

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 ¹	\$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) ²	\$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 ³	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

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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	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
Rates Effective: 01/01/2024 to 03/31/2024									22444PA0060139			