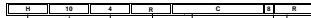


UPDATED GEISINGER HEALTH PLAN BENEFIT CODE EXPLANATION



**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 = GIC - Geisinger Indemnity Insurance Company - Out of Area
- J = GIC - Geisinger Indemnity Insurance Company - PPO
- K = HMO Direct No Referral
- L = HMO, Inpatient Copay (Plan 1) \$10/day up to \$200/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) \$10/day up to \$200/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 = Gold Choice Central Region
- 0 = HMO Direct with POS

**REFRACTION**

- R = Refractions
- V = Vision care - Refractions (CHP Only) and glasses
- X = No Coverage

**RX COPAY**

- 0 = No Act 98 diabetic Coverage (used for Gold and TPA groups)
- 1 = 40% coinsurance
- 2-4 = 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 = 40% 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
- 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, \$2,000 maximum benefit
- T = \$5 copay on Generics, \$15 copay on Brand
- U = \$0 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

**COPAY FOR OFFICE EVALUATION AND MANAGEMENT**

- O2 = No copay due
- O3 = \$2 copay per visit
- O4 = \$3 copay per visit
- O5 = \$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 = 50% coinsurance
- AA = \$10 copay/visit to PCP
- BB = \$15 copay/visit to PCP
- CC = \$25 copay/visit to specialists
- CC = \$10 copay/visit to PCP
- DD = \$15 copay/visit to specialists
- DD = \$12 copay/visit to PCP
- EE = \$15 copay/visit to specialists
- EE = \$25 copay/visit to PCP
- FF = \$15 copay/visit to specialists
- FF = \$15 copay/visit to PCP
- GG = \$10 copay/visit to PCP
- GG = \$25 copay/visit to specialists
- HH = \$20 copay/visit to PCP
- HH = \$30 copay/visit to specialists
- II = \$20 copay/visit to PCP
- II = \$35 copay/visit to specialists
- JJ = \$25 copay/visit to PCP
- JJ = \$35 copay/visit to specialists
- KK = \$25 copay/visit to PCP
- KK = \$40 copay/visit to specialists
- LL = \$20 copay/visit to PCP
- LL = \$25 copay/visit to specialists
- MM = \$25 copay/visit to PCP
- MM = \$30 copay/visit to specialists
- NN = \$20 copay/visit to PCP
- NN = \$40 copay/visit to specialists
- OO = \$15 copay/visit to PCP
- OO = \$20 copay/visit to specialists
- PP = \$15 copay/visit to PCP
- PP = \$35 copay/visit to specialists
- RR = \$30 copay/visit to PCP
- RR = \$50 copay/visit to specialists
- SS = \$25 copay/visit to PCP
- SS = \$45 copay/visit to specialists
- TT = \$20 copay/visit to PCP
- TT = \$45 copay/visit to specialists
- UU = \$10 copay/visit to PCP
- UU = \$40 copay/visit to specialists
- VV = \$30 copay/visit to PCP
- VV = \$45 copay/visit to specialists
- WW = \$10 copay/visit to PCP
- WW = \$30 copay/visit to specialists
- XX = \$20 copay/visit to PCP
- XX = \$50 copay/visit to specialists
- YY = \$35 copay/visit to PCP
- YY = \$50 copay/visit to specialists
- ZZ = \$30 copay/visit to PCP
- ZZ = \$60 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

**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 = E20 - \$150 copay due
- C = E3D - \$125 copay due
- N = E1P - 10% coinsurance
- D = E5P - 15% coinsurance
- P = E2P - 20% coinsurance
- Q = E3P - 30% coinsurance
- R = E4P - 40% coinsurance
- X = X00 - No E/R coverage

**PHARMACY OPTION**

- 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 (used for Gold and TPA groups)

