

Geisinger Health Plan – New Plan Design



State: PA

Benefits 2010

		In-Network Coverage		
Plan facts	Member services Member services hours Web address Product name	(800) 447-4000 Mon-Fri: 8:00 AM-6:00 PM ET www.thehealthplan.com Geisinger Custom Solutions HMO	Annual enrollment information: (800) 631-1656	
Your medical expenses	Annual deductible Out-of-pocket maximum (does not include deductible) Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$500 (individual) / \$1,000 (family max)* \$2,500 (individual) / \$5,000 (family max) per calendar year (excludes deductible)* Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible \$100 copay/visit (waived if admitted)* Covered at 90% after deductible		
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand name), \$40 copay (non-preferred brand name) per prescription up to 34-day supply		
	Mail order	\$20 copay (generic), \$40 copay (preferred brand name), \$80 copay (non-preferred brand name) per prescription up to 90-day supply		
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%, no deductible Covered at 100%, no deductible. Limit 1 exam per 24 months Covered at 100%, no deductible Covered at 100%, no deductible		
Mental health	Inpatient Outpatient	Covered at 90% after deductible* Covered at 90% after deductible*		
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible*		
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care Infertility	Covered at 90% after deductible. Limit 45 visits per calendar year for all therapies combined Covered at 90% after deductible. Limit 15 visits per year Covered at 90% after deductible for diagnosis only. Procedures are not covered. Contact plan for details		
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 Yes NA See website for details	Domestic partner coverage available: Domestic partner children coverage available:	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.