

**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:** Small Group HMO Base Rate Filing-eff Jun2015/0250-062016

## Filing at a Glance

Company: Geisinger Health Plan  
Product Name: HMO  
State: Pennsylvania  
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02G.004F Small Group Only - HMO  
Filing Type: Rate - Small Group Base Rate Modification  
Date Submitted: 11/25/2015  
SERFF Tr Num: GSHP-130345781  
SERFF Status: Assigned  
State Tr Num: GSHP-130345781  
State Status: Received Review in Progress  
Co Tr Num: 0250-062016  
  
Implementation: 06/01/2016  
Date Requested:  
Author(s): Vicki Bardsley  
Reviewer(s): Rashmi Mathur (primary)  
Disposition Date:  
Disposition Status:  
Implementation Date:  
  
State Filing Description:  
sm grp transition

**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:** Small Group HMO Base Rate Filing-eff Jun2015/0250-062016

## General Information

Project Name: Small Group HMO Base Rate Filing-eff Jun2015 Status of Filing in Domicile: Not Filed  
 Project Number: 0250-062016 Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Small  
 Group Market Type: Employer Overall Rate Impact:  
 Filing Status Changed: 11/30/2015  
 State Status Changed: 12/01/2015 Deemer Date:  
 Created By: Vicki Bardsley Submitted By: Vicki Bardsley  
 Corresponding Filing Tracking Number: GSHP-129922629

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

Small Group HMO Base Rate Filing-eff Jun2016

## Company and Contact

### Filing Contact Information

Vicki Bardsley, Manager Actuarial Services vbardsley@thehealthplan.com  
 100 North Academy Ave. 570-271-7842 [Phone]  
 Danville, PA 17822-3225 570-271-5474 [FAX]

### Filing Company Information

|                             |                         |                      |
|-----------------------------|-------------------------|----------------------|
| Geisinger Health Plan       | CoCode: 95923           | State of Domicile:   |
| 100 North Academy Ave.      | Group Code: 1143        | Pennsylvania         |
| Danville, PA 17822          | Group Name:             | Company Type: Health |
| (570) 271-7842 ext. [Phone] | FEIN Number: 23-2311553 | Insurance            |
|                             |                         | State ID Number:     |

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

GSHP-130345781

State Tracking #:

GSHP-130345781

Company Tracking #:

0250-062016

**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:** Small Group HMO Base Rate Filing-eff Jun2015/0250-062016

### Rate Information

Rate data applies to filing.

**Filing Method:**  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 18.300%  
**Effective Date of Last Rate Revision:** 06/01/2015  
**Filing Method of Last Filing:**

### Company Rate Information

| Company Name:         | Company Rate Change: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | Number of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|-----------------------|----------------------|-----------------------------|------------------------|--|---|-----------------------------------|---------------------------------|---------------------------------|
| Geisinger Health Plan | Increase             | 0.080%                      | 0.080%                 | \$17,845                                 | 2,559   | \$21,727,344                      | 1.520%                          | -0.510%                         |

**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:** Small Group HMO Base Rate Filing-eff Jun2015/0250-062016

## Rate Review Detail

### COMPANY:

Company Name: Geisinger Health Plan  
 HHS Issuer Id: 00000

### PRODUCTS:

| Product Name    | HIOS Product ID | HIOS Submission ID | Number of Covered Lives |
|-----------------|-----------------|--------------------|-------------------------|
| Small Group HMO |                 |                    | 4069                    |

Trend Factors: The overall Trend used in these Exhibits represents an annual rate of 5.5%.

### FORMS:

New Policy Forms:  
 Affected Forms:  
 Other Affected Forms: N/A

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 56,358  
 Benefit Change: Increase  
 Percent Change Requested: Min: -0.51 Max: 1.52 Avg: 0.08

### PRIOR RATE:

Total Earned Premium: 21,709,499.00  
 Total Incurred Claims: 18,344,852.00  
 Annual \$: Min: 318.87 Max: 471.78 Avg: 444.61

### REQUESTED RATE:

Projected Earned Premium: 21,727,344.00  
 Projected Incurred Claims: 18,271,307.00  
 Annual \$: Min: 321.77 Max: 472.81 Avg: 444.98

**SERFF Tracking #:**

GSHP-130345781

**State Tracking #:**

GSHP-130345781

**Company Tracking #:**

0250-062016

**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:** Small Group HMO Base Rate Filing-eff Jun2015/0250-062016

## Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name   | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | Attachments                                     |
|----------|----------------------|---|---|-------------|-------------------------|---|
| 1        |                      | Small Group HMO Rate Filing-Rate Exhibits-eff 6.1.16-PDF! |   | New         |                         | SG HMO Rate Exhibits-eff June 2016-in PDF!.pdf, |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-a

