

GEISINGER HEALTH PLAN

2024 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

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

Premier

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

Choices

What is it?	The Choices network splits all participating providers into two tiers, offering members a more selective choice on receiving care.
What are the benefits?	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.
Key consideration?	This network is available in 15 counties ¹ and only available as a PPO. Tier 2 services will have a higher out-of-pocket cost, but are still considered in-network. Visit geisingerhealthplan.com/providersearch to see if your provider is in the Choices network before making your selection.

¹Premier 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.

2024 HMO benefit changes

2023 plan name	Benefit changes	2024 plan name (if changed)
<p>Geisinger Small Group ACA HMO 10/20/0</p>	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Outpatient Facility Fee (e.g., Ambulatory Surgery Center) \$100 copay after deductible to \$150 4. Outpatient Surgery Physician/Surgical Services 0% after deductible to \$0 5. Infertility Treatment (Note exclusions) 0% after deductible to \$0 6. Inpatient Hospital Services (e.g., Hospital Stay) \$200 per stay after deductible to \$200 per stay 7. Inpatient Physician and Surgical Services 0% after deductible to \$0 8. Skilled Nursing Facility (120 days per year) \$50 per day after deductible to \$50 per day 9. Delivery and All Inpatient Services for Maternity Care 0% after deductible to \$0 10. Mental/Behavioral Health Inpatient Services and Substance Abuse Disorder Inpatient Services \$200 per stay after deductible to \$200 per stay 11. Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 10% after deductible to 10% 12. Imaging (CT/PET Scans, MRIs) \$100 after deductible to \$100 13. Laboratory Outpatient and X-rays 0% after deductible to \$0 14. Basic Dental Care - Child, Orthodontia - Child (medically necessary), and Major Dental Care - Child 50% coinsurance after deductible to 50% coinsurance 15. Transplant \$200 per stay after deductible to \$200 per stay 16. Accidental Dental (medically necessary), Dialysis, Allergy Testing, Chemotherapy, Radiation 0% after deductible to \$0 17. Prosthetic Devices 10% after deductible to 10% 18. Reconstructive Surgery \$200 per stay after deductible to \$200 per stay 19. Specialist - Procedure, Maternity - Office Diagnostic Services Procedures, Ostomy Supplies, and Urology Supplies 0% after deductible to \$0 	<p>N/A</p>

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger Small Group ACA HMO 10/20/0	<p>20. Diabetic Services/Supplies - Foot Orthotics, Diabetic Services/Supplies - Medical Equipment 0% after deductible to \$0</p> <p>21. Implanted Devices (Medical) - All other non-contraceptive implanted devices 0% after deductible to \$0</p> <p>22. Orthotic Devices 10% after deductible to 10%</p> <p>23. Outpatient Opioid Detoxification, Injectable Drugs - Facility, Spinal Injections, Dental Anesthesia, Impacted Wisdom Teeth, and Pulmonary Function Tests 0% after deductible to \$0</p> <p>24. Gender-Affirming Care \$200 per stay after deductible to \$200 per stay</p>	N/A
Geisinger Small Group ACA HMO 15/30/400	<p>1. Mental Health/Substance Abuse Urgent Care Services \$0 (New)</p> <p>2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)</p> <p>3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)</p>	N/A
Geisinger Small Group ACA All-Access HMO 20/35/450	<p>1. Mental Health/Substance Abuse Urgent Care Services \$0 (New)</p> <p>2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)</p> <p>3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)</p>	N/A
Geisinger Small Group ACA HMO 20/40/500	<p>1. Mental Health/Substance Abuse Urgent Care Services \$0 (New)</p> <p>2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)</p> <p>3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)</p>	N/A
Geisinger Small Group ACA HMO 20/40/1000	<p>1. Mental Health/Substance Abuse Urgent Care Services \$0 (New)</p> <p>2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)</p> <p>3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)</p>	N/A

