SERFF Tracking #:
 GSHP-129559890
 State Tracking #:
 GSHP-129559890
 Company Tracking #:
 0250-082014

State: Pennsylvania Filing Company: Geisinger Health Plan

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO

Project Name/Number: Group HMO Base Rate Filing-eff Aug2014-Small Grp/0250-082014

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Group HMO Rate Filing-for Groups with fewer than 51 Employees-Rate Exhibits-PDF!		New		Group HMO Filing- under 51 Employees- eff Aug 2014 thru Dec 2014-Rate exhibits-for PID!.pdf,

Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F

FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

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STANDARD BENI	EFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS	8/1/14	\$0 PHYSICIAN OFFICE VISIT & PT/OT/ST COPAYS 10/1/14
	RGENCY ROOM VISIT - COPAYMENT \$50.00 PATIENT PSYCHIATRY - COPAYMENT \$25.00	THROUGH 9/30/14	THROUGH 12/31/14
	CAPITATION	\$435.20	\$445.51
2 TIER			
SINGLE FAMILY		\$486.20 \$1,215.50	\$497.72 \$1,244.30
3 TIER			
SINGLE TWO-PARTY FAMILY		\$486.20 \$972.40 \$1,437.35	\$995.44
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$486.20 \$1,166.88 \$680.68 \$1,369.87	
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(FAMILY	RN)	\$486.20 \$1,166.88 \$774.81 \$1,417.66	\$1,194.53 \$793.17
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDR FAMILY	N	\$486.20 \$1,166.88 \$680.68 \$972.40 \$1,417.66	\$497.72 \$1,194.53 \$696.81 \$995.44 \$1,451.25

5/22/2014

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGENCY	AN INCLUDES THE FOLLOWING COPAYMENTS. YROOM VISIT - COPAYMENT \$50.00 PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH <u>9/30/14</u>	\$5 PHYSICIAN OFFICE VISIT & PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$430.62	\$440.83
2 TIER			
SINGLE FAMILY		\$481.09 \$1,202.73	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$481.09 \$962.18 \$1,422.25	
4 TIER S	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$481.09 \$1,154.62 \$673.53 \$1,355.47	\$1,182.00 \$689.50
4 TIER F	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$481.09 \$1,154.62 \$766.67 \$1,402.76	\$1,182.00 \$784.85
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$481.09 \$1,154.62 \$673.53 \$962.18 \$1,402.76	\$492.50 \$1,182.00 \$689.50 \$985.00 \$1,436.03

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

STANDAR	D BENEFIT PLAN INCLUDES T	THE FOLLOWING COPAYMENTS.	8/1/14	\$10 PHYSICIAN OFFICE VISIT & PT/OT/ST COPAYS
	*EMERGENCY ROOM VISIT *OUTPATIENT PSYCHIATRY		THROUGH 9/30/14	THROUGH 12/31/14
		CAPITATION	\$427.22	\$437.35
2 TIER				
SINGLE FAMILY			\$477.29 \$1,193.23	
3 TIER				
SINGLE TWO-PART FAMILY	ΥΥ		\$477.29 \$954.58 \$1,411.01	\$977.22
4 TIER	STANDARD			
SINGLE HUSBAND PARENT-C FAMILY			\$477.29 \$1,145.50 \$668.21 \$1,344.76	\$1,172.66 \$684.05
4 TIER	BY EMPLOYER	REQUEST ONLY		
SINGLE HUSBAND PARENT-C FAMILY			\$477.29 \$1,145.50 \$760.61 \$1,391.68	\$1,172.66 \$778.65
5 TIER				
SINGLE HUSBAND PARENT-C PARENT-C FAMILY	HILD		\$477.29 \$1,145.50 \$668.21 \$954.58 \$1,391.68	\$1,172.66 \$684.05 \$977.22

5/22/2014

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERO	PIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. GENCY ROOM VISIT - COPAYMENT \$50.00 ATIENT PSYCHIATRY - COPAYMENT \$25.00 CAPITATION	8/1/14 THROUGH <u>9/30/14</u> \$426.24	\$10 PCP/\$15 SPEC, OFFICE VISIT & \$15 PT/OT/\$T COPAYS 10/1/14 THROUGH 12/31/14 \$436.34
2 TIER			
SINGLE FAMILY		\$476.19 \$1,190.48	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$476.19 \$952.38 \$1,407.76	\$974.96
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$476.19 \$1,142.86 \$666.67 \$1,341.67	\$1,169.95 \$682.47
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RI FAMILY	N)	\$476.19 \$1,142.86 \$758.86 \$1,388.47	\$1,169.95 \$776.85
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$476.19 \$1,142.86 \$666.67 \$952.38 \$1,388.47	\$1,169.95 \$682.47 \$974.96

CONTRACT # M150-013-F FACE SHEET # M150-071-F

	*EMERGENCY ROOM VISIT - COPAYMENT \$50.00 *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00 CAPITATION	8/1/14 THROUGH 9/30/14 \$425.11	\$10 PCP/\$20 \$20 PT/OT/ST 10/1/14 THROUGH 12/31/14 \$435.19	SPEC. OFFICE VISIT COPAYS
2 TIER				
SINGLE FAMILY		\$474.93 \$1,187.33		
3 TIER				
SINGLE TWO-PART FAMILY	Y	\$474.93 \$949.86 \$1,404.04	\$972.38	
4 TIER	STANDARD			
SINGLE HUSBAND- PARENT-CH FAMILY		\$474.93 \$1,139.83 \$664.90 \$1,338.12	\$1,166.86 \$680.67	
4 TIER	BY EMPLOYER REQUEST ONLY			
SINGLE HUSBAND- PARENT-CH FAMILY		\$474.93 \$1,139.83 \$756.85 \$1,384.80	\$1,166.86 \$774.79	
5 TIER				
SINGLE HUSBAND- PARENT-CI PARENT-CI FAMILY	HILD	\$474.93 \$1,139.83 \$664.90 \$949.86 \$1,384.80		

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGEN	PLAN INCLUDES THE FOLLOWING COPAYMENTS. CY ROOM VISIT - COPAYMENT \$50.00 INT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH <u>9/30/14</u>	\$10 PCP/\$25 SPEC. OFFICE VISIT \$25 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$424.31	\$434.37
2 TIER			
SINGLE FAMILY		\$474.04 \$1,185.10	\$485.28 \$1,213.20
3 TIER			
SINGLE TWO-PARTY FAMILY		\$474.04 \$948.08 \$1,401.40	
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$474.04 \$1,137.70 \$663.66 \$1,335.61	\$1,164.67
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$474.04 \$1,137.70 \$755.43 \$1,382.21	\$1,164.67
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$474.04 \$1,137.70 \$663.66 \$948.08 \$1,382.21	\$485.28 \$1,164.67 \$679.39 \$970.56 \$1,414.98

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing

Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGEN	LAN INCLUDES THE FOLLOWING COPAYMENTS. CY ROOM VISIT - COPAYMENT \$50.00 NT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH <u>9/30/14</u>	\$10 PCP/\$30 SPEC. OFFICE VISIT & \$30 PT/OT/ST COPAYS $\begin{array}{c} 10/1/14\\ \text{THROUGH}\\ 12/31/14 \end{array}$
	CAPITATION	\$423.54	\$433.58
2 TIER			
SINGLE FAMILY		\$473.18 \$1,182.95	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$473.18 \$946.36 \$1,398.86	\$968.80
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$473.18 \$1,135.63 \$662.45 \$1,333.18	\$1,162.56 \$678.16
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$473.18 \$1,135.63 \$754.06 \$1,379.70	\$1,162.56 \$771.94
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$473.18 \$1,135.63 \$662.45 \$946.36 \$1,379.70	\$1,162.56 \$678.16 \$968.80

CONTRACT # M150-013-F FACE SHEET # M150-071-F

STANDARI	*EMERGENCY ROOM VISIT - COPAYMENT \$50.00	8/1/14 HROUGH 9/30/14	\$10 PCP/\$35 SPEC. OFFICE VISIT & \$35 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$422.78	\$432.81
2 TIER			
SINGLE		\$472.33	\$483.54
FAMILY		\$1,180.83	\$1,208.85
3 TIER			
SINGLE		\$472.33	
TWO-PART FAMILY	TY	\$944.66 \$1,396.35	
4 TIER	STANDARD		
SINGLE		\$472.33	
HUSBAND PARENT-C		\$1,133.59 \$661.26	
FAMILY	ATTENDED TO THE PROPERTY OF TH	\$1,330.79	
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$472.33	\$483.54
HUSBAND		\$1,133.59	
PARENT-C FAMILY	HILD/(RN)	\$752.71 \$1,377.22	
5 TIER			
SINGLE		\$472.33	\$483.54
HUSBAND		\$1,133.59	
PARENT-C PARENT-C		\$661.26 \$944.66	
FAMILY	ALLDOM:	\$1,377.22	\$1,409.91

CONTRACT # M150-013-F FACE SHEET # M150-071-F

STANDARI	BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. *EMERGENCY ROOM VISIT - COPAYMENT \$50.00	8/1/14 THROUGH	\$10 PCP/\$40 SPEC. OFFICE VISIT \$40 PT/OT/ST COPAYS 10/1/14 THROUGH
	*OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	9/30/14	12/31/14
	CAPITATION	\$421.91	\$431.91
2 TIER			
SINGLE		\$471.35	\$482.53
FAMILY		\$1,178.38	
3 TIER			
SINGLE		\$471.35	\$482.53
TWO-PART	v	\$942.70	
FAMILY	•	\$1,393.45	
4 TIER	STANDARD		
SINGLE		\$471.35	\$482.53
HUSBAND	WIFE	\$1,131.24	
PARENT-C		\$659.89	
FAMILY		\$1,328.03	
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$471.35	\$482.53
HUSBAND	WIFE	\$1,131.24	
PARENT-C		\$751.14	
FAMILY		\$1,374.36	\$1,406.96
5 TIER			
SINGLE		\$471.35	\$482.53
HUSBAND	WIFE	\$1,131.24	
PARENT-C		\$659.89	
PARENT-C	HILDRN	\$942.70	\$965.06
FAMILY		\$1,374.36	\$1,406.96

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing

Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

STANDARI	D BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$10 PCP/\$45 SPEC. OFFICE VISIT \$45 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$421.07	\$431.06
2 TIER			
SINGLE		\$470.42	\$481.58
FAMILY		\$1,176.05	\$1,203.95
3 TIER			
SINGLE		\$470.42	\$481.58
TWO-PART	Y	\$940.84	\$963.16
FAMILY		\$1,390.70	\$1,423.69
4 TIER	STANDARD		
SINGLE		\$470.42	\$481.58
HUSBAND-	WIFE	\$1,129.01	
PARENT-C	HILD	\$658.59	\$674.21
FAMILY		\$1,325.41	\$1,356.85
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$470.42	\$481.58
HUSBAND-	WIFE	\$1,129.01	
PARENT-C	HILD/(RN)	\$749.66	\$767.45
FAMILY		\$1,371.65	\$1,404.19
5 TIER			
SINGLE		\$470.42	\$481.58
HUSBAND-	WIFE	\$1,129.01	\$1,155.79
PARENT-C	HILD	\$658.59	
PARENT-C	HILDRN	\$940.84	\$963.16
FAMILY		\$1,371.65	\$1,404.19

5/22/2014

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGEN	PLAN INCLUDES THE FOLLOWING COPAYMENTS. ICY ROOM VISIT - COPAYMENT \$50.00 ENT PSYCHIATRY - COPAYMENT \$25.00 CAPITATION	8/1/14 THROUGH 9/30/14 \$420.42	\$10 PCP/\$50 SPEC. OFFICE VISIT \$50 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14 \$430.39
2 TIER			
SINGLE FAMILY		\$469.69 \$1,174.23	\$480.83 \$1,202.08
3 TIER			
SINGLE TWO-PARTY FAMILY		\$469.69 \$939.38 \$1,388.54	\$480.83 \$961.66 \$1,421.48
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$469.69 \$1,127.26 \$657.57 \$1,323.35	\$480.83 \$1,153.99 \$673.16 \$1,354.74
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$469.69 \$1,127.26 \$748.50 \$1,369.52	\$480.83 \$1,153.99 \$766.25 \$1,402.00
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$469.69 \$1,127.26 \$657.57 \$939.38 \$1,369.52	\$480.83 \$1.153.99 \$673.16 \$961.66 \$1,402.00

