

**Geisinger Small Group ACA All-Access HMO  
20/40/3200**

**Gold**

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$3,200/\$6,400	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,550/\$17,100	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200 after deductible	\$200 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	0% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$150/\$300	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$60 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance after deductible up to \$200	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**22444PA0060062**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger Small Group ACA All-Access HMO  
20/40/3200**

**Gold**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	315.90	315.90	300.10	300.10	300.10	300.10	315.90	315.90	394.87	394.87	379.08	379.08
15	343.98	343.98	326.78	326.78	326.78	326.78	343.98	343.98	429.97	429.97	412.77	412.77
16	354.71	354.71	336.98	336.98	336.98	336.98	354.71	354.71	443.39	443.39	425.65	425.65
17	365.45	365.45	347.18	347.18	347.18	347.18	365.45	365.45	456.81	456.81	438.54	438.54
18	377.01	377.01	358.16	358.16	358.16	358.16	377.01	377.01	471.26	471.26	452.41	452.41
19	388.57	388.57	369.14	369.14	369.14	369.14	388.57	388.57	485.72	485.72	466.29	466.29
20	400.55	400.55	380.52	380.52	380.52	380.52	400.55	400.55	500.68	500.68	480.66	480.66
21	412.94	412.94	392.29	392.29	392.29	392.29	412.94	412.94	516.17	516.17	495.53	495.53
22	412.94	412.94	392.29	392.29	392.29	392.29	412.94	412.94	516.17	516.17	495.53	495.53
23	412.94	412.94	392.29	392.29	392.29	392.29	412.94	412.94	516.17	516.17	495.53	495.53
24	412.94	412.94	392.29	392.29	392.29	392.29	412.94	412.94	516.17	516.17	495.53	495.53
25	414.59	414.59	393.86	393.86	393.86	393.86	414.59	414.59	518.23	518.23	497.51	497.51
26	422.85	422.85	401.70	401.70	401.70	401.70	422.85	422.85	528.56	528.56	507.42	507.42
27	432.76	432.76	411.12	411.12	411.12	411.12	432.76	432.76	540.95	540.95	519.31	519.31
28	448.86	448.86	426.42	426.42	426.42	426.42	448.86	448.86	561.08	561.08	538.63	538.63
29	462.08	462.08	438.97	438.97	438.97	438.97	462.08	462.08	577.59	577.59	554.49	554.49
30	468.68	468.68	445.25	445.25	445.25	445.25	468.68	468.68	585.85	585.85	562.42	562.42
31	478.59	478.59	454.66	454.66	454.66	454.66	478.59	478.59	598.24	598.24	574.31	574.31
32	488.50	488.50	464.08	464.08	464.08	464.08	488.50	488.50	610.63	610.63	586.20	586.20
33	494.70	494.70	469.96	469.96	469.96	469.96	494.70	494.70	618.37	618.37	593.64	593.64
34	501.30	501.30	476.24	476.24	476.24	476.24	501.30	501.30	626.63	626.63	601.57	601.57
35	504.61	504.61	479.38	479.38	479.38	479.38	504.61	504.61	630.76	630.76	605.53	605.53
36	507.91	507.91	482.52	482.52	482.52	482.52	507.91	507.91	634.89	634.89	609.49	609.49
37	511.21	511.21	485.65	485.65	485.65	485.65	511.21	511.21	639.02	639.02	613.46	613.46
38	514.52	514.52	488.79	488.79	488.79	488.79	514.52	514.52	643.15	643.15	617.42	617.42
39	521.13	521.13	495.07	495.07	495.07	495.07	521.13	521.13	651.41	651.41	625.35	625.35
40	527.73	527.73	501.35	501.35	501.35	501.35	527.73	527.73	659.67	659.67	633.28	633.28
41	537.64	537.64	510.76	510.76	510.76	510.76	537.64	537.64	672.05	672.05	645.17	645.17
42	547.14	547.14	519.78	519.78	519.78	519.78	547.14	547.14	683.93	683.93	656.57	656.57
43	560.35	560.35	532.34	532.34	532.34	532.34	560.35	560.35	700.44	700.44	672.42	672.42
44	576.87	576.87	548.03	548.03	548.03	548.03	576.87	576.87	721.09	721.09	692.25	692.25
45	596.28	596.28	566.47	566.47	566.47	566.47	596.28	596.28	745.35	745.35	715.54	715.54
46	619.40	619.40	588.43	588.43	588.43	588.43	619.40	619.40	774.26	774.26	743.28	743.28
47	645.42	645.42	613.15	613.15	613.15	613.15	645.42	645.42	806.77	806.77	774.50	774.50
48	675.15	675.15	641.39	641.39	641.39	641.39	675.15	675.15	843.94	843.94	810.18	810.18
49	704.47	704.47	669.25	669.25	669.25	669.25	704.47	704.47	880.59	880.59	845.36	845.36
50	737.50	737.50	700.63	700.63	700.63	700.63	737.50	737.50	921.88	921.88	885.00	885.00
51	770.13	770.13	731.62	731.62	731.62	731.62	770.13	770.13	962.66	962.66	924.15	924.15
52	806.05	806.05	765.75	765.75	765.75	765.75	806.05	806.05	1,007.56	1,007.56	967.26	967.26
53	842.39	842.39	800.27	800.27	800.27	800.27	842.39	842.39	1,052.99	1,052.99	1,010.87	1,010.87
54	881.62	881.62	837.54	837.54	837.54	837.54	881.62	881.62	1,102.02	1,102.02	1,057.94	1,057.94
55	920.85	920.85	874.80	874.80	874.80	874.80	920.85	920.85	1,151.06	1,151.06	1,105.02	1,105.02
56	963.38	963.38	915.21	915.21	915.21	915.21	963.38	963.38	1,204.22	1,204.22	1,156.06	1,156.06
57	1,006.33	1,006.33	956.01	956.01	956.01	956.01	1,006.33	1,006.33	1,257.91	1,257.91	1,207.59	1,207.59
58	1,052.16	1,052.16	999.55	999.55	999.55	999.55	1,052.16	1,052.16	1,315.20	1,315.20	1,262.59	1,262.59
59	1,074.87	1,074.87	1,021.13	1,021.13	1,021.13	1,021.13	1,074.87	1,074.87	1,343.59	1,343.59	1,289.85	1,289.85
60	1,120.71	1,120.71	1,064.67	1,064.67	1,064.67	1,064.67	1,120.71	1,120.71	1,400.89	1,400.89	1,344.85	1,344.85
61	1,160.35	1,160.35	1,102.33	1,102.33	1,102.33	1,102.33	1,160.35	1,160.35	1,450.44	1,450.44	1,392.42	1,392.42
62	1,186.37	1,186.37	1,127.05	1,127.05	1,127.05	1,127.05	1,186.37	1,186.37	1,482.96	1,482.96	1,423.64	1,423.64
63	1,218.99	1,218.99	1,158.04	1,158.04	1,158.04	1,158.04	1,218.99	1,218.99	1,523.73	1,523.73	1,462.78	1,462.78
64 and Over	1,238.81	1,238.81	1,176.87	1,176.87	1,176.87	1,176.87	1,238.81	1,238.81	1,548.51	1,548.51	1,486.57	1,486.57
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>22444PA006062</b>			

<b>Geisinger Small Group ACA All-Access HMO 30/60/5800</b>		<b>Silver</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Health management programs</b>		
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$5,800/\$11,600	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$30	Limited to In Network
Specialist - Office Visit	\$60	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$350 copay after deductible	\$350 copay after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$30	\$30
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	0% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	Limited to In Network
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$30	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$30	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	Limited to In Network
Rehabilitative Speech Therapy	\$60	Limited to In Network
Habilitation Services	\$60	Limited to In Network
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network
This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.		
<b>Benefits Effective: 01/01/2024 to 12/31/2024</b>		<b>22444PA0060063</b>

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Small Group ACA All-Access HMO 30/60/5800									Silver			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	258.96	258.96	246.01	246.01	246.01	246.01	258.96	258.96	323.70	323.70	310.75	310.75
15	281.98	281.98	267.88	267.88	267.88	267.88	281.98	281.98	352.48	352.48	338.38	338.38
16	290.78	290.78	276.24	276.24	276.24	276.24	290.78	290.78	363.48	363.48	348.94	348.94
17	299.58	299.58	284.60	284.60	284.60	284.60	299.58	299.58	374.48	374.48	359.50	359.50
18	309.06	309.06	293.61	293.61	293.61	293.61	309.06	309.06	386.33	386.33	370.87	370.87
19	318.54	318.54	302.61	302.61	302.61	302.61	318.54	318.54	398.18	398.18	382.25	382.25
20	328.36	328.36	311.94	311.94	311.94	311.94	328.36	328.36	410.45	410.45	394.03	394.03
21	338.52	338.52	321.59	321.59	321.59	321.59	338.52	338.52	423.15	423.15	406.22	406.22
22	338.52	338.52	321.59	321.59	321.59	321.59	338.52	338.52	423.15	423.15	406.22	406.22
23	338.52	338.52	321.59	321.59	321.59	321.59	338.52	338.52	423.15	423.15	406.22	406.22
24	338.52	338.52	321.59	321.59	321.59	321.59	338.52	338.52	423.15	423.15	406.22	406.22
25	339.87	339.87	322.87	322.87	322.87	322.87	339.87	339.87	424.83	424.83	407.84	407.84
26	346.64	346.64	329.31	329.31	329.31	329.31	346.64	346.64	433.30	433.30	415.96	415.96
27	354.76	354.76	337.02	337.02	337.02	337.02	354.76	354.76	443.45	443.45	425.71	425.71
28	367.96	367.96	349.57	349.57	349.57	349.57	367.96	367.96	459.95	459.95	441.56	441.56
29	378.80	378.80	359.86	359.86	359.86	359.86	378.80	378.80	473.50	473.50	454.56	454.56
30	384.21	384.21	365.00	365.00	365.00	365.00	384.21	384.21	480.27	480.27	461.05	461.05
31	392.34	392.34	372.72	372.72	372.72	372.72	392.34	392.34	490.42	490.42	470.80	470.80
32	400.46	400.46	380.44	380.44	380.44	380.44	400.46	400.46	500.58	500.58	480.55	480.55
33	405.54	405.54	385.26	385.26	385.26	385.26	405.54	405.54	506.92	506.92	486.65	486.65
34	410.95	410.95	390.41	390.41	390.41	390.41	410.95	410.95	513.69	513.69	493.15	493.15
35	413.66	413.66	392.98	392.98	392.98	392.98	413.66	413.66	517.08	517.08	496.40	496.40
36	416.37	416.37	395.55	395.55	395.55	395.55	416.37	416.37	520.46	520.46	499.65	499.65
37	419.08	419.08	398.13	398.13	398.13	398.13	419.08	419.08	523.85	523.85	502.89	502.89
38	421.79	421.79	400.70	400.70	400.70	400.70	421.79	421.79	527.23	527.23	506.14	506.14
39	427.20	427.20	405.84	405.84	405.84	405.84	427.20	427.20	534.00	534.00	512.64	512.64
40	432.62	432.62	410.99	410.99	410.99	410.99	432.62	432.62	540.77	540.77	519.14	519.14
41	440.74	440.74	418.71	418.71	418.71	418.71	440.74	440.74	550.93	550.93	528.89	528.89
42	448.53	448.53	426.10	426.10	426.10	426.10	448.53	448.53	560.66	560.66	538.24	538.24
43	459.36	459.36	436.39	436.39	436.39	436.39	459.36	459.36	574.20	574.20	551.23	551.23
44	472.90	472.90	449.26	449.26	449.26	449.26	472.90	472.90	591.13	591.13	567.48	567.48
45	488.81	488.81	464.37	464.37	464.37	464.37	488.81	488.81	611.02	611.02	586.58	586.58
46	507.77	507.77	482.38	482.38	482.38	482.38	507.77	507.77	634.71	634.71	609.32	609.32
47	529.10	529.10	502.64	502.64	502.64	502.64	529.10	529.10	661.37	661.37	634.91	634.91
48	553.47	553.47	525.80	525.80	525.80	525.80	553.47	553.47	691.84	691.84	664.16	664.16
49	577.50	577.50	548.63	548.63	548.63	548.63	577.50	577.50	721.88	721.88	693.00	693.00
50	604.58	604.58	574.36	574.36	574.36	574.36	604.58	604.58	755.73	755.73	725.50	725.50
51	631.33	631.33	599.76	599.76	599.76	599.76	631.33	631.33	789.16	789.16	757.59	757.59
52	660.78	660.78	627.74	627.74	627.74	627.74	660.78	660.78	825.97	825.97	792.93	792.93
53	690.57	690.57	656.04	656.04	656.04	656.04	690.57	690.57	863.21	863.21	828.68	828.68
54	722.73	722.73	686.59	686.59	686.59	686.59	722.73	722.73	903.41	903.41	867.27	867.27
55	754.88	754.88	717.14	717.14	717.14	717.14	754.88	754.88	943.60	943.60	905.86	905.86
56	789.75	789.75	750.26	750.26	750.26	750.26	789.75	789.75	987.19	987.19	947.70	947.70
57	824.96	824.96	783.71	783.71	783.71	783.71	824.96	824.96	1,031.20	1,031.20	989.95	989.95
58	862.53	862.53	819.40	819.40	819.40	819.40	862.53	862.53	1,078.16	1,078.16	1,035.04	1,035.04
59	881.15	881.15	837.09	837.09	837.09	837.09	881.15	881.15	1,101.44	1,101.44	1,057.38	1,057.38
60	918.72	918.72	872.79	872.79	872.79	872.79	918.72	918.72	1,148.41	1,148.41	1,102.47	1,102.47
61	951.22	951.22	903.66	903.66	903.66	903.66	951.22	951.22	1,189.03	1,189.03	1,141.47	1,141.47
62	972.55	972.55	923.92	923.92	923.92	923.92	972.55	972.55	1,215.68	1,215.68	1,167.06	1,167.06
63	999.29	999.29	949.33	949.33	949.33	949.33	999.29	999.29	1,249.11	1,249.11	1,199.15	1,199.15
64 and Over	1,015.54	1,015.54	964.76	964.76	964.76	964.76	1,015.54	1,015.54	1,269.42	1,269.42	1,218.65	1,218.65
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>22444PA006063</b>			

# Geisinger Small Group ACA All-Access HMO 10/20/0

## Platinum

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$0/\$0	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$6,000/\$12,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$10	Limited to In Network
Specialist - Office Visit	\$20	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$10	\$10
Outpatient Surgery Physician/Surgical Services	\$0	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$50 per day	Limited to In Network
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	Limited to In Network
Hospice Services	Residential - \$20 per visit, Facility - \$50 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$10	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$10	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	Limited to In Network
Rehabilitative Speech Therapy	\$20	Limited to In Network
Habilitation Services	\$20	Limited to In Network
Durable Medical Equipment <sup>3</sup>	10%	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$10	Limited to In Network
Routine Eye Exam for Children	\$20	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	\$0	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**22444PA0060114**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Small Group ACA All-Access HMO 10/20/0									Platinum			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	395.93	395.93	376.14	376.14	376.14	376.14	395.93	395.93	494.92	494.92	475.12	475.12
15	431.13	431.13	409.57	409.57	409.57	409.57	431.13	431.13	538.91	538.91	517.35	517.35
16	444.59	444.59	422.36	422.36	422.36	422.36	444.59	444.59	555.73	555.73	533.50	533.50
17	458.04	458.04	435.14	435.14	435.14	435.14	458.04	458.04	572.55	572.55	549.65	549.65
18	472.53	472.53	448.91	448.91	448.91	448.91	472.53	472.53	590.67	590.67	567.04	567.04
19	487.03	487.03	462.67	462.67	462.67	462.67	487.03	487.03	608.78	608.78	584.43	584.43
20	502.04	502.04	476.93	476.93	476.93	476.93	502.04	502.04	627.54	627.54	602.44	602.44
21	517.57	517.57	491.69	491.69	491.69	491.69	517.57	517.57	646.96	646.96	621.08	621.08
22	517.57	517.57	491.69	491.69	491.69	491.69	517.57	517.57	646.96	646.96	621.08	621.08
23	517.57	517.57	491.69	491.69	491.69	491.69	517.57	517.57	646.96	646.96	621.08	621.08
24	517.57	517.57	491.69	491.69	491.69	491.69	517.57	517.57	646.96	646.96	621.08	621.08
25	519.63	519.63	493.65	493.65	493.65	493.65	519.63	519.63	649.54	649.54	623.56	623.56
26	529.98	529.98	503.48	503.48	503.48	503.48	529.98	529.98	662.48	662.48	635.98	635.98
27	542.40	542.40	515.28	515.28	515.28	515.28	542.40	542.40	678.01	678.01	650.89	650.89
28	562.59	562.59	534.46	534.46	534.46	534.46	562.59	562.59	703.24	703.24	675.11	675.11
29	579.15	579.15	550.19	550.19	550.19	550.19	579.15	579.15	723.94	723.94	694.98	694.98
30	587.43	587.43	558.06	558.06	558.06	558.06	587.43	587.43	734.29	734.29	704.92	704.92
31	599.85	599.85	569.86	569.86	569.86	569.86	599.85	599.85	749.82	749.82	719.83	719.83
32	612.28	612.28	581.66	581.66	581.66	581.66	612.28	612.28	765.34	765.34	734.73	734.73
33	620.04	620.04	589.04	589.04	589.04	589.04	620.04	620.04	775.05	775.05	744.05	744.05
34	628.32	628.32	596.90	596.90	596.90	596.90	628.32	628.32	785.40	785.40	753.98	753.98
35	632.46	632.46	600.84	600.84	600.84	600.84	632.46	632.46	790.58	790.58	758.95	758.95
36	636.60	636.60	604.77	604.77	604.77	604.77	636.60	636.60	795.75	795.75	763.92	763.92
37	640.74	640.74	608.70	608.70	608.70	608.70	640.74	640.74	800.93	800.93	768.89	768.89
38	644.88	644.88	612.64	612.64	612.64	612.64	644.88	644.88	806.10	806.10	773.86	773.86
39	653.16	653.16	620.51	620.51	620.51	620.51	653.16	653.16	816.45	816.45	783.80	783.80
40	661.44	661.44	628.37	628.37	628.37	628.37	661.44	661.44	826.81	826.81	793.73	793.73
41	673.87	673.87	640.17	640.17	640.17	640.17	673.87	673.87	842.33	842.33	808.64	808.64
42	685.77	685.77	651.48	651.48	651.48	651.48	685.77	685.77	857.21	857.21	822.92	822.92
43	702.33	702.33	667.22	667.22	667.22	667.22	702.33	702.33	877.91	877.91	842.80	842.80
44	723.03	723.03	686.88	686.88	686.88	686.88	723.03	723.03	903.79	903.79	867.64	867.64
45	747.36	747.36	709.99	709.99	709.99	709.99	747.36	747.36	934.20	934.20	896.83	896.83
46	776.34	776.34	737.53	737.53	737.53	737.53	776.34	776.34	970.43	970.43	931.61	931.61
47	808.95	808.95	768.50	768.50	768.50	768.50	808.95	808.95	1,011.19	1,011.19	970.74	970.74
48	846.21	846.21	803.90	803.90	803.90	803.90	846.21	846.21	1,057.77	1,057.77	1,015.46	1,015.46
49	882.96	882.96	838.81	838.81	838.81	838.81	882.96	882.96	1,103.70	1,103.70	1,059.55	1,059.55
50	924.37	924.37	878.15	878.15	878.15	878.15	924.37	924.37	1,155.46	1,155.46	1,109.24	1,109.24
51	965.25	965.25	916.99	916.99	916.99	916.99	965.25	965.25	1,206.57	1,206.57	1,158.30	1,158.30
52	1,010.28	1,010.28	959.77	959.77	959.77	959.77	1,010.28	1,010.28	1,262.85	1,262.85	1,212.34	1,212.34
53	1,055.83	1,055.83	1,003.04	1,003.04	1,003.04	1,003.04	1,055.83	1,055.83	1,319.78	1,319.78	1,266.99	1,266.99
54	1,104.99	1,104.99	1,049.75	1,049.75	1,049.75	1,049.75	1,104.99	1,104.99	1,381.24	1,381.24	1,325.99	1,325.99
55	1,154.16	1,154.16	1,096.46	1,096.46	1,096.46	1,096.46	1,154.16	1,154.16	1,442.70	1,442.70	1,385.00	1,385.00
56	1,207.47	1,207.47	1,147.10	1,147.10	1,147.10	1,147.10	1,207.47	1,207.47	1,509.34	1,509.34	1,448.97	1,448.97
57	1,261.30	1,261.30	1,198.23	1,198.23	1,198.23	1,198.23	1,261.30	1,261.30	1,576.62	1,576.62	1,513.56	1,513.56
58	1,318.75	1,318.75	1,252.81	1,252.81	1,252.81	1,252.81	1,318.75	1,318.75	1,648.43	1,648.43	1,582.50	1,582.50
59	1,347.21	1,347.21	1,279.85	1,279.85	1,279.85	1,279.85	1,347.21	1,347.21	1,684.02	1,684.02	1,616.66	1,616.66
60	1,404.66	1,404.66	1,334.43	1,334.43	1,334.43	1,334.43	1,404.66	1,404.66	1,755.83	1,755.83	1,685.60	1,685.60
61	1,454.35	1,454.35	1,381.63	1,381.63	1,381.63	1,381.63	1,454.35	1,454.35	1,817.94	1,817.94	1,745.22	1,745.22
62	1,486.96	1,486.96	1,412.61	1,412.61	1,412.61	1,412.61	1,486.96	1,486.96	1,858.69	1,858.69	1,784.35	1,784.35
63	1,527.84	1,527.84	1,451.45	1,451.45	1,451.45	1,451.45	1,527.84	1,527.84	1,909.80	1,909.80	1,833.41	1,833.41
64 and Over	1,552.69	1,552.69	1,475.05	1,475.05	1,475.05	1,475.05	1,552.69	1,552.69	1,940.86	1,940.86	1,863.22	1,863.22
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>22444PA0060114</b>			

# Geisinger Small Group ACA All-Access HMO 20/40/500

## Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$500/\$1,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250	\$250
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$250 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**22444PA0060116**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

# Geisinger Small Group ACA All-Access HMO 20/40/500

## Gold

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	345.13	345.13	327.87	327.87	327.87	327.87	345.13	345.13	431.41	431.41	414.15	414.15
15	375.80	375.80	357.01	357.01	357.01	357.01	375.80	375.80	469.75	469.75	450.96	450.96
16	387.53	387.53	368.16	368.16	368.16	368.16	387.53	387.53	484.42	484.42	465.04	465.04
17	399.26	399.26	379.30	379.30	379.30	379.30	399.26	399.26	499.08	499.08	479.12	479.12
18	411.90	411.90	391.30	391.30	391.30	391.30	411.90	411.90	514.87	514.87	494.27	494.27
19	424.53	424.53	403.30	403.30	403.30	403.30	424.53	424.53	530.66	530.66	509.43	509.43
20	437.61	437.61	415.73	415.73	415.73	415.73	437.61	437.61	547.01	547.01	525.13	525.13
21	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.94	563.94	541.38	541.38
22	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.94	563.94	541.38	541.38
23	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.94	563.94	541.38	541.38
24	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.94	563.94	541.38	541.38
25	452.95	452.95	430.30	430.30	430.30	430.30	452.95	452.95	566.19	566.19	543.54	543.54
26	461.97	461.97	438.87	438.87	438.87	438.87	461.97	461.97	577.47	577.47	554.37	554.37
27	472.80	472.80	449.16	449.16	449.16	449.16	472.80	472.80	591.00	591.00	567.36	567.36
28	490.39	490.39	465.87	465.87	465.87	465.87	490.39	490.39	612.99	612.99	588.47	588.47
29	504.83	504.83	479.59	479.59	479.59	479.59	504.83	504.83	631.04	631.04	605.80	605.80
30	512.05	512.05	486.45	486.45	486.45	486.45	512.05	512.05	640.06	640.06	614.46	614.46
31	522.88	522.88	496.73	496.73	496.73	496.73	522.88	522.88	653.60	653.60	627.45	627.45
32	533.70	533.70	507.02	507.02	507.02	507.02	533.70	533.70	667.13	667.13	640.45	640.45
33	540.47	540.47	513.45	513.45	513.45	513.45	540.47	540.47	675.59	675.59	648.57	648.57
34	547.69	547.69	520.31	520.31	520.31	520.31	547.69	547.69	684.61	684.61	657.23	657.23
35	551.30	551.30	523.73	523.73	523.73	523.73	551.30	551.30	689.12	689.12	661.56	661.56
36	554.91	554.91	527.16	527.16	527.16	527.16	554.91	554.91	693.64	693.64	665.89	665.89
37	558.52	558.52	530.59	530.59	530.59	530.59	558.52	558.52	698.15	698.15	670.22	670.22
38	562.13	562.13	534.02	534.02	534.02	534.02	562.13	562.13	702.66	702.66	674.55	674.55
39	569.34	569.34	540.88	540.88	540.88	540.88	569.34	569.34	711.68	711.68	683.21	683.21
40	576.56	576.56	547.74	547.74	547.74	547.74	576.56	576.56	720.70	720.70	691.88	691.88
41	587.39	587.39	558.02	558.02	558.02	558.02	587.39	587.39	734.24	734.24	704.87	704.87
42	597.77	597.77	567.88	567.88	567.88	567.88	597.77	597.77	747.21	747.21	717.32	717.32
43	612.20	612.20	581.59	581.59	581.59	581.59	612.20	612.20	765.25	765.25	734.64	734.64
44	630.25	630.25	598.74	598.74	598.74	598.74	630.25	630.25	787.81	787.81	756.30	756.30
45	651.45	651.45	618.88	618.88	618.88	618.88	651.45	651.45	814.32	814.32	781.74	781.74
46	676.72	676.72	642.88	642.88	642.88	642.88	676.72	676.72	845.90	845.90	812.06	812.06
47	705.14	705.14	669.88	669.88	669.88	669.88	705.14	705.14	881.42	881.42	846.17	846.17
48	737.62	737.62	700.74	700.74	700.74	700.74	737.62	737.62	922.03	922.03	885.15	885.15
49	769.65	769.65	731.17	731.17	731.17	731.17	769.65	769.65	962.07	962.07	923.58	923.58
50	805.74	805.74	765.46	765.46	765.46	765.46	805.74	805.74	1,007.18	1,007.18	966.89	966.89
51	841.39	841.39	799.32	799.32	799.32	799.32	841.39	841.39	1,051.73	1,051.73	1,009.66	1,009.66
52	880.64	880.64	836.60	836.60	836.60	836.60	880.64	880.64	1,100.79	1,100.79	1,056.76	1,056.76
53	920.34	920.34	874.32	874.32	874.32	874.32	920.34	920.34	1,150.42	1,150.42	1,104.40	1,104.40
54	963.19	963.19	915.03	915.03	915.03	915.03	963.19	963.19	1,203.99	1,203.99	1,155.83	1,155.83
55	1,006.05	1,006.05	955.75	955.75	955.75	955.75	1,006.05	1,006.05	1,257.57	1,257.57	1,207.26	1,207.26
56	1,052.52	1,052.52	999.90	999.90	999.90	999.90	1,052.52	1,052.52	1,315.65	1,315.65	1,263.03	1,263.03
57	1,099.44	1,099.44	1,044.47	1,044.47	1,044.47	1,044.47	1,099.44	1,099.44	1,374.30	1,374.30	1,319.33	1,319.33
58	1,149.52	1,149.52	1,092.04	1,092.04	1,092.04	1,092.04	1,149.52	1,149.52	1,436.90	1,436.90	1,379.42	1,379.42
59	1,174.33	1,174.33	1,115.61	1,115.61	1,115.61	1,115.61	1,174.33	1,174.33	1,467.91	1,467.91	1,409.20	1,409.20
60	1,224.41	1,224.41	1,163.19	1,163.19	1,163.19	1,163.19	1,224.41	1,224.41	1,530.51	1,530.51	1,469.29	1,469.29
61	1,267.72	1,267.72	1,204.33	1,204.33	1,204.33	1,204.33	1,267.72	1,267.72	1,584.65	1,584.65	1,521.26	1,521.26
62	1,296.14	1,296.14	1,231.33	1,231.33	1,231.33	1,231.33	1,296.14	1,296.14	1,620.17	1,620.17	1,555.37	1,555.37
63	1,331.78	1,331.78	1,265.19	1,265.19	1,265.19	1,265.19	1,331.78	1,331.78	1,664.73	1,664.73	1,598.14	1,598.14
64 and Over	1,353.44	1,353.44	1,285.76	1,285.76	1,285.76	1,285.76	1,353.44	1,353.44	1,691.79	1,691.79	1,624.12	1,624.12
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>22444PA0060116</b>			



**Geisinger Small Group ACA All-Access HMO  
20/40/1000**

**Gold**

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,000/\$2,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,600/\$17,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$175 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$175 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**22444PA0060117**

1. Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2. Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3. DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger Small Group ACA All-Access HMO  
20/40/1000**

