

# Sample Identification Cards Reference Booklet



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Geisinger Health Plan  
100 N. Academy Avenue  
Danville, PA 17822-3029  
*thehealthplan.com*

Mail Claims to:  
Geisinger Health Plan  
PO Box 8200  
Danville, PA 17821-8200

# Sample Health Plan Identification Cards for Fully Insured Commercial HMO

Specific benefit information can be obtained by contacting:

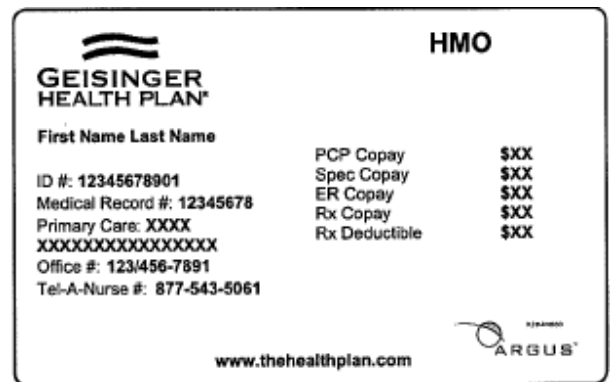
**HMO/Solutions Customer Service Team (800) 447-4000 or (570) 271-8760**

**TDD for the hearing impaired, PA Relay Service (711)**

**For pharmacy benefit information (800) 522-7487**

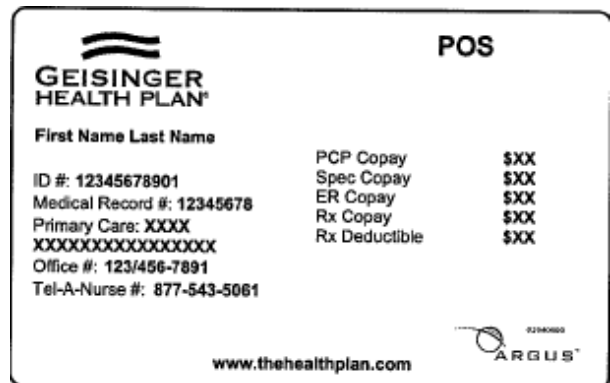
## Geisinger Health Plan HMO:

- Each member must select a PCP.
- Most health care services require coordination by the member's PCP, excluding emergency services and direct access services.
- PCP referrals are required for most covered services.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.





## Geisinger Health Plan HMO with Point of Service (POS) Rider:

- Each member must select a PCP.
- Most health care services require coordination by the member's PCP, excluding emergency services and direct access services.
- Certain employer groups may select POS benefits, which allow members to self-refer either in- or out-of-network for certain health care services, excluding benefits available through a rider.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.





## Geisinger Health Plan HMO Direct No Referral:

- Each member must select a PCP upon enrollment.
- No referral forms are required for covered services obtained in-network.
- Out-of-network services must be approved in advance by a Health Plan Medical Director.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

		<b>DIRECT NO REFERRAL</b>	
<b>First Name Last Name</b>		<b>PCP Copay</b>	<b>\$XX</b>
<b>ID #: 12345678901</b>		<b>Spec Copay</b>	<b>\$XX</b>
<b>Medical Record #: 12345678</b>		<b>ER Copay</b>	<b>\$XX</b>
<b>Primary Care: XXXX</b> XXXXXXXXXXXXXXXXXXXX		<b>Rx Copay</b>	<b>\$XX</b>
<b>Office #: 123/456-7891</b>		<b>Rx Deductible</b>	<b>\$XX</b>
<b>Tel-A-Nurse #: 877-543-5061</b>			
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>			

## Geisinger Health Plan HMO Direct No Referral with Point of Service (POS) Rider:

- Each member must select a PCP upon enrollment.
- No referral forms are required for covered services obtained in-network.
- Certain employer groups may select POS benefits, which allow members to self-refer either in- or out-of-network for certain health care services, excluding benefits available through a rider.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

		<b>DIRECT NO REFERRAL POS</b>	
<b>First Name Last Name</b>		<b>PCP Copay</b>	<b>\$XX</b>
<b>ID #: 12345678901</b>		<b>Spec Copay</b>	<b>\$XX</b>
<b>Medical Record #: 12345678</b>		<b>ER Copay</b>	<b>\$XX</b>
<b>Primary Care: XXXX</b> XXXXXXXXXXXXXXXXXXXX		<b>Rx Copay</b>	<b>\$XX</b>
<b>Office #: 123/456-7891</b>		<b>Rx Deductible</b>	<b>\$XX</b>
<b>Tel-A-Nurse #: 877-543-5061</b>			
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>			



## Geisinger Health Plan Solutions:

- Each member must select a PCP upon enrollment.
- Most health care services require coordination by the member's PCP, excluding emergency services and direct access services.
- PCP referrals are required for most covered services.
- Members are responsible for additional cost sharing amounts which includes copayment and coinsurance applicable to most covered services and an annual out-of-pocket expense maximum.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972

		<b>Solutions HMO</b>	
<b>First Name Last Name</b>		<b>PCP Copay</b>	<b>\$XX</b>
<b>ID #: 12345678901</b>		<b>Spec Copay</b>	<b>\$XX</b>
<b>Medical Record #: 12345678</b>		<b>ER Copay</b>	<b>\$XX</b>
<b>Primary Care: XXXX</b> XXXXXXXXXXXXXXXXXXXX		<b>Coinsurance</b>	<b>XX</b>
<b>Office #: 123/456-7891</b>		<b>Deductible</b>	<b>\$XX</b>
<b>Tel-A-Nurse #: 877-543-5061</b>		<b>Rx Copay</b>	<b>\$XX</b>
		<b>Rx Deductible</b>	<b>\$XX</b>
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>			



## Geisinger Health Plan Solutions with Point of Service (POS) Rider:

- Each member must select a PCP.
- Most health care services require coordination by the member's PCP, excluding emergency services and direct access services.
- Certain employer groups may select POS benefits, which allow members to self-refer either in- or out-of-network for certain health care services, excluding benefits available through a rider.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

		<b>Solutions POS</b>	
First Name Last Name		PCP Copay	\$XX
ID #: 12345678901		Spec Copay	\$XX
Medical Record #: 12345678		ER Copay	\$XX
Primary Care: XXXX		In Network Coinsurance	XX
XXXXXXXXXXXXXXXXXX		In Network Deductible	\$XX
Office #: 123/456-7891		Rx Copay	\$XX
Tel-A-Nurse #: 877-543-5061		Rx Deductible	\$XX
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>			