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

1.013 1.3%

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |            | \$0 PHYSICIAN OFFICE VISIT & PT/OT/ST COPAYS |                              |                                |
|--|------------|--|------------------------------|--------------------------------|
|  |            | 6/1/16<br>THROUGH<br>6/30/16                 | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | CAPITATION | \$478.32                                     | \$484.54                     | \$490.84                       |
| <u>2 TIER</u>  |            |  |                              |                                |
| SINGLE   |            | \$528.02                                     | \$534.88                     | \$541.84                       |
| FAMILY   |            | \$1,320.05                                   | \$1,337.20                   | \$1,354.60                     |
| <u>3 TIER</u>  |            |  |                              |                                |
| SINGLE   |            | \$528.02                                     | \$534.88                     | \$541.84                       |
| TWO-PARTY  |            | \$1,056.04                                   | \$1,069.76                   | \$1,083.68                     |
| FAMILY   |            | \$1,567.59                                   | \$1,587.95                   | \$1,608.61                     |
| <u>4 TIER</u> STANDARD                                   |            |  |                              |                                |
| SINGLE   |            | \$528.02                                     | \$534.88                     | \$541.84                       |
| HUSBAND-WIFE   |            | \$1,267.25                                   | \$1,283.71                   | \$1,300.42                     |
| PARENT-CHILD   |            | \$739.23                                     | \$748.83                     | \$758.58                       |
| FAMILY   |            | \$1,520.01                                   | \$1,539.76                   | \$1,559.79                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |            |  |                              |                                |
| SINGLE   |            | \$528.02                                     | \$534.88                     | \$541.84                       |
| HUSBAND-WIFE   |            | \$1,267.25                                   | \$1,283.71                   | \$1,300.42                     |
| PARENT-CHILD(RN)   |            | \$838.71                                     | \$849.60                     | \$860.66                       |
| FAMILY   |            | \$1,589.55                                   | \$1,610.20                   | \$1,631.16                     |
| <u>5 TIER</u>  |            |  |                              |                                |
| SINGLE   |            | \$528.02                                     | \$534.88                     | \$541.84                       |
| HUSBAND-WIFE   |            | \$1,267.25                                   | \$1,283.71                   | \$1,300.42                     |
| PARENT-CHILD   |            | \$739.23                                     | \$748.83                     | \$758.58                       |
| PARENT-CHILDRN   |            | \$1,056.04                                   | \$1,069.76                   | \$1,083.68                     |
| FAMILY   |            | \$1,589.60                                   | \$1,610.26                   | \$1,631.21                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-b

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$5 PHYSICIAN OFFICE VISIT & PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                 | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$473.80                                     | \$479.96                     | \$486.20                       |
| <u>2 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$523.03                                     | \$529.83                     | \$536.72                       |
|  | FAMILY                                    | \$1,307.58                                   | \$1,324.58                   | \$1,341.80                     |
| <u>3 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$523.03                                     | \$529.83                     | \$536.72                       |
|  | TWO-PARTY                                 | \$1,046.06                                   | \$1,059.66                   | \$1,073.44                     |
|  | FAMILY                                    | \$1,552.77                                   | \$1,572.96                   | \$1,593.41                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
|  | SINGLE                                    | \$523.03                                     | \$529.83                     | \$536.72                       |
|  | HUSBAND-WIFE                              | \$1,255.27                                   | \$1,271.59                   | \$1,288.13                     |
|  | PARENT-CHILD                              | \$732.24                                     | \$741.76                     | \$751.41                       |
|  | FAMILY                                    | \$1,505.65                                   | \$1,525.22                   | \$1,545.06                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
|  | SINGLE                                    | \$523.03                                     | \$529.83                     | \$536.72                       |
|  | HUSBAND-WIFE                              | \$1,255.27                                   | \$1,271.59                   | \$1,288.13                     |
|  | PARENT-CHILD(RN)                          | \$830.78                                     | \$841.58                     | \$852.53                       |
|  | FAMILY                                    | \$1,574.53                                   | \$1,595.00                   | \$1,615.74                     |
| <u>5 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$523.03                                     | \$529.83                     | \$536.72                       |
|  | HUSBAND-WIFE                              | \$1,255.27                                   | \$1,271.59                   | \$1,288.13                     |
|  | PARENT-CHILD                              | \$732.24                                     | \$741.76                     | \$751.41                       |
|  | PARENT-CHILDRN                            | \$1,046.06                                   | \$1,059.66                   | \$1,073.44                     |
|  | FAMILY                                    | \$1,574.58                                   | \$1,595.05                   | \$1,615.80                     |

**Geisinger Health Plan Group HMO Business-under 51 Employees  
June 1, 2016 Rate Filing  
Rates Without Riders or Prescription Drug (include ACA Fees)**