**Gold**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	351.42	351.42	333.85	333.85	333.85	333.85	351.42	351.42	439.27	439.27	421.70	421.70
15	382.66	382.66	363.52	363.52	363.52	363.52	382.66	382.66	478.32	478.32	459.19	459.19
16	394.60	394.60	374.87	374.87	374.87	374.87	394.60	394.60	493.25	493.25	473.52	473.52
17	406.54	406.54	386.22	386.22	386.22	386.22	406.54	406.54	508.18	508.18	487.85	487.85
18	419.40	419.40	398.43	398.43	398.43	398.43	419.40	419.40	524.26	524.26	503.29	503.29
19	432.27	432.27	410.65	410.65	410.65	410.65	432.27	432.27	540.33	540.33	518.72	518.72
20	445.59	445.59	423.31	423.31	423.31	423.31	445.59	445.59	556.99	556.99	534.71	534.71
21	459.37	459.37	436.41	436.41	436.41	436.41	459.37	459.37	574.22	574.22	551.25	551.25
22	459.37	459.37	436.41	436.41	436.41	436.41	459.37	459.37	574.22	574.22	551.25	551.25
23	459.37	459.37	436.41	436.41	436.41	436.41	459.37	459.37	574.22	574.22	551.25	551.25
24	459.37	459.37	436.41	436.41	436.41	436.41	459.37	459.37	574.22	574.22	551.25	551.25
25	461.21	461.21	438.15	438.15	438.15	438.15	461.21	461.21	576.51	576.51	553.45	553.45
26	470.39	470.39	446.88	446.88	446.88	446.88	470.39	470.39	587.99	587.99	564.47	564.47
27	481.42	481.42	457.35	457.35	457.35	457.35	481.42	481.42	601.77	601.77	577.70	577.70
28	499.34	499.34	474.37	474.37	474.37	474.37	499.34	499.34	624.17	624.17	599.20	599.20
29	514.04	514.04	488.33	488.33	488.33	488.33	514.04	514.04	642.54	642.54	616.84	616.84
30	521.38	521.38	495.32	495.32	495.32	495.32	521.38	521.38	651.73	651.73	625.66	625.66
31	532.41	532.41	505.79	505.79	505.79	505.79	532.41	532.41	665.51	665.51	638.89	638.89
32	543.43	543.43	516.26	516.26	516.26	516.26	543.43	543.43	679.29	679.29	652.12	652.12
33	550.33	550.33	522.81	522.81	522.81	522.81	550.33	550.33	687.91	687.91	660.39	660.39
34	557.68	557.68	529.79	529.79	529.79	529.79	557.68	557.68	697.09	697.09	669.21	669.21
35	561.35	561.35	533.28	533.28	533.28	533.28	561.35	561.35	701.69	701.69	673.62	673.62
36	565.03	565.03	536.77	536.77	536.77	536.77	565.03	565.03	706.28	706.28	678.03	678.03
37	568.70	568.70	540.27	540.27	540.27	540.27	568.70	568.70	710.88	710.88	682.44	682.44
38	572.38	572.38	543.76	543.76	543.76	543.76	572.38	572.38	715.47	715.47	686.85	686.85
39	579.72	579.72	550.74	550.74	550.74	550.74	579.72	579.72	724.66	724.66	695.67	695.67
40	587.07	587.07	557.72	557.72	557.72	557.72	587.07	587.07	733.84	733.84	704.49	704.49
41	598.10	598.10	568.19	568.19	568.19	568.19	598.10	598.10	747.62	747.62	717.72	717.72
42	608.67	608.67	578.23	578.23	578.23	578.23	608.67	608.67	760.83	760.83	730.40	730.40
43	623.37	623.37	592.20	592.20	592.20	592.20	623.37	623.37	779.21	779.21	748.04	748.04
44	641.74	641.74	609.65	609.65	609.65	609.65	641.74	641.74	802.17	802.17	770.09	770.09
45	663.33	663.33	630.16	630.16	630.16	630.16	663.33	663.33	829.16	829.16	796.00	796.00
46	689.06	689.06	654.60	654.60	654.60	654.60	689.06	689.06	861.32	861.32	826.87	826.87
47	718.00	718.00	682.10	682.10	682.10	682.10	718.00	718.00	897.49	897.49	861.59	861.59
48	751.07	751.07	713.52	713.52	713.52	713.52	751.07	751.07	938.84	938.84	901.28	901.28
49	783.69	783.69	744.50	744.50	744.50	744.50	783.69	783.69	979.61	979.61	940.42	940.42
50	820.43	820.43	779.41	779.41	779.41	779.41	820.43	820.43	1,025.54	1,025.54	984.52	984.52
51	856.73	856.73	813.89	813.89	813.89	813.89	856.73	856.73	1,070.91	1,070.91	1,028.07	1,028.07
52	896.69	896.69	851.86	851.86	851.86	851.86	896.69	896.69	1,120.86	1,120.86	1,076.03	1,076.03
53	937.11	937.11	890.26	890.26	890.26	890.26	937.11	937.11	1,171.39	1,171.39	1,124.54	1,124.54
54	980.75	980.75	931.72	931.72	931.72	931.72	980.75	980.75	1,225.94	1,225.94	1,176.91	1,176.91
55	1,024.40	1,024.40	973.18	973.18	973.18	973.18	1,024.40	1,024.40	1,280.49	1,280.49	1,229.27	1,229.27
56	1,071.71	1,071.71	1,018.12	1,018.12	1,018.12	1,018.12	1,071.71	1,071.71	1,339.64	1,339.64	1,286.05	1,286.05
57	1,119.48	1,119.48	1,063.51	1,063.51	1,063.51	1,063.51	1,119.48	1,119.48	1,399.36	1,399.36	1,343.38	1,343.38
58	1,170.47	1,170.47	1,111.95	1,111.95	1,111.95	1,111.95	1,170.47	1,170.47	1,463.09	1,463.09	1,404.57	1,404.57
59	1,195.74	1,195.74	1,135.95	1,135.95	1,135.95	1,135.95	1,195.74	1,195.74	1,494.68	1,494.68	1,434.89	1,434.89
60	1,246.73	1,246.73	1,184.39	1,184.39	1,184.39	1,184.39	1,246.73	1,246.73	1,558.41	1,558.41	1,496.08	1,496.08
61	1,290.83	1,290.83	1,226.29	1,226.29	1,226.29	1,226.29	1,290.83	1,290.83	1,613.54	1,613.54	1,549.00	1,549.00
62	1,319.77	1,319.77	1,253.78	1,253.78	1,253.78	1,253.78	1,319.77	1,319.77	1,649.71	1,649.71	1,583.72	1,583.72
63	1,356.06	1,356.06	1,288.26	1,288.26	1,288.26	1,288.26	1,356.06	1,356.06	1,695.08	1,695.08	1,627.27	1,627.27
64 and Over	1,378.11	1,378.11	1,309.20	1,309.20	1,309.20	1,309.20	1,378.11	1,378.11	1,722.64	1,722.64	1,653.73	1,653.73

**Rates Effective: 01/01/2024 to 03/31/2024**

**22444PA0060117**

**Geisinger Small Group ACA All-Access HMO  
20/40/1500**

**Gold**

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,500/\$3,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$150 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**22444PA0060118**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger Small Group ACA All-Access HMO  
20/40/1500**

**Gold**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	338.95	338.95	322.00	322.00	322.00	322.00	338.95	338.95	423.68	423.68	406.74	406.74
15	369.08	369.08	350.62	350.62	350.62	350.62	369.08	369.08	461.34	461.34	442.89	442.89
16	380.60	380.60	361.57	361.57	361.57	361.57	380.60	380.60	475.74	475.74	456.71	456.71
17	392.12	392.12	372.51	372.51	372.51	372.51	392.12	392.12	490.14	490.14	470.54	470.54
18	404.52	404.52	384.30	384.30	384.30	384.30	404.52	404.52	505.65	505.65	485.43	485.43
19	416.93	416.93	396.08	396.08	396.08	396.08	416.93	416.93	521.16	521.16	500.31	500.31
20	429.78	429.78	408.29	408.29	408.29	408.29	429.78	429.78	537.22	537.22	515.73	515.73
21	443.07	443.07	420.92	420.92	420.92	420.92	443.07	443.07	553.84	553.84	531.69	531.69
22	443.07	443.07	420.92	420.92	420.92	420.92	443.07	443.07	553.84	553.84	531.69	531.69
23	443.07	443.07	420.92	420.92	420.92	420.92	443.07	443.07	553.84	553.84	531.69	531.69
24	443.07	443.07	420.92	420.92	420.92	420.92	443.07	443.07	553.84	553.84	531.69	531.69
25	444.84	444.84	422.60	422.60	422.60	422.60	444.84	444.84	556.05	556.05	533.81	533.81
26	453.70	453.70	431.02	431.02	431.02	431.02	453.70	453.70	567.13	567.13	544.44	544.44
27	464.34	464.34	441.12	441.12	441.12	441.12	464.34	464.34	580.42	580.42	557.20	557.20
28	481.61	481.61	457.53	457.53	457.53	457.53	481.61	481.61	602.02	602.02	577.94	577.94
29	495.79	495.79	471.00	471.00	471.00	471.00	495.79	495.79	619.74	619.74	594.95	594.95
30	502.88	502.88	477.74	477.74	477.74	477.74	502.88	502.88	628.60	628.60	603.46	603.46
31	513.52	513.52	487.84	487.84	487.84	487.84	513.52	513.52	641.89	641.89	616.22	616.22
32	524.15	524.15	497.94	497.94	497.94	497.94	524.15	524.15	655.19	655.19	628.98	628.98
33	530.80	530.80	504.26	504.26	504.26	504.26	530.80	530.80	663.49	663.49	636.95	636.95
34	537.88	537.88	510.99	510.99	510.99	510.99	537.88	537.88	672.36	672.36	645.46	645.46
35	541.43	541.43	514.36	514.36	514.36	514.36	541.43	541.43	676.79	676.79	649.71	649.71
36	544.97	544.97	517.72	517.72	517.72	517.72	544.97	544.97	681.22	681.22	653.97	653.97
37	548.52	548.52	521.09	521.09	521.09	521.09	548.52	548.52	685.65	685.65	658.22	658.22
38	552.06	552.06	524.46	524.46	524.46	524.46	552.06	552.06	690.08	690.08	662.48	662.48
39	559.15	559.15	531.19	531.19	531.19	531.19	559.15	559.15	698.94	698.94	670.98	670.98
40	566.24	566.24	537.93	537.93	537.93	537.93	566.24	566.24	707.80	707.80	679.49	679.49
41	576.87	576.87	548.03	548.03	548.03	548.03	576.87	576.87	721.09	721.09	692.25	692.25
42	587.07	587.07	557.71	557.71	557.71	557.71	587.07	587.07	733.83	733.83	704.48	704.48
43	601.24	601.24	571.18	571.18	571.18	571.18	601.24	601.24	751.55	751.55	721.49	721.49
44	618.97	618.97	588.02	588.02	588.02	588.02	618.97	618.97	773.71	773.71	742.76	742.76
45	639.79	639.79	607.80	607.80	607.80	607.80	639.79	639.79	799.74	799.74	767.75	767.75
46	664.60	664.60	631.37	631.37	631.37	631.37	664.60	664.60	830.75	830.75	797.52	797.52
47	692.52	692.52	657.89	657.89	657.89	657.89	692.52	692.52	865.64	865.64	831.02	831.02
48	724.42	724.42	688.20	688.20	688.20	688.20	724.42	724.42	905.52	905.52	869.30	869.30
49	755.87	755.87	718.08	718.08	718.08	718.08	755.87	755.87	944.84	944.84	907.05	907.05
50	791.32	791.32	751.75	751.75	751.75	751.75	791.32	791.32	989.15	989.15	949.58	949.58
51	826.32	826.32	785.01	785.01	785.01	785.01	826.32	826.32	1,032.90	1,032.90	991.59	991.59
52	864.87	864.87	821.63	821.63	821.63	821.63	864.87	864.87	1,081.09	1,081.09	1,037.84	1,037.84
53	903.86	903.86	858.67	858.67	858.67	858.67	903.86	903.86	1,129.82	1,129.82	1,084.63	1,084.63
54	945.95	945.95	898.65	898.65	898.65	898.65	945.95	945.95	1,182.44	1,182.44	1,135.14	1,135.14
55	988.04	988.04	938.64	938.64	938.64	938.64	988.04	988.04	1,235.05	1,235.05	1,185.65	1,185.65
56	1,033.68	1,033.68	981.99	981.99	981.99	981.99	1,033.68	1,033.68	1,292.10	1,292.10	1,240.41	1,240.41
57	1,079.76	1,079.76	1,025.77	1,025.77	1,025.77	1,025.77	1,079.76	1,079.76	1,349.70	1,349.70	1,295.71	1,295.71
58	1,128.94	1,128.94	1,072.49	1,072.49	1,072.49	1,072.49	1,128.94	1,128.94	1,411.17	1,411.17	1,354.72	1,354.72
59	1,153.31	1,153.31	1,095.64	1,095.64	1,095.64	1,095.64	1,153.31	1,153.31	1,441.63	1,441.63	1,383.97	1,383.97
60	1,202.49	1,202.49	1,142.36	1,142.36	1,142.36	1,142.36	1,202.49	1,202.49	1,503.11	1,503.11	1,442.98	1,442.98
61	1,245.02	1,245.02	1,182.77	1,182.77	1,182.77	1,182.77	1,245.02	1,245.02	1,556.28	1,556.28	1,494.03	1,494.03
62	1,272.93	1,272.93	1,209.29	1,209.29	1,209.29	1,209.29	1,272.93	1,272.93	1,591.17	1,591.17	1,527.52	1,527.52
63	1,307.94	1,307.94	1,242.54	1,242.54	1,242.54	1,242.54	1,307.94	1,307.94	1,634.92	1,634.92	1,569.52	1,569.52
64 and Over	1,329.20	1,329.20	1,262.74	1,262.74	1,262.74	1,262.74	1,329.20	1,329.20	1,661.51	1,661.51	1,595.04	1,595.04

**Rates Effective: 01/01/2024 to 03/31/2024**

**22444PA0060118**

# Geisinger Small Group ACA All-Access HMO 15/30/400

## Platinum

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$400/\$800	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$2,500/\$5,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$15	Limited to In Network
Specialist - Office Visit	\$30	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$100	\$100
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$15	\$15
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$75 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$75 after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$50 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	Limited to In Network
Hospice Services	Residential - \$30 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$15	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$15	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$30	Limited to In Network
Rehabilitative Speech Therapy	\$30	Limited to In Network
Habilitation Services	\$30	Limited to In Network
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$15	Limited to In Network
Routine Eye Exam for Children	\$30	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**22444PA0060120**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

<b>Geisinger Small Group ACA All-Access HMO 15/30/400</b>								<b>Platinum</b>				
	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
Age	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	381.88	381.88	362.78	362.78	362.78	362.78	381.88	381.88	477.35	477.35	458.25	458.25
15	415.82	415.82	395.03	395.03	395.03	395.03	415.82	415.82	519.78	519.78	498.99	498.99
16	428.80	428.80	407.36	407.36	407.36	407.36	428.80	428.80	536.00	536.00	514.56	514.56
17	441.78	441.78	419.69	419.69	419.69	419.69	441.78	441.78	552.23	552.23	530.14	530.14
18	455.76	455.76	432.97	432.97	432.97	432.97	455.76	455.76	569.70	569.70	546.91	546.91
19	469.74	469.74	446.25	446.25	446.25	446.25	469.74	469.74	587.17	587.17	563.68	563.68
20	484.21	484.21	460.00	460.00	460.00	460.00	484.21	484.21	605.27	605.27	581.05	581.05
21	499.19	499.19	474.23	474.23	474.23	474.23	499.19	499.19	623.99	623.99	599.03	599.03
22	499.19	499.19	474.23	474.23	474.23	474.23	499.19	499.19	623.99	623.99	599.03	599.03
23	499.19	499.19	474.23	474.23	474.23	474.23	499.19	499.19	623.99	623.99	599.03	599.03
24	499.19	499.19	474.23	474.23	474.23	474.23	499.19	499.19	623.99	623.99	599.03	599.03
25	501.18	501.18	476.13	476.13	476.13	476.13	501.18	501.18	626.48	626.48	601.42	601.42
26	511.17	511.17	485.61	485.61	485.61	485.61	511.17	511.17	638.96	638.96	613.40	613.40
27	523.15	523.15	496.99	496.99	496.99	496.99	523.15	523.15	653.94	653.94	627.78	627.78
28	542.62	542.62	515.49	515.49	515.49	515.49	542.62	542.62	678.27	678.27	651.14	651.14
29	558.59	558.59	530.66	530.66	530.66	530.66	558.59	558.59	698.24	698.24	670.31	670.31
30	566.58	566.58	538.25	538.25	538.25	538.25	566.58	566.58	708.22	708.22	679.89	679.89
31	578.56	578.56	549.63	549.63	549.63	549.63	578.56	578.56	723.20	723.20	694.27	694.27
32	590.54	590.54	561.01	561.01	561.01	561.01	590.54	590.54	738.17	738.17	708.65	708.65
33	598.03	598.03	568.13	568.13	568.13	568.13	598.03	598.03	747.53	747.53	717.63	717.63
34	606.01	606.01	575.71	575.71	575.71	575.71	606.01	606.01	757.52	757.52	727.22	727.22
35	610.01	610.01	579.51	579.51	579.51	579.51	610.01	610.01	762.51	762.51	732.01	732.01
36	614.00	614.00	583.30	583.30	583.30	583.30	614.00	614.00	767.50	767.50	736.80	736.80
37	617.99	617.99	587.10	587.10	587.10	587.10	617.99	617.99	772.49	772.49	741.59	741.59
38	621.99	621.99	590.89	590.89	590.89	590.89	621.99	621.99	777.49	777.49	746.39	746.39
39	629.98	629.98	598.48	598.48	598.48	598.48	629.98	629.98	787.47	787.47	755.97	755.97
40	637.96	637.96	606.06	606.06	606.06	606.06	637.96	637.96	797.45	797.45	765.55	765.55
41	649.94	649.94	617.45	617.45	617.45	617.45	649.94	649.94	812.43	812.43	779.93	779.93
42	661.42	661.42	628.35	628.35	628.35	628.35	661.42	661.42	826.78	826.78	793.71	793.71
43	677.40	677.40	643.53	643.53	643.53	643.53	677.40	677.40	846.75	846.75	812.88	812.88
44	697.37	697.37	662.50	662.50	662.50	662.50	697.37	697.37	871.71	871.71	836.84	836.84
45	720.83	720.83	684.79	684.79	684.79	684.79	720.83	720.83	901.03	901.03	864.99	864.99
46	748.78	748.78	711.34	711.34	711.34	711.34	748.78	748.78	935.98	935.98	898.54	898.54
47	780.23	780.23	741.22	741.22	741.22	741.22	780.23	780.23	975.29	975.29	936.28	936.28
48	816.17	816.17	775.36	775.36	775.36	775.36	816.17	816.17	1,020.22	1,020.22	979.41	979.41
49	851.61	851.61	809.03	809.03	809.03	809.03	851.61	851.61	1,064.52	1,064.52	1,021.94	1,021.94
50	891.55	891.55	846.97	846.97	846.97	846.97	891.55	891.55	1,114.44	1,114.44	1,069.86	1,069.86
51	930.99	930.99	884.44	884.44	884.44	884.44	930.99	930.99	1,163.73	1,163.73	1,117.18	1,117.18
52	974.41	974.41	925.69	925.69	925.69	925.69	974.41	974.41	1,218.02	1,218.02	1,169.30	1,169.30
53	1,018.34	1,018.34	967.43	967.43	967.43	967.43	1,018.34	1,018.34	1,272.93	1,272.93	1,222.01	1,222.01
54	1,065.77	1,065.77	1,012.48	1,012.48	1,012.48	1,012.48	1,065.77	1,065.77	1,332.21	1,332.21	1,278.92	1,278.92
55	1,113.19	1,113.19	1,057.53	1,057.53	1,057.53	1,057.53	1,113.19	1,113.19	1,391.49	1,391.49	1,335.83	1,335.83
56	1,164.61	1,164.61	1,106.38	1,106.38	1,106.38	1,106.38	1,164.61	1,164.61	1,455.76	1,455.76	1,397.53	1,397.53
57	1,216.52	1,216.52	1,155.70	1,155.70	1,155.70	1,155.70	1,216.52	1,216.52	1,520.65	1,520.65	1,459.83	1,459.83
58	1,271.93	1,271.93	1,208.33	1,208.33	1,208.33	1,208.33	1,271.93	1,271.93	1,589.91	1,589.91	1,526.32	1,526.32
59	1,299.39	1,299.39	1,234.42	1,234.42	1,234.42	1,234.42	1,299.39	1,299.39	1,624.23	1,624.23	1,559.26	1,559.26
60	1,354.80	1,354.80	1,287.06	1,287.06	1,287.06	1,287.06	1,354.80	1,354.80	1,693.50	1,693.50	1,625.76	1,625.76
61	1,402.72	1,402.72	1,332.58	1,332.58	1,332.58	1,332.58	1,402.72	1,402.72	1,753.40	1,753.40	1,683.26	1,683.26
62	1,434.17	1,434.17	1,362.46	1,362.46	1,362.46	1,362.46	1,434.17	1,434.17	1,792.71	1,792.71	1,721.00	1,721.00
63	1,473.60	1,473.60	1,399.92	1,399.92	1,399.92	1,399.92	1,473.60	1,473.60	1,842.00	1,842.00	1,768.32	1,768.32
64 and Over	1,497.56	1,497.56	1,422.69	1,422.69	1,422.69	1,422.69	1,497.56	1,497.56	1,871.96	1,871.96	1,797.08	1,797.08
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>								<b>22444PA0060120</b>				

<b>Geisinger Small Group ACA All-Access HMO 45/75/5000</b>		<b>Silver</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Preventive services covered at 100%</b>		<b>Health management programs</b>
<b>Summary of Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$5,000/\$10,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,700/\$17,400	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$45	Limited to In Network
Specialist - Office Visit	\$75	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$450 after deductible	\$450 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$45	\$45
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$400 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$300 after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$125 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$125 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	Limited to In Network
Hospice Services	Residential - \$75 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$45	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$45	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$75	Limited to In Network
Rehabilitative Speech Therapy	\$75	Limited to In Network
Habilitation Services	\$75	Limited to In Network
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$75	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% coinsurance after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network
This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.		
<b>Benefits Effective: 01/01/2024 to 12/31/2024</b>		<b>22444PA0060138</b>

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Small Group ACA All-Access HMO 45/75/5000									Silver			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	279.40	279.40	265.43	265.43	265.43	265.43	279.40	279.40	349.25	349.25	335.28	335.28
15	304.23	304.23	289.02	289.02	289.02	289.02	304.23	304.23	380.29	380.29	365.08	365.08
16	313.73	313.73	298.04	298.04	298.04	298.04	313.73	313.73	392.16	392.16	376.47	376.47
17	323.22	323.22	307.06	307.06	307.06	307.06	323.22	323.22	404.03	404.03	387.87	387.87
18	333.45	333.45	316.78	316.78	316.78	316.78	333.45	333.45	416.81	416.81	400.14	400.14
19	343.68	343.68	326.49	326.49	326.49	326.49	343.68	343.68	429.59	429.59	412.41	412.41
20	354.27	354.27	336.55	336.55	336.55	336.55	354.27	354.27	442.83	442.83	425.12	425.12
21	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23	456.53	456.53	438.27	438.27
22	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23	456.53	456.53	438.27	438.27
23	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23	456.53	456.53	438.27	438.27
24	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23	456.53	456.53	438.27	438.27
25	366.68	366.68	348.35	348.35	348.35	348.35	366.68	366.68	458.36	458.36	440.02	440.02
26	373.99	373.99	355.29	355.29	355.29	355.29	373.99	373.99	467.49	467.49	448.79	448.79
27	382.75	382.75	363.62	363.62	363.62	363.62	382.75	382.75	478.44	478.44	459.31	459.31
28	397.00	397.00	377.15	377.15	377.15	377.15	397.00	397.00	496.25	496.25	476.40	476.40
29	408.69	408.69	388.25	388.25	388.25	388.25	408.69	408.69	510.86	510.86	490.42	490.42
30	414.53	414.53	393.80	393.80	393.80	393.80	414.53	414.53	518.16	518.16	497.44	497.44
31	423.29	423.29	402.13	402.13	402.13	402.13	423.29	423.29	529.12	529.12	507.95	507.95
32	432.06	432.06	410.46	410.46	410.46	410.46	432.06	432.06	540.07	540.07	518.47	518.47
33	437.54	437.54	415.66	415.66	415.66	415.66	437.54	437.54	546.92	546.92	525.05	525.05
34	443.38	443.38	421.21	421.21	421.21	421.21	443.38	443.38	554.23	554.23	532.06	532.06
35	446.30	446.30	423.99	423.99	423.99	423.99	446.30	446.30	557.88	557.88	535.56	535.56
36	449.23	449.23	426.76	426.76	426.76	426.76	449.23	449.23	561.53	561.53	539.07	539.07
37	452.15	452.15	429.54	429.54	429.54	429.54	452.15	452.15	565.18	565.18	542.58	542.58
38	455.07	455.07	432.32	432.32	432.32	432.32	455.07	455.07	568.84	568.84	546.08	546.08
39	460.91	460.91	437.87	437.87	437.87	437.87	460.91	460.91	576.14	576.14	553.10	553.10
40	466.76	466.76	443.42	443.42	443.42	443.42	466.76	466.76	583.45	583.45	560.11	560.11
41	475.52	475.52	451.75	451.75	451.75	451.75	475.52	475.52	594.40	594.40	570.63	570.63
42	483.92	483.92	459.73	459.73	459.73	459.73	483.92	483.92	604.90	604.90	580.71	580.71
43	495.61	495.61	470.83	470.83	470.83	470.83	495.61	495.61	619.51	619.51	594.73	594.73
44	510.22	510.22	484.71	484.71	484.71	484.71	510.22	510.22	637.77	637.77	612.26	612.26
45	527.38	527.38	501.01	501.01	501.01	501.01	527.38	527.38	659.23	659.23	632.86	632.86
46	547.84	547.84	520.44	520.44	520.44	520.44	547.84	547.84	684.80	684.80	657.40	657.40
47	570.85	570.85	542.30	542.30	542.30	542.30	570.85	570.85	713.56	713.56	685.01	685.01
48	597.14	597.14	567.28	567.28	567.28	567.28	597.14	597.14	746.43	746.43	716.57	716.57
49	623.07	623.07	591.92	591.92	591.92	591.92	623.07	623.07	778.84	778.84	747.69	747.69
50	652.29	652.29	619.68	619.68	619.68	619.68	652.29	652.29	815.36	815.36	782.75	782.75
51	681.14	681.14	647.09	647.09	647.09	647.09	681.14	681.14	851.43	851.43	817.37	817.37
52	712.92	712.92	677.27	677.27	677.27	677.27	712.92	712.92	891.15	891.15	855.50	855.50
53	745.06	745.06	707.80	707.80	707.80	707.80	745.06	745.06	931.32	931.32	894.07	894.07
54	779.75	779.75	740.77	740.77	740.77	740.77	779.75	779.75	974.69	974.69	935.70	935.70
55	814.45	814.45	773.73	773.73	773.73	773.73	814.45	814.45	1,018.06	1,018.06	977.34	977.34
56	852.07	852.07	809.46	809.46	809.46	809.46	852.07	852.07	1,065.08	1,065.08	1,022.48	1,022.48
57	890.05	890.05	845.55	845.55	845.55	845.55	890.05	890.05	1,112.56	1,112.56	1,068.06	1,068.06
58	930.59	930.59	884.06	884.06	884.06	884.06	930.59	930.59	1,163.24	1,163.24	1,116.71	1,116.71
59	950.68	950.68	903.14	903.14	903.14	903.14	950.68	950.68	1,188.35	1,188.35	1,140.81	1,140.81
60	991.22	991.22	941.66	941.66	941.66	941.66	991.22	991.22	1,239.02	1,239.02	1,189.46	1,189.46
61	1,026.28	1,026.28	974.97	974.97	974.97	974.97	1,026.28	1,026.28	1,282.85	1,282.85	1,231.54	1,231.54
62	1,049.29	1,049.29	996.82	996.82	996.82	996.82	1,049.29	1,049.29	1,311.61	1,311.61	1,259.15	1,259.15
63	1,078.14	1,078.14	1,024.23	1,024.23	1,024.23	1,024.23	1,078.14	1,078.14	1,347.68	1,347.68	1,293.77	1,293.77
64 and Over	1,095.67	1,095.67	1,040.89	1,040.89	1,040.89	1,040.89	1,095.67	1,095.67	1,369.59	1,369.59	1,314.81	1,314.81
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>22444PA0060138</b>			



# Geisinger Small Group ACA All-Access HMO 20/35/450

## Platinum

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$450/\$900	Limited to In Network
Coinsurance	20%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$5,000/\$10,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$35	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$20	\$20
Outpatient Surgery Physician/Surgical Services	20% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	20% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	20% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$75 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	Limited to In Network
Hospice Services	Residential - \$35 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$35	Limited to In Network
Rehabilitative Speech Therapy	\$35	Limited to In Network
Habilitation Services	\$35	Limited to In Network
Durable Medical Equipment <sup>3</sup>	20% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$35	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	20% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**22444PA0060139**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

