

Geisinger All-Access PPO 20/40/1000

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,000/\$2,000	\$4,000/\$8,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,600/\$17,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	30% after deductible
Specialist - Office Visit	\$40	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$175 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$175 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year) ²	\$0	30% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	30% after deductible
Rehabilitative Speech Therapy	\$40	30% after deductible
Habilitation Services	\$40	30% after deductible
Durable Medical Equipment ³	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	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	0% after deductible	30% 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

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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	375.38	375.38	356.61	356.61	356.61	356.61	375.38	375.38	469.22	469.22	450.45	450.45
15	408.74	408.74	388.31	388.31	388.31	388.31	408.74	408.74	510.93	510.93	490.49	490.49
16	421.50	421.50	400.43	400.43	400.43	400.43	421.50	421.50	526.88	526.88	505.80	505.80
17	434.26	434.26	412.55	412.55	412.55	412.55	434.26	434.26	542.83	542.83	521.11	521.11
18	448.00	448.00	425.60	425.60	425.60	425.60	448.00	448.00	560.00	560.00	537.60	537.60
19	461.74	461.74	438.65	438.65	438.65	438.65	461.74	461.74	577.17	577.17	554.09	554.09
20	475.97	475.97	452.17	452.17	452.17	452.17	475.97	475.97	594.96	594.96	571.16	571.16
21	490.69	490.69	466.16	466.16	466.16	466.16	490.69	490.69	613.37	613.37	588.83	588.83
22	490.69	490.69	466.16	466.16	466.16	466.16	490.69	490.69	613.37	613.37	588.83	588.83
23	490.69	490.69	466.16	466.16	466.16	466.16	490.69	490.69	613.37	613.37	588.83	588.83
24	490.69	490.69	466.16	466.16	466.16	466.16	490.69	490.69	613.37	613.37	588.83	588.83
25	492.65	492.65	468.02	468.02	468.02	468.02	492.65	492.65	615.82	615.82	591.18	591.18
26	502.47	502.47	477.34	477.34	477.34	477.34	502.47	502.47	628.08	628.08	602.96	602.96
27	514.24	514.24	488.53	488.53	488.53	488.53	514.24	514.24	642.80	642.80	617.09	617.09
28	533.38	533.38	506.71	506.71	506.71	506.71	533.38	533.38	666.73	666.73	640.06	640.06
29	549.08	549.08	521.63	521.63	521.63	521.63	549.08	549.08	686.35	686.35	658.90	658.90
30	556.93	556.93	529.09	529.09	529.09	529.09	556.93	556.93	696.17	696.17	668.32	668.32
31	568.71	568.71	540.27	540.27	540.27	540.27	568.71	568.71	710.89	710.89	682.45	682.45
32	580.49	580.49	551.46	551.46	551.46	551.46	580.49	580.49	725.61	725.61	696.58	696.58
33	587.85	587.85	558.45	558.45	558.45	558.45	587.85	587.85	734.81	734.81	705.42	705.42
34	595.70	595.70	565.91	565.91	565.91	565.91	595.70	595.70	744.62	744.62	714.84	714.84
35	599.62	599.62	569.64	569.64	569.64	569.64	599.62	599.62	749.53	749.53	719.55	719.55
36	603.55	603.55	573.37	573.37	573.37	573.37	603.55	603.55	754.44	754.44	724.26	724.26
37	607.47	607.47	577.10	577.10	577.10	577.10	607.47	607.47	759.34	759.34	728.97	728.97
38	611.40	611.40	580.83	580.83	580.83	580.83	611.40	611.40	764.25	764.25	733.68	733.68
39	619.25	619.25	588.29	588.29	588.29	588.29	619.25	619.25	774.06	774.06	743.10	743.10
40	627.10	627.10	595.75	595.75	595.75	595.75	627.10	627.10	783.88	783.88	752.52	752.52
41	638.88	638.88	606.93	606.93	606.93	606.93	638.88	638.88	798.60	798.60	766.65	766.65
42	650.16	650.16	617.66	617.66	617.66	617.66	650.16	650.16	812.71	812.71	780.20	780.20
43	665.87	665.87	632.57	632.57	632.57	632.57	665.87	665.87	832.33	832.33	799.04	799.04
44	685.49	685.49	651.22	651.22	651.22	651.22	685.49	685.49	856.87	856.87	822.59	822.59
45	708.56	708.56	673.13	673.13	673.13	673.13	708.56	708.56	885.70	885.70	850.27	850.27
46	736.04	736.04	699.23	699.23	699.23	699.23	736.04	736.04	920.04	920.04	883.24	883.24
47	766.95	766.95	728.60	728.60	728.60	728.60	766.95	766.95	958.69	958.69	920.34	920.34
48	802.28	802.28	762.16	762.16	762.16	762.16	802.28	802.28	1,002.85	1,002.85	962.73	962.73
49	837.12	837.12	795.26	795.26	795.26	795.26	837.12	837.12	1,046.40	1,046.40	1,004.54	1,004.54
50	876.37	876.37	832.55	832.55	832.55	832.55	876.37	876.37	1,095.47	1,095.47	1,051.65	1,051.65
51	915.14	915.14	869.38	869.38	869.38	869.38	915.14	915.14	1,143.92	1,143.92	1,098.16	1,098.16
52	957.83	957.83	909.94	909.94	909.94	909.94	957.83	957.83	1,197.28	1,197.28	1,149.39	1,149.39
53	1,001.01	1,001.01	950.96	950.96	950.96	950.96	1,001.01	1,001.01	1,251.26	1,251.26	1,201.21	1,201.21
54	1,047.62	1,047.62	995.24	995.24	995.24	995.24	1,047.62	1,047.62	1,309.53	1,309.53	1,257.15	1,257.15
55	1,094.24	1,094.24	1,039.53	1,039.53	1,039.53	1,039.53	1,094.24	1,094.24	1,367.80	1,367.80	1,313.09	1,313.09
56	1,144.78	1,144.78	1,087.54	1,087.54	1,087.54	1,087.54	1,144.78	1,144.78	1,430.97	1,430.97	1,373.74	1,373.74
57	1,195.81	1,195.81	1,136.02	1,136.02	1,136.02	1,136.02	1,195.81	1,195.81	1,494.76	1,494.76	1,434.97	1,434.97
58	1,250.28	1,250.28	1,187.76	1,187.76	1,187.76	1,187.76	1,250.28	1,250.28	1,562.85	1,562.85	1,500.33	1,500.33
59	1,277.27	1,277.27	1,213.40	1,213.40	1,213.40	1,213.40	1,277.27	1,277.27	1,596.58	1,596.58	1,532.72	1,532.72
60	1,331.73	1,331.73	1,265.15	1,265.15	1,265.15	1,265.15	1,331.73	1,331.73	1,664.67	1,664.67	1,598.08	1,598.08
61	1,378.84	1,378.84	1,309.90	1,309.90	1,309.90	1,309.90	1,378.84	1,378.84	1,723.55	1,723.55	1,654.61	1,654.61
62	1,409.75	1,409.75	1,339.26	1,339.26	1,339.26	1,339.26	1,409.75	1,409.75	1,762.19	1,762.19	1,691.70	1,691.70
63	1,448.52	1,448.52	1,376.09	1,376.09	1,376.09	1,376.09	1,448.52	1,448.52	1,810.65	1,810.65	1,738.22	1,738.22
64 and Over	1,472.07	1,472.07	1,398.47	1,398.47	1,398.47	1,398.47	1,472.07	1,472.07	1,840.09	1,840.09	1,766.48	1,766.48

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

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