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger All-Access HMO 20/40/1500	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger Small Group ACA HMO 20/40/3200	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger Small Group ACA All-Access HMO 25/50/2000	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger Small Group ACA All-Access HMO 30/60/3500	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 4. Chiropractic Care (20 visits per benefit period) \$25 to \$30 	N/A
Geisinger Small Group ACA HMO 30/60/5800	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger Small Group ACA HMO 45/75/5000	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 4. Laboratory Outpatient \$45 to 0% coinsurance after deductible 	N/A
Geisinger Small Group ACA QHDHP POS 6850	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services 0% after deductible (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (coinsurance does not apply to mental health/substance use disorder diagnosis) 4. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$6,850/\$13,700 to \$7,050/\$14,100 5. Medical EHB Deductible (Embedded) \$6,850/\$13,700 to \$7,050/\$14,100 6. Combined Medical and Drug EHB Deductible \$6,850/\$13,700 to \$7,050/\$14,100 	Geisinger Small Group ACA All-Access QHDHP POS 7050
Geisinger Premier HMO 10/20/0	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Outpatient Facility Fee (e.g., Ambulatory Surgery Center) \$100 copay after deductible to \$150 copay after deductible to \$150 4. Outpatient Surgery Physician/Surgical Services 0% after deductible to \$0 5. Infertility Treatment (Note exclusions) 0% after deductible to \$0 6. Inpatient Hospital Services (e.g., Hospital Stay) \$200 per stay after deductible to \$200 per stay 7. Inpatient Physician and Surgical Services 0% after deductible to \$0 8. Skilled Nursing Facility (120 days per year) \$50 per day after deductible to \$50 per day 9. Delivery and All Inpatient Services for Maternity Care 0% after deductible to \$0 10. Mental/Behavioral Health Inpatient Services and Substance Abuse Disorder Inpatient Services \$200 per stay after deductible to \$200 per stay 	N/A

2023 plan name	Benefit changes	2024 plan name (if changed)
<p>Geisinger Premier HMO 10/20/0</p>	<p>11. Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 10% after deductible to 10%</p> <p>12. Imaging (CT/PET Scans, MRIs) \$100 after deductible to \$100</p> <p>13. Laboratory Outpatient and X-rays 0% after deductible to \$0</p> <p>14. Basic Dental Care - Child, Orthodontia - Child (medically necessary), and Major Dental Care - Child 50% coinsurance after deductible to 50% coinsurance</p> <p>15. Transplant \$200 per stay after deductible to \$200 per stay</p> <p>16. Accidental Dental (medically necessary), Dialysis, Allergy Testing, Chemotherapy, Radiation 0% after deductible to \$0</p> <p>17. Prosthetic Devices 10% after deductible to 10%</p> <p>18. Reconstructive Surgery \$200 per stay after deductible to \$200 per stay</p> <p>19. Specialist - Procedure, Maternity - Office Diagnostic Services Procedures, Ostomy Supplies, and Urology Supplies 0% after deductible to \$0</p> <p>20. Diabetic Services/Supplies - Foot Orthotics, Diabetic Services/Supplies - Medical Equipment 0% after deductible to \$0</p> <p>21. Implanted Devices (Medical) - All other non-contraceptive implanted devices 0% after deductible to \$0</p> <p>22. Orthotic Devices 10% after deductible to 10%</p> <p>23. Outpatient Opioid Detoxification, Injectable Drugs - Facility, Spinal Injections, Dental Anesthesia, Impacted Wisdom Teeth, and Pulmonary Function Tests 0% after deductible to \$0</p> <p>24. Gender-Affirming Care \$200 per stay after deductible to \$200 per stay</p>	<p>N/A</p>
<p>Geisinger Premier HMO 20/40/1000</p>	<p>1. Mental Health/Substance Abuse Urgent Care Services \$0 (New)</p> <p>2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)</p> <p>3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)</p>	<p>N/A</p>

