

# 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

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	402.18	402.18	382.07	382.07	382.07	382.07	402.18	402.18
15	437.92	437.92	416.03	416.03	416.03	416.03	437.92	437.92
16	451.59	451.59	429.01	429.01	429.01	429.01	451.59	451.59
17	465.26	465.26	442.00	442.00	442.00	442.00	465.26	465.26
18	479.98	479.98	455.98	455.98	455.98	455.98	479.98	479.98
19	494.70	494.70	469.97	469.97	469.97	469.97	494.70	494.70
20	509.95	509.95	484.45	484.45	484.45	484.45	509.95	509.95
21	525.72	525.72	499.44	499.44	499.44	499.44	525.72	525.72
22	525.72	525.72	499.44	499.44	499.44	499.44	525.72	525.72
23	525.72	525.72	499.44	499.44	499.44	499.44	525.72	525.72
24	525.72	525.72	499.44	499.44	499.44	499.44	525.72	525.72
25	527.82	527.82	501.43	501.43	501.43	501.43	527.82	527.82
26	538.34	538.34	511.42	511.42	511.42	511.42	538.34	538.34
27	550.95	550.95	523.41	523.41	523.41	523.41	550.95	550.95
28	571.46	571.46	542.88	542.88	542.88	542.88	571.46	571.46
29	588.28	588.28	558.87	558.87	558.87	558.87	588.28	588.28
30	596.69	596.69	566.86	566.86	566.86	566.86	596.69	596.69
31	609.31	609.31	578.84	578.84	578.84	578.84	609.31	609.31
32	621.93	621.93	590.83	590.83	590.83	590.83	621.93	621.93
33	629.81	629.81	598.32	598.32	598.32	598.32	629.81	629.81
34	638.22	638.22	606.31	606.31	606.31	606.31	638.22	638.22
35	642.43	642.43	610.31	610.31	610.31	610.31	642.43	642.43
36	646.63	646.63	614.30	614.30	614.30	614.30	646.63	646.63
37	650.84	650.84	618.30	618.30	618.30	618.30	650.84	650.84
38	655.05	655.05	622.29	622.29	622.29	622.29	655.05	655.05
39	663.46	663.46	630.28	630.28	630.28	630.28	663.46	663.46
40	671.87	671.87	638.28	638.28	638.28	638.28	671.87	671.87
41	684.49	684.49	650.26	650.26	650.26	650.26	684.49	684.49
42	696.58	696.58	661.75	661.75	661.75	661.75	696.58	696.58
43	713.40	713.40	677.73	677.73	677.73	677.73	713.40	713.40
44	734.43	734.43	697.71	697.71	697.71	697.71	734.43	734.43
45	759.14	759.14	721.18	721.18	721.18	721.18	759.14	759.14
46	788.58	788.58	749.15	749.15	749.15	749.15	788.58	788.58
47	821.70	821.70	780.61	780.61	780.61	780.61	821.70	821.70
48	859.55	859.55	816.57	816.57	816.57	816.57	859.55	859.55
49	896.88	896.88	852.03	852.03	852.03	852.03	896.88	896.88
50	938.93	938.93	891.99	891.99	891.99	891.99	938.93	938.93
51	980.47	980.47	931.44	931.44	931.44	931.44	980.47	980.47
52	1,026.20	1,026.20	974.89	974.89	974.89	974.89	1,026.20	1,026.20
53	1,072.47	1,072.47	1,018.84	1,018.84	1,018.84	1,018.84	1,072.47	1,072.47
54	1,122.41	1,122.41	1,066.29	1,066.29	1,066.29	1,066.29	1,122.41	1,122.41
55	1,172.35	1,172.35	1,113.74	1,113.74	1,113.74	1,113.74	1,172.35	1,172.35
56	1,226.50	1,226.50	1,165.18	1,165.18	1,165.18	1,165.18	1,226.50	1,226.50
57	1,281.18	1,281.18	1,217.12	1,217.12	1,217.12	1,217.12	1,281.18	1,281.18
58	1,339.53	1,339.53	1,272.56	1,272.56	1,272.56	1,272.56	1,339.53	1,339.53
59	1,368.45	1,368.45	1,300.02	1,300.02	1,300.02	1,300.02	1,368.45	1,368.45
60	1,426.80	1,426.80	1,355.46	1,355.46	1,355.46	1,355.46	1,426.80	1,426.80
61	1,477.27	1,477.27	1,403.41	1,403.41	1,403.41	1,403.41	1,477.27	1,477.27
62	1,510.39	1,510.39	1,434.87	1,434.87	1,434.87	1,434.87	1,510.39	1,510.39
63	1,551.92	1,551.92	1,474.33	1,474.33	1,474.33	1,474.33	1,551.92	1,551.92
64 and Over	1,577.16	1,577.16	1,498.30	1,498.30	1,498.30	1,498.30	1,577.16	1,577.16

