

Geisinger

Marketplace

Quality coverage for you
and your family



We'll help you every step of the way.

Call **800-918-5154** to speak to our dedicated team of trained advisors.

November through January

Hours: Monday—Friday, 8 a.m. to 7 p.m.; Saturday, 10 a.m. to 2 p.m.

February through October

Hours: Monday—Friday, 8 a.m. to 6 p.m.

Or, you can visit **GeisingerMarketplace.com**.

Geisinger Marketplace plans for individuals 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.

This managed care plan may not cover all your health care expenses. Read your Subscription Certificate and riders carefully to determine which health care services are covered. For more information, please call 800-918-5154.



Why Geisinger Health Plan?

We give you more.

We know healthcare reform has changed the way you purchase health insurance. What hasn't changed is our dedication to helping you find the perfect plan to fit your needs and budget. Our specially-trained staff is here to answer your questions.

Our Geisinger Marketplace plans include HMO, PPO and catastrophic options. With our HMO plans, you select a primary care physician (PCP) to help manage your health and wellness, and you must use in-network providers. With Geisinger Health Plan's large provider network, it's likely the doctors you already know and trust are in our network. With our PPO plan*—although not available on HealthCare.gov—you have the flexibility to see providers in and out of our network.

Our Value plan is a catastrophic option that provides the most basic coverage, and it is only available to people under age 30. With this plan, you can see healthcare providers in or out of our network. Services received outside our network will cost more.

Plan benefits are listed on page 4. Some individuals and families may qualify for financial help. See page 3 for additional details.

*The Geisinger Marketplace PPO plan is not available on HealthCare.gov. Financial help is not available to members with this plan.

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[GeisingerMarketplace.com](https://www.GeisingerMarketplace.com)

More perks for you

Accessories Program

Receive discounts on health-related products and services you use every day.

- Fitness center memberships
- Eyeglasses
- Contact lenses
- Chiropractic care
- Massage therapy and more

Health management programs

We offer a number of award-winning health management programs to help our members with chronic conditions. Programs include asthma, diabetes, heart failure, chronic obstructive pulmonary disease (COPD), tobacco cessation, weight management and more.

- Enroll at no cost
- Work with one of our health managers to better manage your condition



Wellness coaching and support

Our members have access to certified wellness coaches who support your efforts to quit tobacco, manage weight, increase physical activity, decrease stress and improve your lifestyle. There are also numerous online tools that members can access and complete at their own pace, including wellness workshops, fitness trackers and a meal planner.

Quality

Our plans help keep you and your family healthier. We constantly review and improve the services we provide. GHP is one the top-rated health plans in the nation, according to the National Committee for Quality Assurance (NCQA).*

Customer service

Geisinger Health Plan (GHP) prides itself on the service we provide our members. Let us help you get the answers you need while shopping at Geisinger Marketplace. We're here to guide you to the best plan for your needs, family and budget.

Network of providers

As a member, you can select from our large provider network that includes Geisinger hospitals and physicians, as well as thousands of other providers throughout the service area.

- Over 30,000 primary care and specialty physicians
- 1,600 primary care sites in 41 counties of central and northeastern Pennsylvania
- 110 hospitals

*NCQA's Private Health Insurance Plan Ratings 2016-2017

Financial help: do I qualify?

Depending on your income, you may be eligible for financial help for health insurance. Individuals or families with an income under 400% of the federal poverty level (FPL) are eligible. If you do not qualify for Marketplace financial help, you may have other options. Pennsylvania's Medical Assistance program has expanded, which means more financial help is available to more people. Eligibility is based on your 2016 household income and family size. The charts below highlight the income levels at which Medical Assistance coverage and Marketplace financial help is granted. Visit HealthCare.gov or call 800-318-2596 to see if you qualify.

Medical Assistance coverage

Persons in family	You may qualify if your 2016 income is below...
1	\$16,394
2	\$22,108
3	\$27,821
4	\$33,534
5	\$39,247

Marketplace coverage

Persons in family	2016 income ranges that qualify for financial help
1	\$16,394 - \$47,080
2	\$22,108 - \$63,720
3	\$27,821 - \$80,360
4	\$33,534 - \$97,000
5	\$39,247 - \$113,640

What does it mean?

