.39	1,261.47	1,261.47	1,576.83	1,576.83	1,513.76	1,513.76
62	1,289.75	1,289.75	1,225.26	1,225.26	1,225.26	1,225.26	1,289.75	1,289.75	1,612.18	1,612.18	1,547.70	1,547.70
63	1,325.21	1,325.21	1,258.95	1,258.95	1,258.95	1,258.95	1,325.21	1,325.21	1,656.51	1,656.51	1,590.25	1,590.25
64 and Over	1,346.76	1,346.76	1,279.42	1,279.42	1,279.42	1,279.42	1,346.76	1,346.76	1,683.45	1,683.45	1,616.11	1,616.11
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>22444PA006062</b>			



<b>Geisinger Small Group ACA All-Access HMO 20/40/500</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Preventive services covered at 100%</b>		<b>Health management programs</b>
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$500/\$1,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250	\$250
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$250 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$5	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>22444PA0060116</b>

Geisinger Small Group ACA All-Access HMO 20/40/500									Gold			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	394.69	394.69	374.95	374.95	374.95	374.95	394.69	394.69	493.36	493.36	473.63	473.63
15	429.77	429.77	408.28	408.28	408.28	408.28	429.77	429.77	537.21	537.21	515.73	515.73
16	443.19	443.19	421.03	421.03	421.03	421.03	443.19	443.19	553.98	553.98	531.82	531.82
17	456.60	456.60	433.77	433.77	433.77	433.77	456.60	456.60	570.75	570.75	547.92	547.92
18	471.05	471.05	447.49	447.49	447.49	447.49	471.05	471.05	588.81	588.81	565.26	565.26
19	485.49	485.49	461.22	461.22	461.22	461.22	485.49	485.49	606.87	606.87	582.59	582.59
20	500.45	500.45	475.43	475.43	475.43	475.43	500.45	500.45	625.57	625.57	600.54	600.54
21	515.94	515.94	490.14	490.14	490.14	490.14	515.94	515.94	644.92	644.92	619.12	619.12
22	515.94	515.94	490.14	490.14	490.14	490.14	515.94	515.94	644.92	644.92	619.12	619.12
23	515.94	515.94	490.14	490.14	490.14	490.14	515.94	515.94	644.92	644.92	619.12	619.12
24	515.94	515.94	490.14	490.14	490.14	490.14	515.94	515.94	644.92	644.92	619.12	619.12
25	518.00	518.00	492.10	492.10	492.10	492.10	518.00	518.00	647.49	647.49	621.59	621.59
26	528.31	528.31	501.90	501.90	501.90	501.90	528.31	528.31	660.39	660.39	633.98	633.98
27	540.70	540.70	513.66	513.66	513.66	513.66	540.70	540.70	675.87	675.87	648.84	648.84
28	560.82	560.82	532.78	532.78	532.78	532.78	560.82	560.82	701.02	701.02	672.98	672.98
29	577.33	577.33	548.46	548.46	548.46	548.46	577.33	577.33	721.66	721.66	692.79	692.79
30	585.58	585.58	556.30	556.30	556.30	556.30	585.58	585.58	731.98	731.98	702.70	702.70
31	597.97	597.97	568.07	568.07	568.07	568.07	597.97	597.97	747.46	747.46	717.56	717.56
32	610.35	610.35	579.83	579.83	579.83	579.83	610.35	610.35	762.93	762.93	732.42	732.42
33	618.09	618.09	587.18	587.18	587.18	587.18	618.09	618.09	772.61	772.61	741.70	741.70
34	626.34	626.34	595.02	595.02	595.02	595.02	626.34	626.34	782.93	782.93	751.61	751.61
35	630.47	630.47	598.95	598.95	598.95	598.95	630.47	630.47	788.09	788.09	756.56	756.56
36	634.60	634.60	602.87	602.87	602.87	602.87	634.60	634.60	793.25	793.25	761.52	761.52
37	638.72	638.72	606.79	606.79	606.79	606.79	638.72	638.72	798.40	798.40	766.47	766.47
38	642.85	642.85	610.71	610.71	610.71	610.71	642.85	642.85	803.56	803.56	771.42	771.42
39	651.11	651.11	618.55	618.55	618.55	618.55	651.11	651.11	813.88	813.88	781.33	781.33
40	659.36	659.36	626.39	626.39	626.39	626.39	659.36	659.36	824.20	824.20	791.23	791.23
41	671.74	671.74	638.16	638.16	638.16	638.16	671.74	671.74	839.68	839.68	806.09	806.09
42	683.61	683.61	649.43	649.43	649.43	649.43	683.61	683.61	854.51	854.51	820.33	820.33
43	700.12	700.12	665.11	665.11	665.11	665.11	700.12	700.12	875.15	875.15	840.14	840.14
44	720.76	720.76	684.72	684.72	684.72	684.72	720.76	720.76	900.95	900.95	864.91	864.91
45	745.01	745.01	707.76	707.76	707.76	707.76	745.01	745.01	931.26	931.26	894.01	894.01
46	773.90	773.90	735.20	735.20	735.20	735.20	773.90	773.90	967.37	967.37	928.68	928.68
47	806.40	806.40	766.08	766.08	766.08	766.08	806.40	806.40	1,008.00	1,008.00	967.68	967.68
48	843.55	843.55	801.37	801.37	801.37	801.37	843.55	843.55	1,054.44	1,054.44	1,012.26	1,012.26
49	880.18	880.18	836.17	836.17	836.17	836.17	880.18	880.18	1,100.22	1,100.22	1,056.22	1,056.22
50	921.45	921.45	875.38	875.38	875.38	875.38	921.45	921.45	1,151.82	1,151.82	1,105.75	1,105.75
51	962.21	962.21	914.10	914.10	914.10	914.10	962.21	962.21	1,202.77	1,202.77	1,154.66	1,154.66
52	1,007.10	1,007.10	956.74	956.74	956.74	956.74	1,007.10	1,007.10	1,258.87	1,258.87	1,208.52	1,208.52
53	1,052.50	1,052.50	999.88	999.88	999.88	999.88	1,052.50	1,052.50	1,315.63	1,315.63	1,263.00	1,263.00
54	1,101.51	1,101.51	1,046.44	1,046.44	1,046.44	1,046.44	1,101.51	1,101.51	1,376.89	1,376.89	1,321.82	1,321.82
55	1,150.53	1,150.53	1,093.00	1,093.00	1,093.00	1,093.00	1,150.53	1,150.53	1,438.16	1,438.16	1,380.63	1,380.63
56	1,203.67	1,203.67	1,143.49	1,143.49	1,143.49	1,143.49	1,203.67	1,203.67	1,504.59	1,504.59	1,444.40	1,444.40
57	1,257.33	1,257.33	1,194.46	1,194.46	1,194.46	1,194.46	1,257.33	1,257.33	1,571.66	1,571.66	1,508.79	1,508.79
58	1,314.59	1,314.59	1,248.86	1,248.86	1,248.86	1,248.86	1,314.59	1,314.59	1,643.24	1,643.24	1,577.51	1,577.51
59	1,342.97	1,342.97	1,275.82	1,275.82	1,275.82	1,275.82	1,342.97	1,342.97	1,678.71	1,678.71	1,611.57	1,611.57
60	1,400.24	1,400.24	1,330.23	1,330.23	1,330.23	1,330.23	1,400.24	1,400.24	1,750.30	1,750.30	1,680.29	1,680.29
61	1,449.77	1,449.77	1,377.28	1,377.28	1,377.28	1,377.28	1,449.77	1,449.77	1,812.21	1,812.21	1,739.72	1,739.72
62	1,482.27	1,482.27	1,408.16	1,408.16	1,408.16	1,408.16	1,482.27	1,482.27	1,852.84	1,852.84	1,778.73	1,778.73
63	1,523.03	1,523.03	1,446.88	1,446.88	1,446.88	1,446.88	1,523.03	1,523.03	1,903.79	1,903.79	1,827.64	1,827.64
64 and Over	1,547.80	1,547.80	1,470.41	1,470.41	1,470.41	1,470.41	1,547.80	1,547.80	1,934.75	1,934.75	1,857.36	1,857.36
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>22444PA0060116</b>			

<b>Geisinger Small Group ACA All-Access HMO 25/50/2000</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$25	Limited to In Network
Specialist - Office Visit	\$50	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$25	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$25	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	Limited to In Network
Rehabilitative Speech Therapy	\$50	Limited to In Network
Habilitation Services	\$50	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>22444PA0060141</b>

<b>Geisinger Small Group ACA All-Access HMO 25/50/2000</b>									<b>Gold</b>			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	349.68	349.68	332.20	332.20	332.20	332.20	349.68	349.68	437.10	437.10	419.62	419.62
15	380.77	380.77	361.73	361.73	361.73	361.73	380.77	380.77	475.96	475.96	456.92	456.92
16	392.65	392.65	373.02	373.02	373.02	373.02	392.65	392.65	490.81	490.81	471.18	471.18
17	404.54	404.54	384.31	384.31	384.31	384.31	404.54	404.54	505.67	505.67	485.44	485.44
18	417.33	417.33	396.47	396.47	396.47	396.47	417.33	417.33	521.67	521.67	500.80	500.80
19	430.13	430.13	408.63	408.63	408.63	408.63	430.13	430.13	537.67	537.67	516.16	516.16
20	443.39	443.39	421.22	421.22	421.22	421.22	443.39	443.39	554.24	554.24	532.07	532.07
21	457.11	457.11	434.25	434.25	434.25	434.25	457.11	457.11	571.38	571.38	548.53	548.53
22	457.11	457.11	434.25	434.25	434.25	434.25	457.11	457.11	571.38	571.38	548.53	548.53
23	457.11	457.11	434.25	434.25	434.25	434.25	457.11	457.11	571.38	571.38	548.53	548.53
24	457.11	457.11	434.25	434.25	434.25	434.25	457.11	457.11	571.38	571.38	548.53	548.53
25	458.93	458.93	435.98	435.98	435.98	435.98	458.93	458.93	573.66	573.66	550.72	550.72
26	468.07	468.07	444.67	444.67	444.67	444.67	468.07	468.07	585.09	585.09	561.69	561.69
27	479.04	479.04	455.09	455.09	455.09	455.09	479.04	479.04	598.80	598.80	574.85	574.85
28	496.87	496.87	472.03	472.03	472.03	472.03	496.87	496.87	621.09	621.09	596.24	596.24
29	511.50	511.50	485.92	485.92	485.92	485.92	511.50	511.50	639.37	639.37	613.80	613.80
30	518.81	518.81	492.87	492.87	492.87	492.87	518.81	518.81	648.51	648.51	622.57	622.57
31	529.78	529.78	503.29	503.29	503.29	503.29	529.78	529.78	662.23	662.23	635.74	635.74
32	540.75	540.75	513.71	513.71	513.71	513.71	540.75	540.75	675.94	675.94	648.90	648.90
33	547.61	547.61	520.23	520.23	520.23	520.23	547.61	547.61	684.51	684.51	657.13	657.13
34	554.92	554.92	527.18	527.18	527.18	527.18	554.92	554.92	693.65	693.65	665.91	665.91
35	558.58	558.58	530.65	530.65	530.65	530.65	558.58	558.58	698.22	698.22	670.29	670.29
36	562.24	562.24	534.12	534.12	534.12	534.12	562.24	562.24	702.79	702.79	674.68	674.68
37	565.89	565.89	537.60	537.60	537.60	537.60	565.89	565.89	707.37	707.37	679.07	679.07
38	569.55	569.55	541.07	541.07	541.07	541.07	569.55	569.55	711.94	711.94	683.46	683.46
39	576.86	576.86	548.02	548.02	548.02	548.02	576.86	576.86	721.08	721.08	692.24	692.24
40	584.18	584.18	554.97	554.97	554.97	554.97	584.18	584.18	730.22	730.22	701.01	701.01
41	595.15	595.15	565.39	565.39	565.39	565.39	595.15	595.15	743.93	743.93	714.18	714.18
42	605.66	605.66	575.38	575.38	575.38	575.38	605.66	605.66	757.08	757.08	726.79	726.79
43	620.29	620.29	589.27	589.27	589.27	589.27	620.29	620.29	775.36	775.36	744.34	744.34
44	638.57	638.57	606.64	606.64	606.64	606.64	638.57	638.57	798.21	798.21	766.29	766.29
45	660.06	660.06	627.05	627.05	627.05	627.05	660.06	660.06	825.07	825.07	792.07	792.07
46	685.65	685.65	651.37	651.37	651.37	651.37	685.65	685.65	857.07	857.07	822.78	822.78
47	714.45	714.45	678.73	678.73	678.73	678.73	714.45	714.45	893.06	893.06	857.34	857.34
48	747.36	747.36	709.99	709.99	709.99	709.99	747.36	747.36	934.20	934.20	896.83	896.83
49	779.82	779.82	740.83	740.83	740.83	740.83	779.82	779.82	974.77	974.77	935.78	935.78
50	816.38	816.38	775.56	775.56	775.56	775.56	816.38	816.38	1,020.48	1,020.48	979.66	979.66
51	852.50	852.50	809.87	809.87	809.87	809.87	852.50	852.50	1,065.62	1,065.62	1,022.99	1,022.99
52	892.26	892.26	847.65	847.65	847.65	847.65	892.26	892.26	1,115.33	1,115.33	1,070.72	1,070.72
53	932.49	932.49	885.86	885.86	885.86	885.86	932.49	932.49	1,165.61	1,165.61	1,118.99	1,118.99
54	975.91	975.91	927.12	927.12	927.12	927.12	975.91	975.91	1,219.89	1,219.89	1,171.10	1,171.10
55	1,019.34	1,019.34	968.37	968.37	968.37	968.37	1,019.34	1,019.34	1,274.17	1,274.17	1,223.20	1,223.20
56	1,066.42	1,066.42	1,013.10	1,013.10	1,013.10	1,013.10	1,066.42	1,066.42	1,333.02	1,333.02	1,279.70	1,279.70
57	1,113.96	1,113.96	1,058.26	1,058.26	1,058.26	1,058.26	1,113.96	1,113.96	1,392.45	1,392.45	1,336.75	1,336.75
58	1,164.70	1,164.70	1,106.46	1,106.46	1,106.46	1,106.46	1,164.70	1,164.70	1,455.87	1,455.87	1,397.64	1,397.64
59	1,189.84	1,189.84	1,130.34	1,130.34	1,130.34	1,130.34	1,189.84	1,189.84	1,487.30	1,487.30	1,427.80	1,427.80
60	1,240.57	1,240.57	1,178.55	1,178.55	1,178.55	1,178.55	1,240.57	1,240.57	1,550.72	1,550.72	1,488.69	1,488.69
61	1,284.46	1,284.46	1,220.23	1,220.23	1,220.23	1,220.23	1,284.46	1,284.46	1,605.57	1,605.57	1,541.35	1,541.35
62	1,313.25	1,313.25	1,247.59	1,247.59	1,247.59	1,247.59	1,313.25	1,313.25	1,641.57	1,641.57	1,575.90	1,575.90
63	1,349.37	1,349.37	1,281.90	1,281.90	1,281.90	1,281.90	1,349.37	1,349.37	1,686.71	1,686.71	1,619.24	1,619.24
64 and Over	1,371.31	1,371.31	1,302.74	1,302.74	1,302.74	1,302.74	1,371.31	1,371.31	1,714.13	1,714.13	1,645.57	1,645.57
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>22444PA0060141</b>			

<b>Geisinger Small Group ACA All-Access HMO 30/60/3500</b>		<b>Gold</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$3,500/\$7,000	Limited to In Network
Coinsurance	20%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,000/\$14,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$30	Limited to In Network
Specialist - Office Visit	\$60	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$350	\$350
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$30	\$30
Outpatient Surgery Physician/Surgical Services	20% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	20% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	20% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$75 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$30	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$30	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	Limited to In Network
Rehabilitative Speech Therapy	\$60	Limited to In Network
Habilitation Services	\$60	Limited to In Network
Durable Medical Equipment	20% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	20% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	20% 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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>22444PA0060140</b>



<b>Geisinger Small Group ACA All-Access HMO 30/60/3500</b>									<b>Gold</b>			
	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
Age	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	317.19	317.19	301.33	301.33	301.33	301.33	317.19	317.19	396.49	396.49	380.63	380.63
15	345.39	345.39	328.12	328.12	328.12	328.12	345.39	345.39	431.74	431.74	414.47	414.47
16	356.17	356.17	338.36	338.36	338.36	338.36	356.17	356.17	445.21	445.21	427.40	427.40
17	366.95	366.95	348.60	348.60	348.60	348.60	366.95	366.95	458.69	458.69	440.34	440.34
18	378.56	378.56	359.63	359.63	359.63	359.63	378.56	378.56	473.20	473.20	454.27	454.27
19	390.17	390.17	370.66	370.66	370.66	370.66	390.17	390.17	487.71	487.71	468.20	468.20
20	402.19	402.19	382.08	382.08	382.08	382.08	402.19	402.19	502.74	502.74	482.63	482.63
21	414.64	414.64	393.91	393.91	393.91	393.91	414.64	414.64	518.30	518.30	497.56	497.56
22	414.64	414.64	393.91	393.91	393.91	393.91	414.64	414.64	518.30	518.30	497.56	497.56
23	414.64	414.64	393.91	393.91	393.91	393.91	414.64	414.64	518.30	518.30	497.56	497.56
24	414.64	414.64	393.91	393.91	393.91	393.91	414.64	414.64	518.30	518.30	497.56	497.56
25	416.29	416.29	395.48	395.48	395.48	395.48	416.29	416.29	520.36	520.36	499.55	499.55
26	424.58	424.58	403.35	403.35	403.35	403.35	424.58	424.58	530.73	530.73	509.50	509.50
27	434.54	434.54	412.81	412.81	412.81	412.81	434.54	434.54	543.17	543.17	521.44	521.44
28	450.71	450.71	428.17	428.17	428.17	428.17	450.71	450.71	563.38	563.38	540.85	540.85
29	463.97	463.97	440.78	440.78	440.78	440.78	463.97	463.97	579.97	579.97	556.77	556.77
30	470.61	470.61	447.08	447.08	447.08	447.08	470.61	470.61	588.26	588.26	564.73	564.73
31	480.56	480.56	456.53	456.53	456.53	456.53	480.56	480.56	600.70	600.70	576.67	576.67
32	490.51	490.51	465.99	465.99	465.99	465.99	490.51	490.51	613.14	613.14	588.61	588.61
33	496.73	496.73	471.89	471.89	471.89	471.89	496.73	496.73	620.91	620.91	596.08	596.08
34	503.36	503.36	478.20	478.20	478.20	478.20	503.36	503.36	629.21	629.21	604.04	604.04
35	506.68	506.68	481.35	481.35	481.35	481.35	506.68	506.68	633.35	633.35	608.02	608.02
36	510.00	510.00	484.50	484.50	484.50	484.50	510.00	510.00	637.50	637.50	612.00	612.00
37	513.32	513.32	487.65	487.65	487.65	487.65	513.32	513.32	641.64	641.64	615.98	615.98
38	516.63	516.63	490.80	490.80	490.80	490.80	516.63	516.63	645.79	645.79	619.96	619.96
39	523.27	523.27	497.10	497.10	497.10	497.10	523.27	523.27	654.08	654.08	627.92	627.92
40	529.90	529.90	503.41	503.41	503.41	503.41	529.90	529.90	662.38	662.38	635.88	635.88
41	539.85	539.85	512.86	512.86	512.86	512.86	539.85	539.85	674.82	674.82	647.82	647.82
42	549.39	549.39	521.92	521.92	521.92	521.92	549.39	549.39	686.74	686.74	659.27	659.27
43	562.66	562.66	534.52	534.52	534.52	534.52	562.66	562.66	703.32	703.32	675.19	675.19
44	579.24	579.24	550.28	550.28	550.28	550.28	579.24	579.24	724.05	724.05	695.09	695.09
45	598.73	598.73	568.79	568.79	568.79	568.79	598.73	598.73	748.41	748.41	718.48	718.48
46	621.95	621.95	590.85	590.85	590.85	590.85	621.95	621.95	777.44	777.44	746.34	746.34
47	648.07	648.07	615.67	615.67	615.67	615.67	648.07	648.07	810.09	810.09	777.69	777.69
48	677.92	677.92	644.03	644.03	644.03	644.03	677.92	677.92	847.41	847.41	813.51	813.51
49	707.36	707.36	672.00	672.00	672.00	672.00	707.36	707.36	884.20	884.20	848.84	848.84
50	740.53	740.53	703.51	703.51	703.51	703.51	740.53	740.53	925.67	925.67	888.64	888.64
51	773.29	773.29	734.63	734.63	734.63	734.63	773.29	773.29	966.61	966.61	927.95	927.95
52	809.36	809.36	768.90	768.90	768.90	768.90	809.36	809.36	1,011.70	1,011.70	971.24	971.24
53	845.85	845.85	803.56	803.56	803.56	803.56	845.85	845.85	1,057.31	1,057.31	1,015.02	1,015.02
54	885.24	885.24	840.98	840.98	840.98	840.98	885.24	885.24	1,106.55	1,106.55	1,062.29	1,062.29
55	924.63	924.63	878.40	878.40	878.40	878.40	924.63	924.63	1,155.79	1,155.79	1,109.56	1,109.56
56	967.34	967.34	918.97	918.97	918.97	918.97	967.34	967.34	1,209.17	1,209.17	1,160.81	1,160.81
57	1,010.46	1,010.46	959.94	959.94	959.94	959.94	1,010.46	1,010.46	1,263.08	1,263.08	1,212.55	1,212.55
58	1,056.48	1,056.48	1,003.66	1,003.66	1,003.66	1,003.66	1,056.48	1,056.48	1,320.61	1,320.61	1,267.78	1,267.78
59	1,079.29	1,079.29	1,025.33	1,025.33	1,025.33	1,025.33	1,079.29	1,079.29	1,349.11	1,349.11	1,295.15	1,295.15
60	1,125.31	1,125.31	1,069.05	1,069.05	1,069.05	1,069.05	1,125.31	1,125.31	1,406.64	1,406.64	1,350.38	1,350.38
61	1,165.12	1,165.12	1,106.86	1,106.86	1,106.86	1,106.86	1,165.12	1,165.12	1,456.40	1,456.40	1,398.14	1,398.14
62	1,191.24	1,191.24	1,131.68	1,131.68	1,131.68	1,131.68	1,191.24	1,191.24	1,489.05	1,489.05	1,429.49	1,429.49
63	1,224.00	1,224.00	1,162.80	1,162.80	1,162.80	1,162.80	1,224.00	1,224.00	1,530.00	1,530.00	1,468.80	1,468.80
64 and Over	1,243.90	1,243.90	1,181.70	1,181.70	1,181.70	1,181.70	1,243.90	1,243.90	1,554.87	1,554.87	1,492.68	1,492.68
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>22444PA0060140</b>			

<b>Geisinger All-Access PPO 30/60/6000</b>		<b>Silver</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$6,000/\$12,000	\$12,000/\$24,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$30	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250 copay after deductible	\$250 copay after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$30	\$30
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$30	30% after deductible
Substance Abuse Disorder Outpatient Services	\$30	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$45 after deductible	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80 after deductible	Limited to In Network
Tier 5 - Specialty Drugs	50% coinsurance after deductible up to MOOP	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050073</b>

