

# Geisinger Premier HMO 10/20/0

# Platinum

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
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	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$50 per day	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%	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 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	\$0	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**HIOS ID: 22444PA0060121,  
22444PA0060126,  
22444PA0060131**

**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**

# Geisinger Premier HMO 10/20/0

Platinum

	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	391.11	391.11	371.56	371.56	371.56	371.56	391.11	391.11
15	425.88	425.88	404.59	404.59	404.59	404.59	425.88	425.88
16	439.17	439.17	417.21	417.21	417.21	417.21	439.17	439.17
17	452.47	452.47	429.84	429.84	429.84	429.84	452.47	452.47
18	466.78	466.78	443.44	443.44	443.44	443.44	466.78	466.78
19	481.10	481.10	457.04	457.04	457.04	457.04	481.10	481.10
20	495.92	495.92	471.13	471.13	471.13	471.13	495.92	495.92
21	511.27	511.27	485.70	485.70	485.70	485.70	511.27	511.27
22	511.27	511.27	485.70	485.70	485.70	485.70	511.27	511.27
23	511.27	511.27	485.70	485.70	485.70	485.70	511.27	511.27
24	511.27	511.27	485.70	485.70	485.70	485.70	511.27	511.27
25	513.31	513.31	487.64	487.64	487.64	487.64	513.31	513.31
26	523.53	523.53	497.35	497.35	497.35	497.35	523.53	523.53
27	535.80	535.80	509.01	509.01	509.01	509.01	535.80	535.80
28	555.74	555.74	527.95	527.95	527.95	527.95	555.74	555.74
29	572.10	572.10	543.50	543.50	543.50	543.50	572.10	572.10
30	580.28	580.28	551.27	551.27	551.27	551.27	580.28	580.28
31	592.55	592.55	562.92	562.92	562.92	562.92	592.55	592.55
32	604.82	604.82	574.58	574.58	574.58	574.58	604.82	604.82
33	612.49	612.49	581.87	581.87	581.87	581.87	612.49	612.49
34	620.67	620.67	589.64	589.64	589.64	589.64	620.67	620.67
35	624.76	624.76	593.52	593.52	593.52	593.52	624.76	624.76
36	628.85	628.85	597.41	597.41	597.41	597.41	628.85	628.85
37	632.94	632.94	601.29	601.29	601.29	601.29	632.94	632.94
38	637.03	637.03	605.18	605.18	605.18	605.18	637.03	637.03
39	645.21	645.21	612.95	612.95	612.95	612.95	645.21	645.21
40	653.39	653.39	620.72	620.72	620.72	620.72	653.39	653.39
41	665.66	665.66	632.38	632.38	632.38	632.38	665.66	665.66
42	677.42	677.42	643.55	643.55	643.55	643.55	677.42	677.42
43	693.78	693.78	659.09	659.09	659.09	659.09	693.78	693.78
44	714.23	714.23	678.52	678.52	678.52	678.52	714.23	714.23
45	738.26	738.26	701.35	701.35	701.35	701.35	738.26	738.26
46	766.89	766.89	728.55	728.55	728.55	728.55	766.89	766.89
47	799.10	799.10	759.15	759.15	759.15	759.15	799.10	799.10
48	835.91	835.91	794.12	794.12	794.12	794.12	835.91	835.91
49	872.21	872.21	828.60	828.60	828.60	828.60	872.21	872.21
50	913.11	913.11	867.46	867.46	867.46	867.46	913.11	913.11
51	953.50	953.50	905.83	905.83	905.83	905.83	953.50	953.50
52	997.98	997.98	948.08	948.08	948.08	948.08	997.98	997.98
53	1,042.97	1,042.97	990.82	990.82	990.82	990.82	1,042.97	1,042.97
54	1,091.54	1,091.54	1,036.97	1,036.97	1,036.97	1,036.97	1,091.54	1,091.54
55	1,140.11	1,140.11	1,083.11	1,083.11	1,083.11	1,083.11	1,140.11	1,140.11
56	1,192.77	1,192.77	1,133.13	1,133.13	1,133.13	1,133.13	1,192.77	1,192.77
57	1,245.94	1,245.94	1,183.65	1,183.65	1,183.65	1,183.65	1,245.94	1,245.94
58	1,302.69	1,302.69	1,237.56	1,237.56	1,237.56	1,237.56	1,302.69	1,302.69
59	1,330.81	1,330.81	1,264.27	1,264.27	1,264.27	1,264.27	1,330.81	1,330.81
60	1,387.56	1,387.56	1,318.18	1,318.18	1,318.18	1,318.18	1,387.56	1,387.56
61	1,436.64	1,436.64	1,364.81	1,364.81	1,364.81	1,364.81	1,436.64	1,436.64
62	1,468.85	1,468.85	1,395.41	1,395.41	1,395.41	1,395.41	1,468.85	1,468.85
63	1,509.24	1,509.24	1,433.78	1,433.78	1,433.78	1,433.78	1,509.24	1,509.24
64 and Over	1,533.78	1,533.78	1,457.09	1,457.09	1,457.09	1,457.09	1,533.78	1,533.78

