

Geisinger All-Access PPO 30/60/6000

Silver

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$6,000/\$12,000	\$12,000/\$24,000
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	\$30	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250 copay after deductible	\$250 copay after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$30	\$30
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 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) ²	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$30	30% after deductible
Substance Abuse Disorder Outpatient Services	\$30	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment ³	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	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	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$45 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	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

75729PA0050073

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	272.17	272.17	258.56	258.56	258.56	258.56	272.17	272.17	340.21	340.21	326.60	326.60
15	296.36	296.36	281.54	281.54	281.54	281.54	296.36	296.36	370.45	370.45	355.63	355.63
16	305.61	305.61	290.33	290.33	290.33	290.33	305.61	305.61	382.01	382.01	366.73	366.73
17	314.86	314.86	299.12	299.12	299.12	299.12	314.86	314.86	393.58	393.58	377.83	377.83
18	324.82	324.82	308.58	308.58	308.58	308.58	324.82	324.82	406.03	406.03	389.79	389.79
19	334.79	334.79	318.05	318.05	318.05	318.05	334.79	334.79	418.48	418.48	401.74	401.74
20	345.10	345.10	327.85	327.85	327.85	327.85	345.10	345.10	431.38	431.38	414.12	414.12
21	355.78	355.78	337.99	337.99	337.99	337.99	355.78	355.78	444.72	444.72	426.94	426.94
22	355.78	355.78	337.99	337.99	337.99	337.99	355.78	355.78	444.72	444.72	426.94	426.94
23	355.78	355.78	337.99	337.99	337.99	337.99	355.78	355.78	444.72	444.72	426.94	426.94
24	355.78	355.78	337.99	337.99	337.99	337.99	355.78	355.78	444.72	444.72	426.94	426.94
25	357.20	357.20	339.34	339.34	339.34	339.34	357.20	357.20	446.50	446.50	428.64	428.64
26	364.31	364.31	346.10	346.10	346.10	346.10	364.31	364.31	455.39	455.39	437.18	437.18
27	372.85	372.85	354.21	354.21	354.21	354.21	372.85	372.85	466.07	466.07	447.42	447.42
28	386.73	386.73	367.39	367.39	367.39	367.39	386.73	386.73	483.41	483.41	464.07	464.07
29	398.11	398.11	378.21	378.21	378.21	378.21	398.11	398.11	497.64	497.64	477.74	477.74
30	403.81	403.81	383.62	383.62	383.62	383.62	403.81	403.81	504.76	504.76	484.57	484.57
31	412.34	412.34	391.73	391.73	391.73	391.73	412.34	412.34	515.43	515.43	494.81	494.81
32	420.88	420.88	399.84	399.84	399.84	399.84	420.88	420.88	526.10	526.10	505.06	505.06
33	426.22	426.22	404.91	404.91	404.91	404.91	426.22	426.22	532.77	532.77	511.46	511.46
34	431.91	431.91	410.32	410.32	410.32	410.32	431.91	431.91	539.89	539.89	518.29	518.29
35	434.76	434.76	413.02	413.02	413.02	413.02	434.76	434.76	543.45	543.45	521.71	521.71
36	437.60	437.60	415.72	415.72	415.72	415.72	437.60	437.60	547.01	547.01	525.13	525.13
37	440.45	440.45	418.43	418.43	418.43	418.43	440.45	440.45	550.56	550.56	528.54	528.54
38	443.30	443.30	421.13	421.13	421.13	421.13	443.30	443.30	554.12	554.12	531.96	531.96
39	448.99	448.99	426.54	426.54	426.54	426.54	448.99	448.99	561.24	561.24	538.79	538.79
40	454.68	454.68	431.95	431.95	431.95	431.95	454.68	454.68	568.35	568.35	545.62	545.62
41	463.22	463.22	440.06	440.06	440.06	440.06	463.22	463.22	579.03	579.03	555.86	555.86
42	471.40	471.40	447.83	447.83	447.83	447.83	471.40	471.40	589.25	589.25	565.68	565.68
43	482.79	482.79	458.65	458.65	458.65	458.65	482.79	482.79	603.49	603.49	579.35	579.35
44	497.02	497.02	472.17	472.17	472.17	472.17	497.02	497.02	621.27	621.27	596.42	596.42
45	513.74	513.74	488.05	488.05	488.05	488.05	513.74	513.74	642.18	642.18	616.49	616.49
46	533.66	533.66	506.98	506.98	506.98	506.98	533.66	533.66	667.08	667.08	640.40	640.40
47	556.08	556.08	528.27	528.27	528.27	528.27	556.08	556.08	695.10	695.10	667.29	667.29
48	581.69	581.69	552.61	552.61	552.61	552.61	581.69	581.69	727.12	727.12	698.03	698.03
49	606.95	606.95	576.61	576.61	576.61	576.61	606.95	606.95	758.69	758.69	728.34	728.34
50	635.42	635.42	603.65	603.65	603.65	603.65	635.42	635.42	794.27	794.27	762.50	762.50
51	663.52	663.52	630.35	630.35	630.35	630.35	663.52	663.52	829.40	829.40	796.23	796.23
52	694.47	694.47	659.75	659.75	659.75	659.75	694.47	694.47	868.09	868.09	833.37	833.37
53	725.78	725.78	689.49	689.49	689.49	689.49	725.78	725.78	907.23	907.23	870.94	870.94
54	759.58	759.58	721.60	721.60	721.60	721.60	759.58	759.58	949.48	949.48	911.50	911.50
55	793.38	793.38	753.71	753.71	753.71	753.71	793.38	793.38	991.73	991.73	952.06	952.06
56	830.03	830.03	788.52	788.52	788.52	788.52	830.03	830.03	1,037.53	1,037.53	996.03	996.03
57	867.03	867.03	823.67	823.67	823.67	823.67	867.03	867.03	1,083.78	1,083.78	1,040.43	1,040.43
58	906.52	906.52	861.19	861.19	861.19	861.19	906.52	906.52	1,133.15	1,133.15	1,087.82	1,087.82
59	926.08	926.08	879.78	879.78	879.78	879.78	926.08	926.08	1,157.61	1,157.61	1,111.30	1,111.30
60	965.58	965.58	917.30	917.30	917.30	917.30	965.58	965.58	1,206.97	1,206.97	1,158.69	1,158.69
61	999.73	999.73	949.74	949.74	949.74	949.74	999.73	999.73	1,249.66	1,249.66	1,199.68	1,199.68
62	1,022.14	1,022.14	971.04	971.04	971.04	971.04	1,022.14	1,022.14	1,277.68	1,277.68	1,226.57	1,226.57
63	1,050.25	1,050.25	997.74	997.74	997.74	997.74	1,050.25	1,050.25	1,312.81	1,312.81	1,260.30	1,260.30
64 and Over	1,067.33	1,067.33	1,013.96	1,013.96	1,013.96	1,013.96	1,067.33	1,067.33	1,334.16	1,334.16	1,280.79	1,280.79
Rates Effective: 01/01/2024 to 03/31/2024									75729PA0050073			