

Geisinger All-Access PPO 40/90/8400

Ex Bronze

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$8,400/\$16,800	\$15,000/\$30,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,000/\$18,000	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$40	40% after deductible
Specialist - Office Visit	\$90	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	0% after deductible	0% after deductible
Emergency Transportation(Ambulance/Air)	0% after deductible	0% after deductible
Urgent Care Centers or Facilities ¹	\$40	\$40
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% 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% after deductible	40% after deductible
Hospice Services	0% after deductible	40% after deductible
Mental/Behavioral Health Outpatient Services	\$40	40% after deductible
Substance Abuse Disorder Outpatient Services	\$40	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$90	40% after deductible
Rehabilitative Speech Therapy	\$90	40% after deductible
Habilitation Services	\$90	40% after deductible
Durable Medical Equipment ³	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	0% after deductible	Limited to In Network
Routine Eye Exam for Children	0% after deductible	Limited to In Network
Eye Glasses for Children	0% after deductible	0% after deductible
Drug EHB Deductible	Combined with Medical	NA
Mail Order Rx	0% after deductible	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	0% after deductible	Limited to In Network
Tier 4 - Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	0% after deductible	Limited to In Network
Tier 6 - Specialty Drugs	0% after deductible	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

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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	238.41	238.41	226.49	226.49	226.49	226.49	238.41	238.41	298.01	298.01	286.09	286.09
15	259.60	259.60	246.62	246.62	246.62	246.62	259.60	259.60	324.50	324.50	311.52	311.52
16	267.70	267.70	254.32	254.32	254.32	254.32	267.70	267.70	334.63	334.63	321.24	321.24
17	275.81	275.81	262.02	262.02	262.02	262.02	275.81	275.81	344.76	344.76	330.97	330.97
18	284.53	284.53	270.31	270.31	270.31	270.31	284.53	284.53	355.67	355.67	341.44	341.44
19	293.26	293.26	278.60	278.60	278.60	278.60	293.26	293.26	366.57	366.57	351.91	351.91
20	302.30	302.30	287.18	287.18	287.18	287.18	302.30	302.30	377.87	377.87	362.76	362.76
21	311.65	311.65	296.07	296.07	296.07	296.07	311.65	311.65	389.56	389.56	373.98	373.98
22	311.65	311.65	296.07	296.07	296.07	296.07	311.65	311.65	389.56	389.56	373.98	373.98
23	311.65	311.65	296.07	296.07	296.07	296.07	311.65	311.65	389.56	389.56	373.98	373.98
24	311.65	311.65	296.07	296.07	296.07	296.07	311.65	311.65	389.56	389.56	373.98	373.98
25	312.89	312.89	297.25	297.25	297.25	297.25	312.89	312.89	391.12	391.12	375.47	375.47
26	319.13	319.13	303.17	303.17	303.17	303.17	319.13	319.13	398.91	398.91	382.95	382.95
27	326.61	326.61	310.27	310.27	310.27	310.27	326.61	326.61	408.26	408.26	391.93	391.93
28	338.76	338.76	321.82	321.82	321.82	321.82	338.76	338.76	423.45	423.45	406.51	406.51
29	348.73	348.73	331.30	331.30	331.30	331.30	348.73	348.73	435.91	435.91	418.48	418.48
