

**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

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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	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**