Geisinger All-Access PPO 25/50/2000		Gold
Summary of Benefits	In-Network	Out-of-Network
Maximum Out of Pocket for Medical EHB Benefits	NA	NA
Maximum Out of Pocket for Drug EHB Benefits	NA	NA
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	\$10,000/\$20,000
Drug EHB Deductible	\$0/\$0	Limited to In Network
Combined Medical and Drug EHB Deductible	NA	NA
Coinsurance	0%	30%
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Other Practitioner Office Visit (Nurse, Physician Assistant)	\$25	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Infertility Treatment (Note Exclusions)	0% after deductible	30% after deductible
Routine Eye Exam (Adult)	Not Covered	Not Covered
Urgent Care Centers or Facilities	\$25	\$25
Home Health Care Services (60 visits per year - visit limits do not apply to mental health/ substance use disorder benefits)	\$0	30% after deductible
Emergency Room Services	\$200	\$200
Emergency Transportation (Ambulance/Air)	\$0	\$0
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Inpatient Physician and Surgical Services	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Prenatal and Postnatal Care (Office Visit)	\$0	30% after deductible
Delivery and All Inpatient Services for Maternity Care	0% after deductible	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Mental/Behavioral Health Inpatient Services	\$100 per stay after deductible	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Inpatient Services	\$100 per stay after deductible	30% after deductible
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
Tier 1 - \$0 Rx	\$0	Limited to In Network
Mail-Order Rx	1x copay	Limited to In Network
00 Day Datail	2x copay	Limited to In Network
90-Day Retail	27.00 pay	

Obstache In National State Abstack Processor Pechals Services (26 visits per henefit period)         30         30% after deductible           Habilitation Services         \$50         30% after deductible           Complete Medical Equipment (cord sharing does not apply to mental health/fulbatance used forontic         \$100 capps after deductible           Penestrive Carro/Servening/Inmunitration         \$100 capps after deductible           Requises for Children         \$50         Uninies to In Network           Replaces for Children         \$50         Uninies to In Network           Replaces for Children         \$50         S0% after deductible           Rehabilitative Pocupational and Rehabilitative Physical Therapy         \$50         S0% after deductible           Rehabilitative Speech Therapy         \$50         S0% after deductible           Rehabilitative Docupational and Rehabilitative Physical Therapy         \$50         S0% after deductible           Rehabilitative Docupational and Rehab	Outpatient Cardiac Rehabilitation Services (36 visits per benefit period)	\$0	30% after deductible
Habilitative Speech Therapy		· ·	
Habilitative Speech Threrapy		· ·	
Habilitative Occapational and Physical Therapy Chiroprocific Care (DO Visils per hemetit period) Chiroprocific Care (Soremain primarization Chiroprocific Care (Soremain primarization) Chiroprocific Care (Children) Chiroprocific Care (Children) Chiroprocific Children Chiroprocific Chi		· ·	
Chiropractic Care (20 visits per benefit period)         35         United to in Network           Durantle Medical Equipment (cost sharing does not apply to mental health/substance use disorder (aspensiol)         0% after deductible         United to in Network           Imaging (CT/PET Scans, MRis)         300 copay after deductible         10 limited to in Network           Preventive Care/Screening/Immunization         50         Limited to in Network           Residency Existent for Children         50%         50%           Evglasses for Children         50%         30% after deductible           Rehabilitative Speech Therapy         \$50         30% after deductible           Rehabilitative Speech Therapy         \$50         30% after deductible           Well Baby Visits and Care         \$0         Limited to in Network           Liboratory Outpetient         0% after deductible         30% after deductible           X-ray         0% after deductible         30% after deductible           Bacic Dental Care - Child         50% colinsurance after deductible         Limited to in Network           Chickotheria Care - Child         50% colinsurance after deductible         Limited to in Network           Major Dental Care - Child         50% colinsurance after deductible         30% after deductible           Tamplant         50% colinsurance after deductible		· ·	