Exhibit V-c

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$10 PHYSICIAN OFFICE VISIT & PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                  | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$470.28                                      | \$476.39                     | \$482.58                       |
| <u>2 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$519.14                                      | \$525.89                     | \$532.72                       |
| FAMILY   |   | \$1,297.85                                    | \$1,314.73                   | \$1,331.80                     |
| <u>3 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$519.14                                      | \$525.89                     | \$532.72                       |
| TWO-PARTY  |   | \$1,038.28                                    | \$1,051.78                   | \$1,065.44                     |
| FAMILY   |   | \$1,541.22                                    | \$1,561.26                   | \$1,581.54                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
| SINGLE   |   | \$519.14                                      | \$525.89                     | \$532.72                       |
| HUSBAND-WIFE   |   | \$1,245.94                                    | \$1,262.14                   | \$1,278.53                     |
| PARENT-CHILD   |   | \$726.80                                      | \$736.25                     | \$745.81                       |
| FAMILY   |   | \$1,494.45                                    | \$1,513.88                   | \$1,533.54                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
| SINGLE   |   | \$519.14                                      | \$525.89                     | \$532.72                       |
| HUSBAND-WIFE   |   | \$1,245.94                                    | \$1,262.14                   | \$1,278.53                     |
| PARENT-CHILD(RN)   |   | \$824.60                                      | \$835.32                     | \$846.17                       |
| FAMILY   |   | \$1,562.82                                    | \$1,583.14                   | \$1,603.70                     |
| <u>5 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$519.14                                      | \$525.89                     | \$532.72                       |
| HUSBAND-WIFE   |   | \$1,245.94                                    | \$1,262.14                   | \$1,278.53                     |
| PARENT-CHILD   |   | \$726.80                                      | \$736.25                     | \$745.81                       |
| PARENT-CHILDRN   |   | \$1,038.28                                    | \$1,051.78                   | \$1,065.44                     |
| FAMILY   |   | \$1,562.87                                    | \$1,583.19                   | \$1,603.75                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-d

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. | \$10 PCP/\$15 SPEC. OFFICE VISIT & \$15 PT/OT/ST COPAYS |                              |                                |
|--|---|------------------------------|--------------------------------|
|  | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |   |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |   |                              |                                |
| CAPITATION   | \$469.25  | \$475.35                     | \$481.53                       |
| <u>2 TIER</u>  |   |                              |                                |
| SINGLE   | \$518.01  | \$524.74                     | \$531.56                       |
| FAMILY   | \$1,295.03  | \$1,311.85                   | \$1,328.90                     |
| <u>3 TIER</u>  |   |                              |                                |
| SINGLE   | \$518.01  | \$524.74                     | \$531.56                       |
| TWO-PARTY  | \$1,036.02  | \$1,049.48                   | \$1,063.12                     |
| FAMILY   | \$1,537.87  | \$1,557.85                   | \$1,578.10                     |
| <u>4 TIER</u> STANDARD                                   |   |                              |                                |
| SINGLE   | \$518.01  | \$524.74                     | \$531.56                       |
| HUSBAND-WIFE   | \$1,243.22  | \$1,259.38                   | \$1,275.74                     |
| PARENT-CHILD   | \$725.21  | \$734.64                     | \$744.18                       |
| FAMILY   | \$1,491.20  | \$1,510.57                   | \$1,530.20                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |                              |                                |
| SINGLE   | \$518.01  | \$524.74                     | \$531.56                       |
| HUSBAND-WIFE   | \$1,243.22  | \$1,259.38                   | \$1,275.74                     |
| PARENT-CHILD(RN)   | \$822.81  | \$833.50                     | \$844.33                       |
| FAMILY   | \$1,559.42  | \$1,579.68                   | \$1,600.21                     |
| <u>5 TIER</u>  |   |                              |                                |
| SINGLE   | \$518.01  | \$524.74                     | \$531.56                       |
| HUSBAND-WIFE   | \$1,243.22  | \$1,259.38                   | \$1,275.74                     |
| PARENT-CHILD   | \$725.21  | \$734.64                     | \$744.18                       |
| PARENT-CHILDRN   | \$1,036.02  | \$1,049.48                   | \$1,063.12                     |
| FAMILY   | \$1,559.47  | \$1,579.73                   | \$1,600.26                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-e

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. | \$10 PCP/\$20 SPEC. OFFICE VISIT & \$20 PT/OT/ST COPAYS |                              |                                |
|--|---|------------------------------|--------------------------------|
|  | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| CAPITATION   | \$468.04  | \$474.13                     | \$480.29                       |
| <b>2 TIER</b>  |   |                              |                                |
| SINGLE   | \$516.67  | \$523.39                     | \$530.19                       |
| FAMILY   | \$1,291.68  | \$1,308.48                   | \$1,325.48                     |
| <b>3 TIER</b>  |   |                              |                                |
| SINGLE   | \$516.67  | \$523.39                     | \$530.19                       |
| TWO-PARTY  | \$1,033.34  | \$1,046.78                   | \$1,060.38                     |
| FAMILY   | \$1,533.89  | \$1,553.84                   | \$1,574.03                     |
| <b>4 TIER STANDARD</b>                                   |   |                              |                                |
| SINGLE   | \$516.67  | \$523.39                     | \$530.19                       |
| HUSBAND-WIFE   | \$1,240.01  | \$1,256.14                   | \$1,272.46                     |
| PARENT-CHILD   | \$723.34  | \$732.75                     | \$742.27                       |
| FAMILY   | \$1,487.34  | \$1,506.68                   | \$1,526.26                     |
| <b>4 TIER BY EMPLOYER REQUEST ONLY</b>                   |   |                              |                                |
| SINGLE   | \$516.67  | \$523.39                     | \$530.19                       |
| HUSBAND-WIFE   | \$1,240.01  | \$1,256.14                   | \$1,272.46                     |
| PARENT-CHILD(RN)   | \$820.68  | \$831.35                     | \$842.15                       |
| FAMILY   | \$1,555.38  | \$1,575.61                   | \$1,596.08                     |
| <b>5 TIER</b>  |   |                              |                                |
| SINGLE   | \$516.67  | \$523.39                     | \$530.19                       |
| HUSBAND-WIFE   | \$1,240.01  | \$1,256.14                   | \$1,272.46                     |
| PARENT-CHILD   | \$723.34  | \$732.75                     | \$742.27                       |
| PARENT-CHILDRN   | \$1,033.34  | \$1,046.78                   | \$1,060.38                     |
| FAMILY   | \$1,555.44  | \$1,575.67                   | \$1,596.14                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-f

