

Geisinger All-Access QHDHP PPO 5100

Silver

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$5,100/\$10,200	\$10,000/\$20,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$5,100/\$10,200	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	0% after deductible	40% after deductible
Specialist - Office Visit	0% after deductible	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	0% after deductible	0% after deductible
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	0% after deductible	40% after deductible
Substance Abuse Disorder Outpatient Services	0% after deductible	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible	40% after deductible
Rehabilitative Speech Therapy	0% after deductible	40% after deductible
Habilitation Services	0% after deductible	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	Limited to In Network
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		75729PA0050079

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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	295.75	295.75	280.97	280.97	280.97	280.97	295.75	295.75	369.69	369.69	354.90	354.90
15	322.04	322.04	305.94	305.94	305.94	305.94	322.04	322.04	402.55	402.55	386.45	386.45
16	332.09	332.09	315.49	315.49	315.49	315.49	332.09	332.09	415.12	415.12	398.51	398.51
17	342.15	342.15	325.04	325.04	325.04	325.04	342.15	342.15	427.68	427.68	410.58	410.58
18	352.97	352.97	335.32	335.32	335.32	335.32	352.97	352.97	441.21	441.21	423.57	423.57
19	363.80	363.80	345.61	345.61	345.61	345.61	363.80	363.80	454.75	454.75	436.56	436.56
20	375.01	375.01	356.26	356.26	356.26	356.26	375.01	375.01	468.76	468.76	450.01	450.01
21	386.61	386.61	367.28	367.28	367.28	367.28	386.61	386.61	483.26	483.26	463.93	463.93
22	386.61	386.61	367.28	367.28	367.28	367.28	386.61	386.61	483.26	483.26	463.93	463.93
23	386.61	386.61	367.28	367.28	367.28	367.28	386.61	386.61	483.26	483.26	463.93	463.93
24	386.61	386.61	367.28	367.28	367.28	367.28	386.61	386.61	483.26	483.26	463.93	463.93
25	388.15	388.15	368.74	368.74	368.74	368.74	388.15	388.15	485.19	485.19	465.78	465.78
26	395.88	395.88	376.09	376.09	376.09	376.09	395.88	395.88	494.86	494.86	475.06	475.06
27	405.16	405.16	384.90	384.90	384.90	384.90	405.16	405.16	506.45	506.45	486.20	486.20
28	420.24	420.24	399.23	399.23	399.23	399.23	420.24	420.24	525.30	525.30	504.29	504.29
29	432.61	432.61	410.98	410.98	410.98	410.98	432.61	432.61	540.77	540.77	519.13	519.13
30	438.80	438.80	416.86	416.86	416.86	416.86	438.80	438.80	548.50	548.50	526.56	526.56
31	448.08	448.08	425.67	425.67	425.67	425.67	448.08	448.08	560.10	560.10	537.69	537.69
32	457.35	457.35	434.49	434.49	434.49	434.49	457.35	457.35	571.69	571.69	548.83	548.83
33	463.15	463.15	440.00	440.00	440.00	440.00	463.15	463.15	578.94	578.94	555.78	555.78
34	469.34	469.34	445.87	445.87	445.87	445.87	469.34	469.34	586.67	586.67	563.21	563.21
35	472.43	472.43	448.81	448.81	448.81	448.81	472.43	472.43	590.54	590.54	566.92	566.92
36	475.53	475.53	451.75	451.75	451.75	451.75	475.53	475.53	594.41	594.41	570.63	570.63
37	478.62	478.62	454.69	454.69	454.69	454.69	478.62	478.62	598.27	598.27	574.34	574.34
38	481.71	481.71	457.63	457.63	457.63	457.63	481.71	481.71	602.14	602.14	578.05	578.05
39	487.90	487.90	463.50	463.50	463.50	463.50	487.90	487.90	609.87	609.87	585.48	585.48
40	494.08	494.08	469.38	469.38	469.38	469.38	494.08	494.08	617.60	617.60	592.90	592.90
41	503.36	503.36	478.19	478.19	478.19	478.19	503.36	503.36	629.20	629.20	604.03	604.03
42	512.25	512.25	486.64	486.64	486.64	486.64	512.25	512.25	640.32	640.32	614.70	614.70
43	524.62	524.62	498.39	498.39	498.39	498.39	524.62	524.62	655.78	655.78	629.55	629.55
44	540.09	540.09	513.08	513.08	513.08	513.08	540.09	540.09	675.11	675.11	648.11	648.11
45	558.26	558.26	530.35	530.35	530.35	530.35	558.26	558.26	697.82	697.82	669.91	669.91
46	579.91	579.91	550.91	550.91	550.91	550.91	579.91	579.91	724.89	724.89	695.89	695.89
47	604.27	604.27	574.05	574.05	574.05	574.05	604.27	604.27	755.33	755.33	725.12	725.12
48	632.10	632.10	600.50	600.50	600.50	600.50	632.10	632.10	790.13	790.13	758.52	758.52
49	659.55	659.55	626.57	626.57	626.57	626.57	659.55	659.55	824.44	824.44	791.46	791.46
50	690.48	690.48	655.95	655.95	655.95	655.95	690.48	690.48	863.10	863.10	828.57	828.57
51	721.02	721.02	684.97	684.97	684.97	684.97	721.02	721.02	901.28	901.28	865.22	865.22
52	754.65	754.65	716.92	716.92	716.92	716.92	754.65	754.65	943.32	943.32	905.59	905.59
53	788.68	788.68	749.24	749.24	749.24	749.24	788.68	788.68	985.85	985.85	946.41	946.41
54	825.40	825.40	784.13	784.13	784.13	784.13	825.40	825.40	1,031.75	1,031.75	990.48	990.48
55	862.13	862.13	819.02	819.02	819.02	819.02	862.13	862.13	1,077.66	1,077.66	1,034.56	1,034.56
56	901.95	901.95	856.85	856.85	856.85	856.85	901.95	901.95	1,127.44	1,127.44	1,082.34	1,082.34
57	942.16	942.16	895.05	895.05	895.05	895.05	942.16	942.16	1,177.70	1,177.70	1,130.59	1,130.59
58	985.07	985.07	935.82	935.82	935.82	935.82	985.07	985.07	1,231.34	1,231.34	1,182.09	1,182.09
59	1,006.34	1,006.34	956.02	956.02	956.02	956.02	1,006.34	1,006.34	1,257.92	1,257.92	1,207.60	1,207.60
60	1,049.25	1,049.25	996.79	996.79	996.79	996.79	1,049.25	1,049.25	1,311.56	1,311.56	1,259.10	1,259.10
61	1,086.36	1,086.36	1,032.04	1,032.04	1,032.04	1,032.04	1,086.36	1,086.36	1,357.95	1,357.95	1,303.64	1,303.64
62	1,110.72	1,110.72	1,055.18	1,055.18	1,055.18	1,055.18	1,110.72	1,110.72	1,388.40	1,388.40	1,332.86	1,332.86
63	1,141.26	1,141.26	1,084.20	1,084.20	1,084.20	1,084.20	1,141.26	1,141.26	1,426.58	1,426.58	1,369.51	1,369.51
64 and Over	1,159.82	1,159.82	1,101.83	1,101.83	1,101.83	1,101.83	1,159.82	1,159.82	1,449.77	1,449.77	1,391.78	1,391.78

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

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