

Geisinger Choices PPO 10/20/0

Platinum

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

Summary of Benefits	In-Network (Tier 1)	In-Network (Tier 2)	Out-of-Network
Medical EHB Deductible (Embedded)	\$0 /\$0	\$400 / \$800	\$1,000/\$2,000
Coinsurance	0%	0%	20%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$10,000/\$20,000
Primary Care Visit to Treat an Injury or Illness	\$10	\$40	20% after deductible
Specialist - Office Visit	\$20	\$70	20% after deductible
Well Child Office Visits(0-21)	\$0	\$0	Limited to In Network
Emergency Room Services	\$75	\$75	\$75
Emergency Transportation(Ambulance/Air)	\$0	\$0	\$0
Urgent Care Centers or Facilities ¹	\$10	\$10	\$10
Outpatient Surgery Physician/Surgical Services	\$0	0% after deductible	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$75	\$75 after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	\$75	\$75 copay after deductible	20% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 copay per stay	\$100 copay per stay after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	\$50 copay per day	N/A	20% after deductible
Home Health Care Services (60 visits per year) ²	\$0	\$0	20% after deductible
Hospice Services	Residential \$20 per visit, Facility \$100 per day	N/A	20% after deductible
Mental/Behavioral Health Outpatient Services	\$10	N/A	20% after deductible
Substance Abuse Disorder Outpatient Services	\$10	N/A	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	\$70	20% after deductible
Rehabilitative Speech Therapy	\$20	\$70	20% after deductible
Habilitation Services	\$20	\$70	20% after deductible
Durable Medical Equipment	\$0	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$10	\$35	Limited to In Network
Routine Eye Exam for Children	\$20	\$70	Limited to In Network
Eye Glasses for Children	50%	50%	50%
Drug EHB Deductible	\$0 / \$0	N/A	Limited to In Network
Mail Order Rx	1x copay	N/A	Limited to In Network
Tier 1 - \$0 Rx	\$0	N/A	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	N/A	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	N/A	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	N/A	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	N/A	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	N/A	Limited to In Network
Laboratory Outpatient	\$0	0% after deductible	20% after deductible
Diabetic Services/Supplies - Medical Equipment ³	\$0	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

HIOS ID: 75729PA0050140, 75729PA0050144, 75729PA0050148

1.Urgent Care-Copay does not apply to Mental Health and SUD visit
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Choices PPO 10/20/0

Platinum

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	395.58	395.58	375.80	375.80	375.80	375.80	395.58	395.58
15	430.74	430.74	409.20	409.20	409.20	409.20	430.74	430.74
16	444.18	444.18	421.97	421.97	421.97	421.97	444.18	444.18
17	457.63	457.63	434.75	434.75	434.75	434.75	457.63	457.63
18	472.11	472.11	448.50	448.50	448.50	448.50	472.11	472.11
19	486.59	486.59	462.26	462.26	462.26	462.26	486.59	486.59
20	501.58	501.58	476.50	476.50	476.50	476.50	501.58	501.58
21	517.10	517.10	491.24	491.24	491.24	491.24	517.10	517.10
22	517.10	517.10	491.24	491.24	491.24	491.24	517.10	517.10
23	517.10	517.10	491.24	491.24	491.24	491.24	517.10	517.10
24	517.10	517.10	491.24	491.24	491.24	491.24	517.10	517.10
25	519.16	519.16	493.20	493.20	493.20	493.20	519.16	519.16
26	529.50	529.50	503.03	503.03	503.03	503.03	529.50	529.50
27	541.91	541.91	514.82	514.82	514.82	514.82	541.91	541.91
28	562.08	562.08	533.98	533.98	533.98	533.98	562.08	562.08
29	578.63	578.63	549.70	549.70	549.70	549.70	578.63	578.63
30	586.90	586.90	557.56	557.56	557.56	557.56	586.90	586.90
31	599.31	599.31	569.35	569.35	569.35	569.35	599.31	599.31
32	611.72	611.72	581.14	581.14	581.14	581.14	611.72	611.72
33	619.48	619.48	588.50	588.50	588.50	588.50	619.48	619.48
34	627.75	627.75	596.36	596.36	596.36	596.36	627.75	627.75
35	631.89	631.89	600.29	600.29	600.29	600.29	631.89	631.89
36	636.03	636.03	604.22	604.22	604.22	604.22	636.03	636.03
37	640.16	640.16	608.15	608.15	608.15	608.15	640.16	640.16
38	644.30	644.30	612.08	612.08	612.08	612.08	644.30	644.30
39	652.57	652.57	619.94	619.94	619.94	619.94	652.57	652.57
40	660.85	660.85	627.80	627.80	627.80	627.80	660.85	660.85
41	673.26	673.26	639.59	639.59	639.59	639.59	673.26	673.26
42	685.15	685.15	650.89	650.89	650.89	650.89	685.15	685.15
43	701.70	701.70	666.61	666.61	666.61	666.61	701.70	701.70
44	722.38	722.38	686.26	686.26	686.26	686.26	722.38	722.38
45	746.68	746.68	709.35	709.35	709.35	709.35	746.68	746.68
46	775.64	775.64	736.86	736.86	736.86	736.86	775.64	775.64
47	808.22	808.22	767.81	767.81	767.81	767.81	808.22	808.22
48	845.45	845.45	803.18	803.18	803.18	803.18	845.45	845.45
49	882.16	882.16	838.05	838.05	838.05	838.05	882.16	882.16
50	923.53	923.53	877.35	877.35	877.35	877.35	923.53	923.53
51	964.38	964.38	916.16	916.16	916.16	916.16	964.38	964.38
52	1,009.37	1,009.37	958.90	958.90	958.90	958.90	1,009.37	1,009.37
53	1,054.87	1,054.87	1,002.13	1,002.13	1,002.13	1,002.13	1,054.87	1,054.87
54	1,104.00	1,104.00	1,048.80	1,048.80	1,048.80	1,048.80	1,104.00	1,104.00
55	1,153.12	1,153.12	1,095.46	1,095.46	1,095.46	1,095.46	1,153.12	1,153.12
56	1,206.38	1,206.38	1,146.06	1,146.06	1,146.06	1,146.06	1,206.38	1,206.38
57	1,260.16	1,260.16	1,197.15	1,197.15	1,197.15	1,197.15	1,260.16	1,260.16
58	1,317.56	1,317.56	1,251.68	1,251.68	1,251.68	1,251.68	1,317.56	1,317.56
59	1,346.00	1,346.00	1,278.70	1,278.70	1,278.70	1,278.70	1,346.00	1,346.00
60	1,403.39	1,403.39	1,333.22	1,333.22	1,333.22	1,333.22	1,403.39	1,403.39
61	1,453.03	1,453.03	1,380.38	1,380.38	1,380.38	1,380.38	1,453.03	1,453.03
62	1,485.61	1,485.61	1,411.33	1,411.33	1,411.33	1,411.33	1,485.61	1,485.61
63	1,526.46	1,526.46	1,450.14	1,450.14	1,450.14	1,450.14	1,526.46	1,526.46
64 and Over	1,551.28	1,551.28	1,473.72	1,473.72	1,473.72	1,473.72	1,551.28	1,551.28

