

# 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	\$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)	\$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	\$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**

# Geisinger Choices PPO 10/20/0

Platinum

	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	408.88	408.88	388.44	388.44	388.44	388.44	408.88	408.88
15	445.23	445.23	422.97	422.97	422.97	422.97	445.23	445.23
16	459.12	459.12	436.17	436.17	436.17	436.17	459.12	459.12
17	473.02	473.02	449.37	449.37	449.37	449.37	473.02	473.02
18	487.99	487.99	463.59	463.59	463.59	463.59	487.99	487.99
19	502.95	502.95	477.80	477.80	477.80	477.80	502.95	502.95
20	518.45	518.45	492.53	492.53	492.53	492.53	518.45	518.45
21	534.49	534.49	507.77	507.77	507.77	507.77	534.49	534.49
22	534.49	534.49	507.77	507.77	507.77	507.77	534.49	534.49
23	534.49	534.49	507.77	507.77	507.77	507.77	534.49	534.49
24	534.49	534.49	507.77	507.77	507.77	507.77	534.49	534.49
25	536.62	536.62	509.79	509.79	509.79	509.79	536.62	536.62
26	547.31	547.31	519.95	519.95	519.95	519.95	547.31	547.31
27	560.14	560.14	532.14	532.14	532.14	532.14	560.14	560.14
28	580.99	580.99	551.94	551.94	551.94	551.94	580.99	580.99
29	598.09	598.09	568.19	568.19	568.19	568.19	598.09	598.09
30	606.64	606.64	576.31	576.31	576.31	576.31	606.64	606.64
31	619.47	619.47	588.50	588.50	588.50	588.50	619.47	619.47
32	632.30	632.30	600.68	600.68	600.68	600.68	632.30	632.30
33	640.32	640.32	608.30	608.30	608.30	608.30	640.32	640.32
34	648.87	648.87	616.42	616.42	616.42	616.42	648.87	648.87
35	653.14	653.14	620.49	620.49	620.49	620.49	653.14	653.14
36	657.42	657.42	624.55	624.55	624.55	624.55	657.42	657.42
37	661.69	661.69	628.61	628.61	628.61	628.61	661.69	661.69
38	665.97	665.97	632.67	632.67	632.67	632.67	665.97	665.97
39	674.52	674.52	640.80	640.80	640.80	640.80	674.52	674.52
40	683.07	683.07	648.92	648.92	648.92	648.92	683.07	683.07
41	695.90	695.90	661.11	661.11	661.11	661.11	695.90	695.90
42	708.20	708.20	672.79	672.79	672.79	672.79	708.20	708.20
43	725.30	725.30	689.03	689.03	689.03	689.03	725.30	725.30
44	746.68	746.68	709.34	709.34	709.34	709.34	746.68	746.68
45	771.80	771.80	733.21	733.21	733.21	733.21	771.80	771.80
46	801.73	801.73	761.64	761.64	761.64	761.64	801.73	801.73
47	835.40	835.40	793.63	793.63	793.63	793.63	835.40	835.40
48	873.89	873.89	830.19	830.19	830.19	830.19	873.89	873.89
49	911.83	911.83	866.24	866.24	866.24	866.24	911.83	911.83
50	954.59	954.59	906.86	906.86	906.86	906.86	954.59	954.59
51	996.82	996.82	946.98	946.98	946.98	946.98	996.82	996.82
52	1,043.32	1,043.32	991.15	991.15	991.15	991.15	1,043.32	1,043.32
53	1,090.35	1,090.35	1,035.84	1,035.84	1,035.84	1,035.84	1,090.35	1,090.35
54	1,141.13	1,141.13	1,084.07	1,084.07	1,084.07	1,084.07	1,141.13	1,141.13
55	1,191.91	1,191.91	1,132.31	1,132.31	1,132.31	1,132.31	1,191.91	1,191.91
56	1,246.96	1,246.96	1,184.61	1,184.61	1,184.61	1,184.61	1,246.96	1,246.96
57	1,302.54	1,302.54	1,237.42	1,237.42	1,237.42	1,237.42	1,302.54	1,302.54
58	1,361.87	1,361.87	1,293.78	1,293.78	1,293.78	1,293.78	1,361.87	1,361.87
59	1,391.27	1,391.27	1,321.71	1,321.71	1,321.71	1,321.71	1,391.27	1,391.27
60	1,450.60	1,450.60	1,378.07	1,378.07	1,378.07	1,378.07	1,450.60	1,450.60
61	1,501.91	1,501.91	1,426.81	1,426.81	1,426.81	1,426.81	1,501.91	1,501.91
62	1,535.58	1,535.58	1,458.80	1,458.80	1,458.80	1,458.80	1,535.58	1,535.58
63	1,577.81	1,577.81	1,498.92	1,498.92	1,498.92	1,498.92	1,577.81	1,577.81
64 and Over	1,603.46	1,603.46	1,523.29	1,523.29	1,523.29	1,523.29	1,603.46	1,603.46

