

# 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	415.70	415.70	394.92	394.92	394.92	394.92	415.70	415.70
15	452.65	452.65	430.02	430.02	430.02	430.02	452.65	452.65
16	466.78	466.78	443.44	443.44	443.44	443.44	466.78	466.78
17	480.91	480.91	456.87	456.87	456.87	456.87	480.91	480.91
18	496.13	496.13	471.32	471.32	471.32	471.32	496.13	496.13
19	511.34	511.34	485.77	485.77	485.77	485.77	511.34	511.34
20	527.10	527.10	500.74	500.74	500.74	500.74	527.10	527.10
21	543.41	543.41	516.24	516.24	516.24	516.24	543.41	543.41
22	543.41	543.41	516.24	516.24	516.24	516.24	543.41	543.41
23	543.41	543.41	516.24	516.24	516.24	516.24	543.41	543.41
24	543.41	543.41	516.24	516.24	516.24	516.24	543.41	543.41
25	545.58	545.58	518.30	518.30	518.30	518.30	545.58	545.58
26	556.44	556.44	528.62	528.62	528.62	528.62	556.44	556.44
27	569.49	569.49	541.01	541.01	541.01	541.01	569.49	569.49
28	590.68	590.68	561.14	561.14	561.14	561.14	590.68	590.68
29	608.07	608.07	577.66	577.66	577.66	577.66	608.07	608.07
30	616.76	616.76	585.92	585.92	585.92	585.92	616.76	616.76
31	629.80	629.80	598.31	598.31	598.31	598.31	629.80	629.80
32	642.84	642.84	610.70	610.70	610.70	610.70	642.84	642.84
33	651.00	651.00	618.45	618.45	618.45	618.45	651.00	651.00
34	659.69	659.69	626.71	626.71	626.71	626.71	659.69	659.69
35	664.04	664.04	630.84	630.84	630.84	630.84	664.04	664.04
36	668.38	668.38	634.97	634.97	634.97	634.97	668.38	668.38
37	672.73	672.73	639.10	639.10	639.10	639.10	672.73	672.73
38	677.08	677.08	643.22	643.22	643.22	643.22	677.08	677.08
39	685.77	685.77	651.48	651.48	651.48	651.48	685.77	685.77
40	694.47	694.47	659.74	659.74	659.74	659.74	694.47	694.47
41	707.51	707.51	672.13	672.13	672.13	672.13	707.51	707.51
42	720.01	720.01	684.01	684.01	684.01	684.01	720.01	720.01
43	737.40	737.40	700.53	700.53	700.53	700.53	737.40	737.40
44	759.13	759.13	721.18	721.18	721.18	721.18	759.13	759.13
45	784.67	784.67	745.44	745.44	745.44	745.44	784.67	784.67
46	815.10	815.10	774.35	774.35	774.35	774.35	815.10	815.10
47	849.34	849.34	806.87	806.87	806.87	806.87	849.34	849.34
48	888.46	888.46	844.04	844.04	844.04	844.04	888.46	888.46
49	927.04	927.04	880.69	880.69	880.69	880.69	927.04	927.04
50	970.52	970.52	921.99	921.99	921.99	921.99	970.52	970.52
51	1,013.44	1,013.44	962.77	962.77	962.77	962.77	1,013.44	1,013.44
52	1,060.72	1,060.72	1,007.68	1,007.68	1,007.68	1,007.68	1,060.72	1,060.72
53	1,108.54	1,108.54	1,053.11	1,053.11	1,053.11	1,053.11	1,108.54	1,108.54
54	1,160.16	1,160.16	1,102.16	1,102.16	1,102.16	1,102.16	1,160.16	1,160.16
55	1,211.79	1,211.79	1,151.20	1,151.20	1,151.20	1,151.20	1,211.79	1,211.79
56	1,267.76	1,267.76	1,204.37	1,204.37	1,204.37	1,204.37	1,267.76	1,267.76
57	1,324.27	1,324.27	1,258.06	1,258.06	1,258.06	1,258.06	1,324.27	1,324.27
58	1,384.59	1,384.59	1,315.36	1,315.36	1,315.36	1,315.36	1,384.59	1,384.59
59	1,414.48	1,414.48	1,343.75	1,343.75	1,343.75	1,343.75	1,414.48	1,414.48
60	1,474.79	1,474.79	1,401.05	1,401.05	1,401.05	1,401.05	1,474.79	1,474.79
61	1,526.96	1,526.96	1,450.61	1,450.61	1,450.61	1,450.61	1,526.96	1,526.96
62	1,561.19	1,561.19	1,483.13	1,483.13	1,483.13	1,483.13	1,561.19	1,561.19
63	1,604.12	1,604.12	1,523.92	1,523.92	1,523.92	1,523.92	1,604.12	1,604.12
64 and Over	1,630.21	1,630.21	1,548.70	1,548.70	1,548.70	1,548.70	1,630.21	1,630.21