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERG	T PLAN INCLUDES THE FOLLOWING COPAYMENTS. ENCY ROOM VISIT - COPAYMENT \$50.00 FIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$10 PCP/\$55 SPEC. OFFICE VISIT \$55 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$419.65	\$429.61
2 TIER			
SINGLE		\$468.84	\$479.96
FAMILY		\$1,172.10	
3 TIER			
SINGLE		\$468.84	\$479.96
TWO-PARTY		\$937.68	
FAMILY		\$1,386.03	\$1,418.91
4 TIER	STANDARD		
SINGLE		\$468.84	\$479.96
HUSBAND-WIFE		\$1,125.22	
PARENT-CHILD FAMILY		\$656.38 \$1,320.96	\$671.94 \$1,352.29
PAMILI		φ1,320.30	ψ1,002.20
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$468.84	\$479.96
HUSBAND-WIFE		\$1,125.22	
PARENT-CHILD/(RN FAMILY)	\$747.14 \$1,367.04	
PAMILI		\$1,507.04	\$1,000.41
5 TIER			
SINGLE		\$468.84	\$479.96
HUSBAND-WIFE		\$1,125.22	\$1,151.90
PARENT-CHILD		\$656.38	
PARENT-CHILDRN FAMILY		\$937.68	\$959.92
FAMILI		\$1,367.04	\$1,399.47

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing

Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EME	EFIT PLAN INCLUDES T RGENCY ROOM VISIT PATIENT PSYCHIATRY	- COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$10 PCP/\$60 SPEC. OFFICE VISIT & \$60 PT/OT/ST COPAYS 10/1/1/4 THROUGH 12/31/14
		CAPITATION	\$418.88	\$428.81
2 TIER				
SINGLE			\$467.97	\$479.07
FAMILY			\$1,169.93	\$1,197.68
3 TIER				
SINGLE			\$467.97	\$479.07
TWO-PARTY			\$935.94	
FAMILY			\$1,383.46	\$1,416.27
	CM 11 PD 1 PD			
4 TIER	STANDARD			
SINGLE			\$467.97	
HUSBAND-WIFE			\$1,123.13	
PARENT-CHILD			\$655.16	
FAMILY			\$1,318.51	\$1,349.78
4 TIER	BY EMPLOYER	REQUEST ONLY		
		•		
SINGLE HUSBAND-WIFE			\$467.97 \$1,123.13	
PARENT-CHILD/(RN)		\$1,125.15 \$745.76	
FAMILY	1111)		\$1,364.51	
5 TIER				
SINGLE			\$467.97	\$479.07
HUSBAND-WIFE			\$1,123.13	
PARENT-CHILD			\$655.16	
PARENT-CHILDR	N		\$935.94	
FAMILY			\$1,364.51	\$1,396.87

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

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STANDAR	D BENEFIT PLAN INCLUDES TE		8/1/14 THROUGH	\$15 PHYSICLE PT/OT/ST CO: 10/1/14 THROUGH	AN OFFICE VISIT & PAYS
	*EMERGENCY ROOM VISIT - *OUTPATIENT PSYCHIATRY		9/30/14	12/31/14	
	(CAPITATION	\$424.32	\$434.38	
2 TIER					
SINGLE FAMILY			\$474.05 \$1,185.13		
3 TIER					
SINGLE TWO-PAR' FAMILY	ry		\$474.05 \$948.10 \$1,401.43	\$970.58	
4 TIER	STANDARD				
SINGLE HUSBANI PARENT-O FAMILY			\$474.05 \$1,137.72 \$663.67 \$1,335.64	\$1,164.70 \$679.41	
4 TIER	BY EMPLOYER R	REQUEST ONLY			
SINGLE HUSBANI PARENT-O FAMILY)-WIFE CHILD/(RN)		\$474.05 \$1,137.72 \$755.45 \$1,382.23	\$1,164.70 \$773.36	
5 TIER					
SINGLE HUSBAND PARENT-O PARENT-O FAMILY	CHILD		\$474.05 \$1,137.72 \$663.67 \$948.10 \$1,382.23	\$1,164.70 \$679.41 \$970.58	

5/22/2014

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

STANDAR	D BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. *EMERGENCY ROOM VISIT - COPAYMENT \$50.00	8/1/14 THROUGH	\$15 PCP/\$20 SPEC. OFFICE VISIT & \$20 PT/OT/ST COPAYS 10/1/14 THROUGH
	*OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	9/30/14	12/31/14
	CAPITATION	\$423.18	\$433.21
2 TIER			
SINGLE		\$472.78	\$483.98
FAMILY		\$1,181.95	\$1,209.95
3 TIER			
SINGLE		\$472.78	\$483.98
TWO-PAR	TY	\$945.56	
FAMILY		\$1,397.68	\$1,430.79
4 TIER	STANDARD		
SINGLE		\$472.78	\$483.98
HUSBANI		\$1,134.67	
PARENT-0 FAMILY	CHILD	\$661.89 \$1,332.06	
FAMILI		φ1,332.00	\$1,000.01
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$472.78	\$483.98
HUSBANI		\$1,134.67	
	CHILD/(RN)	\$753.42	
FAMILY		\$1,378.53	\$1,411.19
5 TIER			
SINGLE		\$472.78	\$483.98
HUSBANI	D-WIFE	\$1,134.67	
PARENT-0		\$661.89	
PARENT-C	CHILDRN	\$945.56	
FAMILY		\$1,378.53	\$1,411.19

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

15 PCP/25 SPEC. OFFICE VISIT & STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. \$25 PT/OT/ST COPAYS 8/1/14 10/1/14 *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 THROUGH THROUGH *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00 9/30/14 12/31/14 CAPITATION \$422.39 \$432.40 2 TIER \$483.08 SINGLE \$471.89 FAMILY \$1,179.73 \$1,207.70 3 TIER SINGLE \$471.89 \$483.08 TWO-PARTY \$943.78 \$966.16 FAMILY \$1,395.05 \$1,428.13 4 TIER STANDARD SINGLE \$471.89 \$483.08 HUSBAND-WIFE \$1,159.39 \$1,132.54 PARENT-CHILD \$660.65 \$676.31 FAMILY \$1,329.55 \$1,361.08 4 TIER BY EMPLOYER REQUEST ONLY SINGLE \$471.89 \$483.08 HUSBAND-WIFE \$1,159.39 \$1,132.54 PARENT-CHILD/(RN) \$769.84 \$752.00 FAMILY \$1,375.94 \$1,408.56 5 TIER SINGLE \$471.89 \$483.08 HUSBAND-WIFE \$1,132.54 \$1,159.39 PARENT-CHILD \$660.65 \$676.31 PARENT-CHILDRN \$943.78 \$966.16 FAMILY \$1,375.94 \$1,408.56

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGE	PLAN INCLUDES THE FOLLOWING COPAYMENTS. NCY ROOM VISIT - COPAYMENT \$50.00 ENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$15 PCP/\$30 SPEC. OFFICE VISIT & \$30 PT/OT/ST COPAYS $\begin{smallmatrix}10/1/14\\\text{THROUGH}\\12/31/14\end{smallmatrix}$
	CAPITATION	\$421.62	\$431.62
2 TIER			
SINGLE FAMILY		\$471.04 \$1,177.60	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$471.04 \$942.08 \$1,392.54	\$964.42
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$471.04 \$1,130.50 \$659.46 \$1,327.16	\$1,157.30 \$675.09
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$471.04 \$1,130.50 \$750.65 \$1,373.46	\$1,157.30 \$768.45
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$471.04 \$1,130.50 \$659.46 \$942.08 \$1,373.46	\$1,157.30 \$675.09 \$964.42

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

15 PCP/35 SPEC. OFFICE VISIT & STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. \$35 PT/OT/ST COPAYS 8/1/14 10/1/14 *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 THROUGH THROUGH *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00 9/30/14 12/31/14 CAPITATION \$420.87 \$430.85 2 TIER SINGLE \$470.19 \$481.35 FAMILY \$1,175.48 \$1,203.38 3 TIER SINGLE \$470.19 \$481.35 TWO-PARTY \$940.38 \$962.70 FAMILY \$1,390.02 \$1,423.02 4 TIER STANDARD SINGLE \$470.19 \$481.35 HUSBAND-WIFE \$1,128.46 \$1,155.24 PARENT-CHILD \$658.27 \$673.89 FAMILY \$1,324.76 \$1,356.20 4 TIER BY EMPLOYER REQUEST ONLY SINGLE \$470.19 \$481.35 \$1,128.46 HUSBAND-WIFE \$1,155.24 PARENT-CHILD/(RN) \$767.08 \$749.29 FAMILY \$1,370.98 \$1,403.52 5 TIER SINGLE \$470.19 \$481.35 HUSBAND-WIFE \$1,128.46 \$1,155.24 PARENT-CHILD \$658.27 \$673.89 PARENT-CHILDRN \$940.38 \$962.70 FAMILY \$1,370.98 \$1,403.52

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

		THE FOLLOWING COPAYMENTS.	8/1/14	\$15 PCP/\$40 SPEC. OFFICE VISIT & \$40 PT/OT/ST COPAYS $_{10/1/14}$
	ERGENCY ROOM VISIT FPATIENT PSYCHIATRY		THROUGH 9/30/14	THROUGH 12/31/14
		CAPITATION	\$419.99	\$429.95
2 TIER				
SINGLE FAMILY			\$469.21 \$1,173.03	
3 TIER				
SINGLE			\$469.21	
TWO-PARTY FAMILY			\$938.42 \$1,387.13	
4 TIER	STANDARD			
SINGLE HUSBAND-WIFE	7		\$469.21 \$1,126.10	
PARENT-CHILD	-		\$656.89	
FAMILY			\$1,322.00	\$1,353.36
4 TIER	BY EMPLOYER	REQUEST ONLY		
SINGLE			\$469.21	
HUSBAND-WIFE PARENT-CHILD			\$1,126.10 \$747.73	
FAMILY	((111)		\$1,368.12	
<u>5 TIER</u>				
SINGLE			\$469.21	
HUSBAND-WIFE PARENT-CHILD			\$1,126.10 \$656.89	
PARENT-CHILD			\$938.42	\$960.68
FAMILY			\$1,368.12	\$1,400.58

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F

FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

	*BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$15 PCP/\$45 SPEC. OFFICE VISIT & \$45 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$419.16	\$429.09
2 TIER			
SINGLE FAMILY		\$468.28 \$1,170.70	
3 TIER			
SINGLE TWO-PART FAMILY	Y	\$468.28 \$936.56 \$1,384.38	\$958.76
4 TIER	STANDARD		
SINGLE HUSBAND- PARENT-CI FAMILY		\$468.28 \$1,123.87 \$655.59 \$1,319.38	\$1,150.51
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND- PARENT-CI FAMILY		\$468.28 \$1,123.87 \$746.25 \$1,365.41	\$1,150.51 \$763.94
5 TIER			
SINGLE HUSBAND- PARENT-CI PARENT-CI FAMILY	HILD	\$468.28 \$1,123.87 \$655.59 \$936.56 \$1,365.41	\$1,150.51

5/22/2014

CONTRACT # M150-013-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

	BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00 CAPITATION	8/1/14 THROUGH 9/30/14 \$418.49	\$15 PCP/\$50 SPEC. OFFICE VISIT & \$50 PT/OT/\$T COPAYS 10/1/14 THROUGH 12/31/14 \$428.42
	CALITATION	φ410.43	ψ420.42
2 TIER			
SINGLE		\$467.54	\$478.63
FAMILY		\$1,168.85	\$1,196.58
3 TIER			
SINGLE		\$467.54	\$478.63
TWO-PARTY	Y	\$935.08	
FAMILY		\$1,382.19	\$1,414.97
4 TIER	STANDARD		
SINGLE		\$467.54	\$478.63
HUSBAND-	WIFE	\$1,122.10	
PARENT-CH	HILD	\$654.56	\$670.08
FAMILY		\$1,317.29	\$1,348.54
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$467.54	\$478.63
HUSBAND-	WIFE	\$1,122.10	\$1,148.71
PARENT-CH	HILD/(RN)	\$745.07	
FAMILY		\$1,363.25	\$1,395.59
5 TIER			
SINGLE		\$467.54	\$478.63
HUSBAND-	WIFE	\$1,122.10	
PARENT-CH	HILD	\$654.56	
PARENT-CH	HILDRN	\$935.08	\$957.26
FAMILY		\$1,363.25	\$1,395.59

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Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