## Geisinger Health Plan Solutions Direct No Referral:

- Each member must select a PCP upon enrollment.
- No referral forms are required for covered services obtained in-network.
- Out-of-network services must be approved in advance by a Health Plan Medical Director.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972

		<b>SOLUTIONS DIRECT NO REFERRAL</b>	
First Name Last Name		PCP Copay	\$XX
ID #: 12345678901		Spec Copay	\$XX
Medical Record #: 12345678		ER Copay	\$XX
Primary Care: XXXX		Coinsurance	XX
XXXXXXXXXXXXXXXXXX		Deductible	\$XX
Office #: 123/456-7891		Rx Copay	\$XX
Tel-A-Nurse #: 877-543-5061		Rx Deductible	\$XX
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>			

## Geisinger Health Plan Solutions Direct No Referral with Point of Service (POS) Rider:

- Each member must select a PCP.
- No referral forms are required for covered services obtained in-network
- Certain employer groups may select POS benefits, which allow members to self-refer either in- or out-of-network for certain health care services, excluding benefits available through a rider.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

		<b>SOLUTIONS DIRECT NO REFERRAL POS</b>	
First Name Last Name		PCP Copay	\$XX
ID #: 12345678901		Spec Copay	\$XX
Medical Record #: 12345678		ER Copay	\$XX
Primary Care: XXXX		In Network Coinsurance	XX
XXXXXXXXXXXXXXXXXX		In Network Deductible	\$XX
Office #: 123/456-7891		Rx Copay	\$XX
Tel-A-Nurse #: 877-543-5061		Rx Deductible	\$XX
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>			

# Sample Health Plan Identification Cards for Medicare Advantage Plans

Specific benefit information can be obtained by contacting:  
**Gold Customer Service Team** (800) 498-9731 or (570) 271-8771  
**TDD for the hearing impaired, PA Relay Service** (711)  
**For pharmacy benefit information** (800) 522-7487

## Geisinger Health Plan Gold Classic 1:

- Each member must select a PCP.
- Most health care services require coordination by the member’s PCP, excluding emergency services, urgently needed services, out-of-area renal dialysis services and direct access services.
- PCP referrals are required for most covered services.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.



## Geisinger Health Plan Gold Classic 2:

- Each member must select a PCP upon enrollment.
- Most health care services require coordination by the member’s PCP, excluding emergency services, urgently needed services, out-of-area renal dialysis services and direct access services.
- PCP referrals are required for most covered services.
- Members are responsible for additional cost sharing amounts which includes copayment and coinsurance applicable to most covered services and an annual out-of-pocket expense maximum.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.





### Geisinger Health Plan Gold Classic 3:

- A zero-dollar premium HMO plan.
- Each member must select a PCP upon enrollment.
- Most health care services require coordination by the member’s PCP, excluding emergency services, urgently needed services, out-of-area renal dialysis services and direct access services.
- PCP referrals are required for most covered services.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

	<b>CLASSIC 3 (HMO)</b> A Medicare Advantage Plan	
	CMS:HXXXX-XXX	
First Name Last Name ID #: 12345678901 Medical Record #: 12345678 Primary Care: XXXX XXXXXXXXXXXXXXXXX Office #: 123/456-7891 Tel-A-Nurse #: 877-543-5061	PCP Copay Spec Copay ER Copay	\$10 \$20 \$50
		
<a href="http://www.GeisingerGold.com">www.GeisingerGold.com</a>		



### Geisinger Health Plan Gold Classic PEBTF:

- Each member must select a PCP upon enrollment.
- Most health care services require coordination by the member’s PCP, excluding emergency services, urgently needed services, out-of-area renal dialysis services and direct access services.
- PCP referrals are required for most covered services.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

	<b>CLASSIC (HMO)</b> A Customized Medicare Advantage Plan		<b>PEBTF</b> CMS:HXXXX-XXX
	First Name Last Name ID #: 12345678901 Medical Record #: 12345678 Primary Care: XXXX XXXXXXXXXXXXXXXXX Office #: 123/456-7891 Tel-A-Nurse #: 877-543-5061		
	PCP Copay Spec Copay ER Copay	\$10 \$15 \$50	
			
<a href="http://www.GeisingerGold.com">www.GeisingerGold.com</a>			



### Geisinger Health Plan Gold with POS Rider for Employer Groups

- Each member must select a PCP upon enrollment.
- Certain employer groups may select POS benefits which allows Members to self-refer out-of-network for certain health care services.
- Self-referred health care services, excluding emergency services or urgently needed services, result in an increased out-of-pocket expense to the Member.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

	<b>CLASSIC 1 POS (HMO)</b> A Medicare Advantage Plan	
	CMS:HXXXX-XXX	
First Name Last Name ID #: 12345678901 Medical Record #: 12345678 Primary Care: XXXX XXXXXXXXXXXXXXXXX Office #: 123/456-7891 Tel-A-Nurse #: 877-543-5061	PCP Copay Spec Copay ER Copay	\$10 \$20 \$50
		
<a href="http://www.GeisingerGold.com">www.GeisingerGold.com</a>		



## Geisinger Health Plan Gold Secure 1:

- A special needs HMO plan for those members eligible for Medicare and Medicaid.
- Offers the same coverage as traditional Medicare and the member pays no premium.
- Dental coverage and prescription drug coverage are included in this plan.
- Each member must select a PCP upon enrollment.
- Most health care services require coordination by the member's PCP, excluding emergency services, urgently needed services, out-of-area renal dialysis services and direct access services.
- PCP referrals are required for most covered services.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

		<b>SECURE 1 (HMO)</b> A Medicare Advantage Plan	
		CMS: HXXXX-XXX	
First Name Last Name		PCP Copay	\$0
ID #: 12345678901		Spec Copay	\$0
Medical Record #:		ER Copay	\$0
12345678			
Primary Care: XXXX			
XXXXXXXXXXXXXXXXXX			
Office #: 123/456-7891			
Tel-A-Nurse #: 877-543-5061			
<a href="http://www.GeisingerGold.com">www.GeisingerGold.com</a>			

## Geisinger Health Plan Gold Secure 2:


- An HMO designed for Medicare beneficiaries who continuously reside or are expected to continuously reside for 90 days or more in a long-term care facility.
- Dental coverage and prescription drug coverage are included in this plan.
- Each member must select a PCP upon enrollment.
- Most health care services require coordination by the member's PCP, excluding emergency services, urgently needed services, out-of-area renal dialysis services and direct access services.
- PCP referrals are required for most covered services.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

