

**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 ¹	\$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) ²	\$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 ³	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

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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	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
Rates Effective: 01/01/2024 to 03/31/2024									22444PA006062			