

Geisinger All-Access PPO 20/40/500

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$500/\$1,000	\$4,000/\$8,000
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	\$250	\$250
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)	\$250 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$250 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	\$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	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

75729PA0050102

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

Geisinger All-Access PPO 20/40/500

Gold

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	368.66	368.66	350.22	350.22	350.22	350.22	368.66	368.66	460.82	460.82	442.39	442.39
15	401.42	401.42	381.35	381.35	381.35	381.35	401.42	401.42	501.78	501.78	481.71	481.71
16	413.95	413.95	393.26	393.26	393.26	393.26	413.95	413.95	517.44	517.44	496.74	496.74
17	426.48	426.48	405.16	405.16	405.16	405.16	426.48	426.48	533.10	533.10	511.78	511.78
18	439.98	439.98	417.98	417.98	417.98	417.98	439.98	439.98	549.97	549.97	527.97	527.97
19	453.47	453.47	430.80	430.80	430.80	430.80	453.47	453.47	566.84	566.84	544.16	544.16
20	467.44	467.44	444.07	444.07	444.07	444.07	467.44	467.44	584.31	584.31	560.93	560.93
21	481.91	481.91	457.81	457.81	457.81	457.81	481.91	481.91	602.38	602.38	578.29	578.29
22	481.91	481.91	457.81	457.81	457.81	457.81	481.91	481.91	602.38	602.38	578.29	578.29
23	481.91	481.91	457.81	457.81	457.81	457.81	481.91	481.91	602.38	602.38	578.29	578.29
24	481.91	481.91	457.81	457.81	457.81	457.81	481.91	481.91	602.38	602.38	578.29	578.29
25	483.83	483.83	459.64	459.64	459.64	459.64	483.83	483.83	604.79	604.79	580.60	580.60
26	493.47	493.47	468.79	468.79	468.79	468.79	493.47	493.47	616.83	616.83	592.16	592.16
27	505.03	505.03	479.78	479.78	479.78	479.78	505.03	505.03	631.29	631.29	606.04	606.04
28	523.83	523.83	497.64	497.64	497.64	497.64	523.83	523.83	654.78	654.78	628.59	628.59
29	539.25	539.25	512.29	512.29	512.29	512.29	539.25	539.25	674.06	674.06	647.10	647.10
30	546.96	546.96	519.61	519.61	519.61	519.61	546.96	546.96	683.70	683.70	656.35	656.35
31	558.52	558.52	530.60	530.60	530.60	530.60	558.52	558.52	698.16	698.16	670.23	670.23
32	570.09	570.09	541.59	541.59	541.59	541.59	570.09	570.09	712.61	712.61	684.11	684.11
33	577.32	577.32	548.45	548.45	548.45	548.45	577.32	577.32	721.65	721.65	692.78	692.78
34	585.03	585.03	555.78	555.78	555.78	555.78	585.03	585.03	731.29	731.29	702.03	702.03
35	588.88	588.88	559.44	559.44	559.44	559.44	588.88	588.88	736.11	736.11	706.66	706.66
36	592.74	592.74	563.10	563.10	563.10	563.10	592.74	592.74	740.92	740.92	711.29	711.29
37	596.59	596.59	566.76	566.76	566.76	566.76	596.59	596.59	745.74	745.74	715.91	715.91
38	600.45	600.45	570.43	570.43	570.43	570.43	600.45	600.45	750.56	750.56	720.54	720.54
39	608.16	608.16	577.75	577.75	577.75	577.75	608.16	608.16	760.20	760.20	729.79	729.79
40	615.87	615.87	585.08	585.08	585.08	585.08	615.87	615.87	769.84	769.84	739.04	739.04
41	627.44	627.44	596.06	596.06	596.06	596.06	627.44	627.44	784.30	784.30	752.92	752.92
42	638.52	638.52	606.59	606.59	606.59	606.59	638.52	638.52	798.15	798.15	766.22	766.22
43	653.94	653.94	621.24	621.24	621.24	621.24	653.94	653.94	817.43	817.43	784.73	784.73
44	673.22	673.22	639.56	639.56	639.56	639.56	673.22	673.22	841.52	841.52	807.86	807.86
45	695.87	695.87	661.07	661.07	661.07	661.07	695.87	695.87	869.83	869.83	835.04	835.04
46	722.85	722.85	686.71	686.71	686.71	686.71	722.85	722.85	903.57	903.57	867.42	867.42
47	753.21	753.21	715.55	715.55	715.55	715.55	753.21	753.21	941.52	941.52	903.86	903.86
48	787.91	787.91	748.51	748.51	748.51	748.51	787.91	787.91	984.89	984.89	945.49	945.49
49	822.12	822.12	781.02	781.02	781.02	781.02	822.12	822.12	1,027.66	1,027.66	986.55	986.55
50	860.68	860.68	817.64	817.64	817.64	817.64	860.68	860.68	1,075.85	1,075.85	1,032.81	1,032.81
51	898.75	898.75	853.81	853.81	853.81	853.81	898.75	898.75	1,123.43	1,123.43	1,078.50	1,078.50
52	940.67	940.67	893.64	893.64	893.64	893.64	940.67	940.67	1,175.84	1,175.84	1,128.81	1,128.81
53	983.08	983.08	933.93	933.93	933.93	933.93	983.08	983.08	1,228.85	1,228.85	1,179.70	1,179.70
54	1,028.86	1,028.86	977.42	977.42	977.42	977.42	1,028.86	1,028.86	1,286.08	1,286.08	1,234.63	1,234.63
55	1,074.64	1,074.64	1,020.91	1,020.91	1,020.91	1,020.91	1,074.64	1,074.64	1,343.30	1,343.30	1,289.57	1,289.57
56	1,124.28	1,124.28	1,068.06	1,068.06	1,068.06	1,068.06	1,124.28	1,124.28	1,405.35	1,405.35	1,349.13	1,349.13
57	1,174.40	1,174.40	1,115.68	1,115.68	1,115.68	1,115.68	1,174.40	1,174.40	1,467.99	1,467.99	1,409.27	1,409.27
58	1,227.89	1,227.89	1,166.49	1,166.49	1,166.49	1,166.49	1,227.89	1,227.89	1,534.86	1,534.86	1,473.46	1,473.46
59	1,254.39	1,254.39	1,191.67	1,191.67	1,191.67	1,191.67	1,254.39	1,254.39	1,567.99	1,567.99	1,505.27	1,505.27
60	1,307.88	1,307.88	1,242.49	1,242.49	1,242.49	1,242.49	1,307.88	1,307.88	1,634.85	1,634.85	1,569.46	1,569.46
61	1,354.14	1,354.14	1,286.44	1,286.44	1,286.44	1,286.44	1,354.14	1,354.14	1,692.68	1,692.68	1,624.97	1,624.97
62	1,384.50	1,384.50	1,315.28	1,315.28	1,315.28	1,315.28	1,384.50	1,384.50	1,730.63	1,730.63	1,661.41	1,661.41
63	1,422.57	1,422.57	1,351.45	1,351.45	1,351.45	1,351.45	1,422.57	1,422.57	1,778.22	1,778.22	1,707.09	1,707.09
64 and Over	1,445.71	1,445.71	1,373.42	1,373.42	1,373.42	1,373.42	1,445.71	1,445.71	1,807.13	1,807.13	1,734.85	1,734.85

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

75729PA0050102