Durable Medical Equipment Lost sharing does not apply to mental health/substance use disorder diagnosis. TyPET Scans, MRIk)  Imaging (CT/PET Scans, MRIk)  Preventive Curry/Screening/Immunization  So Diso Coppay after deductible  So Disorder Spee Exam for Children  So Disorder Speech Throngy  So Sc Disorder S		•	
diagnosity         O'S after deductible         Invited to In Network           Inaging (CTPET Scans, MRIx)         500 copay after deductible         30% after deductible           Pewenthe Care/Sere, ening/Immunization         50         Imitide to In Network           Routine Eye Exam for Children         50%         50%           Eyeglasses for Children         50%         30% after deductible           Rehabilitative Occupational and Rehabilitative Physical Therapy         50         30% after deductible           Well Blaby Visits and Care         50%         1 Limited to In Network           Well Blaby Visits and Care         50% after deductible         30% after deductible           Licented on Network         50% after deductible         30% after deductible           Dental Checkup for Children         50% coinsurance after deductible         30% after deductible           Basic Dental Care - Child         50% coinsurance after deductible         4 Limited to In Network           Childedutia - Child (Medically necessary)         50% coinsurance after deductible         4 Limited to In Network           Major Dental Care - Child         50% coinsurance after deductible         4 Limited to In Network           Transplant         50% coinsurance after deductible         30% after deductible           Dialysis         50% coinsurance after deductible		<b>Ψ2</b> 3	Limited to in Network
Preventive Care/Screening/Immunization		0% after deductible	Limited to In Network
Routine Eye Exam for Children	Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	30% after deductible
Eyeglasses for Children         50%         50%           Rehabilitative Speech Therapy         \$50         30% after deductible           Rehabilitative Occupational and Rehabilitative Physical Therapy         \$50         30% after deductible           Well Baby Visits and Care         \$0         Limited to In Network           Laboratory Outpatient         0% after deductible         30% after deductible           Laboratory Outpatient         0% after deductible         30% after deductible           Dental Checkup for Children         \$0         Limited to In Network           Basic Dental Care - Child         50% coinsurance after deductible         Limited to In Network deductible           Orthodontia - Child (Medicaliy necessary)         50% coinsurance after deductible         Limited to In Network deductible           Accidental Care - Child         50% coinsurance after deductible         Limited to In Network deductible           Transplant         50% coinsurance after deductible         Limited to In Network deductible           Accidental Dental (medically necessary)         0% after deductible         30% after deductible           Dialysis         0% after deductible         30% after deductible           Allergy Testing         0% after deductible         30% after deductible           Chemotherapy         0% after deductible         30% after deduc	Preventive Care/Screening/Immunization	\$0	Limited to In Network
Rehabilitative Speech Therapy         550         30% after deductible           Rehabilitative Occupational and Rehabilitative Physical Therapy         550         30% after deductible           Well Baby Visits and Care         50         Limited to In Network           Laboratory Outpatient         30% after deductible         30% after deductible           X-rays         0% after deductible         30% after deductible           Basic Dental Care - Child         50         Limited to In Network           Basic Dental Care - Child (Medically necessary)         50% coinsurance after deductible         Limited to In Network deductible           Major Dental Care - Child         50% coinsurance after deductible         Limited to In Network deductible           Accidental Dental (medically necessary)         0% after deductible         30% after deductible           Accidental Dental (medically necessary)         0% after deductible         30% after deductible           Allergy Testing         0% after deductible         30% after deductible           Allergy