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger Premier HMO 25/50/2000	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger Premier HMO 25/50/3300	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger Premier HMO 35/70/4300	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger Extra PPO 10/40/0	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Maximum Out of Pocket Medical and Drug EHB Benefits (Total) \$1,850/\$3,700 to \$2,500/\$5,000 4. Outpatient Facility Fee (e.g., Ambulatory Surgery Center) \$100 copay after deductible to \$125 5. Outpatient Surgery Physician/Surgical Services 0% after deductible to \$0 6. Infertility Treatment (Note exclusions) \$250 after deductible to \$250 7. Inpatient Hospital Services (e.g., Hospital Stay) \$250 per stay after deductible to \$250 per stay 8. Inpatient Physician and Surgical Services 0% after deductible to \$0 9. Skilled Nursing Facility (120 days per year) \$50 per day after deductible to \$50 per day 10. Delivery and All Inpatient Services for Maternity Care 0% after deductible to \$0 	Geisinger All-Access Extra PPO 10/40/0

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger Extra PPO 10/40/0	<p>11. Mental/Behavioral Health Inpatient Services and Substance Abuse Disorder Inpatient Services \$250 per stay after deductible to \$250 per stay</p> <p>12. Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 10% after deductible to 10%</p> <p>13. Imaging (CT/PET Scans, MRIs) \$100 after deductible to \$100</p> <p>14. Laboratory Outpatient and X-rays 0% after deductible to \$0</p> <p>15. Basic Dental Care - Child, Orthodontia - Child (medically necessary), and Major Dental Care - Child 50% coinsurance after deductible to 50% coinsurance</p> <p>16. Transplant \$250 per stay after deductible to \$250</p> <p>17. Accidental Dental (medically necessary), Dialysis, Allergy Testing, Chemotherapy, Radiation 0% after deductible to \$0</p> <p>18. Prosthetic Devices 10% after deductible to 10%</p> <p>19. Reconstructive Surgery \$250 per stay after deductible to \$250</p> <p>20. Specialist - Procedure, Maternity - Office Diagnostic Services Procedures, Ostomy Supplies, and Urology Supplies 0% after deductible to \$0</p> <p>21. Diabetic Services/Supplies - Foot Orthotics, Diabetic Services/Supplies - Medical Equipment 0% after deductible to \$0</p> <p>22. Implanted Devices (Medical) - Drug Delivery, and Implanted Devices (Medical) - All other non-contraceptive implanted devices 0% after deductible to \$0</p> <p>23. Orthotic Devices 10% after deductible to 10%</p> <p>24. Outpatient Opioid Detoxification, Injectable Drugs - Facility, Spinal Injections, Dental Anesthesia, Impacted Wisdom Teeth, and Pulmonary Function Tests 0% after deductible to \$0</p> <p>25. Gender-Affirming Care \$250 per stay after deductible to \$250 per stay</p>	Geisinger All-Access Extra PPO 10/40/0
Geisinger Extra PPO 10/40/250	<p>1. Mental Health/Substance Abuse Urgent Care Services \$0 (New)</p> <p>2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)</p> <p>3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)</p>	N/A

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger Extra PPO 10/60/500	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger Extra PPO 10/60/1000	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger Extra PPO 10/60/2000	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger Extra PPO 20/60/3500	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger Extra PPO 20/60/4300	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	Geisinger All-Access Extra PPO 20/60/4300

