

Geisinger Small Group ACA All-Access HMO 45/75/5000	Silver
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Preventive services covered at 100%	Accessories Program	Health management programs
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Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$5,000/\$10,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,700/\$17,400	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$45	Limited to In Network
Specialist - Office Visit	\$75	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$450 after deductible	\$450 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$45	\$45
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$400 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$300 after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$125 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$125 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 - \$75 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$45	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$45	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$75	Limited to In Network
Rehabilitative Speech Therapy	\$75	Limited to In Network
Habilitation Services	\$75	Limited to In Network
Durable Medical Equipment ³	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$75	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$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% coinsurance 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	22444PA0060138
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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	279.40	279.40	265.43	265.43	265.43	265.43	279.40	279.40	349.25	349.25	335.28	335.28
15	304.23	304.23	289.02	289.02	289.02	289.02	304.23	304.23	380.29	380.29	365.08	365.08
16	313.73	313.73	298.04	298.04	298.04	298.04	313.73	313.73	392.16	392.16	376.47	376.47
17	323.22	323.22	307.06	307.06	307.06	307.06	323.22	323.22	404.03	404.03	387.87	387.87
18	333.45	333.45	316.78	316.78	316.78	316.78	333.45	333.45	416.81	416.81	400.14	400.14
19	343.68	343.68	326.49	326.49	326.49	326.49	343.68	343.68	429.59	429.59	412.41	412.41
20	354.27	354.27	336.55	336.55	336.55	336.55	354.27	354.27	442.83	442.83	425.12	425.12
21	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23	456.53	456.53	438.27	438.27
22	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23	456.53	456.53	438.27	438.27
23	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23	456.53	456.53	438.27	438.27
24	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23	456.53	456.53	438.27	438.27
25	366.68	366.68	348.35	348.35	348.35	348.35	366.68	366.68	458.36	458.36	440.02	440.02
26	373.99	373.99	355.29	355.29	355.29	355.29	373.99	373.99	467.49	467.49	448.79	448.79
27	382.75	382.75	363.62	363.62	363.62	363.62	382.75	382.75	478.44	478.44	459.31	459.31
28	397.00	397.00	377.15	377.15	377.15	377.15	397.00	397.00	496.25	496.25	476.40	476.40
29	408.69	408.69	388.25	388.25	388.25	388.25	408.69	408.69	510.86	510.86	490.42	490.42
30	414.53	414.53	393.80	393.80	393.80	393.80	414.53	414.53	518.16	518.16	497.44	497.44
31	423.29	423.29	402.13	402.13	402.13	402.13	423.29	423.29	529.12	529.12	507.95	507.95
32	432.06	432.06	410.46	410.46	410.46	410.46	432.06	432.06	540.07	540.07	518.47	518.47
33	437.54	437.54	415.66	415.66	415.66	415.66	437.54	437.54	546.92	546.92	525.05	525.05
34	443.38	443.38	421.21	421.21	421.21	421.21	443.38	443.38	554.23	554.23	532.06	532.06
35	446.30	446.30	423.99	423.99	423.99	423.99	446.30	446.30	557.88	557.88	535.56	535.56
36	449.23	449.23	426.76	426.76	426.76	426.76	449.23	449.23	561.53	561.53	539.07	539.07
37	452.15	452.15	429.54	429.54	429.54	429.54	452.15	452.15	565.18	565.18	542.58	542.58
38	455.07	455.07	432.32	432.32	432.32	432.32	455.07	455.07	568.84	568.84	546.08	546.08
39	460.91	460.91	437.87	437.87	437.87	437.87	460.91	460.91	576.14	576.14	553.10	553.10
40	466.76	466.76	443.42	443.42	443.42	443.42	466.76	466.76	583.45	583.45	560.11	560.11
41	475.52	475.52	451.75	451.75	451.75	451.75	475.52	475.52	594.40	594.40	570.63	570.63
42	483.92	483.92	459.73	459.73	459.73	459.73	483.92	483.92	604.90	604.90	580.71	580.71
43	495.61	495.61	470.83	470.83	470.83	470.83	495.61	495.61	619.51	619.51	594.73	594.73
44	510.22	510.22	484.71	484.71	484.71	484.71	510.22	510.22	637.77	637.77	612.26	612.26
45	527.38	527.38	501.01	501.01	501.01	501.01	527.38	527.38	659.23	659.23	632.86	632.86
46	547.84	547.84	520.44	520.44	520.44	520.44	547.84	547.84	684.80	684.80	657.40	657.40
47	570.85	570.85	542.30	542.30	542.30	542.30	570.85	570.85	713.56	713.56	685.01	685.01
48	597.14	597.14	567.28	567.28	567.28	567.28	597.14	597.14	746.43	746.43	716.57	716.57
49	623.07	623.07	591.92	591.92	591.92	591.92	623.07	623.07	778.84	778.84	747.69	747.69
50	652.29	652.29	619.68	619.68	619.68	619.68	652.29	652.29	815.36	815.36	782.75	782.75
51	681.14	681.14	647.09	647.09	647.09	647.09	681.14	681.14	851.43	851.43	817.37	817.37
52	712.92	712.92	677.27	677.27	677.27	677.27	712.92	712.92	891.15	891.15	855.50	855.50
53	745.06	745.06	707.80	707.80	707.80	707.80	745.06	745.06	931.32	931.32	894.07	894.07
54	779.75	779.75	740.77	740.77	740.77	740.77	779.75	779.75	974.69	974.69	935.70	935.70
55	814.45	814.45	773.73	773.73	773.73	773.73	814.45	814.45	1,018.06	1,018.06	977.34	977.34
56	852.07	852.07	809.46	809.46	809.46	809.46	852.07	852.07	1,065.08	1,065.08	1,022.48	1,022.48
57	890.05	890.05	845.55	845.55	845.55	845.55	890.05	890.05	1,112.56	1,112.56	1,068.06	1,068.06
58	930.59	930.59	884.06	884.06	884.06	884.06	930.59	930.59	1,163.24	1,163.24	1,116.71	1,116.71
59	950.68	950.68	903.14	903.14	903.14	903.14	950.68	950.68	1,188.35	1,188.35	1,140.81	1,140.81
60	991.22	991.22	941.66	941.66	941.66	941.66	991.22	991.22	1,239.02	1,239.02	1,189.46	1,189.46
61	1,026.28	1,026.28	974.97	974.97	974.97	974.97	1,026.28	1,026.28	1,282.85	1,282.85	1,231.54	1,231.54
62	1,049.29	1,049.29	996.82	996.82	996.82	996.82	1,049.29	1,049.29	1,311.61	1,311.61	1,259.15	1,259.15
63	1,078.14	1,078.14	1,024.23	1,024.23	1,024.23	1,024.23	1,078.14	1,078.14	1,347.68	1,347.68	1,293.77	1,293.77
64 and Over	1,095.67	1,095.67	1,040.89	1,040.89	1,040.89	1,040.89	1,095.67	1,095.67	1,369.59	1,369.59	1,314.81	1,314.81
Rates Effective: 01/01/2024 to 03/31/2024									22444PA0060138			