

Geisinger Choice

Plan options for those without group coverage

	PPO 1 ¹	PPO 2 ¹	PPO 3 ¹	PPO 4 ¹	PPO 5 ¹	PPO 6 ¹	PPO 7 ¹	Advantage	HDHP 1 ² HSA ³ Compatible	HDHP 2 ² HSA ³ Compatible	HDHP 3 ² HSA ³ Compatible	
Office Visit copays: PCP ⁴ /Specialist	\$20 / \$45	\$20 / \$45	\$20 / \$45	\$20 / \$45	\$20 / \$45	\$20 / \$45	\$20 / \$45	10% coinsur- ance after deductible	10% coinsur- ance after deductible	10% coinsur- ance after deductible	10% coinsur- ance after deductible	
Deductible In-Network: Individual/Family	\$250/ \$500	\$500/ \$1,000	\$1,000/ \$2,000	\$250/ \$500	\$500/ \$1,000	\$1,000/ \$2,000	\$2,500/ \$5,000	\$5,000/ \$10,000	\$1,400/ \$2,800	\$2,600/ \$5,200	\$2,850/ \$5,700	
Coinsurance In-Network	10%	10%	10%	20%	20%	20%	20%	10%	10%	10%	10%	
Out of Pocket Max. In Network	\$750/ \$1500	\$1,500/ \$3,000	\$3,000/ \$6,000	\$1,500 / \$3,000	\$3,000/ \$6,000	\$6,000/ \$12,000	\$7,500/ \$15,000	\$7,000 \$14,000	\$2,200/ \$4,400	\$3,800/ \$7,600	\$5,000/ \$10,000	
Deductible Out-of-Network: Individual/Family	\$500/ \$1,000	\$750/ \$1,500	\$1,250/ \$2,500	\$500/ \$1,000	\$750/ \$1,500	\$1,250/ \$2,500	\$4,000/ \$8,000	\$10,000/ \$20,000	\$2,500/ \$5,000	\$3,800/ \$7,600	\$5,000/ \$10,000	
Coinsurance Out of Network	30%	30%	30%	40%	40%	40%	40%	30%	30%	30%	30%	
Out of Pocket Max. Out of Network	\$5,000/ \$10,000	\$7,500/ \$15,000	\$12,500/ \$25,000	\$5,000/ \$10,000	\$7,500/ \$15,000	\$12,500/ \$25,000	\$10,000/ \$20,000	\$15,000/ \$30,000	\$5,000/ \$10,000	\$6,000/ \$12,000	\$10,000/ \$20,000	
Optional Pharmacy Rider:	\$100/\$300 Deductible \$5 Generic \$35 Brand \$55 Non- Formulary w/ Mail Order	\$100/\$300 Deductible \$5 Generic \$35 Brand \$55 Non- Formulary w/ Mail Order	\$100/\$300 Deductible \$5 Generic \$35 Brand \$55 Non- Formulary w/ Mail Order	\$100/\$300 Deductible \$5 Generic \$35 Brand \$55 Non- Formulary w/ Mail Order	\$100/\$300 Deductible \$5 Generic \$35 Brand \$55 Non- Formulary w/ Mail Order	\$100/\$300 Deductible \$5 Generic \$35 Brand \$55 Non- Formulary w/ Mail Order	\$250/\$750 Deductible \$10 Generic \$45 Brand \$75 Non- Formulary w/ Mail Order	N/A	Included in base benefits. Deductible applies before copayments. \$5 Generic \$35 Brand \$55 Non- Formulary w/ Mail Order	Included in base benefits. Deductible applies before copayments. \$5 Generic \$35 Brand \$55 Non- Formulary w/ Mail Order	Included in base benefits. Deductible applies before copayments. \$5 Generic \$35 Brand \$55 Non- Formulary w/ Mail Order	
Optional Maternity Rider:	25% Coinsurance on all Related Services	25% Coinsurance on all Related Services	25% Coinsurance on all Related Services	25% Coinsurance on all Related Services	25% Coinsurance on all Related Services	25% Coinsurance on all Related Services	25% Coinsurance on all Related Services	25% Coinsurance on all Related Services	N/A	Included in base benefits. Deductible & coinsurance apply.	Included in base benefits. Deductible & coinsurance. apply.	Included in base benefits. Deductible & coinsurance apply.
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Deductible & coinsurance apply	\$0	\$0	\$0

For more information, phone (800) 631-1656.
Or log on to GeisingerChoice.com.

Preventive services are limited to in-network providers only and include:

- Voluntary family planning services
- Periodic health assessments
 - mammograms
 - pap smears
 - chlamydia screening (female age 16-25)
 - dexa scan
 - cholesterol screening
 - lipid panel
- Well-child care
 - hemoglobin & hematocrit (limited to one service under the age of 24 months)
- Diabetes Care (age 18-75)
 - HbA1c testing, LDL-C screening and nephropathy screening
- Colorectal cancer screening
 - fecal occult blood testing
 - flexible sigmoidoscopy and colonoscopy (age 50 and over)

¹**PPO (Preferred Provider Organization):** type of health plan which features a specific network of contracted providers. Members may also receive services from providers outside the network, but may need to pay more for those services.

²**HDHP (high deductible health plan):** a plan with a higher-than-average deductible. It also has annual limits on how much you have to pay out-of-pocket in the form of deductibles and coinsurance. When combined with an HSA (see below), tax advantages are available.

³**HSA (health savings account):** a tax-sheltered savings account designed for medical expenses, designed to be combined with a high deductible health plan.

⁴**PCP (primary care physician):** a physician who has an agreement with Geisinger Choice to coordinate and provide initial and basic care to members.

Rates provided are preliminary only. Final rates are subject to medical underwriting and are based on the completed Application and Medical Questionnaire and additional information obtained during the underwriting process. Acceptance is not guaranteed. Geisinger Choice is a comprehensive major medical PPO offered by Geisinger Quality Options, Inc., an affiliate of Geisinger Health Plan. Geisinger Health Plan has more than 20 years of experience providing health care coverage to Pennsylvania residents.



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 the policy and applicable riders. Please note that non-preferred providers are paid at out-of-network rates. In addition to the copayment or deductible and coinsurance, the covered person is responsible for paying the difference between the out-of-network rate and non-preferred provider's actual charge. Your out-of-pocket costs for non-emergency care from non-preferred providers may be substantial.