

2025

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.

Beyond your benefits

With GHP, your employees can take advantage of a 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 your employees enroll in mail-order, they'll receive three-month supplies of their covered prescription drugs, with lower costs than retail. We mail prescriptions right to their homes from our state-of-the-art facility in Elysburg. Shipping is free, and members can track orders from beginning to end. Your employees can register by calling 844-878-5562. We'll review their eligible medications, set up the account and work with providers to make the 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
- Diabetes
- Heart failure
- COPD
- Quitting tobacco
- 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

Come for the benefits — stay for the service.

GHP customer care has been recognized for exceptional customer service four years in a row by a global leader in consumer insights, advisory services and data. Specially trained teams handle questions about specific plans, including our employer care team, which is your dedicated line of contact. They'll deliver a better service experience through one-call resolution.

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:

- 35,000 primary care and specialty physicians
- More than 200 hospitals
- 230+ urgent and convenient care facilities
- Telemedicine services for one-stop virtual care

Have employees who live outside the Geisinger network? No worries. We also have a national wrap network that includes over 96% of all U.S. hospitals, more than 800,000 providers and over 125,000 ancillary providers.

Geisinger's provider network, combined with our national wrap network, means your employees have access to quality care across the country.

Our overall service area includes the following counties:

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

Search for a provider online

Go to 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.



Better physical health, better financial health

Some of your employees may need motivation to exercise, and others already work out regularly. Whichever applies, they can benefit from our reimbursement program that helps them pay for fitness activities.

Be rewarded for healthy choices

- 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
 - Exercise classes
 - Race fees
 - Gymnastics
 - School athletic fees
 - Swimming lessons
 - Sports camps
 - Sports fees
 - Karate

How to get it

Members who have a small group ACA plan through their employer* can:

1. Visit geisingerhealthplan.com, then 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 on the form.

If your employees have questions, they can call the Geisinger Health Plan customer care team at the number on their member ID card.

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 (from the menu, click on Geisinger Exchange).

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

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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. Geisinger Extra plans are only available in select counties. Find details on page 9.

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 irs.gov/publications/p969.

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.



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

Members must reside in our overall Geisinger service area, which is listed on page 4.

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 8 for details on Premier and Choices network plans and page 9 for details on Extra plans.

	Platinum	Platinum	Platinum
	Geisinger Small Group ACA All-Access HMO 10/20/0	Geisinger Small Group ACA All-Access HMO 15/30/400	Geisinger Small Group ACA All-Access HMO 30/60/500
In-network services			
PCP copay	\$10	\$15	\$30
Specialist copay	\$20	\$30	\$60
Medical deductible: Single/Family	\$0/\$0	\$400/\$800	\$500/\$1,000
Max. out-of-pocket: Single/Family	\$6,000/\$12,000	\$2,500/\$5,000	\$3,500/\$7,000
Coinsurance	0%	0%	0%
Inpatient services	\$200 per stay	\$200 per stay after deductible	\$200 per stay after deductible
Outpatient services	\$200	\$75 after deductible	\$125 after deductible
Emergency room	\$150	\$100	\$100
Prescription drug	Tier 1: \$0 ¹ Tier 2: \$3 Tier 3: \$5 Tier 4: \$25 Tier 5: \$50 Tier 6: 40% coinsurance up to \$150	Tier 1: \$0 ¹ Tier 2: \$3 Tier 3: \$5 Tier 4: \$25 Tier 5: \$50 Tier 6: 40% coinsurance up to \$150	Tier 1: \$0 ¹ Tier 2: \$5 Tier 3: \$15 Tier 4: \$30 Tier 5: \$60 Tier 6: 40% coinsurance up to \$150
Out-of-network services			
Deductible: Single/ Family	Limited to in-network	Limited to in-network	Limited to in-network
Coinsurance			
Max. out-of-pocket: Single/Family			

¹Tier 1 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.
New plan for 2025 is highlighted above.

