

Geisinger All-Access Extra PPO 10/60/2000

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	\$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	\$10/\$60	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities ¹	\$60	\$60
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 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 - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$60	30% after deductible
Substance Abuse Disorder Outpatient Services	\$60	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)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	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

75729PA0050133

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

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 Tobacco Status		Rating Area 3 Tobacco Status		Rating Area 5 Tobacco Status		Rating Area 6 Tobacco Status		Rating Area 7 Tobacco Status		Rating Area 9 Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			332.34	332.34			349.84	349.84			419.80	419.80
15			361.89	361.89			380.93	380.93			457.12	457.12
16			373.18	373.18			392.82	392.82			471.39	471.39
17			384.48	384.48			404.71	404.71			485.65	485.65
18			396.64	396.64			417.52	417.52			501.02	501.02
19			408.80	408.80			430.32	430.32			516.38	516.38
20			421.40	421.40			443.58	443.58			532.30	532.30
21			434.44	434.44			457.31	457.31			548.77	548.77
22			434.44	434.44			457.31	457.31			548.77	548.77
23			434.44	434.44			457.31	457.31			548.77	548.77
24			434.44	434.44			457.31	457.31			548.77	548.77
25			436.17	436.17			459.13	459.13			550.96	550.96
26			444.86	444.86			468.28	468.28			561.93	561.93
27			455.29	455.29			479.25	479.25			575.10	575.10
28			472.23	472.23			497.09	497.09			596.50	596.50
29			486.13	486.13			511.72	511.72			614.06	614.06
30			493.08	493.08			519.04	519.04			622.84	622.84
31			503.51	503.51			530.01	530.01			636.01	636.01
32			513.94	513.94			540.99	540.99			649.18	649.18
33			520.45	520.45			547.85	547.85			657.42	657.42
34			527.41	527.41			555.16	555.16			666.20	666.20
35			530.88	530.88			558.82	558.82			670.59	670.59
36			534.36	534.36			562.48	562.48			674.98	674.98
37			537.83	537.83			566.14	566.14			679.37	679.37
38			541.31	541.31			569.80	569.80			683.76	683.76
39			548.26	548.26			577.11	577.11			692.54	692.54
40			555.21	555.21			584.43	584.43			701.32	701.32
41			565.64	565.64			595.41	595.41			714.49	714.49
42			575.63	575.63			605.92	605.92			727.11	727.11
43			589.53	589.53			620.56	620.56			744.67	744.67
44			606.91	606.91			638.85	638.85			766.62	766.62
45			627.33	627.33			660.34	660.34			792.41	792.41
46			651.65	651.65			685.95	685.95			823.14	823.14
47			679.02	679.02			714.76	714.76			857.71	857.71
48			710.30	710.30			747.69	747.69			897.22	897.22
49			741.15	741.15			780.16	780.16			936.19	936.19
50			775.90	775.90			816.74	816.74			980.09	980.09
51			810.22	810.22			852.87	852.87			1,023.44	1,023.44
52			848.02	848.02			892.65	892.65			1,071.18	1,071.18
53			886.25	886.25			932.89	932.89			1,119.47	1,119.47
54			927.52	927.52			976.34	976.34			1,171.61	1,171.61
55			968.79	968.79			1,019.78	1,019.78			1,223.74	1,223.74
56			1,013.54	1,013.54			1,066.88	1,066.88			1,280.26	1,280.26
57			1,058.72	1,058.72			1,114.44	1,114.44			1,337.33	1,337.33
58			1,106.94	1,106.94			1,165.20	1,165.20			1,398.24	1,398.24
59			1,130.84	1,130.84			1,190.35	1,190.35			1,428.43	1,428.43
60			1,179.06	1,179.06			1,241.11	1,241.11			1,489.34	1,489.34
61			1,220.77	1,220.77			1,285.02	1,285.02			1,542.02	1,542.02
62			1,248.13	1,248.13			1,313.83	1,313.83			1,576.59	1,576.59
63			1,282.45	1,282.45			1,349.95	1,349.95			1,619.94	1,619.94
64 and Over			1,303.31	1,303.31			1,371.90	1,371.90			1,646.28	1,646.28

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

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