

# Geisinger

Health Plan

Quality coverage for you  
and your family



Caring

## We'll help you every step of the way.

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

**November 1 through December 15**

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

**December 16 through October 31**

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 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 options with a variety of monthly premiums and out-of-pocket costs. In addition, you can choose among HMO and PPO, as well as Geisinger Extra and Geisinger Select - which are two unique plans designed to save you money. Our Value plan, which is a catastrophic option that provides the most basic coverage to people under the age of 30, is also available. To learn more about our plan options, review page 2 of this booklet.

Our plan offerings and benefit details are listed on pages 4 and 5. Some individuals and families may qualify for financial help. See page 3 for additional details.

# Geisinger

Health Plan

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

# Things to know before you shop

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## What do the letters mean?

### HMO (health maintenance organization)

With an HMO plan, you select a primary care physician (PCP) who will help manage your health and wellness. HMOs generally cost less because you use in-network providers.

### PPO (preferred provider organization)

With a PPO, you do not need to select a PCP. You can see other healthcare providers—in or out of our network. You will pay more for services received from providers outside our network.

### Geisinger Marketplace Extra

With our Geisinger Marketplace Extra plans, if you visit a primary care site designated as a “Geisinger Extra” site, you 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 near you, visit [GeisingerHealthPlan.com/providersearch](https://GeisingerHealthPlan.com/providersearch).

Please note: Geisinger Marketplace Extra plans are only available in certain counties of our service area. Please review page 6 for a list.

### Geisinger Marketplace Select

Our Select HMO plan has a lower premium that gives you access to an exclusive provider network. For services to be covered, care must be received from one of the specific participating providers identified within the network. To find Geisinger Marketplace Select providers near you, visit [GeisingerHealthPlan.com/providersearch](https://GeisingerHealthPlan.com/providersearch).

Please note: Geisinger Marketplace Select plans are only available in certain counties of our service area. Please review page 6 for a list.

### Geisinger Marketplace Value

Our Value plan is a catastrophic option that provides the most basic coverage to people under the age of 30.





# 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<sup>SM</sup> 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 2017 household income and family size. The charts below highlight the income levels at which Medical Assistance coverage and Marketplace<sup>SM</sup> financial help is granted. Visit [HealthCare.gov](https://www.healthcare.gov) or call 800-318-2596 to see if you qualify.

## Medical Assistance coverage

Persons in family	You may qualify if your 2017 income is below...
1	\$16,643
2	\$22,411
3	\$28,180
4	\$33,948
5	\$39,716

## Marketplace<sup>SM</sup> coverage

Persons in family	2017 income ranges that qualify for financial help
1	\$16,643 - \$47,520
2	\$22,411 - \$64,080
3	\$28,180 - \$80,640
4	\$33,948 - \$97,200
5	\$39,716 - \$113,760

\*Geisinger Health Plan is not the original source of this information. Please visit [HealthCare.gov](https://www.healthcare.gov) to verify.

## 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. Please note: the maximum out-of-pocket does not include your monthly premium.

### 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 2018, we're offering Gold, Silver and Bronze 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. With Bronze plans, you'll generally pay the least in monthly premiums and the most 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	Gold	Silver	Silver
	Geisinger Marketplace HMO 20/40/3000  Geisinger Marketplace Select HMO 20/40/3000	Geisinger Marketplace Extra HMO 10/50/500	Geisinger Marketplace PPO 30/50/5000 *(see below for eligibility guidelines)	Geisinger Marketplace HMO 30/60/4600 *(see below for eligibility guidelines)
<b>In-network services</b>				
PCP copay	\$20	\$50 Extra Site: \$10 <sup>1</sup>	\$30	\$30
Specialist copay	\$40	\$50	\$50	\$60
Deductible: Single/Family	\$3,000/\$6,000	\$500/\$1,000	\$5,000/\$10,000	\$4,600/\$9,200
Max. out-of-pocket: Single/Family	\$7,350/\$14,700	\$5,000/\$10,000	\$7,350/\$14,700	\$7,350/\$14,700
Coinsurance	20%	20%	30%	20%
Inpatient services	\$250 per stay after deductible	\$300 per stay after deductible	30% after deductible	20% after deductible
Outpatient services	\$250 after deductible	\$400 after deductible	30% after deductible	20% after deductible
Emergency room	\$250	\$200	\$250 after deductible	\$350 after deductible
Prescription drug	Deductible: \$0/\$0 Tier 1: \$3 Tier 2: \$15 Tier 3: \$35 Tier 4: \$55 Tier 5: 40% coinsurance up to \$150 Tier 6: \$0 <sup>2</sup>	Deductible: \$500/\$1000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$45 after deductible Tier 4: \$80 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>2</sup>	Deductible: \$500/\$1000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$45 after deductible Tier 4: \$80 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>2</sup>	Deductible: \$500/\$1000 Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>2</sup>
<b>Out-of-network services</b>				
Deductible: Single/ Family	No out-of-network benefits available.	No out-of-network benefits available.	\$10,000/\$20,000	No out-of-network benefits available.
Coinsurance			40%	
Max. out-of-pocket: Single/Family			\$15,000/\$30,000	

<sup>1</sup> Notes your PCP copay amount if you use a Geisinger Extra site.