**HIOS IDs**      **22444PA0060121**      **22444PA0060131**      **22444PA0060126**      **22444PA0060126**

**Rates Effective: 10/01/2024 to 12/31/2024**

# Geisinger Premier HMO 20/40/1000

# Gold

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
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 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	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.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**HIOS ID: 22444PA0060122,  
22444PA0060127,  
22444PA0060132**

**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**

# Geisinger Premier HMO 20/40/1000

**Gold**

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	347.14	347.14	329.78	329.78	329.78	329.78	347.14	347.14
15	378.00	378.00	359.10	359.10	359.10	359.10	378.00	378.00
16	389.79	389.79	370.30	370.30	370.30	370.30	389.79	389.79
17	401.59	401.59	381.51	381.51	381.51	381.51	401.59	401.59
18	414.30	414.30	393.58	393.58	393.58	393.58	414.30	414.30
19	427.00	427.00	405.65	405.65	405.65	405.65	427.00	427.00
20	440.16	440.16	418.16	418.16	418.16	418.16	440.16	440.16
21	453.78	453.78	431.09	431.09	431.09	431.09	453.78	453.78
22	453.78	453.78	431.09	431.09	431.09	431.09	453.78	453.78
23	453.78	453.78	431.09	431.09	431.09	431.09	453.78	453.78
24	453.78	453.78	431.09	431.09	431.09	431.09	453.78	453.78
25	455.59	455.59	432.81	432.81	432.81	432.81	455.59	455.59
26	464.67	464.67	441.43	441.43	441.43	441.43	464.67	464.67
27	475.56	475.56	451.78	451.78	451.78	451.78	475.56	475.56
28	493.26	493.26	468.59	468.59	468.59	468.59	493.26	493.26
29	507.78	507.78	482.39	482.39	482.39	482.39	507.78	507.78
30	515.04	515.04	489.29	489.29	489.29	489.29	515.04	515.04
31	525.93	525.93	499.63	499.63	499.63	499.63	525.93	525.93
32	536.82	536.82	509.98	509.98	509.98	509.98	536.82	536.82
33	543.62	543.62	516.44	516.44	516.44	516.44	543.62	543.62
34	550.89	550.89	523.34	523.34	523.34	523.34	550.89	550.89
35	554.52	554.52	526.79	526.79	526.79	526.79	554.52	554.52
36	558.15	558.15	530.24	530.24	530.24	530.24	558.15	558.15
37	561.78	561.78	533.69	533.69	533.69	533.69	561.78	561.78
38	565.41	565.41	537.14	537.14	537.14	537.14	565.41	565.41
39	572.67	572.67	544.03	544.03	544.03	544.03	572.67	572.67
40	579.93	579.93	550.93	550.93	550.93	550.93	579.93	579.93
41	590.82	590.82	561.28	561.28	561.28	561.28	590.82	590.82
42	601.25	601.25	571.19	571.19	571.19	571.19	601.25	601.25
43	615.78	615.78	584.99	584.99	584.99	584.99	615.78	615.78
44	633.93	633.93	602.23	602.23	602.23	602.23	633.93	633.93
45	655.25	655.25	622.49	622.49	622.49	622.49	655.25	655.25
46	680.67	680.67	646.63	646.63	646.63	646.63	680.67	680.67
47	709.25	709.25	673.79	673.79	673.79	673.79	709.25	709.25
48	741.93	741.93	704.83	704.83	704.83	704.83	741.93	741.93
49	774.14	774.14	735.44	735.44	735.44	735.44	774.14	774.14
50	810.45	810.45	769.92	769.92	769.92	769.92	810.45	810.45
51	846.29	846.29	803.98	803.98	803.98	803.98	846.29	846.29
52	885.77	885.77	841.48	841.48	841.48	841.48	885.77	885.77
53	925.71	925.71	879.42	879.42	879.42	879.42	925.71	925.71
54	968.81	968.81	920.37	920.37	920.37	920.37	968.81	968.81
55	1,011.92	1,011.92	961.33	961.33	961.33	961.33	1,011.92	1,011.92
56	1,058.66	1,058.66	1,005.73	1,005.73	1,005.73	1,005.73	1,058.66	1,058.66
57	1,105.85	1,105.85	1,050.56	1,050.56	1,050.56	1,050.56	1,105.85	1,105.85
58	1,156.22	1,156.22	1,098.41	1,098.41	1,098.41	1,098.41	1,156.22	1,156.22
59	1,181.18	1,181.18	1,122.12	1,122.12	1,122.12	1,122.12	1,181.18	1,181.18
60	1,231.55	1,231.55	1,169.97	1,169.97	1,169.97	1,169.97	1,231.55	1,231.55
61	1,275.11	1,275.11	1,211.36	1,211.36	1,211.36	1,211.36	1,275.11	1,275.11
62	1,303.70	1,303.70	1,238.52	1,238.52	1,238.52	1,238.52	1,303.70	1,303.70
63	1,339.55	1,339.55	1,272.57	1,272.57	1,272.57	1,272.57	1,339.55	1,339.55
64 and Over	1,361.33	1,361.33	1,293.26	1,293.26	1,293.26	1,293.26	1,361.33	1,361.33

