

Plan facts	Member services Member services hours Web address Product name	(800) 447-4000 Annual enrollment information: (800) 631-1656 Mon-Fri: 8:00 AM-6:00 PM ET www.thehealthplan.com Geisinger Health Plan	
Your medical expenses	Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$15 (PCP) or \$25 (specialist) copay per visit \$15 copay for initial visit, thereafter covered at 100% \$400 copay per admission \$100 copay for hospital care. Office visit copay applies in physician's office Covered at 100% \$50 copay/visit (waived if admitted) \$25 copay/visit (waived if admitted)	
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$50 copay (non-preferred brand) per prescription up to 34-day supply	
	Mail order	\$20 copay (generic), \$40 copay (preferred brand), \$100 copay (non-preferred brand) per prescription up to 90-day supply	
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Physical: \$15 copay per visit. Limit 1 visit per year. GYN: \$15 copay per visit. Limit 1 visit per year Covered at 100%. Limited to one refraction exam per year \$15 copay per visit Covered at 100%. Limit 1 exam per year (age 40+)	
Mental health	Inpatient Outpatient	\$400 copay per admission. Non-serious: Limit 30 days/yr. Lifetime limit 90 days. Serious illness: Limit 30 days/yr. No lifetime limit* \$25 (individual) or \$10 (group) copay per visit. Non-Serious Illness: Limit 30 visits per year. Serious Illness: Limit 60 visits per year	
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	\$400 copay per admission. Lifetime limit 4 admissions Covered at 100% for initial episode; thereafter covered at 50%. Limit 30 days per year. Lifetime limit 90 days Covered at 100% Covered at 100% for initial episode; thereafter, covered at 50%. Limit 30 visits per year. Lifetime limit 120 visits	
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care	\$25 copay per visit. Limit 45 dates of service combined per calendar year \$15 copay per visit. Limit 15 visits per calendar year	
Out-of-network coverage	Out-of-network non-emergency care	Not covered	
Key facts	NCQA status: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent Domestic partner coverage available: Yes Domestic partner children coverage avail.: NA See website for details	Yes Yes

* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.