

Geisinger All-Access PPO 10/20/0

Platinum

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$0/\$0	\$1,000/\$2,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$6,000/\$12,000	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	\$10	20% after deductible
Specialist - Office Visit	\$20	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$10	\$10
Outpatient Surgery Physician/Surgical Services	\$0	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 copay	20% after deductible
Imaging (CT/PET Scans, MRIs)	\$100	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay	20% after deductible
Skilled Nursing Facility (120 days per year)	\$50 per day	20% after deductible
Home Health Care Services (60 visits per year) ²	\$0	20% after deductible
Hospice Services	Residential - \$20 per visit, Facility - \$50 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$10	20% after deductible
Substance Abuse Disorder Outpatient Services	\$10	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	20% after deductible
Rehabilitative Speech Therapy	\$20	20% after deductible
Habilitation Services	\$20	20% after deductible
Durable Medical Equipment ³	10%	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$10	Limited to In Network
Routine Eye Exam for Children	\$20	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	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	20% after deductible
Diabetic Services/Supplies - Medical Equipment	\$0	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

75729PA0050128

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	419.13	419.13	398.17	398.17	398.17	398.17	419.13	419.13	523.91	523.91	502.95	502.95
15	456.38	456.38	433.56	433.56	433.56	433.56	456.38	456.38	570.48	570.48	547.66	547.66
16	470.63	470.63	447.10	447.10	447.10	447.10	470.63	470.63	588.28	588.28	564.75	564.75
17	484.87	484.87	460.63	460.63	460.63	460.63	484.87	484.87	606.09	606.09	581.85	581.85
18	500.21	500.21	475.20	475.20	475.20	475.20	500.21	500.21	625.26	625.26	600.25	600.25
19	515.55	515.55	489.77	489.77	489.77	489.77	515.55	515.55	644.44	644.44	618.66	618.66
20	531.44	531.44	504.87	504.87	504.87	504.87	531.44	531.44	664.30	664.30	637.73	637.73
21	547.88	547.88	520.49	520.49	520.49	520.49	547.88	547.88	684.85	684.85	657.46	657.46
22	547.88	547.88	520.49	520.49	520.49	520.49	547.88	547.88	684.85	684.85	657.46	657.46
23	547.88	547.88	520.49	520.49	520.49	520.49	547.88	547.88	684.85	684.85	657.46	657.46
24	547.88	547.88	520.49	520.49	520.49	520.49	547.88	547.88	684.85	684.85	657.46	657.46
25	550.07	550.07	522.57	522.57	522.57	522.57	550.07	550.07	687.59	687.59	660.08	660.08
26	561.03	561.03	532.97	532.97	532.97	532.97	561.03	561.03	701.28	701.28	673.23	673.23
27	574.18	574.18	545.47	545.47	545.47	545.47	574.18	574.18	717.72	717.72	689.01	689.01
28	595.54	595.54	565.77	565.77	565.77	565.77	595.54	595.54	744.43	744.43	714.65	714.65
29	613.07	613.07	582.42	582.42	582.42	582.42	613.07	613.07	766.34	766.34	735.69	735.69
30	621.84	621.84	590.75	590.75	590.75	590.75	621.84	621.84	777.30	777.30	746.21	746.21
31	634.99	634.99	603.24	603.24	603.24	603.24	634.99	634.99	793.74	793.74	761.99	761.99
32	648.14	648.14	615.73	615.73	615.73	615.73	648.14	648.14	810.17	810.17	777.77	777.77