		<b>SECURE 2 (HMO)</b> A Medicare Advantage Plan	
		CMS: HXXXX-XXX	
First Name Last Name		PCP Copay	\$0
ID #: 12345678901		Spec Copay	\$10
Medical Record #:		ER Copay	\$50
12345678			
Primary Care: XXXX			
XXXXXXXXXXXXXXXXXX			
Office #: 123/456-7891			
Tel-A-Nurse #: 877-543-5061			
<a href="http://www.GeisingerGold.com">www.GeisingerGold.com</a>			



### Geisinger Health Plan Gold Secure 3:

- An HMO designed for Medicare beneficiaries with diabetes and/or Chronic Heart Failure (CHF).
- Zero cost sharing for diabetic supplies.
- Dental coverage and prescription drug coverage are included in this plan.
- Each member must select a PCP upon enrollment.
- Certain employer groups may select POS benefits which allows Members to self-refer out-of-network for certain health care services.
- Self-referred health care services, excluding emergency services or urgently needed services, result in an increased out-of-pocket expense to the Member.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.




**GEISINGER  
GOLD®**

**SECURE 3 (HMO)**  
A Medicare Advantage Plan

CMS:HXXXX-XXX

First Name Last Name  
ID #: 12345678901  
Medical Record #:  
12345678  
Primary Care: XXXX  
XXXXXXXXXXXXXXXXXXXX  
Office #: 123/456-7891  
Tel-A-Nurse #: 877-543-5061

PCP Copay	\$5
Spec Copay	\$30
ER Copay	\$50



[www.GeisingerGold.com](http://www.GeisingerGold.com)

### Geisinger Health Plan Gold Open 3:

- Members pay no premium.
- Members do not need to choose a PCP.
- A Medicare Advantage Private Fee for Service (PFFS) plan.
- Members may go to any doctor or hospital that participates in Medicare and accepts the Health Plan's terms and conditions.
- Payment rates are equivalent to the Medicare allowable rates less any member cost sharing amount for covered services.
- Referrals, precertifications and prior authorizations are not required.



**GEISINGER  
GOLD®**

**OPEN 3 (PFFS)**  
A Medicare Advantage  
Private Fee For Service Plan  
No Referral

CMS:HXXXX-XXX

First Name Last Name  
ID #: 12345678901  
Medical Record #:  
12345678  
Primary Care: XXXX  
XXXXXXXXXXXXXXXXXXXX  
Office #: 123/456-7891

PCP Copay	\$15
Spec Copay	\$30
ER Copay	\$50



Providers: DO NOT BILL MEDICARE  
Always show this ID card BEFORE receiving services.

[www.GeisingerGold.com](http://www.GeisingerGold.com)

## Geisinger Health Plan Gold Reserve:

- Members pay no premium.
- Members do not need to choose a PCP.
- A Medicare Advantage health insurance plan that links to a personal Medical Savings Account.
- Members may go to any doctor or hospital that participates in Medicare and accepts the Health Plan's terms and conditions.
- Payment rates are equivalent to the Medicare allowable rates less any member cost sharing amount for covered services.
- Referrals, precertifications and prior authorizations are not required.



## Geisinger Health Plan Gold Preferred:

- A preferred provider organization (PPO) plan.
- Members are not required to select a PCP upon enrollment, obtain a referral or use a participating provider for covered services.
- Prior authorization is required for specific services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.



# Sample Health Plan Identification Cards for Medicare Prescription Drug Plans

Specific benefit information can be obtained by contacting:

**Gold Customer Service Team** (800) 498-9731 or (570) 271-8771

**TDD for the hearing impaired, PA Relay Service** (711)

**For pharmacy benefit information** (800) 914-2558

## Geisinger Health Plan Gold Medicare Advantage Prescription Drug Plan:

- Medicare Advantage Gold members are eligible to choose from one of two plans: Standard Rx or \$0 Deductible Rx.
- Each plan offers different levels of coverage on drugs available on the Geisinger Health Plan Gold Formulary.
- The prescription drug card will include a letter (A–E) in the lower left-hand corner which identifies the formulary that is applicable for the member’s prescription drug plan.



## Geisinger Health Plan Gold RX:

- A stand-alone prescription drug coverage plan available to people who already have Medicare coverage or another Medicare Advantage Plan.
- Two options are available which offer different levels of coverage on brand-name and generic drugs.
- The prescription drug card will include a letter (A–E) in the lower left-hand corner which identifies the formulary that is applicable for the member’s prescription drug plan.



# Sample Health Plan Identification Cards for PPO Plans

Specific benefit information can be obtained by contacting:

**Choice PPO with Referral Customer Service Team** (800) 447-4000 or (570) 271-8760

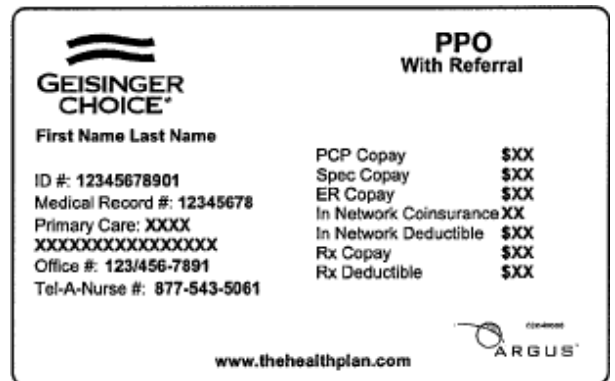
**Choice PPO with No Referral Customer Service Team** (800) 504-0443 or (570) 217-8770

**TDD for the hearing impaired, PA Relay Service** (711)

**For pharmacy benefit information** (800) 522-7487

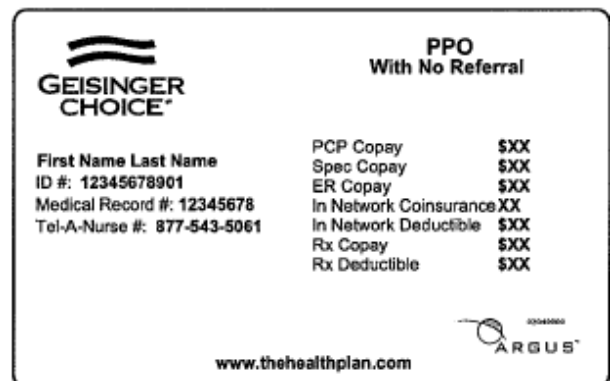
## Choice PPO with Referral:

- Each member must select a PCP upon enrollment.
- Members may elect to have health care services coordinated in network by their PCP to receive maximum benefit allowance.
- Or, health care services can be obtained from a participating or non-participating provider without PCP coordination at a lower benefit allowance.
- Prior authorization is required for specific services.
- Mental health and/or substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.