HIOS IDs **75729PA0050140** **75729PA0050148** **75729PA0050144** **75729PA0050144**

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

Geisinger Choices PPO 20/40/0

Gold

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

Summary of Benefits	In-Network (Tier 1)	In-Network (Tier 2)	Out-of-Network
Medical EHB Deductible (Embedded)	\$0 /\$0	\$3,000 / \$6,000	\$8,000/\$16,000
Coinsurance	0%	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,000 / \$14,000	\$9,100 / \$18,200	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	\$30	30% after deductible
Specialist - Office Visit	\$40	\$60	30% after deductible
Well Child Office Visits(0-21)	\$0	\$0	Limited to In Network
Emergency Room Services	\$250	\$250	250
Emergency Transportation(Ambulance/Air)	\$0	\$0	\$0
Urgent Care Centers or Facilities ¹	\$20	\$20	\$20
Outpatient Surgery Physician/Surgical Services	\$0	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250	\$250 after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$75	\$75 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$250 copay per stay	\$250 copay per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	\$0	N/A	30% after deductible
Home Health Care Services (60 visits per year) ²	\$0	\$0	30% after deductible
Hospice Services	Residential \$40 per visit, Facility \$60 per day	N/A	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	N/A	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	N/A	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$60	30% after deductible
Rehabilitative Speech Therapy	\$40	\$60	30% after deductible
Habilitation Services	\$40	\$60	30% after deductible
Durable Medical Equipment	\$0	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	\$30	Limited to In Network
Routine Eye Exam for Children	\$40	\$60	Limited to In Network
Eye Glasses for Children	50%	50%	50%
Drug EHB Deductible	\$0 / \$0	N/A	Limited to In Network
Mail Order Rx	1x copay	N/A	Limited to In Network
Tier 1 - \$0 Rx	\$0	N/A	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	N/A	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	N/A	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$35	N/A	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$55	N/A	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	N/A	Limited to In Network
Laboratory Outpatient	\$0	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment ³	\$0	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

HIOS ID: 75729PA0050152, 75729PA0050154, 75729PA0050156

1.Urgent Care-Copay does not apply to Mental Health and SUD visit
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Choices PPO 20/40/0