<b>Geisinger All-Access PPO 30/60/6000</b>									<b>Silver</b>			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	304.47	304.47	289.25	289.25	289.25	289.25	304.47	304.47	380.59	380.59	365.37	365.37
15	331.54	331.54	314.96	314.96	314.96	314.96	331.54	331.54	414.42	414.42	397.85	397.85
16	341.89	341.89	324.79	324.79	324.79	324.79	341.89	341.89	427.36	427.36	410.26	410.26
17	352.24	352.24	334.62	334.62	334.62	334.62	352.24	352.24	440.29	440.29	422.68	422.68
18	363.38	363.38	345.21	345.21	345.21	345.21	363.38	363.38	454.22	454.22	436.06	436.06
19	374.52	374.52	355.80	355.80	355.80	355.80	374.52	374.52	468.15	468.15	449.43	449.43
20	386.07	386.07	366.76	366.76	366.76	366.76	386.07	386.07	482.58	482.58	463.28	463.28
21	398.01	398.01	378.11	378.11	378.11	378.11	398.01	398.01	497.51	497.51	477.61	477.61
22	398.01	398.01	378.11	378.11	378.11	378.11	398.01	398.01	497.51	497.51	477.61	477.61
23	398.01	398.01	378.11	378.11	378.11	378.11	398.01	398.01	497.51	497.51	477.61	477.61
24	398.01	398.01	378.11	378.11	378.11	378.11	398.01	398.01	497.51	497.51	477.61	477.61
25	399.60	399.60	379.62	379.62	379.62	379.62	399.60	399.60	499.50	499.50	479.52	479.52
26	407.56	407.56	387.18	387.18	387.18	387.18	407.56	407.56	509.45	509.45	489.07	489.07
27	417.11	417.11	396.25	396.25	396.25	396.25	417.11	417.11	521.39	521.39	500.53	500.53
28	432.63	432.63	411.00	411.00	411.00	411.00	432.63	432.63	540.79	540.79	519.16	519.16
29	445.37	445.37	423.10	423.10	423.10	423.10	445.37	445.37	556.71	556.71	534.44	534.44
30	451.74	451.74	429.15	429.15	429.15	429.15	451.74	451.74	564.67	564.67	542.08	542.08
31	461.29	461.29	438.22	438.22	438.22	438.22	461.29	461.29	576.61	576.61	553.55	553.55
32	470.84	470.84	447.30	447.30	447.30	447.30	470.84	470.84	588.55	588.55	565.01	565.01
33	476.81	476.81	452.97	452.97	452.97	452.97	476.81	476.81	596.01	596.01	572.17	572.17
34	483.18	483.18	459.02	459.02	459.02	459.02	483.18	483.18	603.97	603.97	579.82	579.82
35	486.36	486.36	462.05	462.05	462.05	462.05	486.36	486.36	607.95	607.95	583.64	583.64
36	489.55	489.55	465.07	465.07	465.07	465.07	489.55	489.55	611.93	611.93	587.46	587.46
37	492.73	492.73	468.09	468.09	468.09	468.09	492.73	492.73	615.91	615.91	591.28	591.28
38	495.92	495.92	471.12	471.12	471.12	471.12	495.92	495.92	619.89	619.89	595.10	595.10
39	502.28	502.28	477.17	477.17	477.17	477.17	502.28	502.28	627.85	627.85	602.74	602.74
40	508.65	508.65	483.22	483.22	483.22	483.22	508.65	508.65	635.81	635.81	610.38	610.38
41	518.20	518.20	492.29	492.29	492.29	492.29	518.20	518.20	647.75	647.75	621.84	621.84
42	527.36	527.36	500.99	500.99	500.99	500.99	527.36	527.36	659.20	659.20	632.83	632.83
43	540.09	540.09	513.09	513.09	513.09	513.09	540.09	540.09	675.12	675.12	648.11	648.11
44	556.01	556.01	528.21	528.21	528.21	528.21	556.01	556.01	695.02	695.02	667.22	667.22
45	574.72	574.72	545.98	545.98	545.98	545.98	574.72	574.72	718.40	718.40	689.66	689.66
46	597.01	597.01	567.16	567.16	567.16	567.16	597.01	597.01	746.26	746.26	716.41	716.41
47	622.08	622.08	590.98	590.98	590.98	590.98	622.08	622.08	777.60	777.60	746.50	746.50
48	650.74	650.74	618.20	618.20	618.20	618.20	650.74	650.74	813.42	813.42	780.89	780.89
49	679.00	679.00	645.05	645.05	645.05	645.05	679.00	679.00	848.75	848.75	814.80	814.80
50	710.84	710.84	675.30	675.30	675.30	675.30	710.84	710.84	888.55	888.55	853.01	853.01
51	742.28	742.28	705.17	705.17	705.17	705.17	742.28	742.28	927.85	927.85	890.74	890.74
52	776.91	776.91	738.06	738.06	738.06	738.06	776.91	776.91	971.13	971.13	932.29	932.29
53	811.93	811.93	771.34	771.34	771.34	771.34	811.93	811.93	1,014.92	1,014.92	974.32	974.32
54	849.74	849.74	807.26	807.26	807.26	807.26	849.74	849.74	1,062.18	1,062.18	1,019.69	1,019.69
55	887.55	887.55	843.18	843.18	843.18	843.18	887.55	887.55	1,109.44	1,109.44	1,065.06	1,065.06
56	928.55	928.55	882.12	882.12	882.12	882.12	928.55	928.55	1,160.68	1,160.68	1,114.26	1,114.26
57	969.94	969.94	921.44	921.44	921.44	921.44	969.94	969.94	1,212.43	1,212.43	1,163.93	1,163.93
58	1,014.12	1,014.12	963.41	963.41	963.41	963.41	1,014.12	1,014.12	1,267.65	1,267.65	1,216.94	1,216.94
59	1,036.01	1,036.01	984.21	984.21	984.21	984.21	1,036.01	1,036.01	1,295.01	1,295.01	1,243.21	1,243.21
60	1,080.19	1,080.19	1,026.18	1,026.18	1,026.18	1,026.18	1,080.19	1,080.19	1,350.24	1,350.24	1,296.23	1,296.23
61	1,118.40	1,118.40	1,062.48	1,062.48	1,062.48	1,062.48	1,118.40	1,118.40	1,398.00	1,398.00	1,342.08	1,342.08
62	1,143.47	1,143.47	1,086.30	1,086.30	1,086.30	1,086.30	1,143.47	1,143.47	1,429.34	1,429.34	1,372.17	1,372.17
63	1,174.91	1,174.91	1,116.17	1,116.17	1,116.17	1,116.17	1,174.91	1,174.91	1,468.64	1,468.64	1,409.90	1,409.90
64 and Over	1,194.02	1,194.02	1,134.32	1,134.32	1,134.32	1,134.32	1,194.02	1,194.02	1,492.52	1,492.52	1,432.82	1,432.82
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>75729PA0050073</b>			

<b>Geisinger All-Access PPO 35/70/4300</b>		<b>Silver</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$4,300/\$8,600	\$12,000/\$24,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$35	40% after deductible
Specialist - Office Visit	\$70	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250 after deductible	\$250 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$35	\$35
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	\$250 after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year)	\$0	40% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	40% after deductible
Mental/Behavioral Health Outpatient Services	\$35	40% after deductible
Substance Abuse Disorder Outpatient Services	\$35	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$70	40% after deductible
Rehabilitative Speech Therapy	\$70	40% after deductible
Habilitation Services	\$70	40% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$70	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 5 - Specialty Drugs	50% coinsurance after deductible up to MOOP	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050105</b>

Geisinger All-Access PPO 35/70/4300									Silver			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	313.97	313.97	298.27	298.27	298.27	298.27	313.97	313.97	392.46	392.46	376.76	376.76
15	341.87	341.87	324.78	324.78	324.78	324.78	341.87	341.87	427.34	427.34	410.25	410.25
16	352.54	352.54	334.92	334.92	334.92	334.92	352.54	352.54	440.68	440.68	423.05	423.05
17	363.21	363.21	345.05	345.05	345.05	345.05	363.21	363.21	454.02	454.02	435.86	435.86
18	374.71	374.71	355.97	355.97	355.97	355.97	374.71	374.71	468.38	468.38	449.65	449.65
19	386.20	386.20	366.89	366.89	366.89	366.89	386.20	386.20	482.75	482.75	463.44	463.44
20	398.10	398.10	378.19	378.19	378.19	378.19	398.10	398.10	497.62	497.62	477.72	477.72
21	410.42	410.42	389.90	389.90	389.90	389.90	410.42	410.42	513.02	513.02	492.50	492.50
22	410.42	410.42	389.90	389.90	389.90	389.90	410.42	410.42	513.02	513.02	492.50	492.50
23	410.42	410.42	389.90	389.90	389.90	389.90	410.42	410.42	513.02	513.02	492.50	492.50
24	410.42	410.42	389.90	389.90	389.90	389.90	410.42	410.42	513.02	513.02	492.50	492.50
25	412.05	412.05	391.45	391.45	391.45	391.45	412.05	412.05	515.07	515.07	494.46	494.46
26	420.26	420.26	399.25	399.25	399.25	399.25	420.26	420.26	525.33	525.33	504.31	504.31
27	430.11	430.11	408.61	408.61	408.61	408.61	430.11	430.11	537.64	537.64	516.13	516.13
28	446.12	446.12	423.81	423.81	423.81	423.81	446.12	446.12	557.65	557.65	535.34	535.34
29	459.25	459.25	436.29	436.29	436.29	436.29	459.25	459.25	574.06	574.06	551.10	551.10
30	465.82	465.82	442.53	442.53	442.53	442.53	465.82	465.82	582.27	582.27	558.98	558.98
31	475.67	475.67	451.88	451.88	451.88	451.88	475.67	475.67	594.58	594.58	570.80	570.80
32	485.52	485.52	461.24	461.24	461.24	461.24	485.52	485.52	606.90	606.90	582.62	582.62
33	491.67	491.67	467.09	467.09	467.09	467.09	491.67	491.67	614.59	614.59	590.01	590.01
34	498.24	498.24	473.33	473.33	473.33	473.33	498.24	498.24	622.80	622.80	597.89	597.89
35	501.52	501.52	476.45	476.45	476.45	476.45	501.52	501.52	626.90	626.90	601.83	601.83
36	504.81	504.81	479.57	479.57	479.57	479.57	504.81	504.81	631.01	631.01	605.77	605.77
37	508.09	508.09	482.69	482.69	482.69	482.69	508.09	508.09	635.11	635.11	609.71	609.71
38	511.37	511.37	485.80	485.80	485.80	485.80	511.37	511.37	639.22	639.22	613.65	613.65
39	517.94	517.94	492.04	492.04	492.04	492.04	517.94	517.94	647.42	647.42	621.53	621.53
40	524.51	524.51	498.28	498.28	498.28	498.28	524.51	524.51	655.63	655.63	629.41	629.41
41	534.36	534.36	507.64	507.64	507.64	507.64	534.36	534.36	667.95	667.95	641.23	641.23
42	543.80	543.80	516.61	516.61	516.61	516.61	543.80	543.80	679.74	679.74	652.56	652.56
43	556.93	556.93	529.08	529.08	529.08	529.08	556.93	556.93	696.16	696.16	668.31	668.31
44	573.35	573.35	544.68	544.68	544.68	544.68	573.35	573.35	716.68	716.68	688.01	688.01
45	592.63	592.63	563.00	563.00	563.00	563.00	592.63	592.63	740.79	740.79	711.16	711.16
46	615.62	615.62	584.84	584.84	584.84	584.84	615.62	615.62	769.52	769.52	738.74	738.74
47	641.47	641.47	609.40	609.40	609.40	609.40	641.47	641.47	801.84	801.84	769.77	769.77
48	671.02	671.02	637.47	637.47	637.47	637.47	671.02	671.02	838.78	838.78	805.23	805.23
49	700.16	700.16	665.15	665.15	665.15	665.15	700.16	700.16	875.20	875.20	840.20	840.20
50	733.00	733.00	696.35	696.35	696.35	696.35	733.00	733.00	916.24	916.24	879.59	879.59
51	765.42	765.42	727.15	727.15	727.15	727.15	765.42	765.42	956.77	956.77	918.50	918.50
52	801.12	801.12	761.07	761.07	761.07	761.07	801.12	801.12	1,001.41	1,001.41	961.35	961.35
53	837.24	837.24	795.38	795.38	795.38	795.38	837.24	837.24	1,046.55	1,046.55	1,004.69	1,004.69
54	876.23	876.23	832.42	832.42	832.42	832.42	876.23	876.23	1,095.29	1,095.29	1,051.48	1,051.48
55	915.22	915.22	869.46	869.46	869.46	869.46	915.22	915.22	1,144.02	1,144.02	1,098.26	1,098.26
56	957.49	957.49	909.62	909.62	909.62	909.62	957.49	957.49	1,196.86	1,196.86	1,148.99	1,148.99
57	1,000.17	1,000.17	950.17	950.17	950.17	950.17	1,000.17	1,000.17	1,250.22	1,250.22	1,200.21	1,200.21
58	1,045.73	1,045.73	993.44	993.44	993.44	993.44	1,045.73	1,045.73	1,307.16	1,307.16	1,254.88	1,254.88
59	1,068.30	1,068.30	1,014.89	1,014.89	1,014.89	1,014.89	1,068.30	1,068.30	1,335.38	1,335.38	1,281.96	1,281.96
60	1,113.86	1,113.86	1,058.17	1,058.17	1,058.17	1,058.17	1,113.86	1,113.86	1,392.32	1,392.32	1,336.63	1,336.63
61	1,153.26	1,153.26	1,095.59	1,095.59	1,095.59	1,095.59	1,153.26	1,153.26	1,441.57	1,441.57	1,383.91	1,383.91
62	1,179.11	1,179.11	1,120.16	1,120.16	1,120.16	1,120.16	1,179.11	1,179.11	1,473.89	1,473.89	1,414.94	1,414.94
63	1,211.54	1,211.54	1,150.96	1,150.96	1,150.96	1,150.96	1,211.54	1,211.54	1,514.42	1,514.42	1,453.84	1,453.84
64 and Over	1,231.24	1,231.24	1,169.67	1,169.67	1,169.67	1,169.67	1,231.24	1,231.24	1,539.05	1,539.05	1,477.48	1,477.48
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>75729PA0050105</b>			



<b>Geisinger All-Access Extra PPO 20/60/4300</b>		<b>Silver</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$4,300/\$8,600	\$12,000/\$24,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$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	\$60	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$300 after deductible	\$300 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$175 copay after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	\$150 after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year)	\$0	40% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	40% after deductible
Mental/Behavioral Health Outpatient Services	\$60	40% after deductible
Substance Abuse Disorder Outpatient Services	\$60	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	40% after deductible
Rehabilitative Speech Therapy	\$60	40% after deductible
Habilitation Services	\$60	40% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 5 - Specialty Drugs	50% coinsurance after deductible up to MOOP	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050108</b>

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

<b>Geisinger All-Access Extra PPO 20/60/4300</b>								<b>Silver</b>				
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			298.27	298.27			313.97	313.97			376.76	376.76
15			324.78	324.78			341.87	341.87			410.25	410.25
16			334.92	334.92			352.54	352.54			423.05	423.05
17			345.05	345.05			363.21	363.21			435.86	435.86
18			355.97	355.97			374.71	374.71			449.65	449.65
19			366.89	366.89			386.20	386.20			463.44	463.44
20			378.19	378.19			398.10	398.10			477.72	477.72
21			389.90	389.90			410.42	410.42			492.50	492.50
22			389.90	389.90			410.42	410.42			492.50	492.50
23			389.90	389.90			410.42	410.42			492.50	492.50
24			389.90	389.90			410.42	410.42			492.50	492.50
25			391.45	391.45			412.05	412.05			494.46	494.46
26			399.25	399.25			420.26	420.26			504.31	504.31
27			408.61	408.61			430.11	430.11			516.13	516.13
28			423.81	423.81			446.12	446.12			535.34	535.34
29			436.29	436.29			459.25	459.25			551.10	551.10
30			442.53	442.53			465.82	465.82			558.98	558.98
31			451.88	451.88			475.67	475.67			570.80	570.80
32			461.24	461.24			485.52	485.52			582.62	582.62
33			467.09	467.09			491.67	491.67			590.01	590.01
34			473.33	473.33			498.24	498.24			597.89	597.89
35			476.45	476.45			501.52	501.52			601.83	601.83
36			479.57	479.57			504.81	504.81			605.77	605.77
37			482.69	482.69			508.09	508.09			609.71	609.71
38			485.80	485.80			511.37	511.37			613.65	613.65
39			492.04	492.04			517.94	517.94			621.53	621.53
40			498.28	498.28			524.51	524.51			629.41	629.41
41			507.64	507.64			534.36	534.36			641.23	641.23
42			516.61	516.61			543.80	543.80			652.56	652.56
43			529.08	529.08			556.93	556.93			668.31	668.31
44			544.68	544.68			573.35	573.35			688.01	688.01
45			563.00	563.00			592.63	592.63			711.16	711.16
46			584.84	584.84			615.62	615.62			738.74	738.74
47			609.40	609.40			641.47	641.47			769.77	769.77
48			637.47	637.47			671.02	671.02			805.23	805.23
49			665.15	665.15			700.16	700.16			840.20	840.20
50			696.35	696.35			733.00	733.00			879.59	879.59
51			727.15	727.15			765.42	765.42			918.50	918.50
52			761.07	761.07			801.12	801.12			961.35	961.35
53			795.38	795.38			837.24	837.24			1,004.69	1,004.69
54			832.42	832.42			876.23	876.23			1,051.48	1,051.48
55			869.46	869.46			915.22	915.22			1,098.26	1,098.26
56			909.62	909.62			957.49	957.49			1,148.99	1,148.99
57			950.17	950.17			1,000.17	1,000.17			1,200.21	1,200.21
58			993.44	993.44			1,045.73	1,045.73			1,254.88	1,254.88
59			1,014.89	1,014.89			1,068.30	1,068.30			1,281.96	1,281.96
60			1,058.17	1,058.17			1,113.86	1,113.86			1,336.63	1,336.63
61			1,095.59	1,095.59			1,153.26	1,153.26			1,383.91	1,383.91
62			1,120.16	1,120.16			1,179.11	1,179.11			1,414.94	1,414.94
63			1,150.96	1,150.96			1,211.54	1,211.54			1,453.84	1,453.84
64 and Over			1,169.67	1,169.67			1,231.24	1,231.24			1,477.48	1,477.48
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>75729PA0050108</b>				

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

<b>Geisinger All-Access QHDHP PPO 4800</b>		<b>Silver</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$4,800/\$9,600	\$10,000/\$20,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$4,800/\$9,600	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	0% after deductible	40% after deductible
Specialist - Office Visit	0% after deductible	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	0% after deductible	0% after deductible
Emergency Transportation(Ambulance/Air)	0% after deductible	0% after deductible
Urgent Care Centers or Facilities	0% after deductible	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year)	0% after deductible	40% after deductible
Hospice Services	0% after deductible	40% after deductible
Mental/Behavioral Health Outpatient Services	0% after deductible	40% after deductible
Substance Abuse Disorder Outpatient Services	0% after deductible	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible	40% after deductible
Rehabilitative Speech Therapy	0% after deductible	40% after deductible
Habilitation Services	0% after deductible	40% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	0% after deductible	Limited to In Network
Routine Eye Exam for Children	0% after deductible	Limited to In Network
Eye Glasses for Children	0% after deductible	0% after deductible
Drug EHB Deductible	Combined with Medical	Limited to In Network
Mail Order Rx	0% after deductible	Limited to In Network
Tier 1 - Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 3 - Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 5 - Specialty Drugs	0% after deductible	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050079</b>

<b>Geisinger All-Access QHDHP PPO 4800</b>								<b>Silver</b>				
<b>Age</b>	<b>Rating Area 2</b>		<b>Rating Area 3</b>		<b>Rating Area 5</b>		<b>Rating Area 6</b>		<b>Rating Area 7</b>		<b>Rating Area 9</b>	
	<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>	
	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>
0-14	341.16	341.16	324.10	324.10	324.10	324.10	341.16	341.16	426.45	426.45	409.39	409.39
15	371.49	371.49	352.91	352.91	352.91	352.91	371.49	371.49	464.36	464.36	445.78	445.78
16	383.08	383.08	363.93	363.93	363.93	363.93	383.08	383.08	478.85	478.85	459.70	459.70
17	394.68	394.68	374.94	374.94	374.94	374.94	394.68	394.68	493.35	493.35	473.61	473.61
18	407.16	407.16	386.81	386.81	386.81	386.81	407.16	407.16	508.95	508.95	488.60	488.60
19	419.65	419.65	398.67	398.67	398.67	398.67	419.65	419.65	524.56	524.56	503.58	503.58
20	432.58	432.58	410.95	410.95	410.95	410.95	432.58	432.58	540.73	540.73	519.10	519.10
21	445.97	445.97	423.67	423.67	423.67	423.67	445.97	445.97	557.46	557.46	535.16	535.16
22	445.97	445.97	423.67	423.67	423.67	423.67	445.97	445.97	557.46	557.46	535.16	535.16
23	445.97	445.97	423.67	423.67	423.67	423.67	445.97	445.97	557.46	557.46	535.16	535.16
24	445.97	445.97	423.67	423.67	423.67	423.67	445.97	445.97	557.46	557.46	535.16	535.16
25	447.75	447.75	425.36	425.36	425.36	425.36	447.75	447.75	559.68	559.68	537.30	537.30
26	456.67	456.67	433.83	433.83	433.83	433.83	456.67	456.67	570.83	570.83	548.00	548.00
27	467.37	467.37	444.00	444.00	444.00	444.00	467.37	467.37	584.21	584.21	560.84	560.84
28	484.76	484.76	460.52	460.52	460.52	460.52	484.76	484.76	605.95	605.95	581.71	581.71
29	499.03	499.03	474.08	474.08	474.08	474.08	499.03	499.03	623.79	623.79	598.84	598.84
30	506.17	506.17	480.86	480.86	480.86	480.86	506.17	506.17	632.71	632.71	607.40	607.40
31	516.87	516.87	491.03	491.03	491.03	491.03	516.87	516.87	646.09	646.09	620.24	620.24
32	527.57	527.57	501.19	501.19	501.19	501.19	527.57	527.57	659.47	659.47	633.09	633.09
33	534.26	534.26	507.55	507.55	507.55	507.55	534.26	534.26	667.83	667.83	641.11	641.11
34	541.40	541.40	514.33	514.33	514.33	514.33	541.40	541.40	676.75	676.75	649.68	649.68
35	544.97	544.97	517.72	517.72	517.72	517.72	544.97	544.97	681.21	681.21	653.96	653.96
36	548.53	548.53	521.11	521.11	521.11	521.11	548.53	548.53	685.67	685.67	658.24	658.24
37	552.10	552.10	524.50	524.50	524.50	524.50	552.10	552.10	690.13	690.13	662.52	662.52
38	555.67	555.67	527.89	527.89	527.89	527.89	555.67	555.67	694.59	694.59	666.80	666.80
39	562.80	562.80	534.66	534.66	534.66	534.66	562.80	562.80	703.51	703.51	675.36	675.36
40	569.94	569.94	541.44	541.44	541.44	541.44	569.94	569.94	712.42	712.42	683.93	683.93
41	580.64	580.64	551.61	551.61	551.61	551.61	580.64	580.64	725.80	725.80	696.77	696.77
42	590.90	590.90	561.35	561.35	561.35	561.35	590.90	590.90	738.62	738.62	709.08	709.08
43	605.17	605.17	574.91	574.91	574.91	574.91	605.17	605.17	756.46	756.46	726.20	726.20
44	623.01	623.01	591.86	591.86	591.86	591.86	623.01	623.01	778.76	778.76	747.61	747.61
45	643.97	643.97	611.77	611.77	611.77	611.77	643.97	643.97	804.96	804.96	772.76	772.76
46	668.94	668.94	635.50	635.50	635.50	635.50	668.94	668.94	836.18	836.18	802.73	802.73
47	697.04	697.04	662.19	662.19	662.19	662.19	697.04	697.04	871.30	871.30	836.45	836.45
48	729.15	729.15	692.69	692.69	692.69	692.69	729.15	729.15	911.43	911.43	874.98	874.98
49	760.81	760.81	722.77	722.77	722.77	722.77	760.81	760.81	951.01	951.01	912.97	912.97
50	796.49	796.49	756.66	756.66	756.66	756.66	796.49	796.49	995.61	995.61	955.79	955.79
51	831.72	831.72	790.13	790.13	790.13	790.13	831.72	831.72	1,039.65	1,039.65	998.06	998.06
52	870.52	870.52	826.99	826.99	826.99	826.99	870.52	870.52	1,088.15	1,088.15	1,044.62	1,044.62
53	909.76	909.76	864.27	864.27	864.27	864.27	909.76	909.76	1,137.20	1,137.20	1,091.71	1,091.71
54	952.13	952.13	904.52	904.52	904.52	904.52	952.13	952.13	1,190.16	1,190.16	1,142.55	1,142.55
55	994.50	994.50	944.77	944.77	944.77	944.77	994.50	994.50	1,243.12	1,243.12	1,193.39	1,193.39
56	1,040.43	1,040.43	988.41	988.41	988.41	988.41	1,040.43	1,040.43	1,300.54	1,300.54	1,248.52	1,248.52
57	1,086.81	1,086.81	1,032.47	1,032.47	1,032.47	1,032.47	1,086.81	1,086.81	1,358.51	1,358.51	1,304.17	1,304.17
58	1,136.31	1,136.31	1,079.50	1,079.50	1,079.50	1,079.50	1,136.31	1,136.31	1,420.39	1,420.39	1,363.57	1,363.57
59	1,160.84	1,160.84	1,102.80	1,102.80	1,102.80	1,102.80	1,160.84	1,160.84	1,451.05	1,451.05	1,393.01	1,393.01
60	1,210.34	1,210.34	1,149.82	1,149.82	1,149.82	1,149.82	1,210.34	1,210.34	1,512.93	1,512.93	1,452.41	1,452.41
61	1,253.15	1,253.15	1,190.50	1,190.50	1,190.50	1,190.50	1,253.15	1,253.15	1,566.44	1,566.44	1,503.78	1,503.78
62	1,281.25	1,281.25	1,217.19	1,217.19	1,217.19	1,217.19	1,281.25	1,281.25	1,601.56	1,601.56	1,537.50	1,537.50
63	1,316.48	1,316.48	1,250.66	1,250.66	1,250.66	1,250.66	1,316.48	1,316.48	1,645.60	1,645.60	1,579.78	1,579.78
64 and Over	1,337.89	1,337.89	1,270.99	1,270.99	1,270.99	1,270.99	1,337.89	1,337.89	1,672.36	1,672.36	1,605.46	1,605.46
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>								<b>75729PA0050079</b>				

<b>Geisinger Small Group ACA All-Access HMO 30/60/5800</b>		<b>Silver</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$5,800/\$11,600	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$30	Limited to In Network
Specialist - Office Visit	\$60	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$350 copay after deductible	\$350 copay after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$30	\$30
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	0% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$30	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$30	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	Limited to In Network
Rehabilitative Speech Therapy	\$60	Limited to In Network
Habilitation Services	\$60	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 5 - Specialty Drugs	50% coinsurance after deductible up to MOOP	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>22444PA0060063</b>



