Geisinger Small Group ACA All-Access QHDHP POS 7050		Expanded Bronze
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)	$7,050/$14,100	$15,000/$30,000
Medical EHB Deductible (Embedded)	$7,050/$14,100	$15,000/$30,000
Drug EHB Deductible	Combined with Medical	NA
Combined Medical and Drug EHB Deductible	$7,050/$14,100	$15,000/$30,000
Coinsurance	0%	40%
Primary Care Visit to Treat an Injury or Illness	0% after deductible	40% after deductible
Specialist - Office Visit	0% after deductible	40% after deductible
Other Practitioner Office Visit (Nurse, Physician Assistant)	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	40% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Hospice Services	0% after deductible	40% after deductible
Infertility Treatment (Note Exclusions)	0% after deductible	40% after deductible
Routine Eye Exam (Adult)	Not Covered	Not Covered
Urgent Care Centers or Facilities	0% after deductible	0% after deductible
Home Health Care Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)	0% after deductible	40% after deductible
Emergency Room Services	0% after deductible	0% after deductible
Emergency Transportation (Ambulance/Air)	0% after deductible	0% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	40% after deductible
Inpatient Physician and Surgical Services	0% after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	40% after deductible
Prenatal and Postnatal Care (Office Visit)	$0	40% after deductible
Delivery and All Inpatient Services for Maternity Care	0% after deductible	40% after deductible
Mental/Behavioral Health Outpatient Services	0% after deductible	40% after deductible
Mental/Behavioral Health Inpatient Services	0% after deductible	40% after deductible
Substance Abuse Disorder Outpatient Services	0% after deductible	40% after deductible
Substance Abuse Disorder Inpatient Services	0% after deductible	40% after deductible
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
Tier 1 - $0 Rx	$0	Limited to In Network
Mail-Order Rx	0% after deductible	Limited to In Network
90-Day Retail	0% after deductible	Limited to In Network
Outpatient Rehabilitation Services	0% after deductible	40% after deductible

* EHB = Essential Health Benefits

Outpatient Cardiac Rehabilitation Services (36 visits per benefit period)	0% after deductible	40% after deductible
Outpatient Pulmonary Rehab/Respiratory Rehab Services (36 visits per benefit period)	0% after deductible	40% after deductible
Habilitation Services	0% after deductible	40% after deductible
Habilitative Speech Therapy	0% after deductible	40% after deductible
Habilitative Occupational and Physical Therapy	0% after deductible	40% after deductible
Chiropractic Care (20 visits per benefit period)	0% after deductible	Limited to In Network
Durable Medical Equipment (coinsurance does not apply to mental health/substance use disorder diagnosis)	0% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	0% after deductible	40% after deductible
Preventive Care/Screening/Immunization	$0	Limited to In Network
Routine Eye Exam for Children	0% after deductible	Limited to In Network
Eyeglasses for Children	0% after deductible	0% after deductible
Rehabilitative Speech Therapy	0% after deductible	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible	40% after deductible
Well Baby Visits and Care	$0	Limited to In Network
Laboratory Outpatient	0% after deductible	40% after deductible
X-rays	0% after deductible	40% 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	0% after deductible	40% after deductible
Accidental Dental (medically necessary)	0% after deductible	40% after deductible
Dialysis	0% after deductible	40% after deductible
Allergy Testing	0% after deductible	40% after deductible
Chemotherapy	0% after deductible	40% after deductible
Radiation	0% after deductible	40% after deductible
Diabetes Education	$0	Limited to In Network
Prosthetic Devices	0% after deductible	Limited to In Network
Infusion Therapy	0% after deductible	40% after deductible
Nutritional Counseling	0% after deductible	40% after deductible
Reconstructive Surgery	0% after deductible	40% 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	$0	Limited to In Network
Specialist - Procedure	0% after deductible	40% after deductible

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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	40% 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	40% after deductible
Implanted Devices (Medical) - All other non-contraceptive implanted devices	0% after deductible	40% after deductible
Orthotic Devices	0% after deductible	Limited to In Network
Outpatient Opioid Detoxification	0% after deductible	40% after deductible
Abortion (Elective)	Not Covered	Not Covered
High Cost Specialty Drugs/Select Injectables	0% after deductible	40% after deductible
Injectable Drugs - Physician	0% after deductible	40% after deductible
Injectable Drugs - Facility	0% after deductible	40% after deductible
Spinal Injections	0% after deductible	Limited to In Network
Dental Anesthesia	0% after deductible	40% after deductible
Impacted Wisdom Teeth	0% after deductible	40% after deductible
Medical Foods/PKU	0% after deductible	Limited to In Network
Pulmonary Function Tests	0% after deductible	40% after deductible
Spirometry	$0	40% after deductible
Scheduled Transportation (Ambulance/Air)	0% after deductible	Limited to In Network
Contact Lenses	0% after deductible	0% after deductible
Well Child Office Visits (0-21)	$0	Limited to In Network
Well Woman Exam	$0	Limited to In Network
Telehealth (PCP Services)	0% after deductible	40% after deductible
Telehealth (Behavioral Health Services)	0% after deductible	40% after deductible
Telehealth (Specialist Services)	0% after deductible	40% after deductible
Gender-Affirming Care	0% after deductible	40% after deductible
Mental Health/Substance Abuse Urgent Care Services	0% after deductible	0% after deductible

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