quality coverage for you & your family
If you have questions, our dedicated team of trained advisors will be happy to assist you.

- Call 800-918-5154
- **November through January**
  Hours Monday through Friday 8 a.m. to 7 p.m.; Saturday 9 a.m. to 2 p.m.
- **February through October**
  Hours Monday through Friday 8 a.m. to 6 p.m.
- Visit [GeisingerMarketplace.com](http://GeisingerMarketplace.com)

Our staff is happy to help with any questions you have. Please call us at 800-918-5154 (TTD/TTY: 711), weekdays from 8 a.m. - 6 p.m. This notice is available upon request in other languages or alternative formats for persons with disabilities.

Geisinger Marketplace plans for individuals are sold through Geisinger Health Plan and Geisinger Choice, which are referred to collectively as “Geisinger Health Plan” or “GHP,” unless otherwise noted.

Geisinger Health Plan and Geisinger Choice do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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.
We know health care 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. We can help you select the right plan and complete the steps to enroll.

With Geisinger Marketplace—our online market to shop for all Geisinger Health Plan (GHP) and Geisinger Choice plans—you’ll find high-value options with a variety of monthly premiums and out-of-pocket costs. In addition, you can choose from plans where you can see providers both in and outside our large provider network. Individuals and families who may qualify for financial assistance can visit HealthCare.gov to check their eligibility.
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, COPD, tobacco cessation, weight management and more.
- Enroll at no cost
- Work with one of our health managers to better manage your health 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
GHP prides itself on the service we provide our members. Our customer service staff is organized into teams. Each team is specially trained to handle questions about specific plans. 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
- Over 110 hospitals

*NCQA’s Private Health Insurance Plan Ratings 2015-2016
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 assistance is available to more people. Eligibility is based on your 2015 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 to see if you qualify.

### Medical Assistance coverage

<table>
<thead>
<tr>
<th>Persons in family</th>
<th>You may qualify if your 2015 income is below...</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$16,243</td>
</tr>
<tr>
<td>2</td>
<td>$21,983</td>
</tr>
<tr>
<td>3</td>
<td>$27,724</td>
</tr>
<tr>
<td>4</td>
<td>$33,465</td>
</tr>
<tr>
<td>5</td>
<td>$39,206</td>
</tr>
</tbody>
</table>

### Marketplace coverage

<table>
<thead>
<tr>
<th>Persons in family</th>
<th>2015 income ranges that qualify for financial help</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$16,243 - $46,680</td>
</tr>
<tr>
<td>2</td>
<td>$21,983 - $62,920</td>
</tr>
<tr>
<td>3</td>
<td>$27,724 - $79,160</td>
</tr>
<tr>
<td>4</td>
<td>$33,465 - $95,400</td>
</tr>
<tr>
<td>5</td>
<td>$39,206 - $127,880</td>
</tr>
</tbody>
</table>
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.

**POS (point of service):**
With POS, you select a PCP to help coordinate your care. You can see other health care providers—in or out of our network. You will pay more for services received from providers outside our network.

**PPO (preferred provider organization):**
With a PPO, you do not need to select a PCP. You can see other health care providers—in or out of our network. You will pay more for services received from providers outside our network.

**GHP Extra:**
If you select a primary care site designated as a “GHP Extra” site, you will pay lower office visit copays. The sites specifically noted as “Proven Health Navigator®” use a different model of care where you get “extra” care from your doctor’s office. Check the provider search on TheHealthPlan.com to ensure there’s a GHP Extra site located near you so you can take advantage of the lower copay. **Please note:** GHP Extra plans are only available in certain counties of our service area. Please review the next page for details.

**Value:**
This plan provides the most basic coverage and is only available to people under age 30.

What do the numbers mean?

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

**Example:**
Geisinger Health Plan Marketplace HMO 20/40/3000

The first number (20) is your PCP copayment.
A copayment is a fixed amount you pay for a covered health care 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.
A deductible is the amount you pay for health care services before your insurance plan pays for its portion of a covered health expense. In the example above, your deductible amount is $3,000. This means you would have to pay $3,000 for health care services before GHP pays for its covered portion of services.