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$10 PCP/\$25 SPEC. OFFICE VISIT &<br>\$25 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$467.23   | \$473.31                     | \$479.46                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$515.78   | \$522.49                     | \$529.28                       |
| FAMILY   |   | \$1,289.45   | \$1,306.23                   | \$1,323.20                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$515.78   | \$522.49                     | \$529.28                       |
| TWO-PARTY  |   | \$1,031.56   | \$1,044.98                   | \$1,058.56                     |
| FAMILY   |   | \$1,531.25   | \$1,551.17                   | \$1,571.33                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$515.78   | \$522.49                     | \$529.28                       |
| HUSBAND-WIFE   |   | \$1,237.87   | \$1,253.98                   | \$1,270.27                     |
| PARENT-CHILD   |   | \$722.09   | \$731.49                     | \$740.99                       |
| FAMILY   |   | \$1,484.78   | \$1,504.09                   | \$1,523.64                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$515.78   | \$522.49                     | \$529.28                       |
| HUSBAND-WIFE   |   | \$1,237.87   | \$1,253.98                   | \$1,270.27                     |
| PARENT-CHILD(RN)   |   | \$819.26   | \$829.92                     | \$840.71                       |
| FAMILY   |   | \$1,552.70   | \$1,572.90                   | \$1,593.34                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$515.78   | \$522.49                     | \$529.28                       |
| HUSBAND-WIFE   |   | \$1,237.87   | \$1,253.98                   | \$1,270.27                     |
| PARENT-CHILD   |   | \$722.09   | \$731.49                     | \$740.99                       |
| PARENT-CHILDRN   |   | \$1,031.56   | \$1,044.98                   | \$1,058.56                     |
| FAMILY   |   | \$1,552.76   | \$1,572.96                   | \$1,593.40                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-g

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |  | \$10 PCP/\$30 SPEC. OFFICE VISIT & \$30 PT/OT/ST COPAYS |                              |                                |
|--|--|---|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |  |   |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |  |   |                              |                                |
| CAPITATION   |  | \$466.44  | \$472.50                     | \$478.64                       |
| <u>2 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$514.90  | \$521.59                     | \$528.37                       |
| FAMILY   |  | \$1,287.25  | \$1,303.98                   | \$1,320.93                     |
| <u>3 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$514.90  | \$521.59                     | \$528.37                       |
| TWO-PARTY  |  | \$1,029.80  | \$1,043.18                   | \$1,056.74                     |
| FAMILY   |  | \$1,528.64  | \$1,548.50                   | \$1,568.62                     |
| <u>4 TIER</u> STANDARD                                   |  |   |                              |                                |
| SINGLE   |  | \$514.90  | \$521.59                     | \$528.37                       |
| HUSBAND-WIFE   |  | \$1,235.76  | \$1,251.82                   | \$1,268.09                     |
| PARENT-CHILD   |  | \$720.86  | \$730.23                     | \$739.72                       |
| FAMILY   |  | \$1,482.24  | \$1,501.50                   | \$1,521.02                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |  |   |                              |                                |
| SINGLE   |  | \$514.90  | \$521.59                     | \$528.37                       |
| HUSBAND-WIFE   |  | \$1,235.76  | \$1,251.82                   | \$1,268.09                     |
| PARENT-CHILD(RN)   |  | \$817.87  | \$828.49                     | \$839.26                       |
| FAMILY   |  | \$1,550.05  | \$1,570.19                   | \$1,590.61                     |
| <u>5 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$514.90  | \$521.59                     | \$528.37                       |
| HUSBAND-WIFE   |  | \$1,235.76  | \$1,251.82                   | \$1,268.09                     |
| PARENT-CHILD   |  | \$720.86  | \$730.23                     | \$739.72                       |
| PARENT-CHILDRN   |  | \$1,029.80  | \$1,043.18                   | \$1,056.74                     |
| FAMILY   |  | \$1,550.11  | \$1,570.25                   | \$1,590.66                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-h