	D BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00 CAPITATION	8/1/14 THROUGH 9/30/14 \$417.74	\$15 PCP/\$55 SPEC. OFFICE VISIT & \$55 PT/OT/\$T COPAYS 10/1/14 THROUGH 12/31/14 \$427.64
	CAFITATION	ф417.74	φ427.04
2 TIER			
SINGLE		\$466.70	\$477.76
FAMILY		\$1,166.75	\$1,194.40
3 TIER			
SINGLE		\$466.70	\$477.76
TWO-PART	Y	\$933.40	
FAMILY		\$1,379.71	\$1,412.40
4 TIER	STANDARD		
SINGLE		\$466.70	\$477.76
HUSBAND-	WIFE	\$1,120.08	
PARENT-C	HILD	\$653.38	\$668.86
FAMILY		\$1,314.93	\$1,346.09
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$466.70	\$477.76
HUSBAND-	WIFE	\$1,120.08	\$1,146.62
PARENT-C	HILD/(RN)	\$743.73	
FAMILY		\$1,360.80	\$1,393.05
5 TIER			
SINGLE		\$466.70	\$477.76
HUSBAND-	WIFE	\$1,120.08	
PARENT-C	HILD	\$653.38	
PARENT-C	HILDRN	\$933.40	\$955.52
FAMILY		\$1,360.80	\$1,393.05

5/22/2014

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGE	ENCY ROOM VISIT	THE FOLLOWING COPAYMENTS. - COPAYMENT \$50.00 - COPAYMENT \$25.00	8/1/14 THROUGH <u>9/30/14</u>	\$15 PCP/\$60 SPEC. OFFICE VISIT & \$60 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
		CAPITATION	\$416.96	\$426.85
2 TIER				
SINGLE FAMILY			\$465.83 \$1,164.58	
3 TIER				
SINGLE TWO-PARTY FAMILY			\$465.83 \$931.66 \$1,377.13	\$953.76
4 TIER	STANDARD			
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY			\$465.83 \$1,117.99 \$652.16 \$1,312.48	\$1,144.51 \$667.63
4 TIER	BY EMPLOYER	REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY			\$465.83 \$1,117.99 \$742.35 \$1,358.27	\$1,144.51 \$759.96
5 TIER				
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY			\$465.83 \$1,117.99 \$652.16 \$931.66 \$1,358.27	\$1,144.51 \$667.63

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*	BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. EMERGENCY ROOM VISIT - COPAYMENT \$50.00 OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$20 PHYSICIAN O PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14	
	CAPITATION	\$421.81	\$431.82	
2 TIER				
SINGLE FAMILY		\$471.25 \$1,178.13		
3 TIER				
SINGLE TWO-PARTY FAMILY		\$471.25 \$942.50 \$1,393.16	\$964.86	
4 TIER	STANDARD			
SINGLE HUSBAND-W PARENT-CHI FAMILY		\$471.25 \$1,131.00 \$659.75 \$1,327.75	\$1,157.83 \$675.40	
4 TIER	BY EMPLOYER REQUEST ONLY			
SINGLE HUSBAND-W PARENT-CHI FAMILY		\$471.25 \$1,131.00 \$750.98 \$1,374.07	\$1,157.83 \$768.80	
5 TIER				
SINGLE HUSBAND-W PARENT-CHI PARENT-CHI FAMILY	ILD	\$471.25 \$1,131.00 \$659.75 \$942.50 \$1,374.07		

CONTRACT # M150-013-F FACE SHEET # M150-071-F

STANDARD BI	ENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS.	8/1/14	\$20 PCP/\$25 SPEC. OFFICE VISIT & \$25 PT/OT/ST COPAYS $10/1/14$
	MERGENCY ROOM VISIT - COPAYMENT \$50.00 UTPATIENT PSYCHIATRY - COPAYMENT \$25.00	THROUGH 9/30/14	THROUGH 12/31/14
	CAPITATION	\$421.02	\$431.00
2 TIER			
SINGLE FAMILY		\$470.36 \$1,175.90	\$481.51 \$1,203.78
3 TIER			
SINGLE TWO-PARTY FAMILY		\$470.36 \$940.72 \$1,390.53	\$963.02
4 TIER	STANDARD		
SINGLE HUSBAND-WII PARENT-CHIL FAMILY		\$470.36 \$1,128.86 \$658.50 \$1,325.24	\$1,155.62 \$674.11
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WII PARENT-CHIL FAMILY		\$470.36 \$1,128.86 \$749.57 \$1,371.48	\$1,155.62 \$767.33
5 TIER			
SINGLE HUSBAND-WI PARENT-CHIL PARENT-CHIL FAMILY	.D	\$470.36 \$1,128.86 \$658.50 \$940.72 \$1,371.48	

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGEN	PLAN INCLUDES THE FOLLOWING COPAYMENTS. CY ROOM VISIT - COPAYMENT \$50.00 INT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$20 PCP/\$30 SPEC. OFFICE VISIT & \$30 PT/OT/ST COPAYS $\begin{array}{c} 10/1/14 \\ \text{THROUGH} \\ 12/31/14 \end{array}$
	CAPITATION	\$420.25	\$430.21
2 TIER			
SINGLE FAMILY		\$469.50 \$1,173.75	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$469.50 \$939.00 \$1,387.98	\$961.26
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$469.50 \$1,126.80 \$657.30 \$1,322.82	\$1,153.51 \$672.88
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$469.50 \$1,126.80 \$748.20 \$1,368.97	\$1,153.51 \$765.93
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$469.50 \$1,126.80 \$657.30 \$939.00 \$1,368.97	\$1,153.51

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing

Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

*EMERGI	ENCY ROOM VISIT	THE FOLLOWING COPAYMENTS COPAYMENT \$50.00 - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$20 PCP/\$35 SPEC. OFFICE VISIT & \$35 PT/OT/ST COPAYS $\begin{array}{c} 10/1/14 \\ \text{THROUGH} \\ 12/31/14 \end{array}$
		CAPITATION	\$419.49	\$429.44
2 TIER				
SINGLE FAMILY			\$468.66 \$1,171.65	
3 TIER				
SINGLE TWO-PARTY FAMILY			\$468.66 \$937.32 \$1,385.50	\$959.54
4 TIER	STANDARD			
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY			\$468.66 \$1,124.78 \$656.12 \$1,320.45	\$1,151.45 \$671.68
4 TIER	BY EMPLOYER	REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY			\$468.66 \$1,124.78 \$746.86 \$1,366.52	\$1,151.45 \$764.56
<u>5 TIER</u>				
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY			\$468.66 \$1,124.78 \$656.12 \$937.32 \$1,366.52	\$1,151.45 \$671.68

5/22/2014

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing

Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

STANDAR	D BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$20 PCP/\$40 S \$40 PT/OT/ST 10/1/14 THROUGH 12/31/14	SPEC. OFFICE VISIT COPAYS
	CAPITATION	\$418.62	\$428.54	
2 TIER				
SINGLE FAMILY		\$467.68 \$1,169.20	\$478.76 \$1,196.90	
3 TIER				
SINGLE TWO-PAR' FAMILY	ry	\$467.68 \$935.36 \$1,382.60		
4 TIER	STANDARD			
SINGLE HUSBAND PARENT-C FAMILY		\$467.68 \$1,122.43 \$654.75 \$1,317.69	\$1,149.02 \$670.26	
4 TIER	BY EMPLOYER REQUEST ONLY			
SINGLE HUSBAND PARENT-C FAMILY	P-WIFE PHILD/(RN)	\$467.68 \$1,122.43 \$745.29 \$1,363.66	\$1,149.02	
5 TIER				
SINGLE HUSBAND PARENT-O PARENT-O FAMILY	CHILD	\$467.68 \$1,122.43 \$654.75 \$935.36 \$1,363.66	\$1,149.02	

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F

FACE SHEET # M150-071-F

STANDARI	D BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$20 PCP/\$45 SPEC. OFFICE VISIT & \$45 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	***************************************	2120121	******
	CAPITATION	\$417.78	\$427.69
2 TIER			
SINGLE		\$466.74	\$477.82
FAMILY		\$1,166.85	
3 TIER			
SINGLE		\$466.74	\$477.82
TWO-PART	Y	\$933.48	
FAMILY		\$1,379.82	
4 TIER	STANDARD		
SINGLE		\$466.74	\$477.82
HUSBAND	-WIFE	\$1,120.18	
PARENT-C	HILD	\$653.44	
FAMILY		\$1,315.04	\$1,346.26
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$466.74	\$477.82
HUSBAND	-WIFE	\$1,120.18	
PARENT-C	HILD/(RN)	\$743.80	
FAMILY		\$1,360.92	\$1,393.23
5 TIER			
SINGLE		\$466.74	\$477.82
HUSBAND	-WIFE	\$1,120.18	
PARENT-C		\$653.44	\$668.95
PARENT-C	HILDRN	\$933.48	
FAMILY		\$1,360.92	\$1,393.23

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGE	NCY ROOM VISIT	THE FOLLOWING COPAYMENTS. - COPAYMENT \$50.00 - COPAYMENT \$25.00	8/1/14 THROUGH <u>9/30/14</u>	\$20 PCP/\$50 SPEC. OFFICE VISIT & \$50 PT/OT/ST COPAYS $\begin{array}{c} 10/1/14\\ \text{THROUGH}\\ 12/31/14 \end{array}$
		CAPITATION	\$417.13	\$427.02
2 TIER				
SINGLE FAMILY			\$466.01 \$1,165.03	\$477.07 \$1,192.68
3 TIER				
SINGLE TWO-PARTY FAMILY			\$466.01 \$932.02 \$1,377.67	\$954.14
4 TIER	STANDARD			
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY			\$466.01 \$1,118.42 \$652.41 \$1,312.98	\$1,144.97 \$667.90
4 TIER	BY EMPLOYER	REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY			\$466.01 \$1,118.42 \$742.63 \$1,358.79	\$1,144.97 \$760.26
<u>5 TIER</u>				
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY			\$466.01 \$1,118.42 \$652.41 \$932.02 \$1,358.79	\$1,144.97 \$667.90

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGEN	PLAN INCLUDES THE FOLLOWING COPAYMENTS. ICY ROOM VISIT - COPAYMENT \$50.00 ENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$20 PCP/\$55 SPEC. OFFICE VISIT & \$55 PT/OT/ST COPAYS $\begin{smallmatrix} 10/1/14 \end{smallmatrix}$ THROUGH $\begin{smallmatrix} 12/31/14 \end{smallmatrix}$
	CAPITATION	\$416.36	\$426.24
2 TIER			
SINGLE FAMILY		\$465.16 \$1,162.90	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$465.16 \$930.32 \$1,375.15	\$952.40
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$465.16 \$1,116.38 \$651.22 \$1,310.59	\$1,142.88 \$666.68
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$465.16 \$1,116.38 \$741.28 \$1,356.31	\$1,142.88 \$758.87
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$465.16 \$1,116.38 \$651.22 \$930.32 \$1,356.31	\$1,142.88 \$666.68

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

STANDARI	*EMERGENCY ROOM VISIT - COPAYMENT \$50.00 *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$20 PCP/\$60 SPEC. OFFICE VISIT \$60 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$415.59	\$425.44
2 TIER			
SINGLE		\$464.30	\$475.30
FAMILY		\$1,160.75	\$1,188.25
3 TIER			
SINGLE		\$464.30	\$475.30
TWO-PART	Y	\$928.60	\$950.60
FAMILY	•	\$1,372.61	\$1,405.13
4 TIER	STANDARD		
SINGLE		\$464.30	\$475.30
HUSBAND-		\$1,114.32	
PARENT-C	HILD	\$650.02	
FAMILY		\$1,308.17	\$1,339.16
4 TIER	BY EMPLOYER REQUEST ONLY		
	·		
SINGLE HUSBAND-	интер	\$464.30	
PARENT-CI		\$1,114.32 \$739.91	\$1,140.72 \$757.44
FAMILY	HLD/(KN)	\$1,353.81	
171111111		ψ1,000.01	ψ1,000.00
5 TIER			
SINGLE		\$464.30	\$475.30
HUSBAND-	WIFE	\$1,114.32	\$1,140.72
PARENT-C		\$650.02	\$665.42
PARENT-C	HILDRN	\$928.60	\$950.60
FAMILY		\$1,353.81	\$1,385.88

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGENCY ROOM	LUDES THE FOLLOWING COPAYMENTS. 4 VISIT - COPAYMENT \$50.00 HIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$25 PCP/SPEC. OFFICE VISIT & \$25 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$419.67	\$429.63
2 TIER			
SINGLE FAMILY		\$468.86 \$1,172.15	\$479.98 \$1,199.95
3 TIER			
SINGLE TWO-PARTY FAMILY		\$468.86 \$937.72 \$1,386.09	\$479.98 \$959.96 \$1,418.96
4 TIER STAND	ARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$468.86 \$1,125.26 \$656.40 \$1,321.01	\$479.98 \$1,151.95 \$671.97 \$1,352.34
4 TIER BY EM	PLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$468.86 \$1,125.26 \$747.18 \$1,367.10	\$479.98 \$1,151.95 \$764.90 \$1,399.53
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$468.86 \$1,125.26 \$656.40 \$937.72 \$1,367.10	\$479.98 \$1,151.95 \$671.97 \$959.96 \$1,399.53