Testing         0% after deductible         30% after deductible           Chenotherapy         0% after deductible         30% after deductible           Realation         0% after deductible         30% after deductible           Diabetes Education         50         Limited to In Network      <	Routine Eye Exam for Children	\$50	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy  So Limited to In Network  Laboratory Outpatient  Owafter deductible  Scrays  Owafter deductible  Sol Limited to In Network  Laboratory Outpatient  Owafter deductible  Sol Limited to In Network  Laboratory Outpatient  Sol Limited to In Network  Laboratory Outpatient  Sol Limited to In Network  Limited to In Network  Basic Dental Care - Child Care - Child Care - Child (Medically necessary)  Orthodontia - Child (Medically necessary)  Sol Coinsurance after deductible  Coinsurance after deductible  Sol Coinsurance after deductible  Sol Coinsurance after deductible  Sol Coinsurance after deductible  Owafter deductible  Owaf	Eyeglasses for Children	50%	50%
Well Baby Visits and Care         \$0         Limited to In Network           Laboratory Outpatient         0% after deductible         30% after deductible           X-rays         0% after deductible         30% after deductible           Dental Checkup for Children         \$0         Limited to In Network           Basic Dental Care - Child         50% coinsurance after deductible         Limited to In Network           Orthodontia - Child (Medically necessary)         50% coinsurance after deductible         Limited to In Network           Major Dental Care - Child         50% coinsurance after deductible         Limited to In Network           Transplant         \$100 copay after deductible         30% after deductible           Accidental Dental (medically necessary)         0% after deductible         30% after deductible           Dialysis         0% after deductible         30% after deductible           Allergy Testing         0% after deductible         30% after deductible           Chemotherapy         0% after deductible         30% after deductible           Radiation         0% after deductible         30% after deductible           Diabetes Education         \$0         Limited to In Network           Prosthetic Devices         0% after deductible         30% after deductible           Reconstructive Surgery         \$1	Rehabilitative Speech Therapy	\$50	30% after deductible
Laboratory Outpatient  X-rays  0% after deductible  30% after deductible  20% after deductible  30% after deductible  20% after deductible  20% after deductible  20% after deductible  20% coinsurance after deductible  20% after deductible  30%	Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
X-rays   0% after deductible   30% after deductible   Dental Checkup for Children   50   Limited to In Network	Well Baby Visits and Care	\$0	Limited to In Network
Dental Checkup for Children         \$0         Limited to In Network           Basic Dental Care - Child         50% coinsurance after deductible         Limited to In Network           Orthodontia - Child (Medically necessary)         50% coinsurance after deductible         Limited to In Network           Major Dental Care - Child         50% coinsurance after deductible         Limited to In Network           Transplant         \$100 copay after deductible         30% after deductible           Accidental Dental (medically necessary)         0% after deductible         30% after deductible           Dialysis         0% after deductible         30% after deductible           Allergy Testing         0% after deductible         30% after deductible           Chemotherapy         0% after deductible         30% after deductible           Radiation         0% after deductible         30% after deductible           Diabetes Education         \$0         Limited to In Network           Prosthetic Devices         0% after deductible         30% after deductible           Infusion Therapy         \$0         30% after deductible           Nutritional Counseling         \$50         30% after deductible           Reconstructive Surgery         \$100 copay after deductible           Preventive - Physical (1 per benefit period)         \$0 <td< td=""><td>Laboratory Outpatient</td><td>0% after deductible</td><td>30% after deductible</td></td<>	Laboratory Outpatient	0% after deductible	30% after deductible