**HIOS IDs**      **22444PA0060122**      **22444PA0060132**      **22444PA0060127**      **22444PA0060127**

**Rates Effective: 10/01/2024 to 12/31/2024**

# Geisinger Premier HMO 25/50/2000

# Gold

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
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 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	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

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**Benefits Effective: 01/01/2024 to 12/31/2024**

**HIOS ID: 22444PA0060125,  
22444PA0060130,  
22444PA0060135**

**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**

# Geisinger Premier HMO 25/50/2000

Gold

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	324.11	324.11	307.91	307.91	307.91	307.91	324.11	324.11
15	352.92	352.92	335.27	335.27	335.27	335.27	352.92	352.92
16	363.94	363.94	345.74	345.74	345.74	345.74	363.94	363.94
17	374.95	374.95	356.20	356.20	356.20	356.20	374.95	374.95
18	386.81	386.81	367.47	367.47	367.47	367.47	386.81	386.81
19	398.68	398.68	378.74	378.74	378.74	378.74	398.68	398.68
20	410.96	410.96	390.42	390.42	390.42	390.42	410.96	410.96
21	423.68	423.68	402.50	402.50	402.50	402.50	423.68	423.68
22	423.68	423.68	402.50	402.50	402.50	402.50	423.68	423.68
23	423.68	423.68	402.50	402.50	402.50	402.50	423.68	423.68
24	423.68	423.68	402.50	402.50	402.50	402.50	423.68	423.68
25	425.37	425.37	404.10	404.10	404.10	404.10	425.37	425.37
26	433.84	433.84	412.15	412.15	412.15	412.15	433.84	433.84
27	444.01	444.01	421.81	421.81	421.81	421.81	444.01	444.01
28	460.53	460.53	437.51	437.51	437.51	437.51	460.53	460.53
29	474.09	474.09	450.39	450.39	450.39	450.39	474.09	474.09
30	480.87	480.87	456.83	456.83	456.83	456.83	480.87	480.87
31	491.04	491.04	466.49	466.49	466.49	466.49	491.04	491.04
32	501.21	501.21	476.15	476.15	476.15	476.15	501.21	501.21
33	507.56	507.56	482.18	482.18	482.18	482.18	507.56	507.56
34	514.34	514.34	488.62	488.62	488.62	488.62	514.34	514.34
35	517.73	517.73	491.84	491.84	491.84	491.84	517.73	517.73
36	521.12	521.12	495.06	495.06	495.06	495.06	521.12	521.12
37	524.51	524.51	498.28	498.28	498.28	498.28	524.51	524.51
38	527.90	527.90	501.50	501.50	501.50	501.50	527.90	527.90
