

# Geisinger All-Access PPO 25/50/2000 1x ded

## Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000/\$2,000	\$10,000/\$20,000
Coinsurance	0%	30%
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	\$25	30% after deductible
Specialist - Office Visit	\$50	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>	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 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 - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment <sup>3</sup>	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	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**

**75729PA0050127**

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	347.94	347.94	330.55	330.55	330.55	330.55	347.94	347.94	434.93	434.93	417.53	417.53
15	378.87	378.87	359.93	359.93	359.93	359.93	378.87	378.87	473.59	473.59	454.65	454.65
16	390.70	390.70	371.16	371.16	371.16	371.16	390.70	390.70	488.37	488.37	468.84	468.84
17	402.52	402.52	382.40	382.40	382.40	382.40	402.52	402.52	503.15	503.15	483.03	483.03
18	415.26	415.26	394.50	394.50	394.50	394.50	415.26	415.26	519.07	519.07	498.31	498.31
19	427.99	427.99	406.59	406.59	406.59	406.59	427.99	427.99	534.99	534.99	513.59	513.59
20	441.18	441.18	419.12	419.12	419.12	419.12	441.18	441.18	551.48	551.48	529.42	529.42
21	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
22	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
23	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
24	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
25	456.65	456.65	433.82	433.82	433.82	433.82	456.65	456.65	570.81	570.81	547.98	547.98
26	465.74	465.74	442.46	442.46	442.46	442.46	465.74	465.74	582.18	582.18	558.89	558.89
27	476.66	476.66	452.83	452.83	452.83	452.83	476.66	476.66	595.83	595.83	571.99	571.99
28	494.40	494.40	469.68	469.68	469.68	469.68	494.40	494.40	618.00	618.00	593.28	593.28
29	508.95	508.95	483.51	483.51	483.51	483.51	508.95	508.95	636.19	636.19	610.74	610.74
30	516.23	516.23	490.42	490.42	490.42	490.42	516.23	516.23	645.29	645.29	619.48	619.48
31	527.15	527.15	500.79	500.79	500.79	500.79	527.15	527.15	658.93	658.93	632.58	632.58
32	538.06	538.06	511.16	511.16	511.16	511.16	538.06	538.06	672.58	672.58	645.68	645.68
33	544.89	544.89	517.64	517.64	517.64	517.64	544.89	544.89	681.11	681.11	653.86	653.86
34	552.16	552.16	524.55	524.55	524.55	524.55	552.16	552.16	690.20	690.20	662.59	662.59
35	555.80	555.80	528.01	528.01	528.01	528.01	555.80	555.80	694.75	694.75	666.96	666.96
36	559.44	559.44	531.47	531.47	531.47	531.47	559.44	559.44	699.30	699.30	671.33	671.33
37	563.08	563.08	534.92	534.92	534.92	534.92	563.08	563.08	703.85	703.85	675.69	675.69
38	566.72	566.72	538.38	538.38	538.38	538.38	566.72	566.72	708.40	708.40	680.06	680.06
39	573.99	573.99	545.29	545.29	545.29	545.29	573.99	573.99	717.49	717.49	688.79	688.79
40	581.27	581.27	552.21	552.21	552.21	552.21	581.27	581.27	726.59	726.59	697.53	697.53
41	592.19	592.19	562.58	562.58	562.58	562.58	592.19	592.19	740.23	740.23	710.62	710.62
42	602.65	602.65	572.52	572.52	572.52	572.52	602.65	602.65	753.31	753.31	723.18	723.18
43	617.20	617.20	586.34	586.34	586.34	586.34	617.20	617.20	771.50	771.50	740.64	740.64
44	635.40	635.40	603.63	603.63	603.63	603.63	635.40	635.40	794.25	794.25	762.48	762.48
45	656.77	656.77	623.93	623.93	623.93	623.93	656.77	656.77	820.97	820.97	788.13	788.13
46	682.24	682.24	648.13	648.13	648.13	648.13	682.24	682.24	852.80	852.80	818.69	818.69
47	710.90	710.90	675.35	675.35	675.35	675.35	710.90	710.90	888.62	888.62	853.08	853.08
48	743.65	743.65	706.46	706.46	706.46	706.46	743.65	743.65	929.56	929.56	892.37	892.37
49	775.94	775.94	737.14	737.14	737.14	737.14	775.94	775.94	969.92	969.92	931.13	931.13
50	812.32	812.32	771.71	771.71	771.71	771.71	812.32	812.32	1,015.41	1,015.41	974.79	974.79
51	848.26	848.26	805.84	805.84	805.84	805.84	848.26	848.26	1,060.32	1,060.32	1,017.91	1,017.91
52	887.83	887.83	843.43	843.43	843.43	843.43	887.83	887.83	1,109.78	1,109.78	1,065.39	1,065.39
53	927.85	927.85	881.46	881.46	881.46	881.46	927.85	927.85	1,159.81	1,159.81	1,113.42	1,113.42
54	971.06	971.06	922.51	922.51	922.51	922.51	971.06	971.06	1,213.82	1,213.82	1,165.27	1,165.27
55	1,014.27	1,014.27	963.56	963.56	963.56	963.56	1,014.27	1,014.27	1,267.84	1,267.84	1,217.12	1,217.12
56	1,061.12	1,061.12	1,008.06	1,008.06	1,008.06	1,008.06	1,061.12	1,061.12	1,326.40	1,326.40	1,273.34	1,273.34
57	1,108.42	1,108.42	1,053.00	1,053.00	1,053.00	1,053.00	1,108.42	1,108.42	1,385.52	1,385.52	1,330.10	1,330.10
58	1,158.90	1,158.90	1,100.96	1,100.96	1,100.96	1,100.96	1,158.90	1,158.90	1,448.63	1,448.63	1,390.69	1,390.69
59	1,183.92	1,183.92	1,124.72	1,124.72	1,124.72	1,124.72	1,183.92	1,183.92	1,479.90	1,479.90	1,420.70	1,420.70
60	1,234.41	1,234.41	1,172.69	1,172.69	1,172.69	1,172.69	1,234.41	1,234.41	1,543.01	1,543.01	1,481.29	1,481.29
61	1,278.07	1,278.07	1,214.17	1,214.17	1,214.17	1,214.17	1,278.07	1,278.07	1,597.59	1,597.59	1,533.68	1,533.68
62	1,306.72	1,306.72	1,241.39	1,241.39	1,241.39	1,241.39	1,306.72	1,306.72	1,633.40	1,633.40	1,568.07	1,568.07
63	1,342.66	1,342.66	1,275.52	1,275.52	1,275.52	1,275.52	1,342.66	1,342.66	1,678.32	1,678.32	1,611.19	1,611.19
64 and Over	1,364.49	1,364.49	1,296.26	1,296.26	1,296.26	1,296.26	1,364.49	1,364.49	1,705.61	1,705.61	1,637.38	1,637.38

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

**75729PA0050127**