<sup>2</sup> Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

**\*Please note: The Geisinger Marketplace HMO and PPO plans highlighted in gray above are not available on HealthCare.gov. Financial help is not available to members with these plans. The PPO plan is only available in the following counties: Blair, Bradford, Cambria, Cameron, Carbon, Centre, Clearfield, Clinton, Columbia, Huntingdon, Jefferson, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming. The HMO plan is available across our entire service area.**

# Our plans continued

	Silver	Silver	Bronze	Value
	Geisinger Marketplace HMO 30/60/4650 <sup>3</sup>  Geisinger Marketplace Select HMO 30/60/4650 <sup>3</sup>	Geisinger Marketplace Extra HMO 10/50/4500 <sup>3</sup>	Geisinger Marketplace HMO 30/60/6100  Geisinger Marketplace Select HMO 30/60/6100	Geisinger Marketplace Value
<b>In-network services</b>				
PCP copay	\$30	\$50 Extra Site: \$10 <sup>1</sup>	\$30	0% after deductible Note: 3 PCP visits covered without deductible
Specialist copay	\$60	\$50	\$60	0% after deductible
Deductible: Single/Family	\$4,650/\$9,300	\$4,500/\$9,000	\$6,100/\$12,200	\$7,350/\$14,700
Max. out-of-pocket: Single/Family	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700
Coinsurance	20%	30%	0%	0%
Inpatient services	20% after deductible	30% after deductible	0% after deductible	0% after deductible
Outpatient services	20% after deductible	30% after deductible	0% after deductible	0% after deductible
Emergency room	\$350 after deductible	\$300 after deductible	0% after deductible	0% after deductible
Prescription drug	<b>Deductible: \$500/\$1000</b> Tier 1: \$3 Tier 2: \$20 Tier 3: \$50 after deductible Tier 4: \$85 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>2</sup>	<b>Deductible: \$500/\$1000</b> Tier 1: \$3 Tier 2: \$20 Tier 3: \$45 after deductible Tier 4: \$80 after deductible Tier 5: 50% coinsurance after deductible up to max. out-of-pocket Tier 6: \$0 <sup>2</sup>	Deductible is combined with medical deductible.  Tier 1-5: 0% after deductible Tier 6: \$0 <sup>2</sup>	Deductible is combined with medical deductible.  Tier 1-5: 0% after deductible Tier 6: \$0 <sup>2</sup>
<b>Out-of-network services</b>				
Deductible: Single/ Family	No out-of-network benefits available.	No out-of-network benefits available.	No out-of-network benefits available.	\$10,000/\$20,000
Coinsurance				40%
Max. out-of-pocket: Single/Family				\$15,000/\$30,000

<sup>1</sup> Notes your PCP copay amount if you use a Geisinger Extra site.

<sup>2</sup> Tier 6 prescription drug benefit covers generic and select brands of oral contraceptives, as well as the flu and shingles vaccines at no cost.

<sup>3</sup> If 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).

# Additional information

## Pediatric dental coverage with Avesis



Dental coverage for children under the age of 19 is embedded in our Geisinger Marketplace plans. All pediatric dental benefits are provided by Avesis.

### Pediatric dental plans from Avesis include coverage for the following services:

- Routine oral exams and cleanings
- X-rays
- Fillings
- Fluoride treatments
- Extractions
- Repairs and maintenance
- Anesthesia
- Root canal



Please review your Schedule of Benefits for a more detailed list of covered services.

Call us at [800-918-5154](tel:800-918-5154) with questions about your pediatric dental benefits.

### Geisinger Marketplace Extra plans are available in the following counties:

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

### Geisinger Marketplace Select plans are available in the following counties:

- |               |               |
|---------------|---------------|
| • Clinton     | • Sullivan    |
| • Lehigh      | • Susquehanna |
| • Luzerne     | • Wayne       |
| • Northampton |               |

To find the most up-to-date sites and providers near you, visit [GeisingerHealthPlan.com/providersearch](https://GeisingerHealthPlan.com/providersearch).



# More perks for you

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## 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
- Local amusement parks and activities

## 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.

## 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.

- More than 31,000 healthcare providers
- More than 130 hospitals
- More than 130 urgent and convenient care facilities

## Important notes

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# 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 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 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 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 èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, 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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**[GeisingerMarketplace.com](http://GeisingerMarketplace.com)**



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