39	534.68	534.68	507.94	507.94	507.94	507.94	534.68	534.68
40	541.46	541.46	514.38	514.38	514.38	514.38	541.46	541.46
41	551.62	551.62	524.04	524.04	524.04	524.04	551.62	551.62
42	561.37	561.37	533.30	533.30	533.30	533.30	561.37	561.37
43	574.93	574.93	546.18	546.18	546.18	546.18	574.93	574.93
44	591.87	591.87	562.28	562.28	562.28	562.28	591.87	591.87
45	611.79	611.79	581.20	581.20	581.20	581.20	611.79	611.79
46	635.51	635.51	603.74	603.74	603.74	603.74	635.51	635.51
47	662.20	662.20	629.09	629.09	629.09	629.09	662.20	662.20
48	692.71	692.71	658.07	658.07	658.07	658.07	692.71	692.71
49	722.79	722.79	686.65	686.65	686.65	686.65	722.79	722.79
50	756.68	756.68	718.85	718.85	718.85	718.85	756.68	756.68
51	790.15	790.15	750.64	750.64	750.64	750.64	790.15	790.15
52	827.01	827.01	785.66	785.66	785.66	785.66	827.01	827.01
53	864.29	864.29	821.08	821.08	821.08	821.08	864.29	864.29
54	904.54	904.54	859.32	859.32	859.32	859.32	904.54	904.54
55	944.79	944.79	897.55	897.55	897.55	897.55	944.79	944.79
56	988.43	988.43	939.01	939.01	939.01	939.01	988.43	988.43
57	1,032.49	1,032.49	980.87	980.87	980.87	980.87	1,032.49	1,032.49
58	1,079.52	1,079.52	1,025.55	1,025.55	1,025.55	1,025.55	1,079.52	1,079.52
59	1,102.82	1,102.82	1,047.68	1,047.68	1,047.68	1,047.68	1,102.82	1,102.82
60	1,149.85	1,149.85	1,092.36	1,092.36	1,092.36	1,092.36	1,149.85	1,149.85
61	1,190.52	1,190.52	1,131.00	1,131.00	1,131.00	1,131.00	1,190.52	1,190.52
62	1,217.22	1,217.22	1,156.35	1,156.35	1,156.35	1,156.35	1,217.22	1,217.22
63	1,250.69	1,250.69	1,188.15	1,188.15	1,188.15	1,188.15	1,250.69	1,250.69
64 and Over	1,271.02	1,271.02	1,207.47	1,207.47	1,207.47	1,207.47	1,271.02	1,271.02

**HIOS IDs**      **22444PA0060125**      **22444PA0060135**      **22444PA0060130**      **22444PA0060130**

**Rates Effective: 10/01/2024 to 12/31/2024**

**Geisinger Premier HMO 25/50/3300**

**Gold**

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
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 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	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.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**HIOS ID: 22444PA0060124,  
22444PA0060129,  
22444PA0060134**