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$10 PCP/\$35 SPEC. OFFICE VISIT &<br>\$35 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$465.68   | \$471.73                     | \$477.86                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$514.06   | \$520.74                     | \$527.51                       |
| FAMILY   |   | \$1,285.15   | \$1,301.85                   | \$1,318.78                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$514.06   | \$520.74                     | \$527.51                       |
| TWO-PARTY  |   | \$1,028.12   | \$1,041.48                   | \$1,055.02                     |
| FAMILY   |   | \$1,526.14   | \$1,545.97                   | \$1,566.07                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$514.06   | \$520.74                     | \$527.51                       |
| HUSBAND-WIFE   |   | \$1,233.74   | \$1,249.78                   | \$1,266.02                     |
| PARENT-CHILD   |   | \$719.68   | \$729.04                     | \$738.51                       |
| FAMILY   |   | \$1,479.82   | \$1,499.05                   | \$1,518.54                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$514.06   | \$520.74                     | \$527.51                       |
| HUSBAND-WIFE   |   | \$1,233.74   | \$1,249.78                   | \$1,266.02                     |
| PARENT-CHILD(RN)   |   | \$816.53   | \$827.14                     | \$837.90                       |
| FAMILY   |   | \$1,547.53   | \$1,567.64                   | \$1,588.02                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$514.06   | \$520.74                     | \$527.51                       |
| HUSBAND-WIFE   |   | \$1,233.74   | \$1,249.78                   | \$1,266.02                     |
| PARENT-CHILD   |   | \$719.68   | \$729.04                     | \$738.51                       |
| PARENT-CHILDRN   |   | \$1,028.12   | \$1,041.48                   | \$1,055.02                     |
| FAMILY   |   | \$1,547.58   | \$1,567.69                   | \$1,588.07                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-I

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. | \$10 PCP/\$40 SPEC. OFFICE VISIT & \$40 PT/OT/ST COPAYS |                              |                                |
|--|---|------------------------------|--------------------------------|
|  | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |   |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |   |                              |                                |
| CAPITATION   | \$464.75  | \$470.80                     | \$476.92                       |
| <u>2 TIER</u>  |   |                              |                                |
| SINGLE   | \$513.04  | \$519.72                     | \$526.47                       |
| FAMILY   | \$1,282.60  | \$1,299.30                   | \$1,316.18                     |
| <u>3 TIER</u>  |   |                              |                                |
| SINGLE   | \$513.04  | \$519.72                     | \$526.47                       |
| TWO-PARTY  | \$1,026.08  | \$1,039.44                   | \$1,052.94                     |
| FAMILY   | \$1,523.11  | \$1,542.94                   | \$1,562.98                     |
| <u>4 TIER</u> STANDARD                                   |   |                              |                                |
| SINGLE   | \$513.04  | \$519.72                     | \$526.47                       |
| HUSBAND-WIFE   | \$1,231.30  | \$1,247.33                   | \$1,263.53                     |
| PARENT-CHILD   | \$718.26  | \$727.61                     | \$737.06                       |
| FAMILY   | \$1,476.89  | \$1,496.12                   | \$1,515.55                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |                              |                                |
| SINGLE   | \$513.04  | \$519.72                     | \$526.47                       |
| HUSBAND-WIFE   | \$1,231.30  | \$1,247.33                   | \$1,263.53                     |
| PARENT-CHILD(RN)   | \$814.91  | \$825.52                     | \$836.24                       |
| FAMILY   | \$1,544.46  | \$1,564.57                   | \$1,584.89                     |
| <u>5 TIER</u>  |   |                              |                                |
| SINGLE   | \$513.04  | \$519.72                     | \$526.47                       |
| HUSBAND-WIFE   | \$1,231.30  | \$1,247.33                   | \$1,263.53                     |
| PARENT-CHILD   | \$718.26  | \$727.61                     | \$737.06                       |
| PARENT-CHILDRN   | \$1,026.08  | \$1,039.44                   | \$1,052.94                     |
| FAMILY   | \$1,544.51  | \$1,564.62                   | \$1,584.94                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-j

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. | \$10 PCP/\$45 SPEC. OFFICE VISIT &<br>\$45 PT/OT/ST COPAYS |                              |                                |
|--|--|------------------------------|--------------------------------|
|  | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |  |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |  |                              |                                |
| CAPITATION   | \$464.06   | \$470.10                     | \$476.21                       |
| <b>2 TIER</b>  |  |                              |                                |
| SINGLE   | \$512.28   | \$518.94                     | \$525.69                       |
| FAMILY   | \$1,280.70   | \$1,297.35                   | \$1,314.23                     |
| <b>3 TIER</b>  |  |                              |                                |
| SINGLE   | \$512.28   | \$518.94                     | \$525.69                       |
| TWO-PARTY  | \$1,024.56   | \$1,037.88                   | \$1,051.38                     |
| FAMILY   | \$1,520.86   | \$1,540.63                   | \$1,560.67                     |
| <b>4 TIER STANDARD</b>                                   |  |                              |                                |
| SINGLE   | \$512.28   | \$518.94                     | \$525.69                       |
| HUSBAND-WIFE   | \$1,229.47   | \$1,245.46                   | \$1,261.66                     |
| PARENT-CHILD   | \$717.19   | \$726.52                     | \$735.97                       |
| FAMILY   | \$1,474.70   | \$1,493.87                   | \$1,513.30                     |
| <b>4 TIER BY EMPLOYER REQUEST ONLY</b>                   |  |                              |                                |
| SINGLE   | \$512.28   | \$518.94                     | \$525.69                       |
| HUSBAND-WIFE   | \$1,229.47   | \$1,245.46                   | \$1,261.66                     |
| PARENT-CHILD(RN)   | \$813.71   | \$824.28                     | \$835.01                       |
| FAMILY   | \$1,542.17   | \$1,562.22                   | \$1,582.54                     |
| <b>5 TIER</b>  |  |                              |                                |
| SINGLE   | \$512.28   | \$518.94                     | \$525.69                       |
| HUSBAND-WIFE   | \$1,229.47   | \$1,245.46                   | \$1,261.66                     |
| PARENT-CHILD   | \$717.19   | \$726.52                     | \$735.97                       |
| PARENT-CHILDRN   | \$1,024.56   | \$1,037.88                   | \$1,051.38                     |
| FAMILY   | \$1,542.22   | \$1,562.27                   | \$1,582.59                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-k

