

Geisinger Small Group ACA All-Access HMO 30/60/5800		Silver
Preventive services covered at 100%		Accessories Program
Health management programs		
Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$5,800/\$11,600	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	\$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 copay after deductible	\$350 copay after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$30	\$30
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 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 - \$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	0% 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	\$500/\$1,000	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	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	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		22444PA0060063

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	258.96	258.96	246.01	246.01	246.01	246.01	258.96	258.96	323.70	323.70	310.75	310.75
15	281.98	281.98	267.88	267.88	267.88	267.88	281.98	281.98	352.48	352.48	338.38	338.38
16	290.78	290.78	276.24	276.24	276.24	276.24	290.78	290.78	363.48	363.48	348.94	348.94
17	299.58	299.58	284.60	284.60	284.60	284.60	299.58	299.58	374.48	374.48	359.50	359.50
18	309.06	309.06	293.61	293.61	293.61	293.61	309.06	309.06	386.33	386.33	370.87	370.87
19	318.54	318.54	302.61	302.61	302.61	302.61	318.54	318.54	398.18	398.18	382.25	382.25
20	328.36	328.36	311.94	311.94	311.94	311.94	328.36	328.36	410.45	410.45	394.03	394.03
21	338.52	338.52	321.59	321.59	321.59	321.59	338.52	338.52	423.15	423.15	406.22	406.22
22	338.52	338.52	321.59	321.59	321.59	321.59	338.52	338.52	423.15	423.15	406.22	406.22
23	338.52	338.52	321.59	321.59	321.59	321.59	338.52	338.52	423.15	423.15	406.22	406.22
24	338.52	338.52	321.59	321.59	321.59	321.59	338.52	338.52	423.15	423.15	406.22	406.22
25	339.87	339.87	322.87	322.87	322.87	322.87	339.87	339.87	424.83	424.83	407.84	407.84
26	346.64	346.64	329.31	329.31	329.31	329.31	346.64	346.64	433.30	433.30	415.96	415.96
27	354.76	354.76	337.02	337.02	337.02	337.02	354.76	354.76	443.45	443.45	425.71	425.71
28	367.96	367.96	349.57	349.57	349.57	349.57	367.96	367.96	459.95	459.95	441.56	441.56
29	378.80	378.80	359.86	359.86	359.86	359.86	378.80	378.80	473.50	473.50	454.56	454.56
30	384.21	384.21	365.00	365.00	365.00	365.00	384.21	384.21	480.27	480.27	461.05	461.05
31	392.34	392.34	372.72	372.72	372.72	372.72	392.34	392.34	490.42	490.42	470.80	470.80
32	400.46	400.46	380.44	380.44	380.44	380.44	400.46	400.46	500.58	500.58	480.55	480.55
33	405.54	405.54	385.26	385.26	385.26	385.26	405.54	405.54	506.92	506.92	486.65	486.65
34	410.95	410.95	390.41	390.41	390.41	390.41	410.95	410.95	513.69	513.69	493.15	493.15
35	413.66	413.66	392.98	392.98	392.98	392.98	413.66	413.66	517.08	517.08	496.40	496.40
36	416.37	416.37	395.55	395.55	395.55	395.55	416.37	416.37	520.46	520.46	499.65	499.65
37	419.08	419.08	398.13	398.13	398.13	398.13	419.08	419.08	523.85	523.85	502.89	502.89
38	421.79	421.79	400.70	400.70	400.70	400.70	421.79	421.79	527.23	527.23	506.14	506.14
39	427.20	427.20	405.84	405.84	405.84	405.84	427.20	427.20	534.00	534.00	512.64	512.64
40	432.62	432.62	410.99	410.99	410.99	410.99	432.62	432.62	540.77	540.77	519.14	519.14
41	440.74	440.74	418.71	418.71	418.71	418.71	440.74	440.74	550.93	550.93	528.89	528.89
42	448.53	448.53	426.10	426.10	426.10	426.10	448.53	448.53	560.66	560.66	538.24	538.24
43	459.36	459.36	436.39	436.39	436.39	436.39	459.36	459.36	574.20	574.20	551.23	551.23
44	472.90	472.90	449.26	449.26	449.26	449.26	472.90	472.90	591.13	591.13	567.48	567.48
45	488.81	488.81	464.37	464.37	464.37	464.37	488.81	488.81	611.02	611.02	586.58	586.58
46	507.77	507.77	482.38	482.38	482.38	482.38	507.77	507.77	634.71	634.71	609.32	609.32
47	529.10	529.10	502.64	502.64	502.64	502.64	529.10	529.10	661.37	661.37	634.91	634.91
48	553.47	553.47	525.80	525.80	525.80	525.80	553.47	553.47	691.84	691.84	664.16	664.16
49	577.50	577.50	548.63	548.63	548.63	548.63	577.50	577.50	721.88	721.88	693.00	693.00
50	604.58	604.58	574.36	574.36	574.36	574.36	604.58	604.58	755.73	755.73	725.50	725.50
51	631.33	631.33	599.76	599.76	599.76	599.76	631.33	631.33	789.16	789.16	757.59	757.59
52	660.78	660.78	627.74	627.74	627.74	627.74	660.78	660.78	825.97	825.97	792.93	792.93
53	690.57	690.57	656.04	656.04	656.04	656.04	690.57	690.57	863.21	863.21	828.68	828.68
54	722.73	722.73	686.59	686.59	686.59	686.59	722.73	722.73	903.41	903.41	867.27	867.27
55	754.88	754.88	717.14	717.14	717.14	717.14	754.88	754.88	943.60	943.60	905.86	905.86
56	789.75	789.75	750.26	750.26	750.26	750.26	789.75	789.75	987.19	987.19	947.70	947.70
57	824.96	824.96	783.71	783.71	783.71	783.71	824.96	824.96	1,031.20	1,031.20	989.95	989.95
58	862.53	862.53	819.40	819.40	819.40	819.40	862.53	862.53	1,078.16	1,078.16	1,035.04	1,035.04
59	881.15	881.15	837.09	837.09	837.09	837.09	881.15	881.15	1,101.44	1,101.44	1,057.38	1,057.38
60	918.72	918.72	872.79	872.79	872.79	872.79	918.72	918.72	1,148.41	1,148.41	1,102.47	1,102.47
61	951.22	951.22	903.66	903.66	903.66	903.66	951.22	951.22	1,189.03	1,189.03	1,141.47	1,141.47
62	972.55	972.55	923.92	923.92	923.92	923.92	972.55	972.55	1,215.68	1,215.68	1,167.06	1,167.06
63	999.29	999.29	949.33	949.33	949.33	949.33	999.29	999.29	1,249.11	1,249.11	1,199.15	1,199.15
64 and Over	1,015.54	1,015.54	964.76	964.76	964.76	964.76	1,015.54	1,015.54	1,269.42	1,269.42	1,218.65	1,218.65
Rates Effective: 01/01/2024 to 03/31/2024									22444PA0060063			