Gold

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	363.36	363.36	345.20	345.20	345.20	345.20	363.36	363.36
15	395.66	395.66	375.88	375.88	375.88	375.88	395.66	395.66
16	408.01	408.01	387.61	387.61	387.61	387.61	408.01	408.01
17	420.36	420.36	399.34	399.34	399.34	399.34	420.36	420.36
18	433.66	433.66	411.98	411.98	411.98	411.98	433.66	433.66
19	446.96	446.96	424.61	424.61	424.61	424.61	446.96	446.96
20	460.74	460.74	437.70	437.70	437.70	437.70	460.74	460.74
21	474.99	474.99	451.24	451.24	451.24	451.24	474.99	474.99
22	474.99	474.99	451.24	451.24	451.24	451.24	474.99	474.99
23	474.99	474.99	451.24	451.24	451.24	451.24	474.99	474.99
24	474.99	474.99	451.24	451.24	451.24	451.24	474.99	474.99
25	476.88	476.88	453.04	453.04	453.04	453.04	476.88	476.88
26	486.38	486.38	462.07	462.07	462.07	462.07	486.38	486.38
27	497.78	497.78	472.90	472.90	472.90	472.90	497.78	497.78
28	516.31	516.31	490.49	490.49	490.49	490.49	516.31	516.31
29	531.51	531.51	504.93	504.93	504.93	504.93	531.51	531.51
30	539.11	539.11	512.15	512.15	512.15	512.15	539.11	539.11
31	550.51	550.51	522.98	522.98	522.98	522.98	550.51	550.51
32	561.91	561.91	533.81	533.81	533.81	533.81	561.91	561.91
33	569.03	569.03	540.58	540.58	540.58	540.58	569.03	569.03
34	576.63	576.63	547.80	547.80	547.80	547.80	576.63	576.63
35	580.43	580.43	551.41	551.41	551.41	551.41	580.43	580.43
36	584.23	584.23	555.02	555.02	555.02	555.02	584.23	584.23
37	588.03	588.03	558.63	558.63	558.63	558.63	588.03	588.03
38	591.83	591.83	562.24	562.24	562.24	562.24	591.83	591.83
39	599.43	599.43	569.46	569.46	569.46	569.46	599.43	599.43
40	607.03	607.03	576.68	576.68	576.68	576.68	607.03	607.03
41	618.43	618.43	587.51	587.51	587.51	587.51	618.43	618.43
42	629.36	629.36	597.89	597.89	597.89	597.89	629.36	629.36
43	644.55	644.55	612.33	612.33	612.33	612.33	644.55	644.55
44	663.55	663.55	630.38	630.38	630.38	630.38	663.55	663.55
45	685.88	685.88	651.58	651.58	651.58	651.58	685.88	685.88
46	712.48	712.48	676.85	676.85	676.85	676.85	712.48	712.48
47	742.40	742.40	705.28	705.28	705.28	705.28	742.40	742.40
48	776.60	776.60	737.77	737.77	737.77	737.77	776.60	776.60
49	810.32	810.32	769.81	769.81	769.81	769.81	810.32	810.32
50	848.32	848.32	805.91	805.91	805.91	805.91	848.32	848.32
51	885.85	885.85	841.55	841.55	841.55	841.55	885.85	885.85
52	927.17	927.17	880.81	880.81	880.81	880.81	927.17	927.17
53	968.97	968.97	920.52	920.52	920.52	920.52	968.97	968.97
54	1,014.09	1,014.09	963.39	963.39	963.39	963.39	1,014.09	1,014.09
55	1,059.22	1,059.22	1,006.26	1,006.26	1,006.26	1,006.26	1,059.22	1,059.22
56	1,108.14	1,108.14	1,052.73	1,052.73	1,052.73	1,052.73	1,108.14	1,108.14
57	1,157.54	1,157.54	1,099.66	1,099.66	1,099.66	1,099.66	1,157.54	1,157.54
58	1,210.26	1,210.26	1,149.75	1,149.75	1,149.75	1,149.75	1,210.26	1,210.26
59	1,236.39	1,236.39	1,174.57	1,174.57	1,174.57	1,174.57	1,236.39	1,236.39
60	1,289.11	1,289.11	1,224.65	1,224.65	1,224.65	1,224.65	1,289.11	1,289.11
61	1,334.71	1,334.71	1,267.97	1,267.97	1,267.97	1,267.97	1,334.71	1,334.71
62	1,364.63	1,364.63	1,296.40	1,296.40	1,296.40	1,296.40	1,364.63	1,364.63
63	1,402.16	1,402.16	1,332.05	1,332.05	1,332.05	1,332.05	1,402.16	1,402.16
64 and Over	1,424.96	1,424.96	1,353.71	1,353.71	1,353.71	1,353.71	1,424.96	1,424.96

HIOS IDs 75729PA0050152 75729PA0050156 75729PA0050154 75729PA0050154

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

Geisinger Choices PPO 20/40/1000

Gold

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

Summary of Benefits	In-Network (Tier 1)	In-Network (Tier 2)	Out-of-Network
Medical EHB Deductible (Embedded)	\$1,000 /\$2,000	\$2,000 / \$4,000	\$4,000 /\$8,000
Coinsurance	0%	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,000/ \$16,000	\$8,000 / \$16,000	\$15,000 /\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	\$40	30% after deductible
Specialist - Office Visit	\$40	\$80	30% after deductible
Well Child Office Visits(0-21)	\$0	\$0	Limited to In Network
Emergency Room Services	\$200	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0	\$0
Urgent Care Centers or Facilities ¹	\$20	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	0% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 after deductible	\$100 after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 copay per stay after deductible	\$200 copay per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	N/A	30% after deductible
Home Health Care Services (60 visits per year) ²	\$0	\$0	30% after deductible
Hospice Services	Residential \$40 per visit, Facility \$100 per day	NA	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	N/A	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	N/A	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$80	30% after deductible
Rehabilitative Speech Therapy	\$40	\$80	30% after deductible
Habilitation Services	\$40	\$80	30% after deductible
Durable Medical Equipment	0% after deductible	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	\$35	Limited to In Network
Routine Eye Exam for Children	\$40	\$80	Limited to In Network
Eye Glasses for Children	50%	50%	50%
Drug EHB Deductible	\$0 / \$0	N/A	Limited to In Network
Mail Order Rx	1x copay	N/A	Limited to In Network
Tier 1 - \$0 Rx	\$0	N/A	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	N/A	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	N/A	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	N/A	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	N/A	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	N/A	Limited to In Network
Laboratory Outpatient	0% after deductible	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment ³	0% after deductible	0% after deductible	Limited to In Network

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Benefits Effective: 01/01/2024 to 12/31/2024

HIOS ID: 75729PA0050141, 75729PA0050145, 75729PA0050149

1.Urgent Care-Copay does not apply to Mental Health and SUD visit
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Choices PPO 20/40/1000

