

# Geisinger All-Access QHDHP PPO 7050

## Ex Bronze

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$7,050/\$14,100	\$15,000/\$30,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,050/\$14,100	\$15,000/\$30,000
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 <sup>1</sup>	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) <sup>2</sup>	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 <sup>3</sup>	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**

**75729PA0050062**

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

**Geisinger All-Access QHDHP PPO 7050**

**Ex Bronze**

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	248.15	248.15	235.74	235.74	235.74	235.74	248.15	248.15	310.18	310.18	297.78	297.78
15	270.20	270.20	256.69	256.69	256.69	256.69	270.20	270.20	337.76	337.76	324.25	324.25
16	278.64	278.64	264.71	264.71	264.71	264.71	278.64	278.64	348.30	348.30	334.37	334.37
17	287.07	287.07	272.72	272.72	272.72	272.72	287.07	287.07	358.84	358.84	344.49	344.49
18	296.15	296.15	281.35	281.35	281.35	281.35	296.15	296.15	370.19	370.19	355.39	355.39
19	305.24	305.24	289.98	289.98	289.98	289.98	305.24	305.24	381.55	381.55	366.28	366.28
20	314.64	314.64	298.91	298.91	298.91	298.91	314.64	314.64	393.30	393.30	377.57	377.57
21	324.38	324.38	308.16	308.16	308.16	308.16	324.38	324.38	405.47	405.47	389.25	389.25
22	324.38	324.38	308.16	308.16	308.16	308.16	324.38	324.38	405.47	405.47	389.25	389.25
23	324.38	324.38	308.16	308.16	308.16	308.16	324.38	324.38	405.47	405.47	389.25	389.25
24	324.38	324.38	308.16	308.16	308.16	308.16	324.38	324.38	405.47	405.47	389.25	389.25
25	325.67	325.67	309.39	309.39	309.39	309.39	325.67	325.67	407.09	407.09	390.81	390.81
26	332.16	332.16	315.55	315.55	315.55	315.55	332.16	332.16	415.20	415.20	398.59	398.59
27	339.95	339.95	322.95	322.95	322.95	322.95	339.95	339.95	424.93	424.93	407.93	407.93
28	352.60	352.60	334.97	334.97	334.97	334.97	352.60	352.60	440.74	440.74	423.11	423.11
29	362.98	362.98	344.83	344.83	344.83	344.83	362.98	362.98	453.72	453.72	435.57	435.57
30	368.17	368.17	349.76	349.76	349.76	349.76	368.17	368.17	460.21	460.21	441.80	441.80
31	375.95	375.95	357.15	357.15	357.15	357.15	375.95	375.95	469.94	469.94	451.14	451.14
32	383.74	383.74	364.55	364.55	364.55	364.55	383.74	383.74	479.67	479.67	460.48	460.48
33	388.60	388.60	369.17	369.17	369.17	369.17	388.60	388.60	485.75	485.75	466.32	466.32
34	393.79	393.79	374.10	374.10	374.10	374.10	393.79	393.79	492.24	492.24	472.55	472.55
35	396.39	396.39	376.57	376.57	376.57	376.57	396.39	396.39	495.48	495.48	475.66	475.66
36	398.98	398.98	379.03	379.03	379.03	379.03	398.98	398.98	498.73	498.73	478.78	478.78
37	401.58	401.58	381.50	381.50	381.50	381.50	401.58	401.58	501.97	501.97	481.89	481.89
38	404.17	404.17	383.96	383.96	383.96	383.96	404.17	404.17	505.21	505.21	485.01	485.01
39	409.36	409.36	388.89	388.89	388.89	388.89	409.36	409.36	511.70	511.70	491.23	491.23
40	414.55	414.55	393.82	393.82	393.82	393.82	414.55	414.55	518.19	518.19	497.46	497.46
41	422.34	422.34	401.22	401.22	401.22	401.22	422.34	422.34	527.92	527.92	506.80	506.80
42	429.80	429.80	408.31	408.31	408.31	408.31	429.80	429.80	537.25	537.25	515.76	515.76
43	440.18	440.18	418.17	418.17	418.17	418.17	440.18	440.18	550.22	550.22	528.21	528.21
44	453.15	453.15	430.49	430.49	430.49	430.49	453.15	453.15	566.44	566.44	543.78	543.78
45	468.40	468.40	444.98	444.98	444.98	444.98	468.40	468.40	585.50	585.50	562.08	562.08
46	486.56	486.56	462.23	462.23	462.23	462.23	486.56	486.56	608.20	608.20	583.88	583.88
47	507.00	507.00	481.65	481.65	481.65	481.65	507.00	507.00	633.75	633.75	608.40	608.40
48	530.35	530.35	503.84	503.84	503.84	503.84	530.35	530.35	662.94	662.94	636.42	636.42
49	553.38	553.38	525.71	525.71	525.71	525.71	553.38	553.38	691.73	691.73	664.06	664.06
50	579.33	579.33	550.37	550.37	550.37	550.37	579.33	579.33	724.17	724.17	695.20	695.20
51	604.96	604.96	574.71	574.71	574.71	574.71	604.96	604.96	756.20	756.20	725.95	725.95
52	633.18	633.18	601.52	601.52	601.52	601.52	633.18	633.18	791.48	791.48	759.82	759.82
53	661.73	661.73	628.64	628.64	628.64	628.64	661.73	661.73	827.16	827.16	794.07	794.07
54	692.54	692.54	657.91	657.91	657.91	657.91	692.54	692.54	865.68	865.68	831.05	831.05
55	723.36	723.36	687.19	687.19	687.19	687.19	723.36	723.36	904.20	904.20	868.03	868.03
56	756.77	756.77	718.93	718.93	718.93	718.93	756.77	756.77	945.96	945.96	908.12	908.12
57	790.50	790.50	750.98	750.98	750.98	750.98	790.50	790.50	988.13	988.13	948.60	948.60
58	826.51	826.51	785.18	785.18	785.18	785.18	826.51	826.51	1,033.13	1,033.13	991.81	991.81
59	844.35	844.35	802.13	802.13	802.13	802.13	844.35	844.35	1,055.44	1,055.44	1,013.22	1,013.22
60	880.35	880.35	836.34	836.34	836.34	836.34	880.35	880.35	1,100.44	1,100.44	1,056.42	1,056.42
61	911.49	911.49	865.92	865.92	865.92	865.92	911.49	911.49	1,139.37	1,139.37	1,093.79	1,093.79
62	931.93	931.93	885.33	885.33	885.33	885.33	931.93	931.93	1,164.91	1,164.91	1,118.32	1,118.32
63	957.56	957.56	909.68	909.68	909.68	909.68	957.56	957.56	1,196.94	1,196.94	1,149.07	1,149.07
64 and Over	973.13	973.13	924.47	924.47	924.47	924.47	973.13	973.13	1,216.41	1,216.41	1,167.75	1,167.75

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

**75729PA0050062**