Basic Dental Care - Child  Crhodontia - Child (Medically necessary)  Major Dental Care - Child  Sino copay after deductible  Sino copay after	X-rays	0% after deductible	30% after deductible
Basic Dental Care - Child  Orthodontia - Child (Medically necessary)  Major Dental Care - Child  Soll coinsurance after deductible  Soll copay after deductible  30% after deductible  20% after deductible  Limited to In Network  30% after deductible  30% after deductible  20% af	Dental Checkup for Children	\$0	Limited to In Network
Major Dental Care - Child  food deductible  Limited to In Network  deductible  Limited to In Network  food coinsurance after deductible  S100 copay after deductible  30% after deductible  40% after	Basic Dental Care - Child		Limited to In Network
Transplant \$100 copay after deductible \$100 copay after de	Orthodontia - Child (Medically necessary)		Limited to In Network
Accidental Dental (medically necessary) Dialysis O% after deductible O% after deductib	Major Dental Care - Child		Limited to In Network
Dialysis Allergy Testing O% after deductible Diabetes Education O% after deductible Limited to In Network O% after deductible	Transplant	\$100 copay after deductible	30% after deductible
Allergy Testing 0% after deductible 30% after deductible Chemotherapy 0% after deductible 30% after deductible Radiation 0% after deductible 30% after deductible Diabetes Education \$0 Limited to In Network Prosthetic Devices 0% after deductible Limited to In Network Infusion Therapy \$0 30% after deductible Nutritional Counseling \$50 30% after deductible Reconstructive Surgery \$100 copay after deductible 30% after deductible Preventive - Physical (1 per benefit period) \$0 Limited to In Network Preventive - Mammograms \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel	Accidental Dental (medically necessary)	0% after deductible	30% after deductible
Chemotherapy0% after deductible30% after deductibleRadiation0% after deductible30% after deductibleDiabetes Education\$0Limited to In NetworkProsthetic Devices0% after deductibleLimited to In NetworkInfusion Therapy\$030% after deductibleNutritional Counseling\$5030% after deductibleReconstructive Surgery\$100 copay after deductible30% after deductiblePreventive - Physical (1 per benefit period)\$0Limited to In NetworkPreventive - Mammograms\$0Limited to In NetworkPreventive - Pap Smears\$0Limited to In NetworkPreventive - Cholesterol\$0Limited to In NetworkPreventive - Diabetes\$0Limited to In NetworkPreventive - Diabetes\$0Limited to In NetworkPreventive - Lipid Panel\$0Limited to In Network	Dialysis	0% after deductible	30% after deductible
Radiation 0% after deductible 30% after deductible Diabetes Education \$0 Limited to In Network Prosthetic Devices 0% after deductible Limited to In Network Infusion Therapy \$0 30% after deductible Nutritional Counseling \$50 30% after deductible Reconstructive Surgery \$100 copay after deductible 30% after deductible Preventive - Physical (1 per benefit period) \$0 Limited to In Network Preventive - Mammograms \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Allergy Testing	0% after deductible	30% after deductible
Diabetes Education \$0 Limited to In Network  Prosthetic Devices 0% after deductible Limited to In Network  Infusion Therapy \$0 30% after deductible  Nutritional Counseling \$50 30% after deductible  Reconstructive Surgery \$100 copay after deductible 30% after deductible  Preventive - Physical (1 per benefit period) \$0 Limited to In Network  Preventive - Mammograms \$0 Limited to In Network  Preventive - Pap Smears \$0 Limited to In Network  Preventive - Cholesterol \$0 Limited to In Network  Preventive - Diabetes \$0 Limited to In Network  Preventive - Diabetes \$0 Limited to In Network  Preventive - Lipid Panel \$0 Limited to In Network	Chemotherapy	0% after deductible	30% after deductible
Prosthetic Devices 0% after deductible Limited to In Network Infusion Therapy \$0 30% after deductible \$100 copay after deductible \$20% after deductible \$2	Radiation	0% after deductible	30% after deductible
Infusion Therapy  \$0 30% after deductible  Sto Sto Sto Sto Sto Sto Sto Sto Sto St	Diabetes Education	\$0	Limited to In Network
Nutritional Counseling \$50 30% after deductible  Reconstructive Surgery \$100 copay after deductible 30% after deductible  Preventive - Physical (1 per benefit period) \$0 Limited to In Network  Preventive - Mammograms \$0 Limited to In Network  Preventive - Pap Smears \$0 Limited to In Network  Preventive - Cholesterol \$0 Limited to In Network  Preventive - Diabetes \$0 Limited to In Network  Preventive - Diabetes \$0 Limited to In Network  Preventive - Lipid Panel \$0 Limited to In Network	Prosthetic Devices	0% after deductible	Limited to In Network