<b>Geisinger Small Group ACA All-Access HMO 20/35/450</b>									<b>Platinum</b>			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	377.76	377.76	358.87	358.87	358.87	358.87	377.76	377.76	472.20	472.20	453.31	453.31
15	411.34	411.34	390.77	390.77	390.77	390.77	411.34	411.34	514.17	514.17	493.61	493.61
16	424.18	424.18	402.97	402.97	402.97	402.97	424.18	424.18	530.22	530.22	509.01	509.01
17	437.02	437.02	415.17	415.17	415.17	415.17	437.02	437.02	546.27	546.27	524.42	524.42
18	450.84	450.84	428.30	428.30	428.30	428.30	450.84	450.84	563.55	563.55	541.01	541.01
19	464.67	464.67	441.44	441.44	441.44	441.44	464.67	464.67	580.84	580.84	557.60	557.60
20	478.99	478.99	455.04	455.04	455.04	455.04	478.99	478.99	598.74	598.74	574.79	574.79
21	493.81	493.81	469.12	469.12	469.12	469.12	493.81	493.81	617.26	617.26	592.57	592.57
22	493.81	493.81	469.12	469.12	469.12	469.12	493.81	493.81	617.26	617.26	592.57	592.57
23	493.81	493.81	469.12	469.12	469.12	469.12	493.81	493.81	617.26	617.26	592.57	592.57
24	493.81	493.81	469.12	469.12	469.12	469.12	493.81	493.81	617.26	617.26	592.57	592.57
25	495.78	495.78	470.99	470.99	470.99	470.99	495.78	495.78	619.72	619.72	594.94	594.94
26	505.66	505.66	480.37	480.37	480.37	480.37	505.66	505.66	632.07	632.07	606.79	606.79
27	517.51	517.51	491.63	491.63	491.63	491.63	517.51	517.51	646.88	646.88	621.01	621.01
28	536.76	536.76	509.93	509.93	509.93	509.93	536.76	536.76	670.96	670.96	644.12	644.12
29	552.57	552.57	524.94	524.94	524.94	524.94	552.57	552.57	690.71	690.71	663.08	663.08
30	560.47	560.47	532.44	532.44	532.44	532.44	560.47	560.47	700.58	700.58	672.56	672.56
31	572.32	572.32	543.70	543.70	543.70	543.70	572.32	572.32	715.40	715.40	686.78	686.78
32	584.17	584.17	554.96	554.96	554.96	554.96	584.17	584.17	730.21	730.21	701.00	701.00
33	591.58	591.58	562.00	562.00	562.00	562.00	591.58	591.58	739.47	739.47	709.89	709.89
34	599.48	599.48	569.50	569.50	569.50	569.50	599.48	599.48	749.35	749.35	719.37	719.37
35	603.43	603.43	573.26	573.26	573.26	573.26	603.43	603.43	754.29	754.29	724.11	724.11
36	607.38	607.38	577.01	577.01	577.01	577.01	607.38	607.38	759.22	759.22	728.85	728.85
37	611.33	611.33	580.76	580.76	580.76	580.76	611.33	611.33	764.16	764.16	733.60	733.60
38	615.28	615.28	584.52	584.52	584.52	584.52	615.28	615.28	769.10	769.10	738.34	738.34
39	623.18	623.18	592.02	592.02	592.02	592.02	623.18	623.18	778.98	778.98	747.82	747.82
40	631.08	631.08	599.53	599.53	599.53	599.53	631.08	631.08	788.85	788.85	757.30	757.30
41	642.93	642.93	610.79	610.79	610.79	610.79	642.93	642.93	803.67	803.67	771.52	771.52
42	654.29	654.29	621.58	621.58	621.58	621.58	654.29	654.29	817.86	817.86	785.15	785.15
43	670.09	670.09	636.59	636.59	636.59	636.59	670.09	670.09	837.62	837.62	804.11	804.11
44	689.84	689.84	655.35	655.35	655.35	655.35	689.84	689.84	862.31	862.31	827.81	827.81
45	713.05	713.05	677.40	677.40	677.40	677.40	713.05	713.05	891.32	891.32	855.66	855.66
46	740.71	740.71	703.67	703.67	703.67	703.67	740.71	740.71	925.88	925.88	888.85	888.85
47	771.82	771.82	733.22	733.22	733.22	733.22	771.82	771.82	964.77	964.77	926.18	926.18
48	807.37	807.37	767.00	767.00	767.00	767.00	807.37	807.37	1,009.21	1,009.21	968.84	968.84
49	842.43	842.43	800.31	800.31	800.31	800.31	842.43	842.43	1,053.04	1,053.04	1,010.92	1,010.92
50	881.93	881.93	837.84	837.84	837.84	837.84	881.93	881.93	1,102.42	1,102.42	1,058.32	1,058.32
51	920.94	920.94	874.90	874.90	874.90	874.90	920.94	920.94	1,151.18	1,151.18	1,105.13	1,105.13
52	963.91	963.91	915.71	915.71	915.71	915.71	963.91	963.91	1,204.88	1,204.88	1,156.69	1,156.69
53	1,007.36	1,007.36	956.99	956.99	956.99	956.99	1,007.36	1,007.36	1,259.20	1,259.20	1,208.83	1,208.83
54	1,054.27	1,054.27	1,001.56	1,001.56	1,001.56	1,001.56	1,054.27	1,054.27	1,317.84	1,317.84	1,265.13	1,265.13
55	1,101.18	1,101.18	1,046.12	1,046.12	1,046.12	1,046.12	1,101.18	1,101.18	1,376.48	1,376.48	1,321.42	1,321.42
56	1,152.04	1,152.04	1,094.44	1,094.44	1,094.44	1,094.44	1,152.04	1,152.04	1,440.06	1,440.06	1,382.45	1,382.45
57	1,203.40	1,203.40	1,143.23	1,143.23	1,143.23	1,143.23	1,203.40	1,203.40	1,504.25	1,504.25	1,444.08	1,444.08
58	1,258.21	1,258.21	1,195.30	1,195.30	1,195.30	1,195.30	1,258.21	1,258.21	1,572.77	1,572.77	1,509.86	1,509.86
59	1,285.37	1,285.37	1,221.10	1,221.10	1,221.10	1,221.10	1,285.37	1,285.37	1,606.71	1,606.71	1,542.45	1,542.45
60	1,340.18	1,340.18	1,273.17	1,273.17	1,273.17	1,273.17	1,340.18	1,340.18	1,675.23	1,675.23	1,608.22	1,608.22
61	1,387.59	1,387.59	1,318.21	1,318.21	1,318.21	1,318.21	1,387.59	1,387.59	1,734.49	1,734.49	1,665.11	1,665.11
62	1,418.70	1,418.70	1,347.76	1,347.76	1,347.76	1,347.76	1,418.70	1,418.70	1,773.37	1,773.37	1,702.44	1,702.44
63	1,457.71	1,457.71	1,384.82	1,384.82	1,384.82	1,384.82	1,457.71	1,457.71	1,822.14	1,822.14	1,749.25	1,749.25
64 and Over	1,481.41	1,481.41	1,407.34	1,407.34	1,407.34	1,407.34	1,481.41	1,481.41	1,851.77	1,851.77	1,777.69	1,777.69
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>22444PA0060139</b>			

**Geisinger Small Group ACA All-Access HMO  
30/60/3500**

**Gold**

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$3,500/\$7,000	Limited to In Network
Coinsurance	20%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,000/\$14,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$30	Limited to In Network
Specialist - Office Visit	\$60	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$350	\$350
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$30	\$30
Outpatient Surgery Physician/Surgical Services	20% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	20% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	20% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$75 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	Limited to In Network
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$30	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$30	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	Limited to In Network
Rehabilitative Speech Therapy	\$60	Limited to In Network
Habilitation Services	\$60	Limited to In Network
Durable Medical Equipment <sup>3</sup>	20% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	20% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	20% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**22444PA0060140**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger Small Group ACA All-Access HMO  
30/60/3500**

**Gold**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	314.19	314.19	298.48	298.48	298.48	298.48	314.19	314.19	392.74	392.74	377.03	377.03
15	342.12	342.12	325.01	325.01	325.01	325.01	342.12	342.12	427.65	427.65	410.54	410.54
16	352.80	352.80	335.16	335.16	335.16	335.16	352.80	352.80	440.99	440.99	423.35	423.35
17	363.47	363.47	345.30	345.30	345.30	345.30	363.47	363.47	454.34	454.34	436.17	436.17
18	374.97	374.97	356.22	356.22	356.22	356.22	374.97	374.97	468.72	468.72	449.97	449.97
19	386.47	386.47	367.15	367.15	367.15	367.15	386.47	386.47	483.09	483.09	463.77	463.77
20	398.38	398.38	378.46	378.46	378.46	378.46	398.38	398.38	497.98	497.98	478.06	478.06
21	410.71	410.71	390.17	390.17	390.17	390.17	410.71	410.71	513.39	513.39	492.85	492.85
22	410.71	410.71	390.17	390.17	390.17	390.17	410.71	410.71	513.39	513.39	492.85	492.85
23	410.71	410.71	390.17	390.17	390.17	390.17	410.71	410.71	513.39	513.39	492.85	492.85
24	410.71	410.71	390.17	390.17	390.17	390.17	410.71	410.71	513.39	513.39	492.85	492.85
25	412.35	412.35	391.73	391.73	391.73	391.73	412.35	412.35	515.43	515.43	494.82	494.82
26	420.56	420.56	399.53	399.53	399.53	399.53	420.56	420.56	525.70	525.70	504.67	504.67
27	430.42	430.42	408.90	408.90	408.90	408.90	430.42	430.42	538.02	538.02	516.50	516.50
28	446.44	446.44	424.11	424.11	424.11	424.11	446.44	446.44	558.05	558.05	535.72	535.72
29	459.58	459.58	436.60	436.60	436.60	436.60	459.58	459.58	574.47	574.47	551.49	551.49
30	466.15	466.15	442.84	442.84	442.84	442.84	466.15	466.15	582.69	582.69	559.38	559.38
31	476.01	476.01	452.21	452.21	452.21	452.21	476.01	476.01	595.01	595.01	571.21	571.21
32	485.86	485.86	461.57	461.57	461.57	461.57	485.86	485.86	607.33	607.33	583.04	583.04
33	492.02	492.02	467.42	467.42	467.42	467.42	492.02	492.02	615.03	615.03	590.43	590.43
34	498.60	498.60	473.67	473.67	473.67	473.67	498.60	498.60	623.24	623.24	598.32	598.32
35	501.88	501.88	476.79	476.79	476.79	476.79	501.88	501.88	627.35	627.35	602.26	602.26
36	505.17	505.17	479.91	479.91	479.91	479.91	505.17	505.17	631.46	631.46	606.20	606.20
37	508.45	508.45	483.03	483.03	483.03	483.03	508.45	508.45	635.57	635.57	610.14	610.14
38	511.74	511.74	486.15	486.15	486.15	486.15	511.74	511.74	639.67	639.67	614.09	614.09
39	518.31	518.31	492.39	492.39	492.39	492.39	518.31	518.31	647.89	647.89	621.97	621.97
40	524.88	524.88	498.64	498.64	498.64	498.64	524.88	524.88	656.10	656.10	629.86	629.86
41	534.74	534.74	508.00	508.00	508.00	508.00	534.74	534.74	668.42	668.42	641.69	641.69
42	544.18	544.18	516.97	516.97	516.97	516.97	544.18	544.18	680.23	680.23	653.02	653.02
43	557.33	557.33	529.46	529.46	529.46	529.46	557.33	557.33	696.66	696.66	668.79	668.79
44	573.75	573.75	545.07	545.07	545.07	545.07	573.75	573.75	717.19	717.19	688.51	688.51
45	593.06	593.06	563.41	563.41	563.41	563.41	593.06	593.06	741.32	741.32	711.67	711.67
46	616.06	616.06	585.25	585.25	585.25	585.25	616.06	616.06	770.07	770.07	739.27	739.27
47	641.93	641.93	609.84	609.84	609.84	609.84	641.93	641.93	802.41	802.41	770.32	770.32
48	671.50	671.50	637.93	637.93	637.93	637.93	671.50	671.50	839.38	839.38	805.80	805.80
49	700.66	700.66	665.63	665.63	665.63	665.63	700.66	700.66	875.83	875.83	840.80	840.80
50	733.52	733.52	696.84	696.84	696.84	696.84	733.52	733.52	916.90	916.90	880.22	880.22
51	765.96	765.96	727.67	727.67	727.67	727.67	765.96	765.96	957.46	957.46	919.16	919.16
52	801.70	801.70	761.61	761.61	761.61	761.61	801.70	801.70	1,002.12	1,002.12	962.04	962.04
53	837.84	837.84	795.95	795.95	795.95	795.95	837.84	837.84	1,047.30	1,047.30	1,005.41	1,005.41
54	876.86	876.86	833.01	833.01	833.01	833.01	876.86	876.86	1,096.07	1,096.07	1,052.23	1,052.23
55	915.87	915.87	870.08	870.08	870.08	870.08	915.87	915.87	1,144.84	1,144.84	1,099.05	1,099.05
56	958.17	958.17	910.27	910.27	910.27	910.27	958.17	958.17	1,197.72	1,197.72	1,149.81	1,149.81
57	1,000.89	1,000.89	950.84	950.84	950.84	950.84	1,000.89	1,000.89	1,251.11	1,251.11	1,201.07	1,201.07
58	1,046.48	1,046.48	994.15	994.15	994.15	994.15	1,046.48	1,046.48	1,308.10	1,308.10	1,255.77	1,255.77
59	1,069.07	1,069.07	1,015.61	1,015.61	1,015.61	1,015.61	1,069.07	1,069.07	1,336.33	1,336.33	1,282.88	1,282.88
60	1,114.65	1,114.65	1,058.92	1,058.92	1,058.92	1,058.92	1,114.65	1,114.65	1,393.32	1,393.32	1,337.58	1,337.58
61	1,154.08	1,154.08	1,096.38	1,096.38	1,096.38	1,096.38	1,154.08	1,154.08	1,442.60	1,442.60	1,384.90	1,384.90
62	1,179.96	1,179.96	1,120.96	1,120.96	1,120.96	1,120.96	1,179.96	1,179.96	1,474.94	1,474.94	1,415.95	1,415.95
63	1,212.40	1,212.40	1,151.78	1,151.78	1,151.78	1,151.78	1,212.40	1,212.40	1,515.50	1,515.50	1,454.88	1,454.88
64 and Over	1,232.12	1,232.12	1,170.51	1,170.51	1,170.51	1,170.51	1,232.12	1,232.12	1,540.14	1,540.14	1,478.54	1,478.54
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>22444PA0060140</b>			

**Geisinger Small Group ACA All-Access HMO  
25/50/2000**

**Gold**

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$25	Limited to In Network
Specialist - Office Visit	\$50	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	Limited to In Network
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$25	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$25	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	Limited to In Network
Rehabilitative Speech Therapy	\$50	Limited to In Network
Habilitation Services	\$50	Limited to In Network
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**22444PA0060141**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger Small Group ACA All-Access HMO  
25/50/2000**

**Gold**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	328.10	328.10	311.70	311.70	311.70	311.70	328.10	328.10	410.13	410.13	393.73	393.73
15	357.27	357.27	339.41	339.41	339.41	339.41	357.27	357.27	446.59	446.59	428.72	428.72
16	368.42	368.42	350.00	350.00	350.00	350.00	368.42	368.42	460.53	460.53	442.10	442.10
17	379.57	379.57	360.59	360.59	360.59	360.59	379.57	379.57	474.47	474.47	455.49	455.49
18	391.58	391.58	372.00	372.00	372.00	372.00	391.58	391.58	489.48	489.48	469.90	469.90
19	403.59	403.59	383.41	383.41	383.41	383.41	403.59	403.59	504.49	504.49	484.31	484.31
20	416.03	416.03	395.23	395.23	395.23	395.23	416.03	416.03	520.04	520.04	499.23	499.23
21	428.90	428.90	407.46	407.46	407.46	407.46	428.90	428.90	536.12	536.12	514.68	514.68
22	428.90	428.90	407.46	407.46	407.46	407.46	428.90	428.90	536.12	536.12	514.68	514.68
23	428.90	428.90	407.46	407.46	407.46	407.46	428.90	428.90	536.12	536.12	514.68	514.68
24	428.90	428.90	407.46	407.46	407.46	407.46	428.90	428.90	536.12	536.12	514.68	514.68
25	430.61	430.61	409.08	409.08	409.08	409.08	430.61	430.61	538.26	538.26	516.73	516.73
26	439.19	439.19	417.23	417.23	417.23	417.23	439.19	439.19	548.99	548.99	527.03	527.03
27	449.48	449.48	427.01	427.01	427.01	427.01	449.48	449.48	561.85	561.85	539.38	539.38
28	466.21	466.21	442.90	442.90	442.90	442.90	466.21	466.21	582.76	582.76	559.45	559.45
29	479.93	479.93	455.94	455.94	455.94	455.94	479.93	479.93	599.92	599.92	575.92	575.92
30	486.80	486.80	462.46	462.46	462.46	462.46	486.80	486.80	608.49	608.49	584.15	584.15
31	497.09	497.09	472.23	472.23	472.23	472.23	497.09	497.09	621.36	621.36	596.51	596.51
32	507.38	507.38	482.01	482.01	482.01	482.01	507.38	507.38	634.23	634.23	608.86	608.86
33	513.82	513.82	488.13	488.13	488.13	488.13	513.82	513.82	642.27	642.27	616.58	616.58
34	520.68	520.68	494.64	494.64	494.64	494.64	520.68	520.68	650.85	650.85	624.81	624.81
35	524.11	524.11	497.90	497.90	497.90	497.90	524.11	524.11	655.14	655.14	628.93	628.93
36	527.54	527.54	501.16	501.16	501.16	501.16	527.54	527.54	659.43	659.43	633.05	633.05
37	530.97	530.97	504.42	504.42	504.42	504.42	530.97	530.97	663.72	663.72	637.17	637.17
38	534.40	534.40	507.68	507.68	507.68	507.68	534.40	534.40	668.00	668.00	641.28	641.28
39	541.27	541.27	514.20	514.20	514.20	514.20	541.27	541.27	676.58	676.58	649.52	649.52
40	548.13	548.13	520.72	520.72	520.72	520.72	548.13	548.13	685.16	685.16	657.75	657.75
41	558.42	558.42	530.50	530.50	530.50	530.50	558.42	558.42	698.03	698.03	670.11	670.11
42	568.29	568.29	539.87	539.87	539.87	539.87	568.29	568.29	710.36	710.36	681.94	681.94
43	582.01	582.01	552.91	552.91	552.91	552.91	582.01	582.01	727.51	727.51	698.41	698.41
44	599.17	599.17	569.21	569.21	569.21	569.21	599.17	599.17	748.96	748.96	719.00	719.00
45	619.32	619.32	588.36	588.36	588.36	588.36	619.32	619.32	774.16	774.16	743.19	743.19
46	643.34	643.34	611.18	611.18	611.18	611.18	643.34	643.34	804.18	804.18	772.01	772.01
47	670.36	670.36	636.84	636.84	636.84	636.84	670.36	670.36	837.95	837.95	804.44	804.44
48	701.24	701.24	666.18	666.18	666.18	666.18	701.24	701.24	876.55	876.55	841.49	841.49
49	731.69	731.69	695.11	695.11	695.11	695.11	731.69	731.69	914.62	914.62	878.03	878.03
50	766.01	766.01	727.71	727.71	727.71	727.71	766.01	766.01	957.51	957.51	919.21	919.21
51	799.89	799.89	759.89	759.89	759.89	759.89	799.89	799.89	999.86	999.86	959.87	959.87
52	837.20	837.20	795.34	795.34	795.34	795.34	837.20	837.20	1,046.50	1,046.50	1,004.64	1,004.64
53	874.95	874.95	831.20	831.20	831.20	831.20	874.95	874.95	1,093.68	1,093.68	1,049.93	1,049.93
54	915.69	915.69	869.91	869.91	869.91	869.91	915.69	915.69	1,144.61	1,144.61	1,098.83	1,098.83
55	956.44	956.44	908.61	908.61	908.61	908.61	956.44	956.44	1,195.54	1,195.54	1,147.72	1,147.72
56	1,000.61	1,000.61	950.58	950.58	950.58	950.58	1,000.61	1,000.61	1,250.77	1,250.77	1,200.73	1,200.73
57	1,045.22	1,045.22	992.96	992.96	992.96	992.96	1,045.22	1,045.22	1,306.52	1,306.52	1,254.26	1,254.26
58	1,092.82	1,092.82	1,038.18	1,038.18	1,038.18	1,038.18	1,092.82	1,092.82	1,366.03	1,366.03	1,311.39	1,311.39
59	1,116.41	1,116.41	1,060.59	1,060.59	1,060.59	1,060.59	1,116.41	1,116.41	1,395.52	1,395.52	1,339.70	1,339.70
60	1,164.02	1,164.02	1,105.82	1,105.82	1,105.82	1,105.82	1,164.02	1,164.02	1,455.03	1,455.03	1,396.83	1,396.83
61	1,205.19	1,205.19	1,144.94	1,144.94	1,144.94	1,144.94	1,205.19	1,205.19	1,506.49	1,506.49	1,446.23	1,446.23
62	1,232.22	1,232.22	1,170.60	1,170.60	1,170.60	1,170.60	1,232.22	1,232.22	1,540.27	1,540.27	1,478.66	1,478.66
63	1,266.10	1,266.10	1,202.79	1,202.79	1,202.79	1,202.79	1,266.10	1,266.10	1,582.62	1,582.62	1,519.32	1,519.32
64 and Over	1,286.69	1,286.69	1,222.35	1,222.35	1,222.35	1,222.35	1,286.69	1,286.69	1,608.36	1,608.36	1,544.02	1,544.02
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>22444PA0060141</b>			

<b>Geisinger Small Group ACA All-Access QHDHP POS 7050</b>		<b>Ex Bronze</b>
<b>Preventive services covered at 100%</b>		<b>Accessories Program</b>
<b>Summary of Benefits</b>		<b>Health management programs</b>
	<b>In-Network</b>	<b>Out-of-Network</b>
Medical EHB Deductible (Embedded)	\$7,050/\$14,100	\$15,000/\$30,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,050/\$14,100	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	0% after deductible	40% after deductible
Specialist - Office Visit	0% after deductible	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	0% after deductible	0% after deductible
Emergency Transportation(Ambulance/Air)	0% after deductible	0% after deductible
Urgent Care Centers or Facilities <sup>1</sup>	0% after deductible	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	0% after deductible	40% after deductible
Hospice Services	0% after deductible	40% after deductible
Mental/Behavioral Health Outpatient Services	0% after deductible	40% after deductible
Substance Abuse Disorder Outpatient Services	0% after deductible	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible	40% after deductible
Rehabilitative Speech Therapy	0% after deductible	40% after deductible
Habilitation Services	0% after deductible	40% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	0% after deductible	Limited to In Network
Routine Eye Exam for Children	0% after deductible	Limited to In Network
Eye Glasses for Children	0% after deductible	0% after deductible
Drug EHB Deductible	Combined with Medical	NA
Mail Order Rx	0% after deductible	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 4 - Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 6 - Specialty Drugs	0% after deductible	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network
This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.		
<b>Benefits Effective: 01/01/2024 to 12/31/2024</b>		<b>22444PA0080066</b>

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Small Group ACA All-Access QHDHP POS 7050									Ex Bronze			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	244.81	244.81	232.57	232.57	232.57	232.57	244.81	244.81	306.01	306.01	293.77	293.77
15	266.57	266.57	253.24	253.24	253.24	253.24	266.57	266.57	333.21	333.21	319.88	319.88
16	274.89	274.89	261.14	261.14	261.14	261.14	274.89	274.89	343.61	343.61	329.87	329.87
17	283.21	283.21	269.05	269.05	269.05	269.05	283.21	283.21	354.01	354.01	339.85	339.85
18	292.17	292.17	277.56	277.56	277.56	277.56	292.17	292.17	365.21	365.21	350.60	350.60
19	301.13	301.13	286.07	286.07	286.07	286.07	301.13	301.13	376.41	376.41	361.35	361.35
20	310.41	310.41	294.89	294.89	294.89	294.89	310.41	310.41	388.01	388.01	372.49	372.49
21	320.01	320.01	304.01	304.01	304.01	304.01	320.01	320.01	400.02	400.02	384.02	384.02
22	320.01	320.01	304.01	304.01	304.01	304.01	320.01	320.01	400.02	400.02	384.02	384.02
23	320.01	320.01	304.01	304.01	304.01	304.01	320.01	320.01	400.02	400.02	384.02	384.02
24	320.01	320.01	304.01	304.01	304.01	304.01	320.01	320.01	400.02	400.02	384.02	384.02
25	321.29	321.29	305.22	305.22	305.22	305.22	321.29	321.29	401.61	401.61	385.55	385.55
26	327.69	327.69	311.30	311.30	311.30	311.30	327.69	327.69	409.61	409.61	393.23	393.23
27	335.37	335.37	318.60	318.60	318.60	318.60	335.37	335.37	419.21	419.21	402.44	402.44
28	347.85	347.85	330.46	330.46	330.46	330.46	347.85	347.85	434.81	434.81	417.42	417.42
29	358.09	358.09	340.19	340.19	340.19	340.19	358.09	358.09	447.61	447.61	429.71	429.71
30	363.21	363.21	345.05	345.05	345.05	345.05	363.21	363.21	454.01	454.01	435.85	435.85
31	370.89	370.89	352.35	352.35	352.35	352.35	370.89	370.89	463.61	463.61	445.07	445.07
32	378.57	378.57	359.64	359.64	359.64	359.64	378.57	378.57	473.21	473.21	454.28	454.28
33	383.37	383.37	364.20	364.20	364.20	364.20	383.37	383.37	479.21	479.21	460.04	460.04
34	388.49	388.49	369.07	369.07	369.07	369.07	388.49	388.49	485.61	485.61	466.19	466.19
35	391.05	391.05	371.50	371.50	371.50	371.50	391.05	391.05	488.81	488.81	469.26	469.26
36	393.61	393.61	373.93	373.93	373.93	373.93	393.61	393.61	492.01	492.01	472.33	472.33
37	396.17	396.17	376.36	376.36	376.36	376.36	396.17	396.17	495.21	495.21	475.41	475.41
38	398.73	398.73	378.79	378.79	378.79	378.79	398.73	398.73	498.41	498.41	478.48	478.48
39	403.85	403.85	383.66	383.66	383.66	383.66	403.85	403.85	504.81	504.81	484.62	484.62
40	408.97	408.97	388.52	388.52	388.52	388.52	408.97	408.97	511.21	511.21	490.77	490.77
41	416.65	416.65	395.82	395.82	395.82	395.82	416.65	416.65	520.81	520.81	499.98	499.98
42	424.01	424.01	402.81	402.81	402.81	402.81	424.01	424.01	530.01	530.01	508.81	508.81
43	434.25	434.25	412.54	412.54	412.54	412.54	434.25	434.25	542.82	542.82	521.10	521.10
44	447.05	447.05	424.70	424.70	424.70	424.70	447.05	447.05	558.82	558.82	536.46	536.46
45	462.09	462.09	438.99	438.99	438.99	438.99	462.09	462.09	577.62	577.62	554.51	554.51
46	480.01	480.01	456.01	456.01	456.01	456.01	480.01	480.01	600.02	600.02	576.02	576.02
47	500.17	500.17	475.17	475.17	475.17	475.17	500.17	500.17	625.22	625.22	600.21	600.21
48	523.21	523.21	497.05	497.05	497.05	497.05	523.21	523.21	654.02	654.02	627.86	627.86
49	545.94	545.94	518.64	518.64	518.64	518.64	545.94	545.94	682.42	682.42	655.12	655.12
50	571.54	571.54	542.96	542.96	542.96	542.96	571.54	571.54	714.42	714.42	685.84	685.84
51	596.82	596.82	566.98	566.98	566.98	566.98	596.82	596.82	746.02	746.02	716.18	716.18
52	624.66	624.66	593.42	593.42	593.42	593.42	624.66	624.66	780.82	780.82	749.59	749.59
53	652.82	652.82	620.18	620.18	620.18	620.18	652.82	652.82	816.02	816.02	783.38	783.38
54	683.22	683.22	649.06	649.06	649.06	649.06	683.22	683.22	854.02	854.02	819.86	819.86
55	713.62	713.62	677.94	677.94	677.94	677.94	713.62	713.62	892.03	892.03	856.34	856.34
56	746.58	746.58	709.25	709.25	709.25	709.25	746.58	746.58	933.23	933.23	895.90	895.90
57	779.86	779.86	740.87	740.87	740.87	740.87	779.86	779.86	974.83	974.83	935.83	935.83
58	815.38	815.38	774.61	774.61	774.61	774.61	815.38	815.38	1,019.23	1,019.23	978.46	978.46
59	832.98	832.98	791.33	791.33	791.33	791.33	832.98	832.98	1,041.23	1,041.23	999.58	999.58
60	868.50	868.50	825.08	825.08	825.08	825.08	868.50	868.50	1,085.63	1,085.63	1,042.21	1,042.21
61	899.23	899.23	854.26	854.26	854.26	854.26	899.23	899.23	1,124.03	1,124.03	1,079.07	1,079.07
62	919.39	919.39	873.42	873.42	873.42	873.42	919.39	919.39	1,149.23	1,149.23	1,103.26	1,103.26
63	944.67	944.67	897.43	897.43	897.43	897.43	944.67	944.67	1,180.83	1,180.83	1,133.60	1,133.60
64 and Over	960.03	960.03	912.03	912.03	912.03	912.03	960.03	960.03	1,200.03	1,200.03	1,152.03	1,152.03
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>22444PA0080066</b>			