Our Platinum plans (continued)

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

¹Tier 1 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

Our Platinum plans (continued)

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

¹Notes the PCP copay amount when using a Geisinger Extra site.

²Tier 1 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, HMO qualified high deductible health plan (QHDHP) options, PPO 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 8 for details on Premier and Choices network plans and page 9 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
In-network services					
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	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400	\$8,550/\$17,100	\$9,200/\$18,400
Coinsurance	0%	0%	0%	0%	0%
Inpatient services	\$300 per stay after deductible	\$200 per stay after deductible	\$200 per stay after deductible	0% after deductible	\$300 per stay after deductible
Outpatient services	\$350 copay after deductible	\$225 copay after deductible	\$175 copay after deductible	0% after deductible	\$350 copay after deductible
Emergency room	\$250	\$200	\$200	\$200 after deductible	\$250
Prescription drug	Tier 1: \$0 ¹ Tier 2: \$5 Tier 3: \$15 Tier 4: \$30 Tier 5: \$60 Tier 6: 40% coinsurance up to \$150	Tier 1: \$0 ¹ Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Tier 1: \$0 ¹ Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Deductible: \$150/\$300 Tier 1: \$0 ¹ Tier 2: \$3 Tier 3: \$15 Tier 4: \$40 after deductible Tier 5: \$60 after deductible Tier 6: 40% coinsurance after deductible up to \$200	Tier 1: \$0 ¹ Tier 2: \$5 Tier 3: \$15 Tier 4: \$30 Tier 5: \$60 Tier 6: 40% coinsurance up to \$150
Out-of-network services					
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

¹Tier 1 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 20/40/1000	Geisinger All-Access PPO 20/40/1500	Geisinger All-Access PPO 25/50/2000	Geisinger All-Access PPO 25/50/3300	Geisinger All-Access PPO 30/60/3500
In-network services					
PCP copay	\$20	\$20	\$25	\$25	\$30
Specialist copay	\$40	\$40	\$50	\$50	\$60
Medical deductible: Single/Family	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$3,300/\$6,600	\$3,500/\$7,000
Max. out-of-pocket: Single/Family	\$9,200/\$18,400	\$9,200/\$18,400	\$7,350/\$14,700	\$8,550/\$17,100	\$7,350/\$14,700
Coinsurance	0%	0%	0%	0%	0%
Inpatient services	\$200 per stay after deductible	\$200 per stay after deductible	\$100 per stay after deductible	0% after deductible	0% after deductible
Outpatient services	\$225 copay after deductible	\$175 copay after deductible	\$100 copay after deductible	0% after deductible	0% after deductible
Emergency room	\$200	\$200	\$200	\$200 after deductible	\$250
Prescription drug	Tier 1: \$0 ¹ Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Tier 1: \$0 ¹ Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Tier 1: \$0 ¹ Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Tier 1: \$0 ¹ Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Tier 1: \$0 ¹ Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250
Out-of-network services					
Deductible: Single/ Family	\$4,000/\$8,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance	30%	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	\$15,000/\$30,000

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

¹Tier 1 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.
New plan for 2025 is highlighted above.

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	
In-network services							
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	\$9,200/\$18,400	\$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	\$225 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: \$0 ¹ Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Tier 1: \$0 ¹ Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Tier 1: \$0 ¹ Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Tier 1: \$0 ¹ Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250		Tier 1: \$0 ¹ Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	
Out-of-network services							
Deductible: Single/ Family	Limited to in-network	Limited to in-network	Limited to in-network	\$4,000/\$8,000		\$8,000/\$16,000	
Coinsurance				30%		30%	
Max. out-of-pocket: Single/Family				\$15,000/\$30,000		\$15,000/\$30,000	