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

**Rates Effective: 10/01/2024 to 12/31/2024**

# 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	\$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	381.85	381.85	362.76	362.76	362.76	362.76	381.85	381.85
15	415.79	415.79	395.00	395.00	395.00	395.00	415.79	415.79
16	428.77	428.77	407.33	407.33	407.33	407.33	428.77	428.77
17	441.75	441.75	419.66	419.66	419.66	419.66	441.75	441.75
18	455.72	455.72	432.94	432.94	432.94	432.94	455.72	455.72
19	469.70	469.70	446.22	446.22	446.22	446.22	469.70	469.70
20	484.18	484.18	459.97	459.97	459.97	459.97	484.18	484.18
21	499.16	499.16	474.20	474.20	474.20	474.20	499.16	499.16
22	499.16	499.16	474.20	474.20	474.20	474.20	499.16	499.16
23	499.16	499.16	474.20	474.20	474.20	474.20	499.16	499.16
24	499.16	499.16	474.20	474.20	474.20	474.20	499.16	499.16
25	501.15	501.15	476.09	476.09	476.09	476.09	501.15	501.15
26	511.13	511.13	485.57	485.57	485.57	485.57	511.13	511.13
27	523.11	523.11	496.95	496.95	496.95	496.95	523.11	523.11
28	542.58	542.58	515.45	515.45	515.45	515.45	542.58	542.58
29	558.55	558.55	530.62	530.62	530.62	530.62	558.55	558.55
30	566.54	566.54	538.21	538.21	538.21	538.21	566.54	566.54
31	578.52	578.52	549.59	549.59	549.59	549.59	578.52	578.52
32	590.50	590.50	560.97	560.97	560.97	560.97	590.50	590.50
33	597.98	597.98	568.08	568.08	568.08	568.08	597.98	597.98
34	605.97	605.97	575.67	575.67	575.67	575.67	605.97	605.97
35	609.96	609.96	579.46	579.46	579.46	579.46	609.96	609.96
36	613.96	613.96	583.26	583.26	583.26	583.26	613.96	613.96
37	617.95	617.95	587.05	587.05	587.05	587.05	617.95	617.95
38	621.94	621.94	590.85	590.85	590.85	590.85	621.94	621.94
39	629.93	629.93	598.43	598.43	598.43	598.43	629.93	629.93
40	637.91	637.91	606.02	606.02	606.02	606.02	637.91	637.91
41	649.89	649.89	617.40	617.40	617.40	617.40	649.89	649.89
42	661.38	661.38	628.31	628.31	628.31	628.31	661.38	661.38
43	677.35	677.35	643.48	643.48	643.48	643.48	677.35	677.35
44	697.31	697.31	662.45	662.45	662.45	662.45	697.31	697.31
45	720.77	720.77	684.74	684.74	684.74	684.74	720.77	720.77
46	748.73	748.73	711.29	711.29	711.29	711.29	748.73	748.73
47	780.17	780.17	741.16	741.16	741.16	741.16	780.17	780.17
48	816.11	816.11	775.31	775.31	775.31	775.31	816.11	816.11
49	851.55	851.55	808.97	808.97	808.97	808.97	851.55	851.55
50	891.48	891.48	846.91	846.91	846.91	846.91	891.48	891.48
51	930.92	930.92	884.37	884.37	884.37	884.37	930.92	930.92
52	974.34	974.34	925.63	925.63	925.63	925.63	974.34	974.34
53	1,018.27	1,018.27	967.35	967.35	967.35	967.35	1,018.27	1,018.27
54	1,065.69	1,065.69	1,012.40	1,012.40	1,012.40	1,012.40	1,065.69	1,065.69
55	1,113.11	1,113.11	1,057.45	1,057.45	1,057.45	1,057.45	1,113.11	1,113.11
56	1,164.52	1,164.52	1,106.29	1,106.29	1,106.29	1,106.29	1,164.52	1,164.52
57	1,216.43	1,216.43	1,155.61	1,155.61	1,155.61	1,155.61	1,216.43	1,216.43
58	1,271.84	1,271.84	1,208.24	1,208.24	1,208.24	1,208.24	1,271.84	1,271.84
59	1,299.29	1,299.29	1,234.33	1,234.33	1,234.33	1,234.33	1,299.29	1,299.29
60	1,354.70	1,354.70	1,286.96	1,286.96	1,286.96	1,286.96	1,354.70	1,354.70
61	1,402.61	1,402.61	1,332.48	1,332.48	1,332.48	1,332.48	1,402.61	1,402.61
62	1,434.06	1,434.06	1,362.36	1,362.36	1,362.36	1,362.36	1,434.06	1,434.06
63	1,473.49	1,473.49	1,399.82	1,399.82	1,399.82	1,399.82	1,473.49	1,473.49
64 and Over	1,497.45	1,497.45	1,422.58	1,422.58	1,422.58	1,422.58	1,497.45	1,497.45