Gold

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	341.72	341.72	324.63	324.63	324.63	324.63	341.72	341.72
15	372.09	372.09	353.49	353.49	353.49	353.49	372.09	372.09
16	383.70	383.70	364.52	364.52	364.52	364.52	383.70	383.70
17	395.32	395.32	375.55	375.55	375.55	375.55	395.32	395.32
18	407.83	407.83	387.43	387.43	387.43	387.43	407.83	407.83
19	420.33	420.33	399.32	399.32	399.32	399.32	420.33	420.33
20	433.29	433.29	411.62	411.62	411.62	411.62	433.29	433.29
21	446.69	446.69	424.36	424.36	424.36	424.36	446.69	446.69
22	446.69	446.69	424.36	424.36	424.36	424.36	446.69	446.69
23	446.69	446.69	424.36	424.36	424.36	424.36	446.69	446.69
24	446.69	446.69	424.36	424.36	424.36	424.36	446.69	446.69
25	448.47	448.47	426.05	426.05	426.05	426.05	448.47	448.47
26	457.41	457.41	434.54	434.54	434.54	434.54	457.41	457.41
27	468.13	468.13	444.72	444.72	444.72	444.72	468.13	468.13
28	485.55	485.55	461.27	461.27	461.27	461.27	485.55	485.55
29	499.84	499.84	474.85	474.85	474.85	474.85	499.84	499.84
30	506.99	506.99	481.64	481.64	481.64	481.64	506.99	506.99
31	517.71	517.71	491.82	491.82	491.82	491.82	517.71	517.71
32	528.43	528.43	502.01	502.01	502.01	502.01	528.43	528.43
33	535.13	535.13	508.37	508.37	508.37	508.37	535.13	535.13
34	542.28	542.28	515.16	515.16	515.16	515.16	542.28	542.28
35	545.85	545.85	518.56	518.56	518.56	518.56	545.85	545.85
36	549.43	549.43	521.95	521.95	521.95	521.95	549.43	549.43
37	553.00	553.00	525.35	525.35	525.35	525.35	553.00	553.00
38	556.57	556.57	528.74	528.74	528.74	528.74	556.57	556.57
39	563.72	563.72	535.53	535.53	535.53	535.53	563.72	563.72
40	570.87	570.87	542.32	542.32	542.32	542.32	570.87	570.87
41	581.59	581.59	552.51	552.51	552.51	552.51	581.59	581.59
42	591.86	591.86	562.27	562.27	562.27	562.27	591.86	591.86
43	606.15	606.15	575.85	575.85	575.85	575.85	606.15	606.15
44	624.02	624.02	592.82	592.82	592.82	592.82	624.02	624.02
45	645.02	645.02	612.77	612.77	612.77	612.77	645.02	645.02
46	670.03	670.03	636.53	636.53	636.53	636.53	670.03	670.03
47	698.17	698.17	663.26	663.26	663.26	663.26	698.17	698.17
48	730.33	730.33	693.82	693.82	693.82	693.82	730.33	730.33
49	762.05	762.05	723.95	723.95	723.95	723.95	762.05	762.05
50	797.78	797.78	757.89	757.89	757.89	757.89	797.78	797.78
51	833.07	833.07	791.42	791.42	791.42	791.42	833.07	833.07
52	871.93	871.93	828.34	828.34	828.34	828.34	871.93	871.93
53	911.24	911.24	865.68	865.68	865.68	865.68	911.24	911.24
54	953.68	953.68	905.99	905.99	905.99	905.99	953.68	953.68
55	996.11	996.11	946.31	946.31	946.31	946.31	996.11	996.11
56	1,042.12	1,042.12	990.01	990.01	990.01	990.01	1,042.12	1,042.12
57	1,088.58	1,088.58	1,034.15	1,034.15	1,034.15	1,034.15	1,088.58	1,088.58
58	1,138.16	1,138.16	1,081.25	1,081.25	1,081.25	1,081.25	1,138.16	1,138.16
59	1,162.73	1,162.73	1,104.59	1,104.59	1,104.59	1,104.59	1,162.73	1,162.73
60	1,212.31	1,212.31	1,151.69	1,151.69	1,151.69	1,151.69	1,212.31	1,212.31
61	1,255.19	1,255.19	1,192.43	1,192.43	1,192.43	1,192.43	1,255.19	1,255.19
62	1,283.33	1,283.33	1,219.17	1,219.17	1,219.17	1,219.17	1,283.33	1,283.33
63	1,318.62	1,318.62	1,252.69	1,252.69	1,252.69	1,252.69	1,318.62	1,318.62
64 and Over	1,340.06	1,340.06	1,273.06	1,273.06	1,273.06	1,273.06	1,340.06	1,340.06