HIOS IDs      75729PA0050140      75729PA0050148      75729PA0050144      75729PA0050144

Rates Effective: 04/01/2024 to 06/30/2024

# 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**

	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	369.42	369.42	350.95	350.95	350.95	350.95	369.42	369.42
15	402.26	402.26	382.15	382.15	382.15	382.15	402.26	402.26
16	414.82	414.82	394.08	394.08	394.08	394.08	414.82	414.82
17	427.37	427.37	406.00	406.00	406.00	406.00	427.37	427.37
18	440.90	440.90	418.85	418.85	418.85	418.85	440.90	440.90
19	454.42	454.42	431.70	431.70	431.70	431.70	454.42	454.42
20	468.42	468.42	445.00	445.00	445.00	445.00	468.42	468.42
21	482.91	482.91	458.77	458.77	458.77	458.77	482.91	482.91
22	482.91	482.91	458.77	458.77	458.77	458.77	482.91	482.91
23	482.91	482.91	458.77	458.77	458.77	458.77	482.91	482.91
24	482.91	482.91	458.77	458.77	458.77	458.77	482.91	482.91
25	484.84	484.84	460.60	460.60	460.60	460.60	484.84	484.84
26	494.50	494.50	469.77	469.77	469.77	469.77	494.50	494.50
27	506.09	506.09	480.78	480.78	480.78	480.78	506.09	506.09
28	524.92	524.92	498.67	498.67	498.67	498.67	524.92	524.92
29	540.37	540.37	513.36	513.36	513.36	513.36	540.37	540.37
30	548.10	548.10	520.70	520.70	520.70	520.70	548.10	548.10
31	559.69	559.69	531.71	531.71	531.71	531.71	559.69	559.69
32	571.28	571.28	542.72	542.72	542.72	542.72	571.28	571.28
33	578.52	578.52	549.60	549.60	549.60	549.60	578.52	578.52
34	586.25	586.25	556.94	556.94	556.94	556.94	586.25	586.25
35	590.11	590.11	560.61	560.61	560.61	560.61	590.11	590.11
36	593.98	593.98	564.28	564.28	564.28	564.28	593.98	593.98
37	597.84	597.84	567.95	567.95	567.95	567.95	597.84	597.84
38	601.70	601.70	571.62	571.62	571.62	571.62	601.70	601.70