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

**Rates Effective: 10/01/2024 to 12/31/2024**

# 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	\$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**

	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	359.10	359.10	341.15	341.15	341.15	341.15	359.10	359.10
15	391.02	391.02	371.47	371.47	371.47	371.47	391.02	391.02
16	403.23	403.23	383.06	383.06	383.06	383.06	403.23	403.23
17	415.43	415.43	394.66	394.66	394.66	394.66	415.43	415.43
18	428.57	428.57	407.15	407.15	407.15	407.15	428.57	428.57
19	441.72	441.72	419.63	419.63	419.63	419.63	441.72	441.72
20	455.33	455.33	432.56	432.56	432.56	432.56	455.33	455.33
21	469.42	469.42	445.95	445.95	445.95	445.95	469.42	469.42
22	469.42	469.42	445.95	445.95	445.95	445.95	469.42	469.42
23	469.42	469.42	445.95	445.95	445.95	445.95	469.42	469.42
24	469.42	469.42	445.95	445.95	445.95	445.95	469.42	469.42
25	471.29	471.29	447.73	447.73	447.73	447.73	471.29	471.29
26	480.68	480.68	456.64	456.64	456.64	456.64	480.68	480.68
27	491.94	491.94	467.35	467.35	467.35	467.35	491.94	491.94
28	510.25	510.25	484.74	484.74	484.74	484.74	510.25	510.25
29	525.27	525.27	499.01	499.01	499.01	499.01	525.27	525.27
30	532.78	532.78	506.14	506.14	506.14	506.14	532.78	532.78
31	544.05	544.05	516.85	516.85	516.85	516.85	544.05	544.05
32	555.32	555.32	527.55	527.55	527.55	527.55	555.32	555.32
33	562.36	562.36	534.24	534.24	534.24	534.24	562.36	562.36
34	569.87	569.87	541.37	541.37	541.37	541.37	569.87	569.87
35	573.62	573.62	544.94	544.94	544.94	544.94	573.62	573.62
36	577.38	577.38	548.51	548.51	548.51	548.51	577.38	577.38
37	581.13	581.13	552.08	552.08	552.08	552.08	581.13	581.13
38	584.89	584.89	555.64	555.64	555.64	555.64	584.89	584.89
39	592.40	592.40	562.78	562.78	562.78	562.78	592.40	592.40
40	599.91	599.91	569.91	569.91	569.91	569.91	599.91	599.91
41	611.18	611.18	580.62	580.62	580.62	580.62	611.18	611.18
42	621.97	621.97	590.87	590.87	590.87	590.87	621.97	621.97
43	636.99	636.99	605.14	605.14	605.14	605.14	636.99	636.99
44	655.77	655.77	622.98	622.98	622.98	622.98	655.77	655.77
45	677.83	677.83	643.94	643.94	643.94	643.94	677.83	677.83
46	704.12	704.12	668.91	668.91	668.91	668.91	704.12	704.12
47	733.69	733.69	697.01	697.01	697.01	697.01	733.69	733.69
48	767.49	767.49	729.12	729.12	729.12	729.12	767.49	767.49
49	800.82	800.82	760.78	760.78	760.78	760.78	800.82	800.82
50	838.37	838.37	796.45	796.45	796.45	796.45	838.37	838.37
51	875.46	875.46	831.68	831.68	831.68	831.68	875.46	875.46
52	916.29	916.29	870.48	870.48	870.48	870.48	916.29	916.29
53	957.60	957.60	909.72	909.72	909.72	909.72	957.60	957.60
54	1,002.20	1,002.20	952.09	952.09	952.09	952.09	1,002.20	1,002.20
55	1,046.79	1,046.79	994.45	994.45	994.45	994.45	1,046.79	1,046.79
56	1,095.14	1,095.14	1,040.38	1,040.38	1,040.38	1,040.38	1,095.14	1,095.14
57	1,143.96	1,143.96	1,086.76	1,086.76	1,086.76	1,086.76	1,143.96	1,143.96
58	1,196.06	1,196.06	1,136.26	1,136.26	1,136.26	1,136.26	1,196.06	1,196.06
59	1,221.88	1,221.88	1,160.79	1,160.79	1,160.79	1,160.79	1,221.88	1,221.88
60	1,273.99	1,273.99	1,210.29	1,210.29	1,210.29	1,210.29	1,273.99	1,273.99
61	1,319.05	1,319.05	1,253.10	1,253.10	1,253.10	1,253.10	1,319.05	1,319.05
62	1,348.62	1,348.62	1,281.19	1,281.19	1,281.19	1,281.19	1,348.62	1,348.62
63	1,385.71	1,385.71	1,316.42	1,316.42	1,316.42	1,316.42	1,385.71	1,385.71
64 and Over	1,408.24	1,408.24	1,337.83	1,337.83	1,337.83	1,337.83	1,408.24	1,408.24