# Geisinger All-Access QHDHP PPO 7050

## Ex Bronze

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$7,050/\$14,100	\$15,000/\$30,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,050/\$14,100	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	0% after deductible	40% after deductible
Specialist - Office Visit	0% after deductible	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	0% after deductible	0% after deductible
Emergency Transportation(Ambulance/Air)	0% after deductible	0% after deductible
Urgent Care Centers or Facilities <sup>1</sup>	0% after deductible	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	0% after deductible	40% after deductible
Hospice Services	0% after deductible	40% after deductible
Mental/Behavioral Health Outpatient Services	0% after deductible	40% after deductible
Substance Abuse Disorder Outpatient Services	0% after deductible	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible	40% after deductible
Rehabilitative Speech Therapy	0% after deductible	40% after deductible
Habilitation Services	0% after deductible	40% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	0% after deductible	Limited to In Network
Routine Eye Exam for Children	0% after deductible	Limited to In Network
Eye Glasses for Children	0% after deductible	0% after deductible
Drug EHB Deductible	Combined with Medical	NA
Mail Order Rx	0% after deductible	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 4 - Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 6 - Specialty Drugs	0% after deductible	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network
This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.		
<b>Benefits Effective: 01/01/2024 to 12/31/2024</b>		<b>75729PA0050062</b>

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger All-Access QHDHP PPO 7050**

**Ex Bronze**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	248.15	248.15	235.74	235.74	235.74	235.74	248.15	248.15	310.18	310.18	297.78	297.78
15	270.20	270.20	256.69	256.69	256.69	256.69	270.20	270.20	337.76	337.76	324.25	324.25
16	278.64	278.64	264.71	264.71	264.71	264.71	278.64	278.64	348.30	348.30	334.37	334.37
17	287.07	287.07	272.72	272.72	272.72	272.72	287.07	287.07	358.84	358.84	344.49	344.49
18	296.15	296.15	281.35	281.35	281.35	281.35	296.15	296.15	370.19	370.19	355.39	355.39
19	305.24	305.24	289.98	289.98	289.98	289.98	305.24	305.24	381.55	381.55	366.28	366.28
20	314.64	314.64	298.91	298.91	298.91	298.91	314.64	314.64	393.30	393.30	377.57	377.57
21	324.38	324.38	308.16	308.16	308.16	308.16	324.38	324.38	405.47	405.47	389.25	389.25
22	324.38	324.38	308.16	308.16	308.16	308.16	324.38	324.38	405.47	405.47	389.25	389.25
23	324.38	324.38	308.16	308.16	308.16	308.16	324.38	324.38	405.47	405.47	389.25	389.25
24	324.38	324.38	308.16	308.16	308.16	308.16	324.38	324.38	405.47	405.47	389.25	389.25
25	325.67	325.67	309.39	309.39	309.39	309.39	325.67	325.67	407.09	407.09	390.81	390.81
26	332.16	332.16	315.55	315.55	315.55	315.55	332.16	332.16	415.20	415.20	398.59	398.59
27	339.95	339.95	322.95	322.95	322.95	322.95	339.95	339.95	424.93	424.93	407.93	407.93
28	352.60	352.60	334.97	334.97	334.97	334.97	352.60	352.60	440.74	440.74	423.11	423.11
29	362.98	362.98	344.83	344.83	344.83	344.83	362.98	362.98	453.72	453.72	435.57	435.57
30	368.17	368.17	349.76	349.76	349.76	349.76	368.17	368.17	460.21	460.21	441.80	441.80
31	375.95	375.95	357.15	357.15	357.15	357.15	375.95	375.95	469.94	469.94	451.14	451.14
32	383.74	383.74	364.55	364.55	364.55	364.55	383.74	383.74	479.67	479.67	460.48	460.48
33	388.60	388.60	369.17	369.17	369.17	369.17	388.60	388.60	485.75	485.75	466.32	466.32
34	393.79	393.79	374.10	374.10	374.10	374.10	393.79	393.79	492.24	492.24	472.55	472.55
35	396.39	396.39	376.57	376.57	376.57	376.57	396.39	396.39	495.48	495.48	475.66	475.66
36	398.98	398.98	379.03	379.03	379.03	379.03	398.98	398.98	498.73	498.73	478.78	478.78
37	401.58	401.58	381.50	381.50	381.50	381.50	401.58	401.58	501.97	501.97	481.89	481.89
38	404.17	404.17	383.96	383.96	383.96	383.96	404.17	404.17	505.21	505.21	485.01	485.01
39	409.36	409.36	388.89	388.89	388.89	388.89	409.36	409.36	511.70	511.70	491.23	491.23
40	414.55	414.55	393.82	393.82	393.82	393.82	414.55	414.55	518.19	518.19	497.46	497.46
41	422.34	422.34	401.22	401.22	401.22	401.22	422.34	422.34	527.92	527.92	506.80	506.80
42	429.80	429.80	408.31	408.31	408.31	408.31	429.80	429.80	537.25	537.25	515.76	515.76
43	440.18	440.18	418.17	418.17	418.17	418.17	440.18	440.18	550.22	550.22	528.21	528.21
44	453.15	453.15	430.49	430.49	430.49	430.49	453.15	453.15	566.44	566.44	543.78	543.78
45	468.40	468.40	444.98	444.98	444.98	444.98	468.40	468.40	585.50	585.50	562.08	562.08
46	486.56	486.56	462.23	462.23	462.23	462.23	486.56	486.56	608.20	608.20	583.88	583.88
47	507.00	507.00	481.65	481.65	481.65	481.65	507.00	507.00	633.75	633.75	608.40	608.40
48	530.35	530.35	503.84	503.84	503.84	503.84	530.35	530.35	662.94	662.94	636.42	636.42
49	553.38	553.38	525.71	525.71	525.71	525.71	553.38	553.38	691.73	691.73	664.06	664.06
50	579.33	579.33	550.37	550.37	550.37	550.37	579.33	579.33	724.17	724.17	695.20	695.20
51	604.96	604.96	574.71	574.71	574.71	574.71	604.96	604.96	756.20	756.20	725.95	725.95
52	633.18	633.18	601.52	601.52	601.52	601.52	633.18	633.18	791.48	791.48	759.82	759.82
53	661.73	661.73	628.64	628.64	628.64	628.64	661.73	661.73	827.16	827.16	794.07	794.07
54	692.54	692.54	657.91	657.91	657.91	657.91	692.54	692.54	865.68	865.68	831.05	831.05
55	723.36	723.36	687.19	687.19	687.19	687.19	723.36	723.36	904.20	904.20	868.03	868.03
56	756.77	756.77	718.93	718.93	718.93	718.93	756.77	756.77	945.96	945.96	908.12	908.12
57	790.50	790.50	750.98	750.98	750.98	750.98	790.50	790.50	988.13	988.13	948.60	948.60
58	826.51	826.51	785.18	785.18	785.18	785.18	826.51	826.51	1,033.13	1,033.13	991.81	991.81
59	844.35	844.35	802.13	802.13	802.13	802.13	844.35	844.35	1,055.44	1,055.44	1,013.22	1,013.22
60	880.35	880.35	836.34	836.34	836.34	836.34	880.35	880.35	1,100.44	1,100.44	1,056.42	1,056.42
61	911.49	911.49	865.92	865.92	865.92	865.92	911.49	911.49	1,139.37	1,139.37	1,093.79	1,093.79
62	931.93	931.93	885.33	885.33	885.33	885.33	931.93	931.93	1,164.91	1,164.91	1,118.32	1,118.32
63	957.56	957.56	909.68	909.68	909.68	909.68	957.56	957.56	1,196.94	1,196.94	1,149.07	1,149.07
64 and Over	973.13	973.13	924.47	924.47	924.47	924.47	973.13	973.13	1,216.41	1,216.41	1,167.75	1,167.75

**Rates Effective: 01/01/2024 to 03/31/2024**

**75729PA0050062**

# Geisinger All-Access Extra PPO 10/60/500

# Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$500/\$1,000	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,700/\$17,400	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$60	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$150 after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$150 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$60	30% after deductible
Substance Abuse Disorder Outpatient Services	\$60	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050068**

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

<sup>1</sup>Urgent Care-Copay does not apply to Mental Health and SUD visit  
<sup>2</sup>Home Health-Visit Limits do not apply to Mental Health and SUD visit  
<sup>3</sup>DME-Cost sharing does not apply to Mental Health and SUD diagnosis

# Geisinger All-Access Extra PPO 10/60/500

# Gold

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			356.61	356.61			375.38	375.38			450.45	450.45
15			388.31	388.31			408.74	408.74			490.49	490.49
16			400.43	400.43			421.50	421.50			505.80	505.80
17			412.55	412.55			434.26	434.26			521.11	521.11
18			425.60	425.60			448.00	448.00			537.60	537.60
19			438.65	438.65			461.74	461.74			554.09	554.09
20			452.17	452.17			475.97	475.97			571.16	571.16
21			466.16	466.16			490.69	490.69			588.83	588.83
22			466.16	466.16			490.69	490.69			588.83	588.83
23			466.16	466.16			490.69	490.69			588.83	588.83
24			466.16	466.16			490.69	490.69			588.83	588.83
25			468.02	468.02			492.65	492.65			591.18	591.18
26			477.34	477.34			502.47	502.47			602.96	602.96
27			488.53	488.53			514.24	514.24			617.09	617.09
28			506.71	506.71			533.38	533.38			640.06	640.06
29			521.63	521.63			549.08	549.08			658.90	658.90
30			529.09	529.09			556.93	556.93			668.32	668.32
31			540.27	540.27			568.71	568.71			682.45	682.45
32			551.46	551.46			580.49	580.49			696.58	696.58
33			558.45	558.45			587.85	587.85			705.42	705.42
34			565.91	565.91			595.70	595.70			714.84	714.84
35			569.64	569.64			599.62	599.62			719.55	719.55
36			573.37	573.37			603.55	603.55			724.26	724.26
37			577.10	577.10			607.47	607.47			728.97	728.97
38			580.83	580.83			611.40	611.40			733.68	733.68
39			588.29	588.29			619.25	619.25			743.10	743.10
40			595.75	595.75			627.10	627.10			752.52	752.52
41			606.93	606.93			638.88	638.88			766.65	766.65
42			617.66	617.66			650.16	650.16			780.20	780.20
43			632.57	632.57			665.87	665.87			799.04	799.04
44			651.22	651.22			685.49	685.49			822.59	822.59
45			673.13	673.13			708.56	708.56			850.27	850.27
46			699.23	699.23			736.04	736.04			883.24	883.24
47			728.60	728.60			766.95	766.95			920.34	920.34
48			762.16	762.16			802.28	802.28			962.73	962.73
49			795.26	795.26			837.12	837.12			1,004.54	1,004.54
50			832.55	832.55			876.37	876.37			1,051.65	1,051.65
51			869.38	869.38			915.14	915.14			1,098.16	1,098.16
52			909.94	909.94			957.83	957.83			1,149.39	1,149.39
53			950.96	950.96			1,001.01	1,001.01			1,201.21	1,201.21
54			995.24	995.24			1,047.62	1,047.62			1,257.15	1,257.15
55			1,039.53	1,039.53			1,094.24	1,094.24			1,313.09	1,313.09
56			1,087.54	1,087.54			1,144.78	1,144.78			1,373.74	1,373.74
57			1,136.02	1,136.02			1,195.81	1,195.81			1,434.97	1,434.97
58			1,187.76	1,187.76			1,250.28	1,250.28			1,500.33	1,500.33
59			1,213.40	1,213.40			1,277.27	1,277.27			1,532.72	1,532.72
60			1,265.15	1,265.15			1,331.73	1,331.73			1,598.08	1,598.08
61			1,309.90	1,309.90			1,378.84	1,378.84			1,654.61	1,654.61
62			1,339.26	1,339.26			1,409.75	1,409.75			1,691.70	1,691.70
63			1,376.09	1,376.09			1,448.52	1,448.52			1,738.22	1,738.22
64 and Over			1,398.47	1,398.47			1,472.07	1,472.07			1,766.48	1,766.48

Rates Effective: 01/01/2024 to 03/31/2024

75729PA0050068

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

# Geisinger All-Access PPO 20/40/1000

## Gold

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,000/\$2,000	\$4,000/\$8,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,600/\$17,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	30% after deductible
Specialist - Office Visit	\$40	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$175 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$175 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	30% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	30% after deductible
Rehabilitative Speech Therapy	\$40	30% after deductible
Habilitation Services	\$40	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050070**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger All-Access PPO 20/40/1000**

**Gold**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	375.38	375.38	356.61	356.61	356.61	356.61	375.38	375.38	469.22	469.22	450.45	450.45
15	408.74	408.74	388.31	388.31	388.31	388.31	408.74	408.74	510.93	510.93	490.49	490.49
16	421.50	421.50	400.43	400.43	400.43	400.43	421.50	421.50	526.88	526.88	505.80	505.80
17	434.26	434.26	412.55	412.55	412.55	412.55	434.26	434.26	542.83	542.83	521.11	521.11
18	448.00	448.00	425.60	425.60	425.60	425.60	448.00	448.00	560.00	560.00	537.60	537.60
19	461.74	461.74	438.65	438.65	438.65	438.65	461.74	461.74	577.17	577.17	554.09	554.09
20	475.97	475.97	452.17	452.17	452.17	452.17	475.97	475.97	594.96	594.96	571.16	571.16
21	490.69	490.69	466.16	466.16	466.16	466.16	490.69	490.69	613.37	613.37	588.83	588.83
22	490.69	490.69	466.16	466.16	466.16	466.16	490.69	490.69	613.37	613.37	588.83	588.83
23	490.69	490.69	466.16	466.16	466.16	466.16	490.69	490.69	613.37	613.37	588.83	588.83
24	490.69	490.69	466.16	466.16	466.16	466.16	490.69	490.69	613.37	613.37	588.83	588.83
25	492.65	492.65	468.02	468.02	468.02	468.02	492.65	492.65	615.82	615.82	591.18	591.18
26	502.47	502.47	477.34	477.34	477.34	477.34	502.47	502.47	628.08	628.08	602.96	602.96
27	514.24	514.24	488.53	488.53	488.53	488.53	514.24	514.24	642.80	642.80	617.09	617.09
28	533.38	533.38	506.71	506.71	506.71	506.71	533.38	533.38	666.73	666.73	640.06	640.06
29	549.08	549.08	521.63	521.63	521.63	521.63	549.08	549.08	686.35	686.35	658.90	658.90
30	556.93	556.93	529.09	529.09	529.09	529.09	556.93	556.93	696.17	696.17	668.32	668.32
31	568.71	568.71	540.27	540.27	540.27	540.27	568.71	568.71	710.89	710.89	682.45	682.45
32	580.49	580.49	551.46	551.46	551.46	551.46	580.49	580.49	725.61	725.61	696.58	696.58
33	587.85	587.85	558.45	558.45	558.45	558.45	587.85	587.85	734.81	734.81	705.42	705.42
34	595.70	595.70	565.91	565.91	565.91	565.91	595.70	595.70	744.62	744.62	714.84	714.84
35	599.62	599.62	569.64	569.64	569.64	569.64	599.62	599.62	749.53	749.53	719.55	719.55
36	603.55	603.55	573.37	573.37	573.37	573.37	603.55	603.55	754.44	754.44	724.26	724.26
37	607.47	607.47	577.10	577.10	577.10	577.10	607.47	607.47	759.34	759.34	728.97	728.97
38	611.40	611.40	580.83	580.83	580.83	580.83	611.40	611.40	764.25	764.25	733.68	733.68
39	619.25	619.25	588.29	588.29	588.29	588.29	619.25	619.25	774.06	774.06	743.10	743.10
40	627.10	627.10	595.75	595.75	595.75	595.75	627.10	627.10	783.88	783.88	752.52	752.52
41	638.88	638.88	606.93	606.93	606.93	606.93	638.88	638.88	798.60	798.60	766.65	766.65
42	650.16	650.16	617.66	617.66	617.66	617.66	650.16	650.16	812.71	812.71	780.20	780.20
43	665.87	665.87	632.57	632.57	632.57	632.57	665.87	665.87	832.33	832.33	799.04	799.04
44	685.49	685.49	651.22	651.22	651.22	651.22	685.49	685.49	856.87	856.87	822.59	822.59
45	708.56	708.56	673.13	673.13	673.13	673.13	708.56	708.56	885.70	885.70	850.27	850.27
46	736.04	736.04	699.23	699.23	699.23	699.23	736.04	736.04	920.04	920.04	883.24	883.24
47	766.95	766.95	728.60	728.60	728.60	728.60	766.95	766.95	958.69	958.69	920.34	920.34
48	802.28	802.28	762.16	762.16	762.16	762.16	802.28	802.28	1,002.85	1,002.85	962.73	962.73
49	837.12	837.12	795.26	795.26	795.26	795.26	837.12	837.12	1,046.40	1,046.40	1,004.54	1,004.54
50	876.37	876.37	832.55	832.55	832.55	832.55	876.37	876.37	1,095.47	1,095.47	1,051.65	1,051.65
51	915.14	915.14	869.38	869.38	869.38	869.38	915.14	915.14	1,143.92	1,143.92	1,098.16	1,098.16
52	957.83	957.83	909.94	909.94	909.94	909.94	957.83	957.83	1,197.28	1,197.28	1,149.39	1,149.39
53	1,001.01	1,001.01	950.96	950.96	950.96	950.96	1,001.01	1,001.01	1,251.26	1,251.26	1,201.21	1,201.21
54	1,047.62	1,047.62	995.24	995.24	995.24	995.24	1,047.62	1,047.62	1,309.53	1,309.53	1,257.15	1,257.15
55	1,094.24	1,094.24	1,039.53	1,039.53	1,039.53	1,039.53	1,094.24	1,094.24	1,367.80	1,367.80	1,313.09	1,313.09
56	1,144.78	1,144.78	1,087.54	1,087.54	1,087.54	1,087.54	1,144.78	1,144.78	1,430.97	1,430.97	1,373.74	1,373.74
57	1,195.81	1,195.81	1,136.02	1,136.02	1,136.02	1,136.02	1,195.81	1,195.81	1,494.76	1,494.76	1,434.97	1,434.97
58	1,250.28	1,250.28	1,187.76	1,187.76	1,187.76	1,187.76	1,250.28	1,250.28	1,562.85	1,562.85	1,500.33	1,500.33
59	1,277.27	1,277.27	1,213.40	1,213.40	1,213.40	1,213.40	1,277.27	1,277.27	1,596.58	1,596.58	1,532.72	1,532.72
60	1,331.73	1,331.73	1,265.15	1,265.15	1,265.15	1,265.15	1,331.73	1,331.73	1,664.67	1,664.67	1,598.08	1,598.08
61	1,378.84	1,378.84	1,309.90	1,309.90	1,309.90	1,309.90	1,378.84	1,378.84	1,723.55	1,723.55	1,654.61	1,654.61
62	1,409.75	1,409.75	1,339.26	1,339.26	1,339.26	1,339.26	1,409.75	1,409.75	1,762.19	1,762.19	1,691.70	1,691.70
63	1,448.52	1,448.52	1,376.09	1,376.09	1,376.09	1,376.09	1,448.52	1,448.52	1,810.65	1,810.65	1,738.22	1,738.22
64 and Over	1,472.07	1,472.07	1,398.47	1,398.47	1,398.47	1,398.47	1,472.07	1,472.07	1,840.09	1,840.09	1,766.48	1,766.48

**Rates Effective: 01/01/2024 to 03/31/2024**

**75729PA0050070**

# Geisinger All-Access PPO 25/50/3300

## Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	3,300/\$6,600	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,550/\$17,100	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200 after deductible	\$200 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050071**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger All-Access PPO 25/50/3300**

**Gold**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	331.98	331.98	315.38	315.38	315.38	315.38	331.98	331.98	414.98	414.98	398.38	398.38
15	361.49	361.49	343.42	343.42	343.42	343.42	361.49	361.49	451.86	451.86	433.79	433.79
16	372.77	372.77	354.14	354.14	354.14	354.14	372.77	372.77	465.97	465.97	447.33	447.33
17	384.06	384.06	364.85	364.85	364.85	364.85	384.06	384.06	480.07	480.07	460.87	460.87
18	396.21	396.21	376.40	376.40	376.40	376.40	396.21	396.21	495.26	495.26	475.45	475.45
19	408.36	408.36	387.94	387.94	387.94	387.94	408.36	408.36	510.45	510.45	490.03	490.03
20	420.94	420.94	399.90	399.90	399.90	399.90	420.94	420.94	526.18	526.18	505.13	505.13
21	433.97	433.97	412.27	412.27	412.27	412.27	433.97	433.97	542.46	542.46	520.76	520.76
22	433.97	433.97	412.27	412.27	412.27	412.27	433.97	433.97	542.46	542.46	520.76	520.76
23	433.97	433.97	412.27	412.27	412.27	412.27	433.97	433.97	542.46	542.46	520.76	520.76
24	433.97	433.97	412.27	412.27	412.27	412.27	433.97	433.97	542.46	542.46	520.76	520.76
25	435.70	435.70	413.91	413.91	413.91	413.91	435.70	435.70	544.62	544.62	522.84	522.84
26	444.38	444.38	422.16	422.16	422.16	422.16	444.38	444.38	555.47	555.47	533.25	533.25
27	454.79	454.79	432.05	432.05	432.05	432.05	454.79	454.79	568.49	568.49	545.75	545.75
28	471.72	471.72	448.13	448.13	448.13	448.13	471.72	471.72	589.65	589.65	566.06	566.06
29	485.60	485.60	461.32	461.32	461.32	461.32	485.60	485.60	607.01	607.01	582.73	582.73
30	492.55	492.55	467.92	467.92	467.92	467.92	492.55	492.55	615.69	615.69	591.06	591.06
31	502.96	502.96	477.81	477.81	477.81	477.81	502.96	502.96	628.70	628.70	603.56	603.56
32	513.38	513.38	487.71	487.71	487.71	487.71	513.38	513.38	641.72	641.72	616.05	616.05
33	519.89	519.89	493.89	493.89	493.89	493.89	519.89	519.89	649.86	649.86	623.87	623.87
34	526.83	526.83	500.49	500.49	500.49	500.49	526.83	526.83	658.54	658.54	632.20	632.20
35	530.30	530.30	503.79	503.79	503.79	503.79	530.30	530.30	662.88	662.88	636.36	636.36
36	533.77	533.77	507.09	507.09	507.09	507.09	533.77	533.77	667.22	667.22	640.53	640.53
37	537.25	537.25	510.38	510.38	510.38	510.38	537.25	537.25	671.56	671.56	644.70	644.70
38	540.72	540.72	513.68	513.68	513.68	513.68	540.72	540.72	675.90	675.90	648.86	648.86
39	547.66	547.66	520.28	520.28	520.28	520.28	547.66	547.66	684.58	684.58	657.19	657.19
40	554.60	554.60	526.87	526.87	526.87	526.87	554.60	554.60	693.26	693.26	665.53	665.53
41	565.02	565.02	536.77	536.77	536.77	536.77	565.02	565.02	706.27	706.27	678.02	678.02
42	575.00	575.00	546.25	546.25	546.25	546.25	575.00	575.00	718.75	718.75	690.00	690.00
43	588.89	588.89	559.44	559.44	559.44	559.44	588.89	588.89	736.11	736.11	706.67	706.67
44	606.25	606.25	575.93	575.93	575.93	575.93	606.25	606.25	757.81	757.81	727.50	727.50
45	626.64	626.64	595.31	595.31	595.31	595.31	626.64	626.64	783.30	783.30	751.97	751.97
46	650.94	650.94	618.40	618.40	618.40	618.40	650.94	650.94	813.68	813.68	781.13	781.13
47	678.28	678.28	644.37	644.37	644.37	644.37	678.28	678.28	847.86	847.86	813.94	813.94
48	709.53	709.53	674.05	674.05	674.05	674.05	709.53	709.53	886.91	886.91	851.44	851.44
49	740.34	740.34	703.32	703.32	703.32	703.32	740.34	740.34	925.43	925.43	888.41	888.41
50	775.06	775.06	736.31	736.31	736.31	736.31	775.06	775.06	968.82	968.82	930.07	930.07
51	809.34	809.34	768.87	768.87	768.87	768.87	809.34	809.34	1,011.68	1,011.68	971.21	971.21
52	847.10	847.10	804.74	804.74	804.74	804.74	847.10	847.10	1,058.87	1,058.87	1,016.51	1,016.51
53	885.28	885.28	841.02	841.02	841.02	841.02	885.28	885.28	1,106.61	1,106.61	1,062.34	1,062.34
54	926.51	926.51	880.19	880.19	880.19	880.19	926.51	926.51	1,158.14	1,158.14	1,111.81	1,111.81
55	967.74	967.74	919.35	919.35	919.35	919.35	967.74	967.74	1,209.67	1,209.67	1,161.28	1,161.28
56	1,012.44	1,012.44	961.81	961.81	961.81	961.81	1,012.44	1,012.44	1,265.54	1,265.54	1,214.92	1,214.92
57	1,057.57	1,057.57	1,004.69	1,004.69	1,004.69	1,004.69	1,057.57	1,057.57	1,321.96	1,321.96	1,269.08	1,269.08
58	1,105.74	1,105.74	1,050.45	1,050.45	1,050.45	1,050.45	1,105.74	1,105.74	1,382.17	1,382.17	1,326.89	1,326.89
59	1,129.61	1,129.61	1,073.13	1,073.13	1,073.13	1,073.13	1,129.61	1,129.61	1,412.01	1,412.01	1,355.53	1,355.53
60	1,177.78	1,177.78	1,118.89	1,118.89	1,118.89	1,118.89	1,177.78	1,177.78	1,472.22	1,472.22	1,413.33	1,413.33
61	1,219.44	1,219.44	1,158.46	1,158.46	1,158.46	1,158.46	1,219.44	1,219.44	1,524.30	1,524.30	1,463.32	1,463.32
62	1,246.78	1,246.78	1,184.44	1,184.44	1,184.44	1,184.44	1,246.78	1,246.78	1,558.47	1,558.47	1,496.13	1,496.13
63	1,281.06	1,281.06	1,217.01	1,217.01	1,217.01	1,217.01	1,281.06	1,281.06	1,601.32	1,601.32	1,537.27	1,537.27
64 and Over	1,301.89	1,301.89	1,236.79	1,236.79	1,236.79	1,236.79	1,301.89	1,301.89	1,627.36	1,627.36	1,562.27	1,562.27

**Rates Effective: 01/01/2024 to 03/31/2024**

**75729PA0050071**



# Geisinger All-Access PPO 30/60/6000

## Silver

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$6,000/\$12,000	\$12,000/\$24,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$30	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250 copay after deductible	\$250 copay after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$30	\$30
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$30	30% after deductible
Substance Abuse Disorder Outpatient Services	\$30	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$45 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050073**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger All-Access PPO 30/60/6000										Silver			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9		
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	
0-14	272.17	272.17	258.56	258.56	258.56	258.56	272.17	272.17	340.21	340.21	326.60	326.60	
15	296.36	296.36	281.54	281.54	281.54	281.54	296.36	296.36	370.45	370.45	355.63	355.63	
16	305.61	305.61	290.33	290.33	290.33	290.33	305.61	305.61	382.01	382.01	366.73	366.73	
17	314.86	314.86	299.12	299.12	299.12	299.12	314.86	314.86	393.58	393.58	377.83	377.83	
18	324.82	324.82	308.58	308.58	308.58	308.58	324.82	324.82	406.03	406.03	389.79	389.79	
19	334.79	334.79	318.05	318.05	318.05	318.05	334.79	334.79	418.48	418.48	401.74	401.74	
20	345.10	345.10	327.85	327.85	327.85	327.85	345.10	345.10	431.38	431.38	414.12	414.12	
21	355.78	355.78	337.99	337.99	337.99	337.99	355.78	355.78	444.72	444.72	426.94	426.94	
22	355.78	355.78	337.99	337.99	337.99	337.99	355.78	355.78	444.72	444.72	426.94	426.94	
23	355.78	355.78	337.99	337.99	337.99	337.99	355.78	355.78	444.72	444.72	426.94	426.94	
24	355.78	355.78	337.99	337.99	337.99	337.99	355.78	355.78	444.72	444.72	426.94	426.94	
25	357.20	357.20	339.34	339.34	339.34	339.34	357.20	357.20	446.50	446.50	428.64	428.64	
26	364.31	364.31	346.10	346.10	346.10	346.10	364.31	364.31	455.39	455.39	437.18	437.18	
27	372.85	372.85	354.21	354.21	354.21	354.21	372.85	372.85	466.07	466.07	447.42	447.42	
28	386.73	386.73	367.39	367.39	367.39	367.39	386.73	386.73	483.41	483.41	464.07	464.07	
29	398.11	398.11	378.21	378.21	378.21	378.21	398.11	398.11	497.64	497.64	477.74	477.74	
30	403.81	403.81	383.62	383.62	383.62	383.62	403.81	403.81	504.76	504.76	484.57	484.57	
31	412.34	412.34	391.73	391.73	391.73	391.73	412.34	412.34	515.43	515.43	494.81	494.81	
32	420.88	420.88	399.84	399.84	399.84	399.84	420.88	420.88	526.10	526.10	505.06	505.06	
33	426.22	426.22	404.91	404.91	404.91	404.91	426.22	426.22	532.77	532.77	511.46	511.46	
34	431.91	431.91	410.32	410.32	410.32	410.32	431.91	431.91	539.89	539.89	518.29	518.29	
35	434.76	434.76	413.02	413.02	413.02	413.02	434.76	434.76	543.45	543.45	521.71	521.71	
36	437.60	437.60	415.72	415.72	415.72	415.72	437.60	437.60	547.01	547.01	525.13	525.13	
37	440.45	440.45	418.43	418.43	418.43	418.43	440.45	440.45	550.56	550.56	528.54	528.54	
38	443.30	443.30	421.13	421.13	421.13	421.13	443.30	443.30	554.12	554.12	531.96	531.96	
39	448.99	448.99	426.54	426.54	426.54	426.54	448.99	448.99	561.24	561.24	538.79	538.79	
40	454.68	454.68	431.95	431.95	431.95	431.95	454.68	454.68	568.35	568.35	545.62	545.62	
41	463.22	463.22	440.06	440.06	440.06	440.06	463.22	463.22	579.03	579.03	555.86	555.86	
42	471.40	471.40	447.83	447.83	447.83	447.83	471.40	471.40	589.25	589.25	565.68	565.68	
43	482.79	482.79	458.65	458.65	458.65	458.65	482.79	482.79	603.49	603.49	579.35	579.35	
44	497.02	497.02	472.17	472.17	472.17	472.17	497.02	497.02	621.27	621.27	596.42	596.42	
45	513.74	513.74	488.05	488.05	488.05	488.05	513.74	513.74	642.18	642.18	616.49	616.49	
46	533.66	533.66	506.98	506.98	506.98	506.98	533.66	533.66	667.08	667.08	640.40	640.40	
47	556.08	556.08	528.27	528.27	528.27	528.27	556.08	556.08	695.10	695.10	667.29	667.29	
48	581.69	581.69	552.61	552.61	552.61	552.61	581.69	581.69	727.12	727.12	698.03	698.03	
49	606.95	606.95	576.61	576.61	576.61	576.61	606.95	606.95	758.69	758.69	728.34	728.34	
50	635.42	635.42	603.65	603.65	603.65	603.65	635.42	635.42	794.27	794.27	762.50	762.50	
51	663.52	663.52	630.35	630.35	630.35	630.35	663.52	663.52	829.40	829.40	796.23	796.23	
52	694.47	694.47	659.75	659.75	659.75	659.75	694.47	694.47	868.09	868.09	833.37	833.37	
53	725.78	725.78	689.49	689.49	689.49	689.49	725.78	725.78	907.23	907.23	870.94	870.94	
54	759.58	759.58	721.60	721.60	721.60	721.60	759.58	759.58	949.48	949.48	911.50	911.50	
55	793.38	793.38	753.71	753.71	753.71	753.71	793.38	793.38	991.73	991.73	952.06	952.06	
56	830.03	830.03	788.52	788.52	788.52	788.52	830.03	830.03	1,037.53	1,037.53	996.03	996.03	
57	867.03	867.03	823.67	823.67	823.67	823.67	867.03	867.03	1,083.78	1,083.78	1,040.43	1,040.43	
58	906.52	906.52	861.19	861.19	861.19	861.19	906.52	906.52	1,133.15	1,133.15	1,087.82	1,087.82	
59	926.08	926.08	879.78	879.78	879.78	879.78	926.08	926.08	1,157.61	1,157.61	1,111.30	1,111.30	
60	965.58	965.58	917.30	917.30	917.30	917.30	965.58	965.58	1,206.97	1,206.97	1,158.69	1,158.69	
61	999.73	999.73	949.74	949.74	949.74	949.74	999.73	999.73	1,249.66	1,249.66	1,199.68	1,199.68	
62	1,022.14	1,022.14	971.04	971.04	971.04	971.04	1,022.14	1,022.14	1,277.68	1,277.68	1,226.57	1,226.57	
63	1,050.25	1,050.25	997.74	997.74	997.74	997.74	1,050.25	1,050.25	1,312.81	1,312.81	1,260.30	1,260.30	
64 and Over	1,067.33	1,067.33	1,013.96	1,013.96	1,013.96	1,013.96	1,067.33	1,067.33	1,334.16	1,334.16	1,280.79	1,280.79	
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>										<b>75729PA0050073</b>			