Reconstructive Surgery \$100 copay after deductible 30% after deductible  Preventive - Physical (1 per benefit period) \$0 Limited to In Network  Preventive - Mammograms \$0 Limited to In Network  Preventive - Pap Smears \$0 Limited to In Network  Preventive - Cholesterol \$0 Limited to In Network  Preventive - Diabetes \$0 Limited to In Network  Preventive - Diabetes \$0 Limited to In Network  Preventive - Lipid Panel \$0 Limited to In Network	Infusion Therapy	\$0	30% after deductible
Preventive - Physical (1 per benefit period)  Preventive - Mammograms  \$0  Limited to In Network  Preventive - Pap Smears  \$0  Limited to In Network  Preventive - Cholesterol  \$0  Limited to In Network  Preventive - Diabetes  \$0  Limited to In Network  Preventive - Diabetes  \$0  Limited to In Network  Limited to In Network  Preventive - Lipid Panel  \$0  Limited to In Network	Nutritional Counseling	\$50	30% after deductible
Preventive - Mammograms \$0 Limited to In Network  Preventive - Pap Smears \$0 Limited to In Network  Preventive - Cholesterol \$0 Limited to In Network  Preventive - Diabetes \$0 Limited to In Network  Preventive - Diabetes \$0 Limited to In Network  Preventive - Lipid Panel \$0 Limited to In Network	Reconstructive Surgery	\$100 copay after deductible	30% after deductible
Preventive - Pap Smears \$0 Limited to In Network  Preventive - Cholesterol \$0 Limited to In Network  Preventive - Diabetes \$0 Limited to In Network  Preventive - Lipid Panel \$0 Limited to In Network	Preventive - Physical (1 per benefit period)	\$0	Limited to In Network
Preventive - Cholesterol \$0 Limited to In Network  Preventive - Diabetes \$0 Limited to In Network  Preventive - Lipid Panel \$0 Limited to In Network	Preventive - Mammograms	\$0	Limited to In Network
Preventive - Diabetes \$0 Limited to In Network  Preventive - Lipid Panel \$0 Limited to In Network	Preventive - Pap Smears	\$0	Limited to In Network
Preventive - Lipid Panel \$0 Limited to In Network	Preventive - Cholesterol	\$0	Limited to In Network
	Preventive - Diabetes	\$0	Limited to In Network
Specialist - Procedure 0% after deductible 30% after deductible	Preventive - Lipid Panel	\$0	Limited to In Network
	Specialist - Procedure	0% after deductible	30% after deductible

Colorectal - Fecal Occult and Flexible Sigmoidoscopy	\$0	Limited to In Network
Colorectal - Colonoscopy	\$0	Limited to In Network
Maternity - Office diagnostic services procedures	0% after deductible	30% after deductible
Correction for Obesity - Facility	Not Covered	Not Covered
Ostomy Supplies	0% after deductible	Limited to In Network
Urology Supplies	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Eye Exam	\$0	Limited to In Network
Diabetic Services/Supplies - Rx Supplies	Rx copay applies	Limited to In Network
Diabetic Services/Supplies - Foot Orthotics	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Home Blood Glucose Monitor	Rx copay applies	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network
Implanted Devices (Medical) - Drug Delivery	0% after deductible	30% after deductible
Implanted Devices (Medical) - All other non-contraceptive implanted devices	0% after deductible	30% after deductible
Orthotic Devices	0% after deductible	Limited to In Network
Outpatient Opioid Detoxification	0% after deductible	30% after deductible
Abortion (Elective)	Not Covered	Not Covered
High Cost Specialty Drugs/Select Injectables	\$150	30% after deductible
Injectable Drugs - Physician	\$0	30% after deductible
Injectable Drugs - Facility	0% after deductible	30% after deductible
Spinal Injections	0% after deductible	Limited to In Network
Dental Anesthesia	0% after deductible	30% after deductible
Impacted Wisdom Teeth	0% after deductible	30% after deductible
Medical Foods/PKU	\$0	Limited to In Network
Pulmonary Function Tests	0% after deductible	30% after deductible
Spirometry	\$0	30% after deductible
Scheduled Transportation (Ambulance/Air)	\$0	Limited to In Network
Contact Lenses	50%	50%
Well Child Office Visits (0-21)	\$0	Limited to In Network
Well Woman Exam	\$0	Limited to In Network
Telehealth (PCP Services)	\$5	30% after deductible
Telehealth (Behavioral Health Services)	\$5	30% after deductible
Telehealth (Specialist Services)	\$10	30% after deductible
Gender-Affirming Care	\$100 per stay after deductible	30% after deductible
Mental Health/Substance Abuse Urgent Care Services	\$0	\$0