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGEN	LAN INCLUDES THE FOLLOWING COPAYMENTS. CY ROOM VISIT - COPAYMENT \$50.00 NT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/20/14	\$25 PCP/\$30 SPEC. OFFICE VISIT & \$30 PT/OT/ST COPAYS $\begin{smallmatrix}10/1/14\\\text{THROUGH}\\12/31/14\end{smallmatrix}$
	CAPITATION	\$418.90	\$428.83
2 TIER			
SINGLE FAMILY		\$468.00 \$1,170.00	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$468.00 \$936.00 \$1,383.55	\$958.18
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$468.00 \$1,123.20 \$655.20 \$1,318.59	\$1,149.82 \$670.73
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$468.00 \$1,123.20 \$745.80 \$1,364.59	\$1,149.82 \$763.48
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$468.00 \$1,123.20 \$655.20 \$936.00 \$1,364.59	\$1,149.82

CONTRACT # M150-013-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

*EMERGEN	PLAN INCLUDES THE FOLLOWING COPAYMENTS. SCY ROOM VISIT - COPAYMENT \$50.00 ENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH <u>9/30/14</u>	\$25 PCP/\$35 SPEC. OFFICE VISIT & \$35 PT/OT/ST COPAYS $\begin{array}{c} 10/1/14 \\ \text{THROUGH} \\ 12/31/14 \end{array}$
	CAPITATION	\$418.16	\$428.07
2 TIER			
SINGLE FAMILY		\$467.16 \$1,167.90	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$467.16 \$934.32 \$1,381.07	\$956.48
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$467.16 \$1,121.18 \$654.02 \$1,316.22	\$1,147.78 \$669.54
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$467.16 \$1,121.18 \$744.47 \$1,362.15	\$1,147.78 \$762.12
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$467.16 \$1,121.18 \$654.02 \$934.32 \$1,362.15	\$1,147.78 \$669.54 \$956.48

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Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F

FACE SHEET # M150-071-F

STANDARI	D BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 THRO *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00 9/30	UGH	\$25 PCP/\$40 \$40 PT/OT/S' 10/1/14 THROUGH 12/31/14	SPEC. OFFICE VISIT & COPAYS
	CAPITATION \$	417.27	\$427.16	
2 TIER				
SINGLE		466.17		
FAMILY	\$1,	,165.43	\$1,193.05	
3 TIER				
SINGLE		466.17		
TWO-PART FAMILY		932.34 ,378.14		
4 TIER	STANDARD			
SINGLE		466.17		
HUSBAND- PARENT-C		,118.81 652.64		
FAMILY	·	,313.43		
4 TIER	BY EMPLOYER REQUEST ONLY			
SINGLE	\$	466.17	\$477.22	
HUSBAND-	-WIFE \$1,	,118.81	\$1,145.33	
PARENT-C		742.89		
FAMILY	\$1.	,359.26	\$1,391.48	
5 TIER				
SINGLE	\$	466.17	\$477.22	
HUSBAND-		,118.81	\$1,145.33	
PARENT-C		652.64 6932.34		
FAMILY	·	,359.26		

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGE	NCY ROOM VISIT	THE FOLLOWING COPAYMENTS. - COPAYMENT \$50.00 - COPAYMENT \$25.00	8/1/14 THROUGH <u>9/30/14</u>	\$25 PCP/\$45 SPEC. OFFICE VISIT & \$45 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
		CAPITATION	\$416.43	\$426.31
2 TIER				
SINGLE FAMILY			\$465.24 \$1,163.10	
3 TIER				
SINGLE TWO-PARTY FAMILY			\$465.24 \$930.48 \$1,375.39	\$952.54
4 TIER	STANDARD			
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY			\$465.24 \$1,116.58 \$651.34 \$1,310.81	\$1,143.05 \$666.78
4 TIER	BY EMPLOYER	REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY			\$465.24 \$1,116.58 \$741.41 \$1,356.55	\$1,143.05 \$758.98
<u>5 TIER</u>				
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY			\$465.24 \$1,116.58 \$651.34 \$930.48 \$1,356.55	\$1,143.05 \$666.78 \$952.54

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

STANDAR	D BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$25 PCP/\$50 SPEC. OFFICE VISIT & \$50 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$415.78	\$425.64
2 TIER			
SINGLE FAMILY		\$464.51 \$1,161.28	\$475.53 \$1,188.83
3 TIER			
SINGLE TWO-PART FAMILY	ΓY	\$464.51 \$929.02 \$1,373.23	
4 TIER	STANDARD		
SINGLE HUSBAND PARENT-O FAMILY		\$464.51 \$1,114.82 \$650.31 \$1,308.76	\$1,141.27
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND PARENT-C FAMILY	-WIFE :HILD/(RN)	\$464.51 \$1,114.82 \$740.24 \$1,354.42	\$1,141.27 \$757.80
5 TIER			
SINGLE HUSBAND PARENT-O PARENT-O FAMILY	CHILD	\$464.51 \$1,114.82 \$650.31 \$929.02 \$1,354.42	\$1,141.27

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

25 PCP/55 SPEC. OFFICE VISIT & STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. \$55 PT/OT/ST COPAYS 8/1/14 10/1/14 *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 THROUGH THROUGH *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00 9/30/14 12/31/14 CAPITATION \$415.02 \$424.86 2 TIER SINGLE \$463.66 \$474.65 FAMILY \$1,159.15 \$1,186.63 3 TIER SINGLE \$463.66 \$474.65 TWO-PARTY \$927.32 \$949.30 FAMILY \$1,370.72 \$1,403.21 4 TIER STANDARD SINGLE \$463.66 \$474.65 HUSBAND-WIFE \$1,112.78 \$1,139.16 PARENT-CHILD \$649.12 \$664.51 FAMILY \$1,306.36 \$1,337.33 4 TIER BY EMPLOYER REQUEST ONLY SINGLE \$463.66 \$474.65 \$1,112.78 HUSBAND-WIFE \$1,139.16 PARENT-CHILD/(RN) \$756.40 \$738.89 FAMILY \$1,351.94 \$1,383.98 5 TIER SINGLE \$463.66 \$474.65 HUSBAND-WIFE \$1,112.78 \$1,139.16 PARENT-CHILD \$649.12 \$664.51 PARENT-CHILDRN \$927.32 \$949.30 FAMILY \$1,351.94 \$1,383.98

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

*E	ENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. MERGENCY ROOM VISIT - COPAYMENT \$50.00 UTPATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$25 PCP/\$60 SPEC. OFFICE VISIT & \$60 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$414.24	\$424.07
2 TIER			
SINGLE		\$462.79	\$473.77
FAMILY		\$1,156.98	\$1,184.43
3 TIER			
SINGLE		\$462.79	\$473.77
TWO-PARTY		\$925.58	
FAMILY		\$1,368.15	\$1,400.61
, miles	CWANTAND		
4 TIER	STANDARD		
SINGLE		\$462.79	
HUSBAND-WI PARENT-CHII		\$1,110.70	
FAMILY	מא	\$647.91 \$1,303.91	
		ψ1,000.01	ψ1,001.00
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$462.79	\$473.77
HUSBAND-WI	FE	\$1,110.70	
PARENT-CHII	LD/(RN)	\$737.50	
FAMILY		\$1,349.40	\$1,381.42
5 TIER			
SINGLE		\$462.79	\$473.77
HUSBAND-WI	FE	\$1,110.70	
PARENT-CHII		\$647.91	
PARENT-CHII	DRN	\$925.58	
FAMILY		\$1,349.40	\$1,381.42

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGENCY ROOM	UDES THE FOLLOWING COPAYMENTS. VISIT - COPAYMENT \$50.00 HATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$30 PCP/SPEC. OFFICE VISIT & \$30 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$417.82	\$427.73
2 TIER			
SINGLE FAMILY		\$466.79 \$1,166.98	
FAMILI		\$1,166.98	\$1,194.00
3 TIER			
SINGLE TWO-PARTY FAMILY		\$466.79 \$933.58 \$1,379.97	\$955.72
PAMILI		\$1,575.57	ψ1,412.70
4 TIER STANDA	ARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$466.79 \$1,120.30 \$653.51 \$1,315.18	\$1,146.86 \$669.00
4 TIER BY EMP	LOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$466.79 \$1,120.30 \$743.88 \$1,361.07	\$1,146.86 \$761.52
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$466.79 \$1,120.30 \$653.51 \$933.58 \$1,361.07	

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

STANDARD BENE	EFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS.	8/1/14	\$30 PCP/\$35 SPEC. OFFICE VISIT & \$35 PT/OT/ST COPAYS 10/1/14
	RGENCY ROOM VISIT - COPAYMENT \$50.00 PATIENT PSYCHIATRY - COPAYMENT \$25.00	THROUGH 9/30/14	THROUGH 12/31/14
	CAPITATION	\$417.07	\$426.96
2 TIER			
SINGLE		\$465.95	\$477.00
FAMILY		\$1,164.88	\$1,192.50
3 TIER			
SINGLE		\$465.95	
TWO-PARTY		\$931.90	
FAMILY		\$1,377.49	\$1,410.16
4 TIER	STANDARD		
SINGLE		\$465.95	
HUSBAND-WIFE		\$1,118.28	
PARENT-CHILD		\$652.33	
FAMILY		\$1,312.81	\$1,343.95
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$465.95	\$477.00
HUSBAND-WIFE		\$1,118.28	
PARENT-CHILD/(RN)	\$742.54	
FAMILY		\$1,358.62	\$1,390.84
5 TIER			
SINGLE		\$465.95	\$477.00
HUSBAND-WIFE		\$1,118.28	\$1,144.80
PARENT-CHILD		\$652.33	
PARENT-CHILDR	N	\$931.90	\$954.00
FAMILY		\$1,358.62	\$1,390.84

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGEN	PLAN INCLUDES THE FOLLOWING COPAYMENTS. ICY ROOM VISIT - COPAYMENT \$50.00 ENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$30 PCP/\$40 SPEC. OFFICE VISIT & \$40 PT/OT/ST COPAYS $ \begin{array}{c} 10/1/14 \\ \text{THROUGH} \\ 12/31/14 \end{array} $
	CAPITATION	\$416.19	\$426.06
2 TIER			
SINGLE FAMILY		\$464.97 \$1,162.43	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$464.97 \$929.94 \$1,374.59	\$951.98
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$464.97 \$1,115.93 \$650.96 \$1,310.05	\$1,142.38 \$666.39
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$464.97 \$1,115.93 \$740.98 \$1,355.76	\$1,142.38 \$758.54
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$464.97 \$1,115.93 \$650.96 \$929.94 \$1,355.76	\$1,142.38

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EME	EFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. RGENCY ROOM VISIT - COPAYMENT \$50.00 PATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$30 PCP/\$45 SPEC. OFFICE VISIT & \$45 PT/OT/ST COPAYS 10./1/14 THROUGH 12/31/14
	CAPITATION	\$415.35	\$425.20
2 TIER			
SINGLE FAMILY		\$464.03 \$1,160.08	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$464.03 \$928.06 \$1,371.81	\$950.06
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$464.03 \$1,113.67 \$649.64 \$1,307.40	\$1,140.07 \$665.04
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(FAMILY	RN)	\$464.03 \$1,113.67 \$739.48 \$1,353.02	\$1,140.07 \$757.01
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDR FAMILY	in .	\$464.03 \$1,113.67 \$649.64 \$928.06 \$1,353.02	\$1,140.07

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGEN	LAN INCLUDES THE FOLLOWING COPAYMENTS. CY ROOM VISIT - COPAYMENT \$50.00 NT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/20/14	\$30 PCP/ $$50$ SPEC. OFFICE VISIT & $$50$ PT/OT/ST COPAYS $10/1/14$ THROUGH $12/31/14$
	CAPITATION	\$414.70	\$424.53
2 TIER			
SINGLE FAMILY		\$463.30 \$1,158.25	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$463.30 \$926.60 \$1,369.65	\$948.56
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$463.30 \$1,111.92 \$648.62 \$1,305.35	\$1,138.27 \$663.99
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$463.30 \$1,111.92 \$738.31 \$1,350.89	\$1,138.27 \$755.81
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$463.30 \$1,111.92 \$648.62 \$926.60 \$1,350.89	\$1,138.27 \$663.99