39	609.43	609.43	578.96	578.96	578.96	578.96	609.43	609.43
40	617.16	617.16	586.30	586.30	586.30	586.30	617.16	617.16
41	628.75	628.75	597.31	597.31	597.31	597.31	628.75	628.75
42	639.85	639.85	607.86	607.86	607.86	607.86	639.85	639.85
43	655.31	655.31	622.54	622.54	622.54	622.54	655.31	655.31
44	674.62	674.62	640.89	640.89	640.89	640.89	674.62	674.62
45	697.32	697.32	662.45	662.45	662.45	662.45	697.32	697.32
46	724.36	724.36	688.14	688.14	688.14	688.14	724.36	724.36
47	754.79	754.79	717.05	717.05	717.05	717.05	754.79	754.79
48	789.55	789.55	750.08	750.08	750.08	750.08	789.55	789.55
49	823.84	823.84	782.65	782.65	782.65	782.65	823.84	823.84
50	862.47	862.47	819.35	819.35	819.35	819.35	862.47	862.47
51	900.62	900.62	855.59	855.59	855.59	855.59	900.62	900.62
52	942.64	942.64	895.50	895.50	895.50	895.50	942.64	942.64
53	985.13	985.13	935.88	935.88	935.88	935.88	985.13	985.13
54	1,031.01	1,031.01	979.46	979.46	979.46	979.46	1,031.01	1,031.01
55	1,076.88	1,076.88	1,023.04	1,023.04	1,023.04	1,023.04	1,076.88	1,076.88
56	1,126.62	1,126.62	1,070.29	1,070.29	1,070.29	1,070.29	1,126.62	1,126.62
57	1,176.85	1,176.85	1,118.00	1,118.00	1,118.00	1,118.00	1,176.85	1,176.85
58	1,230.45	1,230.45	1,168.93	1,168.93	1,168.93	1,168.93	1,230.45	1,230.45
59	1,257.01	1,257.01	1,194.16	1,194.16	1,194.16	1,194.16	1,257.01	1,257.01
60	1,310.61	1,310.61	1,245.08	1,245.08	1,245.08	1,245.08	1,310.61	1,310.61
61	1,356.97	1,356.97	1,289.12	1,289.12	1,289.12	1,289.12	1,356.97	1,356.97
62	1,387.39	1,387.39	1,318.02	1,318.02	1,318.02	1,318.02	1,387.39	1,387.39
63	1,425.54	1,425.54	1,354.27	1,354.27	1,354.27	1,354.27	1,425.54	1,425.54
64 and Over	1,448.72	1,448.72	1,376.29	1,376.29	1,376.29	1,376.29	1,448.72	1,448.72

