

Geisinger Small Group ACA All-Access HMO 10/20/0

Platinum

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$0/\$0	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$6,000/\$12,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$10	Limited to In Network
Specialist - Office Visit	\$20	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$10	\$10
Outpatient Surgery Physician/Surgical Services	\$0	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$50 per day	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$20 per visit, Facility - \$50 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$10	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$10	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	Limited to In Network
Rehabilitative Speech Therapy	\$20	Limited to In Network
Habilitation Services	\$20	Limited to In Network
Durable Medical Equipment	10%	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$10	Limited to In Network
Routine Eye Exam for Children	\$20	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	\$0	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

22444PA0060114

Geisinger Small Group ACA All-Access HMO 10/20/0									Platinum			
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	395.93	395.93	376.14	376.14	376.14	376.14	395.93	395.93	494.92	494.92	475.12	475.12
15	431.13	431.13	409.57	409.57	409.57	409.57	431.13	431.13	538.91	538.91	517.35	517.35
16	444.59	444.59	422.36	422.36	422.36	422.36	444.59	444.59	555.73	555.73	533.50	533.50
17	458.04	458.04	435.14	435.14	435.14	435.14	458.04	458.04	572.55	572.55	549.65	549.65
18	472.53	472.53	448.91	448.91	448.91	448.91	472.53	472.53	590.67	590.67	567.04	567.04
19	487.03	487.03	462.67	462.67	462.67	462.67	487.03	487.03	608.78	608.78	584.43	584.43
20	502.04	502.04	476.93	476.93	476.93	476.93	502.04	502.04	627.54	627.54	602.44	602.44
21	517.57	517.57	491.69	491.69	491.69	491.69	517.57	517.57	646.96	646.96	621.08	621.08
22	517.57	517.57	491.69	491.69	491.69	491.69	517.57	517.57	646.96	646.96	621.08	621.08
23	517.57	517.57	491.69	491.69	491.69	491.69	517.57	517.57	646.96	646.96	621.08	621.08
24	517.57	517.57	491.69	491.69	491.69	491.69	517.57	517.57	646.96	646.96	621.08	621.08
25	519.63	519.63	493.65	493.65	493.65	493.65	519.63	519.63	649.54	649.54	623.56	623.56
26	529.98	529.98	503.48	503.48	503.48	503.48	529.98	529.98	662.48	662.48	635.98	635.98
27	542.40	542.40	515.28	515.28	515.28	515.28	542.40	542.40	678.01	678.01	650.89	650.89
28	562.59	562.59	534.46	534.46	534.46	534.46	562.59	562.59	703.24	703.24	675.11	675.11
29	579.15	579.15	550.19	550.19	550.19	550.19	579.15	579.15	723.94	723.94	694.98	694.98
30	587.43	587.43	558.06	558.06	558.06	558.06	587.43	587.43	734.29	734.29	704.92	704.92
31	599.85	599.85	569.86	569.86	569.86	569.86	599.85	599.85	749.82	749.82	719.83	719.83
32	612.28	612.28	581.66	581.66	581.66	581.66	612.28	612.28	765.34	765.34	734.73	734.73
33	620.04	620.04	589.04	589.04	589.04	589.04	620.04	620.04	775.05	775.05	744.05	744.05
34	628.32	628.32	596.90	596.90	596.90	596.90	628.32	628.32	785.40	785.40	753.98	753.98
35	632.46	632.46	600.84	600.84	600.84	600.84	632.46	632.46	790.58	790.58	758.95	758.95
36	636.60	636.60	604.77	604.77	604.77	604.77	636.60	636.60	795.75	795.75	763.92	763.92
37	640.74	640.74	608.70	608.70	608.70	608.70	640.74	640.74	800.93	800.93	768.89	768.89
38	644.88	644.88	612.64	612.64	612.64	612.64	644.88	644.88	806.10	806.10	773.86	773.86
39	653.16	653.16	620.51	620.51	620.51	620.51	653.16	653.16	816.45	816.45	783.80	783.80
40	661.44	661.44	628.37	628.37	628.37	628.37	661.44	661.44	826.81	826.81	793.73	793.73
41	673.87	673.87	640.17	640.17	640.17	640.17	673.87	673.87	842.33	842.33	808.64	808.64
42	685.77	685.77	651.48	651.48	651.48	651.48	685.77	685.77	857.21	857.21	822.92	822.92
43	702.33	702.33	667.22	667.22	667.22	667.22	702.33	702.33	877.91	877.91	842.80	842.80
44	723.03	723.03	686.88	686.88	686.88	686.88	723.03	723.03	903.79	903.79	867.64	867.64
45	747.36	747.36	709.99	709.99	709.99	709.99	747.36	747.36	934.20	934.20	896.83	896.83
46	776.34	776.34	737.53	737.53	737.53	737.53	776.34	776.34	970.43	970.43	931.61	931.61
47	808.95	808.95	768.50	768.50	768.50	768.50	808.95	808.95	1,011.19	1,011.19	970.74	970.74
48	846.21	846.21	803.90	803.90	803.90	803.90	846.21	846.21	1,057.77	1,057.77	1,015.46	1,015.46
49	882.96	882.96	838.81	838.81	838.81	838.81	882.96	882.96	1,103.70	1,103.70	1,059.55	1,059.55
50	924.37	924.37	878.15	878.15	878.15	878.15	924.37	924.37	1,155.46	1,155.46	1,109.24	1,109.24
51	965.25	965.25	916.99	916.99	916.99	916.99	965.25	965.25	1,206.57	1,206.57	1,158.30	1,158.30
52	1,010.28	1,010.28	959.77	959.77	959.77	959.77	1,010.28	1,010.28	1,262.85	1,262.85	1,212.34	1,212.34
53	1,055.83	1,055.83	1,003.04	1,003.04	1,003.04	1,003.04	1,055.83	1,055.83	1,319.78	1,319.78	1,266.99	1,266.99
54	1,104.99	1,104.99	1,049.75	1,049.75	1,049.75	1,049.75	1,104.99	1,104.99	1,381.24	1,381.24	1,325.99	1,325.99
55	1,154.16	1,154.16	1,096.46	1,096.46	1,096.46	1,096.46	1,154.16	1,154.16	1,442.70	1,442.70	1,385.00	1,385.00
56	1,207.47	1,207.47	1,147.10	1,147.10	1,147.10	1,147.10	1,207.47	1,207.47	1,509.34	1,509.34	1,448.97	1,448.97
57	1,261.30	1,261.30	1,198.23	1,198.23	1,198.23	1,198.23	1,261.30	1,261.30	1,576.62	1,576.62	1,513.56	1,513.56
58	1,318.75	1,318.75	1,252.81	1,252.81	1,252.81	1,252.81	1,318.75	1,318.75	1,648.43	1,648.43	1,582.50	1,582.50
59	1,347.21	1,347.21	1,279.85	1,279.85	1,279.85	1,279.85	1,347.21	1,347.21	1,684.02	1,684.02	1,616.66	1,616.66
60	1,404.66	1,404.66	1,334.43	1,334.43	1,334.43	1,334.43	1,404.66	1,404.66	1,755.83	1,755.83	1,685.60	1,685.60
61	1,454.35	1,454.35	1,381.63	1,381.63	1,381.63	1,381.63	1,454.35	1,454.35	1,817.94	1,817.94	1,745.22	1,745.22
62	1,486.96	1,486.96	1,412.61	1,412.61	1,412.61	1,412.61	1,486.96	1,486.96	1,858.69	1,858.69	1,784.35	1,784.35
63	1,527.84	1,527.84	1,451.45	1,451.45	1,451.45	1,451.45	1,527.84	1,527.84	1,909.80	1,909.80	1,833.41	1,833.41
64 and Over	1,552.69	1,552.69	1,475.05	1,475.05	1,475.05	1,475.05	1,552.69	1,552.69	1,940.86	1,940.86	1,863.22	1,863.22
Rates Effective: 01/01/2024 to 03/31/2024									22444PA0060114			

Geisinger Small Group ACA All-Access HMO 15/30/400

Platinum

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$400/\$800	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$2,500/\$5,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$15	Limited to In Network
Specialist - Office Visit	\$30	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$100	\$100
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$15	\$15
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$75 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$75 after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$50 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$30 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$15	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$15	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$30	Limited to In Network
Rehabilitative Speech Therapy	\$30	Limited to In Network
Habilitation Services	\$30	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$15	Limited to In Network
Routine Eye Exam for Children	\$30	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	Limited to In Network
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

22444PA0060120

Geisinger Small Group ACA All-Access HMO 15/30/400								Platinum				
	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	
Age	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14	381.88	381.88	362.78	362.78	362.78	362.78	381.88	381.88	477.35	477.35	458.25	458.25
15	415.82	415.82	395.03	395.03	395.03	395.03	415.82	415.82	519.78	519.78	498.99	498.99
16	428.80	428.80	407.36	407.36	407.36	407.36	428.80	428.80	536.00	536.00	514.56	514.56
17	441.78	441.78	419.69	419.69	419.69	419.69	441.78	441.78	552.23	552.23	530.14	530.14
18	455.76	455.76	432.97	432.97	432.97	432.97	455.76	455.76	569.70	569.70	546.91	546.91
19	469.74	469.74	446.25	446.25	446.25	446.25	469.74	469.74	587.17	587.17	563.68	563.68
20	484.21	484.21	460.00	460.00	460.00	460.00	484.21	484.21	605.27	605.27	581.05	581.05
21	499.19	499.19	474.23	474.23	474.23	474.23	499.19	499.19	623.99	623.99	599.03	599.03
22	499.19	499.19	474.23	474.23	474.23	474.23	499.19	499.19	623.99	623.99	599.03	599.03
23	499.19	499.19	474.23	474.23	474.23	474.23	499.19	499.19	623.99	623.99	599.03	599.03
24	499.19	499.19	474.23	474.23	474.23	474.23	499.19	499.19	623.99	623.99	599.03	599.03
25	501.18	501.18	476.13	476.13	476.13	476.13	501.18	501.18	626.48	626.48	601.42	601.42
26	511.17	511.17	485.61	485.61	485.61	485.61	511.17	511.17	638.96	638.96	613.40	613.40
27	523.15	523.15	496.99	496.99	496.99	496.99	523.15	523.15	653.94	653.94	627.78	627.78
28	542.62	542.62	515.49	515.49	515.49	515.49	542.62	542.62	678.27	678.27	651.14	651.14
29	558.59	558.59	530.66	530.66	530.66	530.66	558.59	558.59	698.24	698.24	670.31	670.31
30	566.58	566.58	538.25	538.25	538.25	538.25	566.58	566.58	708.22	708.22	679.89	679.89
31	578.56	578.56	549.63	549.63	549.63	549.63	578.56	578.56	723.20	723.20	694.27	694.27
32	590.54	590.54	561.01	561.01	561.01	561.01	590.54	590.54	738.17	738.17	708.65	708.65
33	598.03	598.03	568.13	568.13	568.13	568.13	598.03	598.03	747.53	747.53	717.63	717.63
34	606.01	606.01	575.71	575.71	575.71	575.71	606.01	606.01	757.52	757.52	727.22	727.22
35	610.01	610.01	579.51	579.51	579.51	579.51	610.01	610.01	762.51	762.51	732.01	732.01
36	614.00	614.00	583.30	583.30	583.30	583.30	614.00	614.00	767.50	767.50	736.80	736.80
37	617.99	617.99	587.10	587.10	587.10	587.10	617.99	617.99	772.49	772.49	741.59	741.59
38	621.99	621.99	590.89	590.89	590.89	590.89	621.99	621.99	777.49	777.49	746.39	746.39
39	629.98	629.98	598.48	598.48	598.48	598.48	629.98	629.98	787.47	787.47	755.97	755.97
40	637.96	637.96	606.06	606.06	606.06	606.06	637.96	637.96	797.45	797.45	765.55	765.55
41	649.94	649.94	617.45	617.45	617.45	617.45	649.94	649.94	812.43	812.43	779.93	779.93
42	661.42	661.42	628.35	628.35	628.35	628.35	661.42	661.42	826.78	826.78	793.71	793.71
43	677.40	677.40	643.53	643.53	643.53	643.53	677.40	677.40	846.75	846.75	812.88	812.88
44	697.37	697.37	662.50	662.50	662.50	662.50	697.37	697.37	871.71	871.71	836.84	836.84
45	720.83	720.83	684.79	684.79	684.79	684.79	720.83	720.83	901.03	901.03	864.99	864.99
46	748.78	748.78	711.34	711.34	711.34	711.34	748.78	748.78	935.98	935.98	898.54	898.54
47	780.23	780.23	741.22	741.22	741.22	741.22	780.23	780.23	975.29	975.29	936.28	936.28
48	816.17	816.17	775.36	775.36	775.36	775.36	816.17	816.17	1,020.22	1,020.22	979.41	979.41
49	851.61	851.61	809.03	809.03	809.03	809.03	851.61	851.61	1,064.52	1,064.52	1,021.94	1,021.94
50	891.55	891.55	846.97	846.97	846.97	846.97	891.55	891.55	1,114.44	1,114.44	1,069.86	1,069.86
51	930.99	930.99	884.44	884.44	884.44	884.44	930.99	930.99	1,163.73	1,163.73	1,117.18	1,117.18
52	974.41	974.41	925.69	925.69	925.69	925.69	974.41	974.41	1,218.02	1,218.02	1,169.30	1,169.30
53	1,018.34	1,018.34	967.43	967.43	967.43	967.43	1,018.34	1,018.34	1,272.93	1,272.93	1,222.01	1,222.01
54	1,065.77	1,065.77	1,012.48	1,012.48	1,012.48	1,012.48	1,065.77	1,065.77	1,332.21	1,332.21	1,278.92	1,278.92
55	1,113.19	1,113.19	1,057.53	1,057.53	1,057.53	1,057.53	1,113.19	1,113.19	1,391.49	1,391.49	1,335.83	1,335.83
56	1,164.61	1,164.61	1,106.38	1,106.38	1,106.38	1,106.38	1,164.61	1,164.61	1,455.76	1,455.76	1,397.53	1,397.53
57	1,216.52	1,216.52	1,155.70	1,155.70	1,155.70	1,155.70	1,216.52	1,216.52	1,520.65	1,520.65	1,459.83	1,459.83
58	1,271.93	1,271.93	1,208.33	1,208.33	1,208.33	1,208.33	1,271.93	1,271.93	1,589.91	1,589.91	1,526.32	1,526.32
59	1,299.39	1,299.39	1,234.42	1,234.42	1,234.42	1,234.42	1,299.39	1,299.39	1,624.23	1,624.23	1,559.26	1,559.26
60	1,354.80	1,354.80	1,287.06	1,287.06	1,287.06	1,287.06	1,354.80	1,354.80	1,693.50	1,693.50	1,625.76	1,625.76
61	1,402.72	1,402.72	1,332.58	1,332.58	1,332.58	1,332.58	1,402.72	1,402.72	1,753.40	1,753.40	1,683.26	1,683.26
62	1,434.17	1,434.17	1,362.46	1,362.46	1,362.46	1,362.46	1,434.17	1,434.17	1,792.71	1,792.71	1,721.00	1,721.00
63	1,473.60	1,473.60	1,399.92	1,399.92	1,399.92	1,399.92	1,473.60	1,473.60	1,842.00	1,842.00	1,768.32	1,768.32
64 and Over	1,497.56	1,497.56	1,422.69	1,422.69	1,422.69	1,422.69	1,497.56	1,497.56	1,871.96	1,871.96	1,797.08	1,797.08
Rates Effective: 01/01/2024 to 03/31/2024								22444PA0060120				

Geisinger Small Group ACA All-Access HMO 20/35/450

Platinum

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$450/\$900	Limited to In Network
Coinsurance	20%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$5,000/\$10,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$35	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	20% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	20% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	20% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$75 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$35 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$35	Limited to In Network
Rehabilitative Speech Therapy	\$35	Limited to In Network
Habilitation Services	\$35	Limited to In Network
Durable Medical Equipment	20% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$35	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	20% 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

22444PA0060139

Geisinger Small Group ACA All-Access HMO 20/35/450									Platinum			
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	377.76	377.76	358.87	358.87	358.87	358.87	377.76	377.76	472.20	472.20	453.31	453.31
15	411.34	411.34	390.77	390.77	390.77	390.77	411.34	411.34	514.17	514.17	493.61	493.61
16	424.18	424.18	402.97	402.97	402.97	402.97	424.18	424.18	530.22	530.22	509.01	509.01
17	437.02	437.02	415.17	415.17	415.17	415.17	437.02	437.02	546.27	546.27	524.42	524.42
18	450.84	450.84	428.30	428.30	428.30	428.30	450.84	450.84	563.55	563.55	541.01	541.01
19	464.67	464.67	441.44	441.44	441.44	441.44	464.67	464.67	580.84	580.84	557.60	557.60
20	478.99	478.99	455.04	455.04	455.04	455.04	478.99	478.99	598.74	598.74	574.79	574.79
21	493.81	493.81	469.12	469.12	469.12	469.12	493.81	493.81	617.26	617.26	592.57	592.57
22	493.81	493.81	469.12	469.12	469.12	469.12	493.81	493.81	617.26	617.26	592.57	592.57
23	493.81	493.81	469.12	469.12	469.12	469.12	493.81	493.81	617.26	617.26	592.57	592.57
24	493.81	493.81	469.12	469.12	469.12	469.12	493.81	493.81	617.26	617.26	592.57	592.57
25	495.78	495.78	470.99	470.99	470.99	470.99	495.78	495.78	619.72	619.72	594.94	594.94
26	505.66	505.66	480.37	480.37	480.37	480.37	505.66	505.66	632.07	632.07	606.79	606.79
27	517.51	517.51	491.63	491.63	491.63	491.63	517.51	517.51	646.88	646.88	621.01	621.01
28	536.76	536.76	509.93	509.93	509.93	509.93	536.76	536.76	670.96	670.96	644.12	644.12
29	552.57	552.57	524.94	524.94	524.94	524.94	552.57	552.57	690.71	690.71	663.08	663.08
30	560.47	560.47	532.44	532.44	532.44	532.44	560.47	560.47	700.58	700.58	672.56	672.56
31	572.32	572.32	543.70	543.70	543.70	543.70	572.32	572.32	715.40	715.40	686.78	686.78
32	584.17	584.17	554.96	554.96	554.96	554.96	584.17	584.17	730.21	730.21	701.00	701.00
33	591.58	591.58	562.00	562.00	562.00	562.00	591.58	591.58	739.47	739.47	709.89	709.89
34	599.48	599.48	569.50	569.50	569.50	569.50	599.48	599.48	749.35	749.35	719.37	719.37
35	603.43	603.43	573.26	573.26	573.26	573.26	603.43	603.43	754.29	754.29	724.11	724.11
36	607.38	607.38	577.01	577.01	577.01	577.01	607.38	607.38	759.22	759.22	728.85	728.85
37	611.33	611.33	580.76	580.76	580.76	580.76	611.33	611.33	764.16	764.16	733.60	733.60
38	615.28	615.28	584.52	584.52	584.52	584.52	615.28	615.28	769.10	769.10	738.34	738.34
39	623.18	623.18	592.02	592.02	592.02	592.02	623.18	623.18	778.98	778.98	747.82	747.82
40	631.08	631.08	599.53	599.53	599.53	599.53	631.08	631.08	788.85	788.85	757.30	757.30
41	642.93	642.93	610.79	610.79	610.79	610.79	642.93	642.93	803.67	803.67	771.52	771.52
42	654.29	654.29	621.58	621.58	621.58	621.58	654.29	654.29	817.86	817.86	785.15	785.15
43	670.09	670.09	636.59	636.59	636.59	636.59	670.09	670.09	837.62	837.62	804.11	804.11
44	689.84	689.84	655.35	655.35	655.35	655.35	689.84	689.84	862.31	862.31	827.81	827.81
45	713.05	713.05	677.40	677.40	677.40	677.40	713.05	713.05	891.32	891.32	855.66	855.66
46	740.71	740.71	703.67	703.67	703.67	703.67	740.71	740.71	925.88	925.88	888.85	888.85
47	771.82	771.82	733.22	733.22	733.22	733.22	771.82	771.82	964.77	964.77	926.18	926.18
48	807.37	807.37	767.00	767.00	767.00	767.00	807.37	807.37	1,009.21	1,009.21	968.84	968.84
49	842.43	842.43	800.31	800.31	800.31	800.31	842.43	842.43	1,053.04	1,053.04	1,010.92	1,010.92
50	881.93	881.93	837.84	837.84	837.84	837.84	881.93	881.93	1,102.42	1,102.42	1,058.32	1,058.32
51	920.94	920.94	874.90	874.90	874.90	874.90	920.94	920.94	1,151.18	1,151.18	1,105.13	1,105.13
52	963.91	963.91	915.71	915.71	915.71	915.71	963.91	963.91	1,204.88	1,204.88	1,156.69	1,156.69
53	1,007.36	1,007.36	956.99	956.99	956.99	956.99	1,007.36	1,007.36	1,259.20	1,259.20	1,208.83	1,208.83
54	1,054.27	1,054.27	1,001.56	1,001.56	1,001.56	1,001.56	1,054.27	1,054.27	1,317.84	1,317.84	1,265.13	1,265.13
55	1,101.18	1,101.18	1,046.12	1,046.12	1,046.12	1,046.12	1,101.18	1,101.18	1,376.48	1,376.48	1,321.42	1,321.42
56	1,152.04	1,152.04	1,094.44	1,094.44	1,094.44	1,094.44	1,152.04	1,152.04	1,440.06	1,440.06	1,382.45	1,382.45
57	1,203.40	1,203.40	1,143.23	1,143.23	1,143.23	1,143.23	1,203.40	1,203.40	1,504.25	1,504.25	1,444.08	1,444.08
58	1,258.21	1,258.21	1,195.30	1,195.30	1,195.30	1,195.30	1,258.21	1,258.21	1,572.77	1,572.77	1,509.86	1,509.86
59	1,285.37	1,285.37	1,221.10	1,221.10	1,221.10	1,221.10	1,285.37	1,285.37	1,606.71	1,606.71	1,542.45	1,542.45
60	1,340.18	1,340.18	1,273.17	1,273.17	1,273.17	1,273.17	1,340.18	1,340.18	1,675.23	1,675.23	1,608.22	1,608.22
61	1,387.59	1,387.59	1,318.21	1,318.21	1,318.21	1,318.21	1,387.59	1,387.59	1,734.49	1,734.49	1,665.11	1,665.11
62	1,418.70	1,418.70	1,347.76	1,347.76	1,347.76	1,347.76	1,418.70	1,418.70	1,773.37	1,773.37	1,702.44	1,702.44
63	1,457.71	1,457.71	1,384.82	1,384.82	1,384.82	1,384.82	1,457.71	1,457.71	1,822.14	1,822.14	1,749.25	1,749.25
64 and Over	1,481.41	1,481.41	1,407.34	1,407.34	1,407.34	1,407.34	1,481.41	1,481.41	1,851.77	1,851.77	1,777.69	1,777.69
Rates Effective: 01/01/2024 to 03/31/2024									22444PA0060139			

Geisinger All-Access PPO 10/20/0

Platinum

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$0/\$0	\$1,000/\$2,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$6,000/\$12,000	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	\$10	20% after deductible
Specialist - Office Visit	\$20	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$10	\$10
Outpatient Surgery Physician/Surgical Services	\$0	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 copay	20% after deductible
Imaging (CT/PET Scans, MRIs)	\$100	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay	20% after deductible
Skilled Nursing Facility (120 days per year)	\$50 per day	20% after deductible
Home Health Care Services (60 visits per year)	\$0	20% after deductible
Hospice Services	Residential - \$20 per visit, Facility - \$50 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$10	20% after deductible
Substance Abuse Disorder Outpatient Services	\$10	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	20% after deductible
Rehabilitative Speech Therapy	\$20	20% after deductible
Habilitation Services	\$20	20% after deductible
Durable Medical Equipment	10%	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$10	Limited to In Network
Routine Eye Exam for Children	\$20	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	20% after deductible
Diabetic Services/Supplies - Medical Equipment	\$0	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