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*	BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. EMERGENCY ROOM VISIT - COPAYMENT \$50.00 OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$30 PCP/\$55 SPEC. OFFICE VISIT \$55 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$413.94	\$423.75
2 TIER			
SINGLE FAMILY		\$462.45 \$1,156.13	\$473.41 \$1,183.53
3 TIER			
SINGLE TWO-PARTY FAMILY		\$462.45 \$924.90 \$1,367.14	\$946.82
4 TIER	STANDARD		
SINGLE HUSBAND-V PARENT-CH FAMILY		\$462.45 \$1,109.88 \$647.43 \$1,302.95	
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-V PARENT-CH FAMILY		\$462.45 \$1,109.88 \$736.96 \$1,348.41	
5 TIER			
SINGLE HUSBAND-V PARENT-CH PARENT-CH FAMILY	ILD	\$462.45 \$1,109.88 \$647.43 \$924.90 \$1,348.41	

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

	BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$30 PCP/\$60 SPEC. OFFICE VISIT & \$60 PT/OT/ST COPAYS 10./1/14 THROUGH 12/31/14
	CAPITATION	\$413.16	\$422.96
2 TIER			
SINGLE		\$461.59	\$472.53
FAMILY		\$1,153.98	\$1,181.33
3 TIER			
SINGLE		\$461.59	\$472.53
TWO-PART	Y	\$923.18	
FAMILY		\$1,364.60	\$1,396.94
4 TIER	STANDARD		
SINGLE		\$461.59	
HUSBAND-		\$1,107.82	
PARENT-CE FAMILY	HLD	\$646.23 \$1,300.53	
PAMILI		φ1,300.33	\$1,001.00
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$461.59	\$472.53
HUSBAND-	WIFE	\$1,107.82	
PARENT-CH	HILD/(RN)	\$735.59	\$753.02
FAMILY		\$1,345.90	\$1,377.80
5 TIER			
<u></u>			
SINGLE	NADO.	\$461.59	
HUSBAND- PARENT-CH		\$1,107.82 \$646.23	
PARENT-CH		\$923.18	
FAMILY		\$1,345.90	\$1,377.80

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGENO	CY ROOM VISIT NT PSYCHIATRY	HE FOLLOWING COPAYMENTS. - COPAYMENT \$50.00 - COPAYMENT \$25.00 CAPITATION	8/1/14 THROUGH 9/30/14	\$35 PCP/SPEC. OFFICE VISIT & \$35 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
		CAPITATION	\$416.00	\$425.86
2 TIER				
SINGLE FAMILY			\$464.75 \$1,161.88	\$475.77 \$1,189.43
3 TIER				
SINGLE TWO-PARTY FAMILY			\$464.75 \$929.50 \$1,373.94	\$475.77 \$951.54 \$1,406.52
4 TIER	STANDARD			
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY			\$464.75 \$1,115.40 \$650.65 \$1,309.43	
4 TIER	BY EMPLOYER	REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY			\$464.75 \$1,115.40 \$740.63 \$1,355.12	\$1,141.85 \$758.19
<u>5 TIER</u>				
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY			\$464.75 \$1,115.40 \$650.65 \$929.50 \$1,355.12	\$475.77 \$1,141.85 \$666.08 \$951.54 \$1,387.25

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*E	ENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. EMERGENCY ROOM VISIT - COPAYMENT \$50.00 DUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$35 PCP/\$40 SPEC. OFFICE VISIT & \$40 PT/OT/ST COPAYS 10/1/14 THROUGH 12/31/14
	CAPITATION	\$415.12	\$424.96
2 TIER			
SINGLE FAMILY		\$463.77 \$1,159.43	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$463.77 \$927.54 \$1,371.04	\$949.54
4 TIER	STANDARD		
SINGLE HUSBAND-WI PARENT-CHII FAMILY		\$463.77 \$1,113.05 \$649.28 \$1,306.67	\$1,139.45 \$664.68
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WI PARENT-CHII FAMILY		\$463.77 \$1,113.05 \$739.06 \$1,352.26	\$1,139.45 \$756.59
5 TIER			
SINGLE HUSBAND-WI PARENT-CHII PARENT-CHII FAMILY	LD	\$463.77 \$1,113.05 \$649.28 \$927.54 \$1,352.26	

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EMERGEN	PLAN INCLUDES THE FOLLOWING COPAYMENTS. SCY ROOM VISIT - COPAYMENT \$50.00 ENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$35 PCP/\$45 SPEC. OFFICE VISIT & \$45 PT/OT/ST COPAYS $\begin{smallmatrix}10/1/14\\ \text{THROUGH}\\ 12/31/14\end{smallmatrix}$
	CAPITATION	\$414.28	\$424.11
2 TIER			
SINGLE FAMILY		\$462.84 \$1,157.10	
3 TIER			
SINGLE TWO-PARTY FAMILY		\$462.84 \$925.68 \$1,368.29	\$947.64
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$462.84 \$1,110.82 \$647.98 \$1,304.05	\$1,137.17 \$663.35
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$462.84 \$1,110.82 \$737.58 \$1,349.55	\$1,137.17 \$755.08
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$462.84 \$1,110.82 \$647.98 \$925.68 \$1,349.55	\$1,137.17

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

STANDAR	RD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. *EMERGENCY ROOM VISIT - COPAYMENT \$50.00	8/1/14 THROUGH	\$35 PCP/\$50 SPEC. OFFICE VISIT & \$50 PT/OT/ST COPAYS 10/1/14 THROUGH
	*OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00	9/30/14	12/31/14
	CAPITATION	\$413.62	\$423.43
2 TIER			
SINGLE		\$462.10	\$473.06
FAMILY		\$1,155.25	
3 TIER			
SINGLE		\$462.10	\$473.06
TWO-PAR	TY	\$924.20	
FAMILY		\$1,366.11	\$1,398.51
4 TIER	STANDARD		
SINGLE		\$462.10	\$473.06
HUSBANI		\$1,109.04	
PARENT-0 FAMILY	CHILD	\$646.94 \$1,301.97	
1111111111		ψ1,001.01	ψ1,002.00
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$462.10	\$473.06
HUSBANI		\$1,109.04	
	CHILD/(RN)	\$736.40	
FAMILY		\$1,347.39	\$1,379.35
5 TIER			
SINGLE		\$462.10	\$473.06
HUSBANI	D-WIFE	\$1,109.04	
PARENT-0		\$646.94	
PARENT-0	CHILDRN	\$924.20	
FAMILY		\$1,347.39	\$1,379.35

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

\$35 PCP/\$55 SPEC. OFFICE VISIT & STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. \$55 PT/OT/ST COPAYS 8/1/14 10/1/14 *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 THROUGH THROUGH *OUTPATIENT PSYCHIATRY - COPAYMENT \$25.00 9/30/14 12/31/14 CAPITATION \$412.87 \$422.66 2 TIER SINGLE \$461.26 \$472.20 FAMILY \$1,153.15 \$1,180.50 3 TIER SINGLE \$461.26 \$472.20 TWO-PARTY \$922.52 \$944.40 \$1,395.96 FAMILY \$1,363.62 4 TIER STANDARD SINGLE \$461.26 \$472.20 HUSBAND-WIFE \$1,107.02 \$1,133.28 PARENT-CHILD \$645.76 \$661.08 FAMILY \$1,299.60 \$1,330.42 4 TIER BY EMPLOYER REQUEST ONLY SINGLE \$461.26 \$472.20 \$1,107.02 HUSBAND-WIFE \$1,133.28 PARENT-CHILD/(RN) \$752.50 \$735.06 FAMILY \$1,344.94 \$1,376.84 5 TIER SINGLE \$461.26 \$472.20 HUSBAND-WIFE \$1,107.02 \$1,133.28 PARENT-CHILD \$645.76 \$661.08 PARENT-CHILDRN \$922.52 \$944.40 FAMILY \$1,344.94 \$1,376.84

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-013-F FACE SHEET # M150-071-F

*EM	NEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. IERGENCY ROOM VISIT - COPAYMENT \$50.00 TPATIENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	\$35 PCP/\$60 SPEC. OFFICE VISIT & \$60 PT/OT/ST COPAYS
	CAPITATION	\$412.09	\$421.86
2 TIER			
SINGLE FAMILY		\$460.39 \$1,150.98	\$471.30 \$1,178.25
PAMILI		φ1,130.36	φ1,170.20
3 TIER			
SINGLE		\$460.39	\$471.30
TWO-PARTY		\$920.78	
FAMILY		\$1,361.05	
4 MILED	STANDARD		
4 TIER	STANDARD		
SINGLE		\$460.39	\$471.30
HUSBAND-WIF		\$1,104.94	
PARENT-CHILI)	\$644.55	\$659.82
FAMILY		\$1,297.15	\$1,327.89
4 TIER	BY EMPLOYER REQUEST ONLY		
	•		
SINGLE	D.	\$460.39	
HUSBAND-WIF PARENT-CHILE		\$1,104.94 \$733.68	
FAMILY	J(KN)	\$1,342.41	
FAMILI		φ1,342.41	\$1,374.22
5 TIER			
SINGLE		\$460.39	\$471.30
HUSBAND-WIF	E	\$1,104.94	
PARENT-CHILE		\$644.55	\$659.82
PARENT-CHILE	DRN	\$920.78	\$942.60
FAMILY		\$1,342.41	\$1,374.22

Refraction Rider Rates

CONTRACT # M150-013-F RIDER FORM #M-150-094-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

Exhibit VI

54

		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$1.00	\$1.02
2 TIER			
SINGLE FAMILY		\$1.12 \$2.80	\$1.14 \$2.85
3 TIER			
SINGLE TWO-PARTY FAMILY		\$1.12 \$2.24 \$3.31	\$1.14 \$2.28 \$3.37
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$1.12 \$2.69 \$1.57 \$3.16	\$1.14 \$2.74 \$1.60 \$3.21
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$1.12 \$2.69 \$1.78 \$3.27	\$1.14 \$2.74 \$1.82 \$3.32
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$1.12 \$2.69 \$1.57 \$2.24 \$3.27	\$1.14 \$2.74 \$1.60 \$2.28 \$3.32

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

CONTRACT # M150-013-F

RIDER FORM #M-150-095-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$0.76	\$0.78
2 TIER			
SINGLE FAMILY		\$0.85 \$2.13	\$0.87 \$2.18
3 TIER			
SINGLE TWO-PARTY FAMILY		\$0.85 \$1.70 \$2.51	\$0.87 \$1.74 \$2.57
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$0.85 \$2.04 \$1.19 \$2.39	\$0.87 \$2.09 \$1.22 \$2.45
4 TIER	BY EMPLOYER REQUEST ONLY	ψ2.00	ψ2.40
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$0.85 \$2.04 \$1.35 \$2.48	\$0.87 \$2.09 \$1.39 \$2.54
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$0.85 \$2.04 \$1.19 \$1.70 \$2.48	\$0.87 \$2.09 \$1.22 \$1.74 \$2.54

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dec: 5/22/14

CONTRACT # M150-013-F

RIDER FORM #M-150-126-F , #M-150-625-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$3.00	\$3.07
2 TIER			
SINGLE FAMILY		\$3.35 \$8.38	\$3.43 \$8.58
a milian			
3 TIER			
SINGLE		\$3.35	\$3.43
TWO-PARTY FAMILY		\$6.70 \$9.90	\$6.86 \$10.14
PAMILI		φ3.30	φ10.14
4 TIER	STANDARD		
SINGLE		\$3.35	\$3.43
HUSBAND-WIFE		\$8.04	\$8.23
PARENT-CHILD FAMILY		\$4.69 \$9.44	\$4.80 \$9.66
FAMILI		\$9.44	\$9.00
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$3.35	\$3.43
HUSBAND-WIFE		\$8.04	\$8.23
PARENT-CHILD/(RN)		\$5.34	\$5.47
FAMILY		\$9.77	\$10.00
5 TIER			
SINGLE		\$3.35	\$3.43
HUSBAND-WIFE		\$8.04	\$8.23
PARENT-CHILD		\$4.69	\$4.80
PARENT-CHILDRN		\$6.70	\$6.86
FAMILY		\$9.77	\$10.00

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

CONTRACT # M150-013-F

RIDER FORM #M-150-601-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

\$5 COPAY

Exhibit IX-a

57

			\$5 COPA1
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$2.44	\$2.44
2 TIER		,_,,	,_ ,_,
SINGLE		\$2.72	\$2.73
FAMILY		\$6.80	\$6.83
3 TIER			
SINGLE		\$2.72	\$2.73
TWO-PARTY		\$5.44	\$5.46
FAMILY		\$8.04	\$8.07
4 TIER	STANDARD		
SINGLE		\$2.72	\$2.73
HUSBAND-WIFE		\$6.53	\$6.55
PARENT-CHILD		\$3.81	\$3.82
FAMILY		\$7.66	\$7.69
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$2.72	\$2.73
HUSBAND-WIFE		\$6.53	\$6.55
PARENT-CHILD/(RN) FAMILY		\$4.33	\$4.35
FAMILY		\$7.93	\$7.96
5 TIER			
SINGLE		\$2.72	\$2.73
HUSBAND-WIFE		\$6.53	\$6.55
PARENT-CHILD		\$3.81	\$3.82
PARENT-CHILDRN FAMILY		\$5.44 \$7.93	\$5.46 \$7.96
I I I I I I I I I I I I I I I I I I I		φ1.55	φ1.50