<b>Geisinger Small Group ACA All-Access HMO 30/60/5800</b>									<b>Silver</b>			
	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
Age	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	294.03	294.03	279.33	279.33	279.33	279.33	294.03	294.03	367.54	367.54	352.84	352.84
15	320.17	320.17	304.16	304.16	304.16	304.16	320.17	320.17	400.21	400.21	384.20	384.20
16	330.16	330.16	313.65	313.65	313.65	313.65	330.16	330.16	412.70	412.70	396.19	396.19
17	340.15	340.15	323.14	323.14	323.14	323.14	340.15	340.15	425.19	425.19	408.18	408.18
18	350.91	350.91	333.37	333.37	333.37	333.37	350.91	350.91	438.64	438.64	421.10	421.10
19	361.68	361.68	343.59	343.59	343.59	343.59	361.68	361.68	452.10	452.10	434.01	434.01
20	372.82	372.82	354.18	354.18	354.18	354.18	372.82	372.82	466.03	466.03	447.39	447.39
21	384.36	384.36	365.14	365.14	365.14	365.14	384.36	384.36	480.45	480.45	461.23	461.23
22	384.36	384.36	365.14	365.14	365.14	365.14	384.36	384.36	480.45	480.45	461.23	461.23
23	384.36	384.36	365.14	365.14	365.14	365.14	384.36	384.36	480.45	480.45	461.23	461.23
24	384.36	384.36	365.14	365.14	365.14	365.14	384.36	384.36	480.45	480.45	461.23	461.23
25	385.89	385.89	366.60	366.60	366.60	366.60	385.89	385.89	482.36	482.36	463.07	463.07
26	393.58	393.58	373.90	373.90	373.90	373.90	393.58	393.58	491.97	491.97	472.29	472.29
27	402.80	402.80	382.66	382.66	382.66	382.66	402.80	402.80	503.50	503.50	483.36	483.36
28	417.79	417.79	396.90	396.90	396.90	396.90	417.79	417.79	522.24	522.24	501.35	501.35
29	430.09	430.09	408.59	408.59	408.59	408.59	430.09	430.09	537.61	537.61	516.11	516.11
30	436.24	436.24	414.43	414.43	414.43	414.43	436.24	436.24	545.30	545.30	523.49	523.49
31	445.47	445.47	423.19	423.19	423.19	423.19	445.47	445.47	556.83	556.83	534.56	534.56
32	454.69	454.69	431.96	431.96	431.96	431.96	454.69	454.69	568.36	568.36	545.63	545.63
33	460.45	460.45	437.43	437.43	437.43	437.43	460.45	460.45	575.57	575.57	552.55	552.55
34	466.60	466.60	443.27	443.27	443.27	443.27	466.60	466.60	583.26	583.26	559.93	559.93
35	469.68	469.68	446.20	446.20	446.20	446.20	469.68	469.68	587.10	587.10	563.62	563.62
36	472.75	472.75	449.12	449.12	449.12	449.12	472.75	472.75	590.94	590.94	567.31	567.31
37	475.83	475.83	452.04	452.04	452.04	452.04	475.83	475.83	594.79	594.79	570.99	570.99
38	478.90	478.90	454.96	454.96	454.96	454.96	478.90	478.90	598.63	598.63	574.68	574.68
39	485.05	485.05	460.80	460.80	460.80	460.80	485.05	485.05	606.32	606.32	582.06	582.06
40	491.20	491.20	466.64	466.64	466.64	466.64	491.20	491.20	614.00	614.00	589.44	589.44
41	500.43	500.43	475.41	475.41	475.41	475.41	500.43	500.43	625.53	625.53	600.51	600.51
42	509.27	509.27	483.80	483.80	483.80	483.80	509.27	509.27	636.58	636.58	611.12	611.12
43	521.57	521.57	495.49	495.49	495.49	495.49	521.57	521.57	651.96	651.96	625.88	625.88
44	536.94	536.94	510.09	510.09	510.09	510.09	536.94	536.94	671.18	671.18	644.33	644.33
45	555.01	555.01	527.26	527.26	527.26	527.26	555.01	555.01	693.76	693.76	666.01	666.01
46	576.53	576.53	547.70	547.70	547.70	547.70	576.53	576.53	720.66	720.66	691.84	691.84
47	600.74	600.74	570.71	570.71	570.71	570.71	600.74	600.74	750.93	750.93	720.89	720.89
48	628.42	628.42	597.00	597.00	597.00	597.00	628.42	628.42	785.52	785.52	754.10	754.10
49	655.71	655.71	622.92	622.92	622.92	622.92	655.71	655.71	819.63	819.63	786.85	786.85
50	686.45	686.45	652.13	652.13	652.13	652.13	686.45	686.45	858.07	858.07	823.75	823.75
51	716.82	716.82	680.98	680.98	680.98	680.98	716.82	716.82	896.02	896.02	860.18	860.18
52	750.26	750.26	712.74	712.74	712.74	712.74	750.26	750.26	937.82	937.82	900.31	900.31
53	784.08	784.08	744.88	744.88	744.88	744.88	784.08	784.08	980.10	980.10	940.90	940.90
54	820.59	820.59	779.56	779.56	779.56	779.56	820.59	820.59	1,025.74	1,025.74	984.71	984.71
55	857.11	857.11	814.25	814.25	814.25	814.25	857.11	857.11	1,071.38	1,071.38	1,028.53	1,028.53
56	896.70	896.70	851.86	851.86	851.86	851.86	896.70	896.70	1,120.87	1,120.87	1,076.03	1,076.03
57	936.67	936.67	889.83	889.83	889.83	889.83	936.67	936.67	1,170.84	1,170.84	1,124.00	1,124.00
58	979.33	979.33	930.36	930.36	930.36	930.36	979.33	979.33	1,224.16	1,224.16	1,175.20	1,175.20
59	1,000.47	1,000.47	950.45	950.45	950.45	950.45	1,000.47	1,000.47	1,250.59	1,250.59	1,200.57	1,200.57
60	1,043.13	1,043.13	990.98	990.98	990.98	990.98	1,043.13	1,043.13	1,303.92	1,303.92	1,251.76	1,251.76
61	1,080.03	1,080.03	1,026.03	1,026.03	1,026.03	1,026.03	1,080.03	1,080.03	1,350.04	1,350.04	1,296.04	1,296.04
62	1,104.25	1,104.25	1,049.03	1,049.03	1,049.03	1,049.03	1,104.25	1,104.25	1,380.31	1,380.31	1,325.10	1,325.10
63	1,134.61	1,134.61	1,077.88	1,077.88	1,077.88	1,077.88	1,134.61	1,134.61	1,418.26	1,418.26	1,361.53	1,361.53
64 and Over	1,153.06	1,153.06	1,095.41	1,095.41	1,095.41	1,095.41	1,153.06	1,153.06	1,441.32	1,441.32	1,383.67	1,383.67
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>22444PA006063</b>			

<b>Geisinger Small Group ACA All-Access HMO 45/75/5000</b>		<b>Silver</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$5,000/\$10,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,700/\$17,400	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$45	Limited to In Network
Specialist - Office Visit	\$75	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$450 after deductible	\$450 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$45	\$45
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$400 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$300 after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$125 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$125 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$75 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$45	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$45	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$75	Limited to In Network
Rehabilitative Speech Therapy	\$75	Limited to In Network
Habilitation Services	\$75	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$75	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	\$45	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>22444PA0060138</b>

<b>Geisinger Small Group ACA All-Access HMO 45/75/5000</b>									<b>Silver</b>			
	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
Age	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	298.85	298.85	283.91	283.91	283.91	283.91	298.85	298.85	373.56	373.56	358.62	358.62
15	325.41	325.41	309.14	309.14	309.14	309.14	325.41	325.41	406.77	406.77	390.49	390.49
16	335.57	335.57	318.79	318.79	318.79	318.79	335.57	335.57	419.46	419.46	402.68	402.68
17	345.73	345.73	328.44	328.44	328.44	328.44	345.73	345.73	432.16	432.16	414.87	414.87
18	356.66	356.66	338.83	338.83	338.83	338.83	356.66	356.66	445.83	445.83	428.00	428.00
19	367.60	367.60	349.22	349.22	349.22	349.22	367.60	367.60	459.50	459.50	441.12	441.12
20	378.93	378.93	359.98	359.98	359.98	359.98	378.93	378.93	473.66	473.66	454.72	454.72
21	390.66	390.66	371.12	371.12	371.12	371.12	390.66	390.66	488.32	488.32	468.79	468.79
22	390.66	390.66	371.12	371.12	371.12	371.12	390.66	390.66	488.32	488.32	468.79	468.79
23	390.66	390.66	371.12	371.12	371.12	371.12	390.66	390.66	488.32	488.32	468.79	468.79
24	390.66	390.66	371.12	371.12	371.12	371.12	390.66	390.66	488.32	488.32	468.79	468.79
25	392.21	392.21	372.60	372.60	372.60	372.60	392.21	392.21	490.27	490.27	470.66	470.66
26	400.03	400.03	380.03	380.03	380.03	380.03	400.03	400.03	500.03	500.03	480.03	480.03
27	409.40	409.40	388.93	388.93	388.93	388.93	409.40	409.40	511.75	511.75	491.28	491.28
28	424.64	424.64	403.41	403.41	403.41	403.41	424.64	424.64	530.80	530.80	509.57	509.57
29	437.14	437.14	415.28	415.28	415.28	415.28	437.14	437.14	546.42	546.42	524.57	524.57
30	443.39	443.39	421.22	421.22	421.22	421.22	443.39	443.39	554.24	554.24	532.07	532.07
31	452.76	452.76	430.13	430.13	430.13	430.13	452.76	452.76	565.96	565.96	543.32	543.32
32	462.14	462.14	439.03	439.03	439.03	439.03	462.14	462.14	577.68	577.68	554.57	554.57
33	468.00	468.00	444.60	444.60	444.60	444.60	468.00	468.00	585.00	585.00	561.60	561.60
34	474.25	474.25	450.54	450.54	450.54	450.54	474.25	474.25	592.81	592.81	569.10	569.10
35	477.38	477.38	453.51	453.51	453.51	453.51	477.38	477.38	596.72	596.72	572.85	572.85
36	480.50	480.50	456.48	456.48	456.48	456.48	480.50	480.50	600.63	600.63	576.60	576.60
37	483.63	483.63	459.44	459.44	459.44	459.44	483.63	483.63	604.53	604.53	580.35	580.35
38	486.75	486.75	462.41	462.41	462.41	462.41	486.75	486.75	608.44	608.44	584.10	584.10
39	493.00	493.00	468.35	468.35	468.35	468.35	493.00	493.00	616.25	616.25	591.60	591.60
40	499.25	499.25	474.29	474.29	474.29	474.29	499.25	499.25	624.06	624.06	599.10	599.10
41	508.63	508.63	483.20	483.20	483.20	483.20	508.63	508.63	635.78	635.78	610.35	610.35
42	517.61	517.61	491.73	491.73	491.73	491.73	517.61	517.61	647.02	647.02	621.14	621.14
43	530.11	530.11	503.61	503.61	503.61	503.61	530.11	530.11	662.64	662.64	636.14	636.14
44	545.74	545.74	518.45	518.45	518.45	518.45	545.74	545.74	682.17	682.17	654.89	654.89
45	564.10	564.10	535.90	535.90	535.90	535.90	564.10	564.10	705.13	705.13	676.92	676.92
46	585.98	585.98	556.68	556.68	556.68	556.68	585.98	585.98	732.47	732.47	703.17	703.17
47	610.59	610.59	580.06	580.06	580.06	580.06	610.59	610.59	763.23	763.23	732.71	732.71
48	638.71	638.71	606.78	606.78	606.78	606.78	638.71	638.71	798.39	798.39	766.46	766.46
49	666.45	666.45	633.13	633.13	633.13	633.13	666.45	666.45	833.06	833.06	799.74	799.74
50	697.70	697.70	662.82	662.82	662.82	662.82	697.70	697.70	872.13	872.13	837.24	837.24
51	728.56	728.56	692.14	692.14	692.14	692.14	728.56	728.56	910.71	910.71	874.28	874.28
52	762.55	762.55	724.42	724.42	724.42	724.42	762.55	762.55	953.19	953.19	915.06	915.06
53	796.93	796.93	757.08	757.08	757.08	757.08	796.93	796.93	996.16	996.16	956.31	956.31
54	834.04	834.04	792.34	792.34	792.34	792.34	834.04	834.04	1,042.55	1,042.55	1,000.85	1,000.85
55	871.15	871.15	827.59	827.59	827.59	827.59	871.15	871.15	1,088.94	1,088.94	1,045.38	1,045.38
56	911.39	911.39	865.82	865.82	865.82	865.82	911.39	911.39	1,139.24	1,139.24	1,093.67	1,093.67
57	952.02	952.02	904.42	904.42	904.42	904.42	952.02	952.02	1,190.02	1,190.02	1,142.42	1,142.42
58	995.38	995.38	945.61	945.61	945.61	945.61	995.38	995.38	1,244.22	1,244.22	1,194.45	1,194.45
59	1,016.86	1,016.86	966.02	966.02	966.02	966.02	1,016.86	1,016.86	1,271.08	1,271.08	1,220.24	1,220.24
60	1,060.23	1,060.23	1,007.22	1,007.22	1,007.22	1,007.22	1,060.23	1,060.23	1,325.28	1,325.28	1,272.27	1,272.27
61	1,097.73	1,097.73	1,042.84	1,042.84	1,042.84	1,042.84	1,097.73	1,097.73	1,372.16	1,372.16	1,317.28	1,317.28
62	1,122.34	1,122.34	1,066.22	1,066.22	1,066.22	1,066.22	1,122.34	1,122.34	1,402.93	1,402.93	1,346.81	1,346.81
63	1,153.20	1,153.20	1,095.54	1,095.54	1,095.54	1,095.54	1,153.20	1,153.20	1,441.50	1,441.50	1,383.84	1,383.84
64 and Over	1,171.95	1,171.95	1,113.36	1,113.36	1,113.36	1,113.36	1,171.95	1,171.95	1,464.94	1,464.94	1,406.34	1,406.34
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>22444PA0060138</b>			

<b>Geisinger All-Access QHDHP PPO 6850</b>		<b>Ex Bronze</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$6,850/\$13,700	\$15,000/\$30,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$6,850/\$13,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	0% after deductible	40% after deductible
Specialist - Office Visit	0% after deductible	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	0% after deductible	0% after deductible
Emergency Transportation(Ambulance/Air)	0% after deductible	0% after deductible
Urgent Care Centers or Facilities	0% after deductible	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year)	0% after deductible	40% after deductible
Hospice Services	0% after deductible	40% after deductible
Mental/Behavioral Health Outpatient Services	0% after deductible	40% after deductible
Substance Abuse Disorder Outpatient Services	0% after deductible	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible	40% after deductible
Rehabilitative Speech Therapy	0% after deductible	40% after deductible
Habilitation Services	0% after deductible	40% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	0% after deductible	Limited to In Network
Routine Eye Exam for Children	0% after deductible	Limited to In Network
Eye Glasses for Children	0% after deductible	0% after deductible
Drug EHB Deductible	Combined with Medical	NA
Mail Order Rx	0% after deductible	Limited to In Network
Tier 1 - Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 3 - Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 5 - Specialty Drugs	0% after deductible	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050062</b>

<b>Geisinger All-Access QHDHP PPO 6850</b>									<b>Ex Bronze</b>			
<b>Age</b>	<b>Rating Area 2</b>		<b>Rating Area 3</b>		<b>Rating Area 5</b>		<b>Rating Area 6</b>		<b>Rating Area 7</b>		<b>Rating Area 9</b>	
	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	<b>Tobacco Status</b>	
	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>
0-14	256.44	256.44	243.62	243.62	243.62	243.62	256.44	256.44	320.56	320.56	307.73	307.73
15	279.24	279.24	265.28	265.28	265.28	265.28	279.24	279.24	349.05	349.05	335.09	335.09
16	287.96	287.96	273.56	273.56	273.56	273.56	287.96	287.96	359.94	359.94	345.55	345.55
17	296.67	296.67	281.84	281.84	281.84	281.84	296.67	296.67	370.84	370.84	356.01	356.01
18	306.06	306.06	290.75	290.75	290.75	290.75	306.06	306.06	382.57	382.57	367.27	367.27
19	315.44	315.44	299.67	299.67	299.67	299.67	315.44	315.44	394.30	394.30	378.53	378.53
20	325.17	325.17	308.91	308.91	308.91	308.91	325.17	325.17	406.46	406.46	390.20	390.20
21	335.23	335.23	318.47	318.47	318.47	318.47	335.23	335.23	419.03	419.03	402.27	402.27
22	335.23	335.23	318.47	318.47	318.47	318.47	335.23	335.23	419.03	419.03	402.27	402.27
23	335.23	335.23	318.47	318.47	318.47	318.47	335.23	335.23	419.03	419.03	402.27	402.27
24	335.23	335.23	318.47	318.47	318.47	318.47	335.23	335.23	419.03	419.03	402.27	402.27
25	336.56	336.56	319.73	319.73	319.73	319.73	336.56	336.56	420.70	420.70	403.88	403.88
26	343.27	343.27	326.10	326.10	326.10	326.10	343.27	343.27	429.08	429.08	411.92	411.92
27	351.31	351.31	333.75	333.75	333.75	333.75	351.31	351.31	439.14	439.14	421.58	421.58
28	364.39	364.39	346.17	346.17	346.17	346.17	364.39	364.39	455.48	455.48	437.26	437.26
29	375.11	375.11	356.36	356.36	356.36	356.36	375.11	375.11	468.89	468.89	450.14	450.14
30	380.48	380.48	361.45	361.45	361.45	361.45	380.48	380.48	475.60	475.60	456.57	456.57
31	388.52	388.52	369.10	369.10	369.10	369.10	388.52	388.52	485.65	485.65	466.23	466.23
32	396.57	396.57	376.74	376.74	376.74	376.74	396.57	396.57	495.71	495.71	475.88	475.88
33	401.60	401.60	381.52	381.52	381.52	381.52	401.60	401.60	501.99	501.99	481.92	481.92
34	406.96	406.96	386.61	386.61	386.61	386.61	406.96	406.96	508.70	508.70	488.35	488.35
35	409.64	409.64	389.16	389.16	389.16	389.16	409.64	409.64	512.05	512.05	491.57	491.57
36	412.32	412.32	391.71	391.71	391.71	391.71	412.32	412.32	515.40	515.40	494.79	494.79
37	415.00	415.00	394.25	394.25	394.25	394.25	415.00	415.00	518.76	518.76	498.01	498.01
38	417.69	417.69	396.80	396.80	396.80	396.80	417.69	417.69	522.11	522.11	501.22	501.22
39	423.05	423.05	401.90	401.90	401.90	401.90	423.05	423.05	528.81	528.81	507.66	507.66
40	428.41	428.41	406.99	406.99	406.99	406.99	428.41	428.41	535.52	535.52	514.10	514.10
41	436.46	436.46	414.64	414.64	414.64	414.64	436.46	436.46	545.57	545.57	523.75	523.75
42	444.17	444.17	421.96	421.96	421.96	421.96	444.17	444.17	555.21	555.21	533.00	533.00
43	454.90	454.90	432.15	432.15	432.15	432.15	454.90	454.90	568.62	568.62	545.88	545.88
44	468.31	468.31	444.89	444.89	444.89	444.89	468.31	468.31	585.38	585.38	561.97	561.97
45	484.06	484.06	459.86	459.86	459.86	459.86	484.06	484.06	605.08	605.08	580.87	580.87
46	502.83	502.83	477.69	477.69	477.69	477.69	502.83	502.83	628.54	628.54	603.40	603.40
47	523.95	523.95	497.75	497.75	497.75	497.75	523.95	523.95	654.94	654.94	628.74	628.74
48	548.09	548.09	520.68	520.68	520.68	520.68	548.09	548.09	685.11	685.11	657.71	657.71
49	571.89	571.89	543.29	543.29	543.29	543.29	571.89	571.89	714.86	714.86	686.27	686.27
50	598.71	598.71	568.77	568.77	568.77	568.77	598.71	598.71	748.38	748.38	718.45	718.45
51	625.19	625.19	593.93	593.93	593.93	593.93	625.19	625.19	781.49	781.49	750.23	750.23
52	654.35	654.35	621.64	621.64	621.64	621.64	654.35	654.35	817.94	817.94	785.22	785.22
53	683.85	683.85	649.66	649.66	649.66	649.66	683.85	683.85	854.82	854.82	820.62	820.62
54	715.70	715.70	679.91	679.91	679.91	679.91	715.70	715.70	894.62	894.62	858.84	858.84
55	747.55	747.55	710.17	710.17	710.17	710.17	747.55	747.55	934.43	934.43	897.05	897.05
56	782.07	782.07	742.97	742.97	742.97	742.97	782.07	782.07	977.59	977.59	938.49	938.49
57	816.94	816.94	776.09	776.09	776.09	776.09	816.94	816.94	1,021.17	1,021.17	980.32	980.32
58	854.15	854.15	811.44	811.44	811.44	811.44	854.15	854.15	1,067.68	1,067.68	1,024.97	1,024.97
59	872.58	872.58	828.95	828.95	828.95	828.95	872.58	872.58	1,090.73	1,090.73	1,047.10	1,047.10
60	909.79	909.79	864.30	864.30	864.30	864.30	909.79	909.79	1,137.24	1,137.24	1,091.75	1,091.75
61	941.97	941.97	894.88	894.88	894.88	894.88	941.97	941.97	1,177.47	1,177.47	1,130.37	1,130.37
62	963.09	963.09	914.94	914.94	914.94	914.94	963.09	963.09	1,203.87	1,203.87	1,155.71	1,155.71
63	989.58	989.58	940.10	940.10	940.10	940.10	989.58	989.58	1,236.97	1,236.97	1,187.49	1,187.49
64 and Over	1,005.67	1,005.67	955.38	955.38	955.38	955.38	1,005.67	1,005.67	1,257.08	1,257.08	1,206.80	1,206.80
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>75729PA0050062</b>			



<b>Geisinger All-Access PPO 40/90/8400</b>		<b>Ex Bronze</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$8,400/\$16,800	\$15,000/\$30,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,400/\$16,800	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$40	40% after deductible
Specialist - Office Visit	\$90	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	0% after deductible	0% after deductible
Emergency Transportation(Ambulance/Air)	0% after deductible	0% after deductible
Urgent Care Centers or Facilities	\$40	\$40
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year)	0% after deductible	40% after deductible
Hospice Services	0% after deductible	40% after deductible
Mental/Behavioral Health Outpatient Services	\$40	40% after deductible
Substance Abuse Disorder Outpatient Services	\$40	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$90	40% after deductible
Rehabilitative Speech Therapy	\$90	40% after deductible
Habilitation Services	\$90	40% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	0% after deductible	Limited to In Network
Routine Eye Exam for Children	0% after deductible	Limited to In Network
Eye Glasses for Children	0% after deductible	0% after deductible
Drug EHB Deductible	Combined with Medical	NA
Mail Order Rx	0% after deductible	Limited to In Network
Tier 1 - Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 3 - Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 5 - Specialty Drugs	0% after deductible	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>75729PA0050107</b>

Geisinger All-Access PPO 40/90/8400									Ex Bronze			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	246.41	246.41	234.09	234.09	234.09	234.09	246.41	246.41	308.02	308.02	295.70	295.70
15	268.32	268.32	254.90	254.90	254.90	254.90	268.32	268.32	335.40	335.40	321.98	321.98
16	276.69	276.69	262.86	262.86	262.86	262.86	276.69	276.69	345.87	345.87	332.03	332.03
17	285.07	285.07	270.81	270.81	270.81	270.81	285.07	285.07	356.34	356.34	342.08	342.08
18	294.09	294.09	279.38	279.38	279.38	279.38	294.09	294.09	367.61	367.61	352.90	352.90
19	303.11	303.11	287.95	287.95	287.95	287.95	303.11	303.11	378.88	378.88	363.73	363.73
20	312.45	312.45	296.83	296.83	296.83	296.83	312.45	312.45	390.56	390.56	374.94	374.94
21	322.12	322.12	306.01	306.01	306.01	306.01	322.12	322.12	402.64	402.64	386.54	386.54
22	322.12	322.12	306.01	306.01	306.01	306.01	322.12	322.12	402.64	402.64	386.54	386.54
23	322.12	322.12	306.01	306.01	306.01	306.01	322.12	322.12	402.64	402.64	386.54	386.54
24	322.12	322.12	306.01	306.01	306.01	306.01	322.12	322.12	402.64	402.64	386.54	386.54
25	323.40	323.40	307.23	307.23	307.23	307.23	323.40	323.40	404.25	404.25	388.08	388.08
26	329.84	329.84	313.35	313.35	313.35	313.35	329.84	329.84	412.30	412.30	395.81	395.81
27	337.57	337.57	320.69	320.69	320.69	320.69	337.57	337.57	421.97	421.97	405.09	405.09
28	350.13	350.13	332.63	332.63	332.63	332.63	350.13	350.13	437.67	437.67	420.16	420.16
29	360.44	360.44	342.42	342.42	342.42	342.42	360.44	360.44	450.55	450.55	432.53	432.53
30	365.60	365.60	347.32	347.32	347.32	347.32	365.60	365.60	456.99	456.99	438.72	438.72
31	373.33	373.33	354.66	354.66	354.66	354.66	373.33	373.33	466.66	466.66	447.99	447.99
32	381.06	381.06	362.00	362.00	362.00	362.00	381.06	381.06	476.32	476.32	457.27	457.27
33	385.89	385.89	366.59	366.59	366.59	366.59	385.89	385.89	482.36	482.36	463.07	463.07
34	391.04	391.04	371.49	371.49	371.49	371.49	391.04	391.04	488.80	488.80	469.25	469.25
35	393.62	393.62	373.94	373.94	373.94	373.94	393.62	393.62	492.02	492.02	472.34	472.34
36	396.20	396.20	376.39	376.39	376.39	376.39	396.20	396.20	495.25	495.25	475.44	475.44
37	398.77	398.77	378.83	378.83	378.83	378.83	398.77	398.77	498.47	498.47	478.53	478.53
38	401.35	401.35	381.28	381.28	381.28	381.28	401.35	401.35	501.69	501.69	481.62	481.62
39	406.50	406.50	386.18	386.18	386.18	386.18	406.50	406.50	508.13	508.13	487.80	487.80
40	411.66	411.66	391.07	391.07	391.07	391.07	411.66	411.66	514.57	514.57	493.99	493.99
41	419.39	419.39	398.42	398.42	398.42	398.42	419.39	419.39	524.24	524.24	503.27	503.27
42	426.80	426.80	405.46	405.46	405.46	405.46	426.80	426.80	533.50	533.50	512.16	512.16
43	437.10	437.10	415.25	415.25	415.25	415.25	437.10	437.10	546.38	546.38	524.53	524.53
44	449.99	449.99	427.49	427.49	427.49	427.49	449.99	449.99	562.49	562.49	539.99	539.99
45	465.13	465.13	441.87	441.87	441.87	441.87	465.13	465.13	581.41	581.41	558.15	558.15
46	483.17	483.17	459.01	459.01	459.01	459.01	483.17	483.17	603.96	603.96	579.80	579.80
47	503.46	503.46	478.29	478.29	478.29	478.29	503.46	503.46	629.32	629.32	604.15	604.15
48	526.65	526.65	500.32	500.32	500.32	500.32	526.65	526.65	658.31	658.31	631.98	631.98
49	549.52	549.52	522.05	522.05	522.05	522.05	549.52	549.52	686.90	686.90	659.43	659.43
50	575.29	575.29	546.53	546.53	546.53	546.53	575.29	575.29	719.11	719.11	690.35	690.35
51	600.74	600.74	570.70	570.70	570.70	570.70	600.74	600.74	750.92	750.92	720.88	720.88
52	628.76	628.76	597.32	597.32	597.32	597.32	628.76	628.76	785.95	785.95	754.51	754.51
53	657.11	657.11	624.25	624.25	624.25	624.25	657.11	657.11	821.38	821.38	788.53	788.53
54	687.71	687.71	653.32	653.32	653.32	653.32	687.71	687.71	859.63	859.63	825.25	825.25
55	718.31	718.31	682.39	682.39	682.39	682.39	718.31	718.31	897.88	897.88	861.97	861.97
56	751.48	751.48	713.91	713.91	713.91	713.91	751.48	751.48	939.36	939.36	901.78	901.78
57	784.98	784.98	745.74	745.74	745.74	745.74	784.98	784.98	981.23	981.23	941.98	941.98
58	820.74	820.74	779.70	779.70	779.70	779.70	820.74	820.74	1,025.92	1,025.92	984.89	984.89
59	838.45	838.45	796.53	796.53	796.53	796.53	838.45	838.45	1,048.07	1,048.07	1,006.15	1,006.15
60	874.21	874.21	830.50	830.50	830.50	830.50	874.21	874.21	1,092.76	1,092.76	1,049.05	1,049.05
61	905.13	905.13	859.88	859.88	859.88	859.88	905.13	905.13	1,131.41	1,131.41	1,086.16	1,086.16
62	925.42	925.42	879.15	879.15	879.15	879.15	925.42	925.42	1,156.78	1,156.78	1,110.51	1,110.51
63	950.87	950.87	903.33	903.33	903.33	903.33	950.87	950.87	1,188.59	1,188.59	1,141.05	1,141.05
64 and Over	966.33	966.33	918.02	918.02	918.02	918.02	966.33	966.33	1,207.92	1,207.92	1,159.60	1,159.60
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>75729PA0050107</b>			