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$10 PCP/\$50 SPEC. OFFICE VISIT &<br>\$50 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$463.25   | \$469.27                     | \$475.37                       |
| <u>2 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$511.38   | \$518.03                     | \$524.76                       |
|  | FAMILY                                    | \$1,278.45   | \$1,295.08                   | \$1,311.90                     |
| <u>3 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$511.38   | \$518.03                     | \$524.76                       |
|  | TWO-PARTY                                 | \$1,022.76   | \$1,036.06                   | \$1,049.52                     |
|  | FAMILY                                    | \$1,518.18   | \$1,537.93                   | \$1,557.91                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
|  | SINGLE                                    | \$511.38   | \$518.03                     | \$524.76                       |
|  | HUSBAND-WIFE                              | \$1,227.31   | \$1,243.27                   | \$1,259.42                     |
|  | PARENT-CHILD                              | \$715.93   | \$725.24                     | \$734.66                       |
|  | FAMILY                                    | \$1,472.11   | \$1,491.25                   | \$1,510.63                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
|  | SINGLE                                    | \$511.38   | \$518.03                     | \$524.76                       |
|  | HUSBAND-WIFE                              | \$1,227.31   | \$1,243.27                   | \$1,259.42                     |
|  | PARENT-CHILD(RN)                          | \$812.28   | \$822.84                     | \$833.53                       |
|  | FAMILY                                    | \$1,539.46   | \$1,559.48                   | \$1,579.74                     |
| <u>5 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$511.38   | \$518.03                     | \$524.76                       |
|  | HUSBAND-WIFE                              | \$1,227.31   | \$1,243.27                   | \$1,259.42                     |
|  | PARENT-CHILD                              | \$715.93   | \$725.24                     | \$734.66                       |
|  | PARENT-CHILDRN                            | \$1,022.76   | \$1,036.06                   | \$1,049.52                     |
|  | FAMILY                                    | \$1,539.51   | \$1,559.53                   | \$1,579.79                     |

**Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)**

Exhibit V-L

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$10 PCP/\$55 SPEC. OFFICE VISIT &<br>\$55 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$462.49   | \$468.50                     | \$474.59                       |
| <u>2 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$510.54   | \$517.18                     | \$523.90                       |
|  | FAMILY                                    | \$1,276.35   | \$1,292.95                   | \$1,309.75                     |
| <u>3 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$510.54   | \$517.18                     | \$523.90                       |
|  | TWO-PARTY                                 | \$1,021.08   | \$1,034.36                   | \$1,047.80                     |
|  | FAMILY                                    | \$1,515.69   | \$1,535.40                   | \$1,555.35                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
|  | SINGLE                                    | \$510.54   | \$517.18                     | \$523.90                       |
|  | HUSBAND-WIFE                              | \$1,225.30   | \$1,241.23                   | \$1,257.36                     |
|  | PARENT-CHILD                              | \$714.76   | \$724.05                     | \$733.46                       |
|  | FAMILY                                    | \$1,469.69   | \$1,488.81                   | \$1,508.15                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
|  | SINGLE                                    | \$510.54   | \$517.18                     | \$523.90                       |
|  | HUSBAND-WIFE                              | \$1,225.30   | \$1,241.23                   | \$1,257.36                     |
|  | PARENT-CHILD(RN)                          | \$810.94   | \$821.49                     | \$832.16                       |
|  | FAMILY                                    | \$1,536.93   | \$1,556.92                   | \$1,577.15                     |
| <u>5 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$510.54   | \$517.18                     | \$523.90                       |
|  | HUSBAND-WIFE                              | \$1,225.30   | \$1,241.23                   | \$1,257.36                     |
|  | PARENT-CHILD                              | \$714.76   | \$724.05                     | \$733.46                       |
|  | PARENT-CHILDRN                            | \$1,021.08   | \$1,034.36                   | \$1,047.80                     |
|  | FAMILY                                    | \$1,536.98   | \$1,556.97                   | \$1,577.20                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-m