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dec: 5/22/14

CONTRACT # M150-013-F RIDER FORM #M-150-601-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

\$10 COPAY

Exhibit IX-b

58

			\$10 COPA1
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$2.10	\$2.10
2 TIER			
SINGLE FAMILY		\$2.35 \$5.88	\$2.35 \$5.88
3 TIER			
SINGLE TWO-PARTY FAMILY		\$2.35 \$4.70 \$6.95	\$2.35 \$4.70 \$6.95
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$2.35 \$5.64 \$3.29 \$6.62	\$2.35 \$5.64 \$3.29 \$6.62
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$2.35 \$5.64 \$3.74 \$6.85	\$2.35 \$5.64 \$3.74 \$6.85
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$2.35 \$5.64 \$3.29 \$4.70 \$6.85	\$2.35 \$5.64 \$3.29 \$4.70 \$6.85

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing

Therapeutic Adjustment Rider Rates

CONTRACT # M150-013-F RIDER FORM #M-150-601-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

\$15 COPAY

Exhibit IX-c

59

			\$15 COPAY
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$1.76	\$1.76
2 TIER			
SINGLE FAMILY		\$1.97 \$4.93	\$1.97 \$4.93
3 TIER			
SINGLE TWO-PARTY FAMILY		\$1.97 \$3.94 \$5.82	\$1.97 \$3.94 \$5.82
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$1.97 \$4.73 \$2.76 \$5.55	\$1.97 \$4.73 \$2.76 \$5.55
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$1.97 \$4.73 \$3.14 \$5.74	\$1.97 \$4.73 \$3.14 \$5.74
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$1.97 \$4.73 \$2.76 \$3.94 \$5.74	\$1.97 \$4.73 \$2.76 \$3.94 \$5.74

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

Therapeutic Adjustment Rider Rates

CONTRACT # M150-013-F RIDER FORM #M-150-601-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

\$20 COPAY

Exhibit IX-d

60

			\$20 COPAY
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$1.42	\$1.42
2 TIER			
SINGLE FAMILY		\$1.58 \$3.95	\$1.59 \$3.98
3 TIER			
SINGLE TWO-PARTY FAMILY		\$1.58 \$3.16 \$4.67	\$1.59 \$3.18 \$4.70
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$1.58 \$3.79 \$2.21 \$4.45	\$1.59 \$3.82 \$2.23 \$4.48
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$1.58 \$3.79 \$2.52 \$4.61	\$1.59 \$3.82 \$2.53 \$4.64
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$1.58 \$3.79 \$2.21 \$3.16 \$4.61	\$1.59 \$3.82 \$2.23 \$3.18 \$4.64

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

Therapeutic Adjustment Rider Rates

CONTRACT # M150-013-F RIDER FORM #M-150-601-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

\$25 COPAY

Exhibit IX-e

61

			\$25 COPAY
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$1.08	\$1.08
2 TIER			
SINGLE FAMILY		\$1.21 \$3.03	\$1.21 \$3.03
3 TIER			
SINGLE TWO-PARTY FAMILY		\$1.21 \$2.42 \$3.58	\$1.21 \$2.42 \$3.58
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$1.21 \$2.90 \$1.69 \$3.41	\$1.21 \$2.90 \$1.69 \$3.41
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$1.21 \$2.90 \$1.93 \$3.53	\$1.21 \$2.90 \$1.93 \$3.53
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$1.21 \$2.90 \$1.69 \$2.42 \$3.53	\$1.21 \$2.90 \$1.69 \$2.42 \$3.53

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

Therapeutic Adjustment Rider Rates

CONTRACT # M150-013-F RIDER FORM #M-150-601-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

\$30 COPAY

Exhibit IX-f

			\$30 COPAY
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$0.74	\$0.74
2 TIER			
ar			
SINGLE FAMILY		\$0.83 \$2.08	\$0.83 \$2.08
PAMILI		φ2.00	φ2.00
3 TIER			
SINGLE		\$0.83	\$0.83
TWO-PARTY		\$1.66	\$1.66
FAMILY		\$2.45	\$2.45
4 TIER	STANDARD		
SINGLE		\$0.83	\$0.83
HUSBAND-WIFE		\$1.99	\$1.99
PARENT-CHILD		\$1.16	\$1.16
FAMILY		\$2.34	\$2.34
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$0.83	\$0.83
HUSBAND-WIFE		\$1.99	\$1.99
PARENT-CHILD/(RN)		\$1.32	\$1.32
FAMILY		\$2.42	\$2.42
5 TIER			
SINGLE		\$0.83	\$0.83
HUSBAND-WIFE		\$1.99	\$1.99
PARENT-CHILD		\$1.16	\$1.16
PARENT-CHILDRN		\$1.66	\$1.66
FAMILY		\$2.42	\$2.42

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

CONTRACT # M150-013-F RIDER FORM #M-150-601-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

\$35 COPAY

Exhibit IX-g

63

			\$35 COPAY
		8/1/14	10/1/14
		THROUGH	THROUGH
		9/30/14	12/31/14
	CAPITATION	\$0.41	\$0.41
2 TIER			
SINGLE		\$0.46	\$0.46
FAMILY		\$1.15	\$1.15
3 TIER			
SINGLE		\$0.46	\$0.46
TWO-PARTY		\$0.92	\$0.92
FAMILY		\$1.36	\$1.36
4 TIER	STANDARD		
SINGLE		\$0.46	\$0.46
HUSBAND-WIFE		\$1.10	\$1.10
PARENT-CHILD		\$0.64	\$0.64
FAMILY		\$1.30	\$1.30
4 TIER	BY EMPLOYER REQUEST ONLY		
4 111310	DI EMI LOTER REQUEST ONLI		
SINGLE		\$0.46	\$0.46
HUSBAND-WIFE		\$1.10	\$1.10
PARENT-CHILD/(RN)		\$0.73	\$0.73
FAMILY		\$1.34	\$1.34
5 TIER			
SINGLE		\$0.46	\$0.46
HUSBAND-WIFE		\$1.10	\$1.10
PARENT-CHILD		\$0.64	\$0.64
PARENT-CHILDRN		\$0.92	\$0.92
FAMILY		\$1.34	\$1.34

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

5/22/2014

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HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

5/22/2014

65

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

5/22/2014

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CONTRACT # M150-013-F RIDER FORM #M-150-782-F

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\$0 COPAY

Exhibit X-a

67

			\$0 COPAY
		8/1/14 THROUGH	10/1/14 THROUGH
		9/30/14	12/31/14
	CAPITATION	\$2.73	\$2.73
2 TIER			
SINGLE		\$3.05	\$3.05
FAMILY		\$7.63	\$7.63
3 TIER			
SINGLE		\$3.05	\$3.05
TWO-PARTY		\$6.10	\$6.10
FAMILY		\$9.02	\$9.02
4 TIER	STANDARD		
SINGLE		\$3.05	\$3.05
HUSBAND-WIFE		\$7.32	\$7.32
PARENT-CHILD		\$4.27	\$4.27
FAMILY		\$8.59	\$8.59
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$3.05	\$3.05
HUSBAND-WIFE		\$7.32	\$7.32
PARENT-CHILD/(RN)		\$4.86	\$4.86
FAMILY		\$8.89	\$8.89
5 TIER			
SINGLE		\$3.05	\$3.05
HUSBAND-WIFE		\$7.32	\$7.32
PARENT-CHILD		\$4.27	\$4.27
PARENT-CHILDRN FAMILY		\$6.10	\$6.10
FAMILI		\$8.89	\$8.89

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

ASHN Chiropractic Rider Rates

CONTRACT # M150-013-F RIDER FORM #M-150-782-F

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\$5 COPAY

			\$5 COPAY
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$1.75	\$1.75
2 TIER			
SINGLE		\$1.95	\$1.96
FAMILY		\$4.88	\$4.90
3 TIER			
SINGLE		\$1.95	\$1.96
TWO-PARTY		\$3.90	\$3.92
FAMILY		\$5.76	\$5.79
4 TIER	STANDARD		
SINGLE		\$1.95	\$1.96
HUSBAND-WIFE		\$4.68	\$4.70
PARENT-CHILD		\$2.73	\$2.74
FAMILY		\$5.49	\$5.52
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$1.95	\$1.96
HUSBAND-WIFE		\$4.68	\$4.70
PARENT-CHILD/(RN) FAMILY		\$3.11 \$5.69	\$3.12 \$5.71
FAMILI		ф <i>э</i> .0 <i>э</i>	ф9.71
<u>5 TIER</u>			
SINGLE		\$1.95	\$1.96
HUSBAND-WIFE		\$4.68	\$4.70
PARENT-CHILD		\$2.73	\$2.74
PARENT-CHILDRN FAMILY		\$3.90 \$5.69	\$3.92 \$5.71
PARILI		ф0.69	φυ. / 1

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

CONTRACT # M150-013-F RIDER FORM #M-150-782-F

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\$10 COPAY

			\$10 COPA1
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$1.39	\$1.39
2 TIER			
SINGLE FAMILY		\$1.56 \$3.90	\$1.55 \$3.88
3 TIER			
SINGLE		\$1.56	\$1.55
TWO-PARTY FAMILY		\$3.12 \$4.61	\$3.10 \$4.58
4 TIER	STANDARD		
SINGLE		\$1.56	\$1.55
HUSBAND-WIFE PARENT-CHILD		\$3.74 \$2.18	\$3.72 \$2.17
FAMILY		\$4.40	\$4.37
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$1.56	\$1.55
HUSBAND-WIFE		\$3.74	\$3.72
PARENT-CHILD/(RN) FAMILY		\$2.49 \$4.55	\$2.47 \$4.52
THUILI		φ4.00	ψ4.02
<u>5 TIER</u>			
SINGLE		\$1.56	\$1.55
HUSBAND-WIFE		\$3.74	\$3.72
PARENT-CHILD PARENT-CHILDRN		\$2.18 \$3.12	\$2.17 \$3.10
FAMILY		\$4.55	\$4.52

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

ASHN Chiropractic Rider Rates

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\$15 COPAY

			\$15 COPA1
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$1.23	\$1.23
2 TIER			
SINGLE		\$1.37	\$1.37
FAMILY		\$3.43	\$3.43
3 TIER			
SINGLE		\$1.37	\$1.37
TWO-PARTY FAMILY		\$2.74 \$4.05	\$2.74 \$4.05
FAMILI		φ4.00	φ4.00
4 TIER	STANDARD		
SINGLE		\$1.37	\$1.37
HUSBAND-WIFE		\$3.29	\$3.29
PARENT-CHILD FAMILY		\$1.92 \$3.86	\$1.92 \$3.86
		,	,
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$1.37	\$1.37
HUSBAND-WIFE PARENT-CHILD/(RN)		\$3.29 \$2.18	\$3.29 \$2.18
FAMILY		\$3.99	\$3.99
<u>5 TIER</u>			
SINGLE		\$1.37	\$1.37
HUSBAND-WIFE		\$3.29	\$3.29
PARENT-CHILD PARENT-CHILDRN		\$1.92 \$2.74	\$1.92 \$2.74
FAMILY		\$3.99	\$3.99

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

ASHN Chiropractic Rider Rates

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\$20 COPAY

			φ20 CO1A1
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$0.93	\$0.93
2 TIER			
SINGLE FAMILY		\$1.03 \$2.58	\$1.04 \$2.60
3 TIER			
SINGLE TWO-PARTY FAMILY		\$1.03 \$2.06 \$3.04	\$1.04 \$2.08 \$3.07
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$1.03 \$2.47 \$1.44 \$2.90	\$1.04 \$2.50 \$1.46 \$2.93
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$1.03 \$2.47 \$1.64 \$3.00	\$1.04 \$2.50 \$1.66 \$3.03
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$1.03 \$2.47 \$1.44 \$2.06 \$3.00	\$1.04 \$2.50 \$1.46 \$2.08 \$3.03

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
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ASHN Chiropractic Rider Rates