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

**Rates Effective: 07/01/2024 to 09/30/2024**

# 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	\$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)	\$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	\$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**

# 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	375.59	375.59	356.81	356.81	356.81	356.81	375.59	375.59
15	408.97	408.97	388.52	388.52	388.52	388.52	408.97	408.97
16	421.74	421.74	400.65	400.65	400.65	400.65	421.74	421.74
17	434.50	434.50	412.78	412.78	412.78	412.78	434.50	434.50
18	448.25	448.25	425.84	425.84	425.84	425.84	448.25	448.25
19	462.00	462.00	438.90	438.90	438.90	438.90	462.00	462.00
20	476.23	476.23	452.42	452.42	452.42	452.42	476.23	476.23
21	490.97	490.97	466.42	466.42	466.42	466.42	490.97	490.97
22	490.97	490.97	466.42	466.42	466.42	466.42	490.97	490.97
23	490.97	490.97	466.42	466.42	466.42	466.42	490.97	490.97
24	490.97	490.97	466.42	466.42	466.42	466.42	490.97	490.97
25	492.93	492.93	468.28	468.28	468.28	468.28	492.93	492.93
26	502.75	502.75	477.61	477.61	477.61	477.61	502.75	502.75
27	514.53	514.53	488.80	488.80	488.80	488.80	514.53	514.53
28	533.68	533.68	506.99	506.99	506.99	506.99	533.68	533.68
29	549.39	549.39	521.92	521.92	521.92	521.92	549.39	549.39
30	557.24	557.24	529.38	529.38	529.38	529.38	557.24	557.24
31	569.02	569.02	540.57	540.57	540.57	540.57	569.02	569.02
32	580.81	580.81	551.77	551.77	551.77	551.77	580.81	580.81
33	588.17	588.17	558.76	558.76	558.76	558.76	588.17	588.17
34	596.03	596.03	566.23	566.23	566.23	566.23	596.03	596.03
35	599.96	599.96	569.96	569.96	569.96	569.96	599.96	599.96
36	603.88	603.88	573.69	573.69	573.69	573.69	603.88	603.88
37	607.81	607.81	577.42	577.42	577.42	577.42	607.81	607.81
38	611.74	611.74	581.15	581.15	581.15	581.15	611.74	611.74
39	619.59	619.59	588.61	588.61	588.61	588.61	619.59	619.59
40	627.45	627.45	596.08	596.08	596.08	596.08	627.45	627.45
41	639.23	639.23	607.27	607.27	607.27	607.27	639.23	639.23
42	650.52	650.52	618.00	618.00	618.00	618.00	650.52	650.52
43	666.24	666.24	632.92	632.92	632.92	632.92	666.24	666.24
44	685.87	685.87	651.58	651.58	651.58	651.58	685.87	685.87
45	708.95	708.95	673.50	673.50	673.50	673.50	708.95	708.95
46	736.44	736.44	699.62	699.62	699.62	699.62	736.44	736.44
47	767.37	767.37	729.00	729.00	729.00	729.00	767.37	767.37
48	802.72	802.72	762.59	762.59	762.59	762.59	802.72	802.72
49	837.58	837.58	795.70	795.70	795.70	795.70	837.58	837.58
50	876.86	876.86	833.02	833.02	833.02	833.02	876.86	876.86
51	915.64	915.64	869.86	869.86	869.86	869.86	915.64	915.64
52	958.36	958.36	910.44	910.44	910.44	910.44	958.36	958.36
53	1,001.56	1,001.56	951.48	951.48	951.48	951.48	1,001.56	1,001.56
54	1,048.20	1,048.20	995.79	995.79	995.79	995.79	1,048.20	1,048.20
55	1,094.85	1,094.85	1,040.10	1,040.10	1,040.10	1,040.10	1,094.85	1,094.85
56	1,145.41	1,145.41	1,088.14	1,088.14	1,088.14	1,088.14	1,145.41	1,145.41
57	1,196.47	1,196.47	1,136.65	1,136.65	1,136.65	1,136.65	1,196.47	1,196.47
58	1,250.97	1,250.97	1,188.42	1,188.42	1,188.42	1,188.42	1,250.97	1,250.97
59	1,277.97	1,277.97	1,214.08	1,214.08	1,214.08	1,214.08	1,277.97	1,277.97
60	1,332.47	1,332.47	1,265.85	1,265.85	1,265.85	1,265.85	1,332.47	1,332.47
61	1,379.60	1,379.60	1,310.62	1,310.62	1,310.62	1,310.62	1,379.60	1,379.60
62	1,410.53	1,410.53	1,340.01	1,340.01	1,340.01	1,340.01	1,410.53	1,410.53
63	1,449.32	1,449.32	1,376.85	1,376.85	1,376.85	1,376.85	1,449.32	1,449.32
64 and Over	1,472.89	1,472.89	1,399.24	1,399.24	1,399.24	1,399.24	1,472.89	1,472.89