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

**Rates Effective: 10/01/2024 to 12/31/2024**

# 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	\$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**

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	335.89	335.89	319.10	319.10	319.10	319.10	335.89	335.89
15	365.75	365.75	347.46	347.46	347.46	347.46	365.75	365.75
16	377.16	377.16	358.31	358.31	358.31	358.31	377.16	377.16
17	388.58	388.58	369.15	369.15	369.15	369.15	388.58	388.58
18	400.87	400.87	380.83	380.83	380.83	380.83	400.87	400.87
19	413.17	413.17	392.51	392.51	392.51	392.51	413.17	413.17
20	425.90	425.90	404.61	404.61	404.61	404.61	425.90	425.90
21	439.08	439.08	417.12	417.12	417.12	417.12	439.08	439.08
22	439.08	439.08	417.12	417.12	417.12	417.12	439.08	439.08
23	439.08	439.08	417.12	417.12	417.12	417.12	439.08	439.08
24	439.08	439.08	417.12	417.12	417.12	417.12	439.08	439.08
25	440.83	440.83	418.79	418.79	418.79	418.79	440.83	440.83
26	449.61	449.61	427.13	427.13	427.13	427.13	449.61	449.61
27	460.15	460.15	437.14	437.14	437.14	437.14	460.15	460.15
28	477.27	477.27	453.41	453.41	453.41	453.41	477.27	477.27
29	491.32	491.32	466.76	466.76	466.76	466.76	491.32	491.32
30	498.35	498.35	473.43	473.43	473.43	473.43	498.35	498.35
31	508.89	508.89	483.44	483.44	483.44	483.44	508.89	508.89
32	519.42	519.42	493.45	493.45	493.45	493.45	519.42	519.42
33	526.01	526.01	499.71	499.71	499.71	499.71	526.01	526.01
34	533.03	533.03	506.38	506.38	506.38	506.38	533.03	533.03
35	536.55	536.55	509.72	509.72	509.72	509.72	536.55	536.55
36	540.06	540.06	513.06	513.06	513.06	513.06	540.06	540.06
37	543.57	543.57	516.39	516.39	516.39	516.39	543.57	543.57
38	547.08	547.08	519.73	519.73	519.73	519.73	547.08	547.08
39	554.11	554.11	526.40	526.40	526.40	526.40	554.11	554.11
40	561.14	561.14	533.08	533.08	533.08	533.08	561.14	561.14
41	571.67	571.67	543.09	543.09	543.09	543.09	571.67	571.67
42	581.77	581.77	552.68	552.68	552.68	552.68	581.77	581.77
43	595.82	595.82	566.03	566.03	566.03	566.03	595.82	595.82
44	613.38	613.38	582.72	582.72	582.72	582.72	613.38	613.38
45	634.02	634.02	602.32	602.32	602.32	602.32	634.02	634.02
46	658.61	658.61	625.68	625.68	625.68	625.68	658.61	658.61
47	686.27	686.27	651.96	651.96	651.96	651.96	686.27	686.27
48	717.88	717.88	681.99	681.99	681.99	681.99	717.88	717.88
49	749.06	749.06	711.61	711.61	711.61	711.61	749.06	749.06
50	784.18	784.18	744.98	744.98	744.98	744.98	784.18	784.18
51	818.87	818.87	777.93	777.93	777.93	777.93	818.87	818.87
52	857.07	857.07	814.22	814.22	814.22	814.22	857.07	857.07
53	895.71	895.71	850.92	850.92	850.92	850.92	895.71	895.71
54	937.42	937.42	890.55	890.55	890.55	890.55	937.42	937.42
55	979.13	979.13	930.18	930.18	930.18	930.18	979.13	979.13
56	1,024.36	1,024.36	973.14	973.14	973.14	973.14	1,024.36	1,024.36
57	1,070.02	1,070.02	1,016.52	1,016.52	1,016.52	1,016.52	1,070.02	1,070.02
58	1,118.76	1,118.76	1,062.82	1,062.82	1,062.82	1,062.82	1,118.76	1,118.76
59	1,142.91	1,142.91	1,085.76	1,085.76	1,085.76	1,085.76	1,142.91	1,142.91
60	1,191.64	1,191.64	1,132.06	1,132.06	1,132.06	1,132.06	1,191.64	1,191.64
61	1,233.80	1,233.80	1,172.11	1,172.11	1,172.11	1,172.11	1,233.80	1,233.80
62	1,261.46	1,261.46	1,198.38	1,198.38	1,198.38	1,198.38	1,261.46	1,261.46
63	1,296.14	1,296.14	1,231.34	1,231.34	1,231.34	1,231.34	1,296.14	1,296.14
64 and Over	1,317.22	1,317.22	1,251.36	1,251.36	1,251.36	1,251.36	1,317.22	1,317.22