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\$25 COPAY

			\$25 COPAY
		8/1/14 THROUGH <u>9/30/14</u>	10/1/14 THROUGH 12/31/14
	CAPITATION	\$0.71	\$0.71
2 TIER			
SINGLE FAMILY		\$0.80 \$2.00	\$0.79 \$1.98
3 TIER			
SINGLE TWO-PARTY FAMILY		\$0.80 \$1.60 \$2.37	\$0.79 \$1.58 \$2.34
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$0.80 \$1.92 \$1.12 \$2.25	\$0.79 \$1.90 \$1.11 \$2.23
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$0.80 \$1.92 \$1.27 \$2.33	\$0.79 \$1.90 \$1.26 \$2.30
5 TIER			
SINGLE HUSBAND-WIFE p1 PARENT-CHILDRN FAMILY		\$0.80 \$1.92 \$1.12 \$1.60 \$2.33	\$0.79 \$1.90 \$1.11 \$1.58 \$2.30

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

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ASHN Chiropractic Rider Rates

CONTRACT # M150-013-F RIDER FORM #M-150-782-F

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\$30 COPAY

			\$30 COPAY
		8/1/14 THROUGH	10/1/14 THROUGH
		9/30/14	12/31/14
	CAPITATION	\$0.55	\$0.55
2 TIER			
SINGLE		\$0.62	\$0.61
FAMILY		\$1.55	\$1.53
3 TIER			
SINGLE		\$0.62	\$0.61
TWO-PARTY		\$1.24	\$1.22
FAMILY		\$1.83	\$1.80
4 TIER	STANDARD		
SINGLE		\$0.62	\$0.61
HUSBAND-WIFE		\$1.49	\$1.46
PARENT-CHILD		\$0.87	\$0.85
FAMILY		\$1.75	\$1.72
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$0.62	\$0.61
HUSBAND-WIFE		\$1.49	\$1.46
PARENT-CHILD/(RN)		\$0.99	\$0.97
FAMILY		\$1.81	\$1.78
<u>5 TIER</u>			
SINGLE		\$0.62	\$0.61
HUSBAND-WIFE		\$1.49	\$1.46
PARENT-CHILD		\$0.87	\$0.85
PARENT-CHILDRN		\$1.24	\$1.22
FAMILY		\$1.81	\$1.78

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

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ASHN Chiropractic Rider Rates

CONTRACT # M150-013-F RIDER FORM #M-150-782-F

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\$35 COPAY

			\$35 COPAY
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION		
	CAPITATION	\$0.40	\$0.40
2 TIER			
SINGLE		\$0.44	\$0.45
FAMILY		\$1.10	\$1.13
		• • •	,
3 TIER			
SINGLE		\$0.44	\$0.45
TWO-PARTY		\$0.88	\$0.90
FAMILY		\$1.30	\$1.33
4 TIER	STANDARD		
ar			
SINGLE HUSBAND-WIFE		\$0.44 \$1.06	\$0.45 \$1.08
PARENT-CHILD		\$0.62	\$1.08 \$0.63
FAMILY		\$1.24	\$1.27
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$0.44	\$0.45
HUSBAND-WIFE		\$1.06	\$1.08
PARENT-CHILD/(RN)		\$0.70	\$0.72
FAMILY		\$1.28	\$1.31
5 TIER			
SINGLE		\$0.44	\$0.45
HUSBAND-WIFE PARENT-CHILD		\$1.06	\$1.08
PARENT-CHILD PARENT-CHILDRN		\$0.62 \$0.88	\$0.63 \$0.90
FAMILY		\$1.28	\$1.31

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

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\$5 COPAY

Exhibit XI-a

			\$5 COPAY
		8/1/14	10/1/14
		THROUGH	THROUGH
		9/30/14	12/31/14
	CAPITATION	\$1.89	\$1.89
2 TIER			
SINGLE		\$2.11	\$2.11
FAMILY		\$5.28	\$5.28
3 TIER			
SINGLE		\$2.11	\$2.11
TWO-PARTY		\$4.22	\$4.22
FAMILY		\$6.24	\$6.24
4 TIER	STANDARD		
SINGLE		\$2.11	\$2.11
HUSBAND-WIFE		\$5.06	\$5.06
PARENT-CHILD		\$2.95	\$2.95
FAMILY		\$5.94	\$5.94
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$2.11	\$2.11
HUSBAND-WIFE		\$5.06	\$5.06
PARENT-CHILD/(RN)		\$3.36	\$3.36
FAMILY		\$6.15	\$6.15
<u>5 TIER</u>			
SINGLE		\$2.11	\$2.11
HUSBAND-WIFE		\$5.06	\$5.06
PARENT-CHILD		\$2.95	\$2.95
PARENT-CHILDRN FAMILY		\$4.22 \$6.15	\$4.22 \$6.15
FAMILI		φ0.10	ф0.10

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dec: 5/22/14

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CONTRACT # M150-013-F

RIDER FORM #M-150-782-F

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\$10 COPAY

Exhibit XI-b

			ψ10 CO1111
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$1.49	\$1.49
2 TIER			
SINGLE FAMILY		\$1.66 \$4.15	\$1.66 \$4.15
3 TIER			
SINGLE TWO-PARTY FAMILY		\$1.66 \$3.32 \$4.91	\$1.66 \$3.32 \$4.91
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$1.66 \$3.98 \$2.32 \$4.68	\$1.66 \$3.98 \$2.32 \$4.68
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$1.66 \$3.98 \$2.65 \$4.84	\$1.66 \$3.98 \$2.65 \$4.84
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$1.66 \$3.98 \$2.32 \$3.32 \$4.84	\$1.66 \$3.98 \$2.32 \$3.32 \$4.84

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

Enhanced (Open Access) ASHN Chiropractic Rider Rates

CONTRACT # M150-013-F RIDER FORM #M-150-782-F

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\$15 COPAY

 $\mathbf{Exhibit}\,\mathbf{XI-c}$

77

			,
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$1.32	\$1.32
2 TIER			
SINGLE FAMILY		\$1.48 \$3.70	\$1.47 \$3.68
3 TIER			
SINGLE TWO-PARTY FAMILY		\$1.48 \$2.96 \$4.38	\$1.47 \$2.94 \$4.35
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$1.48 \$3.55 \$2.07 \$4.17	\$1.47 \$3.53 \$2.06 \$4.14
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$1.48 \$3.55 \$2.36 \$4.32	\$1.47 \$3.53 \$2.34 \$4.29
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$1.48 \$3.55 \$2.07 \$2.96 \$4.32	\$1.47 \$3.53 \$2.06 \$2.94 \$4.29

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

Enhanced (Open Access) ASHN Chiropractic Rider Rates

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\$20 COPAY

Exhibit XI-d

78

			\$20 COPA1
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$1.00	\$1.00
2 TIER			
SINGLE FAMILY		\$1.11 \$2.78	\$1.12 \$2.80
3 TIER			
SINGLE TWO-PARTY FAMILY		\$1.11 \$2.22 \$3.28	\$1.12 \$2.24 \$3.31
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$1.11 \$2.66 \$1.55 \$3.13	\$1.12 \$2.69 \$1.57 \$3.16
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$1.11 \$2.66 \$1.77 \$3.24	\$1.12 \$2.69 \$1.78 \$3.27
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$1.11 \$2.66 \$1.55 \$2.22 \$3.24	\$1.12 \$2.69 \$1.57 \$2.24 \$3.27

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

CONTRACT # M150-013-F

RIDER FORM #M-150-782-F

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\$25 COPAY

 $\mathbf{Exhibit}\,\mathbf{XI-e}$

79

			\$25 COPA1
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$0.77	\$0.77
2 TIER			
SINGLE FAMILY		\$0.86 \$2.15	\$0.86 \$2.15
3 TIER			
SINGLE TWO-PARTY FAMILY		\$0.86 \$1.72 \$2.54	\$0.86 \$1.72 \$2.54
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$0.86 \$2.06 \$1.20 \$2.42	\$0.86 \$2.06 \$1.20 \$2.42
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$0.86 \$2.06 \$1.37 \$2.51	\$0.86 \$2.06 \$1.37 \$2.51
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$0.86 \$2.06 \$1.20 \$1.72 \$2.51	\$0.86 \$2.06 \$1.20 \$1.72 \$2.51

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

CONTRACT # M150-013-F RIDER FORM #M-150-782-F

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\$30 COPAY

Exhibit XI-f

80

			\$50 COPA1
		8/1/14 THROUGH <u>9/30/14</u>	10/1/14 THROUGH 12/31/14
	CAPITATION	\$0.60	\$0.60
2 TIER			
SINGLE FAMILY		\$0.67 \$1.68	\$0.67 \$1.68
3 TIER			
SINGLE TWO-PARTY FAMILY		\$0.67 \$1.34 \$1.98	\$0.67 \$1.34 \$1.98
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$0.67 \$1.61 \$0.94 \$1.89	\$0.67 \$1.61 \$0.94 \$1.89
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$0.67 \$1.61 \$1.07 \$1.95	\$0.67 \$1.61 \$1.07 \$1.95
5 TIER			
SINGLE HUSBAND-WIFE p1 PARENT-CHILDRN FAMILY		\$0.67 \$1.61 \$0.94 \$1.34 \$1.95	\$0.67 \$1.61 \$0.94 \$1.34 \$1.95

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C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

CONTRACT # M150-013-F RIDER FORM #M-150-782-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

\$35 COPAY

Exhibit XI-g

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			400 001111
		8/1/14 THROUGH 9/30/14	10/1/14 THROUGH 12/31/14
	CAPITATION	\$0.43	\$0.43
2 TIER			
SINGLE FAMILY		\$0.48 \$1.20	\$0.48 \$1.20
3 TIER			
SINGLE TWO-PARTY FAMILY		\$0.48 \$0.96 \$1.42	\$0.48 \$0.96 \$1.42
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$0.48 \$1.15 \$0.67 \$1.35	\$0.48 \$1.15 \$0.67 \$1.35
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$0.48 \$1.15 \$0.76 \$1.40	\$0.48 \$1.15 \$0.76 \$1.40
5 TIER			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$0.48 \$1.15 \$0.67 \$0.96 \$1.40	\$0.48 \$1.15 \$0.67 \$0.96 \$1.40

HPACT02
C/My Documents/Group HMO Filing-under 51 Employees-eff Aug 2014 thru Dec 2014-Rate exhibits-for PIDI
Dev: 5/22/14

 $\begin{array}{l} \textbf{CONTRACT \# M150-841-F} \\ \textbf{FACE SHEET \# M150-071-F} \end{array}$

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

*EMERGE	PLAN INCLUDES THE FOLLOWING COPAYMENTS. NCY ROOM VISIT - COPAYMENT \$75.00	8/1/14 THROUGH	Deductible Plan Example #1 (see Exh XIII for description & development) 10/1/14 THROUGH
*OUTPATI	ENT PSYCHIATRY - COPAYMENT \$25.00	9/30/14	12/31/14
	CAPITATION	\$405.85	\$415.47
2 TIER			
SINGLE		\$453.41	\$464.16
FAMILY		\$1,133.53	\$1,160.40
3 TIER			
SINGLE		\$453.41	\$464.16
TWO-PARTY		\$906.82	
FAMILY		\$1,340.42	\$1,372.20
4 TIER	STANDARD		
SINGLE		\$453.41	\$464.16
HUSBAND-WIFE		\$1,088.18	
PARENT-CHILD		\$634.77	
FAMILY		\$1,277.48	\$1,307.77
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$453.41	\$464.16
HUSBAND-WIFE		\$1,088.18	\$1,113.98
PARENT-CHILD/(RN)		\$722.55	
FAMILY		\$1,322.05	\$1,353.40
<u>5 TIER</u>			
SINGLE		\$453.41	\$464.16
HUSBAND-WIFE		\$1,088.18	
PARENT-CHILD		\$634.77	
PARENT-CHILDRN		\$906.82	
FAMILY		\$1,322.05	\$1,353.40

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

 $\begin{array}{l} \textbf{CONTRACT \# M150-841-F} \\ \textbf{FACE SHEET \# M150-071-F} \end{array}$

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

*EMERGENO	LAN INCLUDES THE FOLLOWING COPAYMENTS. CY ROOM VISIT - COPAYMENT \$75.00 NT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	Deductible Plan Example #2 (see Exh XIII for description & development) 10/1/14 THROUGH 12/31/14
	CAPITATION	\$336.69	\$344.68
2 TIER			
SINGLE FAMILY		\$376.15 \$940.38	\$385.08 \$962.70
3 TIER			
SINGLE TWO-PARTY FAMILY		\$376.15 \$752.30 \$1,112.01	
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$376.15 \$902.76 \$526.61 \$1,059.80	\$385.08 \$924.19 \$539.11 \$1,084.96
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$376.15 \$902.76 \$599.43 \$1,096.78	\$924.19
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$376.15 \$902.76 \$526.61 \$752.30 \$1,096.78	\$385.08 \$924.19 \$539.11 \$770.16 \$1,122.82