75729PA0050128

Geisinger All-Access PPO 10/20/0

Platinum

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	419.13	419.13	398.17	398.17	398.17	398.17	419.13	419.13	523.91	523.91	502.95	502.95
15	456.38	456.38	433.56	433.56	433.56	433.56	456.38	456.38	570.48	570.48	547.66	547.66
16	470.63	470.63	447.10	447.10	447.10	447.10	470.63	470.63	588.28	588.28	564.75	564.75
17	484.87	484.87	460.63	460.63	460.63	460.63	484.87	484.87	606.09	606.09	581.85	581.85
18	500.21	500.21	475.20	475.20	475.20	475.20	500.21	500.21	625.26	625.26	600.25	600.25
19	515.55	515.55	489.77	489.77	489.77	489.77	515.55	515.55	644.44	644.44	618.66	618.66
20	531.44	531.44	504.87	504.87	504.87	504.87	531.44	531.44	664.30	664.30	637.73	637.73
21	547.88	547.88	520.49	520.49	520.49	520.49	547.88	547.88	684.85	684.85	657.46	657.46
22	547.88	547.88	520.49	520.49	520.49	520.49	547.88	547.88	684.85	684.85	657.46	657.46
23	547.88	547.88	520.49	520.49	520.49	520.49	547.88	547.88	684.85	684.85	657.46	657.46
24	547.88	547.88	520.49	520.49	520.49	520.49	547.88	547.88	684.85	684.85	657.46	657.46
25	550.07	550.07	522.57	522.57	522.57	522.57	550.07	550.07	687.59	687.59	660.08	660.08
26	561.03	561.03	532.97	532.97	532.97	532.97	561.03	561.03	701.28	701.28	673.23	673.23
27	574.18	574.18	545.47	545.47	545.47	545.47	574.18	574.18	717.72	717.72	689.01	689.01
28	595.54	595.54	565.77	565.77	565.77	565.77	595.54	595.54	744.43	744.43	714.65	714.65
29	613.07	613.07	582.42	582.42	582.42	582.42	613.07	613.07	766.34	766.34	735.69	735.69
30	621.84	621.84	590.75	590.75	590.75	590.75	621.84	621.84	777.30	777.30	746.21	746.21
31	634.99	634.99	603.24	603.24	603.24	603.24	634.99	634.99	793.74	793.74	761.99	761.99
32	648.14	648.14	615.73	615.73	615.73	615.73	648.14	648.14	810.17	810.17	777.77	777.77
33	656.36	656.36	623.54	623.54	623.54	623.54	656.36	656.36	820.45	820.45	787.63	787.63
34	665.12	665.12	631.87	631.87	631.87	631.87	665.12	665.12	831.40	831.40	798.15	798.15
35	669.51	669.51	636.03	636.03	636.03	636.03	669.51	669.51	836.88	836.88	803.41	803.41
36	673.89	673.89	640.19	640.19	640.19	640.19	673.89	673.89	842.36	842.36	808.67	808.67
37	678.27	678.27	644.36	644.36	644.36	644.36	678.27	678.27	847.84	847.84	813.93	813.93
38	682.65	682.65	648.52	648.52	648.52	648.52	682.65	682.65	853.32	853.32	819.19	819.19
39	691.42	691.42	656.85	656.85	656.85	656.85	691.42	691.42	864.28	864.28	829.70	829.70
40	700.19	700.19	665.18	665.18	665.18	665.18	700.19	700.19	875.23	875.23	840.22	840.22
41	713.34	713.34	677.67	677.67	677.67	677.67	713.34	713.34	891.67	891.67	856.00	856.00
42	725.94	725.94	689.64	689.64	689.64	689.64	725.94	725.94	907.42	907.42	871.12	871.12
43	743.47	743.47	706.30	706.30	706.30	706.30	743.47	743.47	929.34	929.34	892.16	892.16
44	765.38	765.38	727.11	727.11	727.11	727.11	765.38	765.38	956.73	956.73	918.46	918.46
45	791.13	791.13	751.58	751.58	751.58	751.58	791.13	791.13	988.92	988.92	949.36	949.36
46	821.82	821.82	780.72	780.72	780.72	780.72	821.82	821.82	1,027.27	1,027.27	986.18	986.18
47	856.33	856.33	813.52	813.52	813.52	813.52	856.33	856.33	1,070.41	1,070.41	1,027.60	1,027.60
48	895.78	895.78	850.99	850.99	850.99	850.99	895.78	895.78	1,119.72	1,119.72	1,074.93	1,074.93
49	934.68	934.68	887.94	887.94	887.94	887.94	934.68	934.68	1,168.35	1,168.35	1,121.61	1,121.61
50	978.51	978.51	929.58	929.58	929.58	929.58	978.51	978.51	1,223.14	1,223.14	1,174.21	1,174.21
51	1,021.79	1,021.79	970.70	970.70	970.70	970.70	1,021.79	1,021.79	1,277.24	1,277.24	1,226.15	1,226.15
52	1,069.46	1,069.46	1,015.98	1,015.98	1,015.98	1,015.98	1,069.46	1,069.46	1,336.82	1,336.82	1,283.35	1,283.35
53	1,117.67	1,117.67	1,061.79	1,061.79	1,061.79	1,061.79	1,117.67	1,117.67	1,397.09	1,397.09	1,341.20	1,341.20
54	1,169.72	1,169.72	1,111.23	1,111.23	1,111.23	1,111.23	1,169.72	1,169.72	1,462.15	1,462.15	1,403.66	1,403.66
55	1,221.77	1,221.77	1,160.68	1,160.68	1,160.68	1,160.68	1,221.77	1,221.77	1,527.21	1,527.21	1,466.12	1,466.12
56	1,278.20	1,278.20	1,214.29	1,214.29	1,214.29	1,214.29	1,278.20	1,278.20	1,597.75	1,597.75	1,533.84	1,533.84
57	1,335.18	1,335.18	1,268.42	1,268.42	1,268.42	1,268.42	1,335.18	1,335.18	1,668.97	1,668.97	1,602.21	1,602.21
58	1,395.99	1,395.99	1,326.19	1,326.19	1,326.19	1,326.19	1,395.99	1,395.99	1,744.99	1,744.99	1,675.19	1,675.19
59	1,426.12	1,426.12	1,354.82	1,354.82	1,354.82	1,354.82	1,426.12	1,426.12	1,782.65	1,782.65	1,711.35	1,711.35
60	1,486.94	1,486.94	1,412.59	1,412.59	1,412.59	1,412.59	1,486.94	1,486.94	1,858.67	1,858.67	1,784.33	1,784.33
61	1,539.53	1,539.53	1,462.56	1,462.56	1,462.56	1,462.56	1,539.53	1,539.53	1,924.42	1,924.42	1,847.44	1,847.44
62	1,574.05	1,574.05	1,495.35	1,495.35	1,495.35	1,495.35	1,574.05	1,574.05	1,967.56	1,967.56	1,888.86	1,888.86
63	1,617.33	1,617.33	1,536.47	1,536.47	1,536.47	1,536.47	1,617.33	1,617.33	2,021.67	2,021.67	1,940.80	1,940.80
64 and Over	1,643.63	1,643.63	1,561.45	1,561.45	1,561.45	1,561.45	1,643.63	1,643.63	2,054.54	2,054.54	1,972.36	1,972.36

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

75729PA0050128

Geisinger All-Access Extra PPO 10/40/0

Platinum

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$0/\$0	\$2,000/\$4,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$2,500/\$5,000	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$40	20% after deductible
Specialist - Office Visit	\$40	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$125	\$125
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$40	\$40
Outpatient Surgery Physician/Surgical Services	\$0	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$125	20% after deductible
Imaging (CT/PET Scans, MRIs)	\$100	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$250 per stay	20% after deductible
Skilled Nursing Facility (120 days per year)	\$50 per day	20% after deductible
Home Health Care Services (60 visits per year)	\$0	20% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$40	20% after deductible
Substance Abuse Disorder Outpatient Services	\$40	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	20% after deductible
Rehabilitative Speech Therapy	\$40	20% after deductible
Habilitation Services	\$40	20% after deductible
Durable Medical Equipment	10%	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	\$0	20% after deductible
Diabetic Services/Supplies - Medical Equipment	\$0	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

75729PA0050131

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access Extra PPO 10/40/0

Platinum

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			400.33	400.33			421.40	421.40			505.68	505.68
15			435.92	435.92			458.86	458.86			550.63	550.63
16			449.53	449.53			473.18	473.18			567.82	567.82
17			463.13	463.13			487.51	487.51			585.01	585.01
18			477.78	477.78			502.93	502.93			603.52	603.52
19			492.44	492.44			518.35	518.35			622.03	622.03
20			507.61	507.61			534.33	534.33			641.20	641.20
21			523.32	523.32			550.86	550.86			661.03	661.03
22			523.32	523.32			550.86	550.86			661.03	661.03
23			523.32	523.32			550.86	550.86			661.03	661.03
24			523.32	523.32			550.86	550.86			661.03	661.03
25			525.41	525.41			553.06	553.06			663.67	663.67
26			535.87	535.87			564.08	564.08			676.89	676.89
27			548.43	548.43			577.30	577.30			692.76	692.76
28			568.84	568.84			598.78	598.78			718.54	718.54
29			585.59	585.59			616.41	616.41			739.69	739.69
30			593.96	593.96			625.22	625.22			750.26	750.26
31			606.52	606.52			638.44	638.44			766.13	766.13
32			619.08	619.08			651.66	651.66			781.99	781.99
33			626.93	626.93			659.92	659.92			791.91	791.91
34			635.30	635.30			668.74	668.74			802.49	802.49
35			639.49	639.49			673.14	673.14			807.77	807.77
36			643.67	643.67			677.55	677.55			813.06	813.06
37			647.86	647.86			681.96	681.96			818.35	818.35
38			652.05	652.05			686.37	686.37			823.64	823.64
39			660.42	660.42			695.18	695.18			834.21	834.21
40			668.79	668.79			703.99	703.99			844.79	844.79
41			681.35	681.35			717.21	717.21			860.66	860.66
42			693.39	693.39			729.88	729.88			875.86	875.86
43			710.13	710.13			747.51	747.51			897.01	897.01
44			731.07	731.07			769.54	769.54			923.45	923.45
45			755.66	755.66			795.43	795.43			954.52	954.52
46			784.97	784.97			826.28	826.28			991.54	991.54
47			817.94	817.94			860.99	860.99			1,033.18	1,033.18
48			855.62	855.62			900.65	900.65			1,080.78	1,080.78
49			892.77	892.77			939.76	939.76			1,127.71	1,127.71
50			934.64	934.64			983.83	983.83			1,180.59	1,180.59
51			975.98	975.98			1,027.34	1,027.34			1,232.81	1,232.81
52			1,021.51	1,021.51			1,075.27	1,075.27			1,290.32	1,290.32
53			1,067.56	1,067.56			1,123.74	1,123.74			1,348.49	1,348.49
54			1,117.27	1,117.27			1,176.08	1,176.08			1,411.29	1,411.29
55			1,166.99	1,166.99			1,228.41	1,228.41			1,474.09	1,474.09
56			1,220.89	1,220.89			1,285.14	1,285.14			1,542.17	1,542.17
57			1,275.31	1,275.31			1,342.43	1,342.43			1,610.92	1,610.92
58			1,333.40	1,333.40			1,403.58	1,403.58			1,684.29	1,684.29
59			1,362.18	1,362.18			1,433.88	1,433.88			1,720.65	1,720.65
60			1,420.27	1,420.27			1,495.02	1,495.02			1,794.02	1,794.02
61			1,470.51	1,470.51			1,547.90	1,547.90			1,857.48	1,857.48
62			1,503.48	1,503.48			1,582.61	1,582.61			1,899.13	1,899.13
63			1,544.82	1,544.82			1,626.12	1,626.12			1,951.35	1,951.35
64 and Over			1,569.94	1,569.94			1,652.57	1,652.57			1,983.08	1,983.08

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

75729PA0050131

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access PPO 15/30/250

Platinum

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$250/\$500	\$2,000/\$4,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$15	20% after deductible
Specialist - Office Visit	\$30	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$15	\$15
Outpatient Surgery Physician/Surgical Services	0% after deductible	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	20% after deductible
Home Health Care Services (60 visits per year)	\$0	20% after deductible
Hospice Services	Residential - \$30 per visit, Facility - \$100 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$15	20% after deductible
Substance Abuse Disorder Outpatient Services	\$15	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$30	20% after deductible
Rehabilitative Speech Therapy	\$30	20% after deductible
Habilitation Services	\$30	20% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$15	Limited to In Network
Routine Eye Exam for Children	\$30	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	0% after deductible	20% 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

75729PA0050080

Geisinger All-Access PPO 15/30/250									Platinum			
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	404.98	404.98	384.73	384.73	384.73	384.73	404.98	404.98	506.23	506.23	485.98	485.98
15	440.98	440.98	418.93	418.93	418.93	418.93	440.98	440.98	551.22	551.22	529.17	529.17
16	454.74	454.74	432.01	432.01	432.01	432.01	454.74	454.74	568.43	568.43	545.69	545.69
17	468.51	468.51	445.08	445.08	445.08	445.08	468.51	468.51	585.63	585.63	562.21	562.21
18	483.33	483.33	459.16	459.16	459.16	459.16	483.33	483.33	604.16	604.16	580.00	580.00
19	498.15	498.15	473.24	473.24	473.24	473.24	498.15	498.15	622.69	622.69	597.78	597.78
20	513.50	513.50	487.83	487.83	487.83	487.83	513.50	513.50	641.88	641.88	616.21	616.21
21	529.39	529.39	502.92	502.92	502.92	502.92	529.39	529.39	661.74	661.74	635.27	635.27
22	529.39	529.39	502.92	502.92	502.92	502.92	529.39	529.39	661.74	661.74	635.27	635.27
23	529.39	529.39	502.92	502.92	502.92	502.92	529.39	529.39	661.74	661.74	635.27	635.27
24	529.39	529.39	502.92	502.92	502.92	502.92	529.39	529.39	661.74	661.74	635.27	635.27
25	531.50	531.50	504.93	504.93	504.93	504.93	531.50	531.50	664.38	664.38	637.80	637.80
26	542.09	542.09	514.99	514.99	514.99	514.99	542.09	542.09	677.61	677.61	650.51	650.51
27	554.80	554.80	527.06	527.06	527.06	527.06	554.80	554.80	693.50	693.50	665.76	665.76
28	575.44	575.44	546.67	546.67	546.67	546.67	575.44	575.44	719.30	719.30	690.53	690.53
29	592.38	592.38	562.76	562.76	562.76	562.76	592.38	592.38	740.48	740.48	710.86	710.86
30	600.85	600.85	570.81	570.81	570.81	570.81	600.85	600.85	751.07	751.07	721.02	721.02
31	613.56	613.56	582.88	582.88	582.88	582.88	613.56	613.56	766.95	766.95	736.27	736.27
32	626.26	626.26	594.95	594.95	594.95	594.95	626.26	626.26	782.83	782.83	751.52	751.52
33	634.20	634.20	602.49	602.49	602.49	602.49	634.20	634.20	792.76	792.76	761.05	761.05
34	642.67	642.67	610.54	610.54	610.54	610.54	642.67	642.67	803.34	803.34	771.21	771.21
35	646.91	646.91	614.56	614.56	614.56	614.56	646.91	646.91	808.64	808.64	776.29	776.29
36	651.14	651.14	618.59	618.59	618.59	618.59	651.14	651.14	813.93	813.93	781.37	781.37
37	655.38	655.38	622.61	622.61	622.61	622.61	655.38	655.38	819.22	819.22	786.46	786.46
38	659.61	659.61	626.63	626.63	626.63	626.63	659.61	659.61	824.52	824.52	791.54	791.54
39	668.09	668.09	634.68	634.68	634.68	634.68	668.09	668.09	835.11	835.11	801.70	801.70
40	676.56	676.56	642.73	642.73	642.73	642.73	676.56	676.56	845.69	845.69	811.87	811.87
41	689.26	689.26	654.80	654.80	654.80	654.80	689.26	689.26	861.58	861.58	827.11	827.11
42	701.44	701.44	666.36	666.36	666.36	666.36	701.44	701.44	876.80	876.80	841.72	841.72
43	718.38	718.38	682.46	682.46	682.46	682.46	718.38	718.38	897.97	897.97	862.05	862.05
44	739.55	739.55	702.57	702.57	702.57	702.57	739.55	739.55	924.44	924.44	887.46	887.46
45	764.43	764.43	726.21	726.21	726.21	726.21	764.43	764.43	955.54	955.54	917.32	917.32
46	794.08	794.08	754.38	754.38	754.38	754.38	794.08	794.08	992.60	992.60	952.89	952.89
47	827.43	827.43	786.06	786.06	786.06	786.06	827.43	827.43	1,034.29	1,034.29	992.92	992.92
48	865.55	865.55	822.27	822.27	822.27	822.27	865.55	865.55	1,081.93	1,081.93	1,038.66	1,038.66
49	903.13	903.13	857.98	857.98	857.98	857.98	903.13	903.13	1,128.92	1,128.92	1,083.76	1,083.76
50	945.48	945.48	898.21	898.21	898.21	898.21	945.48	945.48	1,181.85	1,181.85	1,134.58	1,134.58
51	987.30	987.30	937.94	937.94	937.94	937.94	987.30	987.30	1,234.13	1,234.13	1,184.77	1,184.77
52	1,033.36	1,033.36	981.69	981.69	981.69	981.69	1,033.36	1,033.36	1,291.70	1,291.70	1,240.03	1,240.03
53	1,079.95	1,079.95	1,025.95	1,025.95	1,025.95	1,025.95	1,079.95	1,079.95	1,349.93	1,349.93	1,295.94	1,295.94
54	1,130.24	1,130.24	1,073.73	1,073.73	1,073.73	1,073.73	1,130.24	1,130.24	1,412.80	1,412.80	1,356.29	1,356.29
55	1,180.53	1,180.53	1,121.50	1,121.50	1,121.50	1,121.50	1,180.53	1,180.53	1,475.66	1,475.66	1,416.64	1,416.64
56	1,235.06	1,235.06	1,173.30	1,173.30	1,173.30	1,173.30	1,235.06	1,235.06	1,543.82	1,543.82	1,482.07	1,482.07
57	1,290.11	1,290.11	1,225.61	1,225.61	1,225.61	1,225.61	1,290.11	1,290.11	1,612.64	1,612.64	1,548.14	1,548.14
58	1,348.88	1,348.88	1,281.43	1,281.43	1,281.43	1,281.43	1,348.88	1,348.88	1,686.09	1,686.09	1,618.65	1,618.65
59	1,377.99	1,377.99	1,309.09	1,309.09	1,309.09	1,309.09	1,377.99	1,377.99	1,722.49	1,722.49	1,653.59	1,653.59
60	1,436.75	1,436.75	1,364.92	1,364.92	1,364.92	1,364.92	1,436.75	1,436.75	1,795.94	1,795.94	1,724.10	1,724.10
61	1,487.57	1,487.57	1,413.20	1,413.20	1,413.20	1,413.20	1,487.57	1,487.57	1,859.47	1,859.47	1,785.09	1,785.09
62	1,520.93	1,520.93	1,444.88	1,444.88	1,444.88	1,444.88	1,520.93	1,520.93	1,901.16	1,901.16	1,825.11	1,825.11
63	1,562.75	1,562.75	1,484.61	1,484.61	1,484.61	1,484.61	1,562.75	1,562.75	1,953.43	1,953.43	1,875.30	1,875.30
64 and Over	1,588.16	1,588.16	1,508.75	1,508.75	1,508.75	1,508.75	1,588.16	1,588.16	1,985.20	1,985.20	1,905.79	1,905.79
Rates Effective: 01/01/2024 to 03/31/2024									75729PA0050080			

Geisinger All-Access Extra PPO 10/40/250

Platinum

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$250/\$500	\$4,000/\$8,000
Coinsurance	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$2,250/\$4,500	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$40	20% after deductible
Specialist - Office Visit	\$40	20% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$40	\$40
Outpatient Surgery Physician/Surgical Services	0% after deductible	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	20% after deductible
Home Health Care Services (60 visits per year)	\$0	20% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	20% after deductible
Mental/Behavioral Health Outpatient Services	\$40	20% after deductible
Substance Abuse Disorder Outpatient Services	\$40	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	20% after deductible
Rehabilitative Speech Therapy	\$40	20% after deductible
Habilitation Services	\$40	20% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	0% after deductible	20% 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

75729PA0050082

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access Extra PPO 10/40/250

Platinum

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			386.82	386.82			407.18	407.18			488.62	488.62
15			421.21	421.21			443.38	443.38			532.05	532.05
16			434.35	434.35			457.21	457.21			548.66	548.66
17			447.50	447.50			471.05	471.05			565.26	565.26
18			461.66	461.66			485.96	485.96			583.15	583.15
19			475.82	475.82			500.86	500.86			601.03	601.03
20			490.48	490.48			516.30	516.30			619.56	619.56
21			505.66	505.66			532.27	532.27			638.72	638.72
22			505.66	505.66			532.27	532.27			638.72	638.72
23			505.66	505.66			532.27	532.27			638.72	638.72
24			505.66	505.66			532.27	532.27			638.72	638.72
25			507.67	507.67			534.39	534.39			641.27	641.27
26			517.79	517.79			545.04	545.04			654.05	654.05
27			529.92	529.92			557.81	557.81			669.38	669.38
28			549.64	549.64			578.57	578.57			694.29	694.29
29			565.82	565.82			595.60	595.60			714.72	714.72
30			573.91	573.91			604.12	604.12			724.94	724.94
31			586.05	586.05			616.89	616.89			740.27	740.27
32			598.18	598.18			629.67	629.67			755.60	755.60
33			605.77	605.77			637.65	637.65			765.18	765.18
34			613.86	613.86			646.17	646.17			775.40	775.40
35			617.91	617.91			650.43	650.43			780.51	780.51
36			621.95	621.95			654.68	654.68			785.62	785.62
37			626.00	626.00			658.94	658.94			790.73	790.73
38			630.04	630.04			663.20	663.20			795.84	795.84
39			638.13	638.13			671.72	671.72			806.06	806.06
40			646.22	646.22			680.23	680.23			816.28	816.28
41			658.36	658.36			693.01	693.01			831.61	831.61
42			669.99	669.99			705.25	705.25			846.30	846.30
43			686.17	686.17			722.28	722.28			866.74	866.74
44			706.39	706.39			743.57	743.57			892.29	892.29
45			730.16	730.16			768.59	768.59			922.31	922.31
46			758.48	758.48			798.40	798.40			958.08	958.08
47			790.33	790.33			831.93	831.93			998.31	998.31
48			826.74	826.74			870.25	870.25			1,044.30	1,044.30
49			862.64	862.64			908.04	908.04			1,089.65	1,089.65
50			903.09	903.09			950.62	950.62			1,140.75	1,140.75
51			943.04	943.04			992.67	992.67			1,191.21	1,191.21
52			987.03	987.03			1,038.98	1,038.98			1,246.78	1,246.78
53			1,031.53	1,031.53			1,085.82	1,085.82			1,302.98	1,302.98
54			1,079.56	1,079.56			1,136.38	1,136.38			1,363.66	1,363.66
55			1,127.60	1,127.60			1,186.95	1,186.95			1,424.34	1,424.34
56			1,179.68	1,179.68			1,241.77	1,241.77			1,490.13	1,490.13
57			1,232.27	1,232.27			1,297.13	1,297.13			1,556.55	1,556.55
58			1,288.40	1,288.40			1,356.21	1,356.21			1,627.45	1,627.45
59			1,316.21	1,316.21			1,385.48	1,385.48			1,662.58	1,662.58
60			1,372.34	1,372.34			1,444.56	1,444.56			1,733.48	1,733.48
61			1,420.88	1,420.88			1,495.66	1,495.66			1,794.79	1,794.79
62			1,452.73	1,452.73			1,529.19	1,529.19			1,835.03	1,835.03
63			1,492.68	1,492.68			1,571.24	1,571.24			1,885.49	1,885.49
64 and Over			1,516.95	1,516.95			1,596.79	1,596.79			1,916.15	1,916.15

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

75729PA0050082

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access PPO 30/60/3500

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$3,500/\$7,000	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$30	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250	\$250
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$30	\$30
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$30	30% after deductible
Substance Abuse Disorder Outpatient Services	\$30	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	30% 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

75729PA0050096

Geisinger All-Access PPO 30/60/3500

Gold

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	328.40	328.40	311.98	311.98	311.98	311.98	328.40	328.40	410.51	410.51	394.09	394.09
15	357.60	357.60	339.72	339.72	339.72	339.72	357.60	357.60	447.00	447.00	429.12	429.12
16	368.76	368.76	350.32	350.32	350.32	350.32	368.76	368.76	460.95	460.95	442.51	442.51
17	379.92	379.92	360.92	360.92	360.92	360.92	379.92	379.92	474.90	474.90	455.90	455.90
18	391.94	391.94	372.34	372.34	372.34	372.34	391.94	391.94	489.92	489.92	470.33	470.33
19	403.96	403.96	383.76	383.76	383.76	383.76	403.96	403.96	504.95	504.95	484.75	484.75
20	416.41	416.41	395.59	395.59	395.59	395.59	416.41	416.41	520.51	520.51	499.69	499.69
21	429.29	429.29	407.83	407.83	407.83	407.83	429.29	429.29	536.61	536.61	515.15	515.15
22	429.29	429.29	407.83	407.83	407.83	407.83	429.29	429.29	536.61	536.61	515.15	515.15
23	429.29	429.29	407.83	407.83	407.83	407.83	429.29	429.29	536.61	536.61	515.15	515.15
24	429.29	429.29	407.83	407.83	407.83	407.83	429.29	429.29	536.61	536.61	515.15	515.15
25	431.00	431.00	409.45	409.45	409.45	409.45	431.00	431.00	538.76	538.76	517.20	517.20
26	439.59	439.59	417.61	417.61	417.61	417.61	439.59	439.59	549.49	549.49	527.51	527.51
27	449.89	449.89	427.40	427.40	427.40	427.40	449.89	449.89	562.37	562.37	539.87	539.87
28	466.63	466.63	443.30	443.30	443.30	443.30	466.63	466.63	583.29	583.29	559.96	559.96
29	480.37	480.37	456.35	456.35	456.35	456.35	480.37	480.37	600.47	600.47	576.45	576.45
30	487.24	487.24	462.88	462.88	462.88	462.88	487.24	487.24	609.05	609.05	584.69	584.69
31	497.54	497.54	472.67	472.67	472.67	472.67	497.54	497.54	621.93	621.93	597.05	597.05
32	507.85	507.85	482.45	482.45	482.45	482.45	507.85	507.85	634.81	634.81	609.42	609.42
33	514.29	514.29	488.57	488.57	488.57	488.57	514.29	514.29	642.86	642.86	617.14	617.14
34	521.15	521.15	495.10	495.10	495.10	495.10	521.15	521.15	651.44	651.44	625.39	625.39
35	524.59	524.59	498.36	498.36	498.36	498.36	524.59	524.59	655.74	655.74	629.51	629.51
36	528.02	528.02	501.62	501.62	501.62	501.62	528.02	528.02	660.03	660.03	633.63	633.63
37	531.46	531.46	504.88	504.88	504.88	504.88	531.46	531.46	664.32	664.32	637.75	637.75
38	534.89	534.89	508.15	508.15	508.15	508.15	534.89	534.89	668.61	668.61	641.87	641.87
39	541.76	541.76	514.67	514.67	514.67	514.67	541.76	541.76	677.20	677.20	650.11	650.11
40	548.63	548.63	521.20	521.20	521.20	521.20	548.63	548.63	685.79	685.79	658.35	658.35
41	558.93	558.93	530.99	530.99	530.99	530.99	558.93	558.93	698.66	698.66	670.72	670.72
42	568.81	568.81	540.37	540.37	540.37	540.37	568.81	568.81	711.01	711.01	682.57	682.57
43	582.54	582.54	553.42	553.42	553.42	553.42	582.54	582.54	728.18	728.18	699.05	699.05
44	599.71	599.71	569.73	569.73	569.73	569.73	599.71	599.71	749.64	749.64	719.66	719.66
45	619.89	619.89	588.90	588.90	588.90	588.90	619.89	619.89	774.86	774.86	743.87	743.87
46	643.93	643.93	611.73	611.73	611.73	611.73	643.93	643.93	804.91	804.91	772.72	772.72
47	670.98	670.98	637.43	637.43	637.43	637.43	670.98	670.98	838.72	838.72	805.17	805.17
48	701.88	701.88	666.79	666.79	666.79	666.79	701.88	701.88	877.36	877.36	842.26	842.26
49	732.36	732.36	695.75	695.75	695.75	695.75	732.36	732.36	915.45	915.45	878.84	878.84
50	766.71	766.71	728.37	728.37	728.37	728.37	766.71	766.71	958.38	958.38	920.05	920.05
51	800.62	800.62	760.59	760.59	760.59	760.59	800.62	800.62	1,000.78	1,000.78	960.74	960.74
52	837.97	837.97	796.07	796.07	796.07	796.07	837.97	837.97	1,047.46	1,047.46	1,005.56	1,005.56
53	875.75	875.75	831.96	831.96	831.96	831.96	875.75	875.75	1,094.68	1,094.68	1,050.89	1,050.89
54	916.53	916.53	870.70	870.70	870.70	870.70	916.53	916.53	1,145.66	1,145.66	1,099.83	1,099.83
55	957.31	957.31	909.44	909.44	909.44	909.44	957.31	957.31	1,196.64	1,196.64	1,148.77	1,148.77
56	1,001.53	1,001.53	951.45	951.45	951.45	951.45	1,001.53	1,001.53	1,251.91	1,251.91	1,201.83	1,201.83
57	1,046.17	1,046.17	993.86	993.86	993.86	993.86	1,046.17	1,046.17	1,307.72	1,307.72	1,255.41	1,255.41
58	1,093.82	1,093.82	1,039.13	1,039.13	1,039.13	1,039.13	1,093.82	1,093.82	1,367.28	1,367.28	1,312.59	1,312.59
59	1,117.43	1,117.43	1,061.56	1,061.56	1,061.56	1,061.56	1,117.43	1,117.43	1,396.79	1,396.79	1,340.92	1,340.92
60	1,165.08	1,165.08	1,106.83	1,106.83	1,106.83	1,106.83	1,165.08	1,165.08	1,456.36	1,456.36	1,398.10	1,398.10
61	1,206.30	1,206.30	1,145.98	1,145.98	1,145.98	1,145.98	1,206.30	1,206.30	1,507.87	1,507.87	1,447.56	1,447.56
62	1,233.34	1,233.34	1,171.67	1,171.67	1,171.67	1,171.67	1,233.34	1,233.34	1,541.68	1,541.68	1,480.01	1,480.01
63	1,267.26	1,267.26	1,203.89	1,203.89	1,203.89	1,203.89	1,267.26	1,267.26	1,584.07	1,584.07	1,520.71	1,520.71
64 and Over	1,287.86	1,287.86	1,223.47	1,223.47	1,223.47	1,223.47	1,287.86	1,287.86	1,609.83	1,609.83	1,545.43	1,545.43