**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)
- Z = No RX coverage

Program	Carrier	Description	CSC LOB	Program	Carrier	Description	CSC LOB	Program	Carrier	Description	CSC LOB
HM	GH	HMO	101	MI	PD	Gold Preferred with Part D	N/A	TP	26	RA Manufacturing	N/A
HM	SL	Solutions	N/A	MI	PN	Gold Preferred with No Drug	N/A	TP	27	DAC	N/A
HM	GP	HMO with Point of Service	102	MI	RK	Gold Rx (Stand-Alone)	N/A	TP	28	Luzerne County	N/A
HM	SP	Solutions with Point of Service	N/A	MI	RN	Gold Reserve	N/A	TP	29	Kraft Foods	N/A
HM	HM	HMO Direct No Referral	01	N/A	TP	01	Proctor & Gamble	TP	30	Pearson/Penguin Group	N/A
HM	NS	Solutions Direct No Referral	N/A	TP	02	Mann Edge	202	TP	31	PNC	N/A
HM	NI	HMO Direct with POS	N/A	TP	03	PP & L	203	TP	32	Unite	N/A
HM	NT	Solutions Direct with POS	N/A	TP	04	PIBITE	204	TP	33	Verizon	N/A
MC	GH	Gold	103	TP	05	Susquehanna University	205	TP	34	Pride Mobility	N/A
MC	LD	Gold Classic 1 with Part D	N/A	TP	06	Nabisco	206	TP	35	Moses Taylor Hospital	N/A
MC	LN	Gold Classic 1 with No Drug	N/A	TP	07	Ford New Holland	207	TP	36	Cores-Max	N/A
MC	LR	Gold Classic 1 with GHP Rx	N/A	TP	08	GHP III	208	TP	37	Merck	N/A
MC	GP	Gold with Point of Service	103	TP	09	United Healthcare	209	TP	39	ConAgra	N/A
MC	ED	Gold Classic 1 w/ POS with Part D	N/A	TP	10	UNITEL (L&GWI)	210	MT	38	Life Geisinger	N/A
MC	EN	Gold Classic 1 w/ POS with No Drug	N/A	TP	11	Fleet Financial	211	MM	38	Life Geisinger	N/A
MC	ER	Gold Classic 1 w/ POS with GHP Rx	N/A	TP	12	Apex Waste Services	212	PP	02	Selectus Coordinated Care	N/A
MC	GS	Gold Select	N/A	TP	13	Guthrie Healthcare Sys	213	PP	DA	Selectus Direct Access	N/A
MC	SD	Gold Classic 2 with Part D	N/A	TP	14	Corning	214	PP	HD	HDHP w/ H.S.A. Symtech	N/A
MC	SN	Gold Classic 2 with No Drug	N/A	TP	15	Albright (Unit. Meth.)	215	PP	HN	HDHP w/ No H.S.A.	N/A
MC	SR	Gold Classic 2 with GHP Rx	N/A	TP	16	New Columbia Joint Co.	216	RP	NP	Choice PPO With No Referral	N/A
MC	ND	Gold Secure with Part D	N/A	TP	17	Geisinger Health System	217	RP	AP	Choice PPO With Referral	N/A
MC	AD	Gold Classic 3 with Part D	N/A	TP	18	Lear Corporation	218	RP	HH	Choice HDHP w/ H.S.A. Symtech	N/A
MC	AN	Gold Classic 3 with No Drug	N/A	TP	19	New Enterprise Stone	219	RP	HX	Choice HDHP w/ No H.S.A.	N/A
MC	HR	Gold Classic 3 with GHP Rx	N/A	TP	20	West Markets	N/A	PP	G2	GIC - Coordinated Provider Org	301
MC	XD	Gold Custom with Part D	N/A	TP	21	Mon Secours	N/A	IN	G2	GIC - Indemnity	301
MC	XN	Gold Custom with No Drug	N/A	TP	22	Wood-Mode Inc	N/A	N/A			
MC	XR	Gold Custom with GHP Rx	N/A	TP	23	The Monroe City-Hp	N/A	N/A			
MI	CD	Gold Open with Part D	N/A	TP	24	Berwick Offray	N/A	N/A			
MI	CN	Gold Open with No Drug	N/A	TP	25	Supelco	N/A	N/A			

Revised: 01/15/09

NOT CONFIGURED IN AMISYS  
LOB 104 = Medicaid Risk  
LOB-401 = Geisinger Dental