33	656.36	656.36	623.54	623.54	623.54	623.54	656.36	656.36	820.45	820.45	787.63	787.63
34	665.12	665.12	631.87	631.87	631.87	631.87	665.12	665.12	831.40	831.40	798.15	798.15
35	669.51	669.51	636.03	636.03	636.03	636.03	669.51	669.51	836.88	836.88	803.41	803.41
36	673.89	673.89	640.19	640.19	640.19	640.19	673.89	673.89	842.36	842.36	808.67	808.67
37	678.27	678.27	644.36	644.36	644.36	644.36	678.27	678.27	847.84	847.84	813.93	813.93
38	682.65	682.65	648.52	648.52	648.52	648.52	682.65	682.65	853.32	853.32	819.19	819.19
39	691.42	691.42	656.85	656.85	656.85	656.85	691.42	691.42	864.28	864.28	829.70	829.70
40	700.19	700.19	665.18	665.18	665.18	665.18	700.19	700.19	875.23	875.23	840.22	840.22
41	713.34	713.34	677.67	677.67	677.67	677.67	713.34	713.34	891.67	891.67	856.00	856.00
42	725.94	725.94	689.64	689.64	689.64	689.64	725.94	725.94	907.42	907.42	871.12	871.12
43	743.47	743.47	706.30	706.30	706.30	706.30	743.47	743.47	929.34	929.34	892.16	892.16
44	765.38	765.38	727.11	727.11	727.11	727.11	765.38	765.38	956.73	956.73	918.46	918.46
45	791.13	791.13	751.58	751.58	751.58	751.58	791.13	791.13	988.92	988.92	949.36	949.36
46	821.82	821.82	780.72	780.72	780.72	780.72	821.82	821.82	1,027.27	1,027.27	986.18	986.18
47	856.33	856.33	813.52	813.52	813.52	813.52	856.33	856.33	1,070.41	1,070.41	1,027.60	1,027.60
48	895.78	895.78	850.99	850.99	850.99	850.99	895.78	895.78	1,119.72	1,119.72	1,074.93	1,074.93
49	934.68	934.68	887.94	887.94	887.94	887.94	934.68	934.68	1,168.35	1,168.35	1,121.61	1,121.61
50	978.51	978.51	929.58	929.58	929.58	929.58	978.51	978.51	1,223.14	1,223.14	1,174.21	1,174.21
51	1,021.79	1,021.79	970.70	970.70	970.70	970.70	1,021.79	1,021.79	1,277.24	1,277.24	1,226.15	1,226.15
52	1,069.46	1,069.46	1,015.98	1,015.98	1,015.98	1,015.98	1,069.46	1,069.46	1,336.82	1,336.82	1,283.35	1,283.35
53	1,117.67	1,117.67	1,061.79	1,061.79	1,061.79	1,061.79	1,117.67	1,117.67	1,397.09	1,397.09	1,341.20	1,341.20
54	1,169.72	1,169.72	1,111.23	1,111.23	1,111.23	1,111.23	1,169.72	1,169.72	1,462.15	1,462.15	1,403.66	1,403.66
55	1,221.77	1,221.77	1,160.68	1,160.68	1,160.68	1,160.68	1,221.77	1,221.77	1,527.21	1,527.21	1,466.12	1,466.12
56	1,278.20	1,278.20	1,214.29	1,214.29	1,214.29	1,214.29	1,278.20	1,278.20	1,597.75	1,597.75	1,533.84	1,533.84
57	1,335.18	1,335.18	1,268.42	1,268.42	1,268.42	1,268.42	1,335.18	1,335.18	1,668.97	1,668.97	1,602.21	1,602.21
58	1,395.99	1,395.99	1,326.19	1,326.19	1,326.19	1,326.19	1,395.99	1,395.99	1,744.99	1,744.99	1,675.19	1,675.19
59	1,426.12	1,426.12	1,354.82	1,354.82	1,354.82	1,354.82	1,426.12	1,426.12	1,782.65	1,782.65	1,711.35	1,711.35
60	1,486.94	1,486.94	1,412.59	1,412.59	1,412.59	1,412.59	1,486.94	1,486.94	1,858.67	1,858.67	1,784.33	1,784.33
61	1,539.53	1,539.53	1,462.56	1,462.56	1,462.56	1,462.56	1,539.53	1,539.53	1,924.42	1,924.42	1,847.44	1,847.44
62	1,574.05	1,574.05	1,495.35	1,495.35	1,495.35	1,495.35	1,574.05	1,574.05	1,967.56	1,967.56	1,888.86	1,888.86
63	1,617.33	1,617.33	1,536.47	1,536.47	1,536.47	1,536.47	1,617.33	1,617.33	2,021.67	2,021.67	1,940.80	1,940.80
64 and Over	1,643.63	1,643.63	1,561.45	1,561.45	1,561.45	1,561.45	1,643.63	1,643.63	2,054.54	2,054.54	1,972.36	1,972.36

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

75729PA0050128