

Geisinger All-Access PPO 35/70/4300

Silver

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$4,300/\$8,600	\$12,000/\$24,000
Coinsurance	0%	40%
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	\$35	40% after deductible
Specialist - Office Visit	\$70	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250 after deductible	\$250 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$35	\$35
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	\$250 after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Home Health Care Services (60 visits per year) ²	\$0	40% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	40% after deductible
Mental/Behavioral Health Outpatient Services	\$35	40% after deductible
Substance Abuse Disorder Outpatient Services	\$35	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$70	40% after deductible
Rehabilitative Speech Therapy	\$70	40% after deductible
Habilitation Services	\$70	40% after deductible
Durable Medical Equipment ³	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$70	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	\$50 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 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	40% 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

75729PA0050105

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	287.85	287.85	273.46	273.46	273.46	273.46	287.85	287.85	359.81	359.81	345.42	345.42
15	313.44	313.44	297.76	297.76	297.76	297.76	313.44	313.44	391.80	391.80	376.12	376.12
16	323.22	323.22	307.06	307.06	307.06	307.06	323.22	323.22	404.02	404.02	387.86	387.86
17	333.00	333.00	316.35	316.35	316.35	316.35	333.00	333.00	416.25	416.25	399.60	399.60
18	343.54	343.54	326.36	326.36	326.36	326.36	343.54	343.54	429.42	429.42	412.25	412.25
19	354.07	354.07	336.37	336.37	336.37	336.37	354.07	354.07	442.59	442.59	424.89	424.89
20	364.99	364.99	346.74	346.74	346.74	346.74	364.99	364.99	456.23	456.23	437.98	437.98
21	376.28	376.28	357.47	357.47	357.47	357.47	376.28	376.28	470.35	470.35	451.53	451.53
22	376.28	376.28	357.47	357.47	357.47	357.47	376.28	376.28	470.35	470.35	451.53	451.53
23	376.28	376.28	357.47	357.47	357.47	357.47	376.28	376.28	470.35	470.35	451.53	451.53
24	376.28	376.28	357.47	357.47	357.47	357.47	376.28	376.28	470.35	470.35	451.53	451.53
25	377.78	377.78	358.89	358.89	358.89	358.89	377.78	377.78	472.22	472.22	453.33	453.33
26	385.30	385.30	366.04	366.04	366.04	366.04	385.30	385.30	481.63	481.63	462.37	462.37
27	394.34	394.34	374.62	374.62	374.62	374.62	394.34	394.34	492.92	492.92	473.20	473.20
28	409.01	409.01	388.56	388.56	388.56	388.56	409.01	409.01	511.26	511.26	490.81	490.81
29	421.05	421.05	400.00	400.00	400.00	400.00	421.05	421.05	526.31	526.31	505.26	505.26
30	427.07	427.07	405.72	405.72	405.72	405.72	427.07	427.07	533.84	533.84	512.49	512.49
31	436.10	436.10	414.30	414.30	414.30	414.30	436.10	436.10	545.13	545.13	523.32	523.32
32	445.13	445.13	422.88	422.88	422.88	422.88	445.13	445.13	556.42	556.42	534.16	534.16
33	450.78	450.78	428.24	428.24	428.24	428.24	450.78	450.78	563.47	563.47	540.93	540.93
34	456.80	456.80	433.96	433.96	433.96	433.96	456.80	456.80	571.00	571.00	548.16	548.16
35	459.81	459.81	436.82	436.82	436.82	436.82	459.81	459.81	574.76	574.76	551.77	551.77
36	462.82	462.82	439.68	439.68	439.68	439.68	462.82	462.82	578.52	578.52	555.38	555.38
37	465.83	465.83	442.54	442.54	442.54	442.54	465.83	465.83	582.28	582.28	558.99	558.99
38	468.84	468.84	445.40	445.40	445.40	445.40	468.84	468.84	586.05	586.05	562.60	562.60
39	474.86	474.86	451.11	451.11	451.11	451.11	474.86	474.86	593.57	593.57	569.83	569.83
40	480.88	480.88	456.83	456.83	456.83	456.83	480.88	480.88	601.10	601.10	577.05	577.05
41	489.91	489.91	465.41	465.41	465.41	465.41	489.91	489.91	612.39	612.39	587.89	587.89
42	498.56	498.56	473.63	473.63	473.63	473.63	498.56	498.56	623.20	623.20	598.28	598.28
43	510.60	510.60	485.07	485.07	485.07	485.07	510.60	510.60	638.25	638.25	612.72	612.72
44	525.65	525.65	499.37	499.37	499.37	499.37	525.65	525.65	657.07	657.07	630.79	630.79
45	543.34	543.34	516.17	516.17	516.17	516.17	543.34	543.34	679.17	679.17	652.01	652.01
46	564.41	564.41	536.19	536.19	536.19	536.19	564.41	564.41	705.51	705.51	677.29	677.29
47	588.12	588.12	558.71	558.71	558.71	558.71	588.12	588.12	735.15	735.15	705.74	705.74
48	615.21	615.21	584.45	584.45	584.45	584.45	615.21	615.21	769.01	769.01	738.25	738.25
49	641.92	641.92	609.83	609.83	609.83	609.83	641.92	641.92	802.40	802.40	770.31	770.31
50	672.03	672.03	638.42	638.42	638.42	638.42	672.03	672.03	840.03	840.03	806.43	806.43
51	701.75	701.75	666.66	666.66	666.66	666.66	701.75	701.75	877.19	877.19	842.10	842.10
52	734.49	734.49	697.76	697.76	697.76	697.76	734.49	734.49	918.11	918.11	881.38	881.38
53	767.60	767.60	729.22	729.22	729.22	729.22	767.60	767.60	959.50	959.50	921.12	921.12
54	803.34	803.34	763.18	763.18	763.18	763.18	803.34	803.34	1,004.18	1,004.18	964.01	964.01
55	839.09	839.09	797.14	797.14	797.14	797.14	839.09	839.09	1,048.86	1,048.86	1,006.91	1,006.91
56	877.85	877.85	833.95	833.95	833.95	833.95	877.85	877.85	1,097.31	1,097.31	1,053.42	1,053.42
57	916.98	916.98	871.13	871.13	871.13	871.13	916.98	916.98	1,146.22	1,146.22	1,100.38	1,100.38
58	958.75	958.75	910.81	910.81	910.81	910.81	958.75	958.75	1,198.43	1,198.43	1,150.50	1,150.50
59	979.44	979.44	930.47	930.47	930.47	930.47	979.44	979.44	1,224.30	1,224.30	1,175.33	1,175.33
60	1,021.21	1,021.21	970.15	970.15	970.15	970.15	1,021.21	1,021.21	1,276.51	1,276.51	1,225.45	1,225.45
61	1,057.33	1,057.33	1,004.46	1,004.46	1,004.46	1,004.46	1,057.33	1,057.33	1,321.66	1,321.66	1,268.80	1,268.80
62	1,081.04	1,081.04	1,026.98	1,026.98	1,026.98	1,026.98	1,081.04	1,081.04	1,351.29	1,351.29	1,297.24	1,297.24
63	1,110.76	1,110.76	1,055.22	1,055.22	1,055.22	1,055.22	1,110.76	1,110.76	1,388.45	1,388.45	1,332.91	1,332.91
64 and Over	1,128.82	1,128.82	1,072.38	1,072.38	1,072.38	1,072.38	1,128.82	1,128.82	1,411.03	1,411.03	1,354.59	1,354.59
Rates Effective: 01/01/2024 to 03/31/2024									75729PA0050105			