

**Geisinger Small Group ACA All-Access HMO
25/50/2000**

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$25	Limited to In Network
Specialist - Office Visit	\$50	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 ¹	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 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) ²	\$0	Limited to In Network
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$25	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$25	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	Limited to In Network
Rehabilitative Speech Therapy	\$50	Limited to In Network
Habilitation Services	\$50	Limited to In Network
Durable Medical Equipment ³	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	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

22444PA0060141

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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Gold

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	328.10	328.10	311.70	311.70	311.70	311.70	328.10	328.10	410.13	410.13	393.73	393.73
15	357.27	357.27	339.41	339.41	339.41	339.41	357.27	357.27	446.59	446.59	428.72	428.72
16	368.42	368.42	350.00	350.00	350.00	350.00	368.42	368.42	460.53	460.53	442.10	442.10
17	379.57	379.57	360.59	360.59	360.59	360.59	379.57	379.57	474.47	474.47	455.49	455.49
18	391.58	391.58	372.00	372.00	372.00	372.00	391.58	391.58	489.48	489.48	469.90	469.90
19	403.59	403.59	383.41	383.41	383.41	383.41	403.59	403.59	504.49	504.49	484.31	484.31
20	416.03	416.03	395.23	395.23	395.23	395.23	416.03	416.03	520.04	520.04	499.23	499.23
21	428.90	428.90	407.46	407.46	407.46	407.46	428.90	428.90	536.12	536.12	514.68	514.68
22	428.90	428.90	407.46	407.46	407.46	407.46	428.90	428.90	536.12	536.12	514.68	514.68
23	428.90	428.90	407.46	407.46	407.46	407.46	428.90	428.90	536.12	536.12	514.68	514.68
24	428.90	428.90	407.46	407.46	407.46	407.46	428.90	428.90	536.12	536.12	514.68	514.68
25	430.61	430.61	409.08	409.08	409.08	409.08	430.61	430.61	538.26	538.26	516.73	516.73
26	439.19	439.19	417.23	417.23	417.23	417.23	439.19	439.19	548.99	548.99	527.03	527.03
27	449.48	449.48	427.01	427.01	427.01	427.01	449.48	449.48	561.85	561.85	539.38	539.38
28	466.21	466.21	442.90	442.90	442.90	442.90	466.21	466.21	582.76	582.76	559.45	559.45
29	479.93	479.93	455.94	455.94	455.94	455.94	479.93	479.93	599.92	599.92	575.92	575.92
30	486.80	486.80	462.46	462.46	462.46	462.46	486.80	486.80	608.49	608.49	584.15	584.15
31	497.09	497.09	472.23	472.23	472.23	472.23	497.09	497.09	621.36	621.36	596.51	596.51
32	507.38	507.38	482.01	482.01	482.01	482.01	507.38	507.38	634.23	634.23	608.86	608.86
33	513.82	513.82	488.13	488.13	488.13	488.13	513.82	513.82	642.27	642.27	616.58	616.58
34	520.68	520.68	494.64	494.64	494.64	494.64	520.68	520.68	650.85	650.85	624.81	624.81
35	524.11	524.11	497.90	497.90	497.90	497.90	524.11	524.11	655.14	655.14	628.93	628.93
36	527.54	527.54	501.16	501.16	501.16	501.16	527.54	527.54	659.43	659.43	633.05	633.05
37	530.97	530.97	504.42	504.42	504.42	504.42	530.97	530.97	663.72	663.72	637.17	637.17
38	534.40	534.40	507.68	507.68	507.68	507.68	534.40	534.40	668.00	668.00	641.28	641.28
39	541.27	541.27	514.20	514.20	514.20	514.20	541.27	541.27	676.58	676.58	649.52	649.52
40	548.13	548.13	520.72	520.72	520.72	520.72	548.13	548.13	685.16	685.16	657.75	657.75
41	558.42	558.42	530.50	530.50	530.50	530.50	558.42	558.42	698.03	698.03	670.11	670.11
42	568.29	568.29	539.87	539.87	539.87	539.87	568.29	568.29	710.36	710.36	681.94	681.94
43	582.01	582.01	552.91	552.91	552.91	552.91	582.01	582.01	727.51	727.51	698.41	698.41
44	599.17	599.17	569.21	569.21	569.21	569.21	599.17	599.17	748.96	748.96	719.00	719.00
45	619.32	619.32	588.36	588.36	588.36	588.36	619.32	619.32	774.16	774.16	743.19	743.19
46	643.34	643.34	611.18	611.18	611.18	611.18	643.34	643.34	804.18	804.18	772.01	772.01
47	670.36	670.36	636.84	636.84	636.84	636.84	670.36	670.36	837.95	837.95	804.44	804.44
48	701.24	701.24	666.18	666.18	666.18	666.18	701.24	701.24	876.55	876.55	841.49	841.49
49	731.69	731.69	695.11	695.11	695.11	695.11	731.69	731.69	914.62	914.62	878.03	878.03
50	766.01	766.01	727.71	727.71	727.71	727.71	766.01	766.01	957.51	957.51	919.21	919.21
51	799.89	799.89	759.89	759.89	759.89	759.89	799.89	799.89	999.86	999.86	959.87	959.87
52	837.20	837.20	795.34	795.34	795.34	795.34	837.20	837.20	1,046.50	1,046.50	1,004.64	1,004.64
53	874.95	874.95	831.20	831.20	831.20	831.20	874.95	874.95	1,093.68	1,093.68	1,049.93	1,049.93
54	915.69	915.69	869.91	869.91	869.91	869.91	915.69	915.69	1,144.61	1,144.61	1,098.83	1,098.83
55	956.44	956.44	908.61	908.61	908.61	908.61	956.44	956.44	1,195.54	1,195.54	1,147.72	1,147.72
56	1,000.61	1,000.61	950.58	950.58	950.58	950.58	1,000.61	1,000.61	1,250.77	1,250.77	1,200.73	1,200.73
57	1,045.22	1,045.22	992.96	992.96	992.96	992.96	1,045.22	1,045.22	1,306.52	1,306.52	1,254.26	1,254.26
58	1,092.82	1,092.82	1,038.18	1,038.18	1,038.18	1,038.18	1,092.82	1,092.82	1,366.03	1,366.03	1,311.39	1,311.39
59	1,116.41	1,116.41	1,060.59	1,060.59	1,060.59	1,060.59	1,116.41	1,116.41	1,395.52	1,395.52	1,339.70	1,339.70
60	1,164.02	1,164.02	1,105.82	1,105.82	1,105.82	1,105.82	1,164.02	1,164.02	1,455.03	1,455.03	1,396.83	1,396.83
61	1,205.19	1,205.19	1,144.94	1,144.94	1,144.94	1,144.94	1,205.19	1,205.19	1,506.49	1,506.49	1,446.23	1,446.23
62	1,232.22	1,232.22	1,170.60	1,170.60	1,170.60	1,170.60	1,232.22	1,232.22	1,540.27	1,540.27	1,478.66	1,478.66
63	1,266.10	1,266.10	1,202.79	1,202.79	1,202.79	1,202.79	1,266.10	1,266.10	1,582.62	1,582.62	1,519.32	1,519.32
64 and Over	1,286.69	1,286.69	1,222.35	1,222.35	1,222.35	1,222.35	1,286.69	1,286.69	1,608.36	1,608.36	1,544.02	1,544.02
Rates Effective: 01/01/2024 to 03/31/2024									22444PA0060141			