HIOS IDs 75729PA0050141 75729PA0050149 75729PA0050145 75729PA0050145

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

Geisinger Choices PPO 20/40/2000

Gold

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

Summary of Benefits	In-Network (Tier 1)	In-Network (Tier 2)	Out-of-Network
Medical EHB Deductible (Embedded)	\$2,000 /\$4,000	\$4,000 / \$8,000	\$8,000 /\$16,000
Coinsurance	0%	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$7,350 / \$14,700	\$7,350 / \$14,700	\$15,000 /\$30,000
Primary Care Visit to Treat an Injury or Illness	\$20	\$40	30% after deductible
Specialist - Office Visit	\$40	\$80	30% after deductible
Well Child Office Visits(0-21)	\$0	\$0	Limited to In Network
Emergency Room Services	\$200	\$200	\$200
Emergency Transportation(Ambulance/Air)	\$0	\$0	\$0
Urgent Care Centers or Facilities ¹	\$20	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	0% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$100 copay after deductible	\$100 copay after deductible	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 copay per stay after deductible	\$200 copay per stay after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	N/A	30% after deductible
Home Health Care Services (60 visits per year) ²	\$0	\$0	30% after deductible
Hospice Services	Residential \$40 per visit, Facility \$100 per day	N/A	30% after deductible
Mental/Behavioral Health Outpatient Services	\$20	N/A	30% after deductible
Substance Abuse Disorder Outpatient Services	\$20	N/A	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$80	30% after deductible
Rehabilitative Speech Therapy	\$40	\$80	30% after deductible
Habilitation Services	\$40	\$80	30% after deductible
Durable Medical Equipment	0% after deductible	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	\$35	Limited to In Network
Routine Eye Exam for Children	\$40	\$80	Limited to In Network
Eye Glasses for Children	50%	50%	50%
Drug EHB Deductible	\$0 / \$0	N/A	Limited to In Network
Mail Order Rx	1x copay	N/A	Limited to In Network
Tier 1 - \$0 Rx	\$0	N/A	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$10	N/A	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	N/A	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	N/A	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	N/A	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	N/A	Limited to In Network
Laboratory Outpatient	0% after deductible	0% after deductible	30% after deductible
Diabetic Services/Supplies - Medical Equipment ³	0% after deductible	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

HIOS ID: 75729PA0050142, 75729PA0050146, 75729PA0050150

1.Urgent Care-Copay does not apply to Mental Health and SUD visit
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Choices PPO 20/40/2000

Gold

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	319.63	319.63	303.65	303.65	303.65	303.65	319.63	319.63
15	348.04	348.04	330.64	330.64	330.64	330.64	348.04	348.04
16	358.90	358.90	340.96	340.96	340.96	340.96	358.90	358.90
17	369.77	369.77	351.28	351.28	351.28	351.28	369.77	369.77
18	381.47	381.47	362.39	362.39	362.39	362.39	381.47	381.47
19	393.16	393.16	373.51	373.51	373.51	373.51	393.16	393.16
20	405.28	405.28	385.02	385.02	385.02	385.02	405.28	405.28
21	417.82	417.82	396.93	396.93	396.93	396.93	417.82	417.82
22	417.82	417.82	396.93	396.93	396.93	396.93	417.82	417.82
23	417.82	417.82	396.93	396.93	396.93	396.93	417.82	417.82
24	417.82	417.82	396.93	396.93	396.93	396.93	417.82	417.82
25	419.49	419.49	398.51	398.51	398.51	398.51	419.49	419.49
26	427.84	427.84	406.45	406.45	406.45	406.45	427.84	427.84
27	437.87	437.87	415.98	415.98	415.98	415.98	437.87	437.87
28	454.17	454.17	431.46	431.46	431.46	431.46	454.17	454.17
29	467.54	467.54	444.16	444.16	444.16	444.16	467.54	467.54
30	474.22	474.22	450.51	450.51	450.51	450.51	474.22	474.22
31	484.25	484.25	460.04	460.04	460.04	460.04	484.25	484.25
32	494.28	494.28	469.56	469.56	469.56	469.56	494.28	494.28
33	500.54	500.54	475.52	475.52	475.52	475.52	500.54	500.54
34	507.23	507.23	481.87	481.87	481.87	481.87	507.23	507.23
35	510.57	510.57	485.04	485.04	485.04	485.04	510.57	510.57
36	513.91	513.91	488.22	488.22	488.22	488.22	513.91	513.91
37	517.26	517.26	491.39	491.39	491.39	491.39	517.26	517.26
38	520.60	520.60	494.57	494.57	494.57	494.57	520.60	520.60
39	527.28	527.28	500.92	500.92	500.92	500.92	527.28	527.28
40	533.97	533.97	507.27	507.27	507.27	507.27	533.97	533.97
41	544.00	544.00	516.80	516.80	516.80	516.80	544.00	544.00
42	553.61	553.61	525.93	525.93	525.93	525.93	553.61	553.61
43	566.98	566.98	538.63	538.63	538.63	538.63	566.98	566.98
44	583.69	583.69	554.50	554.50	554.50	554.50	583.69	583.69
45	603.33	603.33	573.16	573.16	573.16	573.16	603.33	603.33
46	626.72	626.72	595.39	595.39	595.39	595.39	626.72	626.72
47	653.05	653.05	620.39	620.39	620.39	620.39	653.05	653.05
48	683.13	683.13	648.97	648.97	648.97	648.97	683.13	683.13
49	712.79	712.79	677.15	677.15	677.15	677.15	712.79	712.79
50	746.22	746.22	708.91	708.91	708.91	708.91	746.22	746.22
51	779.23	779.23	740.27	740.27	740.27	740.27	779.23	779.23
52	815.58	815.58	774.80	774.80	774.80	774.80	815.58	815.58
53	852.34	852.34	809.73	809.73	809.73	809.73	852.34	852.34
54	892.04	892.04	847.44	847.44	847.44	847.44	892.04	892.04
55	931.73	931.73	885.14	885.14	885.14	885.14	931.73	931.73
56	974.76	974.76	926.03	926.03	926.03	926.03	974.76	974.76
57	1,018.22	1,018.22	967.31	967.31	967.31	967.31	1,018.22	1,018.22
58	1,064.60	1,064.60	1,011.37	1,011.37	1,011.37	1,011.37	1,064.60	1,064.60
59	1,087.58	1,087.58	1,033.20	1,033.20	1,033.20	1,033.20	1,087.58	1,087.58
60	1,133.95	1,133.95	1,077.25	1,077.25	1,077.25	1,077.25	1,133.95	1,133.95
61	1,174.06	1,174.06	1,115.36	1,115.36	1,115.36	1,115.36	1,174.06	1,174.06
62	1,200.39	1,200.39	1,140.37	1,140.37	1,140.37	1,140.37	1,200.39	1,200.39
63	1,233.39	1,233.39	1,171.72	1,171.72	1,171.72	1,171.72	1,233.39	1,233.39
64 and Over	1,253.45	1,253.45	1,190.78	1,190.78	1,190.78	1,190.78	1,253.45	1,253.45