<b>Geisinger Small Group ACA All-Access QHDHP POS 6850</b>		<b>Ex Bronze</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$6,850/\$13,700	\$15,000/\$30,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$6,850/\$13,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	0% after deductible	40% after deductible
Specialist - Office Visit	0% after deductible	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	0% after deductible	0% after deductible
Emergency Transportation(Ambulance/Air)	0% after deductible	0% after deductible
Urgent Care Centers or Facilities	0% after deductible	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year)	0% after deductible	40% after deductible
Hospice Services	0% after deductible	40% after deductible
Mental/Behavioral Health Outpatient Services	0% after deductible	40% after deductible
Substance Abuse Disorder Outpatient Services	0% after deductible	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible	40% after deductible
Rehabilitative Speech Therapy	0% after deductible	40% after deductible
Habilitation Services	0% after deductible	40% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	0% after deductible	Limited to In Network
Routine Eye Exam for Children	0% after deductible	Limited to In Network
Eye Glasses for Children	0% after deductible	0% after deductible
Drug EHB Deductible	Combined with Medical	NA
Mail Order Rx	0% after deductible	Limited to In Network
Tier 1 - Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 3 - Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 5 - Specialty Drugs	0% after deductible	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>22444PA0080066</b>

<b>Geisinger Small Group ACA All-Access QHDHP POS 6850</b>									<b>Ex Bronze</b>			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	264.76	264.76	251.52	251.52	251.52	251.52	264.76	264.76	330.95	330.95	317.71	317.71
15	288.29	288.29	273.88	273.88	273.88	273.88	288.29	288.29	360.36	360.36	345.95	345.95
16	297.29	297.29	282.42	282.42	282.42	282.42	297.29	297.29	371.61	371.61	356.75	356.75
17	306.29	306.29	290.97	290.97	290.97	290.97	306.29	306.29	382.86	382.86	367.54	367.54
18	315.98	315.98	300.18	300.18	300.18	300.18	315.98	315.98	394.97	394.97	379.17	379.17
19	325.67	325.67	309.38	309.38	309.38	309.38	325.67	325.67	407.08	407.08	390.80	390.80
20	335.70	335.70	318.92	318.92	318.92	318.92	335.70	335.70	419.63	419.63	402.85	402.85
21	346.09	346.09	328.79	328.79	328.79	328.79	346.09	346.09	432.61	432.61	415.31	415.31
22	346.09	346.09	328.79	328.79	328.79	328.79	346.09	346.09	432.61	432.61	415.31	415.31
23	346.09	346.09	328.79	328.79	328.79	328.79	346.09	346.09	432.61	432.61	415.31	415.31
24	346.09	346.09	328.79	328.79	328.79	328.79	346.09	346.09	432.61	432.61	415.31	415.31
25	347.47	347.47	330.10	330.10	330.10	330.10	347.47	347.47	434.34	434.34	416.97	416.97
26	354.39	354.39	336.67	336.67	336.67	336.67	354.39	354.39	442.99	442.99	425.27	425.27
27	362.70	362.70	344.56	344.56	344.56	344.56	362.70	362.70	453.37	453.37	435.24	435.24
28	376.20	376.20	357.39	357.39	357.39	357.39	376.20	376.20	470.25	470.25	451.44	451.44
29	387.27	387.27	367.91	367.91	367.91	367.91	387.27	387.27	484.09	484.09	464.73	464.73
30	392.81	392.81	373.17	373.17	373.17	373.17	392.81	392.81	491.01	491.01	471.37	471.37
31	401.11	401.11	381.06	381.06	381.06	381.06	401.11	401.11	501.39	501.39	481.34	481.34
32	409.42	409.42	388.95	388.95	388.95	388.95	409.42	409.42	511.78	511.78	491.31	491.31
33	414.61	414.61	393.88	393.88	393.88	393.88	414.61	414.61	518.27	518.27	497.53	497.53
34	420.15	420.15	399.14	399.14	399.14	399.14	420.15	420.15	525.19	525.19	504.18	504.18
35	422.92	422.92	401.77	401.77	401.77	401.77	422.92	422.92	528.65	528.65	507.50	507.50
36	425.69	425.69	404.40	404.40	404.40	404.40	425.69	425.69	532.11	532.11	510.82	510.82
37	428.46	428.46	407.03	407.03	407.03	407.03	428.46	428.46	535.57	535.57	514.15	514.15
38	431.22	431.22	409.66	409.66	409.66	409.66	431.22	431.22	539.03	539.03	517.47	517.47
39	436.76	436.76	414.92	414.92	414.92	414.92	436.76	436.76	545.95	545.95	524.11	524.11
40	442.30	442.30	420.18	420.18	420.18	420.18	442.30	442.30	552.87	552.87	530.76	530.76
41	450.61	450.61	428.08	428.08	428.08	428.08	450.61	450.61	563.26	563.26	540.73	540.73
42	458.57	458.57	435.64	435.64	435.64	435.64	458.57	458.57	573.21	573.21	550.28	550.28
43	469.64	469.64	446.16	446.16	446.16	446.16	469.64	469.64	587.05	587.05	563.57	563.57
44	483.48	483.48	459.31	459.31	459.31	459.31	483.48	483.48	604.35	604.35	580.18	580.18
45	499.75	499.75	474.76	474.76	474.76	474.76	499.75	499.75	624.69	624.69	599.70	599.70
46	519.13	519.13	493.17	493.17	493.17	493.17	519.13	519.13	648.91	648.91	622.96	622.96
47	540.93	540.93	513.89	513.89	513.89	513.89	540.93	540.93	676.17	676.17	649.12	649.12
48	565.85	565.85	537.56	537.56	537.56	537.56	565.85	565.85	707.32	707.32	679.02	679.02
49	590.42	590.42	560.90	560.90	560.90	560.90	590.42	590.42	738.03	738.03	708.51	708.51
50	618.11	618.11	587.21	587.21	587.21	587.21	618.11	618.11	772.64	772.64	741.73	741.73
51	645.45	645.45	613.18	613.18	613.18	613.18	645.45	645.45	806.82	806.82	774.54	774.54
52	675.56	675.56	641.78	641.78	641.78	641.78	675.56	675.56	844.45	844.45	810.67	810.67
53	706.02	706.02	670.72	670.72	670.72	670.72	706.02	706.02	882.52	882.52	847.22	847.22
54	738.90	738.90	701.95	701.95	701.95	701.95	738.90	738.90	923.62	923.62	886.67	886.67
55	771.77	771.77	733.19	733.19	733.19	733.19	771.77	771.77	964.72	964.72	926.13	926.13
56	807.42	807.42	767.05	767.05	767.05	767.05	807.42	807.42	1,009.28	1,009.28	968.91	968.91
57	843.41	843.41	801.24	801.24	801.24	801.24	843.41	843.41	1,054.27	1,054.27	1,012.10	1,012.10
58	881.83	881.83	837.74	837.74	837.74	837.74	881.83	881.83	1,102.29	1,102.29	1,058.20	1,058.20
59	900.86	900.86	855.82	855.82	855.82	855.82	900.86	900.86	1,126.08	1,126.08	1,081.04	1,081.04
60	939.28	939.28	892.32	892.32	892.32	892.32	939.28	939.28	1,174.10	1,174.10	1,127.14	1,127.14
61	972.50	972.50	923.88	923.88	923.88	923.88	972.50	972.50	1,215.63	1,215.63	1,167.01	1,167.01
62	994.31	994.31	944.59	944.59	944.59	944.59	994.31	994.31	1,242.88	1,242.88	1,193.17	1,193.17
63	1,021.65	1,021.65	970.57	970.57	970.57	970.57	1,021.65	1,021.65	1,277.06	1,277.06	1,225.98	1,225.98
64 and Over	1,038.26	1,038.26	986.35	986.35	986.35	986.35	1,038.26	1,038.26	1,297.83	1,297.83	1,245.91	1,245.91
<b>Rates Effective: 10/01/2023 to 12/31/2023</b>									<b>22444PA0080066</b>			

<b>Geisinger Choices PPO 10/20/0</b>			<b>Platinum</b>
<b>Preventive services covered at 100%</b>	<b>Accessories Program</b>	<b>Health management programs</b>	
<b>Summary of Benefits</b>	<b>In-Network (Tier 1)</b>	<b>In-Network (Tier 2)</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$0 /\$0	\$400 / \$800	\$1,000/\$2,000
Coinsurance	0%	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	\$10	\$40	20% after deductible
Specialist - Office Visit	\$20	\$70	20% after deductible
Well Child Office Visits(0-21)	\$0	\$0	Limited to In Network
Emergency Room Services	\$75	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0	\$0
Urgent Care Centers or Facilities	\$10	\$10	\$10
Outpatient Surgery Physician/Surgical Services	0% after deductible	0% after deductible	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$75 copay after deductible	\$75 copay after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	\$75 copay after deductible	\$75 copay after deductible	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 copay per stay after deductible	\$100 copay per stay after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	\$50 copay per day after deductible	N/A	20% after deductible
Home Health Care Services (60 visits per year)	\$0	\$0	20% after deductible
Hospice Services	Residential \$20 per visit, Facility \$100 per day	N/A	20% after deductible
Mental/Behavioral Health Outpatient Services	\$10	N/A	20% after deductible
Substance Abuse Disorder Outpatient Services	\$10	N/A	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	\$70	20% after deductible
Rehabilitative Speech Therapy	\$20	\$70	20% after deductible
Habilitation Services	\$20	\$70	20% 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	\$20	\$70	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 - Preferred Generic Drugs	\$3	N/A	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$5	N/A	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$25	N/A	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$50	N/A	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	N/A	Limited to In Network
Tier 6 - \$0 Rx	\$0	N/A	Limited to In Network
Laboratory Outpatient	0% after deductible	0% after deductible	20% after deductible
Diabetic Services/Supplies - Medical Equipment	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.			
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>HIOS ID: 75729PA0050140, 75729PA0050144, 75729PA0050148</b>	



<b>Geisinger Choices PPO 10/20/0</b>							<b>Platinum</b>	
	<b>Centre Mifflin Union Snyder Northumberland Montour Columbia</b>		<b>Lackawanna Luzerne Wayne</b>		<b>Carbon Monroe</b>		<b>Schuylkill Lehigh Northampton</b>	
	<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>	
<b>Age</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>
0-14	429.94	429.94	408.44	408.44	408.44	408.44	429.94	429.94
15	468.16	468.16	444.75	444.75	444.75	444.75	468.16	468.16
16	482.77	482.77	458.63	458.63	458.63	458.63	482.77	482.77
17	497.38	497.38	472.51	472.51	472.51	472.51	497.38	497.38
18	513.12	513.12	487.46	487.46	487.46	487.46	513.12	513.12
19	528.85	528.85	502.41	502.41	502.41	502.41	528.85	528.85
20	545.15	545.15	517.89	517.89	517.89	517.89	545.15	545.15
21	562.02	562.02	533.92	533.92	533.92	533.92	562.02	562.02
22	562.02	562.02	533.92	533.92	533.92	533.92	562.02	562.02
23	562.02	562.02	533.92	533.92	533.92	533.92	562.02	562.02
24	562.02	562.02	533.92	533.92	533.92	533.92	562.02	562.02
25	564.26	564.26	536.05	536.05	536.05	536.05	564.26	564.26
26	575.50	575.50	546.73	546.73	546.73	546.73	575.50	575.50
27	588.99	588.99	559.54	559.54	559.54	559.54	588.99	588.99
28	610.91	610.91	580.36	580.36	580.36	580.36	610.91	610.91
29	628.89	628.89	597.45	597.45	597.45	597.45	628.89	628.89
30	637.88	637.88	605.99	605.99	605.99	605.99	637.88	637.88
31	651.37	651.37	618.80	618.80	618.80	618.80	651.37	651.37
32	664.86	664.86	631.62	631.62	631.62	631.62	664.86	664.86
33	673.29	673.29	639.63	639.63	639.63	639.63	673.29	673.29
34	682.28	682.28	648.17	648.17	648.17	648.17	682.28	682.28
35	686.78	686.78	652.44	652.44	652.44	652.44	686.78	686.78
36	691.27	691.27	656.71	656.71	656.71	656.71	691.27	691.27
37	695.77	695.77	660.98	660.98	660.98	660.98	695.77	695.77
38	700.27	700.27	665.25	665.25	665.25	665.25	700.27	700.27
39	709.26	709.26	673.80	673.80	673.80	673.80	709.26	709.26
40	718.25	718.25	682.34	682.34	682.34	682.34	718.25	718.25
41	731.74	731.74	695.15	695.15	695.15	695.15	731.74	731.74
42	744.67	744.67	707.43	707.43	707.43	707.43	744.67	744.67
43	762.65	762.65	724.52	724.52	724.52	724.52	762.65	762.65
44	785.13	785.13	745.87	745.87	745.87	745.87	785.13	785.13
45	811.55	811.55	770.97	770.97	770.97	770.97	811.55	811.55
46	843.02	843.02	800.87	800.87	800.87	800.87	843.02	843.02
47	878.42	878.42	834.50	834.50	834.50	834.50	878.42	878.42
48	918.89	918.89	872.95	872.95	872.95	872.95	918.89	918.89
49	958.79	958.79	910.85	910.85	910.85	910.85	958.79	958.79
50	1,003.75	1,003.75	953.57	953.57	953.57	953.57	1,003.75	1,003.75
51	1,048.15	1,048.15	995.74	995.74	995.74	995.74	1,048.15	1,048.15
52	1,097.05	1,097.05	1,042.20	1,042.20	1,042.20	1,042.20	1,097.05	1,097.05
53	1,146.50	1,146.50	1,089.18	1,089.18	1,089.18	1,089.18	1,146.50	1,146.50
54	1,199.90	1,199.90	1,139.90	1,139.90	1,139.90	1,139.90	1,199.90	1,199.90
55	1,253.29	1,253.29	1,190.62	1,190.62	1,190.62	1,190.62	1,253.29	1,253.29
56	1,311.17	1,311.17	1,245.62	1,245.62	1,245.62	1,245.62	1,311.17	1,311.17
57	1,369.62	1,369.62	1,301.14	1,301.14	1,301.14	1,301.14	1,369.62	1,369.62
58	1,432.01	1,432.01	1,360.41	1,360.41	1,360.41	1,360.41	1,432.01	1,432.01
59	1,462.92	1,462.92	1,389.77	1,389.77	1,389.77	1,389.77	1,462.92	1,462.92
60	1,525.30	1,525.30	1,449.04	1,449.04	1,449.04	1,449.04	1,525.30	1,525.30
61	1,579.25	1,579.25	1,500.29	1,500.29	1,500.29	1,500.29	1,579.25	1,579.25
62	1,614.66	1,614.66	1,533.93	1,533.93	1,533.93	1,533.93	1,614.66	1,614.66
63	1,659.06	1,659.06	1,576.11	1,576.11	1,576.11	1,576.11	1,659.06	1,659.06
64 and Over	1,686.04	1,686.04	1,601.73	1,601.73	1,601.73	1,601.73	1,686.04	1,686.04
<b>HIOS IDs</b>	<b>75729PA0050140</b>		<b>75729PA0050148</b>		<b>75729PA0050144</b>		<b>75729PA0050144</b>	

Rates Effective: 10/01/2023 to 12/31/2023

<b>Geisinger Choices PPO 20/40/0</b>			<b>Gold</b>
<b>Preventive services covered at 100%</b>	<b>Accessories Program</b>	<b>Health management programs</b>	
<b>Summary of Benefits</b>	<b>In-Network (Tier 1)</b>	<b>In-Network (Tier 2)</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$0 /\$0	\$3,000 / \$6,000	\$8,000/\$16,000
Coinsurance	0%	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,000 / \$14,000	\$9,100 / \$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	\$30	30% after deductible
Specialist - Office Visit	\$40	\$60	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	\$20	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$200 after deductible	\$200 after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$75 copay after deductible	\$75 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)	\$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	\$60	30% after deductible
Rehabilitative Speech Therapy	\$40	\$60	30% after deductible
Habilitation Services	\$40	\$60	30% after deductible
Durable Medical Equipment	0% after deductible	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	\$30	Limited to In Network
Routine Eye Exam for Children	\$40	\$60	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 - Preferred Generic Drugs	\$3	N/A	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$15	N/A	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$35	N/A	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$55	N/A	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	N/A	Limited to In Network
Tier 6 - \$0 Rx	\$0	N/A	Limited to In Network
Laboratory Outpatient	0% after deductible	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.			
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>HIOS ID: 75729PA0050152, 75729PA0050154, 75729PA0050156</b>	

Geisinger Choices PPO 20/40/0							Gold	
	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	402.14	402.14	382.03	382.03	382.03	382.03	402.14	402.14
15	437.89	437.89	415.99	415.99	415.99	415.99	437.89	437.89
16	451.55	451.55	428.98	428.98	428.98	428.98	451.55	451.55
17	465.22	465.22	441.96	441.96	441.96	441.96	465.22	465.22
18	479.94	479.94	455.94	455.94	455.94	455.94	479.94	479.94
19	494.66	494.66	469.93	469.93	469.93	469.93	494.66	494.66
20	509.90	509.90	484.41	484.41	484.41	484.41	509.90	509.90
21	525.68	525.68	499.39	499.39	499.39	499.39	525.68	525.68
22	525.68	525.68	499.39	499.39	499.39	499.39	525.68	525.68
23	525.68	525.68	499.39	499.39	499.39	499.39	525.68	525.68
24	525.68	525.68	499.39	499.39	499.39	499.39	525.68	525.68
25	527.78	527.78	501.39	501.39	501.39	501.39	527.78	527.78
26	538.29	538.29	511.37	511.37	511.37	511.37	538.29	538.29
27	550.91	550.91	523.36	523.36	523.36	523.36	550.91	550.91
28	571.41	571.41	542.84	542.84	542.84	542.84	571.41	571.41
29	588.23	588.23	558.82	558.82	558.82	558.82	588.23	588.23
30	596.64	596.64	566.81	566.81	566.81	566.81	596.64	596.64
31	609.26	609.26	578.79	578.79	578.79	578.79	609.26	609.26
32	621.87	621.87	590.78	590.78	590.78	590.78	621.87	621.87
33	629.76	629.76	598.27	598.27	598.27	598.27	629.76	629.76
34	638.17	638.17	606.26	606.26	606.26	606.26	638.17	638.17
35	642.37	642.37	610.25	610.25	610.25	610.25	642.37	642.37
36	646.58	646.58	614.25	614.25	614.25	614.25	646.58	646.58
37	650.78	650.78	618.24	618.24	618.24	618.24	650.78	650.78
38	654.99	654.99	622.24	622.24	622.24	622.24	654.99	654.99
39	663.40	663.40	630.23	630.23	630.23	630.23	663.40	663.40
40	671.81	671.81	638.22	638.22	638.22	638.22	671.81	671.81
41	684.43	684.43	650.20	650.20	650.20	650.20	684.43	684.43
42	696.52	696.52	661.69	661.69	661.69	661.69	696.52	696.52
43	713.34	713.34	677.67	677.67	677.67	677.67	713.34	713.34
44	734.37	734.37	697.65	697.65	697.65	697.65	734.37	734.37
45	759.07	759.07	721.12	721.12	721.12	721.12	759.07	759.07
46	788.51	788.51	749.08	749.08	749.08	749.08	788.51	788.51
47	821.63	821.63	780.55	780.55	780.55	780.55	821.63	821.63
48	859.48	859.48	816.50	816.50	816.50	816.50	859.48	859.48
49	896.80	896.80	851.96	851.96	851.96	851.96	896.80	896.80
50	938.85	938.85	891.91	891.91	891.91	891.91	938.85	938.85
51	980.38	980.38	931.36	931.36	931.36	931.36	980.38	980.38
52	1,026.11	1,026.11	974.81	974.81	974.81	974.81	1,026.11	1,026.11
53	1,072.37	1,072.37	1,018.75	1,018.75	1,018.75	1,018.75	1,072.37	1,072.37
54	1,122.31	1,122.31	1,066.20	1,066.20	1,066.20	1,066.20	1,122.31	1,122.31
55	1,172.25	1,172.25	1,113.64	1,113.64	1,113.64	1,113.64	1,172.25	1,172.25
56	1,226.40	1,226.40	1,165.08	1,165.08	1,165.08	1,165.08	1,226.40	1,226.40
57	1,281.07	1,281.07	1,217.01	1,217.01	1,217.01	1,217.01	1,281.07	1,281.07
58	1,339.41	1,339.41	1,272.44	1,272.44	1,272.44	1,272.44	1,339.41	1,339.41
59	1,368.33	1,368.33	1,299.91	1,299.91	1,299.91	1,299.91	1,368.33	1,368.33
60	1,426.68	1,426.68	1,355.34	1,355.34	1,355.34	1,355.34	1,426.68	1,426.68
61	1,477.14	1,477.14	1,403.28	1,403.28	1,403.28	1,403.28	1,477.14	1,477.14
62	1,510.26	1,510.26	1,434.75	1,434.75	1,434.75	1,434.75	1,510.26	1,510.26
63	1,551.79	1,551.79	1,474.20	1,474.20	1,474.20	1,474.20	1,551.79	1,551.79
64 and Over	1,577.02	1,577.02	1,498.17	1,498.17	1,498.17	1,498.17	1,577.02	1,577.02
<b>HIOS IDs</b>	<b>75729PA0050152</b>		<b>75729PA0050156</b>		<b>75729PA0050154</b>		<b>75729PA0050154</b>	

Rates Effective: 10/01/2023 to 12/31/2023

<b>Geisinger Choices PPO 20/40/0 Copay Based</b>			<b>Gold</b>
<b>Preventive services covered at 100%</b>	<b>Accessories Program</b>	<b>Health management programs</b>	
<b>Summary of Benefits</b>	<b>In-Network (Tier 1)</b>	<b>In-Network (Tier 2)</b>	<b>Out-of-Network</b>
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)	\$9,100 / \$18,200	\$9,100 / \$18,200	\$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	\$20	\$20	\$20
Outpatient Surgery Physician/Surgical Services	\$0	\$0	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250	\$500	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$300	\$600	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$300 copay per stay	\$600 copay per stay	30% after deductible
Skilled Nursing Facility (120 days per year)	\$500 per admit	\$1,000 per admit	30% after deductible
Home Health Care Services (60 visits per year)	\$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 - Preferred Generic Drugs	\$3	N/A	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$5	N/A	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$25	N/A	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$50	N/A	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	N/A	Limited to In Network
Tier 6 - \$0 Rx	\$0	N/A	Limited to In Network
Laboratory Outpatient	\$40	\$80	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.			
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>HIOS ID: 75729PA0050153, 75729PA0050155, 75729PA0050157</b>	

<b>Geisinger Choices PPO 20/40/0 Copay Based</b>							<b>Gold</b>	
	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	413.19	413.19	392.53	392.53	392.53	392.53	413.19	413.19
15	449.92	449.92	427.42	427.42	427.42	427.42	449.92	449.92
16	463.96	463.96	440.76	440.76	440.76	440.76	463.96	463.96
17	478.00	478.00	454.10	454.10	454.10	454.10	478.00	478.00
18	493.12	493.12	468.47	468.47	468.47	468.47	493.12	493.12
19	508.25	508.25	482.84	482.84	482.84	482.84	508.25	508.25
20	523.91	523.91	497.72	497.72	497.72	497.72	523.91	523.91
21	540.12	540.12	513.11	513.11	513.11	513.11	540.12	540.12
22	540.12	540.12	513.11	513.11	513.11	513.11	540.12	540.12
23	540.12	540.12	513.11	513.11	513.11	513.11	540.12	540.12
24	540.12	540.12	513.11	513.11	513.11	513.11	540.12	540.12
25	542.28	542.28	515.16	515.16	515.16	515.16	542.28	542.28
26	553.08	553.08	525.42	525.42	525.42	525.42	553.08	553.08
27	566.04	566.04	537.74	537.74	537.74	537.74	566.04	566.04
28	587.11	587.11	557.75	557.75	557.75	557.75	587.11	587.11
29	604.39	604.39	574.17	574.17	574.17	574.17	604.39	604.39
30	613.03	613.03	582.38	582.38	582.38	582.38	613.03	613.03
31	625.99	625.99	594.69	594.69	594.69	594.69	625.99	625.99
32	638.96	638.96	607.01	607.01	607.01	607.01	638.96	638.96
33	647.06	647.06	614.70	614.70	614.70	614.70	647.06	647.06
34	655.70	655.70	622.91	622.91	622.91	622.91	655.70	655.70
35	660.02	660.02	627.02	627.02	627.02	627.02	660.02	660.02
36	664.34	664.34	631.12	631.12	631.12	631.12	664.34	664.34
37	668.66	668.66	635.23	635.23	635.23	635.23	668.66	668.66
38	672.98	672.98	639.33	639.33	639.33	639.33	672.98	672.98
39	681.63	681.63	647.54	647.54	647.54	647.54	681.63	681.63
40	690.27	690.27	655.75	655.75	655.75	655.75	690.27	690.27
41	703.23	703.23	668.07	668.07	668.07	668.07	703.23	703.23
42	715.65	715.65	679.87	679.87	679.87	679.87	715.65	715.65
43	732.94	732.94	696.29	696.29	696.29	696.29	732.94	732.94
44	754.54	754.54	716.81	716.81	716.81	716.81	754.54	754.54
45	779.93	779.93	740.93	740.93	740.93	740.93	779.93	779.93
46	810.17	810.17	769.66	769.66	769.66	769.66	810.17	810.17
47	844.20	844.20	801.99	801.99	801.99	801.99	844.20	844.20
48	883.09	883.09	838.93	838.93	838.93	838.93	883.09	883.09
49	921.44	921.44	875.36	875.36	875.36	875.36	921.44	921.44
50	964.65	964.65	916.41	916.41	916.41	916.41	964.65	964.65
51	1,007.31	1,007.31	956.95	956.95	956.95	956.95	1,007.31	1,007.31
52	1,054.30	1,054.30	1,001.59	1,001.59	1,001.59	1,001.59	1,054.30	1,054.30
53	1,101.83	1,101.83	1,046.74	1,046.74	1,046.74	1,046.74	1,101.83	1,101.83
54	1,153.15	1,153.15	1,095.49	1,095.49	1,095.49	1,095.49	1,153.15	1,153.15
55	1,204.46	1,204.46	1,144.23	1,144.23	1,144.23	1,144.23	1,204.46	1,204.46
56	1,260.09	1,260.09	1,197.08	1,197.08	1,197.08	1,197.08	1,260.09	1,260.09
57	1,316.26	1,316.26	1,250.45	1,250.45	1,250.45	1,250.45	1,316.26	1,316.26
58	1,376.21	1,376.21	1,307.40	1,307.40	1,307.40	1,307.40	1,376.21	1,376.21
59	1,405.92	1,405.92	1,335.62	1,335.62	1,335.62	1,335.62	1,405.92	1,405.92
60	1,465.87	1,465.87	1,392.58	1,392.58	1,392.58	1,392.58	1,465.87	1,465.87
61	1,517.72	1,517.72	1,441.84	1,441.84	1,441.84	1,441.84	1,517.72	1,517.72
62	1,551.75	1,551.75	1,474.16	1,474.16	1,474.16	1,474.16	1,551.75	1,551.75
63	1,594.42	1,594.42	1,514.70	1,514.70	1,514.70	1,514.70	1,594.42	1,594.42
64 and Over	1,620.35	1,620.35	1,539.33	1,539.33	1,539.33	1,539.33	1,620.35	1,620.35
<b>HIOS IDs</b>	<b>75729PA0050153</b>		<b>75729PA0050157</b>		<b>75729PA0050155</b>		<b>75729PA0050155</b>	