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger All- Access PPO 10/20/0	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Outpatient Facility Fee (e.g., Ambulatory Surgery Center) \$100 copay after deductible to \$150 copay after deductible to \$150 4. Outpatient Surgery Physician/Surgical Services 0% after deductible to \$0 5. Infertility Treatment (Note exclusions) 0% after deductible to \$0 6. Inpatient Hospital Services (e.g., Hospital Stay) \$200 per stay after deductible to \$200 per stay 7. Inpatient Physician and Surgical Services 0% after deductible to \$0 8. Skilled Nursing Facility (120 days per year) \$50 per day after deductible to \$50 per day 9. Delivery and All Inpatient Services for Maternity Care 0% after deductible to \$0 10. Mental/Behavioral Health Inpatient Services and Substance Abuse Disorder Inpatient Services \$200 per stay after deductible to \$200 per stay 11. Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 10% after deductible to 10% 12. Imaging (CT/PET Scans, MRIs) \$100 after deductible to \$100 13. Laboratory Outpatient and X-rays 0% after deductible to \$0 14. Basic Dental Care - Child, Orthodontia - Child (medically necessary), and Major Dental Care - Child 50% coinsurance after deductible to 50% coinsurance 15. Transplant \$200 per stay after deductible to \$200 per stay 16. Accidental Dental (medically necessary), Dialysis, Allergy Testing, Chemotherapy, Radiation 0% after deductible to \$0 17. Prosthetic Devices 10% after deductible to 10% 18. Reconstructive Surgery \$200 per stay after deductible to \$200 per stay 19. Specialist - Procedure, Maternity - Office Diagnostic Services Procedures, Ostomy Supplies, and Urology Supplies 0% after deductible to \$0 20. Diabetic Services/Supplies - Foot Orthotics, Diabetic Services/ Supplies - Medical Equipment 0% after deductible to \$0 	N/A

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger All-Access PPO 10/20/0	21. Implanted Devices (Medical) - All other non-contraceptive implanted devices 0% after deductible to \$0 22. Orthotic Devices 10% after deductible to 10% 23. Outpatient Opioid Detoxification, Injectable Drugs - Facility, Spinal Injections, Dental Anesthesia, Impacted Wisdom Teeth, and Pulmonary Function Tests 0% after deductible to \$0 24. Gender-Affirming Care \$200 per stay after deductible to \$200 per stay	N/A
Geisinger All-Access PPO 15/30/250	1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)	N/A
Geisinger All-Access PPO 20/40/500	1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)	N/A
Geisinger All-Access PPO 20/40/1000	1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)	N/A
Geisinger All-Access PPO 20/40/1500	1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)	N/A

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger All-Access PPO 25/50/2000	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger All-Access PPO 25/50/2000 1xded	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger All-Access PPO 25/50/4500 1xded	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger All-Access PPO 25/50/3300	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger All-Access PPO 30/60/3500	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger All-Access PPO 30/60/6000	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger All-Access PPO 35/70/4300	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger All-Access PPO 40/90/8400	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 4. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$8,400/\$16,800 to \$9,000/\$18,000 	N/A
Geisinger All-Access QHDHP PPO 3000	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 	N/A
Geisinger All-Access QHDHP PPO 4800	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services 0% after deductible (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 4. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$4,800/\$9,600 to \$5,100/\$10,200 	Geisinger All-Access QHDHP PPO 5100

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger All-Access QHDHP PPO 4800	5. Medical EHB Deductible (Embedded) \$4,800/\$9,600 to \$5,100/\$10,200 6. Combined Medical and Drug EHB Deductible \$4,800/\$9,600 to \$5,100/\$10,200	Geisinger All-Access QHDHP PPO 5100
Geisinger All-Access QHDHP PPO 6850	1. Mental Health/Substance Abuse Urgent Care Services 0% after deductible (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 4. Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) \$6,850/\$13,700 to \$7,050/\$14,100 5. Medical EHB Deductible (Embedded) \$6,850/\$13,700 to \$7,050/\$14,100 6. Combined Medical and Drug EHB Deductible \$6,850/\$13,700 to \$7,050/\$14,100	Geisinger All-Access QHDHP PPO 7050
Geisinger Choices PPO 10/20/0	1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Chiropractic Care (20 visits per benefit period) \$20 to \$10 4. Outpatient Facility Fee (e.g., Ambulatory Surgery Center) \$75 after deductible to \$75 5. Outpatient Surgery Physician/Surgical Services 0% after deductible to \$0 6. Infertility Treatment (Note exclusions) \$200 after deductible to \$200 7. Inpatient Hospital Services (e.g., Hospital Stay) \$100 per stay after deductible to \$100 per stay 8. Inpatient Physician and Surgical Services 0% after deductible to \$0 9. Skilled Nursing Facility (120 days per year) \$50 per day after deductible to \$50 per day 10. Delivery and All Inpatient Services for Maternity Care 0% after deductible to \$0 11. Mental/Behavioral Health Inpatient Services and Substance Abuse Disorder Inpatient Services \$100 per stay after deductible to \$100 per stay	N/A