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$10 PCP/\$60 SPEC. OFFICE VISIT & \$60 PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$461.71  | \$467.71                     | \$473.79                       |
| <u>2 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$509.68  | \$516.31                     | \$523.02                       |
| FAMILY   |   | \$1,274.20  | \$1,290.78                   | \$1,307.55                     |
| <u>3 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$509.68  | \$516.31                     | \$523.02                       |
| TWO-PARTY  |   | \$1,019.36  | \$1,032.62                   | \$1,046.04                     |
| FAMILY   |   | \$1,513.14  | \$1,532.82                   | \$1,552.74                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
| SINGLE   |   | \$509.68  | \$516.31                     | \$523.02                       |
| HUSBAND-WIFE   |   | \$1,223.23  | \$1,239.14                   | \$1,255.25                     |
| PARENT-CHILD   |   | \$713.55  | \$722.83                     | \$732.23                       |
| FAMILY   |   | \$1,467.22  | \$1,486.30                   | \$1,505.62                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
| SINGLE   |   | \$509.68  | \$516.31                     | \$523.02                       |
| HUSBAND-WIFE   |   | \$1,223.23  | \$1,239.14                   | \$1,255.25                     |
| PARENT-CHILD(RN)   |   | \$809.58  | \$820.11                     | \$830.76                       |
| FAMILY   |   | \$1,534.34  | \$1,554.30                   | \$1,574.50                     |
| <u>5 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$509.68  | \$516.31                     | \$523.02                       |
| HUSBAND-WIFE   |   | \$1,223.23  | \$1,239.14                   | \$1,255.25                     |
| PARENT-CHILD   |   | \$713.55  | \$722.83                     | \$732.23                       |
| PARENT-CHILDRN   |   | \$1,019.36  | \$1,032.62                   | \$1,046.04                     |
| FAMILY   |   | \$1,534.39  | \$1,554.35                   | \$1,574.55                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-n

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$15 PHYSICIAN OFFICE VISIT & PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                  | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$467.51                                      | \$473.58                     | \$479.74                       |
| <u>2 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$516.08                                      | \$522.78                     | \$529.58                       |
| FAMILY   |   | \$1,290.20                                    | \$1,306.95                   | \$1,323.95                     |
| <u>3 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$516.08                                      | \$522.78                     | \$529.58                       |
| TWO-PARTY  |   | \$1,032.16                                    | \$1,045.56                   | \$1,059.16                     |
| FAMILY   |   | \$1,532.14                                    | \$1,552.03                   | \$1,572.22                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
| SINGLE   |   | \$516.08                                      | \$522.78                     | \$529.58                       |
| HUSBAND-WIFE   |   | \$1,238.59                                    | \$1,254.67                   | \$1,270.99                     |
| PARENT-CHILD   |   | \$722.51                                      | \$731.89                     | \$741.41                       |
| FAMILY   |   | \$1,485.64                                    | \$1,504.93                   | \$1,524.50                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
| SINGLE   |   | \$516.08                                      | \$522.78                     | \$529.58                       |
| HUSBAND-WIFE   |   | \$1,238.59                                    | \$1,254.67                   | \$1,270.99                     |
| PARENT-CHILD(RN)   |   | \$819.74                                      | \$830.38                     | \$841.18                       |
| FAMILY   |   | \$1,553.61                                    | \$1,573.78                   | \$1,594.25                     |
| <u>5 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$516.08                                      | \$522.78                     | \$529.58                       |
| HUSBAND-WIFE   |   | \$1,238.59                                    | \$1,254.67                   | \$1,270.99                     |
| PARENT-CHILD   |   | \$722.51                                      | \$731.89                     | \$741.41                       |
| PARENT-CHILDRN   |   | \$1,032.16                                    | \$1,045.56                   | \$1,059.16                     |
| FAMILY   |   | \$1,553.66                                    | \$1,573.83                   | \$1,594.30                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-o

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$15 PCP/\$20 SPEC. OFFICE VISIT &<br>\$20 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$466.30   | \$472.36                     | \$478.50                       |
| <u>2 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$514.75   | \$521.44                     | \$528.22                       |
|  | FAMILY                                    | \$1,286.88   | \$1,303.60                   | \$1,320.55                     |
| <u>3 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$514.75   | \$521.44                     | \$528.22                       |
|  | TWO-PARTY                                 | \$1,029.50   | \$1,042.88                   | \$1,056.44                     |
|  | FAMILY                                    | \$1,528.19   | \$1,548.05                   | \$1,568.18                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
|  | SINGLE                                    | \$514.75   | \$521.44                     | \$528.22                       |
|  | HUSBAND-WIFE                              | \$1,235.40   | \$1,251.46                   | \$1,267.73                     |
|  | PARENT-CHILD                              | \$720.65   | \$730.02                     | \$739.51                       |
|  | FAMILY                                    | \$1,481.81   | \$1,501.07                   | \$1,520.59                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
|  | SINGLE                                    | \$514.75   | \$521.44                     | \$528.22                       |
|  | HUSBAND-WIFE                              | \$1,235.40   | \$1,251.46                   | \$1,267.73                     |
|  | PARENT-CHILD(RN)                          | \$817.63   | \$828.26                     | \$839.02                       |
|  | FAMILY                                    | \$1,549.60   | \$1,569.74                   | \$1,590.15                     |
| <u>5 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$514.75   | \$521.44                     | \$528.22                       |
|  | HUSBAND-WIFE                              | \$1,235.40   | \$1,251.46                   | \$1,267.73                     |
|  | PARENT-CHILD                              | \$720.65   | \$730.02                     | \$739.51                       |
|  | PARENT-CHILDRN                            | \$1,029.50   | \$1,042.88                   | \$1,056.44                     |
|  | FAMILY                                    | \$1,549.65   | \$1,569.80                   | \$1,590.21                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-p