**HIOS IDs**      **75729PA0050152**      **75729PA0050156**      **75729PA0050154**      **75729PA0050154**

**Rates Effective: 07/01/2024 to 09/30/2024**

# 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	\$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)	\$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	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: 75729PA0050141, 75729PA0050145, 75729PA0050149**

# 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	353.21	353.21	335.55	335.55	335.55	335.55	353.21	353.21
15	384.61	384.61	365.38	365.38	365.38	365.38	384.61	384.61
16	396.61	396.61	376.78	376.78	376.78	376.78	396.61	396.61
17	408.62	408.62	388.18	388.18	388.18	388.18	408.62	408.62
18	421.54	421.54	400.47	400.47	400.47	400.47	421.54	421.54
19	434.47	434.47	412.75	412.75	412.75	412.75	434.47	434.47
20	447.86	447.86	425.47	425.47	425.47	425.47	447.86	447.86
21	461.72	461.72	438.63	438.63	438.63	438.63	461.72	461.72
22	461.72	461.72	438.63	438.63	438.63	438.63	461.72	461.72
23	461.72	461.72	438.63	438.63	438.63	438.63	461.72	461.72
24	461.72	461.72	438.63	438.63	438.63	438.63	461.72	461.72
25	463.56	463.56	440.38	440.38	440.38	440.38	463.56	463.56
26	472.79	472.79	449.15	449.15	449.15	449.15	472.79	472.79
27	483.87	483.87	459.68	459.68	459.68	459.68	483.87	483.87
28	501.88	501.88	476.79	476.79	476.79	476.79	501.88	501.88
29	516.66	516.66	490.82	490.82	490.82	490.82	516.66	516.66
30	524.04	524.04	497.84	497.84	497.84	497.84	524.04	524.04
31	535.12	535.12	508.37	508.37	508.37	508.37	535.12	535.12
32	546.21	546.21	518.90	518.90	518.90	518.90	546.21	546.21
33	553.13	553.13	525.47	525.47	525.47	525.47	553.13	553.13
34	560.52	560.52	532.49	532.49	532.49	532.49	560.52	560.52
35	564.21	564.21	536.00	536.00	536.00	536.00	564.21	564.21
36	567.91	567.91	539.51	539.51	539.51	539.51	567.91	567.91
37	571.60	571.60	543.02	543.02	543.02	543.02	571.60	571.60
38	575.29	575.29	546.53	546.53	546.53	546.53	575.29	575.29
39	582.68	582.68	553.55	553.55	553.55	553.55	582.68	582.68
40	590.07	590.07	560.56	560.56	560.56	560.56	590.07	590.07
41	601.15	601.15	571.09	571.09	571.09	571.09	601.15	601.15
42	611.77	611.77	581.18	581.18	581.18	581.18	611.77	611.77
43	626.54	626.54	595.22	595.22	595.22	595.22	626.54	626.54
44	645.01	645.01	612.76	612.76	612.76	612.76	645.01	645.01
45	666.71	666.71	633.38	633.38	633.38	633.38	666.71	666.71
46	692.57	692.57	657.94	657.94	657.94	657.94	692.57	692.57
47	721.66	721.66	685.57	685.57	685.57	685.57	721.66	721.66
48	754.90	754.90	717.15	717.15	717.15	717.15	754.90	754.90
49	787.68	787.68	748.30	748.30	748.30	748.30	787.68	787.68
50	824.62	824.62	783.39	783.39	783.39	783.39	824.62	824.62
51	861.09	861.09	818.04	818.04	818.04	818.04	861.09	861.09
52	901.26	901.26	856.20	856.20	856.20	856.20	901.26	901.26
53	941.89	941.89	894.80	894.80	894.80	894.80	941.89	941.89
54	985.76	985.76	936.47	936.47	936.47	936.47	985.76	985.76
55	1,029.62	1,029.62	978.14	978.14	978.14	978.14	1,029.62	1,029.62
56	1,077.17	1,077.17	1,023.32	1,023.32	1,023.32	1,023.32	1,077.17	1,077.17
57	1,125.19	1,125.19	1,068.93	1,068.93	1,068.93	1,068.93	1,125.19	1,125.19
58	1,176.44	1,176.44	1,117.62	1,117.62	1,117.62	1,117.62	1,176.44	1,176.44
59	1,201.84	1,201.84	1,141.74	1,141.74	1,141.74	1,141.74	1,201.84	1,201.84
60	1,253.09	1,253.09	1,190.43	1,190.43	1,190.43	1,190.43	1,253.09	1,253.09
61	1,297.41	1,297.41	1,232.54	1,232.54	1,232.54	1,232.54	1,297.41	1,297.41
62	1,326.50	1,326.50	1,260.17	1,260.17	1,260.17	1,260.17	1,326.50	1,326.50
63	1,362.97	1,362.97	1,294.83	1,294.83	1,294.83	1,294.83	1,362.97	1,362.97
64 and Over	1,385.14	1,385.14	1,315.88	1,315.88	1,315.88	1,315.88	1,385.14	1,385.14

