

# Geisinger Small Group ACA All-Access HMO 20/40/500

## Gold

Preventive services covered at 100% | Accessories Program | Health management programs

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$500/\$1,000	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	\$250	\$250
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)	\$250 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$250 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	\$5	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	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**

**22444PA0060116**

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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20/40/500**

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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	345.13	345.13	327.87	327.87	327.87	327.87	345.13	345.13	431.41	431.41	414.15	414.15
15	375.80	375.80	357.01	357.01	357.01	357.01	375.80	375.80	469.75	469.75	450.96	450.96
16	387.53	387.53	368.16	368.16	368.16	368.16	387.53	387.53	484.42	484.42	465.04	465.04
17	399.26	399.26	379.30	379.30	379.30	379.30	399.26	399.26	499.08	499.08	479.12	479.12
18	411.90	411.90	391.30	391.30	391.30	391.30	411.90	411.90	514.87	514.87	494.27	494.27
19	424.53	424.53	403.30	403.30	403.30	403.30	424.53	424.53	530.66	530.66	509.43	509.43
20	437.61	437.61	415.73	415.73	415.73	415.73	437.61	437.61	547.01	547.01	525.13	525.13
21	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.94	563.94	541.38	541.38
22	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.94	563.94	541.38	541.38
23	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.94	563.94	541.38	541.38
24	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.94	563.94	541.38	541.38
25	452.95	452.95	430.30	430.30	430.30	430.30	452.95	452.95	566.19	566.19	543.54	543.54
26	461.97	461.97	438.87	438.87	438.87	438.87	461.97	461.97	577.47	577.47	554.37	554.37
27	472.80	472.80	449.16	449.16	449.16	449.16	472.80	472.80	591.00	591.00	567.36	567.36
28	490.39	490.39	465.87	465.87	465.87	465.87	490.39	490.39	612.99	612.99	588.47	588.47
29	504.83	504.83	479.59	479.59	479.59	479.59	504.83	504.83	631.04	631.04	605.80	605.80
30	512.05	512.05	486.45	486.45	486.45	486.45	512.05	512.05	640.06	640.06	614.46	614.46
31	522.88	522.88	496.73	496.73	496.73	496.73	522.88	522.88	653.60	653.60	627.45	627.45
32	533.70	533.70	507.02	507.02	507.02	507.02	533.70	533.70	667.13	667.13	640.45	640.45
33	540.47	540.47	513.45	513.45	513.45	513.45	540.47	540.47	675.59	675.59	648.57	648.57
34	547.69	547.69	520.31	520.31	520.31	520.31	547.69	547.69	684.61	684.61	657.23	657.23
35	551.30	551.30	523.73	523.73	523.73	523.73	551.30	551.30	689.12	689.12	661.56	661.56
36	554.91	554.91	527.16	527.16	527.16	527.16	554.91	554.91	693.64	693.64	665.89	665.89
37	558.52	558.52	530.59	530.59	530.59	530.59	558.52	558.52	698.15	698.15	670.22	670.22
38	562.13	562.13	534.02	534.02	534.02	534.02	562.13	562.13	702.66	702.66	674.55	674.55
39	569.34	569.34	540.88	540.88	540.88	540.88	569.34	569.34	711.68	711.68	683.21	683.21
40	576.56	576.56	547.74	547.74	547.74	547.74	576.56	576.56	720.70	720.70	691.88	691.88
41	587.39	587.39	558.02	558.02	558.02	558.02	587.39	587.39	734.24	734.24	704.87	704.87
42	597.77	597.77	567.88	567.88	567.88	567.88	597.77	597.77	747.21	747.21	717.32	717.32
43	612.20	612.20	581.59	581.59	581.59	581.59	612.20	612.20	765.25	765.25	734.64	734.64
44	630.25	630.25	598.74	598.74	598.74	598.74	630.25	630.25	787.81	787.81	756.30	756.30
45	651.45	651.45	618.88	618.88	618.88	618.88	651.45	651.45	814.32	814.32	781.74	781.74
46	676.72	676.72	642.88	642.88	642.88	642.88	676.72	676.72	845.90	845.90	812.06	812.06
47	705.14	705.14	669.88	669.88	669.88	669.88	705.14	705.14	881.42	881.42	846.17	846.17
48	737.62	737.62	700.74	700.74	700.74	700.74	737.62	737.62	922.03	922.03	885.15	885.15
49	769.65	769.65	731.17	731.17	731.17	731.17	769.65	769.65	962.07	962.07	923.58	923.58
50	805.74	805.74	765.46	765.46	765.46	765.46	805.74	805.74	1,007.18	1,007.18	966.89	966.89
51	841.39	841.39	799.32	799.32	799.32	799.32	841.39	841.39	1,051.73	1,051.73	1,009.66	1,009.66
52	880.64	880.64	836.60	836.60	836.60	836.60	880.64	880.64	1,100.79	1,100.79	1,056.76	1,056.76
53	920.34	920.34	874.32	874.32	874.32	874.32	920.34	920.34	1,150.42	1,150.42	1,104.40	1,104.40
54	963.19	963.19	915.03	915.03	915.03	915.03	963.19	963.19	1,203.99	1,203.99	1,155.83	1,155.83
55	1,006.05	1,006.05	955.75	955.75	955.75	955.75	1,006.05	1,006.05	1,257.57	1,257.57	1,207.26	1,207.26
56	1,052.52	1,052.52	999.90	999.90	999.90	999.90	1,052.52	1,052.52	1,315.65	1,315.65	1,263.03	1,263.03
57	1,099.44	1,099.44	1,044.47	1,044.47	1,044.47	1,044.47	1,099.44	1,099.44	1,374.30	1,374.30	1,319.33	1,319.33
58	1,149.52	1,149.52	1,092.04	1,092.04	1,092.04	1,092.04	1,149.52	1,149.52	1,436.90	1,436.90	1,379.42	1,379.42
59	1,174.33	1,174.33	1,115.61	1,115.61	1,115.61	1,115.61	1,174.33	1,174.33	1,467.91	1,467.91	1,409.20	1,409.20
60	1,224.41	1,224.41	1,163.19	1,163.19	1,163.19	1,163.19	1,224.41	1,224.41	1,530.51	1,530.51	1,469.29	1,469.29
61	1,267.72	1,267.72	1,204.33	1,204.33	1,204.33	1,204.33	1,267.72	1,267.72	1,584.65	1,584.65	1,521.26	1,521.26
62	1,296.14	1,296.14	1,231.33	1,231.33	1,231.33	1,231.33	1,296.14	1,296.14	1,620.17	1,620.17	1,555.37	1,555.37
63	1,331.78	1,331.78	1,265.19	1,265.19	1,265.19	1,265.19	1,331.78	1,331.78	1,664.73	1,664.73	1,598.14	1,598.14
64 and Over	1,353.44	1,353.44	1,285.76	1,285.76	1,285.76	1,285.76	1,353.44	1,353.44	1,691.79	1,691.79	1,624.12	1,624.12

**Rates Effective: 01/01/2024 to 03/31/2024**

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