

**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

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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	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**