**HIOS IDs**      **75729PA0050141**      **75729PA0050149**      **75729PA0050145**      **75729PA0050145**

**Rates Effective: 07/01/2024 to 09/30/2024**

# 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	\$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)	\$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	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**

# Geisinger Choices PPO 20/40/2000

**Gold**

	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	330.38	330.38	313.86	313.86	313.86	313.86	330.38	330.38
15	359.75	359.75	341.76	341.76	341.76	341.76	359.75	359.75
16	370.98	370.98	352.43	352.43	352.43	352.43	370.98	370.98
17	382.20	382.20	363.09	363.09	363.09	363.09	382.20	382.20
18	394.30	394.30	374.58	374.58	374.58	374.58	394.30	394.30
19	406.39	406.39	386.07	386.07	386.07	386.07	406.39	406.39
20	418.91	418.91	397.97	397.97	397.97	397.97	418.91	418.91
21	431.87	431.87	410.28	410.28	410.28	410.28	431.87	431.87
22	431.87	431.87	410.28	410.28	410.28	410.28	431.87	431.87
23	431.87	431.87	410.28	410.28	410.28	410.28	431.87	431.87
24	431.87	431.87	410.28	410.28	410.28	410.28	431.87	431.87
25	433.60	433.60	411.92	411.92	411.92	411.92	433.60	433.60
26	442.23	442.23	420.12	420.12	420.12	420.12	442.23	442.23
27	452.60	452.60	429.97	429.97	429.97	429.97	452.60	452.60
28	469.44	469.44	445.97	445.97	445.97	445.97	469.44	469.44
29	483.26	483.26	459.10	459.10	459.10	459.10	483.26	483.26
30	490.17	490.17	465.66	465.66	465.66	465.66	490.17	490.17
31	500.54	500.54	475.51	475.51	475.51	475.51	500.54	500.54
32	510.90	510.90	485.36	485.36	485.36	485.36	510.90	510.90
33	517.38	517.38	491.51	491.51	491.51	491.51	517.38	517.38
34	524.29	524.29	498.08	498.08	498.08	498.08	524.29	524.29
35	527.75	527.75	501.36	501.36	501.36	501.36	527.75	527.75
36	531.20	531.20	504.64	504.64	504.64	504.64	531.20	531.20
37	534.66	534.66	507.92	507.92	507.92	507.92	534.66	534.66
38	538.11	538.11	511.20	511.20	511.20	511.20	538.11	538.11