# Geisinger All-Access QHDHP PPO 3000

## Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$3,000/\$6,000	\$8,000/\$16,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$3,000/\$6,000	\$8,000/\$16,000
Primary Care Visit to Treat an Injury or Illness	0% after deductible	30% after deductible
Specialist - Office Visit	0% after deductible	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	0% after deductible	0% after deductible
Emergency Transportation(Ambulance/Air)	0% after deductible	0% after deductible
Urgent Care Centers or Facilities <sup>1</sup>	0% after deductible	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	0% after deductible	30% after deductible
Hospice Services	0% after deductible	30% after deductible
Mental/Behavioral Health Outpatient Services	0% after deductible	30% after deductible
Substance Abuse Disorder Outpatient Services	0% after deductible	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible	30% after deductible
Rehabilitative Speech Therapy	0% after deductible	30% after deductible
Habilitation Services	0% after deductible	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	0% after deductible	Limited to In Network
Routine Eye Exam for Children	0% after deductible	Limited to In Network
Eye Glasses for Children	0% after deductible	0% after deductible
Drug EHB Deductible	Combined with Medical	Limited to In Network
Mail Order Rx	0% after deductible	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 4 - Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 6 - Specialty Drugs	0% after deductible	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network
This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.		
<b>Benefits Effective: 01/01/2024 to 12/31/2024</b>		<b>75729PA0050078</b>

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger All-Access QHDHP PPO 3000**

**Gold**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	345.44	345.44	328.17	328.17	328.17	328.17	345.44	345.44	431.80	431.80	414.53	414.53
15	376.14	376.14	357.34	357.34	357.34	357.34	376.14	376.14	470.18	470.18	451.37	451.37
16	387.88	387.88	368.49	368.49	368.49	368.49	387.88	387.88	484.86	484.86	465.46	465.46
17	399.63	399.63	379.64	379.64	379.64	379.64	399.63	399.63	499.53	499.53	479.55	479.55
18	412.27	412.27	391.66	391.66	391.66	391.66	412.27	412.27	515.34	515.34	494.72	494.72
19	424.91	424.91	403.67	403.67	403.67	403.67	424.91	424.91	531.14	531.14	509.89	509.89
20	438.01	438.01	416.11	416.11	416.11	416.11	438.01	438.01	547.51	547.51	525.61	525.61
21	451.56	451.56	428.98	428.98	428.98	428.98	451.56	451.56	564.45	564.45	541.87	541.87
22	451.56	451.56	428.98	428.98	428.98	428.98	451.56	451.56	564.45	564.45	541.87	541.87
23	451.56	451.56	428.98	428.98	428.98	428.98	451.56	451.56	564.45	564.45	541.87	541.87
24	451.56	451.56	428.98	428.98	428.98	428.98	451.56	451.56	564.45	564.45	541.87	541.87
25	453.36	453.36	430.69	430.69	430.69	430.69	453.36	453.36	566.70	566.70	544.03	544.03
26	462.39	462.39	439.27	439.27	439.27	439.27	462.39	462.39	577.99	577.99	554.87	554.87
27	473.23	473.23	449.57	449.57	449.57	449.57	473.23	473.23	591.54	591.54	567.87	567.87
28	490.84	490.84	466.30	466.30	466.30	466.30	490.84	490.84	613.55	613.55	589.01	589.01
29	505.29	505.29	480.02	480.02	480.02	480.02	505.29	505.29	631.61	631.61	606.35	606.35
30	512.51	512.51	486.89	486.89	486.89	486.89	512.51	512.51	640.64	640.64	615.02	615.02
31	523.35	523.35	497.18	497.18	497.18	497.18	523.35	523.35	654.19	654.19	628.02	628.02
32	534.19	534.19	507.48	507.48	507.48	507.48	534.19	534.19	667.74	667.74	641.03	641.03
33	540.96	540.96	513.91	513.91	513.91	513.91	540.96	540.96	676.20	676.20	649.15	649.15
34	548.19	548.19	520.78	520.78	520.78	520.78	548.19	548.19	685.23	685.23	657.82	657.82
35	551.80	551.80	524.21	524.21	524.21	524.21	551.80	551.80	689.75	689.75	662.16	662.16
36	555.41	555.41	527.64	527.64	527.64	527.64	555.41	555.41	694.26	694.26	666.49	666.49
37	559.02	559.02	531.07	531.07	531.07	531.07	559.02	559.02	698.78	698.78	670.83	670.83
38	562.64	562.64	534.50	534.50	534.50	534.50	562.64	562.64	703.30	703.30	675.16	675.16
39	569.86	569.86	541.37	541.37	541.37	541.37	569.86	569.86	712.33	712.33	683.83	683.83
40	577.09	577.09	548.23	548.23	548.23	548.23	577.09	577.09	721.36	721.36	692.50	692.50
41	587.92	587.92	558.53	558.53	558.53	558.53	587.92	587.92	734.90	734.90	705.51	705.51
42	598.31	598.31	568.39	568.39	568.39	568.39	598.31	598.31	747.89	747.89	717.97	717.97
43	612.76	612.76	582.12	582.12	582.12	582.12	612.76	612.76	765.95	765.95	735.31	735.31
44	630.82	630.82	599.28	599.28	599.28	599.28	630.82	630.82	788.53	788.53	756.99	756.99
45	652.04	652.04	619.44	619.44	619.44	619.44	652.04	652.04	815.05	815.05	782.45	782.45
46	677.33	677.33	643.46	643.46	643.46	643.46	677.33	677.33	846.66	846.66	812.80	812.80
47	705.78	705.78	670.49	670.49	670.49	670.49	705.78	705.78	882.22	882.22	846.93	846.93
48	738.29	738.29	701.38	701.38	701.38	701.38	738.29	738.29	922.86	922.86	885.95	885.95
49	770.35	770.35	731.83	731.83	731.83	731.83	770.35	770.35	962.94	962.94	924.42	924.42
50	806.48	806.48	766.15	766.15	766.15	766.15	806.48	806.48	1,008.09	1,008.09	967.77	967.77
51	842.15	842.15	800.04	800.04	800.04	800.04	842.15	842.15	1,052.69	1,052.69	1,010.58	1,010.58
52	881.43	881.43	837.36	837.36	837.36	837.36	881.43	881.43	1,101.79	1,101.79	1,057.72	1,057.72
53	921.17	921.17	875.11	875.11	875.11	875.11	921.17	921.17	1,151.46	1,151.46	1,105.40	1,105.40
54	964.07	964.07	915.86	915.86	915.86	915.86	964.07	964.07	1,205.08	1,205.08	1,156.88	1,156.88
55	1,006.97	1,006.97	956.62	956.62	956.62	956.62	1,006.97	1,006.97	1,258.71	1,258.71	1,208.36	1,208.36
56	1,053.48	1,053.48	1,000.80	1,000.80	1,000.80	1,000.80	1,053.48	1,053.48	1,316.84	1,316.84	1,264.17	1,264.17
57	1,100.44	1,100.44	1,045.42	1,045.42	1,045.42	1,045.42	1,100.44	1,100.44	1,375.55	1,375.55	1,320.52	1,320.52
58	1,150.56	1,150.56	1,093.03	1,093.03	1,093.03	1,093.03	1,150.56	1,150.56	1,438.20	1,438.20	1,380.67	1,380.67
59	1,175.40	1,175.40	1,116.63	1,116.63	1,116.63	1,116.63	1,175.40	1,175.40	1,469.24	1,469.24	1,410.47	1,410.47
60	1,225.52	1,225.52	1,164.24	1,164.24	1,164.24	1,164.24	1,225.52	1,225.52	1,531.90	1,531.90	1,470.62	1,470.62
61	1,268.87	1,268.87	1,205.42	1,205.42	1,205.42	1,205.42	1,268.87	1,268.87	1,586.08	1,586.08	1,522.64	1,522.64
62	1,297.31	1,297.31	1,232.45	1,232.45	1,232.45	1,232.45	1,297.31	1,297.31	1,621.64	1,621.64	1,556.78	1,556.78
63	1,332.99	1,332.99	1,266.34	1,266.34	1,266.34	1,266.34	1,332.99	1,332.99	1,666.23	1,666.23	1,599.58	1,599.58
64 and Over	1,354.66	1,354.66	1,286.93	1,286.93	1,286.93	1,286.93	1,354.66	1,354.66	1,693.33	1,693.33	1,625.59	1,625.59

**Rates Effective: 01/01/2024 to 03/31/2024**

**75729PA0050078**

# Geisinger All-Access QHDHP PPO 5100

## Silver

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$5,100/\$10,200	\$10,000/\$20,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$5,100/\$10,200	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	0% after deductible	40% after deductible
Specialist - Office Visit	0% after deductible	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	0% after deductible	0% after deductible
Emergency Transportation(Ambulance/Air)	0% after deductible	0% after deductible
Urgent Care Centers or Facilities <sup>1</sup>	0% after deductible	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	0% after deductible	40% after deductible
Hospice Services	0% after deductible	40% after deductible
Mental/Behavioral Health Outpatient Services	0% after deductible	40% after deductible
Substance Abuse Disorder Outpatient Services	0% after deductible	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible	40% after deductible
Rehabilitative Speech Therapy	0% after deductible	40% after deductible
Habilitation Services	0% after deductible	40% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	0% after deductible	Limited to In Network
Routine Eye Exam for Children	0% after deductible	Limited to In Network
Eye Glasses for Children	0% after deductible	0% after deductible
Drug EHB Deductible	Combined with Medical	Limited to In Network
Mail Order Rx	0% after deductible	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 4 - Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 6 - Specialty Drugs	0% after deductible	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050079**

Geisinger All-Access QHDHP PPO 5100									Silver			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	295.75	295.75	280.97	280.97	280.97	280.97	295.75	295.75	369.69	369.69	354.90	354.90
15	322.04	322.04	305.94	305.94	305.94	305.94	322.04	322.04	402.55	402.55	386.45	386.45
16	332.09	332.09	315.49	315.49	315.49	315.49	332.09	332.09	415.12	415.12	398.51	398.51
17	342.15	342.15	325.04	325.04	325.04	325.04	342.15	342.15	427.68	427.68	410.58	410.58
18	352.97	352.97	335.32	335.32	335.32	335.32	352.97	352.97	441.21	441.21	423.57	423.57
19	363.80	363.80	345.61	345.61	345.61	345.61	363.80	363.80	454.75	454.75	436.56	436.56
20	375.01	375.01	356.26	356.26	356.26	356.26	375.01	375.01	468.76	468.76	450.01	450.01
21	386.61	386.61	367.28	367.28	367.28	367.28	386.61	386.61	483.26	483.26	463.93	463.93
22	386.61	386.61	367.28	367.28	367.28	367.28	386.61	386.61	483.26	483.26	463.93	463.93
23	386.61	386.61	367.28	367.28	367.28	367.28	386.61	386.61	483.26	483.26	463.93	463.93
24	386.61	386.61	367.28	367.28	367.28	367.28	386.61	386.61	483.26	483.26	463.93	463.93
25	388.15	388.15	368.74	368.74	368.74	368.74	388.15	388.15	485.19	485.19	465.78	465.78
26	395.88	395.88	376.09	376.09	376.09	376.09	395.88	395.88	494.86	494.86	475.06	475.06
27	405.16	405.16	384.90	384.90	384.90	384.90	405.16	405.16	506.45	506.45	486.20	486.20
28	420.24	420.24	399.23	399.23	399.23	399.23	420.24	420.24	525.30	525.30	504.29	504.29
29	432.61	432.61	410.98	410.98	410.98	410.98	432.61	432.61	540.77	540.77	519.13	519.13
30	438.80	438.80	416.86	416.86	416.86	416.86	438.80	438.80	548.50	548.50	526.56	526.56
31	448.08	448.08	425.67	425.67	425.67	425.67	448.08	448.08	560.10	560.10	537.69	537.69
32	457.35	457.35	434.49	434.49	434.49	434.49	457.35	457.35	571.69	571.69	548.83	548.83
33	463.15	463.15	440.00	440.00	440.00	440.00	463.15	463.15	578.94	578.94	555.78	555.78
34	469.34	469.34	445.87	445.87	445.87	445.87	469.34	469.34	586.67	586.67	563.21	563.21
35	472.43	472.43	448.81	448.81	448.81	448.81	472.43	472.43	590.54	590.54	566.92	566.92
36	475.53	475.53	451.75	451.75	451.75	451.75	475.53	475.53	594.41	594.41	570.63	570.63
37	478.62	478.62	454.69	454.69	454.69	454.69	478.62	478.62	598.27	598.27	574.34	574.34
38	481.71	481.71	457.63	457.63	457.63	457.63	481.71	481.71	602.14	602.14	578.05	578.05
39	487.90	487.90	463.50	463.50	463.50	463.50	487.90	487.90	609.87	609.87	585.48	585.48
40	494.08	494.08	469.38	469.38	469.38	469.38	494.08	494.08	617.60	617.60	592.90	592.90
41	503.36	503.36	478.19	478.19	478.19	478.19	503.36	503.36	629.20	629.20	604.03	604.03
42	512.25	512.25	486.64	486.64	486.64	486.64	512.25	512.25	640.32	640.32	614.70	614.70
43	524.62	524.62	498.39	498.39	498.39	498.39	524.62	524.62	655.78	655.78	629.55	629.55
44	540.09	540.09	513.08	513.08	513.08	513.08	540.09	540.09	675.11	675.11	648.11	648.11
45	558.26	558.26	530.35	530.35	530.35	530.35	558.26	558.26	697.82	697.82	669.91	669.91
46	579.91	579.91	550.91	550.91	550.91	550.91	579.91	579.91	724.89	724.89	695.89	695.89
47	604.27	604.27	574.05	574.05	574.05	574.05	604.27	604.27	755.33	755.33	725.12	725.12
48	632.10	632.10	600.50	600.50	600.50	600.50	632.10	632.10	790.13	790.13	758.52	758.52
49	659.55	659.55	626.57	626.57	626.57	626.57	659.55	659.55	824.44	824.44	791.46	791.46
50	690.48	690.48	655.95	655.95	655.95	655.95	690.48	690.48	863.10	863.10	828.57	828.57
51	721.02	721.02	684.97	684.97	684.97	684.97	721.02	721.02	901.28	901.28	865.22	865.22
52	754.65	754.65	716.92	716.92	716.92	716.92	754.65	754.65	943.32	943.32	905.59	905.59
53	788.68	788.68	749.24	749.24	749.24	749.24	788.68	788.68	985.85	985.85	946.41	946.41
54	825.40	825.40	784.13	784.13	784.13	784.13	825.40	825.40	1,031.75	1,031.75	990.48	990.48
55	862.13	862.13	819.02	819.02	819.02	819.02	862.13	862.13	1,077.66	1,077.66	1,034.56	1,034.56
56	901.95	901.95	856.85	856.85	856.85	856.85	901.95	901.95	1,127.44	1,127.44	1,082.34	1,082.34
57	942.16	942.16	895.05	895.05	895.05	895.05	942.16	942.16	1,177.70	1,177.70	1,130.59	1,130.59
58	985.07	985.07	935.82	935.82	935.82	935.82	985.07	985.07	1,231.34	1,231.34	1,182.09	1,182.09
59	1,006.34	1,006.34	956.02	956.02	956.02	956.02	1,006.34	1,006.34	1,257.92	1,257.92	1,207.60	1,207.60
60	1,049.25	1,049.25	996.79	996.79	996.79	996.79	1,049.25	1,049.25	1,311.56	1,311.56	1,259.10	1,259.10
61	1,086.36	1,086.36	1,032.04	1,032.04	1,032.04	1,032.04	1,086.36	1,086.36	1,357.95	1,357.95	1,303.64	1,303.64
62	1,110.72	1,110.72	1,055.18	1,055.18	1,055.18	1,055.18	1,110.72	1,110.72	1,388.40	1,388.40	1,332.86	1,332.86
63	1,141.26	1,141.26	1,084.20	1,084.20	1,084.20	1,084.20	1,141.26	1,141.26	1,426.58	1,426.58	1,369.51	1,369.51
64 and Over	1,159.82	1,159.82	1,101.83	1,101.83	1,101.83	1,101.83	1,159.82	1,159.82	1,449.77	1,449.77	1,391.78	1,391.78
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>75729PA0050079</b>			

# Geisinger All-Access PPO 15/30/250

## Platinum

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$250/\$500	\$2,000/\$4,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$15	20% after deductible
Specialist - Office Visit	\$30	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$15	\$15
Outpatient Surgery Physician/Surgical Services	0% after deductible	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	20% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	20% after deductible
Hospice Services	Residential - \$30 per visit, Facility - \$100 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$15	20% after deductible
Substance Abuse Disorder Outpatient Services	\$15	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$30	20% after deductible
Rehabilitative Speech Therapy	\$30	20% after deductible
Habilitation Services	\$30	20% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$15	Limited to In Network
Routine Eye Exam for Children	\$30	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	0% after deductible	20% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050080**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger All-Access PPO 15/30/250									Platinum			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	404.98	404.98	384.73	384.73	384.73	384.73	404.98	404.98	506.23	506.23	485.98	485.98
15	440.98	440.98	418.93	418.93	418.93	418.93	440.98	440.98	551.22	551.22	529.17	529.17
16	454.74	454.74	432.01	432.01	432.01	432.01	454.74	454.74	568.43	568.43	545.69	545.69
17	468.51	468.51	445.08	445.08	445.08	445.08	468.51	468.51	585.63	585.63	562.21	562.21
18	483.33	483.33	459.16	459.16	459.16	459.16	483.33	483.33	604.16	604.16	580.00	580.00
19	498.15	498.15	473.24	473.24	473.24	473.24	498.15	498.15	622.69	622.69	597.78	597.78
20	513.50	513.50	487.83	487.83	487.83	487.83	513.50	513.50	641.88	641.88	616.21	616.21
21	529.39	529.39	502.92	502.92	502.92	502.92	529.39	529.39	661.74	661.74	635.27	635.27
22	529.39	529.39	502.92	502.92	502.92	502.92	529.39	529.39	661.74	661.74	635.27	635.27
23	529.39	529.39	502.92	502.92	502.92	502.92	529.39	529.39	661.74	661.74	635.27	635.27
24	529.39	529.39	502.92	502.92	502.92	502.92	529.39	529.39	661.74	661.74	635.27	635.27
25	531.50	531.50	504.93	504.93	504.93	504.93	531.50	531.50	664.38	664.38	637.80	637.80
26	542.09	542.09	514.99	514.99	514.99	514.99	542.09	542.09	677.61	677.61	650.51	650.51
27	554.80	554.80	527.06	527.06	527.06	527.06	554.80	554.80	693.50	693.50	665.76	665.76
28	575.44	575.44	546.67	546.67	546.67	546.67	575.44	575.44	719.30	719.30	690.53	690.53
29	592.38	592.38	562.76	562.76	562.76	562.76	592.38	592.38	740.48	740.48	710.86	710.86
30	600.85	600.85	570.81	570.81	570.81	570.81	600.85	600.85	751.07	751.07	721.02	721.02
31	613.56	613.56	582.88	582.88	582.88	582.88	613.56	613.56	766.95	766.95	736.27	736.27
32	626.26	626.26	594.95	594.95	594.95	594.95	626.26	626.26	782.83	782.83	751.52	751.52
33	634.20	634.20	602.49	602.49	602.49	602.49	634.20	634.20	792.76	792.76	761.05	761.05
34	642.67	642.67	610.54	610.54	610.54	610.54	642.67	642.67	803.34	803.34	771.21	771.21
35	646.91	646.91	614.56	614.56	614.56	614.56	646.91	646.91	808.64	808.64	776.29	776.29
36	651.14	651.14	618.59	618.59	618.59	618.59	651.14	651.14	813.93	813.93	781.37	781.37
37	655.38	655.38	622.61	622.61	622.61	622.61	655.38	655.38	819.22	819.22	786.46	786.46
38	659.61	659.61	626.63	626.63	626.63	626.63	659.61	659.61	824.52	824.52	791.54	791.54
39	668.09	668.09	634.68	634.68	634.68	634.68	668.09	668.09	835.11	835.11	801.70	801.70
40	676.56	676.56	642.73	642.73	642.73	642.73	676.56	676.56	845.69	845.69	811.87	811.87
41	689.26	689.26	654.80	654.80	654.80	654.80	689.26	689.26	861.58	861.58	827.11	827.11
42	701.44	701.44	666.36	666.36	666.36	666.36	701.44	701.44	876.80	876.80	841.72	841.72
43	718.38	718.38	682.46	682.46	682.46	682.46	718.38	718.38	897.97	897.97	862.05	862.05
44	739.55	739.55	702.57	702.57	702.57	702.57	739.55	739.55	924.44	924.44	887.46	887.46
45	764.43	764.43	726.21	726.21	726.21	726.21	764.43	764.43	955.54	955.54	917.32	917.32
46	794.08	794.08	754.38	754.38	754.38	754.38	794.08	794.08	992.60	992.60	952.89	952.89
47	827.43	827.43	786.06	786.06	786.06	786.06	827.43	827.43	1,034.29	1,034.29	992.92	992.92
48	865.55	865.55	822.27	822.27	822.27	822.27	865.55	865.55	1,081.93	1,081.93	1,038.66	1,038.66
49	903.13	903.13	857.98	857.98	857.98	857.98	903.13	903.13	1,128.92	1,128.92	1,083.76	1,083.76
50	945.48	945.48	898.21	898.21	898.21	898.21	945.48	945.48	1,181.85	1,181.85	1,134.58	1,134.58
51	987.30	987.30	937.94	937.94	937.94	937.94	987.30	987.30	1,234.13	1,234.13	1,184.77	1,184.77
52	1,033.36	1,033.36	981.69	981.69	981.69	981.69	1,033.36	1,033.36	1,291.70	1,291.70	1,240.03	1,240.03
53	1,079.95	1,079.95	1,025.95	1,025.95	1,025.95	1,025.95	1,079.95	1,079.95	1,349.93	1,349.93	1,295.94	1,295.94
54	1,130.24	1,130.24	1,073.73	1,073.73	1,073.73	1,073.73	1,130.24	1,130.24	1,412.80	1,412.80	1,356.29	1,356.29
55	1,180.53	1,180.53	1,121.50	1,121.50	1,121.50	1,121.50	1,180.53	1,180.53	1,475.66	1,475.66	1,416.64	1,416.64
56	1,235.06	1,235.06	1,173.30	1,173.30	1,173.30	1,173.30	1,235.06	1,235.06	1,543.82	1,543.82	1,482.07	1,482.07
57	1,290.11	1,290.11	1,225.61	1,225.61	1,225.61	1,225.61	1,290.11	1,290.11	1,612.64	1,612.64	1,548.14	1,548.14
58	1,348.88	1,348.88	1,281.43	1,281.43	1,281.43	1,281.43	1,348.88	1,348.88	1,686.09	1,686.09	1,618.65	1,618.65
59	1,377.99	1,377.99	1,309.09	1,309.09	1,309.09	1,309.09	1,377.99	1,377.99	1,722.49	1,722.49	1,653.59	1,653.59
60	1,436.75	1,436.75	1,364.92	1,364.92	1,364.92	1,364.92	1,436.75	1,436.75	1,795.94	1,795.94	1,724.10	1,724.10
61	1,487.57	1,487.57	1,413.20	1,413.20	1,413.20	1,413.20	1,487.57	1,487.57	1,859.47	1,859.47	1,785.09	1,785.09
62	1,520.93	1,520.93	1,444.88	1,444.88	1,444.88	1,444.88	1,520.93	1,520.93	1,901.16	1,901.16	1,825.11	1,825.11
63	1,562.75	1,562.75	1,484.61	1,484.61	1,484.61	1,484.61	1,562.75	1,562.75	1,953.43	1,953.43	1,875.30	1,875.30
64 and Over	1,588.16	1,588.16	1,508.75	1,508.75	1,508.75	1,508.75	1,588.16	1,588.16	1,985.20	1,985.20	1,905.79	1,905.79
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>75729PA0050080</b>			



# Geisinger All-Access Extra PPO 10/40/250

## Platinum

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$250/\$500	\$4,000/\$8,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$2,250/\$4,500	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$40	20% after deductible
Specialist - Office Visit	\$40	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$40	\$40
Outpatient Surgery Physician/Surgical Services	0% after deductible	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	20% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	20% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$40	20% after deductible
Substance Abuse Disorder Outpatient Services	\$40	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	20% after deductible
Rehabilitative Speech Therapy	\$40	20% after deductible
Habilitation Services	\$40	20% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	0% after deductible	20% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050082**