## Choice PPO with No Referral:

- Members do not select a PCP and may access care from either a participating or non-participating provider.
- No referral forms are required for covered services obtained in-network.
- Prior authorization is required for specific services.
- Mental health and/or substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.




### Choice PPO High Deductible Health Plan:

- This plan is similar to the Choice With No Referral plan, and does not require members to select a PCP or obtain referrals.
- Prior authorization is required for certain services.
- All covered health care expenses are applied to the member's deductible, except for certain preventive tests and services, which are covered at no cost to the member.



**PPO With No Referral  
High Deductible  
Health Plan**


<b>Member Name:</b> <b>First Name Last Name</b> Group Number: <b>123456-0000</b> Effective Date: <b>99/99/9999</b> Medical Record #: <b>12345678</b> Tel-A-Nurse #: <b>877-543-5061</b>	<b>Member ID Number:</b> <b>12345678901</b>  <b>Providers:</b> Deductible applies first. Copay/Coinsurance may apply after deductible is met.
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[www.thehealthplan.com](http://www.thehealthplan.com)

### Choice Smart Steps PPO with No Referral:

- This plan is similar to the Choice With No Referral plan, and does not require members to select a PCP or obtain referrals.
- This plan features a standard (higher cost) and an enhanced (lower cost) level of benefits. Members who meet criteria in key areas such as weight and cholesterol will qualify for the enhanced level resulting in lower cost-sharing.
- Prior authorization is required for specific services.
- Mental health and/or substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.



**Smart Steps  
PPO With No Referral**


<b>First Name Last Name</b> ID #: <b>12345678901</b> Medical Record #: <b>12345678</b> Tel-A-Nurse #: <b>877-543-5061</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PCP Copay</td><td style="text-align: right;">\$XX</td></tr> <tr><td>Spec Copay</td><td style="text-align: right;">\$XX</td></tr> <tr><td>ER Copay</td><td style="text-align: right;">\$XX</td></tr> <tr><td>In Network Coinsurance</td><td style="text-align: right;">XX</td></tr> <tr><td>In Network Deductible</td><td style="text-align: right;">\$XX</td></tr> <tr><td>Rx Copay</td><td style="text-align: right;">\$XX</td></tr> <tr><td>Rx Deductible</td><td style="text-align: right;">\$XX</td></tr> </table>	PCP Copay	\$XX	Spec Copay	\$XX	ER Copay	\$XX	In Network Coinsurance	XX	In Network Deductible	\$XX	Rx Copay	\$XX	Rx Deductible	\$XX
PCP Copay	\$XX														
Spec Copay	\$XX														
ER Copay	\$XX														
In Network Coinsurance	XX														
In Network Deductible	\$XX														
Rx Copay	\$XX														
Rx Deductible	\$XX														



[www.thehealthplan.com](http://www.thehealthplan.com)


### Choice Short Term PPO with No Referral:

- This plan is similar to the Choice With No Referral plan, and does not require members to select a PCP or obtain referrals.
- This plan offers discounted premiums and basic benefits for Members who need coverage for a limited time.
- Minimum coverage period is 30 days; maximum is 180 days.
- Prior authorization is required for specific services.
- Mental health and/or substance abuse services are not covered.



**Short-Term PPO  
With No Referral**

<b>First Name Last Name</b> ID #: <b>12345678901</b> Medical Record #: <b>12345678</b> Tel-A-Nurse #: <b>877-543-5061</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PCP Copay</td><td style="text-align: right;">\$XX</td></tr> <tr><td>Spec Copay</td><td style="text-align: right;">\$XX</td></tr> <tr><td>ER Copay</td><td style="text-align: right;">\$XX</td></tr> <tr><td>In Network Coinsurance</td><td style="text-align: right;">XX</td></tr> <tr><td>In Network Deductible</td><td style="text-align: right;">\$XX</td></tr> <tr><td>Rx Copay</td><td style="text-align: right;">50%</td></tr> </table>	PCP Copay	\$XX	Spec Copay	\$XX	ER Copay	\$XX	In Network Coinsurance	XX	In Network Deductible	\$XX	Rx Copay	50%
PCP Copay	\$XX												
Spec Copay	\$XX												
ER Copay	\$XX												
In Network Coinsurance	XX												
In Network Deductible	\$XX												
Rx Copay	50%												



[www.thehealthplan.com](http://www.thehealthplan.com)

# Sample Health Plan Identification Cards for Third Party Administration (TPA) Plans

Specific benefit information can be obtained by contacting:

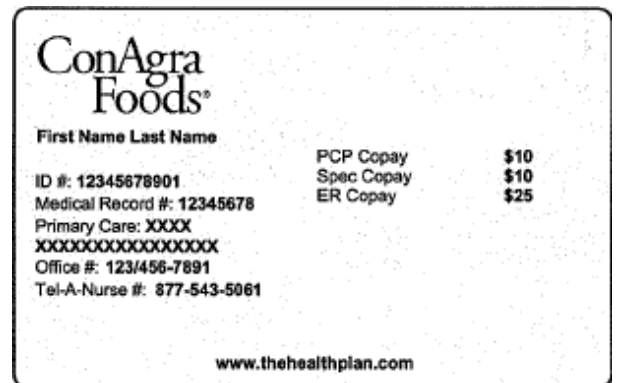
**Geisinger Health Options Customer Service Team (TPA, Indemnity) (800) 504-0443 or (570) 271-8770**

**TDD for the hearing impaired, PA Relay Service (711)**

**For pharmacy benefit information (800) 522-7487**

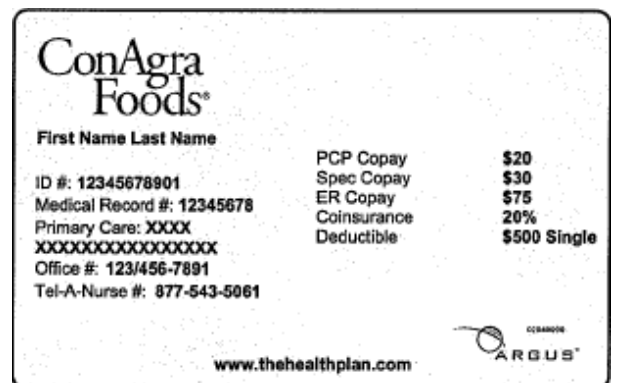
## ConAgra Foods HMO:

- Each Member must select a PCP upon enrollment.
- Most health care services, excluding emergency services, require coordination by the member's PCP.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.