39	545.02	545.02	517.77	517.77	517.77	517.77	545.02	545.02
40	551.93	551.93	524.33	524.33	524.33	524.33	551.93	551.93
41	562.29	562.29	534.18	534.18	534.18	534.18	562.29	562.29
42	572.23	572.23	543.62	543.62	543.62	543.62	572.23	572.23
43	586.05	586.05	556.75	556.75	556.75	556.75	586.05	586.05
44	603.32	603.32	573.16	573.16	573.16	573.16	603.32	603.32
45	623.62	623.62	592.44	592.44	592.44	592.44	623.62	623.62
46	647.81	647.81	615.41	615.41	615.41	615.41	647.81	647.81
47	675.01	675.01	641.26	641.26	641.26	641.26	675.01	675.01
48	706.11	706.11	670.80	670.80	670.80	670.80	706.11	706.11
49	736.77	736.77	699.93	699.93	699.93	699.93	736.77	736.77
50	771.32	771.32	732.75	732.75	732.75	732.75	771.32	771.32
51	805.44	805.44	765.17	765.17	765.17	765.17	805.44	805.44
52	843.01	843.01	800.86	800.86	800.86	800.86	843.01	843.01
53	881.01	881.01	836.96	836.96	836.96	836.96	881.01	881.01
54	922.04	922.04	875.94	875.94	875.94	875.94	922.04	922.04
55	963.07	963.07	914.92	914.92	914.92	914.92	963.07	963.07
56	1,007.55	1,007.55	957.18	957.18	957.18	957.18	1,007.55	1,007.55
57	1,052.47	1,052.47	999.84	999.84	999.84	999.84	1,052.47	1,052.47
58	1,100.40	1,100.40	1,045.38	1,045.38	1,045.38	1,045.38	1,100.40	1,100.40
59	1,124.16	1,124.16	1,067.95	1,067.95	1,067.95	1,067.95	1,124.16	1,124.16
60	1,172.10	1,172.10	1,113.49	1,113.49	1,113.49	1,113.49	1,172.10	1,172.10
61	1,213.55	1,213.55	1,152.88	1,152.88	1,152.88	1,152.88	1,213.55	1,213.55
62	1,240.76	1,240.76	1,178.72	1,178.72	1,178.72	1,178.72	1,240.76	1,240.76
63	1,274.88	1,274.88	1,211.14	1,211.14	1,211.14	1,211.14	1,274.88	1,274.88
64 and Over	1,295.61	1,295.61	1,230.83	1,230.83	1,230.83	1,230.83	1,295.61	1,295.61

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

**Rates Effective: 07/01/2024 to 09/30/2024**



# 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	\$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)	\$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	\$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**

