With Geisinger Health Options

your dependent can access a national network of providers

Geisinger Health Options

One of the benefits of Geisinger Health Options (GHO)* is the ability to choose the doctors you prefer and receive care in or out-of-network. Generally, receiving in-network services will cost less than receiving them from providers outside the network.

Dependents who reside outside the GHO service area have access to a national network of providers through the PHCS Network®. By using these providers they can enjoy the cost advantages of receiving in-network benefits.

The PHCS Network®

PHCS is the largest privately owned PPO in the nation. With approximately 450,000 health care practitioners and over 4,000 facilities, nearly 15 million health plan members have access to this national network. So regardless of where your dependents live within the United States, with GHO they have access to quality health care at in-network benefit levels.

Please note that the GHO, PHCS and Multiplan networks are not available for behaviorial health providers. GHO plans use Optum as the only network for behavioral health and substance abuse services. Optum is a national network and must be used for these services, regardless of where your dependents are seeking care. To find providers in this network, click the appropriate links in the blue informational box on Optum's website, **www.liveandworkwell.com.**

Finding PHCS providers

To search the PHCS network for a physician or facility, visit **www.multiplan.com** and select the "Search for a doctor or facility" button in the upper right corner of the page. Choose the appropriate PHCS logo that appears on your dependent's member ID card and select "Continue."

Once a provider has been selected, call customer service to verify provider participation. The phone number is located on the back of your dependent's member ID card.

*Geisinger Health Options (GHO) is a service available through Geisinger Indemnity Insurance Company, an affiliate of Geisinger Health Plan (GHP).

When a dependent visits a PHCS provider, they simply need to present their member ID card and pay the applicable copayment or coinsurance, depending on the benefit plan. **Certain services require the provider to obtain prior authorization from GHO. Discuss this with the provider prior to receiving services. If you have any questions please call customer service at the phone number on the back of your dependent's member ID card.**