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

# Geisinger All-Access Extra PPO 10/40/250

# Platinum

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			386.82	386.82			407.18	407.18			488.62	488.62
15			421.21	421.21			443.38	443.38			532.05	532.05
16			434.35	434.35			457.21	457.21			548.66	548.66
17			447.50	447.50			471.05	471.05			565.26	565.26
18			461.66	461.66			485.96	485.96			583.15	583.15
19			475.82	475.82			500.86	500.86			601.03	601.03
20			490.48	490.48			516.30	516.30			619.56	619.56
21			505.66	505.66			532.27	532.27			638.72	638.72
22			505.66	505.66			532.27	532.27			638.72	638.72
23			505.66	505.66			532.27	532.27			638.72	638.72
24			505.66	505.66			532.27	532.27			638.72	638.72
25			507.67	507.67			534.39	534.39			641.27	641.27
26			517.79	517.79			545.04	545.04			654.05	654.05
27			529.92	529.92			557.81	557.81			669.38	669.38
28			549.64	549.64			578.57	578.57			694.29	694.29
29			565.82	565.82			595.60	595.60			714.72	714.72
30			573.91	573.91			604.12	604.12			724.94	724.94
31			586.05	586.05			616.89	616.89			740.27	740.27
32			598.18	598.18			629.67	629.67			755.60	755.60
33			605.77	605.77			637.65	637.65			765.18	765.18
34			613.86	613.86			646.17	646.17			775.40	775.40
35			617.91	617.91			650.43	650.43			780.51	780.51
36			621.95	621.95			654.68	654.68			785.62	785.62
37			626.00	626.00			658.94	658.94			790.73	790.73
38			630.04	630.04			663.20	663.20			795.84	795.84
39			638.13	638.13			671.72	671.72			806.06	806.06
40			646.22	646.22			680.23	680.23			816.28	816.28
41			658.36	658.36			693.01	693.01			831.61	831.61
42			669.99	669.99			705.25	705.25			846.30	846.30
43			686.17	686.17			722.28	722.28			866.74	866.74
44			706.39	706.39			743.57	743.57			892.29	892.29
45			730.16	730.16			768.59	768.59			922.31	922.31
46			758.48	758.48			798.40	798.40			958.08	958.08
47			790.33	790.33			831.93	831.93			998.31	998.31
48			826.74	826.74			870.25	870.25			1,044.30	1,044.30
49			862.64	862.64			908.04	908.04			1,089.65	1,089.65
50			903.09	903.09			950.62	950.62			1,140.75	1,140.75
51			943.04	943.04			992.67	992.67			1,191.21	1,191.21
52			987.03	987.03			1,038.98	1,038.98			1,246.78	1,246.78
53			1,031.53	1,031.53			1,085.82	1,085.82			1,302.98	1,302.98
54			1,079.56	1,079.56			1,136.38	1,136.38			1,363.66	1,363.66
55			1,127.60	1,127.60			1,186.95	1,186.95			1,424.34	1,424.34
56			1,179.68	1,179.68			1,241.77	1,241.77			1,490.13	1,490.13
57			1,232.27	1,232.27			1,297.13	1,297.13			1,556.55	1,556.55
58			1,288.40	1,288.40			1,356.21	1,356.21			1,627.45	1,627.45
59			1,316.21	1,316.21			1,385.48	1,385.48			1,662.58	1,662.58
60			1,372.34	1,372.34			1,444.56	1,444.56			1,733.48	1,733.48
61			1,420.88	1,420.88			1,495.66	1,495.66			1,794.79	1,794.79
62			1,452.73	1,452.73			1,529.19	1,529.19			1,835.03	1,835.03
63			1,492.68	1,492.68			1,571.24	1,571.24			1,885.49	1,885.49
64 and Over			1,516.95	1,516.95			1,596.79	1,596.79			1,916.15	1,916.15

Rates Effective: 01/01/2024 to 03/31/2024

75729PA0050082

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

# Geisinger All-Access PPO 30/60/3500

## Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$3,500/\$7,000	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$30	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250	\$250
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$30	\$30
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$30	30% after deductible
Substance Abuse Disorder Outpatient Services	\$30	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050096**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

# Geisinger All-Access PPO 30/60/3500

## Gold

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	328.40	328.40	311.98	311.98	311.98	311.98	328.40	328.40	410.51	410.51	394.09	394.09
15	357.60	357.60	339.72	339.72	339.72	339.72	357.60	357.60	447.00	447.00	429.12	429.12
16	368.76	368.76	350.32	350.32	350.32	350.32	368.76	368.76	460.95	460.95	442.51	442.51
17	379.92	379.92	360.92	360.92	360.92	360.92	379.92	379.92	474.90	474.90	455.90	455.90
18	391.94	391.94	372.34	372.34	372.34	372.34	391.94	391.94	489.92	489.92	470.33	470.33
19	403.96	403.96	383.76	383.76	383.76	383.76	403.96	403.96	504.95	504.95	484.75	484.75
20	416.41	416.41	395.59	395.59	395.59	395.59	416.41	416.41	520.51	520.51	499.69	499.69
21	429.29	429.29	407.83	407.83	407.83	407.83	429.29	429.29	536.61	536.61	515.15	515.15
22	429.29	429.29	407.83	407.83	407.83	407.83	429.29	429.29	536.61	536.61	515.15	515.15
23	429.29	429.29	407.83	407.83	407.83	407.83	429.29	429.29	536.61	536.61	515.15	515.15
24	429.29	429.29	407.83	407.83	407.83	407.83	429.29	429.29	536.61	536.61	515.15	515.15
25	431.00	431.00	409.45	409.45	409.45	409.45	431.00	431.00	538.76	538.76	517.20	517.20
26	439.59	439.59	417.61	417.61	417.61	417.61	439.59	439.59	549.49	549.49	527.51	527.51
27	449.89	449.89	427.40	427.40	427.40	427.40	449.89	449.89	562.37	562.37	539.87	539.87
28	466.63	466.63	443.30	443.30	443.30	443.30	466.63	466.63	583.29	583.29	559.96	559.96
29	480.37	480.37	456.35	456.35	456.35	456.35	480.37	480.37	600.47	600.47	576.45	576.45
30	487.24	487.24	462.88	462.88	462.88	462.88	487.24	487.24	609.05	609.05	584.69	584.69
31	497.54	497.54	472.67	472.67	472.67	472.67	497.54	497.54	621.93	621.93	597.05	597.05
32	507.85	507.85	482.45	482.45	482.45	482.45	507.85	507.85	634.81	634.81	609.42	609.42
33	514.29	514.29	488.57	488.57	488.57	488.57	514.29	514.29	642.86	642.86	617.14	617.14
34	521.15	521.15	495.10	495.10	495.10	495.10	521.15	521.15	651.44	651.44	625.39	625.39
35	524.59	524.59	498.36	498.36	498.36	498.36	524.59	524.59	655.74	655.74	629.51	629.51
36	528.02	528.02	501.62	501.62	501.62	501.62	528.02	528.02	660.03	660.03	633.63	633.63
37	531.46	531.46	504.88	504.88	504.88	504.88	531.46	531.46	664.32	664.32	637.75	637.75
38	534.89	534.89	508.15	508.15	508.15	508.15	534.89	534.89	668.61	668.61	641.87	641.87
39	541.76	541.76	514.67	514.67	514.67	514.67	541.76	541.76	677.20	677.20	650.11	650.11
40	548.63	548.63	521.20	521.20	521.20	521.20	548.63	548.63	685.79	685.79	658.35	658.35
41	558.93	558.93	530.99	530.99	530.99	530.99	558.93	558.93	698.66	698.66	670.72	670.72
42	568.81	568.81	540.37	540.37	540.37	540.37	568.81	568.81	711.01	711.01	682.57	682.57
43	582.54	582.54	553.42	553.42	553.42	553.42	582.54	582.54	728.18	728.18	699.05	699.05
44	599.71	599.71	569.73	569.73	569.73	569.73	599.71	599.71	749.64	749.64	719.66	719.66
45	619.89	619.89	588.90	588.90	588.90	588.90	619.89	619.89	774.86	774.86	743.87	743.87
46	643.93	643.93	611.73	611.73	611.73	611.73	643.93	643.93	804.91	804.91	772.72	772.72
47	670.98	670.98	637.43	637.43	637.43	637.43	670.98	670.98	838.72	838.72	805.17	805.17
48	701.88	701.88	666.79	666.79	666.79	666.79	701.88	701.88	877.36	877.36	842.26	842.26
49	732.36	732.36	695.75	695.75	695.75	695.75	732.36	732.36	915.45	915.45	878.84	878.84
50	766.71	766.71	728.37	728.37	728.37	728.37	766.71	766.71	958.38	958.38	920.05	920.05
51	800.62	800.62	760.59	760.59	760.59	760.59	800.62	800.62	1,000.78	1,000.78	960.74	960.74
52	837.97	837.97	796.07	796.07	796.07	796.07	837.97	837.97	1,047.46	1,047.46	1,005.56	1,005.56
53	875.75	875.75	831.96	831.96	831.96	831.96	875.75	875.75	1,094.68	1,094.68	1,050.89	1,050.89
54	916.53	916.53	870.70	870.70	870.70	870.70	916.53	916.53	1,145.66	1,145.66	1,099.83	1,099.83
55	957.31	957.31	909.44	909.44	909.44	909.44	957.31	957.31	1,196.64	1,196.64	1,148.77	1,148.77
56	1,001.53	1,001.53	951.45	951.45	951.45	951.45	1,001.53	1,001.53	1,251.91	1,251.91	1,201.83	1,201.83
57	1,046.17	1,046.17	993.86	993.86	993.86	993.86	1,046.17	1,046.17	1,307.72	1,307.72	1,255.41	1,255.41
58	1,093.82	1,093.82	1,039.13	1,039.13	1,039.13	1,039.13	1,093.82	1,093.82	1,367.28	1,367.28	1,312.59	1,312.59
59	1,117.43	1,117.43	1,061.56	1,061.56	1,061.56	1,061.56	1,117.43	1,117.43	1,396.79	1,396.79	1,340.92	1,340.92
60	1,165.08	1,165.08	1,106.83	1,106.83	1,106.83	1,106.83	1,165.08	1,165.08	1,456.36	1,456.36	1,398.10	1,398.10
61	1,206.30	1,206.30	1,145.98	1,145.98	1,145.98	1,145.98	1,206.30	1,206.30	1,507.87	1,507.87	1,447.56	1,447.56
62	1,233.34	1,233.34	1,171.67	1,171.67	1,171.67	1,171.67	1,233.34	1,233.34	1,541.68	1,541.68	1,480.01	1,480.01
63	1,267.26	1,267.26	1,203.89	1,203.89	1,203.89	1,203.89	1,267.26	1,267.26	1,584.07	1,584.07	1,520.71	1,520.71
64 and Over	1,287.86	1,287.86	1,223.47	1,223.47	1,223.47	1,223.47	1,287.86	1,287.86	1,609.83	1,609.83	1,545.43	1,545.43

Rates Effective: 01/01/2024 to 03/31/2024

75729PA0050096

**Geisinger All-Access Extra PPO 20/60/3500**

**Gold**

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$3,500/\$7,000	\$10,000/\$20,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20/\$60	40% after deductible
Specialist - Office Visit	\$60	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250	\$250
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	40% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	40% after deductible
Mental/Behavioral Health Outpatient Services	\$60	40% after deductible
Substance Abuse Disorder Outpatient Services	\$60	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	40% after deductible
Rehabilitative Speech Therapy	\$60	40% after deductible
Habilitation Services	\$60	40% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050097**

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger All-Access Extra PPO 20/60/3500**

**Gold**

Age	Rating Area 2 Tobacco Status		Rating Area 3 Tobacco Status		Rating Area 5 Tobacco Status		Rating Area 6 Tobacco Status		Rating Area 7 Tobacco Status		Rating Area 9 Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			313.11	313.11			329.59	329.59			395.51	395.51
15			340.95	340.95			358.89	358.89			430.67	430.67
16			351.59	351.59			370.09	370.09			444.11	444.11
17			362.23	362.23			381.29	381.29			457.55	457.55
18			373.69	373.69			393.36	393.36			472.03	472.03
19			385.15	385.15			405.42	405.42			486.50	486.50
20			397.02	397.02			417.91	417.91			501.50	501.50
21			409.30	409.30			430.84	430.84			517.01	517.01
22			409.30	409.30			430.84	430.84			517.01	517.01
23			409.30	409.30			430.84	430.84			517.01	517.01
24			409.30	409.30			430.84	430.84			517.01	517.01
25			410.94	410.94			432.56	432.56			519.08	519.08
26			419.12	419.12			441.18	441.18			529.42	529.42
27			428.94	428.94			451.52	451.52			541.82	541.82
28			444.91	444.91			468.32	468.32			561.99	561.99
29			458.00	458.00			482.11	482.11			578.53	578.53
30			464.55	464.55			489.00	489.00			586.80	586.80
31			474.38	474.38			499.34	499.34			599.21	599.21
32			484.20	484.20			509.68	509.68			611.62	611.62
33			490.34	490.34			516.15	516.15			619.38	619.38
34			496.89	496.89			523.04	523.04			627.65	627.65
35			500.16	500.16			526.49	526.49			631.78	631.78
36			503.44	503.44			529.93	529.93			635.92	635.92
37			506.71	506.71			533.38	533.38			640.06	640.06
38			509.99	509.99			536.83	536.83			644.19	644.19
39			516.53	516.53			543.72	543.72			652.46	652.46
40			523.08	523.08			550.61	550.61			660.74	660.74
41			532.91	532.91			560.95	560.95			673.14	673.14
42			542.32	542.32			570.86	570.86			685.04	685.04
43			555.42	555.42			584.65	584.65			701.58	701.58
44			571.79	571.79			601.88	601.88			722.26	722.26
45			591.03	591.03			622.13	622.13			746.56	746.56
46			613.95	613.95			646.26	646.26			775.51	775.51
47			639.73	639.73			673.40	673.40			808.08	808.08
48			669.20	669.20			704.42	704.42			845.31	845.31
49			698.26	698.26			735.01	735.01			882.02	882.02
50			731.01	731.01			769.48	769.48			923.38	923.38
51			763.34	763.34			803.52	803.52			964.22	964.22
52			798.95	798.95			841.00	841.00			1,009.20	1,009.20
53			834.97	834.97			878.91	878.91			1,054.70	1,054.70
54			873.85	873.85			919.84	919.84			1,103.81	1,103.81
55			912.73	912.73			960.77	960.77			1,152.93	1,152.93
56			954.89	954.89			1,005.15	1,005.15			1,206.18	1,206.18
57			997.46	997.46			1,049.96	1,049.96			1,259.95	1,259.95
58			1,042.89	1,042.89			1,097.78	1,097.78			1,317.34	1,317.34
59			1,065.40	1,065.40			1,121.48	1,121.48			1,345.77	1,345.77
60			1,110.83	1,110.83			1,169.30	1,169.30			1,403.16	1,403.16
61			1,150.13	1,150.13			1,210.66	1,210.66			1,452.79	1,452.79
62			1,175.91	1,175.91			1,237.80	1,237.80			1,485.36	1,485.36
63			1,208.25	1,208.25			1,271.84	1,271.84			1,526.21	1,526.21
64 and Over			1,227.89	1,227.89			1,292.52	1,292.52			1,551.02	1,551.02
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>										<b>75729PA0050097</b>		

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

# Geisinger All-Access PPO 20/40/500

# Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$500/\$1,000	\$4,000/\$8,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	30% after deductible
Specialist - Office Visit	\$40	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250	\$250
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$250 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	30% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	30% after deductible
Rehabilitative Speech Therapy	\$40	30% after deductible
Habilitation Services	\$40	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050102**

1. Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2. Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3. DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger All-Access PPO 20/40/500**

**Gold**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	368.66	368.66	350.22	350.22	350.22	350.22	368.66	368.66	460.82	460.82	442.39	442.39
15	401.42	401.42	381.35	381.35	381.35	381.35	401.42	401.42	501.78	501.78	481.71	481.71
16	413.95	413.95	393.26	393.26	393.26	393.26	413.95	413.95	517.44	517.44	496.74	496.74
17	426.48	426.48	405.16	405.16	405.16	405.16	426.48	426.48	533.10	533.10	511.78	511.78
18	439.98	439.98	417.98	417.98	417.98	417.98	439.98	439.98	549.97	549.97	527.97	527.97
19	453.47	453.47	430.80	430.80	430.80	430.80	453.47	453.47	566.84	566.84	544.16	544.16
20	467.44	467.44	444.07	444.07	444.07	444.07	467.44	467.44	584.31	584.31	560.93	560.93
21	481.91	481.91	457.81	457.81	457.81	457.81	481.91	481.91	602.38	602.38	578.29	578.29
22	481.91	481.91	457.81	457.81	457.81	457.81	481.91	481.91	602.38	602.38	578.29	578.29
23	481.91	481.91	457.81	457.81	457.81	457.81	481.91	481.91	602.38	602.38	578.29	578.29
24	481.91	481.91	457.81	457.81	457.81	457.81	481.91	481.91	602.38	602.38	578.29	578.29
25	483.83	483.83	459.64	459.64	459.64	459.64	483.83	483.83	604.79	604.79	580.60	580.60
26	493.47	493.47	468.79	468.79	468.79	468.79	493.47	493.47	616.83	616.83	592.16	592.16
27	505.03	505.03	479.78	479.78	479.78	479.78	505.03	505.03	631.29	631.29	606.04	606.04
28	523.83	523.83	497.64	497.64	497.64	497.64	523.83	523.83	654.78	654.78	628.59	628.59
29	539.25	539.25	512.29	512.29	512.29	512.29	539.25	539.25	674.06	674.06	647.10	647.10
30	546.96	546.96	519.61	519.61	519.61	519.61	546.96	546.96	683.70	683.70	656.35	656.35
31	558.52	558.52	530.60	530.60	530.60	530.60	558.52	558.52	698.16	698.16	670.23	670.23
32	570.09	570.09	541.59	541.59	541.59	541.59	570.09	570.09	712.61	712.61	684.11	684.11
33	577.32	577.32	548.45	548.45	548.45	548.45	577.32	577.32	721.65	721.65	692.78	692.78
34	585.03	585.03	555.78	555.78	555.78	555.78	585.03	585.03	731.29	731.29	702.03	702.03
35	588.88	588.88	559.44	559.44	559.44	559.44	588.88	588.88	736.11	736.11	706.66	706.66
36	592.74	592.74	563.10	563.10	563.10	563.10	592.74	592.74	740.92	740.92	711.29	711.29
37	596.59	596.59	566.76	566.76	566.76	566.76	596.59	596.59	745.74	745.74	715.91	715.91
38	600.45	600.45	570.43	570.43	570.43	570.43	600.45	600.45	750.56	750.56	720.54	720.54
39	608.16	608.16	577.75	577.75	577.75	577.75	608.16	608.16	760.20	760.20	729.79	729.79
40	615.87	615.87	585.08	585.08	585.08	585.08	615.87	615.87	769.84	769.84	739.04	739.04
41	627.44	627.44	596.06	596.06	596.06	596.06	627.44	627.44	784.30	784.30	752.92	752.92
42	638.52	638.52	606.59	606.59	606.59	606.59	638.52	638.52	798.15	798.15	766.22	766.22
43	653.94	653.94	621.24	621.24	621.24	621.24	653.94	653.94	817.43	817.43	784.73	784.73
44	673.22	673.22	639.56	639.56	639.56	639.56	673.22	673.22	841.52	841.52	807.86	807.86
45	695.87	695.87	661.07	661.07	661.07	661.07	695.87	695.87	869.83	869.83	835.04	835.04
46	722.85	722.85	686.71	686.71	686.71	686.71	722.85	722.85	903.57	903.57	867.42	867.42
47	753.21	753.21	715.55	715.55	715.55	715.55	753.21	753.21	941.52	941.52	903.86	903.86
48	787.91	787.91	748.51	748.51	748.51	748.51	787.91	787.91	984.89	984.89	945.49	945.49
49	822.12	822.12	781.02	781.02	781.02	781.02	822.12	822.12	1,027.66	1,027.66	986.55	986.55
50	860.68	860.68	817.64	817.64	817.64	817.64	860.68	860.68	1,075.85	1,075.85	1,032.81	1,032.81
51	898.75	898.75	853.81	853.81	853.81	853.81	898.75	898.75	1,123.43	1,123.43	1,078.50	1,078.50
52	940.67	940.67	893.64	893.64	893.64	893.64	940.67	940.67	1,175.84	1,175.84	1,128.81	1,128.81
53	983.08	983.08	933.93	933.93	933.93	933.93	983.08	983.08	1,228.85	1,228.85	1,179.70	1,179.70
54	1,028.86	1,028.86	977.42	977.42	977.42	977.42	1,028.86	1,028.86	1,286.08	1,286.08	1,234.63	1,234.63
55	1,074.64	1,074.64	1,020.91	1,020.91	1,020.91	1,020.91	1,074.64	1,074.64	1,343.30	1,343.30	1,289.57	1,289.57
56	1,124.28	1,124.28	1,068.06	1,068.06	1,068.06	1,068.06	1,124.28	1,124.28	1,405.35	1,405.35	1,349.13	1,349.13
57	1,174.40	1,174.40	1,115.68	1,115.68	1,115.68	1,115.68	1,174.40	1,174.40	1,467.99	1,467.99	1,409.27	1,409.27
58	1,227.89	1,227.89	1,166.49	1,166.49	1,166.49	1,166.49	1,227.89	1,227.89	1,534.86	1,534.86	1,473.46	1,473.46
59	1,254.39	1,254.39	1,191.67	1,191.67	1,191.67	1,191.67	1,254.39	1,254.39	1,567.99	1,567.99	1,505.27	1,505.27
60	1,307.88	1,307.88	1,242.49	1,242.49	1,242.49	1,242.49	1,307.88	1,307.88	1,634.85	1,634.85	1,569.46	1,569.46
61	1,354.14	1,354.14	1,286.44	1,286.44	1,286.44	1,286.44	1,354.14	1,354.14	1,692.68	1,692.68	1,624.97	1,624.97
62	1,384.50	1,384.50	1,315.28	1,315.28	1,315.28	1,315.28	1,384.50	1,384.50	1,730.63	1,730.63	1,661.41	1,661.41
63	1,422.57	1,422.57	1,351.45	1,351.45	1,351.45	1,351.45	1,422.57	1,422.57	1,778.22	1,778.22	1,707.09	1,707.09
64 and Over	1,445.71	1,445.71	1,373.42	1,373.42	1,373.42	1,373.42	1,445.71	1,445.71	1,807.13	1,807.13	1,734.85	1,734.85

**Rates Effective: 01/01/2024 to 03/31/2024**

**75729PA0050102**



# Geisinger All-Access PPO 20/40/1500

## Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,500/\$3,000	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	30% after deductible
Specialist - Office Visit	\$40	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$150 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	30% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	30% after deductible
Rehabilitative Speech Therapy	\$40	30% after deductible
Habilitation Services	\$40	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050103**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

# Geisinger All-Access PPO 20/40/1500

## Gold

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	361.40	361.40	343.33	343.33	343.33	343.33	361.40	361.40	451.75	451.75	433.68	433.68
15	393.52	393.52	373.85	373.85	373.85	373.85	393.52	393.52	491.90	491.90	472.23	472.23
16	405.81	405.81	385.52	385.52	385.52	385.52	405.81	405.81	507.26	507.26	486.97	486.97
17	418.09	418.09	397.18	397.18	397.18	397.18	418.09	418.09	522.61	522.61	501.71	501.71
18	431.32	431.32	409.75	409.75	409.75	409.75	431.32	431.32	539.15	539.15	517.58	517.58
19	444.54	444.54	422.32	422.32	422.32	422.32	444.54	444.54	555.68	555.68	533.45	533.45
20	458.24	458.24	435.33	435.33	435.33	435.33	458.24	458.24	572.81	572.81	549.89	549.89
21	472.42	472.42	448.80	448.80	448.80	448.80	472.42	472.42	590.53	590.53	566.91	566.91
22	472.42	472.42	448.80	448.80	448.80	448.80	472.42	472.42	590.53	590.53	566.91	566.91
23	472.42	472.42	448.80	448.80	448.80	448.80	472.42	472.42	590.53	590.53	566.91	566.91
24	472.42	472.42	448.80	448.80	448.80	448.80	472.42	472.42	590.53	590.53	566.91	566.91
25	474.31	474.31	450.59	450.59	450.59	450.59	474.31	474.31	592.88	592.88	569.17	569.17
26	483.76	483.76	459.57	459.57	459.57	459.57	483.76	483.76	604.69	604.69	580.51	580.51
27	495.09	495.09	470.34	470.34	470.34	470.34	495.09	495.09	618.87	618.87	594.11	594.11
28	513.52	513.52	487.84	487.84	487.84	487.84	513.52	513.52	641.90	641.90	616.22	616.22
29	528.63	528.63	502.20	502.20	502.20	502.20	528.63	528.63	660.79	660.79	634.36	634.36
30	536.19	536.19	509.38	509.38	509.38	509.38	536.19	536.19	670.24	670.24	643.43	643.43
31	547.53	547.53	520.15	520.15	520.15	520.15	547.53	547.53	684.41	684.41	657.04	657.04
32	558.87	558.87	530.93	530.93	530.93	530.93	558.87	558.87	698.59	698.59	670.64	670.64
33	565.96	565.96	537.66	537.66	537.66	537.66	565.96	565.96	707.44	707.44	679.15	679.15
34	573.51	573.51	544.84	544.84	544.84	544.84	573.51	573.51	716.89	716.89	688.22	688.22
35	577.29	577.29	548.43	548.43	548.43	548.43	577.29	577.29	721.62	721.62	692.75	692.75
36	581.07	581.07	552.02	552.02	552.02	552.02	581.07	581.07	726.34	726.34	697.29	697.29
37	584.85	584.85	555.61	555.61	555.61	555.61	584.85	584.85	731.07	731.07	701.82	701.82
38	588.63	588.63	559.20	559.20	559.20	559.20	588.63	588.63	735.79	735.79	706.36	706.36
39	596.19	596.19	566.38	566.38	566.38	566.38	596.19	596.19	745.24	745.24	715.43	715.43
40	603.75	603.75	573.56	573.56	573.56	573.56	603.75	603.75	754.69	754.69	724.50	724.50
41	615.09	615.09	584.33	584.33	584.33	584.33	615.09	615.09	768.86	768.86	738.10	738.10
42	625.95	625.95	594.65	594.65	594.65	594.65	625.95	625.95	782.44	782.44	751.14	751.14
43	641.07	641.07	609.02	609.02	609.02	609.02	641.07	641.07	801.34	801.34	769.28	769.28
44	659.97	659.97	626.97	626.97	626.97	626.97	659.97	659.97	824.96	824.96	791.96	791.96
45	682.17	682.17	648.06	648.06	648.06	648.06	682.17	682.17	852.71	852.71	818.60	818.60
46	708.63	708.63	673.19	673.19	673.19	673.19	708.63	708.63	885.78	885.78	850.35	850.35
47	738.39	738.39	701.47	701.47	701.47	701.47	738.39	738.39	922.98	922.98	886.07	886.07
48	772.40	772.40	733.78	733.78	733.78	733.78	772.40	772.40	965.50	965.50	926.88	926.88
49	805.94	805.94	765.65	765.65	765.65	765.65	805.94	805.94	1,007.43	1,007.43	967.13	967.13
50	843.74	843.74	801.55	801.55	801.55	801.55	843.74	843.74	1,054.67	1,054.67	1,012.48	1,012.48
51	881.06	881.06	837.00	837.00	837.00	837.00	881.06	881.06	1,101.32	1,101.32	1,057.27	1,057.27
52	922.16	922.16	876.05	876.05	876.05	876.05	922.16	922.16	1,152.70	1,152.70	1,106.59	1,106.59
53	963.73	963.73	915.54	915.54	915.54	915.54	963.73	963.73	1,204.66	1,204.66	1,156.48	1,156.48
54	1,008.61	1,008.61	958.18	958.18	958.18	958.18	1,008.61	1,008.61	1,260.76	1,260.76	1,210.33	1,210.33
55	1,053.49	1,053.49	1,000.82	1,000.82	1,000.82	1,000.82	1,053.49	1,053.49	1,316.86	1,316.86	1,264.19	1,264.19
56	1,102.15	1,102.15	1,047.04	1,047.04	1,047.04	1,047.04	1,102.15	1,102.15	1,377.69	1,377.69	1,322.58	1,322.58
57	1,151.28	1,151.28	1,093.72	1,093.72	1,093.72	1,093.72	1,151.28	1,151.28	1,439.10	1,439.10	1,381.54	1,381.54
58	1,203.72	1,203.72	1,143.53	1,143.53	1,143.53	1,143.53	1,203.72	1,203.72	1,504.65	1,504.65	1,444.46	1,444.46
59	1,229.70	1,229.70	1,168.22	1,168.22	1,168.22	1,168.22	1,229.70	1,229.70	1,537.13	1,537.13	1,475.64	1,475.64
60	1,282.14	1,282.14	1,218.03	1,218.03	1,218.03	1,218.03	1,282.14	1,282.14	1,602.67	1,602.67	1,538.57	1,538.57
61	1,327.49	1,327.49	1,261.12	1,261.12	1,261.12	1,261.12	1,327.49	1,327.49	1,659.36	1,659.36	1,592.99	1,592.99
62	1,357.25	1,357.25	1,289.39	1,289.39	1,289.39	1,289.39	1,357.25	1,357.25	1,696.57	1,696.57	1,628.70	1,628.70
63	1,394.57	1,394.57	1,324.85	1,324.85	1,324.85	1,324.85	1,394.57	1,394.57	1,743.22	1,743.22	1,673.49	1,673.49
64 and Over	1,417.25	1,417.25	1,346.39	1,346.39	1,346.39	1,346.39	1,417.25	1,417.25	1,771.56	1,771.56	1,700.70	1,700.70

Rates Effective: 01/01/2024 to 03/31/2024

75729PA0050103

# Geisinger All-Access PPO 25/50/2000

## Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050104**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

