

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 ¹	\$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) ²	\$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 ³	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

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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
Rates Effective: 01/01/2024 to 03/31/2024									22444PA0060114			