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

**Rates Effective: 04/01/2024 to 06/30/2024**

# 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	347.41	347.41	330.04	330.04	330.04	330.04	347.41	347.41
15	378.30	378.30	359.38	359.38	359.38	359.38	378.30	378.30
16	390.10	390.10	370.60	370.60	370.60	370.60	390.10	390.10
17	401.91	401.91	381.82	381.82	381.82	381.82	401.91	401.91
18	414.63	414.63	393.90	393.90	393.90	393.90	414.63	414.63
19	427.34	427.34	405.98	405.98	405.98	405.98	427.34	427.34
20	440.51	440.51	418.49	418.49	418.49	418.49	440.51	440.51
21	454.14	454.14	431.44	431.44	431.44	431.44	454.14	454.14
22	454.14	454.14	431.44	431.44	431.44	431.44	454.14	454.14
23	454.14	454.14	431.44	431.44	431.44	431.44	454.14	454.14
24	454.14	454.14	431.44	431.44	431.44	431.44	454.14	454.14
25	455.95	455.95	433.16	433.16	433.16	433.16	455.95	455.95
26	465.04	465.04	441.78	441.78	441.78	441.78	465.04	465.04
27	475.94	475.94	452.14	452.14	452.14	452.14	475.94	475.94
28	493.65	493.65	468.96	468.96	468.96	468.96	493.65	493.65
29	508.18	508.18	482.77	482.77	482.77	482.77	508.18	508.18
30	515.45	515.45	489.67	489.67	489.67	489.67	515.45	515.45
31	526.34	526.34	500.03	500.03	500.03	500.03	526.34	526.34
32	537.24	537.24	510.38	510.38	510.38	510.38	537.24	537.24
33	544.06	544.06	516.85	516.85	516.85	516.85	544.06	544.06
34	551.32	551.32	523.76	523.76	523.76	523.76	551.32	551.32
35	554.96	554.96	527.21	527.21	527.21	527.21	554.96	554.96
36	558.59	558.59	530.66	530.66	530.66	530.66	558.59	558.59
37	562.22	562.22	534.11	534.11	534.11	534.11	562.22	562.22
38	565.85	565.85	537.56	537.56	537.56	537.56	565.85	565.85
39	573.12	573.12	544.46	544.46	544.46	544.46	573.12	573.12
40	580.39	580.39	551.37	551.37	551.37	551.37	580.39	580.39
41	591.29	591.29	561.72	561.72	561.72	561.72	591.29	591.29
42	601.73	601.73	571.64	571.64	571.64	571.64	601.73	601.73
43	616.26	616.26	585.45	585.45	585.45	585.45	616.26	616.26
44	634.43	634.43	602.71	602.71	602.71	602.71	634.43	634.43
45	655.77	655.77	622.99	622.99	622.99	622.99	655.77	655.77
46	681.21	681.21	647.15	647.15	647.15	647.15	681.21	681.21
47	709.82	709.82	674.33	674.33	674.33	674.33	709.82	709.82
48	742.51	742.51	705.39	705.39	705.39	705.39	742.51	742.51
49	774.76	774.76	736.02	736.02	736.02	736.02	774.76	774.76
50	811.09	811.09	770.53	770.53	770.53	770.53	811.09	811.09
51	846.97	846.97	804.62	804.62	804.62	804.62	846.97	846.97
52	886.48	886.48	842.15	842.15	842.15	842.15	886.48	886.48
53	926.44	926.44	880.12	880.12	880.12	880.12	926.44	926.44
54	969.58	969.58	921.10	921.10	921.10	921.10	969.58	969.58
55	1,012.73	1,012.73	962.09	962.09	962.09	962.09	1,012.73	1,012.73
56	1,059.50	1,059.50	1,006.53	1,006.53	1,006.53	1,006.53	1,059.50	1,059.50
57	1,106.73	1,106.73	1,051.40	1,051.40	1,051.40	1,051.40	1,106.73	1,106.73
58	1,157.14	1,157.14	1,099.28	1,099.28	1,099.28	1,099.28	1,157.14	1,157.14
59	1,182.12	1,182.12	1,123.01	1,123.01	1,123.01	1,123.01	1,182.12	1,182.12
60	1,232.53	1,232.53	1,170.90	1,170.90	1,170.90	1,170.90	1,232.53	1,232.53
61	1,276.12	1,276.12	1,212.32	1,212.32	1,212.32	1,212.32	1,276.12	1,276.12
62	1,304.74	1,304.74	1,239.50	1,239.50	1,239.50	1,239.50	1,304.74	1,304.74
63	1,340.61	1,340.61	1,273.58	1,273.58	1,273.58	1,273.58	1,340.61	1,340.61
64 and Over	1,362.41	1,362.41	1,294.29	1,294.29	1,294.29	1,294.29	1,362.41	1,362.41

