

Geisinger All-Access PPO 15/30/250

Platinum

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$250/\$500	\$2,000/\$4,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$15	20% after deductible
Specialist - Office Visit	\$30	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$15	\$15
Outpatient Surgery Physician/Surgical Services	0% after deductible	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	20% after deductible
Home Health Care Services (60 visits per year) ²	\$0	20% after deductible
Hospice Services	Residential - \$30 per visit, Facility - \$100 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$15	20% after deductible
Substance Abuse Disorder Outpatient Services	\$15	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$30	20% after deductible
Rehabilitative Speech Therapy	\$30	20% after deductible
Habilitation Services	\$30	20% after deductible
Durable Medical Equipment ³	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$15	Limited to In Network
Routine Eye Exam for Children	\$30	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	\$5	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	0% after deductible	20% after deductible
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

75729PA0050080

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	404.98	404.98	384.73	384.73	384.73	384.73	404.98	404.98	506.23	506.23	485.98	485.98
15	440.98	440.98	418.93	418.93	418.93	418.93	440.98	440.98	551.22	551.22	529.17	529.17
16	454.74	454.74	432.01	432.01	432.01	432.01	454.74	454.74	568.43	568.43	545.69	545.69
17	468.51	468.51	445.08	445.08	445.08	445.08	468.51	468.51	585.63	585.63	562.21	562.21
18	483.33	483.33	459.16	459.16	459.16	459.16	483.33	483.33	604.16	604.16	580.00	580.00
19	498.15	498.15	473.24	473.24	473.24	473.24	498.15	498.15	622.69	622.69	597.78	597.78
20	513.50	513.50	487.83	487.83	487.83	487.83	513.50	513.50	641.88	641.88	616.21	616.21
21	529.39	529.39	502.92	502.92	502.92	502.92	529.39	529.39	661.74	661.74	635.27	635.27
22	529.39	529.39	502.92	502.92	502.92	502.92	529.39	529.39	661.74	661.74	635.27	635.27
23	529.39	529.39	502.92	502.92	502.92	502.92	529.39	529.39	661.74	661.74	635.27	635.27
24	529.39	529.39	502.92	502.92	502.92	502.92	529.39	529.39	661.74	661.74	635.27	635.27
25	531.50	531.50	504.93	504.93	504.93	504.93	531.50	531.50	664.38	664.38	637.80	637.80
26	542.09	542.09	514.99	514.99	514.99	514.99	542.09	542.09	677.61	677.61	650.51	650.51
27	554.80	554.80	527.06	527.06	527.06	527.06	554.80	554.80	693.50	693.50	665.76	665.76
28	575.44	575.44	546.67	546.67	546.67	546.67	575.44	575.44	719.30	719.30	690.53	690.53
29	592.38	592.38	562.76	562.76	562.76	562.76	592.38	592.38	740.48	740.48	710.86	710.86
30	600.85	600.85	570.81	570.81	570.81	570.81	600.85	600.85	751.07	751.07	721.02	721.02
31	613.56	613.56	582.88	582.88	582.88	582.88	613.56	613.56	766.95	766.95	736.27	736.27
32	626.26	626.26	594.95	594.95	594.95	594.95	626.26	626.26	782.83	782.83	751.52	751.52
33	634.20	634.20	602.49	602.49	602.49	602.49	634.20	634.20	792.76	792.76	761.05	761.05