Geisinger Health Plan Group Business-under 51 Employees August 1, 2014 Rate Filing Rates Without Riders or Prescription Drug (include ACA Fees)

CONTRACT # M150-841-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

*EMERGENO	LAN INCLUDES THE FOLLOWING COPAYMENTS. CY ROOM VISIT - COPAYMENT \$75.00 NT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH 9/30/14	Deductible Plan Example #3 (see Exh XIII for description & development) 10/1/14 THROUGH 12/31/14
	CAPITATION	\$335.82	\$343.78
2 TIER			
SINGLE FAMILY		\$375.17 \$937.93	\$384.07 \$960.18
3 TIER			
SINGLE TWO-PARTY FAMILY		\$375.17 \$750.34 \$1,109.12	
4 TIER	STANDARD		
SINGLE HUSBAND-WIFE PARENT-CHILD FAMILY		\$375.17 \$900.41 \$525.24 \$1,057.04	\$384.07 \$921.77 \$537.70 \$1,082.12
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE HUSBAND-WIFE PARENT-CHILD/(RN) FAMILY		\$375.17 \$900.41 \$597.87 \$1,093.92	\$921.77
<u>5 TIER</u>			
SINGLE HUSBAND-WIFE PARENT-CHILD PARENT-CHILDRN FAMILY		\$375.17 \$900.41 \$525.24 \$750.34 \$1,093.92	\$384.07 \$921.77 \$537.70 \$768.14 \$1,119.87

CONTRACT # M150-841-F FACE SHEET # M150-071-F

SUBSCRIBER RATES ARE RECAPITULATED BELOW ACCORDING TO TIER-STRUCTURE. THE RATES ARE APPLICABLE FOR GROUP SUBSCRIBERS RENEWING BETWEEN THE PERIOD August 1, 2014 THROUGH December 31, 2014. THE RATES SUMMARIZED HEREIN REFLECT A 2.4% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

*EMERGE	PLAN INCLUDES THE FOLLOWING COPAYMENTS. NCY ROOM VISIT - COPAYMENT \$75.00 ENT PSYCHIATRY - COPAYMENT \$25.00	8/1/14 THROUGH <u>9/30/14</u>	Deductible Plan Example #4 (see Exh XIII for description & development) 10/1/14 THROUGH 12/31/14
	CAPITATION	\$311.62	\$319.01
2 TIER			
SINGLE		\$348.14	\$356.40
FAMILY		\$870.35	\$891.00
3 TIER			
SINGLE		\$348.14	\$356.40
TWO-PARTY		\$696.28	
FAMILY		\$1,029.21	\$1,053.63
4 TIER	STANDARD		
SINGLE		\$348.14	\$356.40
HUSBAND-WIFE		\$835.54	
PARENT-CHILD		\$487.40	
FAMILY		\$980.88	\$1,004.16
4 TIER	BY EMPLOYER REQUEST ONLY		
SINGLE		\$348.14	\$356.40
HUSBAND-WIFE		\$835.54	
PARENT-CHILD/(RN)		\$554.80	
FAMILY		\$1,015.11	\$1,039.19
<u>5 TIER</u>			
SINGLE		\$348.14	\$356.40
HUSBAND-WIFE		\$835.54	\$855.36
PARENT-CHILD		\$487.40	
PARENT-CHILDRN FAMILY		\$696.28 \$1,015.11	\$712.80 \$1,039.19
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 SERFF Tracking #:
 GSHP-129559890
 State Tracking #:
 GSHP-129559890
 Company Tracking #:
 0250-082014

State:PennsylvaniaFiling Company:Geisinger Health Plan

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO

Project Name/Number: Group HMO Base Rate Filing-eff Aug2014-Small Grp/0250-082014

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)	
Comments:		
Attachment(s): Group HMO Filing for Aug thru Dec Groups with under 51 Employees-eff Aug 2014-Cover Letter-REV 5.27.14 for Publication!.pdf		
Item Status:		
Status Date:		



May 22, 2014

Mr. Peter Camacci
HMO/PPO Review Division
Bureau of Accident and Health Insurance
Office of Rate Policy and Regulation
Commonwealth of Pennsylvania
Department of Insurance
1311 Strawberry Square
Harrisburg, PA 17120

re: Geisinger Health Plan ("GHP")

Small Group HMO – Non-Grandfathered Groups Renewing Aug thru Dec - Rate Filing

Effective August 1, 2014

Dear Mr. Camacci,

Enclosed for your review and approval is a copy of GHP's Small Group HMO Filing for **Non-Grandfathered groups renewing August through December 2014**. This filing is being submitted to the Department as a result of Insurance Commissioner Consedine's March 17th announcement that Pennsylvania insurers may allow people with individual or small group health insurance policies to keep their current plans through October 2016, in accordance with President Obama's March 5th statement. Please **note** that this filing **includes** all groups who chose our early renewal option (effective December 2013). The effective date of the filing is **August 1, 2014**. The main purposes of this Filing are as follows:

- 1. Implement an average rate increase of **16.5%** [over the 8/1/13-12/1/13 rates of the Group Rate Filing (ID# GSHP-**128751303**]. This filing will impact approximately **7,805** members and will generate approximately **\$4.4M** of additional annual revenue.
- 2. Increase the quarterly trend from 1.9% to 2.4%.
- 3. Include the pricing impact of any of the 2014 ACA taxes/subsidies in our base rates; these fees are included in Item#1.

A listing of exhibits and supporting documentation is provided in Attachment I.

• Please note that the experience period has also been adjusted for several specific benefit limitations/exclusions. A complete description of these appears in Attachments III & IV.

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Dev. 5/22/14; REV: 5/27/14

Please feel free to contact me at (570) 271-7842.	Thank you for your attention to this matter.

Sincerely,

Victoria Bardsley Manager of Actuarial Services, FAHM

> cc. Kurt Wrobel, FSA, Chief Actuary for GHP Linda Novacuskie, Director of Underwriting Christy Snyder, Sr Analyst-Product & Pricing Development

HPACT02
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Employees-eff Aug 2014-Cover Letter-REV 5.27.14-for Publication!.doc

Attachment I

- Exhibits A, I, III, D and IV show the rate development using specific experience for all groups (with fewer than 51 average employees) for the experience period January 1, 2013 through December 31, 2013.
- Exhibit II (included as part of Exhibit "A") shows the cost and utilization trends utilized in Exhibit I.
- Exhibit C shows the quarterly membership data for our experience period.
- Exhibits V through XII-d contain the monthly premium rates, including four examples of the Deductible/Coinsurance Plans (as developed on Exhibit XIII), and for each of the Riders.
- Exhibit XIV contains the adjustments to the monthly rates for copay variations
- Exhibit XV shows the updated development of our Health Risk Assessment benefit.
- Attachment II shows the portion of our Administrative Expense Allocation Study that applies to our HMO/POS Commercial Group business. **NOTE: this exhibit is contained in a separate** Excel file and should be treated as proprietary (i.e. NOT "published" in SERFF).
- Attachment III describes the various benefit limitations and exclusions that we implemented with our previous (eff. 4/09, 4/10, 4/11, 4/12 and 4/13) Filings. There are no proposed benefit changes for 8/14. This Attachment also lists the Healthy Lifestyle Reimbursement benefit (described on Attachment VI) which was effective 4/12.
- Attachment IV lists the select "specialty drugs" to be subject to a \$100 copay per injection/infusion up to a \$1,500 out-of-pocket maximum per year.
- Attachment V lists the preventive services covered at 100% under our Deductible/coinsurance plans.

The following items support specific calculations contained in each of the Exhibits:

1. Exhibits A & I

- The overall Trend used in these Exhibits represents an annual rate of **9.9%** (the components of which are shown in Exhibit II) projected from the middle of the aforementioned experience period to the middle of the rating period (i.e. 19 months).
- Effective July 1, 2007, GHP assumed risk for all organ transplant cases. Prior to this time, the risk was assumed by an outside vendor, SRI. Since the experience period occurs after we assumed risk, it was not necessary to adjust the rate filing exhibits. Since GHP will continue to use SRI's transplant network, we have also included their administrative fee (~\$0.06 PMPM) as a separate line item.

2. Exhibit II

- The cost and utilization trends shown here are supported by the Excel file noted next to each trend line in Exhibit II. The Utilization trends are based on regression models modified, where appropriate, based on feedback from GHP's Medical Management team. The methodology used for each trend was chosen to best reflect changes in medical management and provider practices.
- The Cost trend is based on expected future provider contract terms as determined by GHP's Provider Contracting Department.

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3. Exhibit III

• The Anticipated Office Visits PMPY (for the most popular \$15/\$30 option) of 3.34 (=2.02 PCP + 1.32 Spec.) was derived using Group 1/13-12/13 data trended for 19 months at an annual rate of 2.0% (from Exhibit II):

# Office Visits:	27,275
/ Member Months:	101,296
x Trend to 8/14-7/15	$1.0319 = 1.02^{(19/12)}$
<u>x 12</u>	<u>12</u>
= # O.V. PMPY	3.34

The OV PMPY's for the other copay options have been developed using projected utilization adjustment factors from Actuarial Consultants.

The remaining Copay adjustments on Exhibit III were derived in a similar fashion and can be viewed in the electronic version of the filing (as saved to the "Rate/Rule" tab in SERFF).

4. Exhibits D & IV

- The contract mix distribution was derived using the average number of subscribers in each contract type for the base period from our April 2013 filing (to be consistent with our previously-filed HMO & PPO Group rates for June 2014 through December 2014 renewals).
- Both the Average Family Size and the Family Rate Multiplier for the two-tiered rate structure are based on actual Group-specific data. The Average Family and Two Party Sizes for the three-tiered rate structure is calculated to bring the composite back in line with the two-tiered structure. The same methodology is used for the two four-tier and one five-tier rate structures.

5. Exhibit V

- The Base PMPM is shown here and is derived from Exhibit I. The factors applied to this Base PMPM are taken directly from Exhibits III and IV.
- The Therapeutic Adjustment Rider Base PMPM of \$2.72 is the Projected PMPM from Exhibit I. The Copay Adjustments are from Exhibit III.

6. Exhibits V-a through XII-d

- These Exhibits use the Projected PMPM's developed on Exhibits I, V, and XIII and converted to tiered-rates using the Conversion factors on Exhibits D & IV. Examples of this calculation are displayed on Exhibit V.
- A 2.4% quarterly trend was utilized in the development of our quarterly rates for 8/1/14-12/1/14. This quarterly trend was derived from the annual trend on Exhibit II, i.e. $1.099^{(3/12)} = 1.024$ (rounded to the nearest 0.1%).
- Development of the rates for the Deductible & Coinsurance plans is shown in detail on Exhibit XIII. The methodology is similar to that used in the original Filing. The Claims Probability Distribution table used is shown on the attached "Solutions Model-HMO Filings-eff 8.1.14-for DOI" file. As with the 4/09 filing, these rates reflect 100% of the deterrence factor. The specific benefit cost-sharing amounts for four of the proposed plans are shown on this Exhibit.

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Employees-eff Aug 2014-Cover Letter-REV 5.27.14-for Publication!.doc

Examples of this (representing four plans with the highest enrollment) are as follows:

	Ex #1	Ex #2	Ex #3	Ex #4
Individual Deductible	\$250	\$750	\$2,000	\$3,000
Family Deductible	\$750	\$2,250	\$6,000	\$9,000
Coinsurance	0%	20%	0%	0%
Individual Coins. Max*	N/A	\$2,250	N/A	N/A
Family Coins. Max*	N/A	\$6,750	N/A	N/A

^{*}Excludes deductible.

The deductible and coinsurance model can be used to develop base rates for the other benefit options.

8. Exhibit XV

• The Single monthly \$25 Copay rate of \$0.41 for Emergency Room was derived using the Copay Adjustment PMPM's on Exhibit III:

Copay Adj PMPM:	\$0.85	for \$50 Copay (standard level)
- Copay Adj PMPM:	\$0.48	for \$25 Copay
x Conversion Factor	1.1172	_(derived on Exhibits D & IV)
= E.R. Copay		
Single Adjustment	\$0.41	This is an addition to premium to go from
		\$50 to \$25.

The remaining rate tiers apply the Conversion Rate Multipliers (from Exhibit IV) to the Single rate. The \$75, \$100, \$125 and \$150 Copay adjustments are calculated in a similar fashion.

• The Single monthly Copay rates for the rest of the services displayed on this Exhibit were derived using the same process as used in the ER example shown above.