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

75729PA0050096

Geisinger All-Access Extra PPO 20/60/3500**Gold****Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$3,500/\$7,000	\$10,000/\$20,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20/\$60	40% after deductible
Specialist - Office Visit	\$60	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250	\$250
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$60	\$60
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)	\$0	40% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	40% after deductible
Mental/Behavioral Health Outpatient Services	\$60	40% after deductible
Substance Abuse Disorder Outpatient Services	\$60	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	40% after deductible
Rehabilitative Speech Therapy	\$60	40% after deductible
Habilitation Services	\$60	40% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
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**75729PA0050097**

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access Extra PPO 20/60/3500

Gold

Age	Rating Area 2 Tobacco Status		Rating Area 3 Tobacco Status		Rating Area 5 Tobacco Status		Rating Area 6 Tobacco Status		Rating Area 7 Tobacco Status		Rating Area 9 Tobacco Status	
	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			313.11	313.11			329.59	329.59			395.51	395.51
15			340.95	340.95			358.89	358.89			430.67	430.67
16			351.59	351.59			370.09	370.09			444.11	444.11
17			362.23	362.23			381.29	381.29			457.55	457.55
18			373.69	373.69			393.36	393.36			472.03	472.03
19			385.15	385.15			405.42	405.42			486.50	486.50
20			397.02	397.02			417.91	417.91			501.50	501.50
21			409.30	409.30			430.84	430.84			517.01	517.01
22			409.30	409.30			430.84	430.84			517.01	517.01
23			409.30	409.30			430.84	430.84			517.01	517.01
24			409.30	409.30			430.84	430.84			517.01	517.01
25			410.94	410.94			432.56	432.56			519.08	519.08
26			419.12	419.12			441.18	441.18			529.42	529.42
27			428.94	428.94			451.52	451.52			541.82	541.82
28			444.91	444.91			468.32	468.32			561.99	561.99
29			458.00	458.00			482.11	482.11			578.53	578.53
30			464.55	464.55			489.00	489.00			586.80	586.80
31			474.38	474.38			499.34	499.34			599.21	599.21
32			484.20	484.20			509.68	509.68			611.62	611.62
33			490.34	490.34			516.15	516.15			619.38	619.38
34			496.89	496.89			523.04	523.04			627.65	627.65
35			500.16	500.16			526.49	526.49			631.78	631.78
36			503.44	503.44			529.93	529.93			635.92	635.92
37			506.71	506.71			533.38	533.38			640.06	640.06
38			509.99	509.99			536.83	536.83			644.19	644.19
39			516.53	516.53			543.72	543.72			652.46	652.46
40			523.08	523.08			550.61	550.61			660.74	660.74
41			532.91	532.91			560.95	560.95			673.14	673.14
42			542.32	542.32			570.86	570.86			685.04	685.04
43			555.42	555.42			584.65	584.65			701.58	701.58
44			571.79	571.79			601.88	601.88			722.26	722.26
45			591.03	591.03			622.13	622.13			746.56	746.56
46			613.95	613.95			646.26	646.26			775.51	775.51
47			639.73	639.73			673.40	673.40			808.08	808.08
48			669.20	669.20			704.42	704.42			845.31	845.31
49			698.26	698.26			735.01	735.01			882.02	882.02
50			731.01	731.01			769.48	769.48			923.38	923.38
51			763.34	763.34			803.52	803.52			964.22	964.22
52			798.95	798.95			841.00	841.00			1,009.20	1,009.20
53			834.97	834.97			878.91	878.91			1,054.70	1,054.70
54			873.85	873.85			919.84	919.84			1,103.81	1,103.81
55			912.73	912.73			960.77	960.77			1,152.93	1,152.93
56			954.89	954.89			1,005.15	1,005.15			1,206.18	1,206.18
57			997.46	997.46			1,049.96	1,049.96			1,259.95	1,259.95
58			1,042.89	1,042.89			1,097.78	1,097.78			1,317.34	1,317.34
59			1,065.40	1,065.40			1,121.48	1,121.48			1,345.77	1,345.77
60			1,110.83	1,110.83			1,169.30	1,169.30			1,403.16	1,403.16
61			1,150.13	1,150.13			1,210.66	1,210.66			1,452.79	1,452.79
62			1,175.91	1,175.91			1,237.80	1,237.80			1,485.36	1,485.36
63			1,208.25	1,208.25			1,271.84	1,271.84			1,526.21	1,526.21
64 and Over			1,227.89	1,227.89			1,292.52	1,292.52			1,551.02	1,551.02

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

75729PA0050097

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access PPO 20/40/500

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$500/\$1,000	\$4,000/\$8,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	30% after deductible
Specialist - Office Visit	\$40	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250	\$250
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$250 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	30% after deductible
Rehabilitative Speech Therapy	\$40	30% after deductible
Habilitation Services	\$40	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	0% after deductible	30% 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

75729PA0050102

Geisinger All-Access PPO 20/40/500

Gold

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	368.66	368.66	350.22	350.22	350.22	350.22	368.66	368.66	460.82	460.82	442.39	442.39
15	401.42	401.42	381.35	381.35	381.35	381.35	401.42	401.42	501.78	501.78	481.71	481.71
16	413.95	413.95	393.26	393.26	393.26	393.26	413.95	413.95	517.44	517.44	496.74	496.74
17	426.48	426.48	405.16	405.16	405.16	405.16	426.48	426.48	533.10	533.10	511.78	511.78
18	439.98	439.98	417.98	417.98	417.98	417.98	439.98	439.98	549.97	549.97	527.97	527.97
19	453.47	453.47	430.80	430.80	430.80	430.80	453.47	453.47	566.84	566.84	544.16	544.16
20	467.44	467.44	444.07	444.07	444.07	444.07	467.44	467.44	584.31	584.31	560.93	560.93
21	481.91	481.91	457.81	457.81	457.81	457.81	481.91	481.91	602.38	602.38	578.29	578.29
22	481.91	481.91	457.81	457.81	457.81	457.81	481.91	481.91	602.38	602.38	578.29	578.29
23	481.91	481.91	457.81	457.81	457.81	457.81	481.91	481.91	602.38	602.38	578.29	578.29
24	481.91	481.91	457.81	457.81	457.81	457.81	481.91	481.91	602.38	602.38	578.29	578.29
25	483.83	483.83	459.64	459.64	459.64	459.64	483.83	483.83	604.79	604.79	580.60	580.60
26	493.47	493.47	468.79	468.79	468.79	468.79	493.47	493.47	616.83	616.83	592.16	592.16
27	505.03	505.03	479.78	479.78	479.78	479.78	505.03	505.03	631.29	631.29	606.04	606.04
28	523.83	523.83	497.64	497.64	497.64	497.64	523.83	523.83	654.78	654.78	628.59	628.59
29	539.25	539.25	512.29	512.29	512.29	512.29	539.25	539.25	674.06	674.06	647.10	647.10
30	546.96	546.96	519.61	519.61	519.61	519.61	546.96	546.96	683.70	683.70	656.35	656.35
31	558.52	558.52	530.60	530.60	530.60	530.60	558.52	558.52	698.16	698.16	670.23	670.23
32	570.09	570.09	541.59	541.59	541.59	541.59	570.09	570.09	712.61	712.61	684.11	684.11
33	577.32	577.32	548.45	548.45	548.45	548.45	577.32	577.32	721.65	721.65	692.78	692.78
34	585.03	585.03	555.78	555.78	555.78	555.78	585.03	585.03	731.29	731.29	702.03	702.03
35	588.88	588.88	559.44	559.44	559.44	559.44	588.88	588.88	736.11	736.11	706.66	706.66
36	592.74	592.74	563.10	563.10	563.10	563.10	592.74	592.74	740.92	740.92	711.29	711.29
37	596.59	596.59	566.76	566.76	566.76	566.76	596.59	596.59	745.74	745.74	715.91	715.91
38	600.45	600.45	570.43	570.43	570.43	570.43	600.45	600.45	750.56	750.56	720.54	720.54
39	608.16	608.16	577.75	577.75	577.75	577.75	608.16	608.16	760.20	760.20	729.79	729.79
40	615.87	615.87	585.08	585.08	585.08	585.08	615.87	615.87	769.84	769.84	739.04	739.04
41	627.44	627.44	596.06	596.06	596.06	596.06	627.44	627.44	784.30	784.30	752.92	752.92
42	638.52	638.52	606.59	606.59	606.59	606.59	638.52	638.52	798.15	798.15	766.22	766.22
43	653.94	653.94	621.24	621.24	621.24	621.24	653.94	653.94	817.43	817.43	784.73	784.73
44	673.22	673.22	639.56	639.56	639.56	639.56	673.22	673.22	841.52	841.52	807.86	807.86
45	695.87	695.87	661.07	661.07	661.07	661.07	695.87	695.87	869.83	869.83	835.04	835.04
46	722.85	722.85	686.71	686.71	686.71	686.71	722.85	722.85	903.57	903.57	867.42	867.42
47	753.21	753.21	715.55	715.55	715.55	715.55	753.21	753.21	941.52	941.52	903.86	903.86
48	787.91	787.91	748.51	748.51	748.51	748.51	787.91	787.91	984.89	984.89	945.49	945.49
49	822.12	822.12	781.02	781.02	781.02	781.02	822.12	822.12	1,027.66	1,027.66	986.55	986.55
50	860.68	860.68	817.64	817.64	817.64	817.64	860.68	860.68	1,075.85	1,075.85	1,032.81	1,032.81
51	898.75	898.75	853.81	853.81	853.81	853.81	898.75	898.75	1,123.43	1,123.43	1,078.50	1,078.50
52	940.67	940.67	893.64	893.64	893.64	893.64	940.67	940.67	1,175.84	1,175.84	1,128.81	1,128.81
53	983.08	983.08	933.93	933.93	933.93	933.93	983.08	983.08	1,228.85	1,228.85	1,179.70	1,179.70
54	1,028.86	1,028.86	977.42	977.42	977.42	977.42	1,028.86	1,028.86	1,286.08	1,286.08	1,234.63	1,234.63
55	1,074.64	1,074.64	1,020.91	1,020.91	1,020.91	1,020.91	1,074.64	1,074.64	1,343.30	1,343.30	1,289.57	1,289.57
56	1,124.28	1,124.28	1,068.06	1,068.06	1,068.06	1,068.06	1,124.28	1,124.28	1,405.35	1,405.35	1,349.13	1,349.13
57	1,174.40	1,174.40	1,115.68	1,115.68	1,115.68	1,115.68	1,174.40	1,174.40	1,467.99	1,467.99	1,409.27	1,409.27
58	1,227.89	1,227.89	1,166.49	1,166.49	1,166.49	1,166.49	1,227.89	1,227.89	1,534.86	1,534.86	1,473.46	1,473.46
59	1,254.39	1,254.39	1,191.67	1,191.67	1,191.67	1,191.67	1,254.39	1,254.39	1,567.99	1,567.99	1,505.27	1,505.27
60	1,307.88	1,307.88	1,242.49	1,242.49	1,242.49	1,242.49	1,307.88	1,307.88	1,634.85	1,634.85	1,569.46	1,569.46
61	1,354.14	1,354.14	1,286.44	1,286.44	1,286.44	1,286.44	1,354.14	1,354.14	1,692.68	1,692.68	1,624.97	1,624.97
62	1,384.50	1,384.50	1,315.28	1,315.28	1,315.28	1,315.28	1,384.50	1,384.50	1,730.63	1,730.63	1,661.41	1,661.41
63	1,422.57	1,422.57	1,351.45	1,351.45	1,351.45	1,351.45	1,422.57	1,422.57	1,778.22	1,778.22	1,707.09	1,707.09
64 and Over	1,445.71	1,445.71	1,373.42	1,373.42	1,373.42	1,373.42	1,445.71	1,445.71	1,807.13	1,807.13	1,734.85	1,734.85

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

75729PA0050102

Geisinger All-Access PPO 20/40/1500

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,500/\$3,000	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	30% after deductible
Specialist - Office Visit	\$40	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$150 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	30% after deductible
Rehabilitative Speech Therapy	\$40	30% after deductible
Habilitation Services	\$40	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	30% 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

75729PA0050103

Geisinger All-Access PPO 20/40/1500

Gold

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	361.40	361.40	343.33	343.33	343.33	343.33	361.40	361.40	451.75	451.75	433.68	433.68
15	393.52	393.52	373.85	373.85	373.85	373.85	393.52	393.52	491.90	491.90	472.23	472.23
16	405.81	405.81	385.52	385.52	385.52	385.52	405.81	405.81	507.26	507.26	486.97	486.97
17	418.09	418.09	397.18	397.18	397.18	397.18	418.09	418.09	522.61	522.61	501.71	501.71
18	431.32	431.32	409.75	409.75	409.75	409.75	431.32	431.32	539.15	539.15	517.58	517.58
19	444.54	444.54	422.32	422.32	422.32	422.32	444.54	444.54	555.68	555.68	533.45	533.45
20	458.24	458.24	435.33	435.33	435.33	435.33	458.24	458.24	572.81	572.81	549.89	549.89
21	472.42	472.42	448.80	448.80	448.80	448.80	472.42	472.42	590.53	590.53	566.91	566.91
22	472.42	472.42	448.80	448.80	448.80	448.80	472.42	472.42	590.53	590.53	566.91	566.91
23	472.42	472.42	448.80	448.80	448.80	448.80	472.42	472.42	590.53	590.53	566.91	566.91
24	472.42	472.42	448.80	448.80	448.80	448.80	472.42	472.42	590.53	590.53	566.91	566.91
25	474.31	474.31	450.59	450.59	450.59	450.59	474.31	474.31	592.88	592.88	569.17	569.17
26	483.76	483.76	459.57	459.57	459.57	459.57	483.76	483.76	604.69	604.69	580.51	580.51
27	495.09	495.09	470.34	470.34	470.34	470.34	495.09	495.09	618.87	618.87	594.11	594.11
28	513.52	513.52	487.84	487.84	487.84	487.84	513.52	513.52	641.90	641.90	616.22	616.22
29	528.63	528.63	502.20	502.20	502.20	502.20	528.63	528.63	660.79	660.79	634.36	634.36
30	536.19	536.19	509.38	509.38	509.38	509.38	536.19	536.19	670.24	670.24	643.43	643.43
31	547.53	547.53	520.15	520.15	520.15	520.15	547.53	547.53	684.41	684.41	657.04	657.04
32	558.87	558.87	530.93	530.93	530.93	530.93	558.87	558.87	698.59	698.59	670.64	670.64
33	565.96	565.96	537.66	537.66	537.66	537.66	565.96	565.96	707.44	707.44	679.15	679.15
34	573.51	573.51	544.84	544.84	544.84	544.84	573.51	573.51	716.89	716.89	688.22	688.22
35	577.29	577.29	548.43	548.43	548.43	548.43	577.29	577.29	721.62	721.62	692.75	692.75
36	581.07	581.07	552.02	552.02	552.02	552.02	581.07	581.07	726.34	726.34	697.29	697.29
37	584.85	584.85	555.61	555.61	555.61	555.61	584.85	584.85	731.07	731.07	701.82	701.82
38	588.63	588.63	559.20	559.20	559.20	559.20	588.63	588.63	735.79	735.79	706.36	706.36
39	596.19	596.19	566.38	566.38	566.38	566.38	596.19	596.19	745.24	745.24	715.43	715.43
40	603.75	603.75	573.56	573.56	573.56	573.56	603.75	603.75	754.69	754.69	724.50	724.50
41	615.09	615.09	584.33	584.33	584.33	584.33	615.09	615.09	768.86	768.86	738.10	738.10
42	625.95	625.95	594.65	594.65	594.65	594.65	625.95	625.95	782.44	782.44	751.14	751.14
43	641.07	641.07	609.02	609.02	609.02	609.02	641.07	641.07	801.34	801.34	769.28	769.28
44	659.97	659.97	626.97	626.97	626.97	626.97	659.97	659.97	824.96	824.96	791.96	791.96
45	682.17	682.17	648.06	648.06	648.06	648.06	682.17	682.17	852.71	852.71	818.60	818.60
46	708.63	708.63	673.19	673.19	673.19	673.19	708.63	708.63	885.78	885.78	850.35	850.35
47	738.39	738.39	701.47	701.47	701.47	701.47	738.39	738.39	922.98	922.98	886.07	886.07
48	772.40	772.40	733.78	733.78	733.78	733.78	772.40	772.40	965.50	965.50	926.88	926.88
49	805.94	805.94	765.65	765.65	765.65	765.65	805.94	805.94	1,007.43	1,007.43	967.13	967.13
50	843.74	843.74	801.55	801.55	801.55	801.55	843.74	843.74	1,054.67	1,054.67	1,012.48	1,012.48
51	881.06	881.06	837.00	837.00	837.00	837.00	881.06	881.06	1,101.32	1,101.32	1,057.27	1,057.27
52	922.16	922.16	876.05	876.05	876.05	876.05	922.16	922.16	1,152.70	1,152.70	1,106.59	1,106.59
53	963.73	963.73	915.54	915.54	915.54	915.54	963.73	963.73	1,204.66	1,204.66	1,156.48	1,156.48
54	1,008.61	1,008.61	958.18	958.18	958.18	958.18	1,008.61	1,008.61	1,260.76	1,260.76	1,210.33	1,210.33
55	1,053.49	1,053.49	1,000.82	1,000.82	1,000.82	1,000.82	1,053.49	1,053.49	1,316.86	1,316.86	1,264.19	1,264.19
56	1,102.15	1,102.15	1,047.04	1,047.04	1,047.04	1,047.04	1,102.15	1,102.15	1,377.69	1,377.69	1,322.58	1,322.58
57	1,151.28	1,151.28	1,093.72	1,093.72	1,093.72	1,093.72	1,151.28	1,151.28	1,439.10	1,439.10	1,381.54	1,381.54
58	1,203.72	1,203.72	1,143.53	1,143.53	1,143.53	1,143.53	1,203.72	1,203.72	1,504.65	1,504.65	1,444.46	1,444.46
59	1,229.70	1,229.70	1,168.22	1,168.22	1,168.22	1,168.22	1,229.70	1,229.70	1,537.13	1,537.13	1,475.64	1,475.64
60	1,282.14	1,282.14	1,218.03	1,218.03	1,218.03	1,218.03	1,282.14	1,282.14	1,602.67	1,602.67	1,538.57	1,538.57
61	1,327.49	1,327.49	1,261.12	1,261.12	1,261.12	1,261.12	1,327.49	1,327.49	1,659.36	1,659.36	1,592.99	1,592.99
62	1,357.25	1,357.25	1,289.39	1,289.39	1,289.39	1,289.39	1,357.25	1,357.25	1,696.57	1,696.57	1,628.70	1,628.70
63	1,394.57	1,394.57	1,324.85	1,324.85	1,324.85	1,324.85	1,394.57	1,394.57	1,743.22	1,743.22	1,673.49	1,673.49
64 and Over	1,417.25	1,417.25	1,346.39	1,346.39	1,346.39	1,346.39	1,417.25	1,417.25	1,771.56	1,771.56	1,700.70	1,700.70

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

75729PA0050103

Geisinger All-Access PPO 25/50/2000

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	30% 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

75729PA0050104

Geisinger All-Access PPO 25/50/2000

Gold

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	347.94	347.94	330.55	330.55	330.55	330.55	347.94	347.94	434.93	434.93	417.53	417.53
15	378.87	378.87	359.93	359.93	359.93	359.93	378.87	378.87	473.59	473.59	454.65	454.65
16	390.70	390.70	371.16	371.16	371.16	371.16	390.70	390.70	488.37	488.37	468.84	468.84
17	402.52	402.52	382.40	382.40	382.40	382.40	402.52	402.52	503.15	503.15	483.03	483.03
18	415.26	415.26	394.50	394.50	394.50	394.50	415.26	415.26	519.07	519.07	498.31	498.31
19	427.99	427.99	406.59	406.59	406.59	406.59	427.99	427.99	534.99	534.99	513.59	513.59
20	441.18	441.18	419.12	419.12	419.12	419.12	441.18	441.18	551.48	551.48	529.42	529.42
21	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
22	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
23	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
24	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
25	456.65	456.65	433.82	433.82	433.82	433.82	456.65	456.65	570.81	570.81	547.98	547.98
26	465.74	465.74	442.46	442.46	442.46	442.46	465.74	465.74	582.18	582.18	558.89	558.89
27	476.66	476.66	452.83	452.83	452.83	452.83	476.66	476.66	595.83	595.83	571.99	571.99
28	494.40	494.40	469.68	469.68	469.68	469.68	494.40	494.40	618.00	618.00	593.28	593.28
29	508.95	508.95	483.51	483.51	483.51	483.51	508.95	508.95	636.19	636.19	610.74	610.74
30	516.23	516.23	490.42	490.42	490.42	490.42	516.23	516.23	645.29	645.29	619.48	619.48
31	527.15	527.15	500.79	500.79	500.79	500.79	527.15	527.15	658.93	658.93	632.58	632.58
32	538.06	538.06	511.16	511.16	511.16	511.16	538.06	538.06	672.58	672.58	645.68	645.68
33	544.89	544.89	517.64	517.64	517.64	517.64	544.89	544.89	681.11	681.11	653.86	653.86
34	552.16	552.16	524.55	524.55	524.55	524.55	552.16	552.16	690.20	690.20	662.59	662.59
35	555.80	555.80	528.01	528.01	528.01	528.01	555.80	555.80	694.75	694.75	666.96	666.96
36	559.44	559.44	531.47	531.47	531.47	531.47	559.44	559.44	699.30	699.30	671.33	671.33
37	563.08	563.08	534.92	534.92	534.92	534.92	563.08	563.08	703.85	703.85	675.69	675.69
38	566.72	566.72	538.38	538.38	538.38	538.38	566.72	566.72	708.40	708.40	680.06	680.06
39	573.99	573.99	545.29	545.29	545.29	545.29	573.99	573.99	717.49	717.49	688.79	688.79
40	581.27	581.27	552.21	552.21	552.21	552.21	581.27	581.27	726.59	726.59	697.53	697.53
41	592.19	592.19	562.58	562.58	562.58	562.58	592.19	592.19	740.23	740.23	710.62	710.62
42	602.65	602.65	572.52	572.52	572.52	572.52	602.65	602.65	753.31	753.31	723.18	723.18
43	617.20	617.20	586.34	586.34	586.34	586.34	617.20	617.20	771.50	771.50	740.64	740.64
44	635.40	635.40	603.63	603.63	603.63	603.63	635.40	635.40	794.25	794.25	762.48	762.48
45	656.77	656.77	623.93	623.93	623.93	623.93	656.77	656.77	820.97	820.97	788.13	788.13
46	682.24	682.24	648.13	648.13	648.13	648.13	682.24	682.24	852.80	852.80	818.69	818.69
47	710.90	710.90	675.35	675.35	675.35	675.35	710.90	710.90	888.62	888.62	853.08	853.08
48	743.65	743.65	706.46	706.46	706.46	706.46	743.65	743.65	929.56	929.56	892.37	892.37
49	775.94	775.94	737.14	737.14	737.14	737.14	775.94	775.94	969.92	969.92	931.13	931.13
50	812.32	812.32	771.71	771.71	771.71	771.71	812.32	812.32	1,015.41	1,015.41	974.79	974.79
51	848.26	848.26	805.84	805.84	805.84	805.84	848.26	848.26	1,060.32	1,060.32	1,017.91	1,017.91
52	887.83	887.83	843.43	843.43	843.43	843.43	887.83	887.83	1,109.78	1,109.78	1,065.39	1,065.39
53	927.85	927.85	881.46	881.46	881.46	881.46	927.85	927.85	1,159.81	1,159.81	1,113.42	1,113.42
54	971.06	971.06	922.51	922.51	922.51	922.51	971.06	971.06	1,213.82	1,213.82	1,165.27	1,165.27
55	1,014.27	1,014.27	963.56	963.56	963.56	963.56	1,014.27	1,014.27	1,267.84	1,267.84	1,217.12	1,217.12
56	1,061.12	1,061.12	1,008.06	1,008.06	1,008.06	1,008.06	1,061.12	1,061.12	1,326.40	1,326.40	1,273.34	1,273.34
57	1,108.42	1,108.42	1,053.00	1,053.00	1,053.00	1,053.00	1,108.42	1,108.42	1,385.52	1,385.52	1,330.10	1,330.10
58	1,158.90	1,158.90	1,100.96	1,100.96	1,100.96	1,100.96	1,158.90	1,158.90	1,448.63	1,448.63	1,390.69	1,390.69
59	1,183.92	1,183.92	1,124.72	1,124.72	1,124.72	1,124.72	1,183.92	1,183.92	1,479.90	1,479.90	1,420.70	1,420.70
60	1,234.41	1,234.41	1,172.69	1,172.69	1,172.69	1,172.69	1,234.41	1,234.41	1,543.01	1,543.01	1,481.29	1,481.29
61	1,278.07	1,278.07	1,214.17	1,214.17	1,214.17	1,214.17	1,278.07	1,278.07	1,597.59	1,597.59	1,533.68	1,533.68
62	1,306.72	1,306.72	1,241.39	1,241.39	1,241.39	1,241.39	1,306.72	1,306.72	1,633.40	1,633.40	1,568.07	1,568.07
63	1,342.66	1,342.66	1,275.52	1,275.52	1,275.52	1,275.52	1,342.66	1,342.66	1,678.32	1,678.32	1,611.19	1,611.19
64 and Over	1,364.49	1,364.49	1,296.26	1,296.26	1,296.26	1,296.26	1,364.49	1,364.49	1,705.61	1,705.61	1,637.38	1,637.38

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

75729PA0050104

Geisinger All-Access Extra PPO 10/60/1000

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,000/\$2,000	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$60	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$60	30% after deductible
Substance Abuse Disorder Outpatient Services	\$60	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	30% 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