# 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	371.54	371.54	352.96	352.96	352.96	352.96	371.54	371.54
15	404.56	404.56	384.33	384.33	384.33	384.33	404.56	404.56
16	417.19	417.19	396.33	396.33	396.33	396.33	417.19	417.19
17	429.82	429.82	408.33	408.33	408.33	408.33	429.82	429.82
18	443.41	443.41	421.24	421.24	421.24	421.24	443.41	443.41
19	457.01	457.01	434.16	434.16	434.16	434.16	457.01	457.01
20	471.10	471.10	447.54	447.54	447.54	447.54	471.10	471.10
21	485.67	485.67	461.39	461.39	461.39	461.39	485.67	485.67
22	485.67	485.67	461.39	461.39	461.39	461.39	485.67	485.67
23	485.67	485.67	461.39	461.39	461.39	461.39	485.67	485.67
24	485.67	485.67	461.39	461.39	461.39	461.39	485.67	485.67
25	487.61	487.61	463.23	463.23	463.23	463.23	487.61	487.61
26	497.32	497.32	472.46	472.46	472.46	472.46	497.32	497.32
27	508.98	508.98	483.53	483.53	483.53	483.53	508.98	508.98
28	527.92	527.92	501.53	501.53	501.53	501.53	527.92	527.92
29	543.46	543.46	516.29	516.29	516.29	516.29	543.46	543.46
30	551.23	551.23	523.67	523.67	523.67	523.67	551.23	551.23
31	562.89	562.89	534.74	534.74	534.74	534.74	562.89	562.89
32	574.55	574.55	545.82	545.82	545.82	545.82	574.55	574.55
33	581.83	581.83	552.74	552.74	552.74	552.74	581.83	581.83
34	589.60	589.60	560.12	560.12	560.12	560.12	589.60	589.60
35	593.49	593.49	563.81	563.81	563.81	563.81	593.49	593.49
36	597.37	597.37	567.50	567.50	567.50	567.50	597.37	597.37
37	601.26	601.26	571.19	571.19	571.19	571.19	601.26	601.26
38	605.14	605.14	574.89	574.89	574.89	574.89	605.14	605.14
39	612.91	612.91	582.27	582.27	582.27	582.27	612.91	612.91
40	620.68	620.68	589.65	589.65	589.65	589.65	620.68	620.68
41	632.34	632.34	600.72	600.72	600.72	600.72	632.34	632.34
42	643.51	643.51	611.33	611.33	611.33	611.33	643.51	643.51
43	659.05	659.05	626.10	626.10	626.10	626.10	659.05	659.05
44	678.48	678.48	644.55	644.55	644.55	644.55	678.48	678.48
45	701.30	701.30	666.24	666.24	666.24	666.24	701.30	701.30
46	728.50	728.50	692.08	692.08	692.08	692.08	728.50	728.50
47	759.10	759.10	721.14	721.14	721.14	721.14	759.10	759.10
48	794.07	794.07	754.36	754.36	754.36	754.36	794.07	794.07
49	828.55	828.55	787.12	787.12	787.12	787.12	828.55	828.55
50	867.40	867.40	824.03	824.03	824.03	824.03	867.40	867.40
51	905.77	905.77	860.48	860.48	860.48	860.48	905.77	905.77
52	948.02	948.02	900.62	900.62	900.62	900.62	948.02	948.02
53	990.76	990.76	941.22	941.22	941.22	941.22	990.76	990.76
54	1,036.90	1,036.90	985.06	985.06	985.06	985.06	1,036.90	1,036.90
55	1,083.04	1,083.04	1,028.89	1,028.89	1,028.89	1,028.89	1,083.04	1,083.04
56	1,133.06	1,133.06	1,076.41	1,076.41	1,076.41	1,076.41	1,133.06	1,133.06
57	1,183.57	1,183.57	1,124.39	1,124.39	1,124.39	1,124.39	1,183.57	1,183.57
58	1,237.48	1,237.48	1,175.61	1,175.61	1,175.61	1,175.61	1,237.48	1,237.48
59	1,264.19	1,264.19	1,200.98	1,200.98	1,200.98	1,200.98	1,264.19	1,264.19
60	1,318.10	1,318.10	1,252.20	1,252.20	1,252.20	1,252.20	1,318.10	1,318.10
61	1,364.73	1,364.73	1,296.49	1,296.49	1,296.49	1,296.49	1,364.73	1,364.73
62	1,395.32	1,395.32	1,325.56	1,325.56	1,325.56	1,325.56	1,395.32	1,395.32
63	1,433.69	1,433.69	1,362.01	1,362.01	1,362.01	1,362.01	1,433.69	1,433.69
64 and Over	1,457.00	1,457.00	1,384.15	1,384.15	1,384.15	1,384.15	1,457.00	1,457.00

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

**Rates Effective: 07/01/2024 to 09/30/2024**

# 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	\$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)	\$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	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**