**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**

# Geisinger Premier HMO 25/50/3300

Gold

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	307.58	307.58	292.20	292.20	292.20	292.20	307.58	307.58
15	334.92	334.92	318.17	318.17	318.17	318.17	334.92	334.92
16	345.37	345.37	328.10	328.10	328.10	328.10	345.37	345.37
17	355.82	355.82	338.03	338.03	338.03	338.03	355.82	355.82
18	367.08	367.08	348.73	348.73	348.73	348.73	367.08	367.08
19	378.34	378.34	359.42	359.42	359.42	359.42	378.34	378.34
20	390.00	390.00	370.50	370.50	370.50	370.50	390.00	390.00
21	402.06	402.06	381.96	381.96	381.96	381.96	402.06	402.06
22	402.06	402.06	381.96	381.96	381.96	381.96	402.06	402.06
23	402.06	402.06	381.96	381.96	381.96	381.96	402.06	402.06
24	402.06	402.06	381.96	381.96	381.96	381.96	402.06	402.06
25	403.67	403.67	383.48	383.48	383.48	383.48	403.67	403.67
26	411.71	411.71	391.12	391.12	391.12	391.12	411.71	411.71
27	421.36	421.36	400.29	400.29	400.29	400.29	421.36	421.36
28	437.04	437.04	415.19	415.19	415.19	415.19	437.04	437.04
29	449.90	449.90	427.41	427.41	427.41	427.41	449.90	449.90
30	456.34	456.34	433.52	433.52	433.52	433.52	456.34	456.34
31	465.99	465.99	442.69	442.69	442.69	442.69	465.99	465.99
32	475.64	475.64	451.85	451.85	451.85	451.85	475.64	475.64
33	481.67	481.67	457.58	457.58	457.58	457.58	481.67	481.67
34	488.10	488.10	463.69	463.69	463.69	463.69	488.10	488.10
35	491.32	491.32	466.75	466.75	466.75	466.75	491.32	491.32
36	494.53	494.53	469.81	469.81	469.81	469.81	494.53	494.53
37	497.75	497.75	472.86	472.86	472.86	472.86	497.75	497.75
38	500.97	500.97	475.92	475.92	475.92	475.92	500.97	500.97
39	507.40	507.40	482.03	482.03	482.03	482.03	507.40	507.40
40	513.83	513.83	488.14	488.14	488.14	488.14	513.83	513.83
41	523.48	523.48	497.31	497.31	497.31	497.31	523.48	523.48
42	532.73	532.73	506.09	506.09	506.09	506.09	532.73	532.73
43	545.59	545.59	518.31	518.31	518.31	518.31	545.59	545.59
44	561.68	561.68	533.59	533.59	533.59	533.59	561.68	561.68
45	580.57	580.57	551.54	551.54	551.54	551.54	580.57	580.57
46	603.09	603.09	572.93	572.93	572.93	572.93	603.09	603.09
47	628.42	628.42	597.00	597.00	597.00	597.00	628.42	628.42
48	657.37	657.37	624.50	624.50	624.50	624.50	657.37	657.37
49	685.91	685.91	651.62	651.62	651.62	651.62	685.91	685.91
50	718.08	718.08	682.17	682.17	682.17	682.17	718.08	718.08
51	749.84	749.84	712.35	712.35	712.35	712.35	749.84	749.84
52	784.82	784.82	745.58	745.58	745.58	745.58	784.82	784.82
53	820.20	820.20	779.19	779.19	779.19	779.19	820.20	820.20
54	858.40	858.40	815.48	815.48	815.48	815.48	858.40	858.40
55	896.59	896.59	851.76	851.76	851.76	851.76	896.59	896.59
56	938.00	938.00	891.10	891.10	891.10	891.10	938.00	938.00
57	979.82	979.82	930.83	930.83	930.83	930.83	979.82	979.82
58	1,024.45	1,024.45	973.22	973.22	973.22	973.22	1,024.45	1,024.45
59	1,046.56	1,046.56	994.23	994.23	994.23	994.23	1,046.56	1,046.56
60	1,091.19	1,091.19	1,036.63	1,036.63	1,036.63	1,036.63	1,091.19	1,091.19
61	1,129.79	1,129.79	1,073.30	1,073.30	1,073.30	1,073.30	1,129.79	1,129.79
62	1,155.12	1,155.12	1,097.36	1,097.36	1,097.36	1,097.36	1,155.12	1,155.12
63	1,186.88	1,186.88	1,127.53	1,127.53	1,127.53	1,127.53	1,186.88	1,186.88
64 and Over	1,206.18	1,206.18	1,145.87	1,145.87	1,145.87	1,145.87	1,206.18	1,206.18

**HIOS IDs**      **22444PA0060124**      **22444PA0060134**      **22444PA0060129**      **22444PA0060129**

**Rates Effective: 10/01/2024 to 12/31/2024**



# Geisinger Premier HMO 35/70/4300

## Silver

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
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 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	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.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**HIOS ID: 22444PA0060123,  
22444PA0060128,  
22444PA0060133**

