

# Geisinger All-Access PPO 25/50/3300

## Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	3,300/\$6,600	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,550/\$17,100	\$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 after deductible	\$200 after deductible
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)	0% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% 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**

**75729PA0050071**

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	331.98	331.98	315.38	315.38	315.38	315.38	331.98	331.98	414.98	414.98	398.38	398.38
15	361.49	361.49	343.42	343.42	343.42	343.42	361.49	361.49	451.86	451.86	433.79	433.79
16	372.77	372.77	354.14	354.14	354.14	354.14	372.77	372.77	465.97	465.97	447.33	447.33
17	384.06	384.06	364.85	364.85	364.85	364.85	384.06	384.06	480.07	480.07	460.87	460.87
18	396.21	396.21	376.40	376.40	376.40	376.40	396.21	396.21	495.26	495.26	475.45	475.45
19	408.36	408.36	387.94	387.94	387.94	387.94	408.36	408.36	510.45	510.45	490.03	490.03
20	420.94	420.94	399.90	399.90	399.90	399.90	420.94	420.94	526.18	526.18	505.13	505.13
21	433.97	433.97	412.27	412.27	412.27	412.27	433.97	433.97	542.46	542.46	520.76	520.76
22	433.97	433.97	412.27	412.27	412.27	412.27	433.97	433.97	542.46	542.46	520.76	520.76
23	433.97	433.97	412.27	412.27	412.27	412.27	433.97	433.97	542.46	542.46	520.76	520.76
24	433.97	433.97	412.27	412.27	412.27	412.27	433.97	433.97	542.46	542.46	520.76	520.76
25	435.70	435.70	413.91	413.91	413.91	413.91	435.70	435.70	544.62	544.62	522.84	522.84
26	444.38	444.38	422.16	422.16	422.16	422.16	444.38	444.38	555.47	555.47	533.25	533.25
27	454.79	454.79	432.05	432.05	432.05	432.05	454.79	454.79	568.49	568.49	545.75	545.75
28	471.72	471.72	448.13	448.13	448.13	448.13	471.72	471.72	589.65	589.65	566.06	566.06
29	485.60	485.60	461.32	461.32	461.32	461.32	485.60	485.60	607.01	607.01	582.73	582.73
30	492.55	492.55	467.92	467.92	467.92	467.92	492.55	492.55	615.69	615.69	591.06	591.06
31	502.96	502.96	477.81	477.81	477.81	477.81	502.96	502.96	628.70	628.70	603.56	603.56
32	513.38	513.38	487.71	487.71	487.71	487.71	513.38	513.38	641.72	641.72	616.05	616.05
33	519.89	519.89	493.89	493.89	493.89	493.89	519.89	519.89	649.86	649.86	623.87	623.87
34	526.83	526.83	500.49	500.49	500.49	500.49	526.83	526.83	658.54	658.54	632.20	632.20
35	530.30	530.30	503.79	503.79	503.79	503.79	530.30	530.30	662.88	662.88	636.36	636.36
36	533.77	533.77	507.09	507.09	507.09	507.09	533.77	533.77	667.22	667.22	640.53	640.53
37	537.25	537.25	510.38	510.38	510.38	510.38	537.25	537.25	671.56	671.56	644.70	644.70
38	540.72	540.72	513.68	513.68	513.68	513.68	540.72	540.72	675.90	675.90	648.86	648.86
39	547.66	547.66	520.28	520.28	520.28	520.28	547.66	547.66	684.58	684.58	657.19	657.19
40	554.60	554.60	526.87	526.87	526.87	526.87	554.60	554.60	693.26	693.26	665.53	665.53
41	565.02	565.02	536.77	536.77	536.77	536.77	565.02	565.02	706.27	706.27	678.02	678.02
42	575.00	575.00	546.25	546.25	546.25	546.25	575.00	575.00	718.75	718.75	690.00	690.00
43	588.89	588.89	559.44	559.44	559.44	559.44	588.89	588.89	736.11	736.11	706.67	706.67
44	606.25	606.25	575.93	575.93	575.93	575.93	606.25	606.25	757.81	757.81	727.50	727.50
45	626.64	626.64	595.31	595.31	595.31	595.31	626.64	626.64	783.30	783.30	751.97	751.97
46	650.94	650.94	618.40	618.40	618.40	618.40	650.94	650.94	813.68	813.68	781.13	781.13
47	678.28	678.28	644.37	644.37	644.37	644.37	678.28	678.28	847.86	847.86	813.94	813.94
48	709.53	709.53	674.05	674.05	674.05	674.05	709.53	709.53	886.91	886.91	851.44	851.44
49	740.34	740.34	703.32	703.32	703.32	703.32	740.34	740.34	925.43	925.43	888.41	888.41
50	775.06	775.06	736.31	736.31	736.31	736.31	775.06	775.06	968.82	968.82	930.07	930.07
51	809.34	809.34	768.87	768.87	768.87	768.87	809.34	809.34	1,011.68	1,011.68	971.21	971.21
52	847.10	847.10	804.74	804.74	804.74	804.74	847.10	847.10	1,058.87	1,058.87	1,016.51	1,016.51
53	885.28	885.28	841.02	841.02	841.02	841.02	885.28	885.28	1,106.61	1,106.61	1,062.34	1,062.34
54	926.51	926.51	880.19	880.19	880.19	880.19	926.51	926.51	1,158.14	1,158.14	1,111.81	1,111.81
55	967.74	967.74	919.35	919.35	919.35	919.35	967.74	967.74	1,209.67	1,209.67	1,161.28	1,161.28
56	1,012.44	1,012.44	961.81	961.81	961.81	961.81	1,012.44	1,012.44	1,265.54	1,265.54	1,214.92	1,214.92
57	1,057.57	1,057.57	1,004.69	1,004.69	1,004.69	1,004.69	1,057.57	1,057.57	1,321.96	1,321.96	1,269.08	1,269.08
58	1,105.74	1,105.74	1,050.45	1,050.45	1,050.45	1,050.45	1,105.74	1,105.74	1,382.17	1,382.17	1,326.89	1,326.89
59	1,129.61	1,129.61	1,073.13	1,073.13	1,073.13	1,073.13	1,129.61	1,129.61	1,412.01	1,412.01	1,355.53	1,355.53
60	1,177.78	1,177.78	1,118.89	1,118.89	1,118.89	1,118.89	1,177.78	1,177.78	1,472.22	1,472.22	1,413.33	1,413.33
61	1,219.44	1,219.44	1,158.46	1,158.46	1,158.46	1,158.46	1,219.44	1,219.44	1,524.30	1,524.30	1,463.32	1,463.32
62	1,246.78	1,246.78	1,184.44	1,184.44	1,184.44	1,184.44	1,246.78	1,246.78	1,558.47	1,558.47	1,496.13	1,496.13
63	1,281.06	1,281.06	1,217.01	1,217.01	1,217.01	1,217.01	1,281.06	1,281.06	1,601.32	1,601.32	1,537.27	1,537.27
64 and Over	1,301.89	1,301.89	1,236.79	1,236.79	1,236.79	1,236.79	1,301.89	1,301.89	1,627.36	1,627.36	1,562.27	1,562.27

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

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