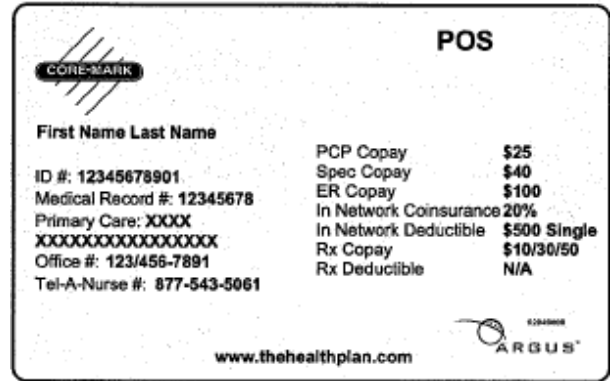
## ConAgra Foods Solutions:

- Each Member must select a PCP upon enrollment.
- Most health care services, excluding emergency services, require coordination by the member's PCP.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.



### Core-Mark International POS:

- Each Member must select a PCP upon enrollment.
- Most health care services, excluding emergency services, require coordination by the member's PCP.
- Members can also self-refer under the point of service (POS) benefit.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.



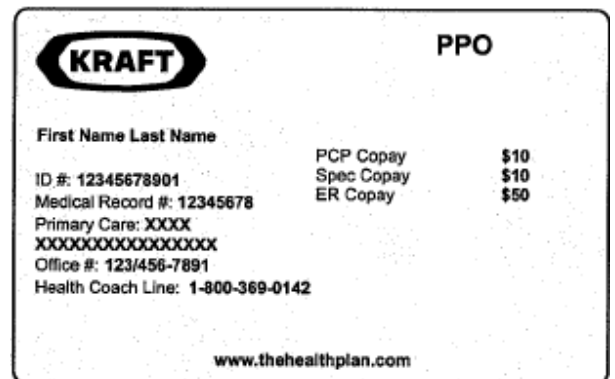
### JDK Management Co. PPO:

- Members do not choose a PCP and no referral is required.
- To receive maximum benefit allowance, a member must utilize a participating provider for all health care services.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.



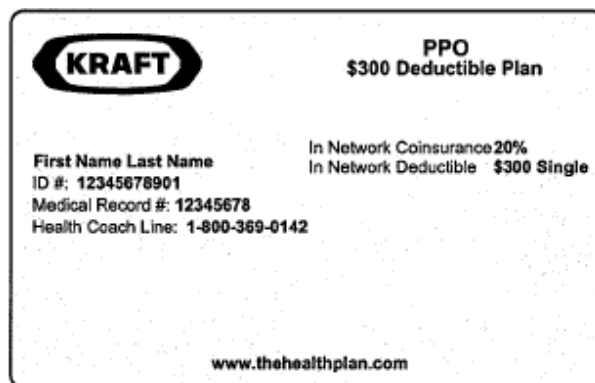
### Kraft PPO:

- Members do not choose a PCP and no referral is required.
- To receive maximum benefit allowance, a member must utilize a participating provider for all health care services.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.



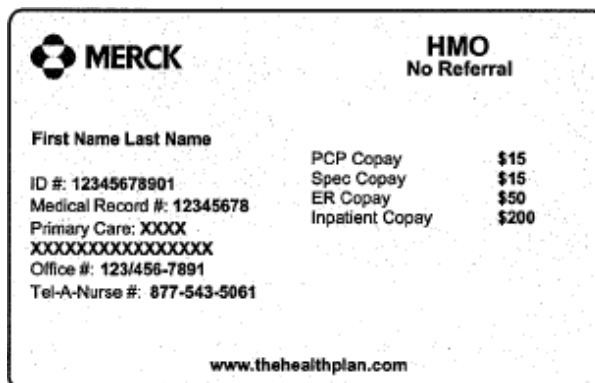
### Kraft PPO \$300 Deductible Plan:

- Members do not choose a PCP and no referral is required.
- To receive maximum benefit allowance, a member must utilize a participating provider for all health care services.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.



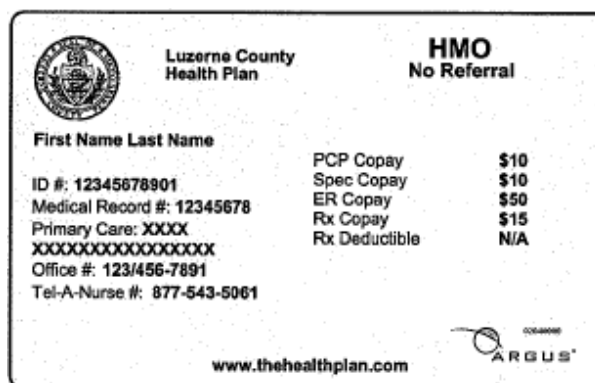
### Merck HMO:

- Each member must select a PCP upon enrollment.
- Most health care services, excluding emergency services, require coordination by the member's PCP.
- PCP referrals are required for most covered services.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.



### Luzerne County HMO:



- Each member must select a PCP upon enrollment.
- Most health care services, excluding emergency services, require coordination by the member's PCP.
- PCP referrals are required for most covered services.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.







### Luzerne County POS:

- Each Member must select a PCP upon enrollment.
- Most health care services, excluding emergency services, require coordination by the member's PCP.
- Members can also self-refer under the point of service (POS) benefit.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

 <b>Luzerne County Health Plan</b>		<b>POS</b>
<b>First Name Last Name</b>		
ID #: 12345678901	PCP Copay	\$5
Medical Record #: 12345678	Spec Copay	\$5
Primary Care: XXXX	ER Copay	\$25
XXXXXXXXXXXXXXXXXX	Rx Copay	\$5
Office #: 123/456-7891	Rx Deductible	N/A
Tel-A-Nurse #: 877-543-5061		
www.thehealthplan.com		


### Monroe County POS Plan with No Referral:

- Each member must select a PCP upon enrollment.
- The member may choose to utilize the POS benefit to go in- or out-of-network for certain health care services.
- Referrals are required to non-participating providers, but are no longer required for participating providers.
- Self-referred health care services will result in increased out-of-pocket expenses to the member.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