Rates Effective: 10/01/2023 to 12/31/2023



<b>Geisinger Choices PPO 20/40/1000</b>			<b>Gold</b>
<b>Preventive services covered at 100%</b>	<b>Accessories Program</b>	<b>Health management programs</b>	
<b>Summary of Benefits</b>	<b>In-Network (Tier 1)</b>	<b>In-Network (Tier 2)</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$1,000 /\$2,000	\$2,000 / \$4,000	\$4,000 /\$8,000
Coinsurance	0%	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,000/ \$16,000	\$8,000 / \$16,000	\$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	\$20	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	\$100 copay 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)	\$0	\$0	30% after deductible
Hospice Services	Residential \$40 per visit, Facility \$100 per day	NA	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 - Preferred Generic Drugs	\$10	N/A	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	N/A	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	N/A	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	N/A	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	N/A	Limited to In Network
Tier 6 - \$0 Rx	\$0	N/A	Limited to In Network
Laboratory Outpatient	0% after deductible	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.			
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>HIOS ID: 75729PA0050141, 75729PA0050145, 75729PA0050149</b>	

<b>Geisinger Choices PPO 20/40/1000</b>							<b>Gold</b>	
	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	356.28	356.28	338.46	338.46	338.46	338.46	356.28	356.28
15	387.95	387.95	368.55	368.55	368.55	368.55	387.95	387.95
16	400.06	400.06	380.05	380.05	380.05	380.05	400.06	400.06
17	412.17	412.17	391.56	391.56	391.56	391.56	412.17	412.17
18	425.21	425.21	403.95	403.95	403.95	403.95	425.21	425.21
19	438.25	438.25	416.33	416.33	416.33	416.33	438.25	438.25
20	451.75	451.75	429.16	429.16	429.16	429.16	451.75	451.75
21	465.73	465.73	442.44	442.44	442.44	442.44	465.73	465.73
22	465.73	465.73	442.44	442.44	442.44	442.44	465.73	465.73
23	465.73	465.73	442.44	442.44	442.44	442.44	465.73	465.73
24	465.73	465.73	442.44	442.44	442.44	442.44	465.73	465.73
25	467.59	467.59	444.21	444.21	444.21	444.21	467.59	467.59
26	476.90	476.90	453.06	453.06	453.06	453.06	476.90	476.90
27	488.08	488.08	463.67	463.67	463.67	463.67	488.08	488.08
28	506.24	506.24	480.93	480.93	480.93	480.93	506.24	506.24
29	521.15	521.15	495.09	495.09	495.09	495.09	521.15	521.15
30	528.60	528.60	502.17	502.17	502.17	502.17	528.60	528.60
31	539.77	539.77	512.79	512.79	512.79	512.79	539.77	539.77
32	550.95	550.95	523.40	523.40	523.40	523.40	550.95	550.95
33	557.94	557.94	530.04	530.04	530.04	530.04	557.94	557.94
34	565.39	565.39	537.12	537.12	537.12	537.12	565.39	565.39
35	569.11	569.11	540.66	540.66	540.66	540.66	569.11	569.11
36	572.84	572.84	544.20	544.20	544.20	544.20	572.84	572.84
37	576.57	576.57	547.74	547.74	547.74	547.74	576.57	576.57
38	580.29	580.29	551.28	551.28	551.28	551.28	580.29	580.29
39	587.74	587.74	558.36	558.36	558.36	558.36	587.74	587.74
40	595.20	595.20	565.44	565.44	565.44	565.44	595.20	595.20
41	606.37	606.37	576.05	576.05	576.05	576.05	606.37	606.37
42	617.08	617.08	586.23	586.23	586.23	586.23	617.08	617.08
43	631.99	631.99	600.39	600.39	600.39	600.39	631.99	631.99
44	650.62	650.62	618.09	618.09	618.09	618.09	650.62	650.62
45	672.51	672.51	638.88	638.88	638.88	638.88	672.51	672.51
46	698.59	698.59	663.66	663.66	663.66	663.66	698.59	698.59
47	727.93	727.93	691.53	691.53	691.53	691.53	727.93	727.93
48	761.46	761.46	723.39	723.39	723.39	723.39	761.46	761.46
49	794.53	794.53	754.80	754.80	754.80	754.80	794.53	794.53
50	831.78	831.78	790.19	790.19	790.19	790.19	831.78	831.78
51	868.58	868.58	825.15	825.15	825.15	825.15	868.58	868.58
52	909.09	909.09	863.64	863.64	863.64	863.64	909.09	909.09
53	950.08	950.08	902.57	902.57	902.57	902.57	950.08	950.08
54	994.32	994.32	944.60	944.60	944.60	944.60	994.32	994.32
55	1,038.56	1,038.56	986.64	986.64	986.64	986.64	1,038.56	1,038.56
56	1,086.53	1,086.53	1,032.21	1,032.21	1,032.21	1,032.21	1,086.53	1,086.53
57	1,134.97	1,134.97	1,078.22	1,078.22	1,078.22	1,078.22	1,134.97	1,134.97
58	1,186.66	1,186.66	1,127.33	1,127.33	1,127.33	1,127.33	1,186.66	1,186.66
59	1,212.28	1,212.28	1,151.67	1,151.67	1,151.67	1,151.67	1,212.28	1,212.28
60	1,263.97	1,263.97	1,200.78	1,200.78	1,200.78	1,200.78	1,263.97	1,263.97
61	1,308.68	1,308.68	1,243.25	1,243.25	1,243.25	1,243.25	1,308.68	1,308.68
62	1,338.03	1,338.03	1,271.12	1,271.12	1,271.12	1,271.12	1,338.03	1,338.03
63	1,374.82	1,374.82	1,306.08	1,306.08	1,306.08	1,306.08	1,374.82	1,374.82
64 and Over	1,397.17	1,397.17	1,327.31	1,327.31	1,327.31	1,327.31	1,397.17	1,397.17
<b>HIOS IDs</b>	<b>75729PA0050141</b>		<b>75729PA0050149</b>		<b>75729PA0050145</b>		<b>75729PA0050145</b>	

Rates Effective: 10/01/2023 to 12/31/2023

<b>Geisinger Choices PPO 20/40/2000</b>			<b>Gold</b>
<b>Preventive services covered at 100%</b>	<b>Accessories Program</b>	<b>Health management programs</b>	
<b>Summary of Benefits</b>	<b>In-Network (Tier 1)</b>	<b>In-Network (Tier 2)</b>	<b>Out-of-Network</b>
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	\$20	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	\$100 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)	\$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 - Preferred Generic Drugs	\$10	N/A	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	N/A	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	N/A	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	N/A	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	N/A	Limited to In Network
Tier 6 - \$0 Rx	\$0	N/A	Limited to In Network
Laboratory Outpatient	0% after deductible	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	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.			
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>HIOS ID: 75729PA0050142, 75729PA0050146, 75729PA0050150</b>	

<b>Geisinger Choices PPO 20/40/2000</b>							<b>Gold</b>	
	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	331.44	331.44	314.87	314.87	314.87	314.87	331.44	331.44
15	360.90	360.90	342.86	342.86	342.86	342.86	360.90	360.90
16	372.17	372.17	353.56	353.56	353.56	353.56	372.17	372.17
17	383.43	383.43	364.26	364.26	364.26	364.26	383.43	383.43
18	395.56	395.56	375.79	375.79	375.79	375.79	395.56	395.56
19	407.70	407.70	387.31	387.31	387.31	387.31	407.70	407.70
20	420.26	420.26	399.25	399.25	399.25	399.25	420.26	420.26
21	433.26	433.26	411.60	411.60	411.60	411.60	433.26	433.26
22	433.26	433.26	411.60	411.60	411.60	411.60	433.26	433.26
23	433.26	433.26	411.60	411.60	411.60	411.60	433.26	433.26
24	433.26	433.26	411.60	411.60	411.60	411.60	433.26	433.26
25	434.99	434.99	413.24	413.24	413.24	413.24	434.99	434.99
26	443.66	443.66	421.47	421.47	421.47	421.47	443.66	443.66
27	454.05	454.05	431.35	431.35	431.35	431.35	454.05	454.05
28	470.95	470.95	447.40	447.40	447.40	447.40	470.95	470.95
29	484.82	484.82	460.57	460.57	460.57	460.57	484.82	484.82
30	491.75	491.75	467.16	467.16	467.16	467.16	491.75	491.75
31	502.15	502.15	477.04	477.04	477.04	477.04	502.15	502.15
32	512.54	512.54	486.92	486.92	486.92	486.92	512.54	512.54
33	519.04	519.04	493.09	493.09	493.09	493.09	519.04	519.04
34	525.98	525.98	499.68	499.68	499.68	499.68	525.98	525.98
35	529.44	529.44	502.97	502.97	502.97	502.97	529.44	529.44
36	532.91	532.91	506.26	506.26	506.26	506.26	532.91	532.91
37	536.37	536.37	509.55	509.55	509.55	509.55	536.37	536.37
38	539.84	539.84	512.85	512.85	512.85	512.85	539.84	539.84
39	546.77	546.77	519.43	519.43	519.43	519.43	546.77	546.77
40	553.70	553.70	526.02	526.02	526.02	526.02	553.70	553.70
41	564.10	564.10	535.90	535.90	535.90	535.90	564.10	564.10
42	574.07	574.07	545.36	545.36	545.36	545.36	574.07	574.07
43	587.93	587.93	558.53	558.53	558.53	558.53	587.93	587.93
44	605.26	605.26	575.00	575.00	575.00	575.00	605.26	605.26
45	625.62	625.62	594.34	594.34	594.34	594.34	625.62	625.62
46	649.89	649.89	617.39	617.39	617.39	617.39	649.89	649.89
47	677.18	677.18	643.32	643.32	643.32	643.32	677.18	677.18
48	708.38	708.38	672.96	672.96	672.96	672.96	708.38	708.38
49	739.14	739.14	702.18	702.18	702.18	702.18	739.14	739.14
50	773.80	773.80	735.11	735.11	735.11	735.11	773.80	773.80
51	808.03	808.03	767.62	767.62	767.62	767.62	808.03	808.03
52	845.72	845.72	803.43	803.43	803.43	803.43	845.72	845.72
53	883.85	883.85	839.65	839.65	839.65	839.65	883.85	883.85
54	925.01	925.01	878.76	878.76	878.76	878.76	925.01	925.01
55	966.17	966.17	917.86	917.86	917.86	917.86	966.17	966.17
56	1,010.79	1,010.79	960.25	960.25	960.25	960.25	1,010.79	1,010.79
57	1,055.85	1,055.85	1,003.06	1,003.06	1,003.06	1,003.06	1,055.85	1,055.85
58	1,103.94	1,103.94	1,048.74	1,048.74	1,048.74	1,048.74	1,103.94	1,103.94
59	1,127.77	1,127.77	1,071.38	1,071.38	1,071.38	1,071.38	1,127.77	1,127.77
60	1,175.86	1,175.86	1,117.07	1,117.07	1,117.07	1,117.07	1,175.86	1,175.86
61	1,217.45	1,217.45	1,156.58	1,156.58	1,156.58	1,156.58	1,217.45	1,217.45
62	1,244.75	1,244.75	1,182.51	1,182.51	1,182.51	1,182.51	1,244.75	1,244.75
63	1,278.98	1,278.98	1,215.03	1,215.03	1,215.03	1,215.03	1,278.98	1,278.98
64 and Over	1,299.77	1,299.77	1,234.79	1,234.79	1,234.79	1,234.79	1,299.77	1,299.77
<b>HIOS IDs</b>	<b>75729PA0050142</b>		<b>75729PA0050150</b>		<b>75729PA0050146</b>		<b>75729PA0050146</b>	

Rates Effective: 10/01/2023 to 12/31/2023

<b>Geisinger Choices PPO 20/40/4000</b>			<b>Silver</b>
<b>Preventive services covered at 100%</b>	<b>Accessories Program</b>	<b>Health management programs</b>	
<b>Summary of Benefits</b>	<b>In-Network (Tier 1)</b>	<b>In-Network (Tier 2)</b>	<b>Out-of-Network</b>
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 copay after deductible	\$200 copay after deductible	\$200 copay after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 after deductible	\$150 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)	\$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 - Preferred Generic Drugs	\$3	N/A	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	N/A	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$50 after deductible	N/A	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$85 after deductible	N/A	Limited to In Network
Tier 5 - Specialty Drugs	50% coinsurance after deductible up to MOOP	N/A	Limited to In Network
Tier 6 - \$0 Rx	\$0	N/A	Limited to In Network
Laboratory Outpatient	0% after deductible	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	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.			
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>HIOS ID: 75729PA0050143, 75729PA0050147, 75729PA0050151</b>	



<b>Geisinger Choices PPO 20/40/4000</b>							<b>Silver</b>	
	<b>Centre Mifflin Union Snyder Northumberland Montour Columbia</b>		<b>Lackawanna Luzerne Wayne</b>		<b>Carbon Monroe</b>		<b>Schuylkill Lehigh Northampton</b>	
	<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>	
<b>Age</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>
0-14	294.74	294.74	280.00	280.00	280.00	280.00	294.74	294.74
15	320.94	320.94	304.89	304.89	304.89	304.89	320.94	320.94
16	330.96	330.96	314.41	314.41	314.41	314.41	330.96	330.96
17	340.97	340.97	323.92	323.92	323.92	323.92	340.97	340.97
18	351.76	351.76	334.17	334.17	334.17	334.17	351.76	351.76
19	362.55	362.55	344.42	344.42	344.42	344.42	362.55	362.55
20	373.72	373.72	355.04	355.04	355.04	355.04	373.72	373.72
21	385.28	385.28	366.02	366.02	366.02	366.02	385.28	385.28
22	385.28	385.28	366.02	366.02	366.02	366.02	385.28	385.28
23	385.28	385.28	366.02	366.02	366.02	366.02	385.28	385.28
24	385.28	385.28	366.02	366.02	366.02	366.02	385.28	385.28
25	386.82	386.82	367.48	367.48	367.48	367.48	386.82	386.82
26	394.53	394.53	374.80	374.80	374.80	374.80	394.53	394.53
27	403.77	403.77	383.58	383.58	383.58	383.58	403.77	403.77
28	418.80	418.80	397.86	397.86	397.86	397.86	418.80	418.80
29	431.13	431.13	409.57	409.57	409.57	409.57	431.13	431.13
30	437.29	437.29	415.43	415.43	415.43	415.43	437.29	437.29
31	446.54	446.54	424.21	424.21	424.21	424.21	446.54	446.54
32	455.79	455.79	433.00	433.00	433.00	433.00	455.79	455.79
33	461.57	461.57	438.49	438.49	438.49	438.49	461.57	461.57
34	467.73	467.73	444.34	444.34	444.34	444.34	467.73	467.73
35	470.81	470.81	447.27	447.27	447.27	447.27	470.81	470.81
36	473.89	473.89	450.20	450.20	450.20	450.20	473.89	473.89
37	476.98	476.98	453.13	453.13	453.13	453.13	476.98	476.98
38	480.06	480.06	456.06	456.06	456.06	456.06	480.06	480.06
39	486.22	486.22	461.91	461.91	461.91	461.91	486.22	486.22
40	492.39	492.39	467.77	467.77	467.77	467.77	492.39	492.39
41	501.63	501.63	476.55	476.55	476.55	476.55	501.63	501.63
42	510.50	510.50	484.97	484.97	484.97	484.97	510.50	510.50
43	522.82	522.82	496.68	496.68	496.68	496.68	522.82	522.82
44	538.24	538.24	511.32	511.32	511.32	511.32	538.24	538.24
45	556.34	556.34	528.53	528.53	528.53	528.53	556.34	556.34
46	577.92	577.92	549.02	549.02	549.02	549.02	577.92	577.92
47	602.19	602.19	572.08	572.08	572.08	572.08	602.19	602.19
48	629.93	629.93	598.44	598.44	598.44	598.44	629.93	629.93
49	657.29	657.29	624.42	624.42	624.42	624.42	657.29	657.29
50	688.11	688.11	653.70	653.70	653.70	653.70	688.11	688.11
51	718.55	718.55	682.62	682.62	682.62	682.62	718.55	718.55
52	752.07	752.07	714.46	714.46	714.46	714.46	752.07	752.07
53	785.97	785.97	746.67	746.67	746.67	746.67	785.97	785.97
54	822.57	822.57	781.44	781.44	781.44	781.44	822.57	822.57
55	859.17	859.17	816.22	816.22	816.22	816.22	859.17	859.17
56	898.86	898.86	853.92	853.92	853.92	853.92	898.86	898.86
57	938.93	938.93	891.98	891.98	891.98	891.98	938.93	938.93
58	981.69	981.69	932.61	932.61	932.61	932.61	981.69	981.69
59	1,002.88	1,002.88	952.74	952.74	952.74	952.74	1,002.88	1,002.88
60	1,045.65	1,045.65	993.37	993.37	993.37	993.37	1,045.65	1,045.65
61	1,082.64	1,082.64	1,028.50	1,028.50	1,028.50	1,028.50	1,082.64	1,082.64
62	1,106.91	1,106.91	1,051.56	1,051.56	1,051.56	1,051.56	1,106.91	1,106.91
63	1,137.35	1,137.35	1,080.48	1,080.48	1,080.48	1,080.48	1,137.35	1,137.35
64 and Over	1,155.84	1,155.84	1,098.05	1,098.05	1,098.05	1,098.05	1,155.84	1,155.84
<b>HIOS IDs</b>	<b>75729PA0050143</b>		<b>75729PA0050151</b>		<b>75729PA0050147</b>		<b>75729PA0050147</b>	

Rates Effective: 10/01/2023 to 12/31/2023

<b>Geisinger Premier HMO 10/20/0</b>		<b>Platinum</b>
<b>Preventive services covered at 100%   Accessories Program   Health management programs</b>		
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$0/\$0	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$6,000/\$12,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$10	Limited to In Network
Specialist - Office Visit	\$20	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$10	\$10
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100 after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$50 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$20 per visit, Facility - \$50 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$10	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$10	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	Limited to In Network
Rehabilitative Speech Therapy	\$20	Limited to In Network
Habilitation Services	\$20	Limited to In Network
Durable Medical Equipment	10% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$10	Limited to In Network
Routine Eye Exam for Children	\$20	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>HIOS ID: 22444PA0060121, 22444PA0060126, 22444PA0060131</b>

**This benefit is only available to groups in the counties of Centre, Mifflin, Union, Snyder, Northumberland, Montour, Columbia, Lackawanna, Luzerne, Wayne, Carbon, Monroe, Schuylkill, Lehigh, and Northampton**

<b>Geisinger Premier HMO 10/20/0</b>							<b>Platinum</b>	
	<b>Centre Mifflin Union Snyder Northumberland Montour Columbia</b>		<b>Lackawanna Luzerne Wayne</b>		<b>Carbon Monroe</b>		<b>Schuylkill Lehigh Northampton</b>	
	<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>	
<b>Age</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>
0-14	424.08	424.08	402.87	402.87	402.87	402.87	424.08	424.08
15	461.77	461.77	438.69	438.69	438.69	438.69	461.77	461.77
16	476.19	476.19	452.38	452.38	452.38	452.38	476.19	476.19
17	490.60	490.60	466.07	466.07	466.07	466.07	490.60	490.60
18	506.12	506.12	480.82	480.82	480.82	480.82	506.12	506.12
19	521.64	521.64	495.56	495.56	495.56	495.56	521.64	521.64
20	537.72	537.72	510.83	510.83	510.83	510.83	537.72	537.72
21	554.36	554.36	526.64	526.64	526.64	526.64	554.36	554.36
22	554.36	554.36	526.64	526.64	526.64	526.64	554.36	554.36
23	554.36	554.36	526.64	526.64	526.64	526.64	554.36	554.36
24	554.36	554.36	526.64	526.64	526.64	526.64	554.36	554.36
25	556.57	556.57	528.74	528.74	528.74	528.74	556.57	556.57
26	567.66	567.66	539.27	539.27	539.27	539.27	567.66	567.66
27	580.96	580.96	551.91	551.91	551.91	551.91	580.96	580.96
28	602.58	602.58	572.45	572.45	572.45	572.45	602.58	602.58
29	620.32	620.32	589.30	589.30	589.30	589.30	620.32	620.32
30	629.19	629.19	597.73	597.73	597.73	597.73	629.19	629.19
31	642.49	642.49	610.37	610.37	610.37	610.37	642.49	642.49
32	655.80	655.80	623.01	623.01	623.01	623.01	655.80	655.80
33	664.11	664.11	630.91	630.91	630.91	630.91	664.11	664.11
34	672.98	672.98	639.33	639.33	639.33	639.33	672.98	672.98
35	677.42	677.42	643.55	643.55	643.55	643.55	677.42	677.42
36	681.85	681.85	647.76	647.76	647.76	647.76	681.85	681.85
37	686.29	686.29	651.97	651.97	651.97	651.97	686.29	686.29
38	690.72	690.72	656.19	656.19	656.19	656.19	690.72	690.72
39	699.59	699.59	664.61	664.61	664.61	664.61	699.59	699.59
40	708.46	708.46	673.04	673.04	673.04	673.04	708.46	708.46
41	721.77	721.77	685.68	685.68	685.68	685.68	721.77	721.77
42	734.52	734.52	697.79	697.79	697.79	697.79	734.52	734.52
43	752.25	752.25	714.64	714.64	714.64	714.64	752.25	752.25
44	774.43	774.43	735.71	735.71	735.71	735.71	774.43	774.43
45	800.48	800.48	760.46	760.46	760.46	760.46	800.48	800.48
46	831.53	831.53	789.95	789.95	789.95	789.95	831.53	831.53
47	866.45	866.45	823.13	823.13	823.13	823.13	866.45	866.45
48	906.36	906.36	861.05	861.05	861.05	861.05	906.36	906.36
49	945.72	945.72	898.44	898.44	898.44	898.44	945.72	945.72
50	990.07	990.07	940.57	940.57	940.57	940.57	990.07	990.07
51	1,033.86	1,033.86	982.17	982.17	982.17	982.17	1,033.86	1,033.86
52	1,082.09	1,082.09	1,027.99	1,027.99	1,027.99	1,027.99	1,082.09	1,082.09
53	1,130.88	1,130.88	1,074.33	1,074.33	1,074.33	1,074.33	1,130.88	1,130.88
54	1,183.54	1,183.54	1,124.36	1,124.36	1,124.36	1,124.36	1,183.54	1,183.54
55	1,236.20	1,236.20	1,174.39	1,174.39	1,174.39	1,174.39	1,236.20	1,236.20
56	1,293.30	1,293.30	1,228.64	1,228.64	1,228.64	1,228.64	1,293.30	1,293.30
57	1,350.95	1,350.95	1,283.41	1,283.41	1,283.41	1,283.41	1,350.95	1,350.95
58	1,412.49	1,412.49	1,341.86	1,341.86	1,341.86	1,341.86	1,412.49	1,412.49
59	1,442.98	1,442.98	1,370.83	1,370.83	1,370.83	1,370.83	1,442.98	1,442.98
60	1,504.51	1,504.51	1,429.28	1,429.28	1,429.28	1,429.28	1,504.51	1,504.51
61	1,557.73	1,557.73	1,479.84	1,479.84	1,479.84	1,479.84	1,557.73	1,557.73
62	1,592.65	1,592.65	1,513.02	1,513.02	1,513.02	1,513.02	1,592.65	1,592.65
63	1,636.44	1,636.44	1,554.62	1,554.62	1,554.62	1,554.62	1,636.44	1,636.44
64 and Over	1,663.05	1,663.05	1,579.90	1,579.90	1,579.90	1,579.90	1,663.05	1,663.05
<b>HIOS IDs</b>	<b>22444PA0060121</b>		<b>22444PA0060131</b>		<b>22444PA0060126</b>		<b>22444PA0060126</b>	

Rates Effective: 10/01/2023 to 12/31/2023

<b>Geisinger Premier HMO 20/40/1000</b>		<b>Gold</b>
<b>Preventive services covered at 100%   Accessories Program   Health management programs</b>		
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$1,000/\$2,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,600/\$17,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$175 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$175 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>HIOS ID: 22444PA0060122, 22444PA0060127, 22444PA0060132</b>

**This benefit is only available to groups in the counties of Centre, Mifflin, Union, Snyder, Northumberland, Montour, Columbia, Lackawanna, Luzerne, Wayne, Carbon, Monroe, Schuylkill, Lehigh, and Northampton**