HIOS IDs **75729PA0050142** **75729PA0050150** **75729PA0050146** **75729PA0050146**

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

Geisinger Choices PPO 20/40/4000

Silver

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

Summary of Benefits	In-Network (Tier 1)	In-Network (Tier 2)	Out-of-Network
Medical EHB Deductible (Embedded)	\$4,000 /\$8,000	\$7,900 / \$15,800	\$12,000 /\$24,000
Coinsurance	0%	0%	40%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,100/ \$18,200	\$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	\$40	\$80	40% after deductible
Well Child Office Visits(0-21)	\$0	\$0	Limited to In Network
Emergency Room Services	\$200 after deductible	\$200 after deductible	\$200 after deductible
Emergency Transportation(Ambulance/Air)	\$0	\$0	\$0
Urgent Care Centers or Facilities ¹	\$20	\$20	\$20
Outpatient Surgery Physician/Surgical Services	0% after deductible	0% after deductible	40% after deductible
Imaging (CT/PET Scans, MRIs)	\$150 copay after deductible	\$150 copay after deductible	40% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 copay per stay after deductible	\$200 copay per stay after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	N/A	40% after deductible
Home Health Care Services (60 visits per year) ²	\$0	\$0	40% after deductible
Hospice Services	Residential \$40 per visit, Facility \$100 per day	N/A	40% after deductible
Mental/Behavioral Health Outpatient Services	\$20	N/A	40% after deductible
Substance Abuse Disorder Outpatient Services	\$20	N/A	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$80	40% after deductible
Rehabilitative Speech Therapy	\$40	\$80	40% after deductible
Habilitation Services	\$40	\$80	40% after deductible
Durable Medical Equipment	0% after deductible	0% after deductible	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$20	\$35	Limited to In Network
Routine Eye Exam for Children	\$40	\$80	Limited to In Network
Eye Glasses for Children	50%	50%	50%
Drug EHB Deductible	\$500 / \$1,000	N/A	Limited to In Network
Mail Order Rx	1x copay	N/A	Limited to In Network
Tier 1 - \$0 Rx	\$0	N/A	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	N/A	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	N/A	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	N/A	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	N/A	Limited to In Network
Tier 6 - Specialty Drugs	50% coinsurance after deductible up to MOOP	N/A	Limited to In Network
Laboratory Outpatient	0% after deductible	0% after deductible	40% after deductible
Diabetic Services/Supplies - Medical Equipment ³	0% after deductible	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