**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**

# Geisinger Premier HMO 35/70/4300

Silver

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	268.61	268.61	255.18	255.18	255.18	255.18	268.61	268.61
15	292.49	292.49	277.87	277.87	277.87	277.87	292.49	292.49
16	301.62	301.62	286.54	286.54	286.54	286.54	301.62	301.62
17	310.75	310.75	295.21	295.21	295.21	295.21	310.75	310.75
18	320.58	320.58	304.55	304.55	304.55	304.55	320.58	320.58
19	330.41	330.41	313.89	313.89	313.89	313.89	330.41	330.41
20	340.60	340.60	323.57	323.57	323.57	323.57	340.60	340.60
21	351.13	351.13	333.58	333.58	333.58	333.58	351.13	351.13
22	351.13	351.13	333.58	333.58	333.58	333.58	351.13	351.13
23	351.13	351.13	333.58	333.58	333.58	333.58	351.13	351.13
24	351.13	351.13	333.58	333.58	333.58	333.58	351.13	351.13
25	352.53	352.53	334.91	334.91	334.91	334.91	352.53	352.53
26	359.56	359.56	341.58	341.58	341.58	341.58	359.56	359.56
27	367.98	367.98	349.58	349.58	349.58	349.58	367.98	367.98
28	381.68	381.68	362.59	362.59	362.59	362.59	381.68	381.68
29	392.91	392.91	373.27	373.27	373.27	373.27	392.91	392.91
30	398.53	398.53	378.60	378.60	378.60	378.60	398.53	398.53
31	406.96	406.96	386.61	386.61	386.61	386.61	406.96	406.96
32	415.39	415.39	394.62	394.62	394.62	394.62	415.39	415.39
33	420.65	420.65	399.62	399.62	399.62	399.62	420.65	420.65
34	426.27	426.27	404.96	404.96	404.96	404.96	426.27	426.27
35	429.08	429.08	407.63	407.63	407.63	407.63	429.08	429.08
36	431.89	431.89	410.29	410.29	410.29	410.29	431.89	431.89
37	434.70	434.70	412.96	412.96	412.96	412.96	434.70	434.70
38	437.51	437.51	415.63	415.63	415.63	415.63	437.51	437.51
39	443.12	443.12	420.97	420.97	420.97	420.97	443.12	443.12
40	448.74	448.74	426.31	426.31	426.31	426.31	448.74	448.74
41	457.17	457.17	434.31	434.31	434.31	434.31	457.17	457.17
42	465.25	465.25	441.98	441.98	441.98	441.98	465.25	465.25
43	476.48	476.48	452.66	452.66	452.66	452.66	476.48	476.48
44	490.53	490.53	466.00	466.00	466.00	466.00	490.53	490.53
45	507.03	507.03	481.68	481.68	481.68	481.68	507.03	507.03
46	526.69	526.69	500.36	500.36	500.36	500.36	526.69	526.69
47	548.81	548.81	521.37	521.37	521.37	521.37	548.81	548.81
48	574.10	574.10	545.39	545.39	545.39	545.39	574.10	574.10
49	599.03	599.03	569.07	569.07	569.07	569.07	599.03	599.03
50	627.12	627.12	595.76	595.76	595.76	595.76	627.12	627.12
51	654.86	654.86	622.11	622.11	622.11	622.11	654.86	654.86
52	685.40	685.40	651.13	651.13	651.13	651.13	685.40	685.40
53	716.30	716.30	680.49	680.49	680.49	680.49	716.30	716.30
54	749.66	749.66	712.18	712.18	712.18	712.18	749.66	749.66
55	783.02	783.02	743.87	743.87	743.87	743.87	783.02	783.02
56	819.18	819.18	778.22	778.22	778.22	778.22	819.18	819.18
57	855.70	855.70	812.92	812.92	812.92	812.92	855.70	855.70
58	894.68	894.68	849.94	849.94	849.94	849.94	894.68	894.68
59	913.99	913.99	868.29	868.29	868.29	868.29	913.99	913.99
60	952.96	952.96	905.32	905.32	905.32	905.32	952.96	952.96
61	986.67	986.67	937.34	937.34	937.34	937.34	986.67	986.67
62	1,008.79	1,008.79	958.35	958.35	958.35	958.35	1,008.79	1,008.79
63	1,036.53	1,036.53	984.71	984.71	984.71	984.71	1,036.53	1,036.53
64 and Over	1,053.39	1,053.39	1,000.72	1,000.72	1,000.72	1,000.72	1,053.39	1,053.39

**HIOS IDs**      **22444PA0060123**      **22444PA0060133**      **22444PA0060128**      **22444PA0060128**

**Rates Effective: 10/01/2024 to 12/31/2024**