¹Tier 1 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 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	Geisinger Small Group ACA All-Access HMO 25/50/2000
In-network services					
PCP copay	\$10 ¹ /\$60	\$10 ¹ /\$60	\$10 ¹ /\$60	\$20 ¹ /\$60	\$25
Specialist copay	\$60	\$60	\$60	\$60	\$50
Medical deductible: Single/Family	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$2,000/\$4,000
Max. out-of-pocket: Single/Family	\$8,700/\$17,400	\$9,100/\$18,200	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700
Coinsurance	0%	0%	0%	0%	0%
Inpatient services	\$150 per stay after deductible	\$100 per stay after deductible	\$100 per stay after deductible	0% after deductible	\$100 per stay after deductible
Outpatient services	\$150 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	0% after deductible	\$100 copay after deductible
Emergency room	\$150	\$150	\$150	\$250	\$200
Prescription drug	Tier 1: \$0 ² Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Tier 1: \$0 ² Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Tier 1: \$0 ² Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Tier 1: \$0 ² Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250	Tier 1: \$0 ² Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250
Out-of-network services					
Deductible: Single/ Family	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000	\$10,000/\$20,000	Limited to in-network
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	

¹Notes the PCP copay amount when using a Geisinger Extra site.

²Tier 1 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, HMO qualified high deductible health plan (QHDHP) options, PPO 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 8 for details on Premier and Choices network plans and page 9 for details on Extra plans.

	Silver	Silver	Silver	Silver	Silver
	Geisinger Small Group ACA All-Access HMO 30/60/5800	Geisinger Small Group ACA All-Access QHDHP HMO 5100	Geisinger All-Access PPO 30/60/6000	Geisinger All-Access PPO 35/70/4300	Geisinger All-Access QHDHP PPO 5100
In-network services					
PCP copay	\$30	0% after deductible	\$30	\$35	0% after deductible
Specialist copay	\$60	0% after deductible	\$60	\$70	0% after deductible
Medical deductible: Single/Family	\$5,800/\$11,600	\$5,100/\$10,200	\$6,000/\$12,000	\$4,300/\$8,600	\$5,100/\$10,200
Max. out-of-pocket: Single/Family	\$9,100/\$18,200	\$5,100/\$10,200	\$9,100/\$18,200	\$9,100/\$18,200	\$5,100/\$10,200
Coinsurance	0%	0%	0%	0%	0%
Inpatient services	0% after deductible	0% after deductible	0% after deductible	\$200 per stay after deductible	0% after deductible
Outpatient services	\$100 after deductible	0% after deductible	\$100 after deductible	\$250 after deductible	0% after deductible
Emergency room	\$350 copay after deductible	0% after deductible	\$250 copay after deductible	\$250 after deductible	0% after deductible
Prescription drug	Deductible: \$500/\$1,000 Tier 1: \$0 ¹ Tier 2: \$3 Tier 3: \$20 Tier 4: \$50 after deductible Tier 5: \$85 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible is combined with medical deductible. Tier 1: \$0 ¹ Tier 2–6: 0% after deductible	Deductible: \$500/\$1,000 Tier 1: \$0 ¹ Tier 2: \$3 Tier 3: \$20 Tier 4: \$45 after deductible Tier 5: \$80 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible: \$500/\$1,000 Tier 1: \$0 ¹ Tier 2: \$3 Tier 3: \$20 Tier 4: \$50 after deductible Tier 5: \$85 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible is combined with medical deductible. Tier 1: \$0 ¹ Tier 2–6: 0% after deductible
Out-of-network services					
Deductible: Single/Family	Limited to in-network	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

¹Tier 1 prescription drug benefit covers ACA covered preventive medications and other items available at no cost. New plan for 2025 is highlighted above.

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
In-network services					
PCP copay	\$35	Tier 1: \$20	Tier 2: \$60	\$20 ¹ /\$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: \$0 ² Tier 2: \$3 Tier 3: \$20 Tier 4: \$50 after deductible Tier 5: \$85 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible: \$500/\$1,000 Tier 1: \$0 ² Tier 2: \$3 Tier 3: \$20 Tier 4: \$50 after deductible Tier 5: \$85 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket		Deductible: \$500/\$1,000 Tier 1: \$0 ² Tier 2: \$3 Tier 3: \$20 Tier 4: \$50 after deductible Tier 5: \$85 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible: \$0 Tier 1: \$0 ² Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: \$80 Tier 6: 40% coinsurance up to \$250
Out-of-network services					
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	

¹Notes the PCP copay amount when using a Geisinger Extra site.