2023 plan name	Benefit changes	2024 plan name (if changed)
<p>Geisinger Choices PPO 10/20/0</p>	<p>12. Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 0% after deductible to \$0</p> <p>13. Imaging (CT/PET Scans, MRIs) \$75 after deductible to \$75</p> <p>14. Laboratory Outpatient and X-rays 0% after deductible to \$0</p> <p>15. Basic Dental Care - Child, Orthodontia - Child (medically necessary), and Major Dental Care - Child 50% coinsurance after deductible to 50% coinsurance</p> <p>16. Transplant \$100 after deductible to \$100</p> <p>17. Accidental Dental (medically necessary), Dialysis, Allergy Testing, Chemotherapy, Radiation 0% after deductible to \$0</p> <p>18. Prosthetic Devices 0% after deductible to \$0</p> <p>19. Reconstructive Surgery \$100 after deductible to \$100</p> <p>20. Specialist - Procedure, Maternity - Office Diagnostic Services Procedures, Ostomy Supplies, and Urology Supplies 0% after deductible to \$0</p> <p>21. Diabetic Services/Supplies - Foot Orthotics, Diabetic Services/Supplies - Medical Equipment 0% after deductible to \$0</p> <p>22. Implanted Devices (Medical) - Drug Delivery, and Implanted Devices (Medical) - All other non-contraceptive implanted devices 0% after deductible to \$0</p> <p>23. Orthotic Devices 0% after deductible to \$0</p> <p>24. Outpatient Opioid Detoxification, Injectable Drugs - Facility, Spinal Injections, Dental Anesthesia, Impacted Wisdom Teeth, and Pulmonary Function Tests 0% after deductible to \$0</p> <p>25. Gender-Affirming Care \$100 per stay after deductible to \$100 per stay</p>	<p>N/A</p>
<p>Geisinger Choices PPO 20/40/0</p>	<p>1. Mental Health/Substance Abuse Urgent Care Services \$0 (New)</p> <p>2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)</p> <p>3. Outpatient Facility Fee (e.g., Ambulatory Surgery Center) \$200 after deductible to \$250</p> <p>4. Outpatient Surgery Physician/Surgical Services 0% after deductible to \$0</p>	<p>N/A</p>