HIOS ID: 75729PA0050143, 75729PA0050147, 75729PA0050151

1.Urgent Care-Copay does not apply to Mental Health and SUD visit
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Choices PPO 20/40/4000							Silver	
	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
Age	N	Y	N	Y	N	Y	N	Y
0-14	269.23	269.23	255.77	255.77	255.77	255.77	269.23	269.23
15	293.16	293.16	278.51	278.51	278.51	278.51	293.16	293.16
16	302.31	302.31	287.20	287.20	287.20	287.20	302.31	302.31
17	311.46	311.46	295.89	295.89	295.89	295.89	311.46	311.46
18	321.32	321.32	305.25	305.25	305.25	305.25	321.32	321.32
19	331.17	331.17	314.61	314.61	314.61	314.61	331.17	331.17
20	341.38	341.38	324.31	324.31	324.31	324.31	341.38	341.38
21	351.94	351.94	334.35	334.35	334.35	334.35	351.94	351.94
22	351.94	351.94	334.35	334.35	334.35	334.35	351.94	351.94
23	351.94	351.94	334.35	334.35	334.35	334.35	351.94	351.94
24	351.94	351.94	334.35	334.35	334.35	334.35	351.94	351.94
25	353.34	353.34	335.68	335.68	335.68	335.68	353.34	353.34
26	360.38	360.38	342.36	342.36	342.36	342.36	360.38	360.38
27	368.83	368.83	350.39	350.39	350.39	350.39	368.83	368.83
28	382.56	382.56	363.43	363.43	363.43	363.43	382.56	382.56
29	393.82	393.82	374.13	374.13	374.13	374.13	393.82	393.82
30	399.45	399.45	379.48	379.48	379.48	379.48	399.45	399.45
31	407.89	407.89	387.50	387.50	387.50	387.50	407.89	407.89
32	416.34	416.34	395.52	395.52	395.52	395.52	416.34	416.34
33	421.62	421.62	400.54	400.54	400.54	400.54	421.62	421.62
34	427.25	427.25	405.89	405.89	405.89	405.89	427.25	427.25
35	430.07	430.07	408.56	408.56	408.56	408.56	430.07	430.07
36	432.88	432.88	411.24	411.24	411.24	411.24	432.88	432.88
37	435.70	435.70	413.91	413.91	413.91	413.91	435.70	435.70
38	438.51	438.51	416.59	416.59	416.59	416.59	438.51	438.51
39	444.14	444.14	421.94	421.94	421.94	421.94	444.14	444.14
40	449.78	449.78	427.29	427.29	427.29	427.29	449.78	449.78
41	458.22	458.22	435.31	435.31	435.31	435.31	458.22	458.22
42	466.32	466.32	443.00	443.00	443.00	443.00	466.32	466.32
43	477.58	477.58	453.70	453.70	453.70	453.70	477.58	477.58
44	491.66	491.66	467.07	467.07	467.07	467.07	491.66	491.66
45	508.20	508.20	482.79	482.79	482.79	482.79	508.20	508.20
46	527.91	527.91	501.51	501.51	501.51	501.51	527.91	527.91
47	550.08	550.08	522.57	522.57	522.57	522.57	550.08	550.08
48	575.42	575.42	546.65	546.65	546.65	546.65	575.42	575.42
49	600.40	600.40	570.38	570.38	570.38	570.38	600.40	600.40
50	628.56	628.56	597.13	597.13	597.13	597.13	628.56	628.56
51	656.36	656.36	623.54	623.54	623.54	623.54	656.36	656.36
52	686.98	686.98	652.63	652.63	652.63	652.63	686.98	686.98
53	717.95	717.95	682.05	682.05	682.05	682.05	717.95	717.95
54	751.39	751.39	713.82	713.82	713.82	713.82	751.39	751.39
55	784.82	784.82	745.58	745.58	745.58	745.58	784.82	784.82
56	821.07	821.07	780.02	780.02	780.02	780.02	821.07	821.07
57	857.67	857.67	814.79	814.79	814.79	814.79	857.67	857.67
58	896.74	896.74	851.90	851.90	851.90	851.90	896.74	896.74
59	916.09	916.09	870.29	870.29	870.29	870.29	916.09	916.09
60	955.16	955.16	907.40	907.40	907.40	907.40	955.16	955.16
61	988.94	988.94	939.50	939.50	939.50	939.50	988.94	988.94
62	1,011.12	1,011.12	960.56	960.56	960.56	960.56	1,011.12	1,011.12
63	1,038.92	1,038.92	986.97	986.97	986.97	986.97	1,038.92	1,038.92
64 and Over	1,055.81	1,055.81	1,003.02	1,003.02	1,003.02	1,003.02	1,055.81	1,055.81
HIOS IDs	75729PA0050143		75729PA0050151		75729PA0050147		75729PA0050147	

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

Geisinger Choices PPO 30/50/0 Copay Based

Gold

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

Summary of Benefits	In-Network (Tier 1)	In-Network (Tier 2)	Out-of-Network
Medical EHB Deductible (Embedded)	\$0 /\$0	\$0 /\$0	\$4,000/\$8,000
Coinsurance	0%	0%	30%
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$9,450 / \$18,900	\$9,450 / \$18,900	\$15,000/\$30,000
Primary Care Visit to Treat an Injury or Illness	\$30	\$60	30% after deductible
Specialist - Office Visit	\$50	\$100	30% after deductible
Well Child Office Visits(0-21)	\$0	\$0	Limited to In Network
Emergency Room Services	\$300	\$300	\$300
Emergency Transportation(Ambulance/Air)	\$0	\$0	\$0
Urgent Care Centers or Facilities ¹	\$30	\$30	\$30
Outpatient Surgery Physician/Surgical Services	\$0	\$0	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$700	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$350	\$700	30% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$350 copay per stay	\$700 copay per stay	30% after deductible
Skilled Nursing Facility (120 days per year)	\$550 per admit	\$1,100 per admit	30% after deductible
Home Health Care Services (60 visits per year) ²	\$0	\$0	30% after deductible
Hospice Services	Residential \$50 per visit, Facility \$100 per day	N/A	30% after deductible
Mental/Behavioral Health Outpatient Services	\$30	N/A	30% after deductible
Substance Abuse Disorder Outpatient Services	\$30	N/A	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	\$100	30% after deductible
Rehabilitative Speech Therapy	\$50	\$100	30% after deductible
Habilitation Services	\$50	\$100	30% after deductible
Durable Medical Equipment	\$0	\$0	Limited to In Network
Chiropractic Care (20 visits per benefit period)	\$30	\$35	Limited to In Network
Routine Eye Exam for Children	\$50	\$100	Limited to In Network
Eye Glasses for Children	50%	50%	50%
Drug EHB Deductible	\$0 / \$0	N/A	Limited to In Network
Mail Order Rx	1x copay	N/A	Limited to In Network
Tier 1 - \$0 Rx	\$0	N/A	Limited to In Network
Tier 2 - Preferred Generic Drugs	\$3	N/A	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$15	N/A	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$35	N/A	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$55	N/A	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$150	N/A	Limited to In Network
Laboratory Outpatient	\$0	\$0	30% after deductible
Diabetic Services/Supplies - Medical Equipment ³	\$0	\$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