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

**Rates Effective: 04/01/2024 to 06/30/2024**

# 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**

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	324.96	324.96	308.71	308.71	308.71	308.71	324.96	324.96
15	353.85	353.85	336.15	336.15	336.15	336.15	353.85	353.85
16	364.89	364.89	346.64	346.64	346.64	346.64	364.89	364.89
17	375.93	375.93	357.14	357.14	357.14	357.14	375.93	375.93
18	387.83	387.83	368.44	368.44	368.44	368.44	387.83	387.83
19	399.72	399.72	379.74	379.74	379.74	379.74	399.72	399.72
20	412.04	412.04	391.44	391.44	391.44	391.44	412.04	412.04
21	424.79	424.79	403.55	403.55	403.55	403.55	424.79	424.79
22	424.79	424.79	403.55	403.55	403.55	403.55	424.79	424.79
23	424.79	424.79	403.55	403.55	403.55	403.55	424.79	424.79
24	424.79	424.79	403.55	403.55	403.55	403.55	424.79	424.79
25	426.48	426.48	405.16	405.16	405.16	405.16	426.48	426.48
26	434.98	434.98	413.23	413.23	413.23	413.23	434.98	434.98
27	445.17	445.17	422.91	422.91	422.91	422.91	445.17	445.17
28	461.74	461.74	438.65	438.65	438.65	438.65	461.74	461.74
29	475.33	475.33	451.57	451.57	451.57	451.57	475.33	475.33
30	482.13	482.13	458.02	458.02	458.02	458.02	482.13	482.13
31	492.32	492.32	467.71	467.71	467.71	467.71	492.32	492.32
32	502.52	502.52	477.39	477.39	477.39	477.39	502.52	502.52
33	508.89	508.89	483.45	483.45	483.45	483.45	508.89	508.89
34	515.69	515.69	489.90	489.90	489.90	489.90	515.69	515.69
35	519.09	519.09	493.13	493.13	493.13	493.13	519.09	519.09
36	522.48	522.48	496.36	496.36	496.36	496.36	522.48	522.48
37	525.88	525.88	499.59	499.59	499.59	499.59	525.88	525.88
38	529.28	529.28	502.82	502.82	502.82	502.82	529.28	529.28
39	536.08	536.08	509.27	509.27	509.27	509.27	536.08	536.08
40	542.87	542.87	515.73	515.73	515.73	515.73	542.87	542.87
41	553.07	553.07	525.42	525.42	525.42	525.42	553.07	553.07
42	562.84	562.84	534.70	534.70	534.70	534.70	562.84	562.84
43	576.43	576.43	547.61	547.61	547.61	547.61	576.43	576.43
44	593.42	593.42	563.75	563.75	563.75	563.75	593.42	593.42
45	613.39	613.39	582.72	582.72	582.72	582.72	613.39	613.39
46	637.18	637.18	605.32	605.32	605.32	605.32	637.18	637.18
47	663.94	663.94	630.74	630.74	630.74	630.74	663.94	663.94
48	694.52	694.52	659.80	659.80	659.80	659.80	694.52	694.52
49	724.68	724.68	688.45	688.45	688.45	688.45	724.68	724.68
50	758.66	758.66	720.73	720.73	720.73	720.73	758.66	758.66
51	792.22	792.22	752.61	752.61	752.61	752.61	792.22	792.22
52	829.18	829.18	787.72	787.72	787.72	787.72	829.18	829.18
53	866.56	866.56	823.23	823.23	823.23	823.23	866.56	866.56
54	906.91	906.91	861.57	861.57	861.57	861.57	906.91	906.91
55	947.27	947.27	899.90	899.90	899.90	899.90	947.27	947.27
56	991.02	991.02	941.47	941.47	941.47	941.47	991.02	991.02
57	1,035.20	1,035.20	983.44	983.44	983.44	983.44	1,035.20	1,035.20
58	1,082.35	1,082.35	1,028.23	1,028.23	1,028.23	1,028.23	1,082.35	1,082.35
59	1,105.71	1,105.71	1,050.43	1,050.43	1,050.43	1,050.43	1,105.71	1,105.71
60	1,152.86	1,152.86	1,095.22	1,095.22	1,095.22	1,095.22	1,152.86	1,152.86
61	1,193.64	1,193.64	1,133.96	1,133.96	1,133.96	1,133.96	1,193.64	1,193.64
62	1,220.40	1,220.40	1,159.38	1,159.38	1,159.38	1,159.38	1,220.40	1,220.40
63	1,253.96	1,253.96	1,191.26	1,191.26	1,191.26	1,191.26	1,253.96	1,253.96
64 and Over	1,274.35	1,274.35	1,210.63	1,210.63	1,210.63	1,210.63	1,274.35	1,274.35