Quick tip:

**What does maximum out-of-pocket mean?**
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.
Our plans

Our 2016 plan options include HMO, POS, PPO and GHP Extra plans in Gold and Silver metallic levels. 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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP copay</td>
<td>$50/Extra site: $101</td>
<td>$20</td>
<td>$25</td>
<td>$50/Extra site: $101</td>
<td>$25</td>
<td>$30</td>
</tr>
<tr>
<td>Specialist copay</td>
<td>$50</td>
<td>$40</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Deductible-Single/Family</td>
<td>$500/$1,000</td>
<td>$3,000/$6,000</td>
<td>$1,000/$2,000</td>
<td>$2,000/$4,000</td>
<td>$2,500/$5,000</td>
<td>$5,000/$10,000</td>
</tr>
<tr>
<td>Maximum out-of-pocket-Single/Family</td>
<td>$5,000/$10,000</td>
<td>$4,000/$8,000</td>
<td>$4,000/$8,000</td>
<td>$6,250/$12,500</td>
<td>$6,000/$12,000</td>
<td>$6,850/$13,700</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>30%</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>Inpatient services</td>
<td>$400 per admit after deductible</td>
<td>$250 per admit after deductible</td>
<td>20% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>20% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Outpatient services</td>
<td>$400 after deductible</td>
<td>$250 after deductible</td>
<td>20% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>20% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$200</td>
<td>$250</td>
<td>$200</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>Prescription drug</td>
<td>Deductible: $250/$500 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: $01</td>
<td>Deductible: $125/$250 Tier 1: $15 Tier 2: $40 after deductible Tier 3: $50 after deductible Tier 4: $85 after deductible Tier 5: 40% coinsurance after deductible up to $150 Tier 6: $02</td>
<td>Deductible: $250/$500 Tier 1: $3 Tier 2: $20 Tier 3: $50 after deductible Tier 4: $85 after deductible Tier 5: 50% coinsurance after deductible up to $200 Tier 6: $03</td>
<td>Deductible: $250/$500 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: $04</td>
<td>Deductible: $250/$500 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: $05</td>
<td>Deductible is combined with medical deductible. Tiers 1-5: 0% coinsurance after deductible up to max out of pocket. Tier 6: $01</td>
</tr>
<tr>
<td></td>
<td>Tier 6: $01</td>
<td>Tier 6: $02</td>
<td>Tier 6: $03</td>
<td>Tier 6: $04</td>
<td>Tier 6: $05</td>
<td>Tier 6: $01</td>
</tr>
</tbody>
</table>

Out-of-network services

<table>
<thead>
<tr>
<th>Deductible-Single/Family</th>
<th>No out-of-network benefit available.</th>
<th>No out-of-network benefit available.</th>
<th>No out-of-network benefit available.</th>
<th>$4,000/$8,000</th>
<th>$5,000/$10,000</th>
<th>$10,000/$20,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coinsurance</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Maximum out-of-pocket-Single/Family</td>
<td>$12,000/$24,000</td>
<td>$15,000/$30,000</td>
<td>$15,000/$30,000</td>
<td>$15,000/$30,000</td>
<td>$15,000/$30,000</td>
<td>$15,000/$30,000</td>
</tr>
</tbody>
</table>

1 Notes your PCP copay amount if you use a GHP Extra site.
2 Tier 6 prescription drug benefit covers generic and select brand of oral contraceptives, as well as the flu and shingles vaccine at no cost.

Please note:
**Geisinger Health Plan Marketplace Extra plans are ONLY available in the following counties:** Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming.

***Geisinger Health Plan Marketplace HMO and Geisinger Health Plan Marketplace POS plans are NOT available in the following counties:** Cumberland, Dauphin, Juniata and Perry.