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

**Rates Effective: 10/01/2024 to 12/31/2024**



# 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	\$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**

	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	377.73	377.73	358.85	358.85	358.85	358.85	377.73	377.73
15	411.31	411.31	390.74	390.74	390.74	390.74	411.31	411.31
16	424.15	424.15	402.94	402.94	402.94	402.94	424.15	424.15
17	436.99	436.99	415.14	415.14	415.14	415.14	436.99	436.99
18	450.81	450.81	428.27	428.27	428.27	428.27	450.81	450.81
19	464.64	464.64	441.40	441.40	441.40	441.40	464.64	464.64
20	478.96	478.96	455.01	455.01	455.01	455.01	478.96	478.96
21	493.77	493.77	469.09	469.09	469.09	469.09	493.77	493.77
22	493.77	493.77	469.09	469.09	469.09	469.09	493.77	493.77
23	493.77	493.77	469.09	469.09	469.09	469.09	493.77	493.77
24	493.77	493.77	469.09	469.09	469.09	469.09	493.77	493.77
25	495.74	495.74	470.96	470.96	470.96	470.96	495.74	495.74
26	505.62	505.62	480.34	480.34	480.34	480.34	505.62	505.62
27	517.47	517.47	491.60	491.60	491.60	491.60	517.47	517.47
28	536.73	536.73	509.89	509.89	509.89	509.89	536.73	536.73
29	552.53	552.53	524.90	524.90	524.90	524.90	552.53	552.53
30	560.43	560.43	532.41	532.41	532.41	532.41	560.43	560.43
31	572.28	572.28	543.66	543.66	543.66	543.66	572.28	572.28
32	584.13	584.13	554.92	554.92	554.92	554.92	584.13	584.13
33	591.54	591.54	561.96	561.96	561.96	561.96	591.54	591.54
34	599.44	599.44	569.46	569.46	569.46	569.46	599.44	599.44
35	603.39	603.39	573.22	573.22	573.22	573.22	603.39	603.39
36	607.34	607.34	576.97	576.97	576.97	576.97	607.34	607.34
37	611.29	611.29	580.72	580.72	580.72	580.72	611.29	611.29
38	615.24	615.24	584.47	584.47	584.47	584.47	615.24	615.24