75729PA0050132

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access Extra PPO 10/60/1000

Gold

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			355.97	355.97			374.70	374.70			449.64	449.64
15			387.61	387.61			408.01	408.01			489.61	489.61
16			399.70	399.70			420.74	420.74			504.89	504.89
17			411.80	411.80			433.48	433.48			520.17	520.17
18			424.83	424.83			447.19	447.19			536.63	536.63
19			437.86	437.86			460.91	460.91			553.09	553.09
20			451.35	451.35			475.11	475.11			570.13	570.13
21			465.32	465.32			489.81	489.81			587.77	587.77
22			465.32	465.32			489.81	489.81			587.77	587.77
23			465.32	465.32			489.81	489.81			587.77	587.77
24			465.32	465.32			489.81	489.81			587.77	587.77
25			467.18	467.18			491.76	491.76			590.12	590.12
26			476.48	476.48			501.56	501.56			601.87	601.87
27			487.65	487.65			513.31	513.31			615.98	615.98
28			505.80	505.80			532.42	532.42			638.90	638.90
29			520.69	520.69			548.09	548.09			657.71	657.71
30			528.13	528.13			555.93	555.93			667.11	667.11
31			539.30	539.30			567.68	567.68			681.22	681.22
32			550.47	550.47			579.44	579.44			695.33	695.33
33			557.45	557.45			586.79	586.79			704.14	704.14
34			564.89	564.89			594.62	594.62			713.55	713.55
35			568.61	568.61			598.54	598.54			718.25	718.25
36			572.34	572.34			602.46	602.46			722.95	722.95
37			576.06	576.06			606.38	606.38			727.65	727.65
38			579.78	579.78			610.30	610.30			732.35	732.35
39			587.23	587.23			618.13	618.13			741.76	741.76
40			594.67	594.67			625.97	625.97			751.16	751.16
41			605.84	605.84			637.72	637.72			765.27	765.27
42			616.54	616.54			648.99	648.99			778.79	778.79
43			631.43	631.43			664.66	664.66			797.60	797.60
44			650.04	650.04			684.26	684.26			821.11	821.11
45			671.91	671.91			707.28	707.28			848.73	848.73
46			697.97	697.97			734.71	734.71			881.65	881.65
47			727.29	727.29			765.56	765.56			918.68	918.68
48			760.79	760.79			800.83	800.83			961.00	961.00
49			793.83	793.83			835.61	835.61			1,002.73	1,002.73
50			831.05	831.05			874.79	874.79			1,049.75	1,049.75
51			867.81	867.81			913.48	913.48			1,096.18	1,096.18
52			908.29	908.29			956.10	956.10			1,147.32	1,147.32
53			949.24	949.24			999.20	999.20			1,199.04	1,199.04
54			993.44	993.44			1,045.73	1,045.73			1,254.88	1,254.88
55			1,037.65	1,037.65			1,092.26	1,092.26			1,310.72	1,310.72
56			1,085.58	1,085.58			1,142.71	1,142.71			1,371.26	1,371.26
57			1,133.97	1,133.97			1,193.65	1,193.65			1,432.38	1,432.38
58			1,185.62	1,185.62			1,248.02	1,248.02			1,497.62	1,497.62
59			1,211.21	1,211.21			1,274.96	1,274.96			1,529.95	1,529.95
60			1,262.86	1,262.86			1,329.33	1,329.33			1,595.19	1,595.19
61			1,307.53	1,307.53			1,376.35	1,376.35			1,651.62	1,651.62
62			1,336.85	1,336.85			1,407.21	1,407.21			1,688.65	1,688.65
63			1,373.61	1,373.61			1,445.90	1,445.90			1,735.08	1,735.08
64 and Over			1,395.94	1,395.94			1,469.41	1,469.41			1,763.29	1,763.29
Rates Effective: 01/01/2024 to 03/31/2024									75729PA0050132			

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access Extra PPO 10/60/2000**Gold****Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$60	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$60	30% after deductible
Substance Abuse Disorder Outpatient Services	\$60	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	30% 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**75729PA0050133**

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access Extra PPO 10/60/2000

Gold

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			332.34	332.34			349.84	349.84			419.80	419.80
15			361.89	361.89			380.93	380.93			457.12	457.12
16			373.18	373.18			392.82	392.82			471.39	471.39
17			384.48	384.48			404.71	404.71			485.65	485.65
18			396.64	396.64			417.52	417.52			501.02	501.02
19			408.80	408.80			430.32	430.32			516.38	516.38
20			421.40	421.40			443.58	443.58			532.30	532.30
21			434.44	434.44			457.31	457.31			548.77	548.77
22			434.44	434.44			457.31	457.31			548.77	548.77
23			434.44	434.44			457.31	457.31			548.77	548.77
24			434.44	434.44			457.31	457.31			548.77	548.77
25			436.17	436.17			459.13	459.13			550.96	550.96
26			444.86	444.86			468.28	468.28			561.93	561.93
27			455.29	455.29			479.25	479.25			575.10	575.10
28			472.23	472.23			497.09	497.09			596.50	596.50
29			486.13	486.13			511.72	511.72			614.06	614.06
30			493.08	493.08			519.04	519.04			622.84	622.84
31			503.51	503.51			530.01	530.01			636.01	636.01
32			513.94	513.94			540.99	540.99			649.18	649.18
33			520.45	520.45			547.85	547.85			657.42	657.42
34			527.41	527.41			555.16	555.16			666.20	666.20
35			530.88	530.88			558.82	558.82			670.59	670.59
36			534.36	534.36			562.48	562.48			674.98	674.98
37			537.83	537.83			566.14	566.14			679.37	679.37
38			541.31	541.31			569.80	569.80			683.76	683.76
39			548.26	548.26			577.11	577.11			692.54	692.54
40			555.21	555.21			584.43	584.43			701.32	701.32
41			565.64	565.64			595.41	595.41			714.49	714.49
42			575.63	575.63			605.92	605.92			727.11	727.11
43			589.53	589.53			620.56	620.56			744.67	744.67
44			606.91	606.91			638.85	638.85			766.62	766.62
45			627.33	627.33			660.34	660.34			792.41	792.41
46			651.65	651.65			685.95	685.95			823.14	823.14
47			679.02	679.02			714.76	714.76			857.71	857.71
48			710.30	710.30			747.69	747.69			897.22	897.22
49			741.15	741.15			780.16	780.16			936.19	936.19
50			775.90	775.90			816.74	816.74			980.09	980.09
51			810.22	810.22			852.87	852.87			1,023.44	1,023.44
52			848.02	848.02			892.65	892.65			1,071.18	1,071.18
53			886.25	886.25			932.89	932.89			1,119.47	1,119.47
54			927.52	927.52			976.34	976.34			1,171.61	1,171.61
55			968.79	968.79			1,019.78	1,019.78			1,223.74	1,223.74
56			1,013.54	1,013.54			1,066.88	1,066.88			1,280.26	1,280.26
57			1,058.72	1,058.72			1,114.44	1,114.44			1,337.33	1,337.33
58			1,106.94	1,106.94			1,165.20	1,165.20			1,398.24	1,398.24
59			1,130.84	1,130.84			1,190.35	1,190.35			1,428.43	1,428.43
60			1,179.06	1,179.06			1,241.11	1,241.11			1,489.34	1,489.34
61			1,220.77	1,220.77			1,285.02	1,285.02			1,542.02	1,542.02
62			1,248.13	1,248.13			1,313.83	1,313.83			1,576.59	1,576.59
63			1,282.45	1,282.45			1,349.95	1,349.95			1,619.94	1,619.94
64 and Over			1,303.31	1,303.31			1,371.90	1,371.90			1,646.28	1,646.28
Rates Effective: 01/01/2024 to 03/31/2024									75729PA0050133			

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access PPO 25/50/4500 1x ded

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$4,500/\$4,500	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	30% 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

75729PA0050137

Geisinger All-Access PPO 25/50/4500 1x ded

Gold

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	320.79	320.79	304.75	304.75	304.75	304.75	320.79	320.79	400.98	400.98	384.94	384.94
15	349.30	349.30	331.83	331.83	331.83	331.83	349.30	349.30	436.62	436.62	419.16	419.16
16	360.20	360.20	342.19	342.19	342.19	342.19	360.20	360.20	450.25	450.25	432.24	432.24
17	371.10	371.10	352.55	352.55	352.55	352.55	371.10	371.10	463.88	463.88	445.33	445.33
18	382.85	382.85	363.70	363.70	363.70	363.70	382.85	382.85	478.56	478.56	459.41	459.41
19	394.59	394.59	374.86	374.86	374.86	374.86	394.59	394.59	493.23	493.23	473.50	473.50
20	406.75	406.75	386.41	386.41	386.41	386.41	406.75	406.75	508.43	508.43	488.10	488.10
21	419.33	419.33	398.37	398.37	398.37	398.37	419.33	419.33	524.16	524.16	503.20	503.20
22	419.33	419.33	398.37	398.37	398.37	398.37	419.33	419.33	524.16	524.16	503.20	503.20
23	419.33	419.33	398.37	398.37	398.37	398.37	419.33	419.33	524.16	524.16	503.20	503.20
24	419.33	419.33	398.37	398.37	398.37	398.37	419.33	419.33	524.16	524.16	503.20	503.20
25	421.00	421.00	399.95	399.95	399.95	399.95	421.00	421.00	526.26	526.26	505.21	505.21
26	429.39	429.39	407.92	407.92	407.92	407.92	429.39	429.39	536.74	536.74	515.27	515.27
27	439.45	439.45	417.48	417.48	417.48	417.48	439.45	439.45	549.32	549.32	527.35	527.35
28	455.81	455.81	433.02	433.02	433.02	433.02	455.81	455.81	569.76	569.76	546.97	546.97
29	469.23	469.23	445.77	445.77	445.77	445.77	469.23	469.23	586.53	586.53	563.07	563.07
30	475.94	475.94	452.14	452.14	452.14	452.14	475.94	475.94	594.92	594.92	571.12	571.12
31	486.00	486.00	461.70	461.70	461.70	461.70	486.00	486.00	607.50	607.50	583.20	583.20
32	496.06	496.06	471.26	471.26	471.26	471.26	496.06	496.06	620.08	620.08	595.28	595.28
33	502.35	502.35	477.24	477.24	477.24	477.24	502.35	502.35	627.94	627.94	602.82	602.82
34	509.06	509.06	483.61	483.61	483.61	483.61	509.06	509.06	636.33	636.33	610.88	610.88
35	512.42	512.42	486.80	486.80	486.80	486.80	512.42	512.42	640.52	640.52	614.90	614.90
36	515.77	515.77	489.98	489.98	489.98	489.98	515.77	515.77	644.72	644.72	618.93	618.93
37	519.13	519.13	493.17	493.17	493.17	493.17	519.13	519.13	648.91	648.91	622.95	622.95
38	522.48	522.48	496.36	496.36	496.36	496.36	522.48	522.48	653.10	653.10	626.98	626.98
39	529.19	529.19	502.73	502.73	502.73	502.73	529.19	529.19	661.49	661.49	635.03	635.03
40	535.90	535.90	509.10	509.10	509.10	509.10	535.90	535.90	669.87	669.87	643.08	643.08
41	545.96	545.96	518.67	518.67	518.67	518.67	545.96	545.96	682.45	682.45	655.16	655.16
42	555.61	555.61	527.83	527.83	527.83	527.83	555.61	555.61	694.51	694.51	666.73	666.73
43	569.03	569.03	540.58	540.58	540.58	540.58	569.03	569.03	711.28	711.28	682.83	682.83
44	585.80	585.80	556.51	556.51	556.51	556.51	585.80	585.80	732.25	732.25	702.96	702.96
45	605.51	605.51	575.23	575.23	575.23	575.23	605.51	605.51	756.89	756.89	726.61	726.61
46	628.99	628.99	597.54	597.54	597.54	597.54	628.99	628.99	786.24	786.24	754.79	754.79
47	655.41	655.41	622.64	622.64	622.64	622.64	655.41	655.41	819.26	819.26	786.49	786.49
48	685.60	685.60	651.32	651.32	651.32	651.32	685.60	685.60	857.00	857.00	822.72	822.72
49	715.37	715.37	679.60	679.60	679.60	679.60	715.37	715.37	894.21	894.21	858.45	858.45
50	748.92	748.92	711.47	711.47	711.47	711.47	748.92	748.92	936.15	936.15	898.70	898.70
51	782.04	782.04	742.94	742.94	742.94	742.94	782.04	782.04	977.56	977.56	938.45	938.45
52	818.53	818.53	777.60	777.60	777.60	777.60	818.53	818.53	1,023.16	1,023.16	982.23	982.23
53	855.43	855.43	812.66	812.66	812.66	812.66	855.43	855.43	1,069.28	1,069.28	1,026.51	1,026.51
54	895.26	895.26	850.50	850.50	850.50	850.50	895.26	895.26	1,119.08	1,119.08	1,074.32	1,074.32
55	935.10	935.10	888.34	888.34	888.34	888.34	935.10	935.10	1,168.87	1,168.87	1,122.12	1,122.12
56	978.29	978.29	929.38	929.38	929.38	929.38	978.29	978.29	1,222.86	1,222.86	1,173.95	1,173.95
57	1,021.90	1,021.90	970.80	970.80	970.80	970.80	1,021.90	1,021.90	1,277.37	1,277.37	1,226.28	1,226.28
58	1,068.45	1,068.45	1,015.02	1,015.02	1,015.02	1,015.02	1,068.45	1,068.45	1,335.56	1,335.56	1,282.13	1,282.13
59	1,091.51	1,091.51	1,036.93	1,036.93	1,036.93	1,036.93	1,091.51	1,091.51	1,364.39	1,364.39	1,309.81	1,309.81
60	1,138.05	1,138.05	1,081.15	1,081.15	1,081.15	1,081.15	1,138.05	1,138.05	1,422.57	1,422.57	1,365.66	1,365.66
61	1,178.31	1,178.31	1,119.39	1,119.39	1,119.39	1,119.39	1,178.31	1,178.31	1,472.89	1,472.89	1,413.97	1,413.97
62	1,204.73	1,204.73	1,144.49	1,144.49	1,144.49	1,144.49	1,204.73	1,204.73	1,505.91	1,505.91	1,445.67	1,445.67
63	1,237.85	1,237.85	1,175.96	1,175.96	1,175.96	1,175.96	1,237.85	1,237.85	1,547.32	1,547.32	1,485.42	1,485.42
64 and Over	1,257.98	1,257.98	1,195.08	1,195.08	1,195.08	1,195.08	1,257.98	1,257.98	1,572.48	1,572.48	1,509.58	1,509.58

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

75729PA0050137

**Geisinger Small Group ACA All-Access HMO
30/60/3500**

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$3,500/\$7,000	Limited to In Network
Coinsurance	20%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,000/\$14,000	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$30	Limited to In Network
Specialist - Office Visit	\$60	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$350	\$350
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$30	\$30
Outpatient Surgery Physician/Surgical Services	20% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	20% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	20% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$75 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$30	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$30	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	Limited to In Network
Rehabilitative Speech Therapy	\$60	Limited to In Network
Habilitation Services	\$60	Limited to In Network
Durable Medical Equipment	20% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	20% after deductible	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	20% 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

22444PA0060140

**Geisinger Small Group ACA All-Access HMO
30/60/3500**

Gold

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	314.19	314.19	298.48	298.48	298.48	298.48	314.19	314.19	392.74	392.74	377.03	377.03
15	342.12	342.12	325.01	325.01	325.01	325.01	342.12	342.12	427.65	427.65	410.54	410.54
16	352.80	352.80	335.16	335.16	335.16	335.16	352.80	352.80	440.99	440.99	423.35	423.35
17	363.47	363.47	345.30	345.30	345.30	345.30	363.47	363.47	454.34	454.34	436.17	436.17
18	374.97	374.97	356.22	356.22	356.22	356.22	374.97	374.97	468.72	468.72	449.97	449.97
19	386.47	386.47	367.15	367.15	367.15	367.15	386.47	386.47	483.09	483.09	463.77	463.77
20	398.38	398.38	378.46	378.46	378.46	378.46	398.38	398.38	497.98	497.98	478.06	478.06
21	410.71	410.71	390.17	390.17	390.17	390.17	410.71	410.71	513.39	513.39	492.85	492.85
22	410.71	410.71	390.17	390.17	390.17	390.17	410.71	410.71	513.39	513.39	492.85	492.85
23	410.71	410.71	390.17	390.17	390.17	390.17	410.71	410.71	513.39	513.39	492.85	492.85
24	410.71	410.71	390.17	390.17	390.17	390.17	410.71	410.71	513.39	513.39	492.85	492.85
25	412.35	412.35	391.73	391.73	391.73	391.73	412.35	412.35	515.43	515.43	494.82	494.82
26	420.56	420.56	399.53	399.53	399.53	399.53	420.56	420.56	525.70	525.70	504.67	504.67
27	430.42	430.42	408.90	408.90	408.90	408.90	430.42	430.42	538.02	538.02	516.50	516.50
28	446.44	446.44	424.11	424.11	424.11	424.11	446.44	446.44	558.05	558.05	535.72	535.72
29	459.58	459.58	436.60	436.60	436.60	436.60	459.58	459.58	574.47	574.47	551.49	551.49
30	466.15	466.15	442.84	442.84	442.84	442.84	466.15	466.15	582.69	582.69	559.38	559.38
31	476.01	476.01	452.21	452.21	452.21	452.21	476.01	476.01	595.01	595.01	571.21	571.21
32	485.86	485.86	461.57	461.57	461.57	461.57	485.86	485.86	607.33	607.33	583.04	583.04
33	492.02	492.02	467.42	467.42	467.42	467.42	492.02	492.02	615.03	615.03	590.43	590.43
34	498.60	498.60	473.67	473.67	473.67	473.67	498.60	498.60	623.24	623.24	598.32	598.32
35	501.88	501.88	476.79	476.79	476.79	476.79	501.88	501.88	627.35	627.35	602.26	602.26
36	505.17	505.17	479.91	479.91	479.91	479.91	505.17	505.17	631.46	631.46	606.20	606.20
37	508.45	508.45	483.03	483.03	483.03	483.03	508.45	508.45	635.57	635.57	610.14	610.14
38	511.74	511.74	486.15	486.15	486.15	486.15	511.74	511.74	639.67	639.67	614.09	614.09
39	518.31	518.31	492.39	492.39	492.39	492.39	518.31	518.31	647.89	647.89	621.97	621.97
40	524.88	524.88	498.64	498.64	498.64	498.64	524.88	524.88	656.10	656.10	629.86	629.86
41	534.74	534.74	508.00	508.00	508.00	508.00	534.74	534.74	668.42	668.42	641.69	641.69
42	544.18	544.18	516.97	516.97	516.97	516.97	544.18	544.18	680.23	680.23	653.02	653.02
43	557.33	557.33	529.46	529.46	529.46	529.46	557.33	557.33	696.66	696.66	668.79	668.79
44	573.75	573.75	545.07	545.07	545.07	545.07	573.75	573.75	717.19	717.19	688.51	688.51
45	593.06	593.06	563.41	563.41	563.41	563.41	593.06	593.06	741.32	741.32	711.67	711.67
46	616.06	616.06	585.25	585.25	585.25	585.25	616.06	616.06	770.07	770.07	739.27	739.27
47	641.93	641.93	609.84	609.84	609.84	609.84	641.93	641.93	802.41	802.41	770.32	770.32
48	671.50	671.50	637.93	637.93	637.93	637.93	671.50	671.50	839.38	839.38	805.80	805.80
49	700.66	700.66	665.63	665.63	665.63	665.63	700.66	700.66	875.83	875.83	840.80	840.80
50	733.52	733.52	696.84	696.84	696.84	696.84	733.52	733.52	916.90	916.90	880.22	880.22
51	765.96	765.96	727.67	727.67	727.67	727.67	765.96	765.96	957.46	957.46	919.16	919.16
52	801.70	801.70	761.61	761.61	761.61	761.61	801.70	801.70	1,002.12	1,002.12	962.04	962.04
53	837.84	837.84	795.95	795.95	795.95	795.95	837.84	837.84	1,047.30	1,047.30	1,005.41	1,005.41
54	876.86	876.86	833.01	833.01	833.01	833.01	876.86	876.86	1,096.07	1,096.07	1,052.23	1,052.23
55	915.87	915.87	870.08	870.08	870.08	870.08	915.87	915.87	1,144.84	1,144.84	1,099.05	1,099.05
56	958.17	958.17	910.27	910.27	910.27	910.27	958.17	958.17	1,197.72	1,197.72	1,149.81	1,149.81
57	1,000.89	1,000.89	950.84	950.84	950.84	950.84	1,000.89	1,000.89	1,251.11	1,251.11	1,201.07	1,201.07
58	1,046.48	1,046.48	994.15	994.15	994.15	994.15	1,046.48	1,046.48	1,308.10	1,308.10	1,255.77	1,255.77
59	1,069.07	1,069.07	1,015.61	1,015.61	1,015.61	1,015.61	1,069.07	1,069.07	1,336.33	1,336.33	1,282.88	1,282.88
60	1,114.65	1,114.65	1,058.92	1,058.92	1,058.92	1,058.92	1,114.65	1,114.65	1,393.32	1,393.32	1,337.58	1,337.58
61	1,154.08	1,154.08	1,096.38	1,096.38	1,096.38	1,096.38	1,154.08	1,154.08	1,442.60	1,442.60	1,384.90	1,384.90
62	1,179.96	1,179.96	1,120.96	1,120.96	1,120.96	1,120.96	1,179.96	1,179.96	1,474.94	1,474.94	1,415.95	1,415.95
63	1,212.40	1,212.40	1,151.78	1,151.78	1,151.78	1,151.78	1,212.40	1,212.40	1,515.50	1,515.50	1,454.88	1,454.88
64 and Over	1,232.12	1,232.12	1,170.51	1,170.51	1,170.51	1,170.51	1,232.12	1,232.12	1,540.14	1,540.14	1,478.54	1,478.54

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

22444PA0060140

**Geisinger Small Group ACA All-Access HMO
25/50/2000**

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000/\$4,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$25	Limited to In Network
Specialist - Office Visit	\$50	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$25	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$25	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	Limited to In Network
Rehabilitative Speech Therapy	\$50	Limited to In Network
Habilitation Services	\$50	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	Limited to In Network
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

22444PA0060141

Geisinger Small Group ACA All-Access HMO 25/50/2000									Gold			
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	328.10	328.10	311.70	311.70	311.70	311.70	328.10	328.10	410.13	410.13	393.73	393.73
15	357.27	357.27	339.41	339.41	339.41	339.41	357.27	357.27	446.59	446.59	428.72	428.72
16	368.42	368.42	350.00	350.00	350.00	350.00	368.42	368.42	460.53	460.53	442.10	442.10
17	379.57	379.57	360.59	360.59	360.59	360.59	379.57	379.57	474.47	474.47	455.49	455.49
18	391.58	391.58	372.00	372.00	372.00	372.00	391.58	391.58	489.48	489.48	469.90	469.90
19	403.59	403.59	383.41	383.41	383.41	383.41	403.59	403.59	504.49	504.49	484.31	484.31
20	416.03	416.03	395.23	395.23	395.23	395.23	416.03	416.03	520.04	520.04	499.23	499.23
21	428.90	428.90	407.46	407.46	407.46	407.46	428.90	428.90	536.12	536.12	514.68	514.68
22	428.90	428.90	407.46	407.46	407.46	407.46	428.90	428.90	536.12	536.12	514.68	514.68
23	428.90	428.90	407.46	407.46	407.46	407.46	428.90	428.90	536.12	536.12	514.68	514.68
24	428.90	428.90	407.46	407.46	407.46	407.46	428.90	428.90	536.12	536.12	514.68	514.68
25	430.61	430.61	409.08	409.08	409.08	409.08	430.61	430.61	538.26	538.26	516.73	516.73
26	439.19	439.19	417.23	417.23	417.23	417.23	439.19	439.19	548.99	548.99	527.03	527.03
27	449.48	449.48	427.01	427.01	427.01	427.01	449.48	449.48	561.85	561.85	539.38	539.38
28	466.21	466.21	442.90	442.90	442.90	442.90	466.21	466.21	582.76	582.76	559.45	559.45
29	479.93	479.93	455.94	455.94	455.94	455.94	479.93	479.93	599.92	599.92	575.92	575.92
30	486.80	486.80	462.46	462.46	462.46	462.46	486.80	486.80	608.49	608.49	584.15	584.15
31	497.09	497.09	472.23	472.23	472.23	472.23	497.09	497.09	621.36	621.36	596.51	596.51
32	507.38	507.38	482.01	482.01	482.01	482.01	507.38	507.38	634.23	634.23	608.86	608.86
33	513.82	513.82	488.13	488.13	488.13	488.13	513.82	513.82	642.27	642.27	616.58	616.58
34	520.68	520.68	494.64	494.64	494.64	494.64	520.68	520.68	650.85	650.85	624.81	624.81
35	524.11	524.11	497.90	497.90	497.90	497.90	524.11	524.11	655.14	655.14	628.93	628.93
36	527.54	527.54	501.16	501.16	501.16	501.16	527.54	527.54	659.43	659.43	633.05	633.05
37	530.97	530.97	504.42	504.42	504.42	504.42	530.97	530.97	663.72	663.72	637.17	637.17
38	534.40	534.40	507.68	507.68	507.68	507.68	534.40	534.40	668.00	668.00	641.28	641.28
39	541.27	541.27	514.20	514.20	514.20	514.20	541.27	541.27	676.58	676.58	649.52	649.52
40	548.13	548.13	520.72	520.72	520.72	520.72	548.13	548.13	685.16	685.16	657.75	657.75
41	558.42	558.42	530.50	530.50	530.50	530.50	558.42	558.42	698.03	698.03	670.11	670.11
42	568.29	568.29	539.87	539.87	539.87	539.87	568.29	568.29	710.36	710.36	681.94	681.94
43	582.01	582.01	552.91	552.91	552.91	552.91	582.01	582.01	727.51	727.51	698.41	698.41
44	599.17	599.17	569.21	569.21	569.21	569.21	599.17	599.17	748.96	748.96	719.00	719.00
45	619.32	619.32	588.36	588.36	588.36	588.36	619.32	619.32	774.16	774.16	743.19	743.19
46	643.34	643.34	611.18	611.18	611.18	611.18	643.34	643.34	804.18	804.18	772.01	772.01
47	670.36	670.36	636.84	636.84	636.84	636.84	670.36	670.36	837.95	837.95	804.44	804.44
48	701.24	701.24	666.18	666.18	666.18	666.18	701.24	701.24	876.55	876.55	841.49	841.49
49	731.69	731.69	695.11	695.11	695.11	695.11	731.69	731.69	914.62	914.62	878.03	878.03
50	766.01	766.01	727.71	727.71	727.71	727.71	766.01	766.01	957.51	957.51	919.21	919.21
51	799.89	799.89	759.89	759.89	759.89	759.89	799.89	799.89	999.86	999.86	959.87	959.87
52	837.20	837.20	795.34	795.34	795.34	795.34	837.20	837.20	1,046.50	1,046.50	1,004.64	1,004.64
53	874.95	874.95	831.20	831.20	831.20	831.20	874.95	874.95	1,093.68	1,093.68	1,049.93	1,049.93
54	915.69	915.69	869.91	869.91	869.91	869.91	915.69	915.69	1,144.61	1,144.61	1,098.83	1,098.83
55	956.44	956.44	908.61	908.61	908.61	908.61	956.44	956.44	1,195.54	1,195.54	1,147.72	1,147.72
56	1,000.61	1,000.61	950.58	950.58	950.58	950.58	1,000.61	1,000.61	1,250.77	1,250.77	1,200.73	1,200.73
57	1,045.22	1,045.22	992.96	992.96	992.96	992.96	1,045.22	1,045.22	1,306.52	1,306.52	1,254.26	1,254.26
58	1,092.82	1,092.82	1,038.18	1,038.18	1,038.18	1,038.18	1,092.82	1,092.82	1,366.03	1,366.03	1,311.39	1,311.39
59	1,116.41	1,116.41	1,060.59	1,060.59	1,060.59	1,060.59	1,116.41	1,116.41	1,395.52	1,395.52	1,339.70	1,339.70
60	1,164.02	1,164.02	1,105.82	1,105.82	1,105.82	1,105.82	1,164.02	1,164.02	1,455.03	1,455.03	1,396.83	1,396.83
61	1,205.19	1,205.19	1,144.94	1,144.94	1,144.94	1,144.94	1,205.19	1,205.19	1,506.49	1,506.49	1,446.23	1,446.23
62	1,232.22	1,232.22	1,170.60	1,170.60	1,170.60	1,170.60	1,232.22	1,232.22	1,540.27	1,540.27	1,478.66	1,478.66
63	1,266.10	1,266.10	1,202.79	1,202.79	1,202.79	1,202.79	1,266.10	1,266.10	1,582.62	1,582.62	1,519.32	1,519.32
64 and Over	1,286.69	1,286.69	1,222.35	1,222.35	1,222.35	1,222.35	1,286.69	1,286.69	1,608.36	1,608.36	1,544.02	1,544.02
Rates Effective: 01/01/2024 to 03/31/2024									22444PA0060141			