<b>Geisinger Premier HMO 20/40/1000</b>							<b>Gold</b>	
	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	350.79	350.79	333.25	333.25	333.25	333.25	350.79	350.79
15	381.97	381.97	362.88	362.88	362.88	362.88	381.97	381.97
16	393.90	393.90	374.20	374.20	374.20	374.20	393.90	393.90
17	405.82	405.82	385.53	385.53	385.53	385.53	405.82	405.82
18	418.66	418.66	397.73	397.73	397.73	397.73	418.66	418.66
19	431.50	431.50	409.92	409.92	409.92	409.92	431.50	431.50
20	444.80	444.80	422.56	422.56	422.56	422.56	444.80	444.80
21	458.56	458.56	435.63	435.63	435.63	435.63	458.56	458.56
22	458.56	458.56	435.63	435.63	435.63	435.63	458.56	458.56
23	458.56	458.56	435.63	435.63	435.63	435.63	458.56	458.56
24	458.56	458.56	435.63	435.63	435.63	435.63	458.56	458.56
25	460.39	460.39	437.37	437.37	437.37	437.37	460.39	460.39
26	469.56	469.56	446.08	446.08	446.08	446.08	469.56	469.56
27	480.56	480.56	456.53	456.53	456.53	456.53	480.56	480.56
28	498.45	498.45	473.52	473.52	473.52	473.52	498.45	498.45
29	513.12	513.12	487.46	487.46	487.46	487.46	513.12	513.12
30	520.46	520.46	494.43	494.43	494.43	494.43	520.46	520.46
31	531.46	531.46	504.89	504.89	504.89	504.89	531.46	531.46
32	542.47	542.47	515.34	515.34	515.34	515.34	542.47	542.47
33	549.35	549.35	521.88	521.88	521.88	521.88	549.35	549.35
34	556.68	556.68	528.85	528.85	528.85	528.85	556.68	556.68
35	560.35	560.35	532.33	532.33	532.33	532.33	560.35	560.35
36	564.02	564.02	535.82	535.82	535.82	535.82	564.02	564.02
37	567.69	567.69	539.30	539.30	539.30	539.30	567.69	567.69
38	571.36	571.36	542.79	542.79	542.79	542.79	571.36	571.36
39	578.69	578.69	549.76	549.76	549.76	549.76	578.69	578.69
40	586.03	586.03	556.73	556.73	556.73	556.73	586.03	586.03
41	597.03	597.03	567.18	567.18	567.18	567.18	597.03	597.03
42	607.58	607.58	577.20	577.20	577.20	577.20	607.58	607.58
43	622.26	622.26	591.14	591.14	591.14	591.14	622.26	622.26
44	640.60	640.60	608.57	608.57	608.57	608.57	640.60	640.60
45	662.15	662.15	629.04	629.04	629.04	629.04	662.15	662.15
46	687.83	687.83	653.44	653.44	653.44	653.44	687.83	687.83
47	716.72	716.72	680.88	680.88	680.88	680.88	716.72	716.72
48	749.73	749.73	712.25	712.25	712.25	712.25	749.73	749.73
49	782.29	782.29	743.18	743.18	743.18	743.18	782.29	782.29
50	818.97	818.97	778.03	778.03	778.03	778.03	818.97	818.97
51	855.20	855.20	812.44	812.44	812.44	812.44	855.20	855.20
52	895.09	895.09	850.34	850.34	850.34	850.34	895.09	895.09
53	935.45	935.45	888.67	888.67	888.67	888.67	935.45	935.45
54	979.01	979.01	930.06	930.06	930.06	930.06	979.01	979.01
55	1,022.57	1,022.57	971.44	971.44	971.44	971.44	1,022.57	1,022.57
56	1,069.80	1,069.80	1,016.31	1,016.31	1,016.31	1,016.31	1,069.80	1,069.80
57	1,117.49	1,117.49	1,061.62	1,061.62	1,061.62	1,061.62	1,117.49	1,117.49
58	1,168.39	1,168.39	1,109.97	1,109.97	1,109.97	1,109.97	1,168.39	1,168.39
59	1,193.61	1,193.61	1,133.93	1,133.93	1,133.93	1,133.93	1,193.61	1,193.61
60	1,244.51	1,244.51	1,182.28	1,182.28	1,182.28	1,182.28	1,244.51	1,244.51
61	1,288.53	1,288.53	1,224.10	1,224.10	1,224.10	1,224.10	1,288.53	1,288.53
62	1,317.42	1,317.42	1,251.55	1,251.55	1,251.55	1,251.55	1,317.42	1,317.42
63	1,353.65	1,353.65	1,285.96	1,285.96	1,285.96	1,285.96	1,353.65	1,353.65
64 and Over	1,375.66	1,375.66	1,306.87	1,306.87	1,306.87	1,306.87	1,375.66	1,375.66
<b>HIOS IDs</b>	<b>22444PA0060122</b>		<b>22444PA0060132</b>		<b>22444PA0060127</b>		<b>22444PA0060127</b>	

Rates Effective: 10/01/2023 to 12/31/2023



<b>Geisinger Premier HMO 25/50/2000</b>		<b>Gold</b>
<b>Preventive services covered at 100%   Accessories Program   Health management programs</b>		
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$25	Limited to In Network
Specialist - Office Visit	\$50	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$25	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$25	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	Limited to In Network
Rehabilitative Speech Therapy	\$50	Limited to In Network
Habilitation Services	\$50	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>HIOS ID: 22444PA0060125, 22444PA0060130, 22444PA0060135</b>

**This benefit is only available to groups in the counties of Centre, Mifflin, Union, Snyder, Northumberland, Montour, Columbia, Lackawanna, Luzerne, Wayne, Carbon, Monroe, Schuylkill, Lehigh, and Northampton**

<b>Geisinger Premier HMO 25/50/2000</b>							<b>Gold</b>	
	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	328.70	328.70	312.27	312.27	312.27	312.27	328.70	328.70
15	357.92	357.92	340.02	340.02	340.02	340.02	357.92	357.92
16	369.09	369.09	350.64	350.64	350.64	350.64	369.09	369.09
17	380.26	380.26	361.25	361.25	361.25	361.25	380.26	380.26
18	392.29	392.29	372.68	372.68	372.68	372.68	392.29	392.29
19	404.33	404.33	384.11	384.11	384.11	384.11	404.33	404.33
20	416.79	416.79	395.95	395.95	395.95	395.95	416.79	416.79
21	429.68	429.68	408.20	408.20	408.20	408.20	429.68	429.68
22	429.68	429.68	408.20	408.20	408.20	408.20	429.68	429.68
23	429.68	429.68	408.20	408.20	408.20	408.20	429.68	429.68
24	429.68	429.68	408.20	408.20	408.20	408.20	429.68	429.68
25	431.39	431.39	409.82	409.82	409.82	409.82	431.39	431.39
26	439.99	439.99	417.99	417.99	417.99	417.99	439.99	439.99
27	450.30	450.30	427.79	427.79	427.79	427.79	450.30	450.30
28	467.06	467.06	443.70	443.70	443.70	443.70	467.06	467.06
29	480.81	480.81	456.77	456.77	456.77	456.77	480.81	480.81
30	487.68	487.68	463.30	463.30	463.30	463.30	487.68	487.68
31	497.99	497.99	473.09	473.09	473.09	473.09	497.99	497.99
32	508.31	508.31	482.89	482.89	482.89	482.89	508.31	508.31
33	514.75	514.75	489.01	489.01	489.01	489.01	514.75	514.75
34	521.63	521.63	495.55	495.55	495.55	495.55	521.63	521.63
35	525.06	525.06	498.81	498.81	498.81	498.81	525.06	525.06
36	528.50	528.50	502.08	502.08	502.08	502.08	528.50	528.50
37	531.94	531.94	505.34	505.34	505.34	505.34	531.94	531.94
38	535.38	535.38	508.61	508.61	508.61	508.61	535.38	535.38
39	542.25	542.25	515.14	515.14	515.14	515.14	542.25	542.25
40	549.13	549.13	521.67	521.67	521.67	521.67	549.13	549.13
41	559.44	559.44	531.47	531.47	531.47	531.47	559.44	559.44
42	569.32	569.32	540.85	540.85	540.85	540.85	569.32	569.32
43	583.07	583.07	553.92	553.92	553.92	553.92	583.07	583.07
44	600.26	600.26	570.24	570.24	570.24	570.24	600.26	600.26
45	620.45	620.45	589.43	589.43	589.43	589.43	620.45	620.45
46	644.51	644.51	612.29	612.29	612.29	612.29	644.51	644.51
47	671.58	671.58	638.00	638.00	638.00	638.00	671.58	671.58
48	702.52	702.52	667.39	667.39	667.39	667.39	702.52	702.52
49	733.03	733.03	696.38	696.38	696.38	696.38	733.03	733.03
50	767.40	767.40	729.03	729.03	729.03	729.03	767.40	767.40
51	801.35	801.35	761.28	761.28	761.28	761.28	801.35	801.35
52	838.73	838.73	796.79	796.79	796.79	796.79	838.73	838.73
53	876.54	876.54	832.71	832.71	832.71	832.71	876.54	876.54
54	917.36	917.36	871.49	871.49	871.49	871.49	917.36	917.36
55	958.18	958.18	910.27	910.27	910.27	910.27	958.18	958.18
56	1,002.43	1,002.43	952.31	952.31	952.31	952.31	1,002.43	1,002.43
57	1,047.12	1,047.12	994.76	994.76	994.76	994.76	1,047.12	1,047.12
58	1,094.81	1,094.81	1,040.07	1,040.07	1,040.07	1,040.07	1,094.81	1,094.81
59	1,118.45	1,118.45	1,062.52	1,062.52	1,062.52	1,062.52	1,118.45	1,118.45
60	1,166.14	1,166.14	1,107.83	1,107.83	1,107.83	1,107.83	1,166.14	1,166.14
61	1,207.39	1,207.39	1,147.02	1,147.02	1,147.02	1,147.02	1,207.39	1,207.39
62	1,234.46	1,234.46	1,172.74	1,172.74	1,172.74	1,172.74	1,234.46	1,234.46
63	1,268.40	1,268.40	1,204.98	1,204.98	1,204.98	1,204.98	1,268.40	1,268.40
64 and Over	1,289.03	1,289.03	1,224.58	1,224.58	1,224.58	1,224.58	1,289.03	1,289.03
<b>HIOS IDs</b>	<b>22444PA0060125</b>		<b>22444PA0060135</b>		<b>22444PA0060130</b>		<b>22444PA0060130</b>	

Rates Effective: 10/01/2023 to 12/31/2023

<b>Geisinger Premier HMO 25/50/3300</b>		<b>Gold</b>
<b>Preventive services covered at 100%   Accessories Program   Health management programs</b>		
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$3,300/\$6,600	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,550/\$17,100	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$25	Limited to In Network
Specialist - Office Visit	\$50	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200 after deductible	\$200 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	0% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$25	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$25	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	Limited to In Network
Rehabilitative Speech Therapy	\$50	Limited to In Network
Habilitation Services	\$50	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 5 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>HIOS ID: 22444PA0060124, 22444PA0060129, 22444PA0060134</b>

**This benefit is only available to groups in the counties of Centre, Mifflin, Union, Snyder, Northumberland, Montour, Columbia, Lackawanna, Luzerne, Wayne, Carbon, Monroe, Schuylkill, Lehigh, and Northampton**

<b>Geisinger Premier HMO 25/50/3300</b>							<b>Gold</b>	
	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	315.33	315.33	299.56	299.56	299.56	299.56	315.33	315.33
15	343.36	343.36	326.19	326.19	326.19	326.19	343.36	343.36
16	354.07	354.07	336.37	336.37	336.37	336.37	354.07	354.07
17	364.79	364.79	346.55	346.55	346.55	346.55	364.79	364.79
18	376.33	376.33	357.52	357.52	357.52	357.52	376.33	376.33
19	387.87	387.87	368.48	368.48	368.48	368.48	387.87	387.87
20	399.83	399.83	379.84	379.84	379.84	379.84	399.83	399.83
21	412.20	412.20	391.59	391.59	391.59	391.59	412.20	412.20
22	412.20	412.20	391.59	391.59	391.59	391.59	412.20	412.20
23	412.20	412.20	391.59	391.59	391.59	391.59	412.20	412.20
24	412.20	412.20	391.59	391.59	391.59	391.59	412.20	412.20
25	413.84	413.84	393.15	393.15	393.15	393.15	413.84	413.84
26	422.09	422.09	400.98	400.98	400.98	400.98	422.09	422.09
27	431.98	431.98	410.38	410.38	410.38	410.38	431.98	431.98
28	448.05	448.05	425.65	425.65	425.65	425.65	448.05	448.05
29	461.24	461.24	438.18	438.18	438.18	438.18	461.24	461.24
30	467.84	467.84	444.45	444.45	444.45	444.45	467.84	467.84
31	477.73	477.73	453.85	453.85	453.85	453.85	477.73	477.73
32	487.62	487.62	463.24	463.24	463.24	463.24	487.62	487.62
33	493.81	493.81	469.12	469.12	469.12	469.12	493.81	493.81
34	500.40	500.40	475.38	475.38	475.38	475.38	500.40	500.40
35	503.70	503.70	478.51	478.51	478.51	478.51	503.70	503.70
36	507.00	507.00	481.65	481.65	481.65	481.65	507.00	507.00
37	510.29	510.29	484.78	484.78	484.78	484.78	510.29	510.29
38	513.59	513.59	487.91	487.91	487.91	487.91	513.59	513.59
39	520.19	520.19	494.18	494.18	494.18	494.18	520.19	520.19
40	526.78	526.78	500.44	500.44	500.44	500.44	526.78	526.78
41	536.68	536.68	509.84	509.84	509.84	509.84	536.68	536.68
42	546.16	546.16	518.85	518.85	518.85	518.85	546.16	546.16
43	559.35	559.35	531.38	531.38	531.38	531.38	559.35	559.35
44	575.83	575.83	547.04	547.04	547.04	547.04	575.83	575.83
45	595.21	595.21	565.45	565.45	565.45	565.45	595.21	595.21
46	618.29	618.29	587.38	587.38	587.38	587.38	618.29	618.29
47	644.26	644.26	612.04	612.04	612.04	612.04	644.26	644.26
48	673.94	673.94	640.24	640.24	640.24	640.24	673.94	673.94
49	703.20	703.20	668.04	668.04	668.04	668.04	703.20	703.20
50	736.18	736.18	699.37	699.37	699.37	699.37	736.18	736.18
51	768.74	768.74	730.30	730.30	730.30	730.30	768.74	768.74
52	804.60	804.60	764.37	764.37	764.37	764.37	804.60	804.60
53	840.87	840.87	798.83	798.83	798.83	798.83	840.87	840.87
54	880.03	880.03	836.03	836.03	836.03	836.03	880.03	880.03
55	919.19	919.19	873.23	873.23	873.23	873.23	919.19	919.19
56	961.65	961.65	913.56	913.56	913.56	913.56	961.65	961.65
57	1,004.51	1,004.51	954.29	954.29	954.29	954.29	1,004.51	1,004.51
58	1,050.27	1,050.27	997.75	997.75	997.75	997.75	1,050.27	1,050.27
59	1,072.94	1,072.94	1,019.29	1,019.29	1,019.29	1,019.29	1,072.94	1,072.94
60	1,118.69	1,118.69	1,062.76	1,062.76	1,062.76	1,062.76	1,118.69	1,118.69
61	1,158.26	1,158.26	1,100.35	1,100.35	1,100.35	1,100.35	1,158.26	1,158.26
62	1,184.23	1,184.23	1,125.02	1,125.02	1,125.02	1,125.02	1,184.23	1,184.23
63	1,216.79	1,216.79	1,155.95	1,155.95	1,155.95	1,155.95	1,216.79	1,216.79
64 and Over	1,236.58	1,236.58	1,174.75	1,174.75	1,174.75	1,174.75	1,236.58	1,236.58
<b>HIOS IDs</b>	<b>22444PA0060124</b>		<b>22444PA0060134</b>		<b>22444PA0060129</b>		<b>22444PA0060129</b>	

Rates Effective: 10/01/2023 to 12/31/2023

<b>Geisinger Premier HMO 35/70/4300</b>		<b>Silver</b>
<b>Preventive services covered at 100%   Accessories Program   Health management programs</b>		
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$4,300/\$8,600	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$35	Limited to In Network
Specialist - Office Visit	\$70	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250 after deductible	\$250 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$35	\$35
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$250 after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$35	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$35	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$70	Limited to In Network
Rehabilitative Speech Therapy	\$70	Limited to In Network
Habilitation Services	\$70	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$70	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 2 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 3 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 4 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 5 - Specialty Drugs	50% coinsurance after deductible up to MOOP	Limited to In Network
Tier 6 - \$0 Rx	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	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.		
<b>Benefits Effective: 01/01/2023 to 12/31/2023</b>		<b>HIOS ID: 22444PA0060123, 22444PA0060128, 22444PA0060133</b>

**This benefit is only available to groups in the counties of Centre, Mifflin, Union, Snyder, Northumberland, Montour, Columbia, Lackawanna, Luzerne, Wayne, Carbon, Monroe, Schuylkill, Lehigh, and Northampton**



<b>Geisinger Premier HMO 35/70/4300</b>							<b>Silver</b>	
	<b>Centre Mifflin Union Snyder Northumberland Montour Columbia</b>		<b>Lackawanna Luzerne Wayne</b>		<b>Carbon Monroe</b>		<b>Schuylkill Lehigh Northampton</b>	
	<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>		<b>Tobacco Status</b>	
<b>Age</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>
0-14	284.49	284.49	270.27	270.27	270.27	270.27	284.49	284.49
15	309.78	309.78	294.29	294.29	294.29	294.29	309.78	309.78
16	319.45	319.45	303.48	303.48	303.48	303.48	319.45	319.45
17	329.12	329.12	312.66	312.66	312.66	312.66	329.12	329.12
18	339.53	339.53	322.55	322.55	322.55	322.55	339.53	339.53
19	349.94	349.94	332.44	332.44	332.44	332.44	349.94	349.94
20	360.73	360.73	342.69	342.69	342.69	342.69	360.73	360.73
21	371.89	371.89	353.29	353.29	353.29	353.29	371.89	371.89
22	371.89	371.89	353.29	353.29	353.29	353.29	371.89	371.89
23	371.89	371.89	353.29	353.29	353.29	353.29	371.89	371.89
24	371.89	371.89	353.29	353.29	353.29	353.29	371.89	371.89
25	373.37	373.37	354.70	354.70	354.70	354.70	373.37	373.37
26	380.81	380.81	361.77	361.77	361.77	361.77	380.81	380.81
27	389.73	389.73	370.25	370.25	370.25	370.25	389.73	389.73
28	404.24	404.24	384.02	384.02	384.02	384.02	404.24	404.24
29	416.14	416.14	395.33	395.33	395.33	395.33	416.14	416.14
30	422.09	422.09	400.98	400.98	400.98	400.98	422.09	422.09
31	431.01	431.01	409.46	409.46	409.46	409.46	431.01	431.01
32	439.94	439.94	417.94	417.94	417.94	417.94	439.94	439.94
33	445.52	445.52	423.24	423.24	423.24	423.24	445.52	445.52
34	451.47	451.47	428.89	428.89	428.89	428.89	451.47	451.47
35	454.44	454.44	431.72	431.72	431.72	431.72	454.44	454.44
36	457.42	457.42	434.55	434.55	434.55	434.55	457.42	457.42
37	460.39	460.39	437.37	437.37	437.37	437.37	460.39	460.39
38	463.37	463.37	440.20	440.20	440.20	440.20	463.37	463.37
39	469.32	469.32	445.85	445.85	445.85	445.85	469.32	469.32
40	475.27	475.27	451.50	451.50	451.50	451.50	475.27	475.27
41	484.19	484.19	459.98	459.98	459.98	459.98	484.19	484.19
42	492.74	492.74	468.11	468.11	468.11	468.11	492.74	492.74
43	504.65	504.65	479.41	479.41	479.41	479.41	504.65	504.65
44	519.52	519.52	493.54	493.54	493.54	493.54	519.52	519.52
45	537.00	537.00	510.15	510.15	510.15	510.15	537.00	537.00
46	557.82	557.82	529.93	529.93	529.93	529.93	557.82	557.82
47	581.25	581.25	552.19	552.19	552.19	552.19	581.25	581.25
48	608.03	608.03	577.63	577.63	577.63	577.63	608.03	608.03
49	634.43	634.43	602.71	602.71	602.71	602.71	634.43	634.43
50	664.18	664.18	630.97	630.97	630.97	630.97	664.18	664.18
51	693.56	693.56	658.88	658.88	658.88	658.88	693.56	693.56
52	725.92	725.92	689.62	689.62	689.62	689.62	725.92	725.92
53	758.64	758.64	720.71	720.71	720.71	720.71	758.64	758.64
54	793.97	793.97	754.27	754.27	754.27	754.27	793.97	793.97
55	829.30	829.30	787.83	787.83	787.83	787.83	829.30	829.30
56	867.60	867.60	824.22	824.22	824.22	824.22	867.60	867.60
57	906.28	906.28	860.96	860.96	860.96	860.96	906.28	906.28
58	947.56	947.56	900.18	900.18	900.18	900.18	947.56	947.56
59	968.01	968.01	919.61	919.61	919.61	919.61	968.01	968.01
60	1,009.29	1,009.29	958.83	958.83	958.83	958.83	1,009.29	1,009.29
61	1,044.99	1,044.99	992.74	992.74	992.74	992.74	1,044.99	1,044.99
62	1,068.42	1,068.42	1,015.00	1,015.00	1,015.00	1,015.00	1,068.42	1,068.42
63	1,097.80	1,097.80	1,042.91	1,042.91	1,042.91	1,042.91	1,097.80	1,097.80
64 and Over	1,115.65	1,115.65	1,059.87	1,059.87	1,059.87	1,059.87	1,115.65	1,115.65
<b>HIOS IDs</b>	<b>22444PA0060123</b>		<b>22444PA0060133</b>		<b>22444PA0060128</b>		<b>22444PA0060128</b>	

Rates Effective: 10/01/2023 to 12/31/2023

## Important information, definitions, and limitations

**Case Management:** a service where Geisinger Health Plan nurses assist members with serious conditions to obtain appropriate support and services so that members can achieve their optimal level of health.

**Concurrent review:** a process to ensure that medically necessary, appropriate care is delivered to a hospitalized member.

**Confidentiality:** the Plan's confidentiality policy protects members' privacy of their personal health information including medical records and claims information. Members always have rights to access their medical records. Upon enrollment, members sign routine consent forms which allow the Plan to use your information to conduct its business like paying claims and for measurement of data where member's identifiers are removed to assure confidentiality. For release of any other personal health information, except when required or permitted by law, members will be asked to sign a special consent form. A complete copy of the confidentiality policy is available by contacting the Customer Service Team.

**Continuity of care for new members (Act 68):** Under the provisions of Act 68, a new member can continue on-going treatment with a non-participating physician for the first 60 days of enrollment. If a member is in her second or third trimester of pregnancy, services will be covered through delivery and postpartum care. To initiate this request, the member must contact the Customer Service Team prior to receiving treatment. The Plan will confer with the provider to determine if the provider will accept the Plan's terms and conditions for payment. If the provider does not agree, the services of the non-participating provider will not be covered.

**Covered services:** that are not available from the member's PCP but are available within the Plan's network must be authorized in advance by the PCP, with the exception of obstetrical or gynecological services for which members may self-refer. Mental health and substance abuse services require prior authorization from the Plan's behavioral health manager. Covered services that are not available within the Plan's network or are out of the Plan's service area must be authorized in advance by the Plan.

**Medical Necessity or Medically Necessary:** covered services rendered by a health care provider that the Plan determines are: a) appropriate for the symptoms and diagnosis or treatment of the member's condition, illness, disease or injury; b) provided for the diagnosis, or the direct care and treatment of the member's condition, illness, disease or injury; c) in accordance with current standards of medical practice; d) not primarily for the convenience of the member, or the member's provider; and e) the most appropriate source or level of service that can safely be provided to the member. When applied to hospitalization, this further means that the member requires acute care as an inpatient due to the nature of the services rendered or the member's condition, and the member cannot receive safe or adequate care as an outpatient.

**PCP:** primary care physician.

**Precertification:** the process of calling Geisinger Health Plan to receive authorization whereby all non-emergency inpatient hospital admissions and designated procedures and services listed in the Subscription Certificate are reviewed and approved for coverage determination by the Plan prior to the provision of services.

**Prior authorization:** the process by which approval is given by the Plan for covered services based on medical necessity, eligibility and benefit availability at the time the covered services are to be provided prior to the services being performed.

**Retrospective review:** to determine the appropriateness of treatment, the Plan will complete a post-clinical review when necessary to determine whether or not the treatment met coverage guidelines. Based on this review, claims associated with treatment will be approved or denied.

**GEISINGER HEALTH PLAN**  
100 North Academy Avenue  
Danville, PA 17822

## ACA Employer Group Application

**GEISINGER QUALITY OPTIONS, INC.**  
100 North Academy Avenue  
Danville, PA 17822

### General Group Information

Employer Group Name:			Doing Business As:		
Business Description:			EIN (Tax Id):		SIC Code:
Physical Address:			Financial Address:(leave blank if same as physical)		
City:	State:	Zip:	City:	State:	Zip:
Physical Address County:			Current Health Carrier:		

### Primary Contact Information

First Name:		M. Init:	Last Name:		Title:
Email Address:			Phone:		Fax:

(The email address you provide on this application helps Geisinger Health Plan and/or Geisinger Quality Options, Inc. (the "Health Plan") to conduct business and provide good service. It is used to facilitate activities such as member satisfaction surveys. Please note that if you provide your e-mail address, it will be stored in a secure database and will not be sold to any entity outside of the Health Plan. You will be given an opportunity to opt-out of the e-mail communications)

### Eligibility & Enrollment

Effective Date:	Open Enrollment Start/End Date:	COBRA (determined based on group size)	
		COBRA <input type="checkbox"/>	MINI COBRA <input type="checkbox"/>
New Hire Waiting Period (can't exceed 90 days from date of hire):		Part Time Hours to Qualify for Benefits if Less than 30: (Optional)	
Total Company Employees Working Over 30 Hours:		Number of Employees Waiving Coverage:	
Total Company Employees Working Less than 30 Hours:		Number of Employees on COBRA:	

### Monthly Contribution

Group agrees, at a minimum, to contribute 50% of the cost of the employee only rate for the lowest benefit plan offered.

- By marking this check box, I confirm that I understand, and will comply with, the above requirement as part of the terms and conditions of purchasing employer group sponsored coverage through the Geisinger Health Plan/Geisinger Quality Options, Inc.