²Tier 1 prescription drug benefit covers ACA covered preventive medications and other items available at no cost.

Our Expanded Bronze plans

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

	Ex Bronze	Ex Bronze	Ex Bronze	Ex Bronze
	Geisinger All-Access PPO 40/90/8400	Geisinger Small Group ACA All-Access QHDHP HMO 7050	Geisinger Small Group ACA All-Access QHDHP POS 7050	Geisinger All-Access QHDHP PPO 7050
In-network services				
PCP copay	\$40	0% after deductible	0% after deductible	0% after deductible
Specialist copay	\$90	0% after deductible	0% after deductible	0% after deductible
Medical deductible: Single/Family	\$8,400/\$16,800	\$7,050/\$14,100	\$7,050/\$14,100	\$7,050/\$14,100
Max. out-of-pocket: Single/Family	\$9,000/\$18,000	\$7,050/\$14,100	\$7,050/\$14,100	\$7,050/\$14,100
Coinsurance	0%	0%	0%	0%
Inpatient services	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Outpatient services	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency room	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Prescription drug	Deductible is combined with medical deductible. Tier 1: \$0 ¹ Tier 2–6: 0% after deductible	Deductible is combined with medical deductible. Tier 1: \$0 ¹ Tier 2–6: 0% after deductible	Deductible is combined with medical deductible. Tier 1: \$0 ¹ Tier 2–6: 0% after deductible	Deductible is combined with medical deductible. Tier 1: \$0 ¹ Tier 2–6: 0% after deductible
Out-of-network services				
Deductible: Single/ Family	\$15,000/\$30,000	Limited to in-network	\$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

¹Tier 1 prescription drug benefit covers ACA covered preventive medications and other items available at no cost. New plan for 2025 is highlighted above.

Understanding prescription medication tiers

The Marketplace formulary assigns each prescription medication to one of six different tiers, each representing a set copay or coinsurance amount. The copay or coinsurance amount will depend on your prescription medication rider. Additional medications, other than those included in this formulary, may be covered under your plan. The definitions of the copay or coinsurance levels are listed below:

- **Tier 1 (\$0 Rx)** – These medications have no copay/coinsurance.
- **Tier 2 (preferred generic drugs)** – Includes select generic medications and has the lowest copay. Prior authorization is usually not necessary for medications in this tier.
- **Tier 3 (non-preferred generic drugs)** – Includes most generic medications. Prior authorization is usually not necessary for medications in this tier.
- **Tier 4 (preferred brand drugs)** – Includes certain formulary brand name medications with no generic equivalent. Prior authorization may be necessary for medications in this tier.
- **Tier 5 (non-preferred brand drugs)** – Includes certain formulary brand-name medications, brand-name medications with a generic equivalent (unless higher cost-sharing applies) and specialty medications. Non-formulary brand name medications, if approved, will apply tier 5 cost sharing. Prior authorization may be necessary for medications in this tier.
- **Tier 6 (specialty drugs)** – Includes high-cost medications, often used to treat rare conditions, and may require special handling or training for use. A maximum of a 34-day supply may be dispensed for medications in this tier unless a shorter duration is specified in the formulary or in your specific benefit documents.

Discrimination is against the law

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

Geisinger Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 reasonable modifications, appropriate auxiliary aids and services or language assistance services, call Geisinger Health Plan at 800-447-4000 or TTY: 711.

If you believe that Geisinger 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 N. Academy Ave., 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 Ave. 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 નિઃશુલ્ક 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 ed pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា 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).

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, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. are part of Geisinger, an integrated health care delivery and coverage organization. Risant Health is the parent organization of Geisinger.

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