 <b>The Monroe County Health Plan</b>		<b>POS Plan with No Referral</b>
<b>First Name Last Name</b>		
ID #: 12345678901	PCP Copay	\$10
Medical Record #: 12345678	Spec Copay	\$20
Primary Care: XXXX	ER Copay	\$25
XXXXXXXXXXXXXXXXXX	Rx Copay	\$5/10/25
Office #: 123/456-7891	Rx Deductible	N/A
Tel-A-Nurse #: 877-543-5061		
www.thehealthplan.com		


### New Enterprise Stone & Lime Co., Inc. HMO:

- Each member must select a PCP upon enrollment.
- Most health care services, excluding emergency services, require coordination by the member's PCP.
- PCP referrals are required for most covered services.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

 <b>NEW ENTERPRISE STONE &amp; LIME CO., INC</b>		<b>HMO</b>
<b>First Name Last Name</b>		
ID #: 12345678901	PCP Copay	\$10
Medical Record #: 12345678	Spec Copay	\$10
Primary Care: XXXX	ER Copay	\$20
XXXXXXXXXXXXXXXXXX		
Office #: 123/456-7891		
Tel-A-Nurse #: 877-543-5061		
www.thehealthplan.com		

### Pearson Inc./Penguin Group USA HMO:

- Each member must select a PCP upon enrollment.
- Most health care services, excluding emergency services, require coordination by the member's PCP.
- PCP referrals are required for most covered services.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

<b>Pearson Inc. Penguin Group (USA) Inc.</b>		
<b>First Name Last Name</b>		
ID #: 12345678901	PCP Copay	\$15
Medical Record #: 12345678	Spec Copay	\$15
Primary Care: XXXX	ER Copay	\$75
XXXXXXXXXXXXXXXXXX		
Office #: 123/456-7891		
Tel-A-Nurse #: 877-543-5061		
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>		



### Pennsylvania Employees Benefit Trust Fund (PEBTF) No Referral HMO:

- Each member must select a PCP upon enrollment.
- No referral forms are required for covered services obtained in-network.
- For DME, prosthetic, orthotic or medical supplies, contact DMENSION at (888) 363-1733 or log on to [www.dimension.net](http://www.dimension.net)
- Prior authorization is required for certain services.
- Mental health and substance abuse services can be coordinated through United Behavioral Health at (888) 839-7972.

<b>Pennsylvania Employees Benefit Trust Fund</b>		<b>HMO No Referral</b>
<b>First Name Last Name</b>		
ID #: 12345678901	PCP Copay	\$15
Medical Record #: 12345678	Spec Copay	\$25
Primary Care: XXXX	ER Copay	\$50
XXXXXXXXXXXXXXXXXX		
Office #: 123/456-7891		
Tel-A-Nurse #: 877-543-5061		
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>		

### Pride Mobility Products Corp. HMO:

- Each member must select a PCP upon enrollment.
- Most health care services require coordination by the member's PCP, excluding emergency services and direct access services.
- PCP referrals are required for most covered services.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

		<b>HMO No Referral</b>
<b>First Name Last Name</b>		
ID #: 12345678901	PCP Copay	\$20
Medical Record #: 12345678	Spec Copay	\$40
Primary Care: XXXX	ER Copay	\$75
XXXXXXXXXXXXXXXXXX	Rx Copay	\$5/25/50
Office #: 123/456-7891	Rx Deductible	N/A
Tel-A-Nurse #: 877-543-5061		
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>		

## RR Donnelley & Sons HMO:

- Each member must select a PCP upon enrollment.
- Most health care services require coordination by the member's PCP, excluding emergency services and direct access services.
- PCP referrals are required for most covered services.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

GEISINGER HEALTH OPTIONS <sup>®</sup>		HMO	
First Name Last Name		PCP Copay	\$30
ID #: 12345678901		Spec Copay	\$45
Medical Record #: 12345678		ER Copay	\$100
Primary Care: XXXX		Rx Copay	N/A
XXXXXXXXXXXXXXXXXX		Rx Deductible	N/A
Office #: 123/456-7891			
Tel-A-Nurse #: 877-543-5061			
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>			

## Sigma-Aldrich Corporation (SUPELCO) PPO:

- Members do not choose a PCP and a referral is not required.
- To receive maximum benefit allowance, a member must utilize a participating provider for all health care services.
- PPO members can self-refer to a mental health and/or substance abuse provider either in-network or out-of-network.
- Prior authorization is required for certain services.
- In-network mental health and/or substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

SUPELCO <sup>®</sup> Analytical		SIGMA-ALDRICH <sup>®</sup>		PPO No Referral	
First Name Last Name		PCP Copay	\$15		
ID #: 12345678901		Spec Copay	\$30		
Medical Record #: 12345678		In Network Coinsurance	10%		
Tel-A-Nurse #: 877-543-5061		In Network Deductible	\$250 Single		
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>					



## Wood-Mode HMO:

- Each member must select a PCP upon enrollment.
- Most health care services, excluding emergency services, require coordination by the member's PCP.
- PCP referrals are required for most covered services.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

Wood-Mode <sup>®</sup> INDUSTRIES			
First Name Last Name		PCP Copay	\$20
ID #: 12345678901		Spec Copay	\$20
Medical Record #: 12345678		ER Copay	\$50
Primary Care: XXXX			
XXXXXXXXXXXXXXXXXX			
Office #: 123/456-7891			
Tel-A-Nurse #: 877-543-5061			
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>			

## Verizon HMO:

- Each member must select a PCP upon enrollment.
- Most health care services require coordination by the member's PCP, excluding emergency services and direct access services.
- PCP referrals are required for most covered services.
- Prior authorization is required for certain services.
- Mental health and substance abuse services are coordinated through United Behavioral Health at (888) 839-7972.

HMO			
First Name Last Name		PCP Copay	\$15
ID #: 12345678901		Spec Copay	\$15
Medical Record #: 12345678		ER Copay	\$50
Primary Care: XXXX		Rx Copay	\$5/15/45
XXXXXXXXXXXXXXXXXXXX		Rx Deductible	N/A
Office #: 123/456-7891			
Tel-A-Nurse #: 877-543-5061			
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>			

# Sample Health Plan Identification Card for Life Geisinger Plan

Specific benefit information can be obtained by contacting:


**Life Geisinger Scranton** (800) 395-8759 or (570) 558-6160

**Life Geisinger Kulpmont** (866) 230-6465 or (570) 373-2100

**TDD for the hearing impaired, PA Relay Service** (711)

## Life Geisinger:

- Based on a federal and state sponsored health care model, Programs for All-Inclusive Care of the Elderly, nationally known as PACE.
- Serves frail elderly within the community who might otherwise be confined to a nursing home.
- Provides comprehensive health care services to meet the participants' medical, social, and emotional needs.
- Not a Medicare Advantage plan. The member maintains insurance through Medicare and/or Medical Assistance while Life Geisinger manages care.