### Producer of Record

General Agency Name:	General Agency Number:	General Agency Phone Number:
Agency Name:	Agency Number:	Agency Phone Number:
Producer Name:	Producer Number:	Producer Phone Number:



# Discrimination is against the law

Geisinger Health Plan and Geisinger Quality Options, Inc. (collectively referred to as the “Health Plan”) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator  
 Geisinger Health Plan Appeals Department  
 100 North Academy Avenue, Danville, PA 17822-3220  
 Phone: 866-577-7733, TTY: 711  
 Fax: 570-271-7225  
 GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
 200 Independence Avenue SW., Room 509F  
 HHH Building, Washington, DC 20201  
 Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

HPM 50 alb: Nondiscrimination dev. 9.12.16  
Y0032\_16242\_2 File and Use 9/2/16



## Summary of Benefits Coverage

Following the Affordable Care Act regulations, the Health Plan will be preparing the Summary of Benefits and Coverage and Uniform Glossary (SBC) and providing these documents for each finalized quote provided to a group. I understand that I may request an SBC at any time for any preliminary quote already received.

## Fraud Statement

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

## Premium Payment

At any time during the benefit year, should the Group's enrollment be terminated with premium payments due ("past-due premiums") to either Geisinger Health Plan or Geisinger Quality Options, Inc., the Group may be required to pay any past-due premiums owed from the period not to exceed 12 months prior to the effective date of new coverage, in order to effectuate new coverage. Payment of past-due premiums may be required if the Group is applying for the same or different coverage either with Geisinger Health Plan and past-due premiums are owed to Geisinger Quality Options, Inc. or if the Group is applying for the same or different coverage with Geisinger Quality Options, Inc. and past-due premiums are owed to Geisinger Health Plan.

**Please note:** Prior coverage will not be reinstated. A new policy will be written.

## Required Signatures

I understand that the Health Plan has the right to perform annual renewal reviews of applicable tax form verifiers and/or payroll records in order to confirm employment of the individuals enrolled. I also understand that pending review of applications by the Health Plan, individual group rates to vary based upon age factors and tobacco status.

The Health Plan will investigate information provided and take action against those involved with insurance fraud. The penalties include, but are not limited to, retroactive and/or immediate termination of group coverage, as well as criminal or civil action.

My signature below verifies that the information contained on this application for group coverage is accurate and true to the best of my knowledge. I attest that the individuals listed above are active employees of the organization and dependents thereof.

I authorize the Health Plan to electronically transmit the information contained herein. If this application was taken over the phone or on the computer, I acknowledge that I, myself, have not actually signed this application but instead hereby authorize the Health Plan to print an electronic acknowledgement on the signature line of the application and I agree that such printing shall be treated as a valid signature for all purposes of this form. I acknowledge that the Health Plan has verified my identity for this purpose in accordance with any applicable law or regulation.

_____	Broker's Signature if Applicable
_____	Employer Representative's Signature
_____	Employer Representative's Name (print)
_____	Employer Representative's Title
_____	Date

**GEISINGER HEALTH PLAN**  
100 North Academy Avenue  
Danville, PA 17822

## Group ACA Subscriber Application

**GEISINGER QUALITY OPTIONS, INC.**  
100 North Academy Avenue  
Danville, PA 17822

<b>General Administrative Information</b> (for completion by Employer)				
Group Number:	Insurance ID Number:			
Class / Subgroup:	Effective Date of Change: (MM/DD/YYYY)			
Group Employee ID#:				
This Application is being submitted as a result of: <b>(Check One)</b> <input type="checkbox"/> Group Initial Enrollment <input type="checkbox"/> Group Open Enrollment Period <input type="checkbox"/> Employee New Hire <input type="checkbox"/> Change due to Qualifying Event (If you checked this box, please specify type of event) Specify type of event: _____  Is the Subscriber or Subscriber's eligible Dependent(s) electing continuation coverage under COBRA and/or Mini-COBRA? <b>(Check One)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable  <input type="checkbox"/> I declare that I have coverage under another group health plan or have other health insurance coverage and, therefore, decline enrollment for myself and any family dependents	<b>ACA Plan Selection:</b> [ ACA HMO ] <input type="checkbox"/> [ ACA QHDHP POS ] <input type="checkbox"/> [ All-Access PPO ] <input type="checkbox"/> [All-Access QHDHP PPO] <input type="checkbox"/> [Choices PPO] <input type="checkbox"/> [Extra PPO] <input type="checkbox"/> [Premier HMO ] <input type="checkbox"/>	PCP Copay	Specialist Copay	Deductible
<b>Applicant (Employee) Information</b> (Please Print Clearly)				
Primary Care Physician (PCP) Name:	PCP Location (Town):	PCP Number:		
Are you an existing patient of selected primary care physician? <span style="float: right;">[ ] Yes [ ] No</span>				
Legal Name: (Last)	First Name:	M. Init:	Gender: (M or F)	
Home Address:	City:	State:	Zip Code:	County:
Mailing Address: (if different than Home Address)	City:	State:	Zip Code:	County:
Home Phone Number: (###) ###-####	Cell Phone Number: (###) ###-####	Work Phone Number: (###) ###-####		
Email Address:				
(The email address you provide on this application helps Geisinger Health Plan and/or Geisinger Quality Options, Inc. (the "Health Plan") to conduct business and provide good service. It is used to facilitate activities such as member satisfaction surveys. Please note that if you provide your e-mail address, it will be stored in a secure database and will not be sold to any entity outside of the Health Plan. You will be given an opportunity to opt-out of the e-mail communications)				
Social Security Number: _____ - _____ - _____	Date of Birth: MM/DD/YYYY	Employment Status: [ ] Active [ ] Terminated		
Job Description :	Date of Hire: MM/DD/YYYY	Tobacco Use in Past 6 Months*: [ ] Yes [ ] No		
Employer Name, City, and Phone Number:				
Working Hours: (per week)	Employment Type: (FT/PT/Other)	Geisinger Medical Record Number: (if any)		

## Dependent Information

Legal Name (List last name if different than applicant)			Social Security Number	Relationship	Date of Birth	Tobacco Use in Past 6 Months?*	Primary Care Physician (PCP) Name	PCP Number
First	MI	Last		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner		<input type="checkbox"/> Yes <input type="checkbox"/> No		
First	MI	Last		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other**		<input type="checkbox"/> Yes <input type="checkbox"/> No		
First	MI	Last		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other**		<input type="checkbox"/> Yes <input type="checkbox"/> No		
First	MI	Last		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other**		<input type="checkbox"/> Yes <input type="checkbox"/> No		
First	MI	Last		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other**		<input type="checkbox"/> Yes <input type="checkbox"/> No		

\*Tobacco use means use of tobacco on average four or more times per week within no longer than the past 6 months (excludes religious or ceremonial use of tobacco). Applies to adult dependent(s)

\*\*In the space below, please list any disabled child over the age of 26 and/or describe instances where you selected 'Other' as your dependent relationship. NOTE: Documentation obligating the applicant or the applicant's spouse, if applicable, to provide health care coverage to Dependent(s) will be required. All Dependent(s) must meet eligibility criteria.

Dependent(s) Name	Gender	Disabled	Description of Legal Relationship
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE NOTE: If any of your Dependent(s), for which you are applying, do not live at the address listed in the Applicant (Employee) Information section, please indicate name(s), current address(es) and reason(s) why your Dependent(s) do not live at such address, in the space provided below. If your Dependent(s) live with a custodial parent, please provide name of custodial parent.

## Fraud Statement

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

## Declarations

I hereby apply to the Health Plan for the coverage now being offered for myself and the dependent(s), if any, as shown above. I understand that this application is subject to acceptance by the Health Plan and that if a Subscription Certificate is issued, services will be available subject to the exclusions, limitations and other conditions of the Subscription Certificate and/or Rider(s), if applicable. In the event it is determined that one (1) or more of my dependent(s) is/are ineligible for enrollment in the Health Plan pursuant to the Subscription Certificate, I authorize the Health Plan to process this application, omitting the names of such ineligible dependent(s). I further understand that rates for the Subscription Certificate and/or Rider(s), if applicable, issued to me are subject to change by the Health Plan, in accordance with terms of the agreement with my employer, and upon thirty (30) days prior notice to my employer acting on my behalf. I authorize my employer to make periodic deductions from my salary or wages of the amount, if any, I am required to contribute toward the rates for the coverage provided under my Subscription Certificate and/or Rider(s). The information recorded above is true and correct to the best of my knowledge and belief. I understand that the misrepresentation of any material fact by me on this application could constitute grounds for the cancellation of any Subscription Certificate and/or Rider(s), if applicable, issued by the Health Plan in consideration of this application. I have read this document or it has been read to me. I understand that I should retain a duplicate copy of this application for my own records. A photographic copy of this acknowledgement shall be as valid as the original. I authorize the Health Plan to electronically transmit the information contained herein. If this application was taken over the phone or on the computer, I acknowledge that I, myself, have not actually signed this application but instead hereby authorize the Health Plan to print an electronic acknowledgement on the signature line of the application and I agree that such printing shall be treated as a valid signature for all purposes of this form. I acknowledge that the Health Plan has verified my identity for this purpose in accordance with any applicable law or regulation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date Signed

# Discrimination is against the law

Geisinger Health Plan and Geisinger Quality Options, Inc. (collectively referred to as the “Health Plan”) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator  
Geisinger Health Plan Appeals Department  
100 North Academy Avenue, Danville, PA 17822-3220  
Phone: 866-577-7733, TTY: 711  
Fax: 570-271-7225  
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F  
HHH Building, Washington, DC 20201  
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).

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સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

HPM 50 alb: Nondiscrimination dev. 9.12.16  
Y0032\_16242\_2 File and Use 9/2/16





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 Phone: 866-577-7733, TTY: 711  
 Fax: 570-271-7225  
 GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
 200 Independence Avenue SW., Room 509F  
 HHH Building, Washington, DC 20201  
 Phone: 800-368-1019, 800-537-7697 (TDD)

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

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UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

## Employer group size certification

The Affordable Care Act (ACA) requires health insurance carriers to follow regulations based on employer group size. Using the employer group size certification, health insurers must apply specific rating methods to determine premium and approved benefit plans. Additionally, each health insurance carrier must report on medical loss ratios and potentially issue premium rebates based on the group size certification.

In order for Geisinger Health Plan to follow ACA regulations on group size certification, you're required to report your 2022 average number of employees to us.

A small employer is defined as an employer who employed an average of at least 1 but not more than 50 employees on business days during the preceding calendar year. An employee is any individual employed by an employer (based on the common-law employee definition), including individuals who receive a W-2 form. This includes full-time, part-time, and seasonal employees who may or may not have been eligible for or covered by your medical plan in 2022. Independent contractors receiving a Form 1099 are not to be included in the employee count. Similarly, sole proprietors and their spouses should not be included in the employee count.

If an employer is part of a "controlled group" of affiliated companies (determined under IRS rules based upon ownership percentages), then the entire group is treated as a single employer and the employee counts for each company in the group are combined to determine group size. This means that where an employer's controlled group is comprised of companies with different tax IDs, the employee counts from all of those companies will be totaled to determine whether they are a small or large employer.

To calculate the average number of employees, determine the total number of employees for each month, add each month's number to get an annual total, and then divide by 12. In the example below,  $252 / 12 = 21$ .

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	Average (Total/12)
Full-time	14	15	14	15	14	14	15	15	14	14	14	14		
Part-time	5	6	4	4	6	7	7	7	5	5	4	5		
Seasonal	0	0	0	0	0	4	4	4	2	1	0	0		
<b>Total</b>	<b>19</b>	<b>21</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>25</b>	<b>26</b>	<b>26</b>	<b>21</b>	<b>20</b>	<b>18</b>	<b>19</b>	<b>252</b>	<b>21</b>

Please enter your calculated 2022 average number of employees in the box to the right. (Whole numbers only; no decimals)

By signing below, I certify that:

I am an authorized representative of the plan(s) for which this information is being provided.

The information I have provided is true and correct. I understand that providing false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company may violate applicable insurance statutes and may result in cancellation or rescission of coverage. I further understand that Geisinger Health Plan reserves the right to audit all information provided at any time.

First name (please print):

Last name (please print):

Title:

Company name:

Group number:

Email address (optional):

Signature:

Today's date:

Return this completed form via email to [inquiries@thehealthplan.com](mailto:inquiries@thehealthplan.com) or fax to **570-808-7899**.

## GEISINGER HEALTH PLAN

The Geisinger logo is displayed in a large, blue, sans-serif font. It is positioned on the right side of the page, below a large blue graphic that tapers to a point on the left.

### First Health<sup>®</sup> Network authorization form

The First Health Network provides out-of-area coverage to employees and/or dependents who live outside of the Geisinger Health Plan\* service area and who do not have access to Geisinger Health Plan preferred providers.

Eligible employees and dependent(s) living outside the Geisinger Health Plan\* service area may use the First Health provider network for out-of-area services. First Health gives you a network of more than 5,000 hospitals, over 90,000 ancillary facilities and over 550,000 professional providers at over 1 million health care service locations.

First Health is available to eligible members with PPO plans and dependents with HMO plans only.

#### Here's how to find First Health providers online:

1. Go to [MyFirstHealth.com](https://myfirsthealth.com) and click the "Start Now" button.
2. Pick a provider type.
3. Choose to search by ZIP code or state (to include more search options, click "Show more options." You can search by provider name, specialty or condition).
4. Click the "Search now" button.

Or, you can call our customer care team at [800-447-4000](tel:800-447-4000) to verify provider participation.

If you need out-of-area coverage for you and/or your dependent(s), complete the forms on the following pages.

## Group information

Group name:

Group number:

## Employee and dependent information

Legal name (list last name if different than applicant)			Social security number	Employee ID	Relationship	Require out-of-area
First	MI	Last			Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			City		State	Zip

Legal name (list last name if different than applicant)			Does the dependent reside outside of GHP service area?		Relationship	Require out-of-area
First	MI	Last	Yes, as of __/__/____ (MM/DD/YYYY)	<input type="checkbox"/> No	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic partner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			City		State	Zip

Legal name (list last name if different than applicant)			Does the dependent reside outside of GHP service area?		Relationship	Require out-of-area
First	MI	Last	Yes, as of __/__/____ (MM/DD/YYYY)	<input type="checkbox"/> No	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other**	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			City		State	Zip

Legal name (list last name if different than applicant)			Does the dependent reside outside of GHP service area?		Relationship	Require out-of-area
First	MI	Last	Yes, as of __/__/____ (MM/DD/YYYY)	<input type="checkbox"/> No	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other**	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			City		State	Zip

Legal name (list last name if different than applicant)			Does the dependent reside outside of GHP service area?		Relationship	Require out-of-area
First	MI	Last	Yes, as of __/__/____ (MM/DD/YYYY)	<input type="checkbox"/> No	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other**	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			City		State	Zip

Legal name (list last name if different than applicant)			Does the dependent reside outside of GHP service area?		Relationship	Require out-of-area
First	MI	Last	Yes, as of __/__/____ (MM/DD/YYYY)	<input type="checkbox"/> No	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other**	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			City		State	Zip

\*\*In the space below, list any disabled child over the age of 26 and/or describe instances where you selected "Other" as your dependent relationship. Note: Documentation obligating the applicant or the applicant's spouse, if applicable, to provide healthcare coverage to dependent(s) will be required. All dependent(s) must meet eligibility criteria.

Dependent(s) Name	Gender	Disabled	Description of legal relationship
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: If any dependent(s) for which you are applying do not live at the address in the applicant (employee) information section, indicate name(s) and reason(s) why they do not live at that address in the space provided below. If your dependent(s) live with a custodial parent, provide name of custodial parent.

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee name (printed): \_\_\_\_\_

Employer signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employer name (printed): \_\_\_\_\_



## GEISINGER HEALTH PLAN

### Broker of authorization request form

#### Group information

Group name: \_\_\_\_\_

Group number: \_\_\_\_\_

Group authorized representative's name: \_\_\_\_\_

Representative's email: \_\_\_\_\_

#### Broker of authorization information

The general agent, agency and selling agent listed below are/is authorized to solicit proposals for group healthcare benefits on behalf of the above listed employer group. The information in these proposals may include, but is not limited to, rates, benefits, funding arrangements, and provider networks.

Agent name: \_\_\_\_\_

Agent email: \_\_\_\_\_

Agency name (if applicable): \_\_\_\_\_ 

General agency (if applicable): \_\_\_\_\_

Broker of authorization effective date: \_\_\_\_\_

#### Required signatures

- I hereby authorize the agent/agency above to electronically sign and submit my employer group application for health care coverage to GHP. If we decide to name the above listed agent/agency as our broker with Geisinger Health Plan, a Broker of Record form must be executed in order for the agent/agency to receive possible compensation.

Employer name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Employer signature: \_\_\_\_\_

- I acknowledge that any contract for provision of group healthcare coverage must be entered into between GHP and the group. The broker/agent cannot bind coverage for GHP. I understand that all payments should be sent directly to GHP.

Broker name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Broker signature: \_\_\_\_\_

## GEISINGER HEALTH PLAN

### Broker of record request form

#### Group information

Group name: \_\_\_\_\_

Group number: \_\_\_\_\_

Group authorized representative's name: \_\_\_\_\_

Representative's email: \_\_\_\_\_

#### Broker of record information

The general agent, agency and selling agent listed below must have a valid appointment with Geisinger Health Plan (GHP) in order to be processed as broker of record. If no current appointment exists, appointment paperwork must be submitted in a timely manner.

Agent name: \_\_\_\_\_

Agent email: \_\_\_\_\_

Agency name (if applicable): \_\_\_\_\_

General agency (if applicable): \_\_\_\_\_ 

Broker of record effective date: \_\_\_\_\_

Group hereby authorizes agent/agency to solicit proposals the date the BOR is signed below. Effective date and received date of the BOR will determine when commission (if applicable) is paid to the producer.

#### Required signatures

I hereby authorize the agent above to electronically sign and submit my employer application for health care coverage to GHP.

Employer name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Employer signature: \_\_\_\_\_

I acknowledge that any contract for provision of group healthcare coverage must be entered into between GHP and the group. The broker/agent cannot bind coverage for GHP. I understand that all payments should be sent directly to GHP.

Broker name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Broker signature: \_\_\_\_\_

# GEISINGER HEALTH PLAN



# Geisinger

## Enroll in the Active&Fit Direct program today

Live a healthier, more active life through the Active&Fit Direct™ program, a unique service offered by American Specialty Health and Geisinger Health Plan. Through this program, you get access to local fitness centers and select YMCAs that offer memberships for just \$25 per month (plus a \$25 enrollment fee and applicable taxes).

Besides cost-effective gym memberships, program participants can also use online tools like a fitness center search, activity tracking, educational resources and more.

Plus, there's no wait! You will get your fitness card as soon as you enroll on the website. So you can start your workout at your participating fitness center right away.

### Search for fitness locations online

- Log into the Geisinger Health Plan member portal.
- Under the "Health and Wellness" drop down, select "Fitness center discounts."
- Use the search bar to find your fitness center.

You must have a Geisinger Health Plan member account in order to search for fitness locations.

## Frequently asked questions

### Q: Who can participate in Active&Fit Direct?

A: Members who have a fully insured or self-funded Geisinger HMO or PPO plan through their employer are eligible to participate. This includes both small groups (2–50 employees) and large groups (51+ employees).

### Q: How much does it cost to enroll in the Active&Fit Direct program?

A: When you enroll, a \$25 enrollment fee, \$25 for the current month (regardless of the enrollment date within that month) \$25 for the next month, and applicable taxes are due. Each month's fee is \$25 (plus applicable taxes). After a 3-month commitment, participation is month-to-month. Once enrolled, you may view or print your fitness card and take it to any fitness center in the Active&Fit Direct network. Once the fitness center verifies your enrollment in the Active&Fit Direct program, you will sign a standard membership agreement and get a card or key tag from the fitness center to check in on subsequent visits.

### Q: When are monthly payments charged?

A: Recurring payment of \$25—plus applicable tax—is charged on the same date each month as your enrollment date, starting the month after you enroll. The fee collected is for the following month's participation. If your payment date does not exist in a month, the payment will be charged on the closest day within the same month (e.g., if you enroll Jan. 30, the recurring payment is Feb. 28, the last day of the month).

### Q: Do I ever have to pay a fitness center or YMCA directly to participate in the Active&Fit Direct program?

A: You pay your required Active&Fit Direct fees directly to the Active&Fit Direct program; you will not pay anything to the fitness center to enroll. However, you are responsible for paying any fees associated with upgrading your fitness center standard membership directly to the fitness center. Any non-standard fitness center services that typically require an additional fee are not included.

### Q: Can I try out a location before enrolling?

A: Yes. If you are interested in a network fitness center but are not ready to enroll, you may request a guest pass letter and bring it to the fitness center indicated on the letter. To request a guest pass, visit the Active&Fit Direct section of your employer, association or health plan website. Note that not all fitness centers offer a guest pass, but you can use the online search to find one that does.

### Q: Can members add their family to their fitness center or YMCA membership through the Active&Fit Direct program?

A: This program is open to your spouse and dependents 18 years and older (whether or not you enroll), provided that they create their own accounts and are responsible for paying their own fees: \$25 a month per person (plus a \$25 enrollment fee and applicable taxes). Up to three family members may enroll in the Active&Fit Direct program through emailed invitation links that you can send through the website. Eligible family members can download a free guest pass (where available) and try out a few workouts before they enroll.

### Q: Do I get an Active&Fit Direct fitness card? If so, how is one obtained?

A: Yes. The fitness card is available in your Active&Fit Direct account. Once enrolled, you can print your fitness card or save it to your phone, and show it to the participating fitness center.

### Q: How do I cancel my enrollment?

A: You can cancel your enrollment on the Active&Fit Direct website after the 3 month enrollment period. Refer to the Program and Website Terms and Conditions on the Active&Fit Direct website for more information.

Log into your Geisinger Health Plan member portal at [geisinger.org/health-plan/sign-in](https://geisinger.org/health-plan/sign-in).

## GEISINGER HEALTH PLAN



## HRA Configuration Form (Set up, modify or renew an HRA)

Email completed form to your GHP account executive.

Forms must be typed – Optum will not accept handwritten forms.

### 1 Employer information

Legal name of employer sponsoring plan

---

Federal tax ID

---

Type of medical insurance policy (check all that apply)

HMO    PPO    TPA (not GFA)    Other

Business address

---

City

State

Zip code

---

Mailing address (if different than business address)

---

GHP group ID (group #)

# of eligible employees

---

Plan effective date

Plan end date

---

### 2 Contact information

**Account administrator** (The main employer contact for the implementation process)

Name

Title

---

Phone number

Fax number

---

Email address

---

#### Broker contact

Contact name

---

Firm name

---

Phone number

Fax number

---

Email address

---



### 3 HRA section – HRA plan details

**Health reimbursement arrangement (HRA)**

Only the employer may contribute to an HRA, and the employer determines how much, if any, of the balance carries over from year to year. Runout of claims processing is **90** days post-termination.

**Estimated number of HRA participants:** \_\_\_\_\_

**Are HRA amounts changing?**

Yes     No

**Eligible expenses covered by HRA (choose one):**

Medical expenses only     Medical and prescription only

**Are claims paid from the HRA at 100% of the eligible amount?**

Yes     No, the percentage of amount to be paid per claim is: \_\_\_\_\_ %

**Which medical plan expenses are reimbursable under the HRA? (check all that apply):**

Deductible     Coinsurance     Copayments     Prescription drug costs

**Which claims are reimbursable under the HRA? (choose one):**

In-network claims only     Both in-network and out-of-network claims

**Automatic reimbursement options:**

Pay the provider (default)     Pay the subscriber

*Note: Claims are submitted by the provider to GHP for adjudication. On a weekly basis, applicable HRA claims are processed for payment by the HRA. Most effective payment distribution is directly to the provider.*

### 4 Notes on sales process

**Provide information the implementation team should know** (e.g., expectations, unusual plan designs, special agreements, commissions, coinsurance, copays).

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**General notes:**

- Plans must run for 12 months (short plan years cannot be administered).
- If multiple accounts are offered, plan years must run concurrently.

**Election details: (Only fill tiers actually in plan. If 2-tier, leave EE+1 blank.)**

**If there are multiple HRA setups, list the class number(s) included in the configuration below**  
(replicate this page for additional setups):

---



---



---

Tier	Deductible amount	HRA amount Employer	Up-front & back-end employee out-of-pocket <sup>1</sup> Employee 1st/3rd (if applicable)
<input type="checkbox"/> <b>Subscriber</b>	\$ _____	\$ _____ per person	\$ _____ per person \$ _____ Back-end (if applicable) <sup>2</sup>
<input type="checkbox"/> <b>EE+1</b>	\$ _____	\$ _____ per person \$ _____ per family	\$ _____ per person \$ _____ per family \$ _____ Back-end (if applicable) <sup>2</sup>
<input type="checkbox"/> <b>Family</b>	\$ _____	\$ _____ per person \$ _____ per family	\$ _____ per person \$ _____ per family \$ _____ Back-end (if applicable) <sup>2</sup>

- <sup>1</sup> OOP: Out-of-pocket: The amount a member is responsible to pay first, up front, before the HRA reimburses expenses.
- <sup>2</sup> Back-end occurs when there are 3 iterations of payment of deductible (e.g., employee pays first, HRA pays second and employee pays third [last]).
- Once the maximum HRA amount per person is reached, the HRA will no longer reimburse expenses for that member, even if there is an existing HRA balance.
- Once the OOP per person is met, the HRA will begin reimbursement for that member, even if the Family OOP has not been met.

## 5 Review of required minimum funding (RMF)

### Employer group acknowledges there is up-front funding required (RMF) to operate an HRA.

#### Will there be an HRA payment card?

- No HRA up-front funding is 4% of total employer exposure (HRA amounts aggregate).
- Yes HRA up-front funding is 10% of total employer exposure (HRA amounts aggregate).

Type name here: \_\_\_\_\_

Date \_\_\_\_\_

Disclosure: By typing my name above, I agree the information on this form is correct.

#### Notes:

- For a renewing HRA, RMF funds on file will roll forward and no additional funding will be taken.
- RMF level is reviewed regularly and will be adjusted up or down if the calculated RMF varies by +/- 25%.

## Optum Financial HRA dashboard form (Create, modify or remove dashboard account administrators)

### Employer authorization to Optum Financial (online) account dashboard

#### System authorization

Administrators with system authorization access can now manage employees' access to the employer dashboard. To grant or remove access for an employee, open the appropriate employee record, then select "Add/Edit System Authorization" from the left-hand menu. You may then grant or remove access for this employee to human resources, finance and/or system authorization roles in the employer dashboard. Alternatively, you may complete the form continued below.

**Human resources access:** Authorization to view participant data and update information

**Financial access:** Authorization to receive funding emails, view claim payment and update banking information

**Grant access:** Authorization to grant administrative or financial access to other employer administrators

As the administrator of my company's account, I authorize the following contacts to access our corporate account via the employer dashboard.

**Company name:** \_\_\_\_\_

**Administrator name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Type name here:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Disclosure: By typing my name above, I agree the information on this form is correct.