30	353.72	353.72	336.03	336.03	336.03	336.03	353.72	353.72	442.15	442.15	424.46	424.46
31	361.20	361.20	343.14	343.14	343.14	343.14	361.20	361.20	451.50	451.50	433.44	433.44
32	368.68	368.68	350.24	350.24	350.24	350.24	368.68	368.68	460.85	460.85	442.41	442.41
33	373.35	373.35	354.68	354.68	354.68	354.68	373.35	373.35	466.69	466.69	448.02	448.02
34	378.34	378.34	359.42	359.42	359.42	359.42	378.34	378.34	472.92	472.92	454.01	454.01
35	380.83	380.83	361.79	361.79	361.79	361.79	380.83	380.83	476.04	476.04	457.00	457.00
36	383.32	383.32	364.16	364.16	364.16	364.16	383.32	383.32	479.16	479.16	459.99	459.99
37	385.82	385.82	366.53	366.53	366.53	366.53	385.82	385.82	482.27	482.27	462.98	462.98
38	388.31	388.31	368.90	368.90	368.90	368.90	388.31	388.31	485.39	485.39	465.97	465.97
39	393.30	393.30	373.63	373.63	373.63	373.63	393.30	393.30	491.62	491.62	471.96	471.96
40	398.28	398.28	378.37	378.37	378.37	378.37	398.28	398.28	497.85	497.85	477.94	477.94
41	405.76	405.76	385.47	385.47	385.47	385.47	405.76	405.76	507.20	507.20	486.92	486.92
42	412.93	412.93	392.28	392.28	392.28	392.28	412.93	412.93	516.16	516.16	495.52	495.52
43	422.90	422.90	401.76	401.76	401.76	401.76	422.90	422.90	528.63	528.63	507.48	507.48
44	435.37	435.37	413.60	413.60	413.60	413.60	435.37	435.37	544.21	544.21	522.44	522.44
45	450.02	450.02	427.52	427.52	427.52	427.52	450.02	450.02	562.52	562.52	540.02	540.02
46	467.47	467.47	444.10	444.10	444.10	444.10	467.47	467.47	584.34	584.34	560.96	560.96
47	487.10	487.10	462.75	462.75	462.75	462.75	487.10	487.10	608.88	608.88	584.52	584.52
48	509.54	509.54	484.06	484.06	484.06	484.06	509.54	509.54	636.93	636.93	611.45	611.45
49	531.67	531.67	505.08	505.08	505.08	505.08	531.67	531.67	664.59	664.59	638.00	638.00
50	556.60	556.60	528.77	528.77	528.77	528.77	556.60	556.60	695.75	695.75	667.92	667.92
51	581.22	581.22	552.16	552.16	552.16	552.16	581.22	581.22	726.52	726.52	697.46	697.46
52	608.33	608.33	577.92	577.92	577.92	577.92	608.33	608.33	760.42	760.42	730.00	730.00
53	635.76	635.76	603.97	603.97	603.97	603.97	635.76	635.76	794.70	794.70	762.91	762.91
54	665.36	665.36	632.10	632.10	632.10	632.10	665.36	665.36	831.71	831.71	798.44	798.44
55	694.97	694.97	660.22	660.22	660.22	660.22	694.97	694.97	868.71	868.71	833.96	833.96
56	727.07	727.07	690.72	690.72	690.72	690.72	727.07	727.07	908.84	908.84	872.48	872.48
57	759.48	759.48	721.51	721.51	721.51	721.51	759.48	759.48	949.35	949.35	911.38	911.38
58	794.07	794.07	754.37	754.37	754.37	754.37	794.07	794.07	992.59	992.59	952.89	952.89
59	811.21	811.21	770.65	770.65	770.65	770.65	811.21	811.21	1,014.02	1,014.02	973.46	973.46
60	845.81	845.81	803.52	803.52	803.52	803.52	845.81	845.81	1,057.26	1,057.26	1,014.97	1,014.97
61	875.73	875.73	831.94	831.94	831.94	831.94	875.73	875.73	1,094.66	1,094.66	1,050.87	1,050.87
62	895.36	895.36	850.59	850.59	850.59	850.59	895.36	895.36	1,119.20	1,119.20	1,074.43	1,074.43
63	919.98	919.98	873.98	873.98	873.98	873.98	919.98	919.98	1,149.97	1,149.97	1,103.97	1,103.97
64 and Over	934.94	934.94	888.19	888.19	888.19	888.19	934.94	934.94	1,168.67	1,168.67	1,121.93	1,121.93

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

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