

Plan Details				
Plan Name	Geisinger HMO Core	Geisinger HMO Basic	Geisinger CDHP	
Carriers	Geisinger Health Plan	Geisinger Health Plan	Geisinger Health Plan	
Effective Dates	Jan-01-2025 to Dec-31-2025	Jan-01-2025 to Dec-31-2025	Jan-01-2025 to Dec-31-2025	
Benefits	In-Network Benefits	In-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible/Individual	\$1,500	\$4,000	\$1,600	\$4,000
Annual Deductible/Family	\$3,000	\$8,000	\$3,200	\$8,000
Coinsurance	20%	30%	20%	40%
Office Visit/Exam	\$30 Extra site: \$15/visit	\$30 Extra site: \$15/visit	20% after deductible	40% after deductible
Outpatient Specialist Visit	\$60	\$60	20% after deductible	40% after deductible
Annual Out-of-Pocket Limit/Individual	\$9,450	\$9,450	\$7,500	\$8,000
Annual Out-of-Pocket Limit/Family	\$18,900	\$18,900	\$15,000	\$16,000
Preventive Care	0%	0%	0%	40% after deductible
Inpatient Hospitalization	20% after deductible	30% after deductible	20% after deductible	40% after deductible
Surgical Services Outpatient Facility Charge	20% after deductible	30% after deductible	20% after deductible	40% after deductible
Emergency Room	\$200 Copay waived if admitted	\$200 Copay waived if admitted	20% after deductible	20% after deductible
Urgent Care Facility	\$30	\$30	20% after deductible	20% after deductible
Prescription Drug Deductible	\$0	\$0	Combined with medical deductible	none
Prescription Drugs - Generic	\$20	\$20	\$10 after deductible	Not covered
Prescription Drugs - Brand (Formulary/Preferred)	\$50	\$50	\$50 after deductible	Not covered
Prescription Drugs - Brand (Non-Formulary/Non-preferred)	\$90	\$90	\$90 after deductible	Not covered
Prescription Drugs - Specialty	Copayment varies by drug based on above	Copayment varies by drug based on above	Copayment varies by drug based on above	Not covered
Chiropractic Services	\$30 after deductible up to 15 visits per year	\$30 up to 15 visits per year	20% after deductible up to 15 visits per year	Services limited to a preferred providers
Acupuncture	Not covered	Not covered	Not covered	Not covered