#### Contact information

**Name**

**Title**

**Phone number**

**Email address**

**Pick one:**  Add contact access  
 Change contact access  
 Remove contact access

**Pick all that apply:**  Human resource access  
 Financial access  
 Ability to grant access

**Name**

**Title**

**Phone number**

**Email address**

**Pick one:**  Add contact access  
 Change contact access  
 Remove contact access

**Pick all that apply:**  Human resource access  
 Financial access  
 Ability to grant access

**Name**

**Title**

**Phone number**

**Email address**

**Pick one:**  Add contact access  
 Change contact access  
 Remove contact access

**Pick all that apply:**  Human resource access  
 Financial access  
 Ability to grant access

**Optum Financial ACH authorization form** (All fields and check boxes are required.)

Initiate ACH    Change ACH information    No change to ACH information

**Employer information**

Legal name of employer sponsoring plan

---

Contact title

---

Contact name

---

Phone number

Email address

---

**Bank information**

Bank name

Account type  Checking    Savings

---

Street address

---

City

State

Zip code

---

Account number

Routing number (9 digits)

---

- I understand Optum Financial may elect to run a test of the ACH process (i.e., Pre-note) to be sure it is working properly. I may see a transaction on the account with a \$0-\$1 charge.
- I understand that, on a monthly basis, Optum Financial will re-calculate the required minimum funding (RMF) based on the expected annual elections for all participants active at that time. If the re-calculated RMF is greater than the current RMF by 25% or more, the RMF will increase to the new calculation.
- My bank may have a separate routing number for ACH transactions. I confirm that I have verified the routing number above with my financial institution as a valid ACH transaction routing number.

As a duly authorized bank account signer, I authorize Optum Financial to initiate ACH (Automated Clearing House) debit entries and, if necessary, to initiate any ACH credit entries and adjustments to correct any erroneous ACH debit entries to this bank account. This authorization covers ACH origination of payment for program fees and funding for employee spending account claims and required minimum balances. I certify the above-referenced bank account is a business account enabled for ACH transactions, and I agree and understand that in the case of an ACH transaction being rejected for NSF (non-sufficient funds), Optum Financial may, at its discretion and in accordance with NACHA operating guidelines, attempt to process the charge again and may charge the client bank account for penalties and fees incurred as a result of such rejection. I understand this authorization will remain in effect until Optum Financial has received written notification from an authorized representative of its termination or change. Client agrees to be bound by the NACHA operating guidelines.

- I confirm the herein identified company IDs are authorized to debit from the account listed above.

Type name here:

Date:

---

Disclosure: By typing my name above, I agree the information on this form is correct.

*Note: Your bank may require the following information to allow Optum Financial to pull funds. Funds are pulled for establishing the required minimum funding (RMF) and paying HRA claims through the employer weekly funding request (EWFR).*

**Bank:** Optum Bank   **Company ID:** 6261274092





# Your path to wellness

**Geisinger**

## **Member journey**

Healthy individuals and families have fewer sick days, more energy and reduced healthcare costs. Chronic conditions — such as diabetes, hypertension and heart disease — account for a significant amount of healthcare expenses. Many Americans will face a chronic disease in their lifetime but our wellness programs aim to change this narrative.



## Paths to health and wellness

- 1** Employers can partner with Geisinger to bring wellness directly to their employees and their families.
- 2** Employers work with a wellness specialist to create comprehensive, customized wellness programs, selecting from offerings like onsite screenings, virtual presentations, challenge campaigns, preventative health programs, wellness assessments, COVID-19 resources, and other impactful wellness initiatives.
- 3** The care team supports employees and members throughout their own unique health journeys - directing them to resources to live healthier and happier.
- 4** Health coaches can help provide motivation and encouragement to make lifestyle changes in a way that's tailored to each individual's personal health goals and flexible to meet their busy schedule.
- 5** Employers partner with Geisinger's health and wellness team to help members and employees better understand and manage their health, improving well-being and giving individuals the tools they need to thrive in everyday life.

If you're an employer, contact your account executive to partner with our wellness team.

### Privacy is important to us

Participants are encouraged to share results with their healthcare provider, but specific results will not be shared with employers.

## Additional member benefits

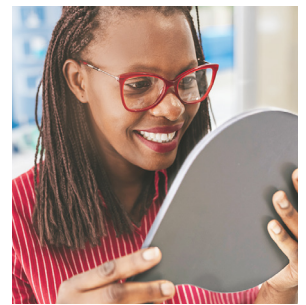
### Wellness online

Members and wellness program participants can visit [GeisingerHealthPlan.com](https://GeisingerHealthPlan.com) to start their wellness assessment today! Track and analyze personal health, nutrition, and fitness data all in one place at no cost. In addition to the on-demand resources available online, employers and employees can opt to receive monthly wellness updates and access to the exclusive quarterly program calendar, packed with fun campaigns and education to build healthy habits for life.

Check out [go.geisinger.org/wellnesscalendar](https://go.geisinger.org/wellnesscalendar) for more information and to register.

### Local discounts

Members just need their ID card to save on eyeglasses, fitness center memberships, contact lenses, chiropractic care, massage therapy, and more! Explore options at [GeisingerHealthPlan.com](https://GeisingerHealthPlan.com).



### Active and Fit

Members can get a membership to a network of local fitness centers and select YMCAs for just \$25 per month (plus a \$25 enrollment fee and applicable taxes). Search for fitness locations online by visiting [GeisingerHealthPlan.com](https://GeisingerHealthPlan.com).





## Customer care

Our dedicated customer care team puts members first, making it easy to get the answers they need. Customer care can be reached by calling the number listed on the back of an ID card or by visiting [geisinger.org/health-plan/about/contact-us](https://geisinger.org/health-plan/about/contact-us).

## Healthy Rewards\*

Members that participate in healthy activities can be reimbursed up to \$100/single and \$200/family annually after completing the wellness assessment and submitting the reimbursement form. For more information, visit [GeisingerHealthPlan.com](https://GeisingerHealthPlan.com).

*\*This benefit is only available for qualifying GHP members.*

## Mail Order Pharmacy

For Geisinger Health Plan members, our mail-order pharmacy saves time and money with medications delivered right to their doorstep. Our 90-day refill prescription medicine program is cost-saving and convenient, reducing copays for individuals and families with medications sent conveniently to their home.

Call us at 844-878-5562 for more information and to enroll.

## Health coaching

Gain the support and encouragement needed to reach health and wellness goals by working with a Geisinger health coach. To learn more or to schedule an appointment, contact Geisinger health and wellness at 866-415-7138.



## Tel-A-Nurse

Members can get the answers they need by picking up the phone and calling a registered nurse 24 hours a day, 7 days a week. Use this service for health information and advice on a wide range of medical questions with no copay or extra charge. Call Tel-A-Nurse at 877-543-5061.

## Telemedicine

Geisinger utilizes our own panel of providers as well as Teladoc for telemedicine services - virtual, E-visits, and telephonic visits. We recently announced a collaboration with Teladoc to provide doctor visits from the comfort and safety of home. Teladoc is the first and largest provider of telehealth medical consults in the United States, offering 24/7/365 access to quality medical care through phone and video consults.

## Urgent Care

Urgent Care facilities can help with a wide variety of medical conditions that aren't life-threatening but should be treated in less than 24 hours. To find an urgent care location near you, visit [go.geisinger.org/UrgentCare](https://go.geisinger.org/UrgentCare).



## Care team

Our care team works hand-in-hand with people to help set and achieve personal health goals, from lifestyle changes to complex disease and condition management. Multiple teams collaborate behind the scenes to individualize services and programming to help you live the best life possible. Contact the Case Management team at 800-883-6355.

## Integrated behavioral health

Did you know? All behavioral health care services are coordinated in-house. The Behavioral Health Care Connector team provides support to our members when looking for a provider that specializes in their needs, reviewing benefits, connecting members with local resources and much more.

Contact the Behavioral Health Care Connector team at 888-839-7972.

## Maternity care

The Women's Health team at GHP consists of Nurse Case Managers, Peer Support Assistants, a Community Health Assistant, and a Dietitian/Certified Lactation Counselor. This team works as a collective unit providing guidance and support for our pregnant members with complex medical needs during their pregnancy through the completion of the post-partum visit and beyond.

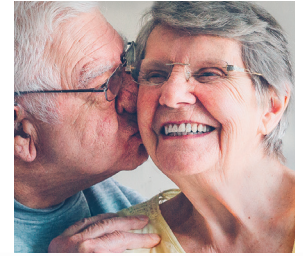


## Healthcare coverage after retirement

When individuals or their family members need healthcare coverage after retirement, they can continue their journey to overall wellness with Geisinger Gold Medicare Advantage.

In addition to comprehensive benefits, some of which are not offered by Original Medicare, they can continue to take advantage of many of the wellness and health management programs, mail order pharmacy, and other extras they depend on.

Learn more about Geisinger Gold by calling 800-482-8163.



Geisinger Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY: 711)。



## 51+ fully insured new business quote checklist for brokers

As your plan's administrator, Geisinger Health Plan (GHP) constantly explores new ways to offer the best possible services. See the checklist of required items below for fully insured plans. Contact us with questions at [800-554-4907](tel:800-554-4907) or [GHPBrokerQuotes@thehealthplan.com](mailto:GHPBrokerQuotes@thehealthplan.com).

### Groups with 51+ total employees and 2-99 enrolled subscribers

#### Requirements for final quotes:

- Member level census:
  - Last name, first name, zip code, birthdate, gender, subscriber tier election and plan design election
- [Employer group application](#) - all sections must be completed
- [Group size certification form](#)
- Benefit summaries on carrier letterhead
- Current rates on carrier letterhead
- Renewal rates on carrier letterhead
- If currently self-funded, provide the most recent 12 consecutive months of claims data

### Groups with 100+ enrolled subscribers

#### Requirements for final quotes:

- Member level census:
    - Last name, first name, zip code, birth date, gender, subscriber tier election and plan design election
  - [Employer group application](#) (sections 1, 2 and 6 only)
  - [Group size certification form](#)
  - Current and renewal benefit summaries on carrier letterhead
    - If benefits have changed in the previous 12 months, also include the prior year summaries.
  - Current rates on carrier letterhead
  - Renewal rates on carrier letterhead
  - Claims data required
    - The most recent 12 consecutive months of medical and Rx claims (should include subscriber and member months).
    - High claimant report for most recent 12 consecutive months
    - Top provider/facility report for most recent 12 consecutive months
- \*\*\*Note: reports must be for matching timeframes.**

## All 51+ groups

### Requirements for implementation

- Signed confirmation of sales agreement (CSA)
- CSA SBC addendum
- GHP Proprietary Enrollment Spreadsheet
- [Broker of record form](#)
- [Super user form](#) (optional)

### Underwriting guidelines

- Groups with 16+ eligible employees - 10 contract minimum
- Groups with 2-15 eligible employees - 2 contract minimum
- Employer contributions must be a minimum of 50% of the single premium towards each tier for each benefit option.
- Benefit offerings allowed:
  - 2-15 enrolled employees - 1 offering\*
  - 16-50 enrolled employees - 2 offerings\*
  - 51-99 enrolled employees - 3 offerings
  - 100+ enrolled employees - 5 offerings

*\*Will allow 3 plan offering to groups with less than 50 enrolling if group meets 75% participation with valid waivers.*
- Different Rx benefits can be offered between benefit offerings. However, changes in Rx benefit cannot be the **only** difference between two benefit offerings.
- The Premium Variance of plan offerings cannot have a difference greater than 20% from lowest deductible single rate to highest deductible single rate.
- COBRA enrollment cannot exceed 20% of the total number of policy holders.
- The number of out-of-area subscribers cannot exceed more than 40% of the total enrolled subscribers (minimum of 5 subscribers required).
- The [First Health Network Authorization Form](#) must be completed by all out of area enrollees.
- To determine eligibility, please refer to our [service area map](#).

## Important dates

- Expect at least 5 days for the quoting process once all information is received. Quote times may vary based on volume of quotes.
- To ensure member ID cards reach the member by the effective date, signed paperwork and enrollment files must be received by Geisinger 20 days prior to the effective date.
- If signed paperwork and enrollment files are received after the 10th of the month prior to the effective date, our [late implementation form](#) will be required.



## GEISINGER HEALTH PLAN

# New business quote checklist for brokers



# Geisinger

## Geisinger Funding Alternative (GFA)

As your plan's administrator, Geisinger Health Plan (GHP) constantly explores new ways to offer the best possible services. See the checklist of required items below for GFA plans. Contact us with questions at 800-554-4907 or [ghpbrokerquotes@thehealthplan.com](mailto:ghpbrokerquotes@thehealthplan.com).

## Groups with 5–9 enrolled subscribers

### Requirements for illustrative quotes:

- Member level census:
  - Last name, first name, zip code, birthdate, gender, subscriber tier election, subscriber plan selection, subscriber (1)/dependent (0)
  - Effective Oct. 1, 2021, the First Health Network will be available to groups with 5 or more subscribers enrolled. Out-of-area subscribers cannot exceed 40% of the total subscribers electing coverage
- Employer group application
  - **Regarding Section 4 only:** Since medical disclosure forms are required for groups with 5 to 9 enrolled, the only parts of Section 4 you'll need to complete are the answers to the three yes/no questions at the end of the section (20, 21 and 22).
- Group size certification form
- Medical disclosure forms are required for groups with 5 to 9 enrolled.
  - We will also accept a supplemental form with a competitor's application.

- Claims data required if the group is currently self-funded
  - 2 consecutive years of claims data or aggregate report (if group has only been in level funded product for one year, at least 8 months of claims data or an aggregate report on carrier letterhead is required)
  - Corresponding subscriber and member months
  - High claimant report over \$25,000 to match claims data time period or specific report
- Renewal benefits
- Current rates on carrier letterhead
- Renewal rates on carrier letterhead – if premium increase is listed on the renewal rates, current rates are not required.

### Requirements for final quotes:

- All information requested for illustrative quotes
- All requirements to finalize underwriting are met
  - Final member census
  - 2 consecutive years of benefit design for self-funded new business
  - Other requirements as requested by underwriting

## Groups with 10–99 enrolled subscribers

### Requirements for illustrative quotes:

- Member level census:
  - Last name, first name, zip code, birthdate, gender, subscriber tier election, subscriber plan selection, subscriber (1)/dependent (0)
  - Out-of-area subscribers cannot exceed 40% of the total subscribers electing coverage.
- Employer group application
- Group size certification form
- Claims data required if the group is currently self-funded
  - 2 consecutive years of claims data or aggregate report (if group has only been in level-funded product for one year, at least 8 months of claims data or an aggregate report on carrier letterhead is required)
  - Corresponding subscriber and member months
  - High claimant report over \$25,000 to match claims data time period or specific report
  - Current benefits
- Current rates on carrier letterhead
- Renewal benefits
- Renewal rates on carrier letterhead

### Requirements for final quotes:

- All information requested for illustrative quotes
- All requirements to finalize underwriting are met
  - Final member census
  - Other requirements as requested by underwriting

## Groups with 100 – 199 enrolled subscribers

### Requirements for illustrative quotes:

- Member level census:
  - Last name, first name, zip code, birthdate, gender, subscriber tier election, subscriber plan selection, subscriber (1)/dependent (0)
  - Out-of-area subscribers cannot exceed 40% of the total subscribers electing coverage
- Employer group application
- Claims data required for all groups
  - 2 consecutive years of claims data or aggregate report (if group is self-funded)
  - Corresponding subscriber and member months
  - High claimant report over \$25,000 to match claims data time period or specific report
  - Current benefits
  - Current rates on carrier letterhead
  - Renewal benefits
  - Renewal rates on carrier letterhead

### Requirements for final quotes:

- All information requested for illustrative quotes
- All requirements to finalize underwriting are met
- Final member census
- Other requirements as requested by underwriting

## All groups

### Final underwriting requirements for implementation

- Signed proposal and final benefits
- Auto debit form
- Super user form
- Broker of record form
  - Valid waiver forms to meet 75% requirement

### Experience credit options

- 50% experience credit option – Geisinger Indemnity Insurancy Company (GIIC) retains 50% of the experience credit as deferred administrative fee. Experience credit is returned upon renewal in a Geisinger product.

### Quote assumptions

- A minimum of 5 covered employees is required to maintain the GFA plan.
- A maximum of 199 covered employees in order to be offered the GFA plan.
- A minimum participation of 75% of all eligible employees is required. Exceptions may be made for valid waivers that make up no more than 25% of the participation requirement. If after the open enrollment period the employer is unable to meet the minimum participation requirement, GIIC may withdraw this proposal at its discretion.

- Employer contributions must be at least 50% of the total premium or 75% of the employee-only premium applied to each tier.
- Only full-time W-2 employees working 20 hours or more per week are eligible for coverage.
- Retirees and their dependents are excluded from coverage under the stop loss policy.
- COBRA enrollment cannot exceed 20% of the total number of policy holders.
- Mini-COBRA enrollment cannot exceed 20% of the total number of policy holders for groups with less than 20 employees.
- The number of out-of-area subscribers cannot exceed more than 40% of the total enrolled subscribers.
- The proposal will outline all quote assumptions and requirement.

## Important dates

- Expect at least 5 business days for the quoting process once all information is received. Quote times may vary based on volume of quotes.
- Expect 3 to 5 business days for final quote once all information is received.
- Signed valid waivers (if required) must be received prior to Geisinger releasing the Stop-loss Insurance Binder.
- To ensure member ID cards reach the member by the effective date, all required documents must be signed and received by Geisinger by the 10th of the month before the effective date.

## Recalculation of premium rates

- Any inaccuracy in the data provided for the quote or any material change in the plan design or census before or on the effective date will necessitate recalculation of the rates and factors.
- If a large claim(s) (non-recurring and/or ongoing) become known and the initial date of service is before the date of written acceptance by GIIC, then GIIC reserves the right to recalculate the proposed rates.
- Review of additional requested information may cause the rates to change or this quote to be withdrawn.
- Coverage, terms and pricing are subject to change if any changes in final benefits occur as compared to those used in underwriting or if a change in risk occurs. Risk changes include but are not limited to:
  - Plan changes
  - An addition or deletion of a location or acquisition
  - Provider network changes
  - Changes to the group's census and/or monthly enrollment changes now or at any time during the coverage period by +/- 15% as compared to the final census used for the final proposal

*Services provided by Geisinger Indemnity Insurance Company (GIIC).*

# What you need to know about group coverage

## Familiarize yourself with group coverage and the COVID-19 PHE notice of change

The Department of Health and Human Services (HHS) has announced that the COVID-19 public health emergency (PHE) will expire at the end of the day on May 11, 2023. The following FAQs can help you prepare for the end of the PHE. Have questions that aren't answered here? Reach out to your GHP account manager.

*This document is subject to change.*

## You have questions. We have answers.

### Updates as of May 11, 2023

#### **Q: Will an employee/member be charged for a COVID-19 test?**

**A:** GHP does not cover costs related to COVID-19 surveillance testing for purposes such as work, school, or travel.

- **Diagnostic tests:** Members currently do not pay for a diagnostic COVID-19 test. Members also do not pay a visit fee to a PCP, urgent care center, or ER if they are tested for COVID-19. These cost waivers will remain in effect until May 11, 2023, when the federal PHE ends, and cost-sharing goes into effect.
- Cost-sharing will be applicable starting May 12, 2023, for most Geisinger Health Plan members including self-insured/third party administrator groups.
- Vaccine and testing cost share waivers will remain in place through Sept. 30, 2024, for GHP Family (Medicaid) and GHP Kids (CHIP) members.

#### **Q: Will Geisinger Health Plan still cover at home Covid-19 tests.**

**A:** Effective May 12, 2023, Geisinger Health Plan will no longer cover at home COVID-19 tests.

- Geisinger Health Plan will continue to cover at home tests with no cost share for GHP Family and GHP Kids through 9/30/2024.

#### **Q: How can my employees get the COVID-19 vaccine?**

**A:** Geisinger is administering COVID vaccines in accordance with state and federal recommendations. After the PHE ends, starting May 12, 2023, employees can go to their doctor, local pharmacy, or other health care provider that administers vaccines.



- There will be no cost-sharing for Geisinger Health Plan members to receive the vaccine. If a member goes out of network their standard coverage and cost sharing rules will apply.

**Q: Is COVID-19 antibody testing covered?**

**A:** COVID-19 antibody testing will be covered if a member:

- Had symptoms consistent with COVID-19 infection but tested negative
- Recovered from a documented COVID-19 infection and is now considering plasma donation
- Is a child with suspected multisystem inflammatory syndrome in children (MIS-C)

**Q: Are early pharmacy refills available?**

**A:** Through May 11, 2023, we're allowing early refills for 30- or 90-day prescriptions at retail pharmacies. Members should ask about and use home delivery, when available, for their prescriptions. We are also allowing early refills on 90-day prescriptions from our mail-order pharmacy, which delivers directly to the member's home at no extra cost. Early refills are available for controlled substances but will not apply for prescriptions that contain opioids outside of certain conditions.

**Q: My plan is fully insured. If I lay off part of my workforce in response to the COVID-19 crisis, can the company continue to cover those employees?**

**A:** Yes. Through May 11, 2023, Geisinger Health Plan is relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to continue coverage for laid-off employees. Note that this is subject to all monthly premiums being paid and coverage offered on a uniform, non-discriminatory basis. You may not choose only certain people for whom you continue coverage and pay premium.

After the PHE ends, Geisinger will resume pre-pandemic coverage policies and processes.

**Q: My plan is fully insured. If I must lay off my entire workforce in response to the COVID-19 crisis, can the company continue to cover those employees?**

**A:** If at least one person remains employed by the company and covered by the plan (e.g., the owner or a management employee), the company can continue to cover laid-off employees through May 11, 2023, if premium is paid. Note that you must offer this coverage on a uniform, non-discriminatory basis. In other words, you may not choose only certain people for whom you continue coverage and pay premium.

After the PHE ends, Geisinger will resume pre-pandemic coverage policies and processes.

**Q: What happens to COBRA continuation coverage if my plan is self-insured?**

**A:** If your group is subject to COBRA and one person remains actively employed, employees may elect to continue coverage under COBRA under the normal notice and election procedure. If Geisinger Health Plan is your stop-loss carrier, we will not limit the number of COBRA participants under the stop-loss policy through May 11, 2023. If GHP is not your stop-loss carrier, check with your stop-loss carrier about any

rules it may have regarding minimum enrollment of active employees for stop-loss coverage. If the plan has no active employees, the plan is terminated, and COBRA is not an option. In that case, employees would have a special enrollment period to enroll in individual or other coverage (e.g., through a spouse).

This exception will expire on May 11, 2023.

**Q: If my group's enrollment drops by more than 15% as a result of the COVID-19 situation, will my rates/premiums be subject to change?**

**A:** Through May 11, 2023, if the loss of enrollment is a result of the COVID-19 pandemic, rates and premiums will not be adjusted due to enrollment change.

After the PHE ends, Geisinger will resume pre-pandemic coverage policies and processes.

**Q: If an employee was on layoff/furlough when they reached the end of their new hire probationary period (and were not previously covered), can they be enrolled for coverage with an effective date matching their return-to-work date?**

**A:** Yes. An employee returning from layoff or leave is eligible to enroll if they were not covered by Geisinger Health Plan before their departure and they meet eligibility criteria. When the new application is submitted, write "recalled from layoff" across the top. The effective date will be the day they return to work.

**Q: Can my business waive part or all of the new hire probationary period and allow employees to enroll in coverage earlier?**

**A:** Yes. An employer group could waive part or all of the new hire probationary period and allow employees to enroll in coverage earlier.

**Q: If I lay off a significant part of my workforce today, will coverage extend until the end of the month?**

**A:** Coverage will end on the last day of the last month for which we received premium payment unless otherwise noted on the Geisinger Health Plan change form. The employer's request should indicate the last day of coverage.

**Q: How will I handle adding staff back to group health plan coverage after a period of layoff, furlough, or a period of termination with rehire?**

**A:** An employee returning from layoff or leave is eligible to enroll if they were covered by Geisinger Health Plan before their departure and they meet eligibility criteria. When the new application is submitted, write "recalled from layoff" across the top. The effective date will be the day they return to work.

**Q: What happens to COBRA after the PHE ends?**

**A:** Effective July 10, 2023, 60 days after the end of the PHE, COBRA rules will revert to what they were pre-pandemic. Employers will no longer exclude March 1, 2020, to May 11, 2023, when making the determinations about:

- The 60-day election period for COBRA continuation coverage
- The date for making COBRA premium payments

- The deadline for employers to provide individuals with notice of their COBRA continuation rights
- The 30-day Special Election Period to request enrollment in a group health plan
- The timelines for filing claims under the plans' claim processing procedures
- The deadlines for requesting internal and external appeals for adverse benefit determinations

**Q: As an employer I offer a Qualified High-Deductible Health Plan (QHDHP). Are my employees able to pay for COVID-19-related testing and treatment without jeopardizing their qualified status?**

**A:** Once the PHE ends, cost-share for both testing and treatment will apply per the plan's standard cost sharing and coverage rules.

**Q: Is Geisinger Health Plan able to offer other coverage to employees who are losing their health insurance coverage after being laid off?**

**A:** Geisinger Health Plan can offer ACA-compliant individual plans for those who have been laid off and lost employer-sponsored coverage, and those people may be able to benefit from premium subsidies (advanced premium tax credits). Those interested in an individual plan should call [800-918-5154](tel:800-918-5154) to speak with a Geisinger Health Plan individual sales center associate. We can help them determine whether they qualify for premium subsidies to help reduce their monthly premium and, when applicable, can also refer those with qualifying income to be evaluated for Medicaid eligibility.

If you have furloughed employees/members who are 65 years of age or older, have them call Geisinger Gold at [877-821-5056](tel:877-821-5056) as soon as possible to review their options with one of our Medicare Advantage plans. We offer all-in-one \$0 deductible health plans that include prescription drugs, as well as optional supplemental benefits such as dental, vision, hearing and even gym memberships all with monthly premiums as low as \$0.

**Q: How soon will coverage be effective for those who enroll in an individual ACA-compliant plan?**

**A:** Pennie<sup>®</sup>, the state insurance marketplace, will determine the earliest allowable effective date, which may be the first day of the following month. For plans sold off the marketplace, accelerated effective dates may be available. If someone is interested in an individual plan, they can call [800-918-5154](tel:800-918-5154) to speak with our Marketplace team.

Note that premium subsidies may be available for plans purchased on Pennie. Premium subsidies are not available for off-exchange plans.

This document is provided for informational purposes only, not for the purpose of providing legal advice.

Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY : 711)