**Geisinger Small Group ACA All-Access HMO
20/40/3200**

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$3,200/\$6,400	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,550/\$17,100	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200 after deductible	\$200 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	0% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$150/\$300	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$60 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance after deductible up to \$200	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
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

22444PA0060062

**Geisinger Small Group ACA All-Access HMO
20/40/3200**

Gold

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	315.90	315.90	300.10	300.10	300.10	300.10	315.90	315.90	394.87	394.87	379.08	379.08
15	343.98	343.98	326.78	326.78	326.78	326.78	343.98	343.98	429.97	429.97	412.77	412.77
16	354.71	354.71	336.98	336.98	336.98	336.98	354.71	354.71	443.39	443.39	425.65	425.65
17	365.45	365.45	347.18	347.18	347.18	347.18	365.45	365.45	456.81	456.81	438.54	438.54
18	377.01	377.01	358.16	358.16	358.16	358.16	377.01	377.01	471.26	471.26	452.41	452.41
19	388.57	388.57	369.14	369.14	369.14	369.14	388.57	388.57	485.72	485.72	466.29	466.29
20	400.55	400.55	380.52	380.52	380.52	380.52	400.55	400.55	500.68	500.68	480.66	480.66
21	412.94	412.94	392.29	392.29	392.29	392.29	412.94	412.94	516.17	516.17	495.53	495.53
22	412.94	412.94	392.29	392.29	392.29	392.29	412.94	412.94	516.17	516.17	495.53	495.53
23	412.94	412.94	392.29	392.29	392.29	392.29	412.94	412.94	516.17	516.17	495.53	495.53
24	412.94	412.94	392.29	392.29	392.29	392.29	412.94	412.94	516.17	516.17	495.53	495.53
25	414.59	414.59	393.86	393.86	393.86	393.86	414.59	414.59	518.23	518.23	497.51	497.51
26	422.85	422.85	401.70	401.70	401.70	401.70	422.85	422.85	528.56	528.56	507.42	507.42
27	432.76	432.76	411.12	411.12	411.12	411.12	432.76	432.76	540.95	540.95	519.31	519.31
28	448.86	448.86	426.42	426.42	426.42	426.42	448.86	448.86	561.08	561.08	538.63	538.63
29	462.08	462.08	438.97	438.97	438.97	438.97	462.08	462.08	577.59	577.59	554.49	554.49
30	468.68	468.68	445.25	445.25	445.25	445.25	468.68	468.68	585.85	585.85	562.42	562.42
31	478.59	478.59	454.66	454.66	454.66	454.66	478.59	478.59	598.24	598.24	574.31	574.31
32	488.50	488.50	464.08	464.08	464.08	464.08	488.50	488.50	610.63	610.63	586.20	586.20
33	494.70	494.70	469.96	469.96	469.96	469.96	494.70	494.70	618.37	618.37	593.64	593.64
34	501.30	501.30	476.24	476.24	476.24	476.24	501.30	501.30	626.63	626.63	601.57	601.57
35	504.61	504.61	479.38	479.38	479.38	479.38	504.61	504.61	630.76	630.76	605.53	605.53
36	507.91	507.91	482.52	482.52	482.52	482.52	507.91	507.91	634.89	634.89	609.49	609.49
37	511.21	511.21	485.65	485.65	485.65	485.65	511.21	511.21	639.02	639.02	613.46	613.46
38	514.52	514.52	488.79	488.79	488.79	488.79	514.52	514.52	643.15	643.15	617.42	617.42
39	521.13	521.13	495.07	495.07	495.07	495.07	521.13	521.13	651.41	651.41	625.35	625.35
40	527.73	527.73	501.35	501.35	501.35	501.35	527.73	527.73	659.67	659.67	633.28	633.28
41	537.64	537.64	510.76	510.76	510.76	510.76	537.64	537.64	672.05	672.05	645.17	645.17
42	547.14	547.14	519.78	519.78	519.78	519.78	547.14	547.14	683.93	683.93	656.57	656.57
43	560.35	560.35	532.34	532.34	532.34	532.34	560.35	560.35	700.44	700.44	672.42	672.42
44	576.87	576.87	548.03	548.03	548.03	548.03	576.87	576.87	721.09	721.09	692.25	692.25
45	596.28	596.28	566.47	566.47	566.47	566.47	596.28	596.28	745.35	745.35	715.54	715.54
46	619.40	619.40	588.43	588.43	588.43	588.43	619.40	619.40	774.26	774.26	743.28	743.28
47	645.42	645.42	613.15	613.15	613.15	613.15	645.42	645.42	806.77	806.77	774.50	774.50
48	675.15	675.15	641.39	641.39	641.39	641.39	675.15	675.15	843.94	843.94	810.18	810.18
49	704.47	704.47	669.25	669.25	669.25	669.25	704.47	704.47	880.59	880.59	845.36	845.36
50	737.50	737.50	700.63	700.63	700.63	700.63	737.50	737.50	921.88	921.88	885.00	885.00
51	770.13	770.13	731.62	731.62	731.62	731.62	770.13	770.13	962.66	962.66	924.15	924.15
52	806.05	806.05	765.75	765.75	765.75	765.75	806.05	806.05	1,007.56	1,007.56	967.26	967.26
53	842.39	842.39	800.27	800.27	800.27	800.27	842.39	842.39	1,052.99	1,052.99	1,010.87	1,010.87
54	881.62	881.62	837.54	837.54	837.54	837.54	881.62	881.62	1,102.02	1,102.02	1,057.94	1,057.94
55	920.85	920.85	874.80	874.80	874.80	874.80	920.85	920.85	1,151.06	1,151.06	1,105.02	1,105.02
56	963.38	963.38	915.21	915.21	915.21	915.21	963.38	963.38	1,204.22	1,204.22	1,156.06	1,156.06
57	1,006.33	1,006.33	956.01	956.01	956.01	956.01	1,006.33	1,006.33	1,257.91	1,257.91	1,207.59	1,207.59
58	1,052.16	1,052.16	999.55	999.55	999.55	999.55	1,052.16	1,052.16	1,315.20	1,315.20	1,262.59	1,262.59
59	1,074.87	1,074.87	1,021.13	1,021.13	1,021.13	1,021.13	1,074.87	1,074.87	1,343.59	1,343.59	1,289.85	1,289.85
60	1,120.71	1,120.71	1,064.67	1,064.67	1,064.67	1,064.67	1,120.71	1,120.71	1,400.89	1,400.89	1,344.85	1,344.85
61	1,160.35	1,160.35	1,102.33	1,102.33	1,102.33	1,102.33	1,160.35	1,160.35	1,450.44	1,450.44	1,392.42	1,392.42
62	1,186.37	1,186.37	1,127.05	1,127.05	1,127.05	1,127.05	1,186.37	1,186.37	1,482.96	1,482.96	1,423.64	1,423.64
63	1,218.99	1,218.99	1,158.04	1,158.04	1,158.04	1,158.04	1,218.99	1,218.99	1,523.73	1,523.73	1,462.78	1,462.78
64 and Over	1,238.81	1,238.81	1,176.87	1,176.87	1,176.87	1,176.87	1,238.81	1,238.81	1,548.51	1,548.51	1,486.57	1,486.57

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

22444PA006062

Geisinger Small Group ACA All-Access HMO 20/40/500

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$500/\$1,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250	\$250
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$250 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$5	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$30	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$60	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
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

22444PA0060116

Geisinger Small Group ACA All-Access HMO 20/40/500

Gold

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	345.13	345.13	327.87	327.87	327.87	327.87	345.13	345.13	431.41	431.41	414.15	414.15
15	375.80	375.80	357.01	357.01	357.01	357.01	375.80	375.80	469.75	469.75	450.96	450.96
16	387.53	387.53	368.16	368.16	368.16	368.16	387.53	387.53	484.42	484.42	465.04	465.04
17	399.26	399.26	379.30	379.30	379.30	379.30	399.26	399.26	499.08	499.08	479.12	479.12
18	411.90	411.90	391.30	391.30	391.30	391.30	411.90	411.90	514.87	514.87	494.27	494.27
19	424.53	424.53	403.30	403.30	403.30	403.30	424.53	424.53	530.66	530.66	509.43	509.43
20	437.61	437.61	415.73	415.73	415.73	415.73	437.61	437.61	547.01	547.01	525.13	525.13
21	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.94	563.94	541.38	541.38
22	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.94	563.94	541.38	541.38
23	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.94	563.94	541.38	541.38
24	451.15	451.15	428.59	428.59	428.59	428.59	451.15	451.15	563.94	563.94	541.38	541.38
25	452.95	452.95	430.30	430.30	430.30	430.30	452.95	452.95	566.19	566.19	543.54	543.54
26	461.97	461.97	438.87	438.87	438.87	438.87	461.97	461.97	577.47	577.47	554.37	554.37
27	472.80	472.80	449.16	449.16	449.16	449.16	472.80	472.80	591.00	591.00	567.36	567.36
28	490.39	490.39	465.87	465.87	465.87	465.87	490.39	490.39	612.99	612.99	588.47	588.47
29	504.83	504.83	479.59	479.59	479.59	479.59	504.83	504.83	631.04	631.04	605.80	605.80
30	512.05	512.05	486.45	486.45	486.45	486.45	512.05	512.05	640.06	640.06	614.46	614.46
31	522.88	522.88	496.73	496.73	496.73	496.73	522.88	522.88	653.60	653.60	627.45	627.45
32	533.70	533.70	507.02	507.02	507.02	507.02	533.70	533.70	667.13	667.13	640.45	640.45
33	540.47	540.47	513.45	513.45	513.45	513.45	540.47	540.47	675.59	675.59	648.57	648.57
34	547.69	547.69	520.31	520.31	520.31	520.31	547.69	547.69	684.61	684.61	657.23	657.23
35	551.30	551.30	523.73	523.73	523.73	523.73	551.30	551.30	689.12	689.12	661.56	661.56
36	554.91	554.91	527.16	527.16	527.16	527.16	554.91	554.91	693.64	693.64	665.89	665.89
37	558.52	558.52	530.59	530.59	530.59	530.59	558.52	558.52	698.15	698.15	670.22	670.22
38	562.13	562.13	534.02	534.02	534.02	534.02	562.13	562.13	702.66	702.66	674.55	674.55
39	569.34	569.34	540.88	540.88	540.88	540.88	569.34	569.34	711.68	711.68	683.21	683.21
40	576.56	576.56	547.74	547.74	547.74	547.74	576.56	576.56	720.70	720.70	691.88	691.88
41	587.39	587.39	558.02	558.02	558.02	558.02	587.39	587.39	734.24	734.24	704.87	704.87
42	597.77	597.77	567.88	567.88	567.88	567.88	597.77	597.77	747.21	747.21	717.32	717.32
43	612.20	612.20	581.59	581.59	581.59	581.59	612.20	612.20	765.25	765.25	734.64	734.64
44	630.25	630.25	598.74	598.74	598.74	598.74	630.25	630.25	787.81	787.81	756.30	756.30
45	651.45	651.45	618.88	618.88	618.88	618.88	651.45	651.45	814.32	814.32	781.74	781.74
46	676.72	676.72	642.88	642.88	642.88	642.88	676.72	676.72	845.90	845.90	812.06	812.06
47	705.14	705.14	669.88	669.88	669.88	669.88	705.14	705.14	881.42	881.42	846.17	846.17
48	737.62	737.62	700.74	700.74	700.74	700.74	737.62	737.62	922.03	922.03	885.15	885.15
49	769.65	769.65	731.17	731.17	731.17	731.17	769.65	769.65	962.07	962.07	923.58	923.58
50	805.74	805.74	765.46	765.46	765.46	765.46	805.74	805.74	1,007.18	1,007.18	966.89	966.89
51	841.39	841.39	799.32	799.32	799.32	799.32	841.39	841.39	1,051.73	1,051.73	1,009.66	1,009.66
52	880.64	880.64	836.60	836.60	836.60	836.60	880.64	880.64	1,100.79	1,100.79	1,056.76	1,056.76
53	920.34	920.34	874.32	874.32	874.32	874.32	920.34	920.34	1,150.42	1,150.42	1,104.40	1,104.40
54	963.19	963.19	915.03	915.03	915.03	915.03	963.19	963.19	1,203.99	1,203.99	1,155.83	1,155.83
55	1,006.05	1,006.05	955.75	955.75	955.75	955.75	1,006.05	1,006.05	1,257.57	1,257.57	1,207.26	1,207.26
56	1,052.52	1,052.52	999.90	999.90	999.90	999.90	1,052.52	1,052.52	1,315.65	1,315.65	1,263.03	1,263.03
57	1,099.44	1,099.44	1,044.47	1,044.47	1,044.47	1,044.47	1,099.44	1,099.44	1,374.30	1,374.30	1,319.33	1,319.33
58	1,149.52	1,149.52	1,092.04	1,092.04	1,092.04	1,092.04	1,149.52	1,149.52	1,436.90	1,436.90	1,379.42	1,379.42
59	1,174.33	1,174.33	1,115.61	1,115.61	1,115.61	1,115.61	1,174.33	1,174.33	1,467.91	1,467.91	1,409.20	1,409.20
60	1,224.41	1,224.41	1,163.19	1,163.19	1,163.19	1,163.19	1,224.41	1,224.41	1,530.51	1,530.51	1,469.29	1,469.29
61	1,267.72	1,267.72	1,204.33	1,204.33	1,204.33	1,204.33	1,267.72	1,267.72	1,584.65	1,584.65	1,521.26	1,521.26
62	1,296.14	1,296.14	1,231.33	1,231.33	1,231.33	1,231.33	1,296.14	1,296.14	1,620.17	1,620.17	1,555.37	1,555.37
63	1,331.78	1,331.78	1,265.19	1,265.19	1,265.19	1,265.19	1,331.78	1,331.78	1,664.73	1,664.73	1,598.14	1,598.14
64 and Over	1,353.44	1,353.44	1,285.76	1,285.76	1,285.76	1,285.76	1,353.44	1,353.44	1,691.79	1,691.79	1,624.12	1,624.12
Rates Effective: 01/01/2024 to 03/31/2024									22444PA0060116			

Geisinger Small Group ACA All-Access HMO 20/40/1000	Gold
--	-------------

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,000/\$2,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,600/\$17,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$175 copay after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$175 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	Limited to In Network
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	22444PA0060117
---	-----------------------

**Geisinger Small Group ACA All-Access HMO
20/40/1000**

Gold

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	351.42	351.42	333.85	333.85	333.85	333.85	351.42	351.42	439.27	439.27	421.70	421.70
15	382.66	382.66	363.52	363.52	363.52	363.52	382.66	382.66	478.32	478.32	459.19	459.19
16	394.60	394.60	374.87	374.87	374.87	374.87	394.60	394.60	493.25	493.25	473.52	473.52
17	406.54	406.54	386.22	386.22	386.22	386.22	406.54	406.54	508.18	508.18	487.85	487.85
18	419.40	419.40	398.43	398.43	398.43	398.43	419.40	419.40	524.26	524.26	503.29	503.29
19	432.27	432.27	410.65	410.65	410.65	410.65	432.27	432.27	540.33	540.33	518.72	518.72
20	445.59	445.59	423.31	423.31	423.31	423.31	445.59	445.59	556.99	556.99	534.71	534.71
21	459.37	459.37	436.41	436.41	436.41	436.41	459.37	459.37	574.22	574.22	551.25	551.25
22	459.37	459.37	436.41	436.41	436.41	436.41	459.37	459.37	574.22	574.22	551.25	551.25
23	459.37	459.37	436.41	436.41	436.41	436.41	459.37	459.37	574.22	574.22	551.25	551.25
24	459.37	459.37	436.41	436.41	436.41	436.41	459.37	459.37	574.22	574.22	551.25	551.25
25	461.21	461.21	438.15	438.15	438.15	438.15	461.21	461.21	576.51	576.51	553.45	553.45
26	470.39	470.39	446.88	446.88	446.88	446.88	470.39	470.39	587.99	587.99	564.47	564.47
27	481.42	481.42	457.35	457.35	457.35	457.35	481.42	481.42	601.77	601.77	577.70	577.70
28	499.34	499.34	474.37	474.37	474.37	474.37	499.34	499.34	624.17	624.17	599.20	599.20
29	514.04	514.04	488.33	488.33	488.33	488.33	514.04	514.04	642.54	642.54	616.84	616.84
30	521.38	521.38	495.32	495.32	495.32	495.32	521.38	521.38	651.73	651.73	625.66	625.66
31	532.41	532.41	505.79	505.79	505.79	505.79	532.41	532.41	665.51	665.51	638.89	638.89
32	543.43	543.43	516.26	516.26	516.26	516.26	543.43	543.43	679.29	679.29	652.12	652.12
33	550.33	550.33	522.81	522.81	522.81	522.81	550.33	550.33	687.91	687.91	660.39	660.39
34	557.68	557.68	529.79	529.79	529.79	529.79	557.68	557.68	697.09	697.09	669.21	669.21
35	561.35	561.35	533.28	533.28	533.28	533.28	561.35	561.35	701.69	701.69	673.62	673.62
36	565.03	565.03	536.77	536.77	536.77	536.77	565.03	565.03	706.28	706.28	678.03	678.03
37	568.70	568.70	540.27	540.27	540.27	540.27	568.70	568.70	710.88	710.88	682.44	682.44
38	572.38	572.38	543.76	543.76	543.76	543.76	572.38	572.38	715.47	715.47	686.85	686.85
39	579.72	579.72	550.74	550.74	550.74	550.74	579.72	579.72	724.66	724.66	695.67	695.67
40	587.07	587.07	557.72	557.72	557.72	557.72	587.07	587.07	733.84	733.84	704.49	704.49
41	598.10	598.10	568.19	568.19	568.19	568.19	598.10	598.10	747.62	747.62	717.72	717.72
42	608.67	608.67	578.23	578.23	578.23	578.23	608.67	608.67	760.83	760.83	730.40	730.40
43	623.37	623.37	592.20	592.20	592.20	592.20	623.37	623.37	779.21	779.21	748.04	748.04
44	641.74	641.74	609.65	609.65	609.65	609.65	641.74	641.74	802.17	802.17	770.09	770.09
45	663.33	663.33	630.16	630.16	630.16	630.16	663.33	663.33	829.16	829.16	796.00	796.00
46	689.06	689.06	654.60	654.60	654.60	654.60	689.06	689.06	861.32	861.32	826.87	826.87
47	718.00	718.00	682.10	682.10	682.10	682.10	718.00	718.00	897.49	897.49	861.59	861.59
48	751.07	751.07	713.52	713.52	713.52	713.52	751.07	751.07	938.84	938.84	901.28	901.28
49	783.69	783.69	744.50	744.50	744.50	744.50	783.69	783.69	979.61	979.61	940.42	940.42
50	820.43	820.43	779.41	779.41	779.41	779.41	820.43	820.43	1,025.54	1,025.54	984.52	984.52
51	856.73	856.73	813.89	813.89	813.89	813.89	856.73	856.73	1,070.91	1,070.91	1,028.07	1,028.07
52	896.69	896.69	851.86	851.86	851.86	851.86	896.69	896.69	1,120.86	1,120.86	1,076.03	1,076.03
53	937.11	937.11	890.26	890.26	890.26	890.26	937.11	937.11	1,171.39	1,171.39	1,124.54	1,124.54
54	980.75	980.75	931.72	931.72	931.72	931.72	980.75	980.75	1,225.94	1,225.94	1,176.91	1,176.91
55	1,024.40	1,024.40	973.18	973.18	973.18	973.18	1,024.40	1,024.40	1,280.49	1,280.49	1,229.27	1,229.27
56	1,071.71	1,071.71	1,018.12	1,018.12	1,018.12	1,018.12	1,071.71	1,071.71	1,339.64	1,339.64	1,286.05	1,286.05
57	1,119.48	1,119.48	1,063.51	1,063.51	1,063.51	1,063.51	1,119.48	1,119.48	1,399.36	1,399.36	1,343.38	1,343.38
58	1,170.47	1,170.47	1,111.95	1,111.95	1,111.95	1,111.95	1,170.47	1,170.47	1,463.09	1,463.09	1,404.57	1,404.57
59	1,195.74	1,195.74	1,135.95	1,135.95	1,135.95	1,135.95	1,195.74	1,195.74	1,494.68	1,494.68	1,434.89	1,434.89
60	1,246.73	1,246.73	1,184.39	1,184.39	1,184.39	1,184.39	1,246.73	1,246.73	1,558.41	1,558.41	1,496.08	1,496.08
61	1,290.83	1,290.83	1,226.29	1,226.29	1,226.29	1,226.29	1,290.83	1,290.83	1,613.54	1,613.54	1,549.00	1,549.00
62	1,319.77	1,319.77	1,253.78	1,253.78	1,253.78	1,253.78	1,319.77	1,319.77	1,649.71	1,649.71	1,583.72	1,583.72
63	1,356.06	1,356.06	1,288.26	1,288.26	1,288.26	1,288.26	1,356.06	1,356.06	1,695.08	1,695.08	1,627.27	1,627.27
64 and Over	1,378.11	1,378.11	1,309.20	1,309.20	1,309.20	1,309.20	1,378.11	1,378.11	1,722.64	1,722.64	1,653.73	1,653.73
Rates Effective: 01/01/2024 to 03/31/2024									22444PA0060117			

**Geisinger Small Group ACA All-Access HMO
20/40/1500**

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,500/\$3,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$20	Limited to In Network
Specialist - Office Visit	\$40	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$150 copay after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$20	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$20	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	Limited to In Network
Rehabilitative Speech Therapy	\$40	Limited to In Network
Habilitation Services	\$40	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	Limited to In Network
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

22444PA0060118

**Geisinger Small Group ACA All-Access HMO
20/40/1500**

Gold

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	338.95	338.95	322.00	322.00	322.00	322.00	338.95	338.95	423.68	423.68	406.74	406.74
15	369.08	369.08	350.62	350.62	350.62	350.62	369.08	369.08	461.34	461.34	442.89	442.89
16	380.60	380.60	361.57	361.57	361.57	361.57	380.60	380.60	475.74	475.74	456.71	456.71
17	392.12	392.12	372.51	372.51	372.51	372.51	392.12	392.12	490.14	490.14	470.54	470.54
18	404.52	404.52	384.30	384.30	384.30	384.30	404.52	404.52	505.65	505.65	485.43	485.43
19	416.93	416.93	396.08	396.08	396.08	396.08	416.93	416.93	521.16	521.16	500.31	500.31
20	429.78	429.78	408.29	408.29	408.29	408.29	429.78	429.78	537.22	537.22	515.73	515.73
21	443.07	443.07	420.92	420.92	420.92	420.92	443.07	443.07	553.84	553.84	531.69	531.69
22	443.07	443.07	420.92	420.92	420.92	420.92	443.07	443.07	553.84	553.84	531.69	531.69
23	443.07	443.07	420.92	420.92	420.92	420.92	443.07	443.07	553.84	553.84	531.69	531.69
24	443.07	443.07	420.92	420.92	420.92	420.92	443.07	443.07	553.84	553.84	531.69	531.69
25	444.84	444.84	422.60	422.60	422.60	422.60	444.84	444.84	556.05	556.05	533.81	533.81
26	453.70	453.70	431.02	431.02	431.02	431.02	453.70	453.70	567.13	567.13	544.44	544.44
27	464.34	464.34	441.12	441.12	441.12	441.12	464.34	464.34	580.42	580.42	557.20	557.20
28	481.61	481.61	457.53	457.53	457.53	457.53	481.61	481.61	602.02	602.02	577.94	577.94
29	495.79	495.79	471.00	471.00	471.00	471.00	495.79	495.79	619.74	619.74	594.95	594.95
30	502.88	502.88	477.74	477.74	477.74	477.74	502.88	502.88	628.60	628.60	603.46	603.46
31	513.52	513.52	487.84	487.84	487.84	487.84	513.52	513.52	641.89	641.89	616.22	616.22
32	524.15	524.15	497.94	497.94	497.94	497.94	524.15	524.15	655.19	655.19	628.98	628.98
33	530.80	530.80	504.26	504.26	504.26	504.26	530.80	530.80	663.49	663.49	636.95	636.95
34	537.88	537.88	510.99	510.99	510.99	510.99	537.88	537.88	672.36	672.36	645.46	645.46
35	541.43	541.43	514.36	514.36	514.36	514.36	541.43	541.43	676.79	676.79	649.71	649.71
36	544.97	544.97	517.72	517.72	517.72	517.72	544.97	544.97	681.22	681.22	653.97	653.97
37	548.52	548.52	521.09	521.09	521.09	521.09	548.52	548.52	685.65	685.65	658.22	658.22
38	552.06	552.06	524.46	524.46	524.46	524.46	552.06	552.06	690.08	690.08	662.48	662.48
39	559.15	559.15	531.19	531.19	531.19	531.19	559.15	559.15	698.94	698.94	670.98	670.98
40	566.24	566.24	537.93	537.93	537.93	537.93	566.24	566.24	707.80	707.80	679.49	679.49
41	576.87	576.87	548.03	548.03	548.03	548.03	576.87	576.87	721.09	721.09	692.25	692.25
42	587.07	587.07	557.71	557.71	557.71	557.71	587.07	587.07	733.83	733.83	704.48	704.48
43	601.24	601.24	571.18	571.18	571.18	571.18	601.24	601.24	751.55	751.55	721.49	721.49
44	618.97	618.97	588.02	588.02	588.02	588.02	618.97	618.97	773.71	773.71	742.76	742.76
45	639.79	639.79	607.80	607.80	607.80	607.80	639.79	639.79	799.74	799.74	767.75	767.75
46	664.60	664.60	631.37	631.37	631.37	631.37	664.60	664.60	830.75	830.75	797.52	797.52
47	692.52	692.52	657.89	657.89	657.89	657.89	692.52	692.52	865.64	865.64	831.02	831.02
48	724.42	724.42	688.20	688.20	688.20	688.20	724.42	724.42	905.52	905.52	869.30	869.30
49	755.87	755.87	718.08	718.08	718.08	718.08	755.87	755.87	944.84	944.84	907.05	907.05
50	791.32	791.32	751.75	751.75	751.75	751.75	791.32	791.32	989.15	989.15	949.58	949.58
51	826.32	826.32	785.01	785.01	785.01	785.01	826.32	826.32	1,032.90	1,032.90	991.59	991.59
52	864.87	864.87	821.63	821.63	821.63	821.63	864.87	864.87	1,081.09	1,081.09	1,037.84	1,037.84
53	903.86	903.86	858.67	858.67	858.67	858.67	903.86	903.86	1,129.82	1,129.82	1,084.63	1,084.63
54	945.95	945.95	898.65	898.65	898.65	898.65	945.95	945.95	1,182.44	1,182.44	1,135.14	1,135.14
55	988.04	988.04	938.64	938.64	938.64	938.64	988.04	988.04	1,235.05	1,235.05	1,185.65	1,185.65
56	1,033.68	1,033.68	981.99	981.99	981.99	981.99	1,033.68	1,033.68	1,292.10	1,292.10	1,240.41	1,240.41
57	1,079.76	1,079.76	1,025.77	1,025.77	1,025.77	1,025.77	1,079.76	1,079.76	1,349.70	1,349.70	1,295.71	1,295.71
58	1,128.94	1,128.94	1,072.49	1,072.49	1,072.49	1,072.49	1,128.94	1,128.94	1,411.17	1,411.17	1,354.72	1,354.72
59	1,153.31	1,153.31	1,095.64	1,095.64	1,095.64	1,095.64	1,153.31	1,153.31	1,441.63	1,441.63	1,383.97	1,383.97
60	1,202.49	1,202.49	1,142.36	1,142.36	1,142.36	1,142.36	1,202.49	1,202.49	1,503.11	1,503.11	1,442.98	1,442.98
61	1,245.02	1,245.02	1,182.77	1,182.77	1,182.77	1,182.77	1,245.02	1,245.02	1,556.28	1,556.28	1,494.03	1,494.03
62	1,272.93	1,272.93	1,209.29	1,209.29	1,209.29	1,209.29	1,272.93	1,272.93	1,591.17	1,591.17	1,527.52	1,527.52
63	1,307.94	1,307.94	1,242.54	1,242.54	1,242.54	1,242.54	1,307.94	1,307.94	1,634.92	1,634.92	1,569.52	1,569.52
64 and Over	1,329.20	1,329.20	1,262.74	1,262.74	1,262.74	1,262.74	1,329.20	1,329.20	1,661.51	1,661.51	1,595.04	1,595.04