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

**Rates Effective: 04/01/2024 to 06/30/2024**



# 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	365.44	365.44	347.17	347.17	347.17	347.17	365.44	365.44
15	397.92	397.92	378.03	378.03	378.03	378.03	397.92	397.92
16	410.34	410.34	389.83	389.83	389.83	389.83	410.34	410.34
17	422.76	422.76	401.63	401.63	401.63	401.63	422.76	422.76
18	436.14	436.14	414.33	414.33	414.33	414.33	436.14	436.14
19	449.52	449.52	427.04	427.04	427.04	427.04	449.52	449.52
20	463.37	463.37	440.20	440.20	440.20	440.20	463.37	463.37
21	477.70	477.70	453.82	453.82	453.82	453.82	477.70	477.70
22	477.70	477.70	453.82	453.82	453.82	453.82	477.70	477.70
23	477.70	477.70	453.82	453.82	453.82	453.82	477.70	477.70
24	477.70	477.70	453.82	453.82	453.82	453.82	477.70	477.70
25	479.61	479.61	455.63	455.63	455.63	455.63	479.61	479.61
26	489.16	489.16	464.71	464.71	464.71	464.71	489.16	489.16
27	500.63	500.63	475.60	475.60	475.60	475.60	500.63	500.63
28	519.26	519.26	493.30	493.30	493.30	493.30	519.26	519.26
29	534.55	534.55	507.82	507.82	507.82	507.82	534.55	534.55
30	542.19	542.19	515.08	515.08	515.08	515.08	542.19	542.19
31	553.65	553.65	525.97	525.97	525.97	525.97	553.65	553.65
32	565.12	565.12	536.86	536.86	536.86	536.86	565.12	565.12
33	572.28	572.28	543.67	543.67	543.67	543.67	572.28	572.28
34	579.93	579.93	550.93	550.93	550.93	550.93	579.93	579.93
35	583.75	583.75	554.56	554.56	554.56	554.56	583.75	583.75
36	587.57	587.57	558.19	558.19	558.19	558.19	587.57	587.57
37	591.39	591.39	561.82	561.82	561.82	561.82	591.39	591.39
38	595.21	595.21	565.45	565.45	565.45	565.45	595.21	595.21
39	602.86	602.86	572.71	572.71	572.71	572.71	602.86	602.86
40	610.50	610.50	579.98	579.98	579.98	579.98	610.50	610.50
41	621.97	621.97	590.87	590.87	590.87	590.87	621.97	621.97
42	632.95	632.95	601.30	601.30	601.30	601.30	632.95	632.95
43	648.24	648.24	615.83	615.83	615.83	615.83	648.24	648.24
44	667.35	667.35	633.98	633.98	633.98	633.98	667.35	667.35
45	689.80	689.80	655.31	655.31	655.31	655.31	689.80	689.80
46	716.55	716.55	680.72	680.72	680.72	680.72	716.55	716.55
47	746.65	746.65	709.31	709.31	709.31	709.31	746.65	746.65
48	781.04	781.04	741.99	741.99	741.99	741.99	781.04	781.04
49	814.96	814.96	774.21	774.21	774.21	774.21	814.96	814.96
50	853.17	853.17	810.51	810.51	810.51	810.51	853.17	853.17
51	890.91	890.91	846.36	846.36	846.36	846.36	890.91	890.91
52	932.47	932.47	885.85	885.85	885.85	885.85	932.47	932.47
53	974.51	974.51	925.78	925.78	925.78	925.78	974.51	974.51
54	1,019.89	1,019.89	968.90	968.90	968.90	968.90	1,019.89	1,019.89
55	1,065.27	1,065.27	1,012.01	1,012.01	1,012.01	1,012.01	1,065.27	1,065.27
56	1,114.47	1,114.47	1,058.75	1,058.75	1,058.75	1,058.75	1,114.47	1,114.47
57	1,164.15	1,164.15	1,105.95	1,105.95	1,105.95	1,105.95	1,164.15	1,164.15
58	1,217.18	1,217.18	1,156.32	1,156.32	1,156.32	1,156.32	1,217.18	1,217.18
59	1,243.45	1,243.45	1,181.28	1,181.28	1,181.28	1,181.28	1,243.45	1,243.45
60	1,296.48	1,296.48	1,231.65	1,231.65	1,231.65	1,231.65	1,296.48	1,296.48
61	1,342.34	1,342.34	1,275.22	1,275.22	1,275.22	1,275.22	1,342.34	1,342.34
62	1,372.43	1,372.43	1,303.81	1,303.81	1,303.81	1,303.81	1,372.43	1,372.43
63	1,410.17	1,410.17	1,339.66	1,339.66	1,339.66	1,339.66	1,410.17	1,410.17
64 and Over	1,433.10	1,433.10	1,361.45	1,361.45	1,361.45	1,361.45	1,433.10	1,433.10

