

Geisinger All-Access PPO 25/50/4500 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)	\$4,500/\$4,500	\$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 ¹	\$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) ²	\$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 ³	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

75729PA0050137

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	320.79	320.79	304.75	304.75	304.75	304.75	320.79	320.79	400.98	400.98	384.94	384.94
15	349.30	349.30	331.83	331.83	331.83	331.83	349.30	349.30	436.62	436.62	419.16	419.16
16	360.20	360.20	342.19	342.19	342.19	342.19	360.20	360.20	450.25	450.25	432.24	432.24
17	371.10	371.10	352.55	352.55	352.55	352.55	371.10	371.10	463.88	463.88	445.33	445.33
18	382.85	382.85	363.70	363.70	363.70	363.70	382.85	382.85	478.56	478.56	459.41	459.41
19	394.59	394.59	374.86	374.86	374.86	374.86	394.59	394.59	493.23	493.23	473.50	473.50
20	406.75	406.75	386.41	386.41	386.41	386.41	406.75	406.75	508.43	508.43	488.10	488.10
21	419.33	419.33	398.37	398.37	398.37	398.37	419.33	419.33	524.16	524.16	503.20	503.20
22	419.33	419.33	398.37	398.37	398.37	398.37	419.33	419.33	524.16	524.16	503.20	503.20
23	419.33	419.33	398.37	398.37	398.37	398.37	419.33	419.33	524.16	524.16	503.20	503.20
24	419.33	419.33	398.37	398.37	398.37	398.37	419.33	419.33	524.16	524.16	503.20	503.20
25	421.00	421.00	399.95	399.95	399.95	399.95	421.00	421.00	526.26	526.26	505.21	505.21
26	429.39	429.39	407.92	407.92	407.92	407.92	429.39	429.39	536.74	536.74	515.27	515.27
27	439.45	439.45	417.48	417.48	417.48	417.48	439.45	439.45	549.32	549.32	527.35	527.35
28	455.81	455.81	433.02	433.02	433.02	433.02	455.81	455.81	569.76	569.76	546.97	546.97
29	469.23	469.23	445.77	445.77	445.77	445.77	469.23	469.23	586.53	586.53	563.07	563.07
30	475.94	475.94	452.14	452.14	452.14	452.14	475.94	475.94	594.92	594.92	571.12	571.12
31	486.00	486.00	461.70	461.70	461.70	461.70	486.00	486.00	607.50	607.50	583.20	583.20
32	496.06	496.06	471.26	471.26	471.26	471.26	496.06	496.06	620.08	620.08	595.28	595.28
33	502.35	502.35	477.24	477.24	477.24	477.24	502.35	502.35	627.94	627.94	602.82	602.82
34	509.06	509.06	483.61	483.61	483.61	483.61	509.06	509.06	636.33	636.33	610.88	610.88
35	512.42	512.42	486.80	486.80	486.80	486.80	512.42	512.42	640.52	640.52	614.90	614.90
36	515.77	515.77	489.98	489.98	489.98	489.98	515.77	515.77	644.72	644.72	618.93	618.93
37	519.13	519.13	493.17	493.17	493.17	493.17	519.13	519.13	648.91	648.91	622.95	622.95
38	522.48	522.48	496.36	496.36	496.36	496.36	522.48	522.48	653.10	653.10	626.98	626.98
39	529.19	529.19	502.73	502.73	502.73	502.73	529.19	529.19	661.49	661.49	635.03	635.03
40	535.90	535.90	509.10	509.10	509.10	509.10	535.90	535.90	669.87	669.87	643.08	643.08
41	545.96	545.96	518.67	518.67	518.67	518.67	545.96	545.96	682.45	682.45	655.16	655.16
42	555.61	555.61	527.83	527.83	527.83	527.83	555.61	555.61	694.51	694.51	666.73	666.73
43	569.03	569.03	540.58	540.58	540.58	540.58	569.03	569.03	711.28	711.28	682.83	682.83
44	585.80	585.80	556.51	556.51	556.51	556.51	585.80	585.80	732.25	732.25	702.96	702.96
45	605.51	605.51	575.23	575.23	575.23	575.23	605.51	605.51	756.89	756.89	726.61	726.61
46	628.99	628.99	597.54	597.54	597.54	597.54	628.99	628.99	786.24	786.24	754.79	754.79
47	655.41	655.41	622.64	622.64	622.64	622.64	655.41	655.41	819.26	819.26	786.49	786.49
48	685.60	685.60	651.32	651.32	651.32	651.32	685.60	685.60	857.00	857.00	822.72	822.72
49	715.37	715.37	679.60	679.60	679.60	679.60	715.37	715.37	894.21	894.21	858.45	858.45
50	748.92	748.92	711.47	711.47	711.47	711.47	748.92	748.92	936.15	936.15	898.70	898.70
51	782.04	782.04	742.94	742.94	742.94	742.94	782.04	782.04	977.56	977.56	938.45	938.45
52	818.53	818.53	777.60	777.60	777.60	777.60	818.53	818.53	1,023.16	1,023.16	982.23	982.23
53	855.43	855.43	812.66	812.66	812.66	812.66	855.43	855.43	1,069.28	1,069.28	1,026.51	1,026.51
54	895.26	895.26	850.50	850.50	850.50	850.50	895.26	895.26	1,119.08	1,119.08	1,074.32	1,074.32
55	935.10	935.10	888.34	888.34	888.34	888.34	935.10	935.10	1,168.87	1,168.87	1,122.12	1,122.12
56	978.29	978.29	929.38	929.38	929.38	929.38	978.29	978.29	1,222.86	1,222.86	1,173.95	1,173.95
57	1,021.90	1,021.90	970.80	970.80	970.80	970.80	1,021.90	1,021.90	1,277.37	1,277.37	1,226.28	1,226.28
58	1,068.45	1,068.45	1,015.02	1,015.02	1,015.02	1,015.02	1,068.45	1,068.45	1,335.56	1,335.56	1,282.13	1,282.13
59	1,091.51	1,091.51	1,036.93	1,036.93	1,036.93	1,036.93	1,091.51	1,091.51	1,364.39	1,364.39	1,309.81	1,309.81
60	1,138.05	1,138.05	1,081.15	1,081.15	1,081.15	1,081.15	1,138.05	1,138.05	1,422.57	1,422.57	1,365.66	1,365.66
61	1,178.31	1,178.31	1,119.39	1,119.39	1,119.39	1,119.39	1,178.31	1,178.31	1,472.89	1,472.89	1,413.97	1,413.97
62	1,204.73	1,204.73	1,144.49	1,144.49	1,144.49	1,144.49	1,204.73	1,204.73	1,505.91	1,505.91	1,445.67	1,445.67
63	1,237.85	1,237.85	1,175.96	1,175.96	1,175.96	1,175.96	1,237.85	1,237.85	1,547.32	1,547.32	1,485.42	1,485.42
64 and Over	1,257.98	1,257.98	1,195.08	1,195.08	1,195.08	1,195.08	1,257.98	1,257.98	1,572.48	1,572.48	1,509.58	1,509.58

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

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