# Geisinger All-Access PPO 25/50/2000

## Gold

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	347.94	347.94	330.55	330.55	330.55	330.55	347.94	347.94	434.93	434.93	417.53	417.53
15	378.87	378.87	359.93	359.93	359.93	359.93	378.87	378.87	473.59	473.59	454.65	454.65
16	390.70	390.70	371.16	371.16	371.16	371.16	390.70	390.70	488.37	488.37	468.84	468.84
17	402.52	402.52	382.40	382.40	382.40	382.40	402.52	402.52	503.15	503.15	483.03	483.03
18	415.26	415.26	394.50	394.50	394.50	394.50	415.26	415.26	519.07	519.07	498.31	498.31
19	427.99	427.99	406.59	406.59	406.59	406.59	427.99	427.99	534.99	534.99	513.59	513.59
20	441.18	441.18	419.12	419.12	419.12	419.12	441.18	441.18	551.48	551.48	529.42	529.42
21	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
22	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
23	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
24	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
25	456.65	456.65	433.82	433.82	433.82	433.82	456.65	456.65	570.81	570.81	547.98	547.98
26	465.74	465.74	442.46	442.46	442.46	442.46	465.74	465.74	582.18	582.18	558.89	558.89
27	476.66	476.66	452.83	452.83	452.83	452.83	476.66	476.66	595.83	595.83	571.99	571.99
28	494.40	494.40	469.68	469.68	469.68	469.68	494.40	494.40	618.00	618.00	593.28	593.28
29	508.95	508.95	483.51	483.51	483.51	483.51	508.95	508.95	636.19	636.19	610.74	610.74
30	516.23	516.23	490.42	490.42	490.42	490.42	516.23	516.23	645.29	645.29	619.48	619.48
31	527.15	527.15	500.79	500.79	500.79	500.79	527.15	527.15	658.93	658.93	632.58	632.58
32	538.06	538.06	511.16	511.16	511.16	511.16	538.06	538.06	672.58	672.58	645.68	645.68
33	544.89	544.89	517.64	517.64	517.64	517.64	544.89	544.89	681.11	681.11	653.86	653.86
34	552.16	552.16	524.55	524.55	524.55	524.55	552.16	552.16	690.20	690.20	662.59	662.59
35	555.80	555.80	528.01	528.01	528.01	528.01	555.80	555.80	694.75	694.75	666.96	666.96
36	559.44	559.44	531.47	531.47	531.47	531.47	559.44	559.44	699.30	699.30	671.33	671.33
37	563.08	563.08	534.92	534.92	534.92	534.92	563.08	563.08	703.85	703.85	675.69	675.69
38	566.72	566.72	538.38	538.38	538.38	538.38	566.72	566.72	708.40	708.40	680.06	680.06
39	573.99	573.99	545.29	545.29	545.29	545.29	573.99	573.99	717.49	717.49	688.79	688.79
40	581.27	581.27	552.21	552.21	552.21	552.21	581.27	581.27	726.59	726.59	697.53	697.53
41	592.19	592.19	562.58	562.58	562.58	562.58	592.19	592.19	740.23	740.23	710.62	710.62
42	602.65	602.65	572.52	572.52	572.52	572.52	602.65	602.65	753.31	753.31	723.18	723.18
43	617.20	617.20	586.34	586.34	586.34	586.34	617.20	617.20	771.50	771.50	740.64	740.64
44	635.40	635.40	603.63	603.63	603.63	603.63	635.40	635.40	794.25	794.25	762.48	762.48
45	656.77	656.77	623.93	623.93	623.93	623.93	656.77	656.77	820.97	820.97	788.13	788.13
46	682.24	682.24	648.13	648.13	648.13	648.13	682.24	682.24	852.80	852.80	818.69	818.69
47	710.90	710.90	675.35	675.35	675.35	675.35	710.90	710.90	888.62	888.62	853.08	853.08
48	743.65	743.65	706.46	706.46	706.46	706.46	743.65	743.65	929.56	929.56	892.37	892.37
49	775.94	775.94	737.14	737.14	737.14	737.14	775.94	775.94	969.92	969.92	931.13	931.13
50	812.32	812.32	771.71	771.71	771.71	771.71	812.32	812.32	1,015.41	1,015.41	974.79	974.79
51	848.26	848.26	805.84	805.84	805.84	805.84	848.26	848.26	1,060.32	1,060.32	1,017.91	1,017.91
52	887.83	887.83	843.43	843.43	843.43	843.43	887.83	887.83	1,109.78	1,109.78	1,065.39	1,065.39
53	927.85	927.85	881.46	881.46	881.46	881.46	927.85	927.85	1,159.81	1,159.81	1,113.42	1,113.42
54	971.06	971.06	922.51	922.51	922.51	922.51	971.06	971.06	1,213.82	1,213.82	1,165.27	1,165.27
55	1,014.27	1,014.27	963.56	963.56	963.56	963.56	1,014.27	1,014.27	1,267.84	1,267.84	1,217.12	1,217.12
56	1,061.12	1,061.12	1,008.06	1,008.06	1,008.06	1,008.06	1,061.12	1,061.12	1,326.40	1,326.40	1,273.34	1,273.34
57	1,108.42	1,108.42	1,053.00	1,053.00	1,053.00	1,053.00	1,108.42	1,108.42	1,385.52	1,385.52	1,330.10	1,330.10
58	1,158.90	1,158.90	1,100.96	1,100.96	1,100.96	1,100.96	1,158.90	1,158.90	1,448.63	1,448.63	1,390.69	1,390.69
59	1,183.92	1,183.92	1,124.72	1,124.72	1,124.72	1,124.72	1,183.92	1,183.92	1,479.90	1,479.90	1,420.70	1,420.70
60	1,234.41	1,234.41	1,172.69	1,172.69	1,172.69	1,172.69	1,234.41	1,234.41	1,543.01	1,543.01	1,481.29	1,481.29
61	1,278.07	1,278.07	1,214.17	1,214.17	1,214.17	1,214.17	1,278.07	1,278.07	1,597.59	1,597.59	1,533.68	1,533.68
62	1,306.72	1,306.72	1,241.39	1,241.39	1,241.39	1,241.39	1,306.72	1,306.72	1,633.40	1,633.40	1,568.07	1,568.07
63	1,342.66	1,342.66	1,275.52	1,275.52	1,275.52	1,275.52	1,342.66	1,342.66	1,678.32	1,678.32	1,611.19	1,611.19
64 and Over	1,364.49	1,364.49	1,296.26	1,296.26	1,296.26	1,296.26	1,364.49	1,364.49	1,705.61	1,705.61	1,637.38	1,637.38

Rates Effective: 01/01/2024 to 03/31/2024

75729PA0050104

# Geisinger All-Access PPO 35/70/4300

## Silver

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$4,300/\$8,600	\$12,000/\$24,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$35	40% after deductible
Specialist - Office Visit	\$70	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250 after deductible	\$250 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$35	\$35
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	\$250 after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	40% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	40% after deductible
Mental/Behavioral Health Outpatient Services	\$35	40% after deductible
Substance Abuse Disorder Outpatient Services	\$35	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$70	40% after deductible
Rehabilitative Speech Therapy	\$70	40% after deductible
Habilitation Services	\$70	40% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$70	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050105**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger All-Access PPO 35/70/4300									Silver			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	287.85	287.85	273.46	273.46	273.46	273.46	287.85	287.85	359.81	359.81	345.42	345.42
15	313.44	313.44	297.76	297.76	297.76	297.76	313.44	313.44	391.80	391.80	376.12	376.12
16	323.22	323.22	307.06	307.06	307.06	307.06	323.22	323.22	404.02	404.02	387.86	387.86
17	333.00	333.00	316.35	316.35	316.35	316.35	333.00	333.00	416.25	416.25	399.60	399.60
18	343.54	343.54	326.36	326.36	326.36	326.36	343.54	343.54	429.42	429.42	412.25	412.25
19	354.07	354.07	336.37	336.37	336.37	336.37	354.07	354.07	442.59	442.59	424.89	424.89
20	364.99	364.99	346.74	346.74	346.74	346.74	364.99	364.99	456.23	456.23	437.98	437.98
21	376.28	376.28	357.47	357.47	357.47	357.47	376.28	376.28	470.35	470.35	451.53	451.53
22	376.28	376.28	357.47	357.47	357.47	357.47	376.28	376.28	470.35	470.35	451.53	451.53
23	376.28	376.28	357.47	357.47	357.47	357.47	376.28	376.28	470.35	470.35	451.53	451.53
24	376.28	376.28	357.47	357.47	357.47	357.47	376.28	376.28	470.35	470.35	451.53	451.53
25	377.78	377.78	358.89	358.89	358.89	358.89	377.78	377.78	472.22	472.22	453.33	453.33
26	385.30	385.30	366.04	366.04	366.04	366.04	385.30	385.30	481.63	481.63	462.37	462.37
27	394.34	394.34	374.62	374.62	374.62	374.62	394.34	394.34	492.92	492.92	473.20	473.20
28	409.01	409.01	388.56	388.56	388.56	388.56	409.01	409.01	511.26	511.26	490.81	490.81
29	421.05	421.05	400.00	400.00	400.00	400.00	421.05	421.05	526.31	526.31	505.26	505.26
30	427.07	427.07	405.72	405.72	405.72	405.72	427.07	427.07	533.84	533.84	512.49	512.49
31	436.10	436.10	414.30	414.30	414.30	414.30	436.10	436.10	545.13	545.13	523.32	523.32
32	445.13	445.13	422.88	422.88	422.88	422.88	445.13	445.13	556.42	556.42	534.16	534.16
33	450.78	450.78	428.24	428.24	428.24	428.24	450.78	450.78	563.47	563.47	540.93	540.93
34	456.80	456.80	433.96	433.96	433.96	433.96	456.80	456.80	571.00	571.00	548.16	548.16
35	459.81	459.81	436.82	436.82	436.82	436.82	459.81	459.81	574.76	574.76	551.77	551.77
36	462.82	462.82	439.68	439.68	439.68	439.68	462.82	462.82	578.52	578.52	555.38	555.38
37	465.83	465.83	442.54	442.54	442.54	442.54	465.83	465.83	582.28	582.28	558.99	558.99
38	468.84	468.84	445.40	445.40	445.40	445.40	468.84	468.84	586.05	586.05	562.60	562.60
39	474.86	474.86	451.11	451.11	451.11	451.11	474.86	474.86	593.57	593.57	569.83	569.83
40	480.88	480.88	456.83	456.83	456.83	456.83	480.88	480.88	601.10	601.10	577.05	577.05
41	489.91	489.91	465.41	465.41	465.41	465.41	489.91	489.91	612.39	612.39	587.89	587.89
42	498.56	498.56	473.63	473.63	473.63	473.63	498.56	498.56	623.20	623.20	598.28	598.28
43	510.60	510.60	485.07	485.07	485.07	485.07	510.60	510.60	638.25	638.25	612.72	612.72
44	525.65	525.65	499.37	499.37	499.37	499.37	525.65	525.65	657.07	657.07	630.79	630.79
45	543.34	543.34	516.17	516.17	516.17	516.17	543.34	543.34	679.17	679.17	652.01	652.01
46	564.41	564.41	536.19	536.19	536.19	536.19	564.41	564.41	705.51	705.51	677.29	677.29
47	588.12	588.12	558.71	558.71	558.71	558.71	588.12	588.12	735.15	735.15	705.74	705.74
48	615.21	615.21	584.45	584.45	584.45	584.45	615.21	615.21	769.01	769.01	738.25	738.25
49	641.92	641.92	609.83	609.83	609.83	609.83	641.92	641.92	802.40	802.40	770.31	770.31
50	672.03	672.03	638.42	638.42	638.42	638.42	672.03	672.03	840.03	840.03	806.43	806.43
51	701.75	701.75	666.66	666.66	666.66	666.66	701.75	701.75	877.19	877.19	842.10	842.10
52	734.49	734.49	697.76	697.76	697.76	697.76	734.49	734.49	918.11	918.11	881.38	881.38
53	767.60	767.60	729.22	729.22	729.22	729.22	767.60	767.60	959.50	959.50	921.12	921.12
54	803.34	803.34	763.18	763.18	763.18	763.18	803.34	803.34	1,004.18	1,004.18	964.01	964.01
55	839.09	839.09	797.14	797.14	797.14	797.14	839.09	839.09	1,048.86	1,048.86	1,006.91	1,006.91
56	877.85	877.85	833.95	833.95	833.95	833.95	877.85	877.85	1,097.31	1,097.31	1,053.42	1,053.42
57	916.98	916.98	871.13	871.13	871.13	871.13	916.98	916.98	1,146.22	1,146.22	1,100.38	1,100.38
58	958.75	958.75	910.81	910.81	910.81	910.81	958.75	958.75	1,198.43	1,198.43	1,150.50	1,150.50
59	979.44	979.44	930.47	930.47	930.47	930.47	979.44	979.44	1,224.30	1,224.30	1,175.33	1,175.33
60	1,021.21	1,021.21	970.15	970.15	970.15	970.15	1,021.21	1,021.21	1,276.51	1,276.51	1,225.45	1,225.45
61	1,057.33	1,057.33	1,004.46	1,004.46	1,004.46	1,004.46	1,057.33	1,057.33	1,321.66	1,321.66	1,268.80	1,268.80
62	1,081.04	1,081.04	1,026.98	1,026.98	1,026.98	1,026.98	1,081.04	1,081.04	1,351.29	1,351.29	1,297.24	1,297.24
63	1,110.76	1,110.76	1,055.22	1,055.22	1,055.22	1,055.22	1,110.76	1,110.76	1,388.45	1,388.45	1,332.91	1,332.91
64 and Over	1,128.82	1,128.82	1,072.38	1,072.38	1,072.38	1,072.38	1,128.82	1,128.82	1,411.03	1,411.03	1,354.59	1,354.59
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>75729PA0050105</b>			

# Geisinger All-Access PPO 40/90/8400

# Ex Bronze

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$8,400/\$16,800	\$15,000/\$30,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,000/\$18,000	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$40	40% after deductible
Specialist - Office Visit	\$90	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	0% after deductible	0% after deductible
Emergency Transportation(Ambulance/Air)	0% after deductible	0% after deductible
Urgent Care Centers or Facilities <sup>1</sup>	\$40	\$40
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	0% after deductible	40% after deductible
Hospice Services	0% after deductible	40% after deductible
Mental/Behavioral Health Outpatient Services	\$40	40% after deductible
Substance Abuse Disorder Outpatient Services	\$40	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$90	40% after deductible
Rehabilitative Speech Therapy	\$90	40% after deductible
Habilitation Services	\$90	40% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	0% after deductible	Limited to In Network
Routine Eye Exam for Children	0% after deductible	Limited to In Network
Eye Glasses for Children	0% after deductible	0% after deductible
Drug EHB Deductible	Combined with Medical	NA
Mail Order Rx	0% after deductible	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 4 - Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 6 - Specialty Drugs	0% after deductible	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050107**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

# Geisinger All-Access PPO 40/90/8400

# Ex Bronze

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	238.41	238.41	226.49	226.49	226.49	226.49	238.41	238.41	298.01	298.01	286.09	286.09
15	259.60	259.60	246.62	246.62	246.62	246.62	259.60	259.60	324.50	324.50	311.52	311.52
16	267.70	267.70	254.32	254.32	254.32	254.32	267.70	267.70	334.63	334.63	321.24	321.24
17	275.81	275.81	262.02	262.02	262.02	262.02	275.81	275.81	344.76	344.76	330.97	330.97
18	284.53	284.53	270.31	270.31	270.31	270.31	284.53	284.53	355.67	355.67	341.44	341.44
19	293.26	293.26	278.60	278.60	278.60	278.60	293.26	293.26	366.57	366.57	351.91	351.91
20	302.30	302.30	287.18	287.18	287.18	287.18	302.30	302.30	377.87	377.87	362.76	362.76
21	311.65	311.65	296.07	296.07	296.07	296.07	311.65	311.65	389.56	389.56	373.98	373.98
22	311.65	311.65	296.07	296.07	296.07	296.07	311.65	311.65	389.56	389.56	373.98	373.98
23	311.65	311.65	296.07	296.07	296.07	296.07	311.65	311.65	389.56	389.56	373.98	373.98
24	311.65	311.65	296.07	296.07	296.07	296.07	311.65	311.65	389.56	389.56	373.98	373.98
25	312.89	312.89	297.25	297.25	297.25	297.25	312.89	312.89	391.12	391.12	375.47	375.47
26	319.13	319.13	303.17	303.17	303.17	303.17	319.13	319.13	398.91	398.91	382.95	382.95
27	326.61	326.61	310.27	310.27	310.27	310.27	326.61	326.61	408.26	408.26	391.93	391.93
28	338.76	338.76	321.82	321.82	321.82	321.82	338.76	338.76	423.45	423.45	406.51	406.51
29	348.73	348.73	331.30	331.30	331.30	331.30	348.73	348.73	435.91	435.91	418.48	418.48
30	353.72	353.72	336.03	336.03	336.03	336.03	353.72	353.72	442.15	442.15	424.46	424.46
31	361.20	361.20	343.14	343.14	343.14	343.14	361.20	361.20	451.50	451.50	433.44	433.44
32	368.68	368.68	350.24	350.24	350.24	350.24	368.68	368.68	460.85	460.85	442.41	442.41
33	373.35	373.35	354.68	354.68	354.68	354.68	373.35	373.35	466.69	466.69	448.02	448.02
34	378.34	378.34	359.42	359.42	359.42	359.42	378.34	378.34	472.92	472.92	454.01	454.01
35	380.83	380.83	361.79	361.79	361.79	361.79	380.83	380.83	476.04	476.04	457.00	457.00
36	383.32	383.32	364.16	364.16	364.16	364.16	383.32	383.32	479.16	479.16	459.99	459.99
37	385.82	385.82	366.53	366.53	366.53	366.53	385.82	385.82	482.27	482.27	462.98	462.98
38	388.31	388.31	368.90	368.90	368.90	368.90	388.31	388.31	485.39	485.39	465.97	465.97
39	393.30	393.30	373.63	373.63	373.63	373.63	393.30	393.30	491.62	491.62	471.96	471.96
40	398.28	398.28	378.37	378.37	378.37	378.37	398.28	398.28	497.85	497.85	477.94	477.94
41	405.76	405.76	385.47	385.47	385.47	385.47	405.76	405.76	507.20	507.20	486.92	486.92
42	412.93	412.93	392.28	392.28	392.28	392.28	412.93	412.93	516.16	516.16	495.52	495.52
43	422.90	422.90	401.76	401.76	401.76	401.76	422.90	422.90	528.63	528.63	507.48	507.48
44	435.37	435.37	413.60	413.60	413.60	413.60	435.37	435.37	544.21	544.21	522.44	522.44
45	450.02	450.02	427.52	427.52	427.52	427.52	450.02	450.02	562.52	562.52	540.02	540.02
46	467.47	467.47	444.10	444.10	444.10	444.10	467.47	467.47	584.34	584.34	560.96	560.96
47	487.10	487.10	462.75	462.75	462.75	462.75	487.10	487.10	608.88	608.88	584.52	584.52
48	509.54	509.54	484.06	484.06	484.06	484.06	509.54	509.54	636.93	636.93	611.45	611.45
49	531.67	531.67	505.08	505.08	505.08	505.08	531.67	531.67	664.59	664.59	638.00	638.00
50	556.60	556.60	528.77	528.77	528.77	528.77	556.60	556.60	695.75	695.75	667.92	667.92
51	581.22	581.22	552.16	552.16	552.16	552.16	581.22	581.22	726.52	726.52	697.46	697.46
52	608.33	608.33	577.92	577.92	577.92	577.92	608.33	608.33	760.42	760.42	730.00	730.00
53	635.76	635.76	603.97	603.97	603.97	603.97	635.76	635.76	794.70	794.70	762.91	762.91
54	665.36	665.36	632.10	632.10	632.10	632.10	665.36	665.36	831.71	831.71	798.44	798.44
55	694.97	694.97	660.22	660.22	660.22	660.22	694.97	694.97	868.71	868.71	833.96	833.96
56	727.07	727.07	690.72	690.72	690.72	690.72	727.07	727.07	908.84	908.84	872.48	872.48
57	759.48	759.48	721.51	721.51	721.51	721.51	759.48	759.48	949.35	949.35	911.38	911.38
58	794.07	794.07	754.37	754.37	754.37	754.37	794.07	794.07	992.59	992.59	952.89	952.89
59	811.21	811.21	770.65	770.65	770.65	770.65	811.21	811.21	1,014.02	1,014.02	973.46	973.46
60	845.81	845.81	803.52	803.52	803.52	803.52	845.81	845.81	1,057.26	1,057.26	1,014.97	1,014.97
61	875.73	875.73	831.94	831.94	831.94	831.94	875.73	875.73	1,094.66	1,094.66	1,050.87	1,050.87
62	895.36	895.36	850.59	850.59	850.59	850.59	895.36	895.36	1,119.20	1,119.20	1,074.43	1,074.43
63	919.98	919.98	873.98	873.98	873.98	873.98	919.98	919.98	1,149.97	1,149.97	1,103.97	1,103.97
64 and Over	934.94	934.94	888.19	888.19	888.19	888.19	934.94	934.94	1,168.67	1,168.67	1,121.93	1,121.93

Rates Effective: 01/01/2024 to 03/31/2024

75729PA0050107



# Geisinger All-Access Extra PPO 20/60/4300

**Silver**

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$4,300/\$8,600	\$12,000/\$24,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20/\$60	40% after deductible
Specialist - Office Visit	\$60	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$300 after deductible	\$300 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$175 copay after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	\$150 after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	40% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	40% after deductible
Mental/Behavioral Health Outpatient Services	\$60	40% after deductible
Substance Abuse Disorder Outpatient Services	\$60	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	40% after deductible
Rehabilitative Speech Therapy	\$60	40% after deductible
Habilitation Services	\$60	40% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050108**

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger All-Access Extra PPO 20/60/4300								Silver				
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			276.44	276.44			290.99	290.99			349.18	349.18
15			301.01	301.01			316.85	316.85			380.22	380.22
16			310.40	310.40			326.74	326.74			392.09	392.09
17			319.80	319.80			336.63	336.63			403.96	403.96
18			329.92	329.92			347.28	347.28			416.74	416.74
19			340.04	340.04			357.93	357.93			429.52	429.52
20			350.51	350.51			368.96	368.96			442.76	442.76
21			361.36	361.36			380.38	380.38			456.45	456.45
22			361.36	361.36			380.38	380.38			456.45	456.45
23			361.36	361.36			380.38	380.38			456.45	456.45
24			361.36	361.36			380.38	380.38			456.45	456.45
25			362.80	362.80			381.90	381.90			458.27	458.27
26			370.03	370.03			389.50	389.50			467.40	467.40
27			378.70	378.70			398.63	398.63			478.36	478.36
28			392.79	392.79			413.47	413.47			496.16	496.16
29			404.36	404.36			425.64	425.64			510.77	510.77
30			410.14	410.14			431.72	431.72			518.07	518.07
31			418.81	418.81			440.85	440.85			529.02	529.02
32			427.48	427.48			449.98	449.98			539.98	539.98
33			432.90	432.90			455.69	455.69			546.83	546.83
34			438.69	438.69			461.77	461.77			554.13	554.13
35			441.58	441.58			464.82	464.82			557.78	557.78
36			444.47	444.47			467.86	467.86			561.43	561.43
37			447.36	447.36			470.90	470.90			565.08	565.08
38			450.25	450.25			473.95	473.95			568.74	568.74
39			456.03	456.03			480.03	480.03			576.04	576.04
40			461.81	461.81			486.12	486.12			583.34	583.34
41			470.48	470.48			495.25	495.25			594.30	594.30
42			478.80	478.80			504.00	504.00			604.79	604.79
43			490.36	490.36			516.17	516.17			619.40	619.40
44			504.81	504.81			531.38	531.38			637.66	637.66
45			521.80	521.80			549.26	549.26			659.11	659.11
46			542.03	542.03			570.56	570.56			684.67	684.67
47			564.80	564.80			594.52	594.52			713.43	713.43
48			590.82	590.82			621.91	621.91			746.29	746.29
49			616.47	616.47			648.92	648.92			778.70	778.70
50			645.38	645.38			679.35	679.35			815.22	815.22
51			673.93	673.93			709.40	709.40			851.28	851.28
52			705.37	705.37			742.49	742.49			890.99	890.99
53			737.16	737.16			775.96	775.96			931.16	931.16
54			771.49	771.49			812.10	812.10			974.52	974.52
55			805.82	805.82			848.23	848.23			1,017.88	1,017.88
56			843.04	843.04			887.41	887.41			1,064.90	1,064.90
57			880.62	880.62			926.97	926.97			1,112.37	1,112.37
58			920.73	920.73			969.19	969.19			1,163.03	1,163.03
59			940.61	940.61			990.11	990.11			1,188.14	1,188.14
60			980.72	980.72			1,032.34	1,032.34			1,238.80	1,238.80
61			1,015.41	1,015.41			1,068.85	1,068.85			1,282.62	1,282.62
62			1,038.17	1,038.17			1,092.81	1,092.81			1,311.38	1,311.38
63			1,066.72	1,066.72			1,122.86	1,122.86			1,347.44	1,347.44
64 and Over			1,084.07	1,084.07			1,141.12	1,141.12			1,369.35	1,369.35
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>75729PA0050108</b>			

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

**Geisinger All-Access PPO 25/50/2000 1x ded**

**Gold**

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000/\$2,000	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050127**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger All-Access PPO 25/50/2000 1x ded**

**Gold**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	347.94	347.94	330.55	330.55	330.55	330.55	347.94	347.94	434.93	434.93	417.53	417.53
15	378.87	378.87	359.93	359.93	359.93	359.93	378.87	378.87	473.59	473.59	454.65	454.65
16	390.70	390.70	371.16	371.16	371.16	371.16	390.70	390.70	488.37	488.37	468.84	468.84
17	402.52	402.52	382.40	382.40	382.40	382.40	402.52	402.52	503.15	503.15	483.03	483.03
18	415.26	415.26	394.50	394.50	394.50	394.50	415.26	415.26	519.07	519.07	498.31	498.31
19	427.99	427.99	406.59	406.59	406.59	406.59	427.99	427.99	534.99	534.99	513.59	513.59
20	441.18	441.18	419.12	419.12	419.12	419.12	441.18	441.18	551.48	551.48	529.42	529.42
21	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
22	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
23	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
24	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
25	456.65	456.65	433.82	433.82	433.82	433.82	456.65	456.65	570.81	570.81	547.98	547.98
26	465.74	465.74	442.46	442.46	442.46	442.46	465.74	465.74	582.18	582.18	558.89	558.89
27	476.66	476.66	452.83	452.83	452.83	452.83	476.66	476.66	595.83	595.83	571.99	571.99
28	494.40	494.40	469.68	469.68	469.68	469.68	494.40	494.40	618.00	618.00	593.28	593.28
29	508.95	508.95	483.51	483.51	483.51	483.51	508.95	508.95	636.19	636.19	610.74	610.74
30	516.23	516.23	490.42	490.42	490.42	490.42	516.23	516.23	645.29	645.29	619.48	619.48
31	527.15	527.15	500.79	500.79	500.79	500.79	527.15	527.15	658.93	658.93	632.58	632.58
32	538.06	538.06	511.16	511.16	511.16	511.16	538.06	538.06	672.58	672.58	645.68	645.68
33	544.89	544.89	517.64	517.64	517.64	517.64	544.89	544.89	681.11	681.11	653.86	653.86
34	552.16	552.16	524.55	524.55	524.55	524.55	552.16	552.16	690.20	690.20	662.59	662.59
35	555.80	555.80	528.01	528.01	528.01	528.01	555.80	555.80	694.75	694.75	666.96	666.96
36	559.44	559.44	531.47	531.47	531.47	531.47	559.44	559.44	699.30	699.30	671.33	671.33
37	563.08	563.08	534.92	534.92	534.92	534.92	563.08	563.08	703.85	703.85	675.69	675.69
38	566.72	566.72	538.38	538.38	538.38	538.38	566.72	566.72	708.40	708.40	680.06	680.06
39	573.99	573.99	545.29	545.29	545.29	545.29	573.99	573.99	717.49	717.49	688.79	688.79
40	581.27	581.27	552.21	552.21	552.21	552.21	581.27	581.27	726.59	726.59	697.53	697.53
41	592.19	592.19	562.58	562.58	562.58	562.58	592.19	592.19	740.23	740.23	710.62	710.62
42	602.65	602.65	572.52	572.52	572.52	572.52	602.65	602.65	753.31	753.31	723.18	723.18
43	617.20	617.20	586.34	586.34	586.34	586.34	617.20	617.20	771.50	771.50	740.64	740.64
44	635.40	635.40	603.63	603.63	603.63	603.63	635.40	635.40	794.25	794.25	762.48	762.48
45	656.77	656.77	623.93	623.93	623.93	623.93	656.77	656.77	820.97	820.97	788.13	788.13
46	682.24	682.24	648.13	648.13	648.13	648.13	682.24	682.24	852.80	852.80	818.69	818.69
47	710.90	710.90	675.35	675.35	675.35	675.35	710.90	710.90	888.62	888.62	853.08	853.08
48	743.65	743.65	706.46	706.46	706.46	706.46	743.65	743.65	929.56	929.56	892.37	892.37
49	775.94	775.94	737.14	737.14	737.14	737.14	775.94	775.94	969.92	969.92	931.13	931.13
50	812.32	812.32	771.71	771.71	771.71	771.71	812.32	812.32	1,015.41	1,015.41	974.79	974.79
51	848.26	848.26	805.84	805.84	805.84	805.84	848.26	848.26	1,060.32	1,060.32	1,017.91	1,017.91
52	887.83	887.83	843.43	843.43	843.43	843.43	887.83	887.83	1,109.78	1,109.78	1,065.39	1,065.39
53	927.85	927.85	881.46	881.46	881.46	881.46	927.85	927.85	1,159.81	1,159.81	1,113.42	1,113.42
54	971.06	971.06	922.51	922.51	922.51	922.51	971.06	971.06	1,213.82	1,213.82	1,165.27	1,165.27
55	1,014.27	1,014.27	963.56	963.56	963.56	963.56	1,014.27	1,014.27	1,267.84	1,267.84	1,217.12	1,217.12
56	1,061.12	1,061.12	1,008.06	1,008.06	1,008.06	1,008.06	1,061.12	1,061.12	1,326.40	1,326.40	1,273.34	1,273.34
57	1,108.42	1,108.42	1,053.00	1,053.00	1,053.00	1,053.00	1,108.42	1,108.42	1,385.52	1,385.52	1,330.10	1,330.10
58	1,158.90	1,158.90	1,100.96	1,100.96	1,100.96	1,100.96	1,158.90	1,158.90	1,448.63	1,448.63	1,390.69	1,390.69
59	1,183.92	1,183.92	1,124.72	1,124.72	1,124.72	1,124.72	1,183.92	1,183.92	1,479.90	1,479.90	1,420.70	1,420.70
60	1,234.41	1,234.41	1,172.69	1,172.69	1,172.69	1,172.69	1,234.41	1,234.41	1,543.01	1,543.01	1,481.29	1,481.29
61	1,278.07	1,278.07	1,214.17	1,214.17	1,214.17	1,214.17	1,278.07	1,278.07	1,597.59	1,597.59	1,533.68	1,533.68
62	1,306.72	1,306.72	1,241.39	1,241.39	1,241.39	1,241.39	1,306.72	1,306.72	1,633.40	1,633.40	1,568.07	1,568.07
63	1,342.66	1,342.66	1,275.52	1,275.52	1,275.52	1,275.52	1,342.66	1,342.66	1,678.32	1,678.32	1,611.19	1,611.19
64 and Over	1,364.49	1,364.49	1,296.26	1,296.26	1,296.26	1,296.26	1,364.49	1,364.49	1,705.61	1,705.61	1,637.38	1,637.38