39	623.14	623.14	591.98	591.98	591.98	591.98	623.14	623.14
40	631.04	631.04	599.48	599.48	599.48	599.48	631.04	631.04
41	642.89	642.89	610.74	610.74	610.74	610.74	642.89	642.89
42	654.24	654.24	621.53	621.53	621.53	621.53	654.24	654.24
43	670.04	670.04	636.54	636.54	636.54	636.54	670.04	670.04
44	689.80	689.80	655.31	655.31	655.31	655.31	689.80	689.80
45	713.00	713.00	677.35	677.35	677.35	677.35	713.00	713.00
46	740.65	740.65	703.62	703.62	703.62	703.62	740.65	740.65
47	771.76	771.76	733.17	733.17	733.17	733.17	771.76	771.76
48	807.31	807.31	766.95	766.95	766.95	766.95	807.31	807.31
49	842.37	842.37	800.25	800.25	800.25	800.25	842.37	842.37
50	881.87	881.87	837.78	837.78	837.78	837.78	881.87	881.87
51	920.88	920.88	874.84	874.84	874.84	874.84	920.88	920.88
52	963.84	963.84	915.65	915.65	915.65	915.65	963.84	963.84
53	1,007.29	1,007.29	956.92	956.92	956.92	956.92	1,007.29	1,007.29
54	1,054.20	1,054.20	1,001.49	1,001.49	1,001.49	1,001.49	1,054.20	1,054.20
55	1,101.10	1,101.10	1,046.05	1,046.05	1,046.05	1,046.05	1,101.10	1,101.10
56	1,151.96	1,151.96	1,094.36	1,094.36	1,094.36	1,094.36	1,151.96	1,151.96
57	1,203.32	1,203.32	1,143.15	1,143.15	1,143.15	1,143.15	1,203.32	1,203.32
58	1,258.12	1,258.12	1,195.22	1,195.22	1,195.22	1,195.22	1,258.12	1,258.12
59	1,285.28	1,285.28	1,221.02	1,221.02	1,221.02	1,221.02	1,285.28	1,285.28
60	1,340.09	1,340.09	1,273.08	1,273.08	1,273.08	1,273.08	1,340.09	1,340.09
61	1,387.49	1,387.49	1,318.12	1,318.12	1,318.12	1,318.12	1,387.49	1,387.49
62	1,418.60	1,418.60	1,347.67	1,347.67	1,347.67	1,347.67	1,418.60	1,418.60
63	1,457.61	1,457.61	1,384.73	1,384.73	1,384.73	1,384.73	1,457.61	1,457.61
64 and Over	1,481.31	1,481.31	1,407.24	1,407.24	1,407.24	1,407.24	1,481.31	1,481.31