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger Choices PPO 20/40/0	<p>5. Infertility Treatment (Note exclusions) \$200 after deductible to \$200</p> <p>6. Emergency Room Services \$200 to \$250</p> <p>7. Inpatient Hospital Services (e.g., Hospital Stay) \$200 per stay after deductible to \$250 per stay</p> <p>8. Inpatient Physician and Surgical Services 0% after deductible to \$0</p> <p>9. Skilled Nursing Facility (120 days per year) 0% after deductible to \$0</p> <p>10. Delivery and All Inpatient Services for Maternity Care 0% after deductible to \$0</p> <p>11. Mental/Behavioral Health Inpatient Services and Substance Abuse Disorder Inpatient Services \$200 per stay after deductible to \$250 per stay</p> <p>12. Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 0% after deductible to \$0</p> <p>13. Imaging (CT/PET Scans, MRIs) \$75 after deductible to \$75</p> <p>14. Laboratory Outpatient and X-rays 0% after deductible to \$0</p> <p>15. Basic Dental Care - Child, Orthodontia - Child (medically necessary), and Major Dental Care - Child 50% coinsurance after deductible to 50% coinsurance</p> <p>16. Transplant \$200 after deductible to \$250 per stay</p> <p>17. Accidental Dental (medically necessary), Dialysis, Allergy Testing, Chemotherapy, Radiation 0% after deductible to \$0</p> <p>18. Prosthetic Devices 0% after deductible to \$0</p> <p>19. Reconstructive Surgery \$200 per stay after deductible to \$250 per stay</p> <p>20. Specialist - Procedure, Maternity - Office Diagnostic Services Procedures, Ostomy Supplies, and Urology Supplies 0% after deductible to \$0</p> <p>21. Diabetic Services/Supplies - Foot Orthotics, Diabetic Services/Supplies - Medical Equipment 0% after deductible to \$0</p> <p>22. Implanted Devices (Medical) - Drug Delivery, and Implanted Devices (Medical) - All other non-contraceptive implanted devices 0% after deductible to \$0</p> <p>23. Orthotic Devices 0% after deductible to \$0</p>	N/A

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger Choices PPO 20/40/0	<p>24. Outpatient Opioid Detoxification, Injectable Drugs - Facility, Spinal Injections, Dental Anesthesia, Impacted Wisdom Teeth, and Pulmonary Function Tests 0% after deductible to \$0</p> <p>25. Gender-Affirming Care \$200 per stay after deductible to \$250 per stay</p>	N/A
Geisinger Choices PPO 20/40/0 Copay Based	<ol style="list-style-type: none"> 1. Mental Health/Substance Abuse Urgent Care Services \$0 (New) 2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits) 3. Maximum Out of Pocket Medical and Drug EHB Benefits (Total) \$9,100/\$18,200 to \$9,450/\$18,900 4. Primary Care Visit to Treat an Injury or Illness Tier 1: \$20 to \$30; Tier 2: \$40 to \$60 5. Specialist - Office Visit Tier 1: \$40 to \$50; Tier 2: \$80 to \$100 6. Other Practitioner Office Visit (Nurse, Physician Assistant) Tier 1: \$20 to \$30; Tier 2: \$40 to \$60 7. Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Tier 1: \$250 to \$350; Tier 2: \$500 to \$700 8. Hospice Services Residential - \$40 per visit to \$50 per visit 9. Infertility Treatment (Note Exclusions) Tier 1: \$300 to \$350; Tier 2: \$600 to \$700 10. Inpatient Hospital Services (e.g., Hospital Stay) Tier 1: \$300 per stay to \$350 per stay; Tier 2: \$600 per stay to \$700 per stay 11. Urgent Care Centers or Facilities \$20 to \$30 12. Emergency Room Services \$200 to \$300 13. Skilled Nursing Facility (120 days per year) Tier 1: \$500 per admit to \$550 per admit; Tier 2: \$1,000 per admit to \$1,100 per admit 14. Delivery and All Inpatient Services for Maternity Care 0% after deductible to \$0 15. Mental/Behavioral Health Inpatient Services and Substance Abuse Disorder Inpatient Services \$300 per stay to \$350 per stay 16. Outpatient Rehabilitation Services and Habilitation Services Tier 1: \$40 to \$50; Tier 2: \$80 to \$100 17. Outpatient Cardiac Rehabilitation Services (36 visits per benefit period) and Outpatient Pulmonary Rehab/Respiratory Rehab Services (36 visits per benefit period) Tier 2: \$80 to \$100 	Geisinger Choices PPO 30/50/0 Copay Based