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

22444PA0060118

Geisinger All-Access Extra PPO 10/60/500

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$500/\$1,000	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,700/\$17,400	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$10/\$60	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$150	\$150
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$150 after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$150 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$60	30% after deductible
Substance Abuse Disorder Outpatient Services	\$60	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	30% 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

75729PA0050068

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access Extra PPO 10/60/500

Gold

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			356.61	356.61			375.38	375.38			450.45	450.45
15			388.31	388.31			408.74	408.74			490.49	490.49
16			400.43	400.43			421.50	421.50			505.80	505.80
17			412.55	412.55			434.26	434.26			521.11	521.11
18			425.60	425.60			448.00	448.00			537.60	537.60
19			438.65	438.65			461.74	461.74			554.09	554.09
20			452.17	452.17			475.97	475.97			571.16	571.16
21			466.16	466.16			490.69	490.69			588.83	588.83
22			466.16	466.16			490.69	490.69			588.83	588.83
23			466.16	466.16			490.69	490.69			588.83	588.83
24			466.16	466.16			490.69	490.69			588.83	588.83
25			468.02	468.02			492.65	492.65			591.18	591.18
26			477.34	477.34			502.47	502.47			602.96	602.96
27			488.53	488.53			514.24	514.24			617.09	617.09
28			506.71	506.71			533.38	533.38			640.06	640.06
29			521.63	521.63			549.08	549.08			658.90	658.90
30			529.09	529.09			556.93	556.93			668.32	668.32
31			540.27	540.27			568.71	568.71			682.45	682.45
32			551.46	551.46			580.49	580.49			696.58	696.58
33			558.45	558.45			587.85	587.85			705.42	705.42
34			565.91	565.91			595.70	595.70			714.84	714.84
35			569.64	569.64			599.62	599.62			719.55	719.55
36			573.37	573.37			603.55	603.55			724.26	724.26
37			577.10	577.10			607.47	607.47			728.97	728.97
38			580.83	580.83			611.40	611.40			733.68	733.68
39			588.29	588.29			619.25	619.25			743.10	743.10
40			595.75	595.75			627.10	627.10			752.52	752.52
41			606.93	606.93			638.88	638.88			766.65	766.65
42			617.66	617.66			650.16	650.16			780.20	780.20
43			632.57	632.57			665.87	665.87			799.04	799.04
44			651.22	651.22			685.49	685.49			822.59	822.59
45			673.13	673.13			708.56	708.56			850.27	850.27
46			699.23	699.23			736.04	736.04			883.24	883.24
47			728.60	728.60			766.95	766.95			920.34	920.34
48			762.16	762.16			802.28	802.28			962.73	962.73
49			795.26	795.26			837.12	837.12			1,004.54	1,004.54
50			832.55	832.55			876.37	876.37			1,051.65	1,051.65
51			869.38	869.38			915.14	915.14			1,098.16	1,098.16
52			909.94	909.94			957.83	957.83			1,149.39	1,149.39
53			950.96	950.96			1,001.01	1,001.01			1,201.21	1,201.21
54			995.24	995.24			1,047.62	1,047.62			1,257.15	1,257.15
55			1,039.53	1,039.53			1,094.24	1,094.24			1,313.09	1,313.09
56			1,087.54	1,087.54			1,144.78	1,144.78			1,373.74	1,373.74
57			1,136.02	1,136.02			1,195.81	1,195.81			1,434.97	1,434.97
58			1,187.76	1,187.76			1,250.28	1,250.28			1,500.33	1,500.33
59			1,213.40	1,213.40			1,277.27	1,277.27			1,532.72	1,532.72
60			1,265.15	1,265.15			1,331.73	1,331.73			1,598.08	1,598.08
61			1,309.90	1,309.90			1,378.84	1,378.84			1,654.61	1,654.61
62			1,339.26	1,339.26			1,409.75	1,409.75			1,691.70	1,691.70
63			1,376.09	1,376.09			1,448.52	1,448.52			1,738.22	1,738.22
64 and Over			1,398.47	1,398.47			1,472.07	1,472.07			1,766.48	1,766.48

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

75729PA0050068

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access PPO 20/40/1000

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,000/\$2,000	\$4,000/\$8,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,600/\$17,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	30% after deductible
Specialist - Office Visit	\$40	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$175 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$175 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	30% after deductible
Rehabilitative Speech Therapy	\$40	30% after deductible
Habilitation Services	\$40	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	Limited to In Network
Routine Eye Exam for Children	\$40	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	30% 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

75729PA0050070

Geisinger All-Access PPO 20/40/1000

Gold

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	375.38	375.38	356.61	356.61	356.61	356.61	375.38	375.38	469.22	469.22	450.45	450.45
15	408.74	408.74	388.31	388.31	388.31	388.31	408.74	408.74	510.93	510.93	490.49	490.49
16	421.50	421.50	400.43	400.43	400.43	400.43	421.50	421.50	526.88	526.88	505.80	505.80
17	434.26	434.26	412.55	412.55	412.55	412.55	434.26	434.26	542.83	542.83	521.11	521.11
18	448.00	448.00	425.60	425.60	425.60	425.60	448.00	448.00	560.00	560.00	537.60	537.60
19	461.74	461.74	438.65	438.65	438.65	438.65	461.74	461.74	577.17	577.17	554.09	554.09
20	475.97	475.97	452.17	452.17	452.17	452.17	475.97	475.97	594.96	594.96	571.16	571.16
21	490.69	490.69	466.16	466.16	466.16	466.16	490.69	490.69	613.37	613.37	588.83	588.83
22	490.69	490.69	466.16	466.16	466.16	466.16	490.69	490.69	613.37	613.37	588.83	588.83
23	490.69	490.69	466.16	466.16	466.16	466.16	490.69	490.69	613.37	613.37	588.83	588.83
24	490.69	490.69	466.16	466.16	466.16	466.16	490.69	490.69	613.37	613.37	588.83	588.83
25	492.65	492.65	468.02	468.02	468.02	468.02	492.65	492.65	615.82	615.82	591.18	591.18
26	502.47	502.47	477.34	477.34	477.34	477.34	502.47	502.47	628.08	628.08	602.96	602.96
27	514.24	514.24	488.53	488.53	488.53	488.53	514.24	514.24	642.80	642.80	617.09	617.09
28	533.38	533.38	506.71	506.71	506.71	506.71	533.38	533.38	666.73	666.73	640.06	640.06
29	549.08	549.08	521.63	521.63	521.63	521.63	549.08	549.08	686.35	686.35	658.90	658.90
30	556.93	556.93	529.09	529.09	529.09	529.09	556.93	556.93	696.17	696.17	668.32	668.32
31	568.71	568.71	540.27	540.27	540.27	540.27	568.71	568.71	710.89	710.89	682.45	682.45
32	580.49	580.49	551.46	551.46	551.46	551.46	580.49	580.49	725.61	725.61	696.58	696.58
33	587.85	587.85	558.45	558.45	558.45	558.45	587.85	587.85	734.81	734.81	705.42	705.42
34	595.70	595.70	565.91	565.91	565.91	565.91	595.70	595.70	744.62	744.62	714.84	714.84
35	599.62	599.62	569.64	569.64	569.64	569.64	599.62	599.62	749.53	749.53	719.55	719.55
36	603.55	603.55	573.37	573.37	573.37	573.37	603.55	603.55	754.44	754.44	724.26	724.26
37	607.47	607.47	577.10	577.10	577.10	577.10	607.47	607.47	759.34	759.34	728.97	728.97
38	611.40	611.40	580.83	580.83	580.83	580.83	611.40	611.40	764.25	764.25	733.68	733.68
39	619.25	619.25	588.29	588.29	588.29	588.29	619.25	619.25	774.06	774.06	743.10	743.10
40	627.10	627.10	595.75	595.75	595.75	595.75	627.10	627.10	783.88	783.88	752.52	752.52
41	638.88	638.88	606.93	606.93	606.93	606.93	638.88	638.88	798.60	798.60	766.65	766.65
42	650.16	650.16	617.66	617.66	617.66	617.66	650.16	650.16	812.71	812.71	780.20	780.20
43	665.87	665.87	632.57	632.57	632.57	632.57	665.87	665.87	832.33	832.33	799.04	799.04
44	685.49	685.49	651.22	651.22	651.22	651.22	685.49	685.49	856.87	856.87	822.59	822.59
45	708.56	708.56	673.13	673.13	673.13	673.13	708.56	708.56	885.70	885.70	850.27	850.27
46	736.04	736.04	699.23	699.23	699.23	699.23	736.04	736.04	920.04	920.04	883.24	883.24
47	766.95	766.95	728.60	728.60	728.60	728.60	766.95	766.95	958.69	958.69	920.34	920.34
48	802.28	802.28	762.16	762.16	762.16	762.16	802.28	802.28	1,002.85	1,002.85	962.73	962.73
49	837.12	837.12	795.26	795.26	795.26	795.26	837.12	837.12	1,046.40	1,046.40	1,004.54	1,004.54
50	876.37	876.37	832.55	832.55	832.55	832.55	876.37	876.37	1,095.47	1,095.47	1,051.65	1,051.65
51	915.14	915.14	869.38	869.38	869.38	869.38	915.14	915.14	1,143.92	1,143.92	1,098.16	1,098.16
52	957.83	957.83	909.94	909.94	909.94	909.94	957.83	957.83	1,197.28	1,197.28	1,149.39	1,149.39
53	1,001.01	1,001.01	950.96	950.96	950.96	950.96	1,001.01	1,001.01	1,251.26	1,251.26	1,201.21	1,201.21
54	1,047.62	1,047.62	995.24	995.24	995.24	995.24	1,047.62	1,047.62	1,309.53	1,309.53	1,257.15	1,257.15
55	1,094.24	1,094.24	1,039.53	1,039.53	1,039.53	1,039.53	1,094.24	1,094.24	1,367.80	1,367.80	1,313.09	1,313.09
56	1,144.78	1,144.78	1,087.54	1,087.54	1,087.54	1,087.54	1,144.78	1,144.78	1,430.97	1,430.97	1,373.74	1,373.74
57	1,195.81	1,195.81	1,136.02	1,136.02	1,136.02	1,136.02	1,195.81	1,195.81	1,494.76	1,494.76	1,434.97	1,434.97
58	1,250.28	1,250.28	1,187.76	1,187.76	1,187.76	1,187.76	1,250.28	1,250.28	1,562.85	1,562.85	1,500.33	1,500.33
59	1,277.27	1,277.27	1,213.40	1,213.40	1,213.40	1,213.40	1,277.27	1,277.27	1,596.58	1,596.58	1,532.72	1,532.72
60	1,331.73	1,331.73	1,265.15	1,265.15	1,265.15	1,265.15	1,331.73	1,331.73	1,664.67	1,664.67	1,598.08	1,598.08
61	1,378.84	1,378.84	1,309.90	1,309.90	1,309.90	1,309.90	1,378.84	1,378.84	1,723.55	1,723.55	1,654.61	1,654.61
62	1,409.75	1,409.75	1,339.26	1,339.26	1,339.26	1,339.26	1,409.75	1,409.75	1,762.19	1,762.19	1,691.70	1,691.70
63	1,448.52	1,448.52	1,376.09	1,376.09	1,376.09	1,376.09	1,448.52	1,448.52	1,810.65	1,810.65	1,738.22	1,738.22
64 and Over	1,472.07	1,472.07	1,398.47	1,398.47	1,398.47	1,398.47	1,472.07	1,472.07	1,840.09	1,840.09	1,766.48	1,766.48

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

75729PA0050070

Geisinger All-Access PPO 25/50/3300

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	3,300/\$6,600	\$5,000/\$10,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,550/\$17,100	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200 after deductible	\$200 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	30% 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

75729PA0050071

Geisinger All-Access PPO 25/50/3300

Gold

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	331.98	331.98	315.38	315.38	315.38	315.38	331.98	331.98	414.98	414.98	398.38	398.38
15	361.49	361.49	343.42	343.42	343.42	343.42	361.49	361.49	451.86	451.86	433.79	433.79
16	372.77	372.77	354.14	354.14	354.14	354.14	372.77	372.77	465.97	465.97	447.33	447.33
17	384.06	384.06	364.85	364.85	364.85	364.85	384.06	384.06	480.07	480.07	460.87	460.87
18	396.21	396.21	376.40	376.40	376.40	376.40	396.21	396.21	495.26	495.26	475.45	475.45
19	408.36	408.36	387.94	387.94	387.94	387.94	408.36	408.36	510.45	510.45	490.03	490.03
20	420.94	420.94	399.90	399.90	399.90	399.90	420.94	420.94	526.18	526.18	505.13	505.13
21	433.97	433.97	412.27	412.27	412.27	412.27	433.97	433.97	542.46	542.46	520.76	520.76
22	433.97	433.97	412.27	412.27	412.27	412.27	433.97	433.97	542.46	542.46	520.76	520.76
23	433.97	433.97	412.27	412.27	412.27	412.27	433.97	433.97	542.46	542.46	520.76	520.76
24	433.97	433.97	412.27	412.27	412.27	412.27	433.97	433.97	542.46	542.46	520.76	520.76
25	435.70	435.70	413.91	413.91	413.91	413.91	435.70	435.70	544.62	544.62	522.84	522.84
26	444.38	444.38	422.16	422.16	422.16	422.16	444.38	444.38	555.47	555.47	533.25	533.25
27	454.79	454.79	432.05	432.05	432.05	432.05	454.79	454.79	568.49	568.49	545.75	545.75
28	471.72	471.72	448.13	448.13	448.13	448.13	471.72	471.72	589.65	589.65	566.06	566.06
29	485.60	485.60	461.32	461.32	461.32	461.32	485.60	485.60	607.01	607.01	582.73	582.73
30	492.55	492.55	467.92	467.92	467.92	467.92	492.55	492.55	615.69	615.69	591.06	591.06
31	502.96	502.96	477.81	477.81	477.81	477.81	502.96	502.96	628.70	628.70	603.56	603.56
32	513.38	513.38	487.71	487.71	487.71	487.71	513.38	513.38	641.72	641.72	616.05	616.05
33	519.89	519.89	493.89	493.89	493.89	493.89	519.89	519.89	649.86	649.86	623.87	623.87
34	526.83	526.83	500.49	500.49	500.49	500.49	526.83	526.83	658.54	658.54	632.20	632.20
35	530.30	530.30	503.79	503.79	503.79	503.79	530.30	530.30	662.88	662.88	636.36	636.36
36	533.77	533.77	507.09	507.09	507.09	507.09	533.77	533.77	667.22	667.22	640.53	640.53
37	537.25	537.25	510.38	510.38	510.38	510.38	537.25	537.25	671.56	671.56	644.70	644.70
38	540.72	540.72	513.68	513.68	513.68	513.68	540.72	540.72	675.90	675.90	648.86	648.86
39	547.66	547.66	520.28	520.28	520.28	520.28	547.66	547.66	684.58	684.58	657.19	657.19
40	554.60	554.60	526.87	526.87	526.87	526.87	554.60	554.60	693.26	693.26	665.53	665.53
41	565.02	565.02	536.77	536.77	536.77	536.77	565.02	565.02	706.27	706.27	678.02	678.02
42	575.00	575.00	546.25	546.25	546.25	546.25	575.00	575.00	718.75	718.75	690.00	690.00
43	588.89	588.89	559.44	559.44	559.44	559.44	588.89	588.89	736.11	736.11	706.67	706.67
44	606.25	606.25	575.93	575.93	575.93	575.93	606.25	606.25	757.81	757.81	727.50	727.50
45	626.64	626.64	595.31	595.31	595.31	595.31	626.64	626.64	783.30	783.30	751.97	751.97
46	650.94	650.94	618.40	618.40	618.40	618.40	650.94	650.94	813.68	813.68	781.13	781.13
47	678.28	678.28	644.37	644.37	644.37	644.37	678.28	678.28	847.86	847.86	813.94	813.94
48	709.53	709.53	674.05	674.05	674.05	674.05	709.53	709.53	886.91	886.91	851.44	851.44
49	740.34	740.34	703.32	703.32	703.32	703.32	740.34	740.34	925.43	925.43	888.41	888.41
50	775.06	775.06	736.31	736.31	736.31	736.31	775.06	775.06	968.82	968.82	930.07	930.07
51	809.34	809.34	768.87	768.87	768.87	768.87	809.34	809.34	1,011.68	1,011.68	971.21	971.21
52	847.10	847.10	804.74	804.74	804.74	804.74	847.10	847.10	1,058.87	1,058.87	1,016.51	1,016.51
53	885.28	885.28	841.02	841.02	841.02	841.02	885.28	885.28	1,106.61	1,106.61	1,062.34	1,062.34
54	926.51	926.51	880.19	880.19	880.19	880.19	926.51	926.51	1,158.14	1,158.14	1,111.81	1,111.81
55	967.74	967.74	919.35	919.35	919.35	919.35	967.74	967.74	1,209.67	1,209.67	1,161.28	1,161.28
56	1,012.44	1,012.44	961.81	961.81	961.81	961.81	1,012.44	1,012.44	1,265.54	1,265.54	1,214.92	1,214.92
57	1,057.57	1,057.57	1,004.69	1,004.69	1,004.69	1,004.69	1,057.57	1,057.57	1,321.96	1,321.96	1,269.08	1,269.08
58	1,105.74	1,105.74	1,050.45	1,050.45	1,050.45	1,050.45	1,105.74	1,105.74	1,382.17	1,382.17	1,326.89	1,326.89
59	1,129.61	1,129.61	1,073.13	1,073.13	1,073.13	1,073.13	1,129.61	1,129.61	1,412.01	1,412.01	1,355.53	1,355.53
60	1,177.78	1,177.78	1,118.89	1,118.89	1,118.89	1,118.89	1,177.78	1,177.78	1,472.22	1,472.22	1,413.33	1,413.33
61	1,219.44	1,219.44	1,158.46	1,158.46	1,158.46	1,158.46	1,219.44	1,219.44	1,524.30	1,524.30	1,463.32	1,463.32
62	1,246.78	1,246.78	1,184.44	1,184.44	1,184.44	1,184.44	1,246.78	1,246.78	1,558.47	1,558.47	1,496.13	1,496.13
63	1,281.06	1,281.06	1,217.01	1,217.01	1,217.01	1,217.01	1,281.06	1,281.06	1,601.32	1,601.32	1,537.27	1,537.27
64 and Over	1,301.89	1,301.89	1,236.79	1,236.79	1,236.79	1,236.79	1,301.89	1,301.89	1,627.36	1,627.36	1,562.27	1,562.27

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

75729PA0050071

Geisinger All-Access QHDHP PPO 3000

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$3,000/\$6,000	\$8,000/\$16,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$3,000/\$6,000	\$8,000/\$16,000
Primary Care Visit to Treat an Injury or Illness	0% after deductible	30% after deductible
Specialist - Office Visit	0% after deductible	30% 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	0% after deductible	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	0% after deductible	30% after deductible
Hospice Services	0% after deductible	30% after deductible
Mental/Behavioral Health Outpatient Services	0% after deductible	30% after deductible
Substance Abuse Disorder Outpatient Services	0% after deductible	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible	30% after deductible
Rehabilitative Speech Therapy	0% after deductible	30% after deductible
Habilitation Services	0% after deductible	30% after deductible
Durable Medical Equipment	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	30% 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

75729PA0050078

Geisinger All-Access QHDHP PPO 3000

Gold

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	345.44	345.44	328.17	328.17	328.17	328.17	345.44	345.44	431.80	431.80	414.53	414.53
15	376.14	376.14	357.34	357.34	357.34	357.34	376.14	376.14	470.18	470.18	451.37	451.37
16	387.88	387.88	368.49	368.49	368.49	368.49	387.88	387.88	484.86	484.86	465.46	465.46
17	399.63	399.63	379.64	379.64	379.64	379.64	399.63	399.63	499.53	499.53	479.55	479.55
18	412.27	412.27	391.66	391.66	391.66	391.66	412.27	412.27	515.34	515.34	494.72	494.72
19	424.91	424.91	403.67	403.67	403.67	403.67	424.91	424.91	531.14	531.14	509.89	509.89
20	438.01	438.01	416.11	416.11	416.11	416.11	438.01	438.01	547.51	547.51	525.61	525.61
21	451.56	451.56	428.98	428.98	428.98	428.98	451.56	451.56	564.45	564.45	541.87	541.87
22	451.56	451.56	428.98	428.98	428.98	428.98	451.56	451.56	564.45	564.45	541.87	541.87
23	451.56	451.56	428.98	428.98	428.98	428.98	451.56	451.56	564.45	564.45	541.87	541.87
24	451.56	451.56	428.98	428.98	428.98	428.98	451.56	451.56	564.45	564.45	541.87	541.87
25	453.36	453.36	430.69	430.69	430.69	430.69	453.36	453.36	566.70	566.70	544.03	544.03
26	462.39	462.39	439.27	439.27	439.27	439.27	462.39	462.39	577.99	577.99	554.87	554.87
27	473.23	473.23	449.57	449.57	449.57	449.57	473.23	473.23	591.54	591.54	567.87	567.87
28	490.84	490.84	466.30	466.30	466.30	466.30	490.84	490.84	613.55	613.55	589.01	589.01
29	505.29	505.29	480.02	480.02	480.02	480.02	505.29	505.29	631.61	631.61	606.35	606.35
30	512.51	512.51	486.89	486.89	486.89	486.89	512.51	512.51	640.64	640.64	615.02	615.02
31	523.35	523.35	497.18	497.18	497.18	497.18	523.35	523.35	654.19	654.19	628.02	628.02
32	534.19	534.19	507.48	507.48	507.48	507.48	534.19	534.19	667.74	667.74	641.03	641.03
33	540.96	540.96	513.91	513.91	513.91	513.91	540.96	540.96	676.20	676.20	649.15	649.15
34	548.19	548.19	520.78	520.78	520.78	520.78	548.19	548.19	685.23	685.23	657.82	657.82
35	551.80	551.80	524.21	524.21	524.21	524.21	551.80	551.80	689.75	689.75	662.16	662.16
36	555.41	555.41	527.64	527.64	527.64	527.64	555.41	555.41	694.26	694.26	666.49	666.49
37	559.02	559.02	531.07	531.07	531.07	531.07	559.02	559.02	698.78	698.78	670.83	670.83
38	562.64	562.64	534.50	534.50	534.50	534.50	562.64	562.64	703.30	703.30	675.16	675.16
39	569.86	569.86	541.37	541.37	541.37	541.37	569.86	569.86	712.33	712.33	683.83	683.83
40	577.09	577.09	548.23	548.23	548.23	548.23	577.09	577.09	721.36	721.36	692.50	692.50
41	587.92	587.92	558.53	558.53	558.53	558.53	587.92	587.92	734.90	734.90	705.51	705.51
42	598.31	598.31	568.39	568.39	568.39	568.39	598.31	598.31	747.89	747.89	717.97	717.97
43	612.76	612.76	582.12	582.12	582.12	582.12	612.76	612.76	765.95	765.95	735.31	735.31
44	630.82	630.82	599.28	599.28	599.28	599.28	630.82	630.82	788.53	788.53	756.99	756.99
45	652.04	652.04	619.44	619.44	619.44	619.44	652.04	652.04	815.05	815.05	782.45	782.45
46	677.33	677.33	643.46	643.46	643.46	643.46	677.33	677.33	846.66	846.66	812.80	812.80
47	705.78	705.78	670.49	670.49	670.49	670.49	705.78	705.78	882.22	882.22	846.93	846.93
48	738.29	738.29	701.38	701.38	701.38	701.38	738.29	738.29	922.86	922.86	885.95	885.95
49	770.35	770.35	731.83	731.83	731.83	731.83	770.35	770.35	962.94	962.94	924.42	924.42
50	806.48	806.48	766.15	766.15	766.15	766.15	806.48	806.48	1,008.09	1,008.09	967.77	967.77
51	842.15	842.15	800.04	800.04	800.04	800.04	842.15	842.15	1,052.69	1,052.69	1,010.58	1,010.58
52	881.43	881.43	837.36	837.36	837.36	837.36	881.43	881.43	1,101.79	1,101.79	1,057.72	1,057.72
53	921.17	921.17	875.11	875.11	875.11	875.11	921.17	921.17	1,151.46	1,151.46	1,105.40	1,105.40
54	964.07	964.07	915.86	915.86	915.86	915.86	964.07	964.07	1,205.08	1,205.08	1,156.88	1,156.88
55	1,006.97	1,006.97	956.62	956.62	956.62	956.62	1,006.97	1,006.97	1,258.71	1,258.71	1,208.36	1,208.36
56	1,053.48	1,053.48	1,000.80	1,000.80	1,000.80	1,000.80	1,053.48	1,053.48	1,316.84	1,316.84	1,264.17	1,264.17
57	1,100.44	1,100.44	1,045.42	1,045.42	1,045.42	1,045.42	1,100.44	1,100.44	1,375.55	1,375.55	1,320.52	1,320.52
58	1,150.56	1,150.56	1,093.03	1,093.03	1,093.03	1,093.03	1,150.56	1,150.56	1,438.20	1,438.20	1,380.67	1,380.67
59	1,175.40	1,175.40	1,116.63	1,116.63	1,116.63	1,116.63	1,175.40	1,175.40	1,469.24	1,469.24	1,410.47	1,410.47
60	1,225.52	1,225.52	1,164.24	1,164.24	1,164.24	1,164.24	1,225.52	1,225.52	1,531.90	1,531.90	1,470.62	1,470.62
61	1,268.87	1,268.87	1,205.42	1,205.42	1,205.42	1,205.42	1,268.87	1,268.87	1,586.08	1,586.08	1,522.64	1,522.64
62	1,297.31	1,297.31	1,232.45	1,232.45	1,232.45	1,232.45	1,297.31	1,297.31	1,621.64	1,621.64	1,556.78	1,556.78
63	1,332.99	1,332.99	1,266.34	1,266.34	1,266.34	1,266.34	1,332.99	1,332.99	1,666.23	1,666.23	1,599.58	1,599.58
64 and Over	1,354.66	1,354.66	1,286.93	1,286.93	1,286.93	1,286.93	1,354.66	1,354.66	1,693.33	1,693.33	1,625.59	1,625.59

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

75729PA0050078

Geisinger All-Access PPO 25/50/2000 1x ded

Gold

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000/\$2,000	\$10,000/\$20,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350/\$14,700	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$25	\$25
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 copay after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Rehabilitative Speech Therapy	\$50	30% after deductible
Habilitation Services	\$50	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$25	Limited to In Network
Routine Eye Exam for Children	\$50	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0/\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% after deductible	30% 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