Our plan names have three distinct numbers. To make shopping easier for you, we outlined what those numbers mean in the example below.

Example:

Geisinger Marketplace HMO 20/40/3000

The first number (20) is your PCP copayment. A copayment is a fixed amount you pay for a covered healthcare service, usually when you receive the service. The amount can vary. In the example above, you would pay \$20 each time you visit your PCP.

The second number (40) is your SCP copayment. This means each time you visit a specialty care provider (SCP), you would pay \$40.

The third number (3000) is your deductible amount. This is the amount you pay for healthcare services before your insurance pays for its portion. In the example above, your deductible amount is \$3,000. This means you would have to pay \$3,000 for healthcare services before GHP pays for its portion.

Quick tips

Maximum out-of-pocket

The maximum out-of-pocket amount includes all member cost sharing, such as deductibles, coinsurance and copays, for all covered services within a policy period. Once your maximum out-of-pocket costs are met, your insurance plan will pay 100% of costs for covered services.

Coinsurance

Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. Your insurance plan pays for the rest of the allowed amount.

Our plans

For 2017, we're offering Gold and Silver plans, as well as a Value plan. With Gold plans, you'll generally pay more in monthly premiums and less out of pocket for medical care. With Silver plans, you'll generally pay less for monthly premiums and more out of pocket for medical care. Our Value plan is only available to people under the age of 30.

For all plan benefit details and to confirm if you're eligible for financial help, please visit [HealthCare.gov](https://www.healthcare.gov).

	Gold	Silver	Silver	Value
	Geisinger Marketplace HMO 20/40/3000	Geisinger Marketplace HMO 30/60/3500 ²	Geisinger Marketplace PPO 30/50/5000 <small>*(see below for eligibility guidelines)</small>	Geisinger Marketplace Value
In-network services				
PCP copay	\$20	\$30	\$30	0% after deductible
Specialist copay	\$40	\$60	\$50	0% after deductible
Deductible: Single/Family	\$3,000/\$6,000	\$3,500/\$7,000	\$5,000/\$10,000	\$7,150/\$14,300
Max. out-of-pocket: Single/Family	\$4,000/\$8,000	\$7,150/\$14,300	\$6,000/\$12,000	\$7,150/\$14,300
Coinsurance	20%	20%	30%	0%
Inpatient services	\$250 per admit after deductible	20% after deductible	30% after deductible	0% after deductible
Outpatient services	\$250 after deductible	20% after deductible	30% after deductible	0% after deductible
Emergency room	\$250	\$250	\$250	0% after deductible
Prescription drug	Tier 1: \$3 Tier 2: \$15 Tier 3: \$35 Tier 4: \$55 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 ¹	Deductible: \$250/\$500 Tier 1: \$3 after deductible Tier 2: \$20 after deductible Tier 3: \$45 after deductible Tier 4: \$80 after deductible Tier 5: 50% after deductible up to max. out-of-pocket Tier 6: \$0 ¹	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: 40% coinsurance up to \$250 Tier 6: \$0 ¹	Deductible is combined with medical deductible. Tier 1-5: 0% after deductible Tier 6: \$0 ¹
Out-of-network services				
Deductible: Single/Family	No out-of-network benefits available.	No out-of-network benefits available.	\$10,000/\$20,000	\$10,000/\$20,000
Coinsurance			40%	40%
Max. out-of-pocket: Single/Family			\$15,000/\$30,000	\$15,000/\$30,000

¹Tier 6 prescription drug benefit covers generic and select brand of oral contraceptives, as well as the flu and shingles vaccine at no cost.

²If you are eligible for financial help you may pay less for some of these benefits. You will find additional details on [HealthCare.gov](https://www.healthcare.gov).

Discrimination is against the law

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

The Health Plan:

- Provides free aids and services to people with disabilities 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 these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the 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 North Academy Avenue, Danville, PA 17222-3220
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 Avenue 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 નિ:શુલ્ક 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 èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ 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).

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