		2300 Adams Avenue Scranton, PA 18509		(800) 395-8759 or (570) 558-6160 24-Hour Access	
Name: First Name Last Name					
ID #: 12345678901		Please identify as a LIFE Geisinger Participant			
MRN #: 12345678					
Effective Date: 99/99/9999					
PCP: XXXXXXXXXXXXXXXX					
<b>PROVIDER ALERT!</b> This patient is enrolled in the PACE program at LIFE Geisinger. PACE is a Medicaid/Medicare managed care program.					
<a href="http://www.lifegeisinger.org">www.lifegeisinger.org</a>					

# Sample Health Plan Identification Card for CHIP, by Geisinger Health Plan

Specific benefit information can be obtained by contacting:



**CHIP Customer Service Team** (866) 621-5235 or (570) 214-9138

**TDD for the hearing impaired, PA Relay Service** (711)

**For pharmacy benefit information** (800) 522-7487

## CHIP, brought to you by Geisinger Health Plan:

- Each member must select a PCP.
- Most health care services require coordination by the member's PCP, excluding emergency services and direct access services.
- PCP referrals are required for most covered services.
- Prior authorization is required for specific services.
- **CHIP ID cards do not display a CHIP logo and are almost identical to Geisinger Health Plan's standard HMO ID cards; except for the dedicated CHIP customer service phone number listed on the back.**

 <b>GEISINGER HEALTH PLAN®</b>		<b>HMO</b>
First Name Last Name		
ID #: 12345678901	PCP Copay	<b>\$XX</b>
Medical Record #: 12345678	Spec Copay	<b>\$XX</b>
Primary Care: XXXX	ER Copay	<b>\$XX</b>
XXXXXXXXXXXXXXXXXX	Rx Copay	<b>\$XX</b>
Office #: 123/456-7891	Rx Deductible	<b>\$XX</b>
Tel-A-Nurse #: 877-543-5061		
<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>		

Details regarding a Member's eligibility and benefit coverage can be accessed online at the Health Plan's Provider Service Center, [www.thehealthplan.com](http://www.thehealthplan.com), or by calling the number located on the back of the Member's identification card.

**Specific member costsharing information is located in the [Benefit Code on the back of the card](#). Compare the member's benefit code to this tool to determine specific cost-sharing information.**

Sample Benefit Code:

**H 10 5 RC8R**

**CONTRACT TYPE**

- A = Third Party Administrator Contract w/ PPO Benefits
- B = Solutions POS
- C = Gold Classic 3
- D = Gold Secure
- E = Selectus Coordinated Care PPO/ Choice PPO With Referral
- F = Selectus Direct Access PPO/ Choice PPO With No Referral
- G = Gold Classic 2 - 10% coinsurance (eff. 1/1/05 15% coinsurance)
- H = HMO benefits, No inpatient copay
- I = GIIC - Geisinger Indemnity Insurance Company - Out of Area
- J = HMO - Inpatient Copay=\$500 per admission Effective 4/1/09
- K = HMO Direct No Referral
- L = HMO, Inpatient Copay (Plan 1) \$50/day up to \$250/admission
- M = Gold / Medicare Risk Contract - Classic 1
- N = Solutions
- O = High Deductible Health Plan/ Choice PPO With No Referral HDHP
- P = Pharmacy coverage only
- Q = Solutions Direct with POS
- R = Individual PPO, excludes coverage for brand name mental health and substance abuse drugs and includes maternity coverage
- S = HMO with POS
- T = Third Party Administrator Contract w/ out-of-network benefits
- U = Third Party Administrator Contract with In-Network benefits only
- V = HMO, Inpatient Copay (Plan 2) \$100/day up to \$500/Admission
- W = HMO, Inpatient Copay \$150/day up to \$750/Admission
- X = Gold Custom
- Y = Individual PPO, excludes coverage for brand name mental health and substance abuse drugs and excludes maternity coverage
- Z = Solutions Direct No Referral
- 1 = HMO - Inpatient Copay=\$200 per admission
- 2 = HMO - Inpatient Copay=\$400 per admission
- 3 = HMO - Inpatient Copay=\$600 per admission
- 4 = HMO - Inpatient Copay=\$250 per admission
- 5 = Gold Reserve
- 6 = HMO, Inpatient Copay \$250/day
- 7 = Gold Preferred
- 8 = Gold Open
- 9 = HMO - Inpatient Copay=\$500 per admission
- 0 = HMO Direct with POS

**COPAY FOR OFFICE EVALUATION AND MANAGEMENT**

- 00 = No copay due
- 02 = \$2 copay per visit
- 03 = \$3 copay per visit
- 05 = \$ 5 copay per visit
- 10 = \$10 copay per visit
- 12 = \$12 copay per visit
- 15 = \$15 copay per visit
- 20 = \$20 copay per visit
- 25 = \$25 copay per visit
- 30 = \$30 copay per visit
- 35 = \$35 copay per visit
- 1P = 15% coinsurance
- 2P = 20% coinsurance
- 3P = 30% coinsurance
- 4P = 40% coinsurance
- 5P = 10% coinsurance
- AA = \$10 copay/visit to PCP, \$20 copay/visit to specialists
- BB = \$15 copay/visit to PCP, \$25 copay/visit to specialists
- CC = \$10 copay/visit to PCP, \$15 copay/visit to specialists
- DD = \$12 copay/visit to PCP, \$15 copay/visit to specialists
- EE = \$25 copay/visit to PCP, \$50 copay/visit to specialists
- FF = \$15 copay/visit to PCP, \$30 copay/visit to specialists
- GG = \$10 copay/visit to PCP, \$25 copay/visit to specialists
- HH = \$20 copay/visit to PCP, \$30 copay/visit to specialists
- II = \$20 copay/visit to PCP, \$35 copay/visit to specialists
- JJ = \$25 copay/visit to PCP, \$35 copay/visit to specialists
- KK = \$25 copay/visit to PCP, \$40 copay/visit to specialists
- LL = \$20 copay/visit to PCP, \$25 copay/visit to specialists
- MM = \$25 copay/visit to PCP, \$30 copay/visit to specialists
- NN = \$20 copay/visit to PCP \$40 copay/visit to specialists
- OO = \$15 copay/visit to PCP \$20 copay/visit to specialists
- PP = \$15 copay/visit to PCP \$35 copay/visit to specialists
- QQ = \$35 copay/visit to PCP \$60 copay/visit to specialists
- RR = \$30 copay/visit to PCP \$50 copay/visit to specialists
- SS = \$25 copay/visit to PCP \$45 copay/visit to specialists
- TT = \$20 copay/visit to PCP \$45 copay/visit to specialists