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

**Rates Effective: 10/01/2024 to 12/31/2024**

# 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	\$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	282.93	282.93	268.78	268.78	268.78	268.78	282.93	282.93
15	308.08	308.08	292.67	292.67	292.67	292.67	308.08	308.08
16	317.69	317.69	301.81	301.81	301.81	301.81	317.69	317.69
17	327.31	327.31	310.94	310.94	310.94	310.94	327.31	327.31
18	337.67	337.67	320.78	320.78	320.78	320.78	337.67	337.67
19	348.02	348.02	330.62	330.62	330.62	330.62	348.02	348.02
20	358.75	358.75	340.81	340.81	340.81	340.81	358.75	358.75
21	369.85	369.85	351.35	351.35	351.35	351.35	369.85	369.85
22	369.85	369.85	351.35	351.35	351.35	351.35	369.85	369.85
23	369.85	369.85	351.35	351.35	351.35	351.35	369.85	369.85
24	369.85	369.85	351.35	351.35	351.35	351.35	369.85	369.85
25	371.32	371.32	352.76	352.76	352.76	352.76	371.32	371.32
26	378.72	378.72	359.78	359.78	359.78	359.78	378.72	378.72
27	387.59	387.59	368.21	368.21	368.21	368.21	387.59	387.59
28	402.02	402.02	381.92	381.92	381.92	381.92	402.02	402.02
29	413.85	413.85	393.16	393.16	393.16	393.16	413.85	413.85
30	419.77	419.77	398.78	398.78	398.78	398.78	419.77	419.77
31	428.65	428.65	407.21	407.21	407.21	407.21	428.65	428.65
32	437.52	437.52	415.65	415.65	415.65	415.65	437.52	437.52
33	443.07	443.07	420.92	420.92	420.92	420.92	443.07	443.07
34	448.99	448.99	426.54	426.54	426.54	426.54	448.99	448.99
35	451.95	451.95	429.35	429.35	429.35	429.35	451.95	451.95
36	454.91	454.91	432.16	432.16	432.16	432.16	454.91	454.91
37	457.86	457.86	434.97	434.97	434.97	434.97	457.86	457.86
38	460.82	460.82	437.78	437.78	437.78	437.78	460.82	460.82
39	466.74	466.74	443.40	443.40	443.40	443.40	466.74	466.74
40	472.66	472.66	449.03	449.03	449.03	449.03	472.66	472.66
41	481.53	481.53	457.46	457.46	457.46	457.46	481.53	481.53
42	490.04	490.04	465.54	465.54	465.54	465.54	490.04	490.04
43	501.88	501.88	476.78	476.78	476.78	476.78	501.88	501.88
44	516.67	516.67	490.84	490.84	490.84	490.84	516.67	516.67
45	534.05	534.05	507.35	507.35	507.35	507.35	534.05	534.05
46	554.76	554.76	527.02	527.02	527.02	527.02	554.76	554.76
47	578.06	578.06	549.16	549.16	549.16	549.16	578.06	578.06
48	604.69	604.69	574.46	574.46	574.46	574.46	604.69	604.69
49	630.95	630.95	599.40	599.40	599.40	599.40	630.95	630.95
50	660.54	660.54	627.51	627.51	627.51	627.51	660.54	660.54
51	689.76	689.76	655.27	655.27	655.27	655.27	689.76	689.76
52	721.93	721.93	685.84	685.84	685.84	685.84	721.93	721.93
53	754.48	754.48	716.75	716.75	716.75	716.75	754.48	754.48
54	789.61	789.61	750.13	750.13	750.13	750.13	789.61	789.61
55	824.75	824.75	783.51	783.51	783.51	783.51	824.75	824.75
56	862.84	862.84	819.70	819.70	819.70	819.70	862.84	862.84
57	901.30	901.30	856.24	856.24	856.24	856.24	901.30	901.30
58	942.36	942.36	895.24	895.24	895.24	895.24	942.36	942.36
59	962.70	962.70	914.56	914.56	914.56	914.56	962.70	962.70
60	1,003.75	1,003.75	953.56	953.56	953.56	953.56	1,003.75	1,003.75
61	1,039.26	1,039.26	987.29	987.29	987.29	987.29	1,039.26	1,039.26
62	1,062.56	1,062.56	1,009.43	1,009.43	1,009.43	1,009.43	1,062.56	1,062.56
63	1,091.77	1,091.77	1,037.18	1,037.18	1,037.18	1,037.18	1,091.77	1,091.77
64 and Over	1,109.53	1,109.53	1,054.05	1,054.05	1,054.05	1,054.05	1,109.53	1,109.53
<b>HIOS IDs</b>	<b>75729PA0050143</b>		<b>75729PA0050151</b>		<b>75729PA0050147</b>		<b>75729PA0050147</b>	

**Rates Effective: 10/01/2024 to 12/31/2024**