HIOS ID: 75729PA0050153, 75729PA0050155, 75729PA0050157

1.Urgent Care-Copay does not apply to Mental Health and SUD visit
 2.Home Health-Visit Limits do not apply to Mental Health and SUD visit
 3.DME-Cost sharing does not apply to Mental Health and SUD diagnosis

Geisinger Choices PPO 30/50/0 Copay Based

Gold

Age	Centre Mifflin Union Snyder Northumberland Montour Columbia		Lackawanna Luzerne Wayne		Carbon Monroe		Schuylkill Lehigh Northampton	
	Tobacco Status		Tobacco Status		Tobacco Status		Tobacco Status	
	N	Y	N	Y	N	Y	N	Y
0-14	359.45	359.45	341.47	341.47	341.47	341.47	359.45	359.45
15	391.40	391.40	371.83	371.83	371.83	371.83	391.40	391.40
16	403.61	403.61	383.43	383.43	383.43	383.43	403.61	403.61
17	415.83	415.83	395.04	395.04	395.04	395.04	415.83	415.83
18	428.98	428.98	407.54	407.54	407.54	407.54	428.98	428.98
19	442.14	442.14	420.03	420.03	420.03	420.03	442.14	442.14
20	455.77	455.77	432.98	432.98	432.98	432.98	455.77	455.77
21	469.87	469.87	446.37	446.37	446.37	446.37	469.87	469.87
22	469.87	469.87	446.37	446.37	446.37	446.37	469.87	469.87
23	469.87	469.87	446.37	446.37	446.37	446.37	469.87	469.87
24	469.87	469.87	446.37	446.37	446.37	446.37	469.87	469.87
25	471.74	471.74	448.16	448.16	448.16	448.16	471.74	471.74
26	481.14	481.14	457.08	457.08	457.08	457.08	481.14	481.14
27	492.42	492.42	467.80	467.80	467.80	467.80	492.42	492.42
28	510.74	510.74	485.20	485.20	485.20	485.20	510.74	510.74
29	525.78	525.78	499.49	499.49	499.49	499.49	525.78	525.78
30	533.29	533.29	506.63	506.63	506.63	506.63	533.29	533.29
31	544.57	544.57	517.34	517.34	517.34	517.34	544.57	544.57
32	555.85	555.85	528.06	528.06	528.06	528.06	555.85	555.85
33	562.90	562.90	534.75	534.75	534.75	534.75	562.90	562.90
34	570.41	570.41	541.89	541.89	541.89	541.89	570.41	570.41
35	574.17	574.17	545.46	545.46	545.46	545.46	574.17	574.17
36	577.93	577.93	549.03	549.03	549.03	549.03	577.93	577.93
37	581.69	581.69	552.61	552.61	552.61	552.61	581.69	581.69
38	585.45	585.45	556.18	556.18	556.18	556.18	585.45	585.45
39	592.97	592.97	563.32	563.32	563.32	563.32	592.97	592.97
40	600.48	600.48	570.46	570.46	570.46	570.46	600.48	600.48
41	611.76	611.76	581.17	581.17	581.17	581.17	611.76	611.76
42	622.57	622.57	591.44	591.44	591.44	591.44	622.57	622.57
43	637.60	637.60	605.72	605.72	605.72	605.72	637.60	637.60
44	656.40	656.40	623.58	623.58	623.58	623.58	656.40	656.40
45	678.48	678.48	644.56	644.56	644.56	644.56	678.48	678.48
46	704.79	704.79	669.55	669.55	669.55	669.55	704.79	704.79
47	734.40	734.40	697.68	697.68	697.68	697.68	734.40	734.40
48	768.23	768.23	729.81	729.81	729.81	729.81	768.23	768.23
49	801.59	801.59	761.51	761.51	761.51	761.51	801.59	801.59
50	839.18	839.18	797.22	797.22	797.22	797.22	839.18	839.18
51	876.29	876.29	832.48	832.48	832.48	832.48	876.29	876.29
52	917.17	917.17	871.31	871.31	871.31	871.31	917.17	917.17
53	958.52	958.52	910.59	910.59	910.59	910.59	958.52	958.52
54	1,003.16	1,003.16	953.00	953.00	953.00	953.00	1,003.16	1,003.16
55	1,047.79	1,047.79	995.40	995.40	995.40	995.40	1,047.79	1,047.79
56	1,096.19	1,096.19	1,041.38	1,041.38	1,041.38	1,041.38	1,096.19	1,096.19
57	1,145.06	1,145.06	1,087.80	1,087.80	1,087.80	1,087.80	1,145.06	1,145.06
58	1,197.21	1,197.21	1,137.35	1,137.35	1,137.35	1,137.35	1,197.21	1,197.21
59	1,223.05	1,223.05	1,161.90	1,161.90	1,161.90	1,161.90	1,223.05	1,223.05
60	1,275.21	1,275.21	1,211.45	1,211.45	1,211.45	1,211.45	1,275.21	1,275.21
61	1,320.32	1,320.32	1,254.30	1,254.30	1,254.30	1,254.30	1,320.32	1,320.32
62	1,349.92	1,349.92	1,282.42	1,282.42	1,282.42	1,282.42	1,349.92	1,349.92
63	1,387.04	1,387.04	1,317.68	1,317.68	1,317.68	1,317.68	1,387.04	1,387.04
64 and Over	1,409.59	1,409.59	1,339.11	1,339.11	1,339.11	1,339.11	1,409.59	1,409.59

HIOS IDs **75729PA0050153** **75729PA0050157** **75729PA0050155** **75729PA0050155**

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