**COPAY FOR EMERGENCY ROOM VISITS**

- 0 = E00 - No copay due
- 1 = E10 - \$10 copay due
- 2 = E20 - \$20 copay due
- 3 = E35 - \$35 copay due
- 4 = E25 - \$25 copay due
- 5 = E50 - \$50 copay due
- 6 = E75 - \$75 copay due
- 7 = E40 - \$40 copay due
- 8 = E60 - \$60 copay due
- 9 = E1D - \$100 copay due
- A = E90 - \$90 copay due
- B = E2D - \$150 copay due
- C = E3D - \$125 copay due
- D = E4D - \$250 copay due
- N = E1P - 10% coinsurance
- O = E5P - 15% coinsurance
- P = E2P - 20% coinsurance
- Q = E3P - 30% coinsurance
- R = E4P - 40% coinsurance
- X = X00 - No E/R coverage

- UU = \$10 copay/visit to PCP \$40 copay/visit to specialists
- VV=\$30 copay/visit to PCP \$45 copay/visit specialists
- WW=\$10 copay/visit to PCP \$30 copay/visit to specialists
- XX = \$20 copay/visit to PCP \$50 copay/visit to specialists
- YY = \$35 copay/visit to PCP \$50 copay/visit to specialists
- ZZ = \$30 copay/visit to PCP \$60 copay/visit to specialists
- A1 = \$30 copay/visit to PCP \$40 copay/visit to specialists
- A2 = \$30 copay/visit to PCP \$35 copay/visit to specialists
- A3 = \$ 5 copay/visit to PCP \$10 copay/visit to specialists
- P1 = \$20 copay/visit to PCP, 20% coinsurance/visit to specialists
- P2 = \$25 copay/visit to PCP, 20% coinsurance/visit to specialists
- P3 = \$0 copay/visit to PCP, 20% coinsurance/visit to specialists
- P4 = \$0 copay/visit to PCP, \$10 copay/visit to specialists
- P5 = \$5 copay/visit to PCP, \$30 copay/visit to specialists

Specific member costsharing information is located in the **Benefit Code on the back of the card.**  
 Compare the member's benefit code to this tool to determine specific cost-sharing information.

Sample Benefit Code:

H105 **R** **C** **8** **R**

**PHARMACY PLAN**

- B = Standard w/ Act 98 Diabetic Coverage
- C = Act 98 Diabetic RX Coverage Only
- D = Gold Part D (when 'D' is in the 5th position, Xs in the 6th & 7th position have no meaning)
- E = Member is covered for certain drugs under Medicare benefit with 10% coinsurance.
- F = Non Formulary (when 'F' is in the 5th position, Xs in 6th & 7th position have no meaning)
- G = Member is covered for certain drugs under Medicare benefit with 20% coinsurance.
- M = Member is covered for certain drugs under Medicare benefit with no co-payment.
- P = No RX Coverage (used for TPA groups only)
- R = Standard RX Plan
- A = Member is covered for certain drugs under Medicare benefit with 15% coinsurance.
- S=Self Funded (when 'S' is in the 5th position, Xs in 6th & 7th position have no meaning)
- T=Triple Tier Drug (when 'T' is in the 5th position, Xs in 6th & 7th position have no meaning)
- H=Double Tier Drug (when 'H' is in the 5th position, Xs in 6th & 7th position have no meaning)
- Z = No RX coverage

**REFRACTIONS**

- M = Medically Necessary Refractions
- R = Refractions
- V = Vision care - Refractions (CHIP Only) and eyewear
- X = No Coverage

**RX COPAY**

- 0 = No Act 98 diabetic Coverage (used for Gold and TPA groups)
- 1 = 40% coinsurance
- 2-8 = Amount of copay
- 9 = 20% coinsurance
- A = 50% coinsurance
- B = 25% coin, deductible = \$100 Single, \$200 Family
- C = 25% coinsurance
- D = \$10 copay
- E = \$50 Deductible w/20% coin, \$1000 max out-of-pocket
- F = 50% coin, \$1000 max benefit per calendar year
- G = \$10 copay, \$500 max benefit per calendar year
- H = \$10 copay in Network; 20% Out-of-Network
- I = 20% coin, \$100/\$200 deductible \$10,000 max benefit per calendar year
- J = \$5 copay on Generics, \$10 copay on Brand
- K = \$10 copay on Generics, \$20 copay on Brand
- L = \$10 copay, \$500 maximum benefit
- M = 10% coinsurance
- N = 50% coins, \$250 max/31 days
- O = 20% coin, \$1,000 calendar year max no deductible
- P = 5% coin on Generics, 12% copay on Brand (\$5 minimum copay)
- Q = 30% coin, \$3.00 minimum, \$25 max
- R = 30% coin, \$1,500 max out-of-pocket per calendar year (no deductible)
- S = \$8 copay, \$2,800 maximum benefit
- T = \$5 copay on Generics, \$15 copay on Brand
- U = \$50 Deductible w/20% coin, \$1,000 max out-of-pocket, \$500,000 lifetime max
- V = 30% coin, \$3.00 minimum, \$35 max
- W = \$25 copay
- X = \$15 copay
- Y = \$20 copay
- Z = Coverage through a Third Party Carrier

**PHARMACY OPTIONS**

- A = Mail Order Rx, single copay, without oral contraceptives
- B = Mail Order Rx, single copay, with oral contraceptives
- C = With oral contraceptives
- D = Mail Order Rx, double copay, without oral contraceptives
- E = Mail Order Rx, double copay, with oral contraceptives
- F = Mail Order Rx, 2.5 copay, without oral contraceptives
- G = Mail Order RX, 2.5 copay with oral contraceptives
- K = Act 98 Diabetic Coverage Only
- N = Without oral contraceptives
- W = With oral contraceptives
- X = Without oral contraceptives
- Z = No Act 98 diabetic Coverage
- 0 = No Act 98 diabetic Coverage (used for Gold and TPA groups)