

# Geisinger All-Access PPO 20/40/1500

## Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,500/\$3,000	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$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 <sup>1</sup>	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$150 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) <sup>2</sup>	\$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 <sup>3</sup>	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**

**75729PA0050103**

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	361.40	361.40	343.33	343.33	343.33	343.33	361.40	361.40	451.75	451.75	433.68	433.68
15	393.52	393.52	373.85	373.85	373.85	373.85	393.52	393.52	491.90	491.90	472.23	472.23
16	405.81	405.81	385.52	385.52	385.52	385.52	405.81	405.81	507.26	507.26	486.97	486.97
17	418.09	418.09	397.18	397.18	397.18	397.18	418.09	418.09	522.61	522.61	501.71	501.71
18	431.32	431.32	409.75	409.75	409.75	409.75	431.32	431.32	539.15	539.15	517.58	517.58
19	444.54	444.54	422.32	422.32	422.32	422.32	444.54	444.54	555.68	555.68	533.45	533.45
20	458.24	458.24	435.33	435.33	435.33	435.33	458.24	458.24	572.81	572.81	549.89	549.89
21	472.42	472.42	448.80	448.80	448.80	448.80	472.42	472.42	590.53	590.53	566.91	566.91
22	472.42	472.42	448.80	448.80	448.80	448.80	472.42	472.42	590.53	590.53	566.91	566.91
23	472.42	472.42	448.80	448.80	448.80	448.80	472.42	472.42	590.53	590.53	566.91	566.91
24	472.42	472.42	448.80	448.80	448.80	448.80	472.42	472.42	590.53	590.53	566.91	566.91
25	474.31	474.31	450.59	450.59	450.59	450.59	474.31	474.31	592.88	592.88	569.17	569.17
26	483.76	483.76	459.57	459.57	459.57	459.57	483.76	483.76	604.69	604.69	580.51	580.51
27	495.09	495.09	470.34	470.34	470.34	470.34	495.09	495.09	618.87	618.87	594.11	594.11
28	513.52	513.52	487.84	487.84	487.84	487.84	513.52	513.52	641.90	641.90	616.22	616.22
29	528.63	528.63	502.20	502.20	502.20	502.20	528.63	528.63	660.79	660.79	634.36	634.36
30	536.19	536.19	509.38	509.38	509.38	509.38	536.19	536.19	670.24	670.24	643.43	643.43
31	547.53	547.53	520.15	520.15	520.15	520.15	547.53	547.53	684.41	684.41	657.04	657.04
32	558.87	558.87	530.93	530.93	530.93	530.93	558.87	558.87	698.59	698.59	670.64	670.64
33	565.96	565.96	537.66	537.66	537.66	537.66	565.96	565.96	707.44	707.44	679.15	679.15
34	573.51	573.51	544.84	544.84	544.84	544.84	573.51	573.51	716.89	716.89	688.22	688.22
35	577.29	577.29	548.43	548.43	548.43	548.43	577.29	577.29	721.62	721.62	692.75	692.75
36	581.07	581.07	552.02	552.02	552.02	552.02	581.07	581.07	726.34	726.34	697.29	697.29
37	584.85	584.85	555.61	555.61	555.61	555.61	584.85	584.85	731.07	731.07	701.82	701.82
38	588.63	588.63	559.20	559.20	559.20	559.20	588.63	588.63	735.79	735.79	706.36	706.36
39	596.19	596.19	566.38	566.38	566.38	566.38	596.19	596.19	745.24	745.24	715.43	715.43
40	603.75	603.75	573.56	573.56	573.56	573.56	603.75	603.75	754.69	754.69	724.50	724.50
41	615.09	615.09	584.33	584.33	584.33	584.33	615.09	615.09	768.86	768.86	738.10	738.10
42	625.95	625.95	594.65	594.65	594.65	594.65	625.95	625.95	782.44	782.44	751.14	751.14
43	641.07	641.07	609.02	609.02	609.02	609.02	641.07	641.07	801.34	801.34	769.28	769.28
44	659.97	659.97	626.97	626.97	626.97	626.97	659.97	659.97	824.96	824.96	791.96	791.96
45	682.17	682.17	648.06	648.06	648.06	648.06	682.17	682.17	852.71	852.71	818.60	818.60
46	708.63	708.63	673.19	673.19	673.19	673.19	708.63	708.63	885.78	885.78	850.35	850.35
47	738.39	738.39	701.47	701.47	701.47	701.47	738.39	738.39	922.98	922.98	886.07	886.07
48	772.40	772.40	733.78	733.78	733.78	733.78	772.40	772.40	965.50	965.50	926.88	926.88
49	805.94	805.94	765.65	765.65	765.65	765.65	805.94	805.94	1,007.43	1,007.43	967.13	967.13
50	843.74	843.74	801.55	801.55	801.55	801.55	843.74	843.74	1,054.67	1,054.67	1,012.48	1,012.48
51	881.06	881.06	837.00	837.00	837.00	837.00	881.06	881.06	1,101.32	1,101.32	1,057.27	1,057.27
52	922.16	922.16	876.05	876.05	876.05	876.05	922.16	922.16	1,152.70	1,152.70	1,106.59	1,106.59
53	963.73	963.73	915.54	915.54	915.54	915.54	963.73	963.73	1,204.66	1,204.66	1,156.48	1,156.48
54	1,008.61	1,008.61	958.18	958.18	958.18	958.18	1,008.61	1,008.61	1,260.76	1,260.76	1,210.33	1,210.33
55	1,053.49	1,053.49	1,000.82	1,000.82	1,000.82	1,000.82	1,053.49	1,053.49	1,316.86	1,316.86	1,264.19	1,264.19
56	1,102.15	1,102.15	1,047.04	1,047.04	1,047.04	1,047.04	1,102.15	1,102.15	1,377.69	1,377.69	1,322.58	1,322.58
57	1,151.28	1,151.28	1,093.72	1,093.72	1,093.72	1,093.72	1,151.28	1,151.28	1,439.10	1,439.10	1,381.54	1,381.54
58	1,203.72	1,203.72	1,143.53	1,143.53	1,143.53	1,143.53	1,203.72	1,203.72	1,504.65	1,504.65	1,444.46	1,444.46
59	1,229.70	1,229.70	1,168.22	1,168.22	1,168.22	1,168.22	1,229.70	1,229.70	1,537.13	1,537.13	1,475.64	1,475.64
60	1,282.14	1,282.14	1,218.03	1,218.03	1,218.03	1,218.03	1,282.14	1,282.14	1,602.67	1,602.67	1,538.57	1,538.57
61	1,327.49	1,327.49	1,261.12	1,261.12	1,261.12	1,261.12	1,327.49	1,327.49	1,659.36	1,659.36	1,592.99	1,592.99
62	1,357.25	1,357.25	1,289.39	1,289.39	1,289.39	1,289.39	1,357.25	1,357.25	1,696.57	1,696.57	1,628.70	1,628.70
63	1,394.57	1,394.57	1,324.85	1,324.85	1,324.85	1,324.85	1,394.57	1,394.57	1,743.22	1,743.22	1,673.49	1,673.49
64 and Over	1,417.25	1,417.25	1,346.39	1,346.39	1,346.39	1,346.39	1,417.25	1,417.25	1,771.56	1,771.56	1,700.70	1,700.70

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

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