75729PA0050127

Geisinger All-Access PPO 25/50/2000 1x ded

Gold

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	347.94	347.94	330.55	330.55	330.55	330.55	347.94	347.94	434.93	434.93	417.53	417.53
15	378.87	378.87	359.93	359.93	359.93	359.93	378.87	378.87	473.59	473.59	454.65	454.65
16	390.70	390.70	371.16	371.16	371.16	371.16	390.70	390.70	488.37	488.37	468.84	468.84
17	402.52	402.52	382.40	382.40	382.40	382.40	402.52	402.52	503.15	503.15	483.03	483.03
18	415.26	415.26	394.50	394.50	394.50	394.50	415.26	415.26	519.07	519.07	498.31	498.31
19	427.99	427.99	406.59	406.59	406.59	406.59	427.99	427.99	534.99	534.99	513.59	513.59
20	441.18	441.18	419.12	419.12	419.12	419.12	441.18	441.18	551.48	551.48	529.42	529.42
21	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
22	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
23	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
24	454.83	454.83	432.09	432.09	432.09	432.09	454.83	454.83	568.54	568.54	545.80	545.80
25	456.65	456.65	433.82	433.82	433.82	433.82	456.65	456.65	570.81	570.81	547.98	547.98
26	465.74	465.74	442.46	442.46	442.46	442.46	465.74	465.74	582.18	582.18	558.89	558.89
27	476.66	476.66	452.83	452.83	452.83	452.83	476.66	476.66	595.83	595.83	571.99	571.99
28	494.40	494.40	469.68	469.68	469.68	469.68	494.40	494.40	618.00	618.00	593.28	593.28
29	508.95	508.95	483.51	483.51	483.51	483.51	508.95	508.95	636.19	636.19	610.74	610.74
30	516.23	516.23	490.42	490.42	490.42	490.42	516.23	516.23	645.29	645.29	619.48	619.48
31	527.15	527.15	500.79	500.79	500.79	500.79	527.15	527.15	658.93	658.93	632.58	632.58
32	538.06	538.06	511.16	511.16	511.16	511.16	538.06	538.06	672.58	672.58	645.68	645.68
33	544.89	544.89	517.64	517.64	517.64	517.64	544.89	544.89	681.11	681.11	653.86	653.86
34	552.16	552.16	524.55	524.55	524.55	524.55	552.16	552.16	690.20	690.20	662.59	662.59
35	555.80	555.80	528.01	528.01	528.01	528.01	555.80	555.80	694.75	694.75	666.96	666.96
36	559.44	559.44	531.47	531.47	531.47	531.47	559.44	559.44	699.30	699.30	671.33	671.33
37	563.08	563.08	534.92	534.92	534.92	534.92	563.08	563.08	703.85	703.85	675.69	675.69
38	566.72	566.72	538.38	538.38	538.38	538.38	566.72	566.72	708.40	708.40	680.06	680.06
39	573.99	573.99	545.29	545.29	545.29	545.29	573.99	573.99	717.49	717.49	688.79	688.79
40	581.27	581.27	552.21	552.21	552.21	552.21	581.27	581.27	726.59	726.59	697.53	697.53
41	592.19	592.19	562.58	562.58	562.58	562.58	592.19	592.19	740.23	740.23	710.62	710.62
42	602.65	602.65	572.52	572.52	572.52	572.52	602.65	602.65	753.31	753.31	723.18	723.18
43	617.20	617.20	586.34	586.34	586.34	586.34	617.20	617.20	771.50	771.50	740.64	740.64
44	635.40	635.40	603.63	603.63	603.63	603.63	635.40	635.40	794.25	794.25	762.48	762.48
45	656.77	656.77	623.93	623.93	623.93	623.93	656.77	656.77	820.97	820.97	788.13	788.13
46	682.24	682.24	648.13	648.13	648.13	648.13	682.24	682.24	852.80	852.80	818.69	818.69
47	710.90	710.90	675.35	675.35	675.35	675.35	710.90	710.90	888.62	888.62	853.08	853.08
48	743.65	743.65	706.46	706.46	706.46	706.46	743.65	743.65	929.56	929.56	892.37	892.37
49	775.94	775.94	737.14	737.14	737.14	737.14	775.94	775.94	969.92	969.92	931.13	931.13
50	812.32	812.32	771.71	771.71	771.71	771.71	812.32	812.32	1,015.41	1,015.41	974.79	974.79
51	848.26	848.26	805.84	805.84	805.84	805.84	848.26	848.26	1,060.32	1,060.32	1,017.91	1,017.91
52	887.83	887.83	843.43	843.43	843.43	843.43	887.83	887.83	1,109.78	1,109.78	1,065.39	1,065.39
53	927.85	927.85	881.46	881.46	881.46	881.46	927.85	927.85	1,159.81	1,159.81	1,113.42	1,113.42
54	971.06	971.06	922.51	922.51	922.51	922.51	971.06	971.06	1,213.82	1,213.82	1,165.27	1,165.27
55	1,014.27	1,014.27	963.56	963.56	963.56	963.56	1,014.27	1,014.27	1,267.84	1,267.84	1,217.12	1,217.12
56	1,061.12	1,061.12	1,008.06	1,008.06	1,008.06	1,008.06	1,061.12	1,061.12	1,326.40	1,326.40	1,273.34	1,273.34
57	1,108.42	1,108.42	1,053.00	1,053.00	1,053.00	1,053.00	1,108.42	1,108.42	1,385.52	1,385.52	1,330.10	1,330.10
58	1,158.90	1,158.90	1,100.96	1,100.96	1,100.96	1,100.96	1,158.90	1,158.90	1,448.63	1,448.63	1,390.69	1,390.69
59	1,183.92	1,183.92	1,124.72	1,124.72	1,124.72	1,124.72	1,183.92	1,183.92	1,479.90	1,479.90	1,420.70	1,420.70
60	1,234.41	1,234.41	1,172.69	1,172.69	1,172.69	1,172.69	1,234.41	1,234.41	1,543.01	1,543.01	1,481.29	1,481.29
61	1,278.07	1,278.07	1,214.17	1,214.17	1,214.17	1,214.17	1,278.07	1,278.07	1,597.59	1,597.59	1,533.68	1,533.68
62	1,306.72	1,306.72	1,241.39	1,241.39	1,241.39	1,241.39	1,306.72	1,306.72	1,633.40	1,633.40	1,568.07	1,568.07
63	1,342.66	1,342.66	1,275.52	1,275.52	1,275.52	1,275.52	1,342.66	1,342.66	1,678.32	1,678.32	1,611.19	1,611.19
64 and Over	1,364.49	1,364.49	1,296.26	1,296.26	1,296.26	1,296.26	1,364.49	1,364.49	1,705.61	1,705.61	1,637.38	1,637.38

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

75729PA0050127

Geisinger Small Group ACA All-Access HMO 30/60/5800		Silver
Preventive services covered at 100%		Accessories Program
Health management programs		
Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$5,800/\$11,600	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$30	Limited to In Network
Specialist - Office Visit	\$60	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$350 copay after deductible	\$350 copay after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$30	\$30
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	0% after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	0% after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$30	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$30	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	Limited to In Network
Rehabilitative Speech Therapy	\$60	Limited to In Network
Habilitation Services	\$60	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	Limited to In Network
Laboratory Outpatient	0% after deductible	Limited to In Network
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		22444PA0060063

Geisinger Small Group ACA All-Access HMO 30/60/5800									Silver			
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	258.96	258.96	246.01	246.01	246.01	246.01	258.96	258.96	323.70	323.70	310.75	310.75
15	281.98	281.98	267.88	267.88	267.88	267.88	281.98	281.98	352.48	352.48	338.38	338.38
16	290.78	290.78	276.24	276.24	276.24	276.24	290.78	290.78	363.48	363.48	348.94	348.94
17	299.58	299.58	284.60	284.60	284.60	284.60	299.58	299.58	374.48	374.48	359.50	359.50
18	309.06	309.06	293.61	293.61	293.61	293.61	309.06	309.06	386.33	386.33	370.87	370.87
19	318.54	318.54	302.61	302.61	302.61	302.61	318.54	318.54	398.18	398.18	382.25	382.25
20	328.36	328.36	311.94	311.94	311.94	311.94	328.36	328.36	410.45	410.45	394.03	394.03
21	338.52	338.52	321.59	321.59	321.59	321.59	338.52	338.52	423.15	423.15	406.22	406.22
22	338.52	338.52	321.59	321.59	321.59	321.59	338.52	338.52	423.15	423.15	406.22	406.22
23	338.52	338.52	321.59	321.59	321.59	321.59	338.52	338.52	423.15	423.15	406.22	406.22
24	338.52	338.52	321.59	321.59	321.59	321.59	338.52	338.52	423.15	423.15	406.22	406.22
25	339.87	339.87	322.87	322.87	322.87	322.87	339.87	339.87	424.83	424.83	407.84	407.84
26	346.64	346.64	329.31	329.31	329.31	329.31	346.64	346.64	433.30	433.30	415.96	415.96
27	354.76	354.76	337.02	337.02	337.02	337.02	354.76	354.76	443.45	443.45	425.71	425.71
28	367.96	367.96	349.57	349.57	349.57	349.57	367.96	367.96	459.95	459.95	441.56	441.56
29	378.80	378.80	359.86	359.86	359.86	359.86	378.80	378.80	473.50	473.50	454.56	454.56
30	384.21	384.21	365.00	365.00	365.00	365.00	384.21	384.21	480.27	480.27	461.05	461.05
31	392.34	392.34	372.72	372.72	372.72	372.72	392.34	392.34	490.42	490.42	470.80	470.80
32	400.46	400.46	380.44	380.44	380.44	380.44	400.46	400.46	500.58	500.58	480.55	480.55
33	405.54	405.54	385.26	385.26	385.26	385.26	405.54	405.54	506.92	506.92	486.65	486.65
34	410.95	410.95	390.41	390.41	390.41	390.41	410.95	410.95	513.69	513.69	493.15	493.15
35	413.66	413.66	392.98	392.98	392.98	392.98	413.66	413.66	517.08	517.08	496.40	496.40
36	416.37	416.37	395.55	395.55	395.55	395.55	416.37	416.37	520.46	520.46	499.65	499.65
37	419.08	419.08	398.13	398.13	398.13	398.13	419.08	419.08	523.85	523.85	502.89	502.89
38	421.79	421.79	400.70	400.70	400.70	400.70	421.79	421.79	527.23	527.23	506.14	506.14
39	427.20	427.20	405.84	405.84	405.84	405.84	427.20	427.20	534.00	534.00	512.64	512.64
40	432.62	432.62	410.99	410.99	410.99	410.99	432.62	432.62	540.77	540.77	519.14	519.14
41	440.74	440.74	418.71	418.71	418.71	418.71	440.74	440.74	550.93	550.93	528.89	528.89
42	448.53	448.53	426.10	426.10	426.10	426.10	448.53	448.53	560.66	560.66	538.24	538.24
43	459.36	459.36	436.39	436.39	436.39	436.39	459.36	459.36	574.20	574.20	551.23	551.23
44	472.90	472.90	449.26	449.26	449.26	449.26	472.90	472.90	591.13	591.13	567.48	567.48
45	488.81	488.81	464.37	464.37	464.37	464.37	488.81	488.81	611.02	611.02	586.58	586.58
46	507.77	507.77	482.38	482.38	482.38	482.38	507.77	507.77	634.71	634.71	609.32	609.32
47	529.10	529.10	502.64	502.64	502.64	502.64	529.10	529.10	661.37	661.37	634.91	634.91
48	553.47	553.47	525.80	525.80	525.80	525.80	553.47	553.47	691.84	691.84	664.16	664.16
49	577.50	577.50	548.63	548.63	548.63	548.63	577.50	577.50	721.88	721.88	693.00	693.00
50	604.58	604.58	574.36	574.36	574.36	574.36	604.58	604.58	755.73	755.73	725.50	725.50
51	631.33	631.33	599.76	599.76	599.76	599.76	631.33	631.33	789.16	789.16	757.59	757.59
52	660.78	660.78	627.74	627.74	627.74	627.74	660.78	660.78	825.97	825.97	792.93	792.93
53	690.57	690.57	656.04	656.04	656.04	656.04	690.57	690.57	863.21	863.21	828.68	828.68
54	722.73	722.73	686.59	686.59	686.59	686.59	722.73	722.73	903.41	903.41	867.27	867.27
55	754.88	754.88	717.14	717.14	717.14	717.14	754.88	754.88	943.60	943.60	905.86	905.86
56	789.75	789.75	750.26	750.26	750.26	750.26	789.75	789.75	987.19	987.19	947.70	947.70
57	824.96	824.96	783.71	783.71	783.71	783.71	824.96	824.96	1,031.20	1,031.20	989.95	989.95
58	862.53	862.53	819.40	819.40	819.40	819.40	862.53	862.53	1,078.16	1,078.16	1,035.04	1,035.04
59	881.15	881.15	837.09	837.09	837.09	837.09	881.15	881.15	1,101.44	1,101.44	1,057.38	1,057.38
60	918.72	918.72	872.79	872.79	872.79	872.79	918.72	918.72	1,148.41	1,148.41	1,102.47	1,102.47
61	951.22	951.22	903.66	903.66	903.66	903.66	951.22	951.22	1,189.03	1,189.03	1,141.47	1,141.47
62	972.55	972.55	923.92	923.92	923.92	923.92	972.55	972.55	1,215.68	1,215.68	1,167.06	1,167.06
63	999.29	999.29	949.33	949.33	949.33	949.33	999.29	999.29	1,249.11	1,249.11	1,199.15	1,199.15
64 and Over	1,015.54	1,015.54	964.76	964.76	964.76	964.76	1,015.54	1,015.54	1,269.42	1,269.42	1,218.65	1,218.65
Rates Effective: 01/01/2024 to 03/31/2024									22444PA006063			

Geisinger Small Group ACA All-Access HMO 45/75/5000	Silver
--	---------------

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$5,000/\$10,000	Limited to In Network
Coinsurance	0%	Limited to In Network
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,700/\$17,400	Limited to In Network
Primary Care Visit to Treat an Injury or Illness	\$45	Limited to In Network
Specialist - Office Visit	\$75	Limited to In Network
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$450 after deductible	\$450 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$45	\$45
Outpatient Surgery Physician/Surgical Services	0% after deductible	Limited to In Network
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$400 after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$300 after deductible	Limited to In Network
Inpatient Hospital Services (e.g., Hospital Stay)	\$125 per stay after deductible	Limited to In Network
Skilled Nursing Facility (120 days per year)	\$125 per day after deductible	Limited to In Network
Home Health Care Services (60 visits per year)	\$0	Limited to In Network
Hospice Services	Residential - \$75 per visit, Facility - \$100 per day	Limited to In Network
Mental/Behavioral Health Outpatient Services	\$45	Limited to In Network
Substance Abuse Disorder Outpatient Services	\$45	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$75	Limited to In Network
Rehabilitative Speech Therapy	\$75	Limited to In Network
Habilitation Services	\$75	Limited to In Network
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$75	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$0	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
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
Laboratory Outpatient	0% coinsurance after deductible	Limited to In Network
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	22444PA0060138
---	-----------------------

Geisinger Small Group ACA All-Access HMO 45/75/5000									Silver			
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	279.40	279.40	265.43	265.43	265.43	265.43	279.40	279.40	349.25	349.25	335.28	335.28
15	304.23	304.23	289.02	289.02	289.02	289.02	304.23	304.23	380.29	380.29	365.08	365.08
16	313.73	313.73	298.04	298.04	298.04	298.04	313.73	313.73	392.16	392.16	376.47	376.47
17	323.22	323.22	307.06	307.06	307.06	307.06	323.22	323.22	404.03	404.03	387.87	387.87
18	333.45	333.45	316.78	316.78	316.78	316.78	333.45	333.45	416.81	416.81	400.14	400.14
19	343.68	343.68	326.49	326.49	326.49	326.49	343.68	343.68	429.59	429.59	412.41	412.41
20	354.27	354.27	336.55	336.55	336.55	336.55	354.27	354.27	442.83	442.83	425.12	425.12
21	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23	456.53	456.53	438.27	438.27
22	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23	456.53	456.53	438.27	438.27
23	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23	456.53	456.53	438.27	438.27
24	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23	456.53	456.53	438.27	438.27
25	366.68	366.68	348.35	348.35	348.35	348.35	366.68	366.68	458.36	458.36	440.02	440.02
26	373.99	373.99	355.29	355.29	355.29	355.29	373.99	373.99	467.49	467.49	448.79	448.79
27	382.75	382.75	363.62	363.62	363.62	363.62	382.75	382.75	478.44	478.44	459.31	459.31
28	397.00	397.00	377.15	377.15	377.15	377.15	397.00	397.00	496.25	496.25	476.40	476.40
29	408.69	408.69	388.25	388.25	388.25	388.25	408.69	408.69	510.86	510.86	490.42	490.42
30	414.53	414.53	393.80	393.80	393.80	393.80	414.53	414.53	518.16	518.16	497.44	497.44
31	423.29	423.29	402.13	402.13	402.13	402.13	423.29	423.29	529.12	529.12	507.95	507.95
32	432.06	432.06	410.46	410.46	410.46	410.46	432.06	432.06	540.07	540.07	518.47	518.47
33	437.54	437.54	415.66	415.66	415.66	415.66	437.54	437.54	546.92	546.92	525.05	525.05
34	443.38	443.38	421.21	421.21	421.21	421.21	443.38	443.38	554.23	554.23	532.06	532.06
35	446.30	446.30	423.99	423.99	423.99	423.99	446.30	446.30	557.88	557.88	535.56	535.56
36	449.23	449.23	426.76	426.76	426.76	426.76	449.23	449.23	561.53	561.53	539.07	539.07
37	452.15	452.15	429.54	429.54	429.54	429.54	452.15	452.15	565.18	565.18	542.58	542.58
38	455.07	455.07	432.32	432.32	432.32	432.32	455.07	455.07	568.84	568.84	546.08	546.08
39	460.91	460.91	437.87	437.87	437.87	437.87	460.91	460.91	576.14	576.14	553.10	553.10
40	466.76	466.76	443.42	443.42	443.42	443.42	466.76	466.76	583.45	583.45	560.11	560.11
41	475.52	475.52	451.75	451.75	451.75	451.75	475.52	475.52	594.40	594.40	570.63	570.63
42	483.92	483.92	459.73	459.73	459.73	459.73	483.92	483.92	604.90	604.90	580.71	580.71
43	495.61	495.61	470.83	470.83	470.83	470.83	495.61	495.61	619.51	619.51	594.73	594.73
44	510.22	510.22	484.71	484.71	484.71	484.71	510.22	510.22	637.77	637.77	612.26	612.26
45	527.38	527.38	501.01	501.01	501.01	501.01	527.38	527.38	659.23	659.23	632.86	632.86
46	547.84	547.84	520.44	520.44	520.44	520.44	547.84	547.84	684.80	684.80	657.40	657.40
47	570.85	570.85	542.30	542.30	542.30	542.30	570.85	570.85	713.56	713.56	685.01	685.01
48	597.14	597.14	567.28	567.28	567.28	567.28	597.14	597.14	746.43	746.43	716.57	716.57
49	623.07	623.07	591.92	591.92	591.92	591.92	623.07	623.07	778.84	778.84	747.69	747.69
50	652.29	652.29	619.68	619.68	619.68	619.68	652.29	652.29	815.36	815.36	782.75	782.75
51	681.14	681.14	647.09	647.09	647.09	647.09	681.14	681.14	851.43	851.43	817.37	817.37
52	712.92	712.92	677.27	677.27	677.27	677.27	712.92	712.92	891.15	891.15	855.50	855.50
53	745.06	745.06	707.80	707.80	707.80	707.80	745.06	745.06	931.32	931.32	894.07	894.07
54	779.75	779.75	740.77	740.77	740.77	740.77	779.75	779.75	974.69	974.69	935.70	935.70
55	814.45	814.45	773.73	773.73	773.73	773.73	814.45	814.45	1,018.06	1,018.06	977.34	977.34
56	852.07	852.07	809.46	809.46	809.46	809.46	852.07	852.07	1,065.08	1,065.08	1,022.48	1,022.48
57	890.05	890.05	845.55	845.55	845.55	845.55	890.05	890.05	1,112.56	1,112.56	1,068.06	1,068.06
58	930.59	930.59	884.06	884.06	884.06	884.06	930.59	930.59	1,163.24	1,163.24	1,116.71	1,116.71
59	950.68	950.68	903.14	903.14	903.14	903.14	950.68	950.68	1,188.35	1,188.35	1,140.81	1,140.81
60	991.22	991.22	941.66	941.66	941.66	941.66	991.22	991.22	1,239.02	1,239.02	1,189.46	1,189.46
61	1,026.28	1,026.28	974.97	974.97	974.97	974.97	1,026.28	1,026.28	1,282.85	1,282.85	1,231.54	1,231.54
62	1,049.29	1,049.29	996.82	996.82	996.82	996.82	1,049.29	1,049.29	1,311.61	1,311.61	1,259.15	1,259.15
63	1,078.14	1,078.14	1,024.23	1,024.23	1,024.23	1,024.23	1,078.14	1,078.14	1,347.68	1,347.68	1,293.77	1,293.77
64 and Over	1,095.67	1,095.67	1,040.89	1,040.89	1,040.89	1,040.89	1,095.67	1,095.67	1,369.59	1,369.59	1,314.81	1,314.81
Rates Effective: 01/01/2024 to 03/31/2024									22444PA0060138			

Geisinger All-Access PPO 30/60/6000

Silver

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$6,000/\$12,000	\$12,000/\$24,000
Coinsurance	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$30	30% after deductible
Specialist - Office Visit	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250 copay after deductible	\$250 copay after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$30	\$30
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Home Health Care Services (60 visits per year)	\$0	30% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	30% after deductible
Mental/Behavioral Health Outpatient Services	\$30	30% after deductible
Substance Abuse Disorder Outpatient Services	\$30	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	30% after deductible
Rehabilitative Speech Therapy	\$60	30% after deductible
Habilitation Services	\$60	30% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$45 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	Limited to In Network
Laboratory Outpatient	0% after deductible	30% 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

75729PA0050073

Geisinger All-Access PPO 30/60/6000									Silver			
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	272.17	272.17	258.56	258.56	258.56	258.56	272.17	272.17	340.21	340.21	326.60	326.60
15	296.36	296.36	281.54	281.54	281.54	281.54	296.36	296.36	370.45	370.45	355.63	355.63
16	305.61	305.61	290.33	290.33	290.33	290.33	305.61	305.61	382.01	382.01	366.73	366.73
17	314.86	314.86	299.12	299.12	299.12	299.12	314.86	314.86	393.58	393.58	377.83	377.83
18	324.82	324.82	308.58	308.58	308.58	308.58	324.82	324.82	406.03	406.03	389.79	389.79
19	334.79	334.79	318.05	318.05	318.05	318.05	334.79	334.79	418.48	418.48	401.74	401.74
20	345.10	345.10	327.85	327.85	327.85	327.85	345.10	345.10	431.38	431.38	414.12	414.12
21	355.78	355.78	337.99	337.99	337.99	337.99	355.78	355.78	444.72	444.72	426.94	426.94
22	355.78	355.78	337.99	337.99	337.99	337.99	355.78	355.78	444.72	444.72	426.94	426.94
23	355.78	355.78	337.99	337.99	337.99	337.99	355.78	355.78	444.72	444.72	426.94	426.94
24	355.78	355.78	337.99	337.99	337.99	337.99	355.78	355.78	444.72	444.72	426.94	426.94
25	357.20	357.20	339.34	339.34	339.34	339.34	357.20	357.20	446.50	446.50	428.64	428.64
26	364.31	364.31	346.10	346.10	346.10	346.10	364.31	364.31	455.39	455.39	437.18	437.18
27	372.85	372.85	354.21	354.21	354.21	354.21	372.85	372.85	466.07	466.07	447.42	447.42
28	386.73	386.73	367.39	367.39	367.39	367.39	386.73	386.73	483.41	483.41	464.07	464.07
29	398.11	398.11	378.21	378.21	378.21	378.21	398.11	398.11	497.64	497.64	477.74	477.74
30	403.81	403.81	383.62	383.62	383.62	383.62	403.81	403.81	504.76	504.76	484.57	484.57
31	412.34	412.34	391.73	391.73	391.73	391.73	412.34	412.34	515.43	515.43	494.81	494.81
32	420.88	420.88	399.84	399.84	399.84	399.84	420.88	420.88	526.10	526.10	505.06	505.06
33	426.22	426.22	404.91	404.91	404.91	404.91	426.22	426.22	532.77	532.77	511.46	511.46
34	431.91	431.91	410.32	410.32	410.32	410.32	431.91	431.91	539.89	539.89	518.29	518.29
35	434.76	434.76	413.02	413.02	413.02	413.02	434.76	434.76	543.45	543.45	521.71	521.71
36	437.60	437.60	415.72	415.72	415.72	415.72	437.60	437.60	547.01	547.01	525.13	525.13
37	440.45	440.45	418.43	418.43	418.43	418.43	440.45	440.45	550.56	550.56	528.54	528.54
38	443.30	443.30	421.13	421.13	421.13	421.13	443.30	443.30	554.12	554.12	531.96	531.96
39	448.99	448.99	426.54	426.54	426.54	426.54	448.99	448.99	561.24	561.24	538.79	538.79
40	454.68	454.68	431.95	431.95	431.95	431.95	454.68	454.68	568.35	568.35	545.62	545.62
41	463.22	463.22	440.06	440.06	440.06	440.06	463.22	463.22	579.03	579.03	555.86	555.86
42	471.40	471.40	447.83	447.83	447.83	447.83	471.40	471.40	589.25	589.25	565.68	565.68
43	482.79	482.79	458.65	458.65	458.65	458.65	482.79	482.79	603.49	603.49	579.35	579.35
44	497.02	497.02	472.17	472.17	472.17	472.17	497.02	497.02	621.27	621.27	596.42	596.42
45	513.74	513.74	488.05	488.05	488.05	488.05	513.74	513.74	642.18	642.18	616.49	616.49
46	533.66	533.66	506.98	506.98	506.98	506.98	533.66	533.66	667.08	667.08	640.40	640.40
47	556.08	556.08	528.27	528.27	528.27	528.27	556.08	556.08	695.10	695.10	667.29	667.29
48	581.69	581.69	552.61	552.61	552.61	552.61	581.69	581.69	727.12	727.12	698.03	698.03
49	606.95	606.95	576.61	576.61	576.61	576.61	606.95	606.95	758.69	758.69	728.34	728.34
50	635.42	635.42	603.65	603.65	603.65	603.65	635.42	635.42	794.27	794.27	762.50	762.50
51	663.52	663.52	630.35	630.35	630.35	630.35	663.52	663.52	829.40	829.40	796.23	796.23
52	694.47	694.47	659.75	659.75	659.75	659.75	694.47	694.47	868.09	868.09	833.37	833.37
53	725.78	725.78	689.49	689.49	689.49	689.49	725.78	725.78	907.23	907.23	870.94	870.94
54	759.58	759.58	721.60	721.60	721.60	721.60	759.58	759.58	949.48	949.48	911.50	911.50
55	793.38	793.38	753.71	753.71	753.71	753.71	793.38	793.38	991.73	991.73	952.06	952.06
56	830.03	830.03	788.52	788.52	788.52	788.52	830.03	830.03	1,037.53	1,037.53	996.03	996.03
57	867.03	867.03	823.67	823.67	823.67	823.67	867.03	867.03	1,083.78	1,083.78	1,040.43	1,040.43
58	906.52	906.52	861.19	861.19	861.19	861.19	906.52	906.52	1,133.15	1,133.15	1,087.82	1,087.82
59	926.08	926.08	879.78	879.78	879.78	879.78	926.08	926.08	1,157.61	1,157.61	1,111.30	1,111.30
60	965.58	965.58	917.30	917.30	917.30	917.30	965.58	965.58	1,206.97	1,206.97	1,158.69	1,158.69
61	999.73	999.73	949.74	949.74	949.74	949.74	999.73	999.73	1,249.66	1,249.66	1,199.68	1,199.68
62	1,022.14	1,022.14	971.04	971.04	971.04	971.04	1,022.14	1,022.14	1,277.68	1,277.68	1,226.57	1,226.57
63	1,050.25	1,050.25	997.74	997.74	997.74	997.74	1,050.25	1,050.25	1,312.81	1,312.81	1,260.30	1,260.30
64 and Over	1,067.33	1,067.33	1,013.96	1,013.96	1,013.96	1,013.96	1,067.33	1,067.33	1,334.16	1,334.16	1,280.79	1,280.79
Rates Effective: 01/01/2024 to 03/31/2024									75729PA0050073			