# Geisinger Choices PPO 20/40/4000

Silver

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	278.29	278.29	264.37	264.37	264.37	264.37	278.29	278.29
15	303.02	303.02	287.87	287.87	287.87	287.87	303.02	303.02
16	312.48	312.48	296.86	296.86	296.86	296.86	312.48	312.48
17	321.94	321.94	305.84	305.84	305.84	305.84	321.94	321.94
18	332.13	332.13	315.52	315.52	315.52	315.52	332.13	332.13
19	342.31	342.31	325.20	325.20	325.20	325.20	342.31	342.31
20	352.86	352.86	335.22	335.22	335.22	335.22	352.86	352.86
21	363.78	363.78	345.59	345.59	345.59	345.59	363.78	363.78
22	363.78	363.78	345.59	345.59	345.59	345.59	363.78	363.78
23	363.78	363.78	345.59	345.59	345.59	345.59	363.78	363.78
24	363.78	363.78	345.59	345.59	345.59	345.59	363.78	363.78
25	365.23	365.23	346.97	346.97	346.97	346.97	365.23	365.23
26	372.51	372.51	353.88	353.88	353.88	353.88	372.51	372.51
27	381.24	381.24	362.17	362.17	362.17	362.17	381.24	381.24
28	395.42	395.42	375.65	375.65	375.65	375.65	395.42	395.42
29	407.06	407.06	386.71	386.71	386.71	386.71	407.06	407.06
30	412.88	412.88	392.24	392.24	392.24	392.24	412.88	412.88
31	421.62	421.62	400.53	400.53	400.53	400.53	421.62	421.62
32	430.35	430.35	408.83	408.83	408.83	408.83	430.35	430.35
33	435.80	435.80	414.01	414.01	414.01	414.01	435.80	435.80
34	441.62	441.62	419.54	419.54	419.54	419.54	441.62	441.62
35	444.53	444.53	422.31	422.31	422.31	422.31	444.53	444.53
36	447.44	447.44	425.07	425.07	425.07	425.07	447.44	447.44
37	450.35	450.35	427.84	427.84	427.84	427.84	450.35	450.35
38	453.26	453.26	430.60	430.60	430.60	430.60	453.26	453.26
39	459.08	459.08	436.13	436.13	436.13	436.13	459.08	459.08
40	464.90	464.90	441.66	441.66	441.66	441.66	464.90	464.90
41	473.64	473.64	449.95	449.95	449.95	449.95	473.64	473.64
42	482.00	482.00	457.90	457.90	457.90	457.90	482.00	482.00
43	493.64	493.64	468.96	468.96	468.96	468.96	493.64	493.64
44	508.19	508.19	482.78	482.78	482.78	482.78	508.19	508.19
45	525.29	525.29	499.03	499.03	499.03	499.03	525.29	525.29
46	545.66	545.66	518.38	518.38	518.38	518.38	545.66	545.66
47	568.58	568.58	540.15	540.15	540.15	540.15	568.58	568.58
48	594.77	594.77	565.03	565.03	565.03	565.03	594.77	594.77
49	620.60	620.60	589.57	589.57	589.57	589.57	620.60	620.60
50	649.70	649.70	617.22	617.22	617.22	617.22	649.70	649.70
51	678.44	678.44	644.52	644.52	644.52	644.52	678.44	678.44
52	710.09	710.09	674.58	674.58	674.58	674.58	710.09	710.09
53	742.10	742.10	705.00	705.00	705.00	705.00	742.10	742.10
54	776.66	776.66	737.83	737.83	737.83	737.83	776.66	776.66
55	811.22	811.22	770.66	770.66	770.66	770.66	811.22	811.22
56	848.69	848.69	806.25	806.25	806.25	806.25	848.69	848.69
57	886.52	886.52	842.19	842.19	842.19	842.19	886.52	886.52
58	926.90	926.90	880.55	880.55	880.55	880.55	926.90	926.90
59	946.91	946.91	899.56	899.56	899.56	899.56	946.91	946.91
60	987.29	987.29	937.92	937.92	937.92	937.92	987.29	987.29
61	1,022.21	1,022.21	971.10	971.10	971.10	971.10	1,022.21	1,022.21
62	1,045.13	1,045.13	992.87	992.87	992.87	992.87	1,045.13	1,045.13
63	1,073.86	1,073.86	1,020.17	1,020.17	1,020.17	1,020.17	1,073.86	1,073.86
64 and Over	1,091.33	1,091.33	1,036.76	1,036.76	1,036.76	1,036.76	1,091.33	1,091.33

**HIOS IDs**      **75729PA0050143**      **75729PA0050151**      **75729PA0050147**      **75729PA0050147**

**Rates Effective: 07/01/2024 to 09/30/2024**