34	642.67	642.67	610.54	610.54	610.54	610.54	642.67	642.67	803.34	803.34	771.21	771.21
35	646.91	646.91	614.56	614.56	614.56	614.56	646.91	646.91	808.64	808.64	776.29	776.29
36	651.14	651.14	618.59	618.59	618.59	618.59	651.14	651.14	813.93	813.93	781.37	781.37
37	655.38	655.38	622.61	622.61	622.61	622.61	655.38	655.38	819.22	819.22	786.46	786.46
38	659.61	659.61	626.63	626.63	626.63	626.63	659.61	659.61	824.52	824.52	791.54	791.54
39	668.09	668.09	634.68	634.68	634.68	634.68	668.09	668.09	835.11	835.11	801.70	801.70
40	676.56	676.56	642.73	642.73	642.73	642.73	676.56	676.56	845.69	845.69	811.87	811.87
41	689.26	689.26	654.80	654.80	654.80	654.80	689.26	689.26	861.58	861.58	827.11	827.11
42	701.44	701.44	666.36	666.36	666.36	666.36	701.44	701.44	876.80	876.80	841.72	841.72
43	718.38	718.38	682.46	682.46	682.46	682.46	718.38	718.38	897.97	897.97	862.05	862.05
44	739.55	739.55	702.57	702.57	702.57	702.57	739.55	739.55	924.44	924.44	887.46	887.46
45	764.43	764.43	726.21	726.21	726.21	726.21	764.43	764.43	955.54	955.54	917.32	917.32
46	794.08	794.08	754.38	754.38	754.38	754.38	794.08	794.08	992.60	992.60	952.89	952.89
47	827.43	827.43	786.06	786.06	786.06	786.06	827.43	827.43	1,034.29	1,034.29	992.92	992.92
48	865.55	865.55	822.27	822.27	822.27	822.27	865.55	865.55	1,081.93	1,081.93	1,038.66	1,038.66
49	903.13	903.13	857.98	857.98	857.98	857.98	903.13	903.13	1,128.92	1,128.92	1,083.76	1,083.76
50	945.48	945.48	898.21	898.21	898.21	898.21	945.48	945.48	1,181.85	1,181.85	1,134.58	1,134.58
51	987.30	987.30	937.94	937.94	937.94	937.94	987.30	987.30	1,234.13	1,234.13	1,184.77	1,184.77
52	1,033.36	1,033.36	981.69	981.69	981.69	981.69	1,033.36	1,033.36	1,291.70	1,291.70	1,240.03	1,240.03
53	1,079.95	1,079.95	1,025.95	1,025.95	1,025.95	1,025.95	1,079.95	1,079.95	1,349.93	1,349.93	1,295.94	1,295.94
54	1,130.24	1,130.24	1,073.73	1,073.73	1,073.73	1,073.73	1,130.24	1,130.24	1,412.80	1,412.80	1,356.29	1,356.29
55	1,180.53	1,180.53	1,121.50	1,121.50	1,121.50	1,121.50	1,180.53	1,180.53	1,475.66	1,475.66	1,416.64	1,416.64
56	1,235.06	1,235.06	1,173.30	1,173.30	1,173.30	1,173.30	1,235.06	1,235.06	1,543.82	1,543.82	1,482.07	1,482.07
57	1,290.11	1,290.11	1,225.61	1,225.61	1,225.61	1,225.61	1,290.11	1,290.11	1,612.64	1,612.64	1,548.14	1,548.14
58	1,348.88	1,348.88	1,281.43	1,281.43	1,281.43	1,281.43	1,348.88	1,348.88	1,686.09	1,686.09	1,618.65	1,618.65
59	1,377.99	1,377.99	1,309.09	1,309.09	1,309.09	1,309.09	1,377.99	1,377.99	1,722.49	1,722.49	1,653.59	1,653.59
60	1,436.75	1,436.75	1,364.92	1,364.92	1,364.92	1,364.92	1,436.75	1,436.75	1,795.94	1,795.94	1,724.10	1,724.10
61	1,487.57	1,487.57	1,413.20	1,413.20	1,413.20	1,413.20	1,487.57	1,487.57	1,859.47	1,859.47	1,785.09	1,785.09
62	1,520.93	1,520.93	1,444.88	1,444.88	1,444.88	1,444.88	1,520.93	1,520.93	1,901.16	1,901.16	1,825.11	1,825.11
63	1,562.75	1,562.75	1,484.61	1,484.61	1,484.61	1,484.61	1,562.75	1,562.75	1,953.43	1,953.43	1,875.30	1,875.30
64 and Over	1,588.16	1,588.16	1,508.75	1,508.75	1,508.75	1,508.75	1,588.16	1,588.16	1,985.20	1,985.20	1,905.79	1,905.79
Rates Effective: 01/01/2024 to 03/31/2024									75729PA0050080			