

**Geisinger Small Group ACA All-Access HMO
30/60/3500**

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$3,500/\$7,000	Limited to In Network
Coinsurance	20%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,000/\$14,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$30	Limited to In Network
Specialist - Office Visit	\$60	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$350	\$350
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$30	\$30
Outpatient Surgery Physician/Surgical Services	20% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	20% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	20% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$75 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year) ²	\$0	Limited to In Network
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$30	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$30	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	Limited to In Network
Rehabilitative Speech Therapy	\$60	Limited to In Network
Habilitation Services	\$60	Limited to In Network
Durable Medical Equipment ³	20% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	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	20% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	20% 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

22444PA0060140

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	314.19	314.19	298.48	298.48	298.48	298.48	314.19	314.19	392.74	392.74	377.03	377.03
15	342.12	342.12	325.01	325.01	325.01	325.01	342.12	342.12	427.65	427.65	410.54	410.54
16	352.80	352.80	335.16	335.16	335.16	335.16	352.80	352.80	440.99	440.99	423.35	423.35
17	363.47	363.47	345.30	345.30	345.30	345.30	363.47	363.47	454.34	454.34	436.17	436.17
18	374.97	374.97	356.22	356.22	356.22	356.22	374.97	374.97	468.72	468.72	449.97	449.97
19	386.47	386.47	367.15	367.15	367.15	367.15	386.47	386.47	483.09	483.09	463.77	463.77
20	398.38	398.38	378.46	378.46	378.46	378.46	398.38	398.38	497.98	497.98	478.06	478.06
21	410.71	410.71	390.17	390.17	390.17	390.17	410.71	410.71	513.39	513.39	492.85	492.85
22	410.71	410.71	390.17	390.17	390.17	390.17	410.71	410.71	513.39	513.39	492.85	492.85
23	410.71	410.71	390.17	390.17	390.17	390.17	410.71	410.71	513.39	513.39	492.85	492.85
24	410.71	410.71	390.17	390.17	390.17	390.17	410.71	410.71	513.39	513.39	492.85	492.85
25	412.35	412.35	391.73	391.73	391.73	391.73	412.35	412.35	515.43	515.43	494.82	494.82
26	420.56	420.56	399.53	399.53	399.53	399.53	420.56	420.56	525.70	525.70	504.67	504.67
27	430.42	430.42	408.90	408.90	408.90	408.90	430.42	430.42	538.02	538.02	516.50	516.50
28	446.44	446.44	424.11	424.11	424.11	424.11	446.44	446.44	558.05	558.05	535.72	535.72
29	459.58	459.58	436.60	436.60	436.60	436.60	459.58	459.58	574.47	574.47	551.49	551.49
30	466.15	466.15	442.84	442.84	442.84	442.84	466.15	466.15	582.69	582.69	559.38	559.38
31	476.01	476.01	452.21	452.21	452.21	452.21	476.01	476.01	595.01	595.01	571.21	571.21
32	485.86	485.86	461.57	461.57	461.57	461.57	485.86	485.86	607.33	607.33	583.04	583.04
33	492.02	492.02	467.42	467.42	467.42	467.42	492.02	492.02	615.03	615.03	590.43	590.43
34	498.60	498.60	473.67	473.67	473.67	473.67	498.60	498.60	623.24	623.24	598.32	598.32
35	501.88	501.88	476.79	476.79	476.79	476.79	501.88	501.88	627.35	627.35	602.26	602.26
36	505.17	505.17	479.91	479.91	479.91	479.91	505.17	505.17	631.46	631.46	606.20	606.20
37	508.45	508.45	483.03	483.03	483.03	483.03	508.45	508.45	635.57	635.57	610.14	610.14
38	511.74	511.74	486.15	486.15	486.15	486.15	511.74	511.74	639.67	639.67	614.09	614.09
39	518.31	518.31	492.39	492.39	492.39	492.39	518.31	518.31	647.89	647.89	621.97	621.97
40	524.88	524.88	498.64	498.64	498.64	498.64	524.88	524.88	656.10	656.10	629.86	629.86
41	534.74	534.74	508.00	508.00	508.00	508.00	534.74	534.74	668.42	668.42	641.69	641.69
42	544.18	544.18	516.97	516.97	516.97	516.97	544.18	544.18	680.23	680.23	653.02	653.02
43	557.33	557.33	529.46	529.46	529.46	529.46	557.33	557.33	696.66	696.66	668.79	668.79
44	573.75	573.75	545.07	545.07	545.07	545.07	573.75	573.75	717.19	717.19	688.51	688.51
45	593.06	593.06	563.41	563.41	563.41	563.41	593.06	593.06	741.32	741.32	711.67	711.67
46	616.06	616.06	585.25	585.25	585.25	585.25	616.06	616.06	770.07	770.07	739.27	739.27
47	641.93	641.93	609.84	609.84	609.84	609.84	641.93	641.93	802.41	802.41	770.32	770.32
48	671.50	671.50	637.93	637.93	637.93	637.93	671.50	671.50	839.38	839.38	805.80	805.80
49	700.66	700.66	665.63	665.63	665.63	665.63	700.66	700.66	875.83	875.83	840.80	840.80
50	733.52	733.52	696.84	696.84	696.84	696.84	733.52	733.52	916.90	916.90	880.22	880.22
51	765.96	765.96	727.67	727.67	727.67	727.67	765.96	765.96	957.46	957.46	919.16	919.16
52	801.70	801.70	761.61	761.61	761.61	761.61	801.70	801.70	1,002.12	1,002.12	962.04	962.04
53	837.84	837.84	795.95	795.95	795.95	795.95	837.84	837.84	1,047.30	1,047.30	1,005.41	1,005.41
54	876.86	876.86	833.01	833.01	833.01	833.01	876.86	876.86	1,096.07	1,096.07	1,052.23	1,052.23
55	915.87	915.87	870.08	870.08	870.08	870.08	915.87	915.87	1,144.84	1,144.84	1,099.05	1,099.05
56	958.17	958.17	910.27	910.27	910.27	910.27	958.17	958.17	1,197.72	1,197.72	1,149.81	1,149.81
57	1,000.89	1,000.89	950.84	950.84	950.84	950.84	1,000.89	1,000.89	1,251.11	1,251.11	1,201.07	1,201.07
58	1,046.48	1,046.48	994.15	994.15	994.15	994.15	1,046.48	1,046.48	1,308.10	1,308.10	1,255.77	1,255.77
59	1,069.07	1,069.07	1,015.61	1,015.61	1,015.61	1,015.61	1,069.07	1,069.07	1,336.33	1,336.33	1,282.88	1,282.88
60	1,114.65	1,114.65	1,058.92	1,058.92	1,058.92	1,058.92	1,114.65	1,114.65	1,393.32	1,393.32	1,337.58	1,337.58
61	1,154.08	1,154.08	1,096.38	1,096.38	1,096.38	1,096.38	1,154.08	1,154.08	1,442.60	1,442.60	1,384.90	1,384.90
62	1,179.96	1,179.96	1,120.96	1,120.96	1,120.96	1,120.96	1,179.96	1,179.96	1,474.94	1,474.94	1,415.95	1,415.95
63	1,212.40	1,212.40	1,151.78	1,151.78	1,151.78	1,151.78	1,212.40	1,212.40	1,515.50	1,515.50	1,454.88	1,454.88
64 and Over	1,232.12	1,232.12	1,170.51	1,170.51	1,170.51	1,170.51	1,232.12	1,232.12	1,540.14	1,540.14	1,478.54	1,478.54

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

22444PA0060140