Geisinger All-Access PPO 30/60/3500		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)	\$3,500/\$7,000	\$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	\$30	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Other Practitioner Office Visit (Nurse, Physician Assistant)	\$30	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	30% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Hospice Services	Residential - \$60 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	\$30	\$30
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	\$250	\$250
Emergency Transportation (Ambulance/Air)	\$ 0	\$0
Inpatient Hospital Services (e.g., Hospital Stay)	0% 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	\$30	30% after deductible
Mental/Behavioral Health Inpatient Services	0% after deductible	30% after deductible
Substance Abuse Disorder Outpatient Services	\$30	30% after deductible
Substance Abuse Disorder Inpatient Services	0% 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
	2	Limited to In Network
90-Day Retail	2x copay	Lillilled to ill Network

Comparation Primary Robab Principation of Notes (and Controlled) Habilitation Services Habilitative Speech Therapy \$60 30% after deductible Limited to in Network Durable Medical Ecoloment (cost sharing does not epoly to mental health/adolatme are disorded Habilitative Speech Therapy Boy Controlled Medical Ecoloment (cost sharing does not epoly to mental health/adolatme are disorded Habilitative Comparation and Physical Therapy \$60 United to in Network Routine Speech Therapy \$60 Limited to in Network Relabilitative Speech Therapy \$60 Limited to in Network Relabilitative Speech Therapy \$60 Solva Steer deductible Relabilitative Speech Therapy \$60 Solva Steer deductible Relabilitative Occupational and Relabilitative Physical Therapy \$60 Solva Steer deductible Limited to in Network Relabilitative Occupational and Relabilitative Physical Therapy \$60 Solva Steer deductible Well Salvy Visits and Care Laboratory Outpublient \$60 Limited to in Network Solva Steer deductible On Address deductible Solva Steer deductible Control Chackop for Children Solva Steer deductible Solva Steer deductible Solva Steer deductible Control Chackop for Children Solva Steer deductible Solva Steer deductible Control Chackop for Children Solva Steer deductible Solva Steer deductible Children Solva Steer deductible Children Solva Steer deductible Solva Steer deductible Children Solva Steer deductible Solva Steer deductible Children Solva Steer deductible Solva Steer deductible Solva Steer deductible Obstater deductible Solva Steer deductible Solva Steer deductible	Outpatient Cardiac Rehabilitation Services (36 visits per benefit period)	\$0	30% after deductible
Habilitation Services \$60 \$00's after deductible		· ·	
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X-rays	Well Baby Visits and Care	\$0	Limited to In Network
Dental Checkup for Children Basic Dental Care - Child Corthodontia - Child (Medically necessary) Dental Care - Child Corthodontia - Child (Medically necessary) Major Dental Care - Child Corthodontia - Child (Medically necessary) Major Dental Care - Child Corthodontia - Child (Medically necessary) Daysia Transplant Corthodontia - Child (Medically necessary) Daysis Corthodontia (Medically necessary) Daysis Corthodontia (Medically necessary) Daysis Corthodontia (Medically necessary) Daysis Corthodontia (Medically necessary) Corthodontia (Medically	Laboratory Outpatient	0% after deductible	30% after deductible
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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	0% after deductible	30% after deductible
Mental Health/Substance Abuse Urgent Care Services	\$0	\$0