2023 plan name	Benefit changes	2024 plan name (if changed)
<p>Geisinger Choices PPO 20/40/0 Copay Based</p>	<p>18. Habilitation Services, Habilitative Speech Therapy, and Habilitative Occupational and Physical Therapy Tier 1: \$40 to \$50; Tier 2: \$80 to \$100</p> <p>19. Chiropractic Care (20 visits per benefit period) Tier 1: \$20 to \$30</p> <p>20. Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis) 0% after deductible to \$0</p> <p>21. Rehabilitative Speech Therapy and Rehabilitative Occupational and Rehabilitative Physical Therapy Tier 1: \$40 to \$50; Tier 2: \$80 to \$100</p> <p>22. Imaging (CT/PET Scans, MRIs) Tier 1: \$300 to \$350; Tier 2: \$600 to \$700</p> <p>23. Routine Eye Exam for Children Tier 1: \$40 to \$50; Tier 2: \$80 to \$100</p> <p>24. Laboratory Outpatient Tier 1: \$40 to \$0; Tier 2: \$80 to \$0</p> <p>25. Xrays Tier 1: \$40 to \$50; Tier 2: \$80 to \$100</p> <p>26. Basic Dental Care - Child, Orthodontia - Child (medically necessary), and Major Dental Care - Child 50% coinsurance after deductible to 50% coinsurance</p> <p>27. Transplant Tier 1: \$300 per stay to \$350 per stay; Tier 2: \$600 per stay to \$700 per stay</p> <p>28. Accidental Dental (medically necessary), Dialysis, Allergy Testing, Chemotherapy, Radiation 0% after deductible to \$0</p> <p>29. Prosthetic Devices 0% after deductible to \$0</p> <p>30. Nutritional Counseling Tier 1: \$40 to \$50; Tier 2: \$80 to \$100</p> <p>31. Reconstructive Surgery Tier 1: \$300 per stay to \$350 per stay; Tier 2: \$600 per stay to \$700 per stay</p> <p>32. Specialist - Procedure, Maternity - Office Diagnostic Services Procedures, Ostomy Supplies, and Urology Supplies 0% after deductible to \$0</p> <p>33. Diabetic Services/Supplies - Foot Orthotics, Diabetic Services/Supplies - Medical Equipment 0% after deductible to \$0</p> <p>34. Implanted Devices (Medical) - Drug Delivery, and Implanted Devices (Medical) - All other non-contraceptive implanted devices 0% after deductible to \$0</p> <p>35. Orthotic Devices 0% after deductible to \$0</p>	<p>Geisinger Choices PPO 30/50/0 Copay Based</p>

2023 plan name	Benefit changes	2024 plan name (if changed)
Geisinger Choices PPO 20/40/0 Copay Based	<p>36. Injectable Drugs - Faciity, Spinal Injections, Dental Anesthesia, Impacted Wisdom Teeth, and Pulmonary Function Tests 0% after deductible to \$0</p> <p>37. Telehealth PCP Services Tier 2: \$40 to \$60</p> <p>38. Telehealth Specialist Services Tier 2: \$80 to \$100</p> <p>39. Gender-Affirming Care Tier 1: \$300 per stay to \$350 per stay; Tier 2: \$600 per stay to \$700 per stay</p>	Geisinger Choices PPO 30/50/0 Copay Based
Geisinger Choices PPO 20/40/1000	<p>1. Mental Health/Substance Abuse Urgent Care Services \$0 (New)</p> <p>2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)</p> <p>3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)</p>	N/A
Geisinger Choices PPO 20/40/2000	<p>1. Mental Health/Substance Abuse Urgent Care Services \$0 (New)</p> <p>2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)</p> <p>3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)</p>	N/A
Geisinger Choices PPO 20/40/4000	<p>1. Mental Health/Substance Abuse Urgent Care Services \$0 (New)</p> <p>2. Home Healthcare Services (60 visits per year) to Home Healthcare Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)</p> <p>3. Durable Medical Equipment to Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)</p>	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
 - Exercise classes
 - Race fees
 - Gymnastics
 - School athletic fees
 - Swimming lessons
 - Sports camps
 - Sports fees
 - 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, 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.

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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)

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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.