**Rates Effective: 01/01/2024 to 03/31/2024**

**75729PA0050127**

# Geisinger All-Access PPO 10/20/0

# Platinum

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$0/\$0	\$1,000/\$2,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$6,000/\$12,000	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	\$10	20% after deductible
Specialist - Office Visit	\$20	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$10	\$10
Outpatient Surgery Physician/Surgical Services	\$0	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 copay	20% after deductible
Imaging (CT/PET Scans, MRIs)	\$100	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay	20% after deductible
Skilled Nursing Facility (120 days per year)	\$50 per day	20% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	20% after deductible
Hospice Services	Residential - \$20 per visit, Facility - \$50 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$10	20% after deductible
Substance Abuse Disorder Outpatient Services	\$10	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	20% after deductible
Rehabilitative Speech Therapy	\$20	20% after deductible
Habilitation Services	\$20	20% after deductible
Durable Medical Equipment <sup>3</sup>	10%	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$10	Limited to In Network
Routine Eye Exam for Children	\$20	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	20% after deductible
Diabetic Services/Supplies - Medical Equipment	\$0	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050128**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger All-Access PPO 10/20/0**

**Platinum**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	419.13	419.13	398.17	398.17	398.17	398.17	419.13	419.13	523.91	523.91	502.95	502.95
15	456.38	456.38	433.56	433.56	433.56	433.56	456.38	456.38	570.48	570.48	547.66	547.66
16	470.63	470.63	447.10	447.10	447.10	447.10	470.63	470.63	588.28	588.28	564.75	564.75
17	484.87	484.87	460.63	460.63	460.63	460.63	484.87	484.87	606.09	606.09	581.85	581.85
18	500.21	500.21	475.20	475.20	475.20	475.20	500.21	500.21	625.26	625.26	600.25	600.25
19	515.55	515.55	489.77	489.77	489.77	489.77	515.55	515.55	644.44	644.44	618.66	618.66
20	531.44	531.44	504.87	504.87	504.87	504.87	531.44	531.44	664.30	664.30	637.73	637.73
21	547.88	547.88	520.49	520.49	520.49	520.49	547.88	547.88	684.85	684.85	657.46	657.46
22	547.88	547.88	520.49	520.49	520.49	520.49	547.88	547.88	684.85	684.85	657.46	657.46
23	547.88	547.88	520.49	520.49	520.49	520.49	547.88	547.88	684.85	684.85	657.46	657.46
24	547.88	547.88	520.49	520.49	520.49	520.49	547.88	547.88	684.85	684.85	657.46	657.46
25	550.07	550.07	522.57	522.57	522.57	522.57	550.07	550.07	687.59	687.59	660.08	660.08
26	561.03	561.03	532.97	532.97	532.97	532.97	561.03	561.03	701.28	701.28	673.23	673.23
27	574.18	574.18	545.47	545.47	545.47	545.47	574.18	574.18	717.72	717.72	689.01	689.01
28	595.54	595.54	565.77	565.77	565.77	565.77	595.54	595.54	744.43	744.43	714.65	714.65
29	613.07	613.07	582.42	582.42	582.42	582.42	613.07	613.07	766.34	766.34	735.69	735.69
30	621.84	621.84	590.75	590.75	590.75	590.75	621.84	621.84	777.30	777.30	746.21	746.21
31	634.99	634.99	603.24	603.24	603.24	603.24	634.99	634.99	793.74	793.74	761.99	761.99
32	648.14	648.14	615.73	615.73	615.73	615.73	648.14	648.14	810.17	810.17	777.77	777.77
33	656.36	656.36	623.54	623.54	623.54	623.54	656.36	656.36	820.45	820.45	787.63	787.63
34	665.12	665.12	631.87	631.87	631.87	631.87	665.12	665.12	831.40	831.40	798.15	798.15
35	669.51	669.51	636.03	636.03	636.03	636.03	669.51	669.51	836.88	836.88	803.41	803.41
36	673.89	673.89	640.19	640.19	640.19	640.19	673.89	673.89	842.36	842.36	808.67	808.67
37	678.27	678.27	644.36	644.36	644.36	644.36	678.27	678.27	847.84	847.84	813.93	813.93
38	682.65	682.65	648.52	648.52	648.52	648.52	682.65	682.65	853.32	853.32	819.19	819.19
39	691.42	691.42	656.85	656.85	656.85	656.85	691.42	691.42	864.28	864.28	829.70	829.70
40	700.19	700.19	665.18	665.18	665.18	665.18	700.19	700.19	875.23	875.23	840.22	840.22
41	713.34	713.34	677.67	677.67	677.67	677.67	713.34	713.34	891.67	891.67	856.00	856.00
42	725.94	725.94	689.64	689.64	689.64	689.64	725.94	725.94	907.42	907.42	871.12	871.12
43	743.47	743.47	706.30	706.30	706.30	706.30	743.47	743.47	929.34	929.34	892.16	892.16
44	765.38	765.38	727.11	727.11	727.11	727.11	765.38	765.38	956.73	956.73	918.46	918.46
45	791.13	791.13	751.58	751.58	751.58	751.58	791.13	791.13	988.92	988.92	949.36	949.36
46	821.82	821.82	780.72	780.72	780.72	780.72	821.82	821.82	1,027.27	1,027.27	986.18	986.18
47	856.33	856.33	813.52	813.52	813.52	813.52	856.33	856.33	1,070.41	1,070.41	1,027.60	1,027.60
48	895.78	895.78	850.99	850.99	850.99	850.99	895.78	895.78	1,119.72	1,119.72	1,074.93	1,074.93
49	934.68	934.68	887.94	887.94	887.94	887.94	934.68	934.68	1,168.35	1,168.35	1,121.61	1,121.61
50	978.51	978.51	929.58	929.58	929.58	929.58	978.51	978.51	1,223.14	1,223.14	1,174.21	1,174.21
51	1,021.79	1,021.79	970.70	970.70	970.70	970.70	1,021.79	1,021.79	1,277.24	1,277.24	1,226.15	1,226.15
52	1,069.46	1,069.46	1,015.98	1,015.98	1,015.98	1,015.98	1,069.46	1,069.46	1,336.82	1,336.82	1,283.35	1,283.35
53	1,117.67	1,117.67	1,061.79	1,061.79	1,061.79	1,061.79	1,117.67	1,117.67	1,397.09	1,397.09	1,341.20	1,341.20
54	1,169.72	1,169.72	1,111.23	1,111.23	1,111.23	1,111.23	1,169.72	1,169.72	1,462.15	1,462.15	1,403.66	1,403.66
55	1,221.77	1,221.77	1,160.68	1,160.68	1,160.68	1,160.68	1,221.77	1,221.77	1,527.21	1,527.21	1,466.12	1,466.12
56	1,278.20	1,278.20	1,214.29	1,214.29	1,214.29	1,214.29	1,278.20	1,278.20	1,597.75	1,597.75	1,533.84	1,533.84
57	1,335.18	1,335.18	1,268.42	1,268.42	1,268.42	1,268.42	1,335.18	1,335.18	1,668.97	1,668.97	1,602.21	1,602.21
58	1,395.99	1,395.99	1,326.19	1,326.19	1,326.19	1,326.19	1,395.99	1,395.99	1,744.99	1,744.99	1,675.19	1,675.19
59	1,426.12	1,426.12	1,354.82	1,354.82	1,354.82	1,354.82	1,426.12	1,426.12	1,782.65	1,782.65	1,711.35	1,711.35
60	1,486.94	1,486.94	1,412.59	1,412.59	1,412.59	1,412.59	1,486.94	1,486.94	1,858.67	1,858.67	1,784.33	1,784.33
61	1,539.53	1,539.53	1,462.56	1,462.56	1,462.56	1,462.56	1,539.53	1,539.53	1,924.42	1,924.42	1,847.44	1,847.44
62	1,574.05	1,574.05	1,495.35	1,495.35	1,495.35	1,495.35	1,574.05	1,574.05	1,967.56	1,967.56	1,888.86	1,888.86
63	1,617.33	1,617.33	1,536.47	1,536.47	1,536.47	1,536.47	1,617.33	1,617.33	2,021.67	2,021.67	1,940.80	1,940.80
64 and Over	1,643.63	1,643.63	1,561.45	1,561.45	1,561.45	1,561.45	1,643.63	1,643.63	2,054.54	2,054.54	1,972.36	1,972.36

**Rates Effective: 01/01/2024 to 03/31/2024**

**75729PA0050128**

# Geisinger All-Access Extra PPO 10/40/0

**Platinum**

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$0/\$0	\$2,000/\$4,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$2,500/\$5,000	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$40	20% after deductible
Specialist - Office Visit	\$40	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$125	\$125
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$40	\$40
Outpatient Surgery Physician/Surgical Services	\$0	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$125	20% after deductible
Imaging (CT/PET Scans, MRIs)	\$100	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$250 per stay	20% after deductible
Skilled Nursing Facility (120 days per year)	\$50 per day	20% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	20% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$40	20% after deductible
Substance Abuse Disorder Outpatient Services	\$40	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	20% after deductible
Rehabilitative Speech Therapy	\$40	20% after deductible
Habilitation Services	\$40	20% after deductible
Durable Medical Equipment <sup>3</sup>	10%	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	20% after deductible
Diabetic Services/Supplies - Medical Equipment	\$0	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050131**

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger All-Access Extra PPO 10/40/0									Platinum			
Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			400.33	400.33			421.40	421.40			505.68	505.68
15			435.92	435.92			458.86	458.86			550.63	550.63
16			449.53	449.53			473.18	473.18			567.82	567.82
17			463.13	463.13			487.51	487.51			585.01	585.01
18			477.78	477.78			502.93	502.93			603.52	603.52
19			492.44	492.44			518.35	518.35			622.03	622.03
20			507.61	507.61			534.33	534.33			641.20	641.20
21			523.32	523.32			550.86	550.86			661.03	661.03
22			523.32	523.32			550.86	550.86			661.03	661.03
23			523.32	523.32			550.86	550.86			661.03	661.03
24			523.32	523.32			550.86	550.86			661.03	661.03
25			525.41	525.41			553.06	553.06			663.67	663.67
26			535.87	535.87			564.08	564.08			676.89	676.89
27			548.43	548.43			577.30	577.30			692.76	692.76
28			568.84	568.84			598.78	598.78			718.54	718.54
29			585.59	585.59			616.41	616.41			739.69	739.69
30			593.96	593.96			625.22	625.22			750.26	750.26
31			606.52	606.52			638.44	638.44			766.13	766.13
32			619.08	619.08			651.66	651.66			781.99	781.99
33			626.93	626.93			659.92	659.92			791.91	791.91
34			635.30	635.30			668.74	668.74			802.49	802.49
35			639.49	639.49			673.14	673.14			807.77	807.77
36			643.67	643.67			677.55	677.55			813.06	813.06
37			647.86	647.86			681.96	681.96			818.35	818.35
38			652.05	652.05			686.37	686.37			823.64	823.64
39			660.42	660.42			695.18	695.18			834.21	834.21
40			668.79	668.79			703.99	703.99			844.79	844.79
41			681.35	681.35			717.21	717.21			860.66	860.66
42			693.39	693.39			729.88	729.88			875.86	875.86
43			710.13	710.13			747.51	747.51			897.01	897.01
44			731.07	731.07			769.54	769.54			923.45	923.45
45			755.66	755.66			795.43	795.43			954.52	954.52
46			784.97	784.97			826.28	826.28			991.54	991.54
47			817.94	817.94			860.99	860.99			1,033.18	1,033.18
48			855.62	855.62			900.65	900.65			1,080.78	1,080.78
49			892.77	892.77			939.76	939.76			1,127.71	1,127.71
50			934.64	934.64			983.83	983.83			1,180.59	1,180.59
51			975.98	975.98			1,027.34	1,027.34			1,232.81	1,232.81
52			1,021.51	1,021.51			1,075.27	1,075.27			1,290.32	1,290.32
53			1,067.56	1,067.56			1,123.74	1,123.74			1,348.49	1,348.49
54			1,117.27	1,117.27			1,176.08	1,176.08			1,411.29	1,411.29
55			1,166.99	1,166.99			1,228.41	1,228.41			1,474.09	1,474.09
56			1,220.89	1,220.89			1,285.14	1,285.14			1,542.17	1,542.17
57			1,275.31	1,275.31			1,342.43	1,342.43			1,610.92	1,610.92
58			1,333.40	1,333.40			1,403.58	1,403.58			1,684.29	1,684.29
59			1,362.18	1,362.18			1,433.88	1,433.88			1,720.65	1,720.65
60			1,420.27	1,420.27			1,495.02	1,495.02			1,794.02	1,794.02
61			1,470.51	1,470.51			1,547.90	1,547.90			1,857.48	1,857.48
62			1,503.48	1,503.48			1,582.61	1,582.61			1,899.13	1,899.13
63			1,544.82	1,544.82			1,626.12	1,626.12			1,951.35	1,951.35
64 and Over			1,569.94	1,569.94			1,652.57	1,652.57			1,983.08	1,983.08
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>75729PA0050131</b>			

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**



# Geisinger All-Access Extra PPO 10/60/1000

# Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,000/\$2,000	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$60	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$60	30% after deductible
Substance Abuse Disorder Outpatient Services	\$60	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050132**

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

# Geisinger All-Access Extra PPO 10/60/1000

## Gold

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			355.97	355.97			374.70	374.70			449.64	449.64
15			387.61	387.61			408.01	408.01			489.61	489.61
16			399.70	399.70			420.74	420.74			504.89	504.89
17			411.80	411.80			433.48	433.48			520.17	520.17
18			424.83	424.83			447.19	447.19			536.63	536.63
19			437.86	437.86			460.91	460.91			553.09	553.09
20			451.35	451.35			475.11	475.11			570.13	570.13
21			465.32	465.32			489.81	489.81			587.77	587.77
22			465.32	465.32			489.81	489.81			587.77	587.77
23			465.32	465.32			489.81	489.81			587.77	587.77
24			465.32	465.32			489.81	489.81			587.77	587.77
25			467.18	467.18			491.76	491.76			590.12	590.12
26			476.48	476.48			501.56	501.56			601.87	601.87
27			487.65	487.65			513.31	513.31			615.98	615.98
28			505.80	505.80			532.42	532.42			638.90	638.90
29			520.69	520.69			548.09	548.09			657.71	657.71
30			528.13	528.13			555.93	555.93			667.11	667.11
31			539.30	539.30			567.68	567.68			681.22	681.22
32			550.47	550.47			579.44	579.44			695.33	695.33
33			557.45	557.45			586.79	586.79			704.14	704.14
34			564.89	564.89			594.62	594.62			713.55	713.55
35			568.61	568.61			598.54	598.54			718.25	718.25
36			572.34	572.34			602.46	602.46			722.95	722.95
37			576.06	576.06			606.38	606.38			727.65	727.65
38			579.78	579.78			610.30	610.30			732.35	732.35
39			587.23	587.23			618.13	618.13			741.76	741.76
40			594.67	594.67			625.97	625.97			751.16	751.16
41			605.84	605.84			637.72	637.72			765.27	765.27
42			616.54	616.54			648.99	648.99			778.79	778.79
43			631.43	631.43			664.66	664.66			797.60	797.60
44			650.04	650.04			684.26	684.26			821.11	821.11
45			671.91	671.91			707.28	707.28			848.73	848.73
46			697.97	697.97			734.71	734.71			881.65	881.65
47			727.29	727.29			765.56	765.56			918.68	918.68
48			760.79	760.79			800.83	800.83			961.00	961.00
49			793.83	793.83			835.61	835.61			1,002.73	1,002.73
50			831.05	831.05			874.79	874.79			1,049.75	1,049.75
51			867.81	867.81			913.48	913.48			1,096.18	1,096.18
52			908.29	908.29			956.10	956.10			1,147.32	1,147.32
53			949.24	949.24			999.20	999.20			1,199.04	1,199.04
54			993.44	993.44			1,045.73	1,045.73			1,254.88	1,254.88
55			1,037.65	1,037.65			1,092.26	1,092.26			1,310.72	1,310.72
56			1,085.58	1,085.58			1,142.71	1,142.71			1,371.26	1,371.26
57			1,133.97	1,133.97			1,193.65	1,193.65			1,432.38	1,432.38
58			1,185.62	1,185.62			1,248.02	1,248.02			1,497.62	1,497.62
59			1,211.21	1,211.21			1,274.96	1,274.96			1,529.95	1,529.95
60			1,262.86	1,262.86			1,329.33	1,329.33			1,595.19	1,595.19
61			1,307.53	1,307.53			1,376.35	1,376.35			1,651.62	1,651.62
62			1,336.85	1,336.85			1,407.21	1,407.21			1,688.65	1,688.65
63			1,373.61	1,373.61			1,445.90	1,445.90			1,735.08	1,735.08
64 and Over			1,395.94	1,395.94			1,469.41	1,469.41			1,763.29	1,763.29
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>75729PA0050132</b>			

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

**Geisinger All-Access Extra PPO 10/60/2000**

**Gold**

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$60	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$60	30% after deductible
Substance Abuse Disorder Outpatient Services	\$60	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050133**

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger All-Access Extra PPO 10/60/2000**

**Gold**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			332.34	332.34			349.84	349.84			419.80	419.80
15			361.89	361.89			380.93	380.93			457.12	457.12
16			373.18	373.18			392.82	392.82			471.39	471.39
17			384.48	384.48			404.71	404.71			485.65	485.65
18			396.64	396.64			417.52	417.52			501.02	501.02
19			408.80	408.80			430.32	430.32			516.38	516.38
20			421.40	421.40			443.58	443.58			532.30	532.30
21			434.44	434.44			457.31	457.31			548.77	548.77
22			434.44	434.44			457.31	457.31			548.77	548.77
23			434.44	434.44			457.31	457.31			548.77	548.77
24			434.44	434.44			457.31	457.31			548.77	548.77
25			436.17	436.17			459.13	459.13			550.96	550.96
26			444.86	444.86			468.28	468.28			561.93	561.93
27			455.29	455.29			479.25	479.25			575.10	575.10
28			472.23	472.23			497.09	497.09			596.50	596.50
29			486.13	486.13			511.72	511.72			614.06	614.06
30			493.08	493.08			519.04	519.04			622.84	622.84
31			503.51	503.51			530.01	530.01			636.01	636.01
32			513.94	513.94			540.99	540.99			649.18	649.18
33			520.45	520.45			547.85	547.85			657.42	657.42
34			527.41	527.41			555.16	555.16			666.20	666.20
35			530.88	530.88			558.82	558.82			670.59	670.59
36			534.36	534.36			562.48	562.48			674.98	674.98
37			537.83	537.83			566.14	566.14			679.37	679.37
38			541.31	541.31			569.80	569.80			683.76	683.76
39			548.26	548.26			577.11	577.11			692.54	692.54
40			555.21	555.21			584.43	584.43			701.32	701.32
41			565.64	565.64			595.41	595.41			714.49	714.49
42			575.63	575.63			605.92	605.92			727.11	727.11
43			589.53	589.53			620.56	620.56			744.67	744.67
44			606.91	606.91			638.85	638.85			766.62	766.62
45			627.33	627.33			660.34	660.34			792.41	792.41
46			651.65	651.65			685.95	685.95			823.14	823.14
47			679.02	679.02			714.76	714.76			857.71	857.71
48			710.30	710.30			747.69	747.69			897.22	897.22
49			741.15	741.15			780.16	780.16			936.19	936.19
50			775.90	775.90			816.74	816.74			980.09	980.09
51			810.22	810.22			852.87	852.87			1,023.44	1,023.44
52			848.02	848.02			892.65	892.65			1,071.18	1,071.18
53			886.25	886.25			932.89	932.89			1,119.47	1,119.47
54			927.52	927.52			976.34	976.34			1,171.61	1,171.61
55			968.79	968.79			1,019.78	1,019.78			1,223.74	1,223.74
56			1,013.54	1,013.54			1,066.88	1,066.88			1,280.26	1,280.26
57			1,058.72	1,058.72			1,114.44	1,114.44			1,337.33	1,337.33
58			1,106.94	1,106.94			1,165.20	1,165.20			1,398.24	1,398.24
59			1,130.84	1,130.84			1,190.35	1,190.35			1,428.43	1,428.43
60			1,179.06	1,179.06			1,241.11	1,241.11			1,489.34	1,489.34
61			1,220.77	1,220.77			1,285.02	1,285.02			1,542.02	1,542.02
62			1,248.13	1,248.13			1,313.83	1,313.83			1,576.59	1,576.59
63			1,282.45	1,282.45			1,349.95	1,349.95			1,619.94	1,619.94
64 and Over			1,303.31	1,303.31			1,371.90	1,371.90			1,646.28	1,646.28
<b>Rates Effective: 01/01/2024 to 03/31/2024</b>									<b>75729PA0050133</b>			

**This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming**

**Geisinger All-Access PPO 25/50/4500 1x ded**

**Gold**

**Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$4,500/\$4,500	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities <sup>1</sup>	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) <sup>2</sup>	\$0	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Laboratory Outpatient	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network

This summary is not a contract and is provided for general purposes only to compare plans. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

**Benefits Effective: 01/01/2024 to 12/31/2024**

**75729PA0050137**

1.Urgent Care-Copay does not apply to Mental Health and SUD visit  
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit  
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

**Geisinger All-Access PPO 25/50/4500 1x ded**

**Gold**

Age	Rating Area 2		Rating Area 3		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 9	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	320.79	320.79	304.75	304.75	304.75	304.75	320.79	320.79	400.98	400.98	384.94	384.94
15	349.30	349.30	331.83	331.83	331.83	331.83	349.30	349.30	436.62	436.62	419.16	419.16
16	360.20	360.20	342.19	342.19	342.19	342.19	360.20	360.20	450.25	450.25	432.24	432.24
17	371.10	371.10	352.55	352.55	352.55	352.55	371.10	371.10	463.88	463.88	445.33	445.33
18	382.85	382.85	363.70	363.70	363.70	363.70	382.85	382.85	478.56	478.56	459.41	459.41
19	394.59	394.59	374.86	374.86	374.86	374.86	394.59	394.59	493.23	493.23	473.50	473.50
20	406.75	406.75	386.41	386.41	386.41	386.41	406.75	406.75	508.43	508.43	488.10	488.10
21	419.33	419.33	398.37	398.37	398.37	398.37	419.33	419.33	524.16	524.16	503.20	503.20
22	419.33	419.33	398.37	398.37	398.37	398.37	419.33	419.33	524.16	524.16	503.20	503.20
23	419.33	419.33	398.37	398.37	398.37	398.37	419.33	419.33	524.16	524.16	503.20	503.20
24	419.33	419.33	398.37	398.37	398.37	398.37	419.33	419.33	524.16	524.16	503.20	503.20
25	421.00	421.00	399.95	399.95	399.95	399.95	421.00	421.00	526.26	526.26	505.21	505.21
26	429.39	429.39	407.92	407.92	407.92	407.92	429.39	429.39	536.74	536.74	515.27	515.27
27	439.45	439.45	417.48	417.48	417.48	417.48	439.45	439.45	549.32	549.32	527.35	527.35
28	455.81	455.81	433.02	433.02	433.02	433.02	455.81	455.81	569.76	569.76	546.97	546.97
29	469.23	469.23	445.77	445.77	445.77	445.77	469.23	469.23	586.53	586.53	563.07	563.07
30	475.94	475.94	452.14	452.14	452.14	452.14	475.94	475.94	594.92	594.92	571.12	571.12
31	486.00	486.00	461.70	461.70	461.70	461.70	486.00	486.00	607.50	607.50	583.20	583.20
32	496.06	496.06	471.26	471.26	471.26	471.26	496.06	496.06	620.08	620.08	595.28	595.28
33	502.35	502.35	477.24	477.24	477.24	477.24	502.35	502.35	627.94	627.94	602.82	602.82
34	509.06	509.06	483.61	483.61	483.61	483.61	509.06	509.06	636.33	636.33	610.88	610.88
35	512.42	512.42	486.80	486.80	486.80	486.80	512.42	512.42	640.52	640.52	614.90	614.90
36	515.77	515.77	489.98	489.98	489.98	489.98	515.77	515.77	644.72	644.72	618.93	618.93
37	519.13	519.13	493.17	493.17	493.17	493.17	519.13	519.13	648.91	648.91	622.95	622.95
38	522.48	522.48	496.36	496.36	496.36	496.36	522.48	522.48	653.10	653.10	626.98	626.98
39	529.19	529.19	502.73	502.73	502.73	502.73	529.19	529.19	661.49	661.49	635.03	635.03
40	535.90	535.90	509.10	509.10	509.10	509.10	535.90	535.90	669.87	669.87	643.08	643.08
41	545.96	545.96	518.67	518.67	518.67	518.67	545.96	545.96	682.45	682.45	655.16	655.16
42	555.61	555.61	527.83	527.83	527.83	527.83	555.61	555.61	694.51	694.51	666.73	666.73
43	569.03	569.03	540.58	540.58	540.58	540.58	569.03	569.03	711.28	711.28	682.83	682.83
44	585.80	585.80	556.51	556.51	556.51	556.51	585.80	585.80	732.25	732.25	702.96	702.96
45	605.51	605.51	575.23	575.23	575.23	575.23	605.51	605.51	756.89	756.89	726.61	726.61
46	628.99	628.99	597.54	597.54	597.54	597.54	628.99	628.99	786.24	786.24	754.79	754.79
47	655.41	655.41	622.64	622.64	622.64	622.64	655.41	655.41	819.26	819.26	786.49	786.49
48	685.60	685.60	651.32	651.32	651.32	651.32	685.60	685.60	857.00	857.00	822.72	822.72
49	715.37	715.37	679.60	679.60	679.60	679.60	715.37	715.37	894.21	894.21	858.45	858.45
50	748.92	748.92	711.47	711.47	711.47	711.47	748.92	748.92	936.15	936.15	898.70	898.70
51	782.04	782.04	742.94	742.94	742.94	742.94	782.04	782.04	977.56	977.56	938.45	938.45
52	818.53	818.53	777.60	777.60	777.60	777.60	818.53	818.53	1,023.16	1,023.16	982.23	982.23
53	855.43	855.43	812.66	812.66	812.66	812.66	855.43	855.43	1,069.28	1,069.28	1,026.51	1,026.51
54	895.26	895.26	850.50	850.50	850.50	850.50	895.26	895.26	1,119.08	1,119.08	1,074.32	1,074.32
55	935.10	935.10	888.34	888.34	888.34	888.34	935.10	935.10	1,168.87	1,168.87	1,122.12	1,122.12
56	978.29	978.29	929.38	929.38	929.38	929.38	978.29	978.29	1,222.86	1,222.86	1,173.95	1,173.95
57	1,021.90	1,021.90	970.80	970.80	970.80	970.80	1,021.90	1,021.90	1,277.37	1,277.37	1,226.28	1,226.28
58	1,068.45	1,068.45	1,015.02	1,015.02	1,015.02	1,015.02	1,068.45	1,068.45	1,335.56	1,335.56	1,282.13	1,282.13
59	1,091.51	1,091.51	1,036.93	1,036.93	1,036.93	1,036.93	1,091.51	1,091.51	1,364.39	1,364.39	1,309.81	1,309.81
60	1,138.05	1,138.05	1,081.15	1,081.15	1,081.15	1,081.15	1,138.05	1,138.05	1,422.57	1,422.57	1,365.66	1,365.66
61	1,178.31	1,178.31	1,119.39	1,119.39	1,119.39	1,119.39	1,178.31	1,178.31	1,472.89	1,472.89	1,413.97	1,413.97
62	1,204.73	1,204.73	1,144.49	1,144.49	1,144.49	1,144.49	1,204.73	1,204.73	1,505.91	1,505.91	1,445.67	1,445.67
63	1,237.85	1,237.85	1,175.96	1,175.96	1,175.96	1,175.96	1,237.85	1,237.85	1,547.32	1,547.32	1,485.42	1,485.42
64 and Over	1,257.98	1,257.98	1,195.08	1,195.08	1,195.08	1,195.08	1,257.98	1,257.98	1,572.48	1,572.48	1,509.58	1,509.58

**Rates Effective: 01/01/2024 to 03/31/2024**

**75729PA0050137**