HIOS IDs      75729PA0050153      75729PA0050157      75729PA0050155      75729PA0050155

Rates Effective: 04/01/2024 to 06/30/2024

# 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

	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	273.72	273.72	260.04	260.04	260.04	260.04	273.72	273.72
15	298.05	298.05	283.15	283.15	283.15	283.15	298.05	298.05
16	307.36	307.36	291.99	291.99	291.99	291.99	307.36	307.36
17	316.66	316.66	300.83	300.83	300.83	300.83	316.66	316.66
18	326.68	326.68	310.34	310.34	310.34	310.34	326.68	326.68
19	336.70	336.70	319.86	319.86	319.86	319.86	336.70	336.70
20	347.07	347.07	329.72	329.72	329.72	329.72	347.07	347.07
21	357.81	357.81	339.92	339.92	339.92	339.92	357.81	357.81
22	357.81	357.81	339.92	339.92	339.92	339.92	357.81	357.81
23	357.81	357.81	339.92	339.92	339.92	339.92	357.81	357.81
24	357.81	357.81	339.92	339.92	339.92	339.92	357.81	357.81
25	359.24	359.24	341.28	341.28	341.28	341.28	359.24	359.24
26	366.39	366.39	348.07	348.07	348.07	348.07	366.39	366.39
27	374.98	374.98	356.23	356.23	356.23	356.23	374.98	374.98
28	388.94	388.94	369.49	369.49	369.49	369.49	388.94	388.94
29	400.39	400.39	380.37	380.37	380.37	380.37	400.39	400.39
30	406.11	406.11	385.81	385.81	385.81	385.81	406.11	406.11
31	414.70	414.70	393.96	393.96	393.96	393.96	414.70	414.70
32	423.29	423.29	402.12	402.12	402.12	402.12	423.29	423.29
33	428.65	428.65	407.22	407.22	407.22	407.22	428.65	428.65
34	434.38	434.38	412.66	412.66	412.66	412.66	434.38	434.38
35	437.24	437.24	415.38	415.38	415.38	415.38	437.24	437.24
36	440.10	440.10	418.10	418.10	418.10	418.10	440.10	440.10
37	442.97	442.97	420.82	420.82	420.82	420.82	442.97	442.97
38	445.83	445.83	423.54	423.54	423.54	423.54	445.83	445.83
39	451.55	451.55	428.97	428.97	428.97	428.97	451.55	451.55
40	457.28	457.28	434.41	434.41	434.41	434.41	457.28	457.28
41	465.86	465.86	442.57	442.57	442.57	442.57	465.86	465.86
42	474.09	474.09	450.39	450.39	450.39	450.39	474.09	474.09
43	485.54	485.54	461.27	461.27	461.27	461.27	485.54	485.54
44	499.86	499.86	474.86	474.86	474.86	474.86	499.86	499.86
45	516.67	516.67	490.84	490.84	490.84	490.84	516.67	516.67
46	536.71	536.71	509.87	509.87	509.87	509.87	536.71	536.71
47	559.25	559.25	531.29	531.29	531.29	531.29	559.25	559.25
48	585.01	585.01	555.76	555.76	555.76	555.76	585.01	585.01
49	610.42	610.42	579.90	579.90	579.90	579.90	610.42	610.42
50	639.04	639.04	607.09	607.09	607.09	607.09	639.04	639.04
51	667.31	667.31	633.94	633.94	633.94	633.94	667.31	667.31
52	698.44	698.44	663.52	663.52	663.52	663.52	698.44	698.44
53	729.93	729.93	693.43	693.43	693.43	693.43	729.93	729.93
54	763.92	763.92	725.72	725.72	725.72	725.72	763.92	763.92
55	797.91	797.91	758.01	758.01	758.01	758.01	797.91	797.91
56	834.76	834.76	793.03	793.03	793.03	793.03	834.76	834.76
57	871.98	871.98	828.38	828.38	828.38	828.38	871.98	871.98
58	911.69	911.69	866.11	866.11	866.11	866.11	911.69	911.69
59	931.37	931.37	884.80	884.80	884.80	884.80	931.37	931.37
60	971.09	971.09	922.53	922.53	922.53	922.53	971.09	971.09
61	1,005.44	1,005.44	955.17	955.17	955.17	955.17	1,005.44	1,005.44
62	1,027.98	1,027.98	976.58	976.58	976.58	976.58	1,027.98	1,027.98
63	1,056.25	1,056.25	1,003.43	1,003.43	1,003.43	1,003.43	1,056.25	1,056.25
64 and Over	1,073.42	1,073.42	1,019.75	1,019.75	1,019.75	1,019.75	1,073.42	1,073.42

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

**Rates Effective: 04/01/2024 to 06/30/2024**