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	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)	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	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

Geisinger All-Access QHDHP PPO 5100									Silver			
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									75729PA0050079			

Geisinger All-Access PPO 35/70/4300

Silver

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$4,300/\$8,600	\$12,000/\$24,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$35	40% after deductible
Specialist - Office Visit	\$70	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$250 after deductible	\$250 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$35	\$35
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250 after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	\$250 after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay 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)	\$0	40% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	40% after deductible
Mental/Behavioral Health Outpatient Services	\$35	40% after deductible
Substance Abuse Disorder Outpatient Services	\$35	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$70	40% after deductible
Rehabilitative Speech Therapy	\$70	40% after deductible
Habilitation Services	\$70	40% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$70	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	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

75729PA0050105

Geisinger All-Access PPO 35/70/4300									Silver			
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	287.85	287.85	273.46	273.46	273.46	273.46	287.85	287.85	359.81	359.81	345.42	345.42
15	313.44	313.44	297.76	297.76	297.76	297.76	313.44	313.44	391.80	391.80	376.12	376.12
16	323.22	323.22	307.06	307.06	307.06	307.06	323.22	323.22	404.02	404.02	387.86	387.86
17	333.00	333.00	316.35	316.35	316.35	316.35	333.00	333.00	416.25	416.25	399.60	399.60
18	343.54	343.54	326.36	326.36	326.36	326.36	343.54	343.54	429.42	429.42	412.25	412.25
19	354.07	354.07	336.37	336.37	336.37	336.37	354.07	354.07	442.59	442.59	424.89	424.89
20	364.99	364.99	346.74	346.74	346.74	346.74	364.99	364.99	456.23	456.23	437.98	437.98
21	376.28	376.28	357.47	357.47	357.47	357.47	376.28	376.28	470.35	470.35	451.53	451.53
22	376.28	376.28	357.47	357.47	357.47	357.47	376.28	376.28	470.35	470.35	451.53	451.53
23	376.28	376.28	357.47	357.47	357.47	357.47	376.28	376.28	470.35	470.35	451.53	451.53
24	376.28	376.28	357.47	357.47	357.47	357.47	376.28	376.28	470.35	470.35	451.53	451.53
25	377.78	377.78	358.89	358.89	358.89	358.89	377.78	377.78	472.22	472.22	453.33	453.33
26	385.30	385.30	366.04	366.04	366.04	366.04	385.30	385.30	481.63	481.63	462.37	462.37
27	394.34	394.34	374.62	374.62	374.62	374.62	394.34	394.34	492.92	492.92	473.20	473.20
28	409.01	409.01	388.56	388.56	388.56	388.56	409.01	409.01	511.26	511.26	490.81	490.81
29	421.05	421.05	400.00	400.00	400.00	400.00	421.05	421.05	526.31	526.31	505.26	505.26
30	427.07	427.07	405.72	405.72	405.72	405.72	427.07	427.07	533.84	533.84	512.49	512.49
31	436.10	436.10	414.30	414.30	414.30	414.30	436.10	436.10	545.13	545.13	523.32	523.32
32	445.13	445.13	422.88	422.88	422.88	422.88	445.13	445.13	556.42	556.42	534.16	534.16
33	450.78	450.78	428.24	428.24	428.24	428.24	450.78	450.78	563.47	563.47	540.93	540.93
34	456.80	456.80	433.96	433.96	433.96	433.96	456.80	456.80	571.00	571.00	548.16	548.16
35	459.81	459.81	436.82	436.82	436.82	436.82	459.81	459.81	574.76	574.76	551.77	551.77
36	462.82	462.82	439.68	439.68	439.68	439.68	462.82	462.82	578.52	578.52	555.38	555.38
37	465.83	465.83	442.54	442.54	442.54	442.54	465.83	465.83	582.28	582.28	558.99	558.99
38	468.84	468.84	445.40	445.40	445.40	445.40	468.84	468.84	586.05	586.05	562.60	562.60
39	474.86	474.86	451.11	451.11	451.11	451.11	474.86	474.86	593.57	593.57	569.83	569.83
40	480.88	480.88	456.83	456.83	456.83	456.83	480.88	480.88	601.10	601.10	577.05	577.05
41	489.91	489.91	465.41	465.41	465.41	465.41	489.91	489.91	612.39	612.39	587.89	587.89
42	498.56	498.56	473.63	473.63	473.63	473.63	498.56	498.56	623.20	623.20	598.28	598.28
43	510.60	510.60	485.07	485.07	485.07	485.07	510.60	510.60	638.25	638.25	612.72	612.72
44	525.65	525.65	499.37	499.37	499.37	499.37	525.65	525.65	657.07	657.07	630.79	630.79
45	543.34	543.34	516.17	516.17	516.17	516.17	543.34	543.34	679.17	679.17	652.01	652.01
46	564.41	564.41	536.19	536.19	536.19	536.19	564.41	564.41	705.51	705.51	677.29	677.29
47	588.12	588.12	558.71	558.71	558.71	558.71	588.12	588.12	735.15	735.15	705.74	705.74
48	615.21	615.21	584.45	584.45	584.45	584.45	615.21	615.21	769.01	769.01	738.25	738.25
49	641.92	641.92	609.83	609.83	609.83	609.83	641.92	641.92	802.40	802.40	770.31	770.31
50	672.03	672.03	638.42	638.42	638.42	638.42	672.03	672.03	840.03	840.03	806.43	806.43
51	701.75	701.75	666.66	666.66	666.66	666.66	701.75	701.75	877.19	877.19	842.10	842.10
52	734.49	734.49	697.76	697.76	697.76	697.76	734.49	734.49	918.11	918.11	881.38	881.38
53	767.60	767.60	729.22	729.22	729.22	729.22	767.60	767.60	959.50	959.50	921.12	921.12
54	803.34	803.34	763.18	763.18	763.18	763.18	803.34	803.34	1,004.18	1,004.18	964.01	964.01
55	839.09	839.09	797.14	797.14	797.14	797.14	839.09	839.09	1,048.86	1,048.86	1,006.91	1,006.91
56	877.85	877.85	833.95	833.95	833.95	833.95	877.85	877.85	1,097.31	1,097.31	1,053.42	1,053.42
57	916.98	916.98	871.13	871.13	871.13	871.13	916.98	916.98	1,146.22	1,146.22	1,100.38	1,100.38
58	958.75	958.75	910.81	910.81	910.81	910.81	958.75	958.75	1,198.43	1,198.43	1,150.50	1,150.50
59	979.44	979.44	930.47	930.47	930.47	930.47	979.44	979.44	1,224.30	1,224.30	1,175.33	1,175.33
60	1,021.21	1,021.21	970.15	970.15	970.15	970.15	1,021.21	1,021.21	1,276.51	1,276.51	1,225.45	1,225.45
61	1,057.33	1,057.33	1,004.46	1,004.46	1,004.46	1,004.46	1,057.33	1,057.33	1,321.66	1,321.66	1,268.80	1,268.80
62	1,081.04	1,081.04	1,026.98	1,026.98	1,026.98	1,026.98	1,081.04	1,081.04	1,351.29	1,351.29	1,297.24	1,297.24
63	1,110.76	1,110.76	1,055.22	1,055.22	1,055.22	1,055.22	1,110.76	1,110.76	1,388.45	1,388.45	1,332.91	1,332.91
64 and Over	1,128.82	1,128.82	1,072.38	1,072.38	1,072.38	1,072.38	1,128.82	1,128.82	1,411.03	1,411.03	1,354.59	1,354.59
Rates Effective: 01/01/2024 to 03/31/2024									75729PA0050105			

Geisinger All-Access Extra PPO 20/60/4300**Silver****Preventive services covered at 100% | Accessories Program | Health management programs**

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$4,300/\$8,600	\$12,000/\$24,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/\$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20/\$60	40% after deductible
Specialist - Office Visit	\$60	40% after deductible
Well Child Office Visits(0-21)	\$0	Limited to In Network
Emergency Room Services	\$300 after deductible	\$300 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0
Urgent Care Centers or Facilities	\$60	\$60
Outpatient Surgery Physician/Surgical Services	0% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$175 copay after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	\$150 after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay 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)	\$0	40% after deductible
Hospice Services	Residential - \$60 per visit, Facility - \$100 per day	40% after deductible
Mental/Behavioral Health Outpatient Services	\$60	40% after deductible
Substance Abuse Disorder Outpatient Services	\$60	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60	40% after deductible
Rehabilitative Speech Therapy	\$60	40% after deductible
Habilitation Services	\$60	40% after deductible
Durable Medical Equipment	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$35	Limited to In Network
Routine Eye Exam for Children	\$60	Limited to In Network
Eye Glasses for Children	50%	50%
Drug EHB Deductible	\$500/\$1,000	Limited to In Network
Mail Order Rx	1x copay	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	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**75729PA0050108**

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access Extra PPO 20/60/4300								Silver				
	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	
Age	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
0-14			276.44	276.44			290.99	290.99			349.18	349.18
15			301.01	301.01			316.85	316.85			380.22	380.22
16			310.40	310.40			326.74	326.74			392.09	392.09
17			319.80	319.80			336.63	336.63			403.96	403.96
18			329.92	329.92			347.28	347.28			416.74	416.74
19			340.04	340.04			357.93	357.93			429.52	429.52
20			350.51	350.51			368.96	368.96			442.76	442.76
21			361.36	361.36			380.38	380.38			456.45	456.45
22			361.36	361.36			380.38	380.38			456.45	456.45
23			361.36	361.36			380.38	380.38			456.45	456.45
24			361.36	361.36			380.38	380.38			456.45	456.45
25			362.80	362.80			381.90	381.90			458.27	458.27
26			370.03	370.03			389.50	389.50			467.40	467.40
27			378.70	378.70			398.63	398.63			478.36	478.36
28			392.79	392.79			413.47	413.47			496.16	496.16
29			404.36	404.36			425.64	425.64			510.77	510.77
30			410.14	410.14			431.72	431.72			518.07	518.07
31			418.81	418.81			440.85	440.85			529.02	529.02
32			427.48	427.48			449.98	449.98			539.98	539.98
33			432.90	432.90			455.69	455.69			546.83	546.83
34			438.69	438.69			461.77	461.77			554.13	554.13
35			441.58	441.58			464.82	464.82			557.78	557.78
36			444.47	444.47			467.86	467.86			561.43	561.43
37			447.36	447.36			470.90	470.90			565.08	565.08
38			450.25	450.25			473.95	473.95			568.74	568.74
39			456.03	456.03			480.03	480.03			576.04	576.04
40			461.81	461.81			486.12	486.12			583.34	583.34
41			470.48	470.48			495.25	495.25			594.30	594.30
42			478.80	478.80			504.00	504.00			604.79	604.79
43			490.36	490.36			516.17	516.17			619.40	619.40
44			504.81	504.81			531.38	531.38			637.66	637.66
45			521.80	521.80			549.26	549.26			659.11	659.11
46			542.03	542.03			570.56	570.56			684.67	684.67
47			564.80	564.80			594.52	594.52			713.43	713.43
48			590.82	590.82			621.91	621.91			746.29	746.29
49			616.47	616.47			648.92	648.92			778.70	778.70
50			645.38	645.38			679.35	679.35			815.22	815.22
51			673.93	673.93			709.40	709.40			851.28	851.28
52			705.37	705.37			742.49	742.49			890.99	890.99
53			737.16	737.16			775.96	775.96			931.16	931.16
54			771.49	771.49			812.10	812.10			974.52	974.52
55			805.82	805.82			848.23	848.23			1,017.88	1,017.88
56			843.04	843.04			887.41	887.41			1,064.90	1,064.90
57			880.62	880.62			926.97	926.97			1,112.37	1,112.37
58			920.73	920.73			969.19	969.19			1,163.03	1,163.03
59			940.61	940.61			990.11	990.11			1,188.14	1,188.14
60			980.72	980.72			1,032.34	1,032.34			1,238.80	1,238.80
61			1,015.41	1,015.41			1,068.85	1,068.85			1,282.62	1,282.62
62			1,038.17	1,038.17			1,092.81	1,092.81			1,311.38	1,311.38
63			1,066.72	1,066.72			1,122.86	1,122.86			1,347.44	1,347.44
64 and Over			1,084.07	1,084.07			1,141.12	1,141.12			1,369.35	1,369.35
Rates Effective: 01/01/2024 to 03/31/2024								75729PA0050108				

This benefit is only available to groups in the counties of Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Susquehanna, Union, Wayne and Wyoming

Geisinger All-Access PPO 40/90/8400

Ex Bronze

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

Summary of Benefits	In-Network	Out-of-Network
Medical EHB Deductible (Embedded)	\$8,400/\$16,800	\$15,000/\$30,000
Coinsurance	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,000/\$18,000	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$40	40% after deductible
Specialist - Office Visit	\$90	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	\$40	\$40
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)	0% after deductible	40% after deductible
Hospice Services	0% after deductible	40% after deductible
Mental/Behavioral Health Outpatient Services	\$40	40% after deductible
Substance Abuse Disorder Outpatient Services	\$40	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$90	40% after deductible
Rehabilitative Speech Therapy	\$90	40% after deductible
Habilitation Services	\$90	40% after deductible
Durable Medical Equipment	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

75729PA0050107

Geisinger All-Access PPO 40/90/8400

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	238.41	238.41	226.49	226.49	226.49	226.49	238.41	238.41	298.01	298.01	286.09	286.09
15	259.60	259.60	246.62	246.62	246.62	246.62	259.60	259.60	324.50	324.50	311.52	311.52
16	267.70	267.70	254.32	254.32	254.32	254.32	267.70	267.70	334.63	334.63	321.24	321.24
17	275.81	275.81	262.02	262.02	262.02	262.02	275.81	275.81	344.76	344.76	330.97	330.97
18	284.53	284.53	270.31	270.31	270.31	270.31	284.53	284.53	355.67	355.67	341.44	341.44
19	293.26	293.26	278.60	278.60	278.60	278.60	293.26	293.26	366.57	366.57	351.91	351.91
20	302.30	302.30	287.18	287.18	287.18	287.18	302.30	302.30	377.87	377.87	362.76	362.76
21	311.65	311.65	296.07	296.07	296.07	296.07	311.65	311.65	389.56	389.56	373.98	373.98
22	311.65	311.65	296.07	296.07	296.07	296.07	311.65	311.65	389.56	389.56	373.98	373.98
23	311.65	311.65	296.07	296.07	296.07	296.07	311.65	311.65	389.56	389.56	373.98	373.98
24	311.65	311.65	296.07	296.07	296.07	296.07	311.65	311.65	389.56	389.56	373.98	373.98
25	312.89	312.89	297.25	297.25	297.25	297.25	312.89	312.89	391.12	391.12	375.47	375.47
26	319.13	319.13	303.17	303.17	303.17	303.17	319.13	319.13	398.91	398.91	382.95	382.95
27	326.61	326.61	310.27	310.27	310.27	310.27	326.61	326.61	408.26	408.26	391.93	391.93
28	338.76	338.76	321.82	321.82	321.82	321.82	338.76	338.76	423.45	423.45	406.51	406.51
29	348.73	348.73	331.30	331.30	331.30	331.30	348.73	348.73	435.91	435.91	418.48	418.48
30	353.72	353.72	336.03	336.03	336.03	336.03	353.72	353.72	442.15	442.15	424.46	424.46
31	361.20	361.20	343.14	343.14	343.14	343.14	361.20	361.20	451.50	451.50	433.44	433.44
32	368.68	368.68	350.24	350.24	350.24	350.24	368.68	368.68	460.85	460.85	442.41	442.41
33	373.35	373.35	354.68	354.68	354.68	354.68	373.35	373.35	466.69	466.69	448.02	448.02
34	378.34	378.34	359.42	359.42	359.42	359.42	378.34	378.34	472.92	472.92	454.01	454.01
35	380.83	380.83	361.79	361.79	361.79	361.79	380.83	380.83	476.04	476.04	457.00	457.00
36	383.32	383.32	364.16	364.16	364.16	364.16	383.32	383.32	479.16	479.16	459.99	459.99
37	385.82	385.82	366.53	366.53	366.53	366.53	385.82	385.82	482.27	482.27	462.98	462.98
38	388.31	388.31	368.90	368.90	368.90	368.90	388.31	388.31	485.39	485.39	465.97	465.97
39	393.30	393.30	373.63	373.63	373.63	373.63	393.30	393.30	491.62	491.62	471.96	471.96
40	398.28	398.28	378.37	378.37	378.37	378.37	398.28	398.28	497.85	497.85	477.94	477.94
41	405.76	405.76	385.47	385.47	385.47	385.47	405.76	405.76	507.20	507.20	486.92	486.92
42	412.93	412.93	392.28	392.28	392.28	392.28	412.93	412.93	516.16	516.16	495.52	495.52
43	422.90	422.90	401.76	401.76	401.76	401.76	422.90	422.90	528.63	528.63	507.48	507.48
44	435.37	435.37	413.60	413.60	413.60	413.60	435.37	435.37	544.21	544.21	522.44	522.44
45	450.02	450.02	427.52	427.52	427.52	427.52	450.02	450.02	562.52	562.52	540.02	540.02
46	467.47	467.47	444.10	444.10	444.10	444.10	467.47	467.47	584.34	584.34	560.96	560.96
47	487.10	487.10	462.75	462.75	462.75	462.75	487.10	487.10	608.88	608.88	584.52	584.52
48	509.54	509.54	484.06	484.06	484.06	484.06	509.54	509.54	636.93	636.93	611.45	611.45
49	531.67	531.67	505.08	505.08	505.08	505.08	531.67	531.67	664.59	664.59	638.00	638.00
50	556.60	556.60	528.77	528.77	528.77	528.77	556.60	556.60	695.75	695.75	667.92	667.92
51	581.22	581.22	552.16	552.16	552.16	552.16	581.22	581.22	726.52	726.52	697.46	697.46
52	608.33	608.33	577.92	577.92	577.92	577.92	608.33	608.33	760.42	760.42	730.00	730.00
53	635.76	635.76	603.97	603.97	603.97	603.97	635.76	635.76	794.70	794.70	762.91	762.91
54	665.36	665.36	632.10	632.10	632.10	632.10	665.36	665.36	831.71	831.71	798.44	798.44
55	694.97	694.97	660.22	660.22	660.22	660.22	694.97	694.97	868.71	868.71	833.96	833.96
56	727.07	727.07	690.72	690.72	690.72	690.72	727.07	727.07	908.84	908.84	872.48	872.48
57	759.48	759.48	721.51	721.51	721.51	721.51	759.48	759.48	949.35	949.35	911.38	911.38
58	794.07	794.07	754.37	754.37	754.37	754.37	794.07	794.07	992.59	992.59	952.89	952.89
59	811.21	811.21	770.65	770.65	770.65	770.65	811.21	811.21	1,014.02	1,014.02	973.46	973.46
60	845.81	845.81	803.52	803.52	803.52	803.52	845.81	845.81	1,057.26	1,057.26	1,014.97	1,014.97
61	875.73	875.73	831.94	831.94	831.94	831.94	875.73	875.73	1,094.66	1,094.66	1,050.87	1,050.87
62	895.36	895.36	850.59	850.59	850.59	850.59	895.36	895.36	1,119.20	1,119.20	1,074.43	1,074.43
63	919.98	919.98	873.98	873.98	873.98	873.98	919.98	919.98	1,149.97	1,149.97	1,103.97	1,103.97
64 and Over	934.94	934.94	888.19	888.19	888.19	888.19	934.94	934.94	1,168.67	1,168.67	1,121.93	1,121.93

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

75729PA0050107

Geisinger Small Group ACA All-Access QHDHP POS 7050		Ex Bronze
Preventive services covered at 100%		Accessories Program
Preventive services covered at 100%		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	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)	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	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		22444PA0080066

**Geisinger Small Group ACA All-Access QHDHP POS
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	244.81	244.81	232.57	232.57	232.57	232.57	244.81	244.81	306.01	306.01	293.77	293.77
15	266.57	266.57	253.24	253.24	253.24	253.24	266.57	266.57	333.21	333.21	319.88	319.88
16	274.89	274.89	261.14	261.14	261.14	261.14	274.89	274.89	343.61	343.61	329.87	329.87
17	283.21	283.21	269.05	269.05	269.05	269.05	283.21	283.21	354.01	354.01	339.85	339.85
18	292.17	292.17	277.56	277.56	277.56	277.56	292.17	292.17	365.21	365.21	350.60	350.60
19	301.13	301.13	286.07	286.07	286.07	286.07	301.13	301.13	376.41	376.41	361.35	361.35
20	310.41	310.41	294.89	294.89	294.89	294.89	310.41	310.41	388.01	388.01	372.49	372.49
21	320.01	320.01	304.01	304.01	304.01	304.01	320.01	320.01	400.02	400.02	384.02	384.02
22	320.01	320.01	304.01	304.01	304.01	304.01	320.01	320.01	400.02	400.02	384.02	384.02
23	320.01	320.01	304.01	304.01	304.01	304.01	320.01	320.01	400.02	400.02	384.02	384.02
24	320.01	320.01	304.01	304.01	304.01	304.01	320.01	320.01	400.02	400.02	384.02	384.02
25	321.29	321.29	305.22	305.22	305.22	305.22	321.29	321.29	401.61	401.61	385.55	385.55
26	327.69	327.69	311.30	311.30	311.30	311.30	327.69	327.69	409.61	409.61	393.23	393.23
27	335.37	335.37	318.60	318.60	318.60	318.60	335.37	335.37	419.21	419.21	402.44	402.44
28	347.85	347.85	330.46	330.46	330.46	330.46	347.85	347.85	434.81	434.81	417.42	417.42
29	358.09	358.09	340.19	340.19	340.19	340.19	358.09	358.09	447.61	447.61	429.71	429.71
30	363.21	363.21	345.05	345.05	345.05	345.05	363.21	363.21	454.01	454.01	435.85	435.85
31	370.89	370.89	352.35	352.35	352.35	352.35	370.89	370.89	463.61	463.61	445.07	445.07
32	378.57	378.57	359.64	359.64	359.64	359.64	378.57	378.57	473.21	473.21	454.28	454.28
33	383.37	383.37	364.20	364.20	364.20	364.20	383.37	383.37	479.21	479.21	460.04	460.04
34	388.49	388.49	369.07	369.07	369.07	369.07	388.49	388.49	485.61	485.61	466.19	466.19
35	391.05	391.05	371.50	371.50	371.50	371.50	391.05	391.05	488.81	488.81	469.26	469.26
36	393.61	393.61	373.93	373.93	373.93	373.93	393.61	393.61	492.01	492.01	472.33	472.33
37	396.17	396.17	376.36	376.36	376.36	376.36	396.17	396.17	495.21	495.21	475.41	475.41
38	398.73	398.73	378.79	378.79	378.79	378.79	398.73	398.73	498.41	498.41	478.48	478.48
39	403.85	403.85	383.66	383.66	383.66	383.66	403.85	403.85	504.81	504.81	484.62	484.62
40	408.97	408.97	388.52	388.52	388.52	388.52	408.97	408.97	511.21	511.21	490.77	490.77
41	416.65	416.65	395.82	395.82	395.82	395.82	416.65	416.65	520.81	520.81	499.98	499.98
42	424.01	424.01	402.81	402.81	402.81	402.81	424.01	424.01	530.01	530.01	508.81	508.81
43	434.25	434.25	412.54	412.54	412.54	412.54	434.25	434.25	542.82	542.82	521.10	521.10
44	447.05	447.05	424.70	424.70	424.70	424.70	447.05	447.05	558.82	558.82	536.46	536.46
45	462.09	462.09	438.99	438.99	438.99	438.99	462.09	462.09	577.62	577.62	554.51	554.51
46	480.01	480.01	456.01	456.01	456.01	456.01	480.01	480.01	600.02	600.02	576.02	576.02
47	500.17	500.17	475.17	475.17	475.17	475.17	500.17	500.17	625.22	625.22	600.21	600.21
48	523.21	523.21	497.05	497.05	497.05	497.05	523.21	523.21	654.02	654.02	627.86	627.86
49	545.94	545.94	518.64	518.64	518.64	518.64	545.94	545.94	682.42	682.42	655.12	655.12
50	571.54	571.54	542.96	542.96	542.96	542.96	571.54	571.54	714.42	714.42	685.84	685.84
51	596.82	596.82	566.98	566.98	566.98	566.98	596.82	596.82	746.02	746.02	716.18	716.18
52	624.66	624.66	593.42	593.42	593.42	593.42	624.66	624.66	780.82	780.82	749.59	749.59
53	652.82	652.82	620.18	620.18	620.18	620.18	652.82	652.82	816.02	816.02	783.38	783.38
54	683.22	683.22	649.06	649.06	649.06	649.06	683.22	683.22	854.02	854.02	819.86	819.86
55	713.62	713.62	677.94	677.94	677.94	677.94	713.62	713.62	892.03	892.03	856.34	856.34
56	746.58	746.58	709.25	709.25	709.25	709.25	746.58	746.58	933.23	933.23	895.90	895.90
57	779.86	779.86	740.87	740.87	740.87	740.87	779.86	779.86	974.83	974.83	935.83	935.83
58	815.38	815.38	774.61	774.61	774.61	774.61	815.38	815.38	1,019.23	1,019.23	978.46	978.46
59	832.98	832.98	791.33	791.33	791.33	791.33	832.98	832.98	1,041.23	1,041.23	999.58	999.58
60	868.50	868.50	825.08	825.08	825.08	825.08	868.50	868.50	1,085.63	1,085.63	1,042.21	1,042.21
61	899.23	899.23	854.26	854.26	854.26	854.26	899.23	899.23	1,124.03	1,124.03	1,079.07	1,079.07
62	919.39	919.39	873.42	873.42	873.42	873.42	919.39	919.39	1,149.23	1,149.23	1,103.26	1,103.26
63	944.67	944.67	897.43	897.43	897.43	897.43	944.67	944.67	1,180.83	1,180.83	1,133.60	1,133.60
64 and Over	960.03	960.03	912.03	912.03	912.03	912.03	960.03	960.03	1,200.03	1,200.03	1,152.03	1,152.03
Rates Effective: 01/01/2024 to 03/31/2024									22444PA0080066			

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	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)	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	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

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