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. | \$15 PCP/\$25 SPEC. OFFICE VISIT & \$25 PT/OT/ST COPAYS |                              |                                |
|--|---|------------------------------|--------------------------------|
|  | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |   |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |   |                              |                                |
| CAPITATION   | \$465.48  | \$471.54                     | \$477.67                       |
| <u>2 TIER</u>  |   |                              |                                |
| SINGLE   | \$513.85  | \$520.53                     | \$527.30                       |
| FAMILY   | \$1,284.63  | \$1,301.33                   | \$1,318.25                     |
| <u>3 TIER</u>  |   |                              |                                |
| SINGLE   | \$513.85  | \$520.53                     | \$527.30                       |
| TWO-PARTY  | \$1,027.70  | \$1,041.06                   | \$1,054.60                     |
| FAMILY   | \$1,525.52  | \$1,545.35                   | \$1,565.45                     |
| <u>4 TIER</u> STANDARD                                   |   |                              |                                |
| SINGLE   | \$513.85  | \$520.53                     | \$527.30                       |
| HUSBAND-WIFE   | \$1,233.24  | \$1,249.27                   | \$1,265.52                     |
| PARENT-CHILD   | \$719.39  | \$728.74                     | \$738.22                       |
| FAMILY   | \$1,479.22  | \$1,498.45                   | \$1,517.94                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |                              |                                |
| SINGLE   | \$513.85  | \$520.53                     | \$527.30                       |
| HUSBAND-WIFE   | \$1,233.24  | \$1,249.27                   | \$1,265.52                     |
| PARENT-CHILD(RN)   | \$816.20  | \$826.81                     | \$837.56                       |
| FAMILY   | \$1,546.89  | \$1,567.00                   | \$1,587.38                     |
| <u>5 TIER</u>  |   |                              |                                |
| SINGLE   | \$513.85  | \$520.53                     | \$527.30                       |
| HUSBAND-WIFE   | \$1,233.24  | \$1,249.27                   | \$1,265.52                     |
| PARENT-CHILD   | \$719.39  | \$728.74                     | \$738.22                       |
| PARENT-CHILDRN   | \$1,027.70  | \$1,041.06                   | \$1,054.60                     |
| FAMILY   | \$1,546.95  | \$1,567.06                   | \$1,587.44                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-q

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |  | \$15 PCP/\$30 SPEC. OFFICE VISIT & \$30 PT/OT/ST COPAYS |                              |                                |
|--|--|---|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |  |   |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |  |   |                              |                                |
| CAPITATION   |  | \$464.70  | \$470.74                     | \$476.86                       |
| <u>2 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$512.99  | \$519.65                     | \$526.41                       |
| FAMILY   |  | \$1,282.48  | \$1,299.13                   | \$1,316.03                     |
| <u>3 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$512.99  | \$519.65                     | \$526.41                       |
| TWO-PARTY  |  | \$1,025.98  | \$1,039.30                   | \$1,052.82                     |
| FAMILY   |  | \$1,522.96  | \$1,542.74                   | \$1,562.81                     |
| <u>4 TIER</u> STANDARD                                   |  |   |                              |                                |
| SINGLE   |  | \$512.99  | \$519.65                     | \$526.41                       |
| HUSBAND-WIFE   |  | \$1,231.18  | \$1,247.16                   | \$1,263.38                     |
| PARENT-CHILD   |  | \$718.19  | \$727.51                     | \$736.97                       |
| FAMILY   |  | \$1,476.74  | \$1,495.92                   | \$1,515.38                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |  |   |                              |                                |
| SINGLE   |  | \$512.99  | \$519.65                     | \$526.41                       |
| HUSBAND-WIFE   |  | \$1,231.18  | \$1,247.16                   | \$1,263.38                     |
| PARENT-CHILD(RN)   |  | \$814.83  | \$825.41                     | \$836.15                       |
| FAMILY   |  | \$1,544.31  | \$1,564.35                   | \$1,584.70                     |
| <u>5 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$512.99  | \$519.65                     | \$526.41                       |
| HUSBAND-WIFE   |  | \$1,231.18  | \$1,247.16                   | \$1,263.38                     |
| PARENT-CHILD   |  | \$718.19  | \$727.51                     | \$736.97                       |
| PARENT-CHILDRN   |  | \$1,025.98  | \$1,039.30                   | \$1,052.82                     |
| FAMILY   |  | \$1,544.36  | \$1,564.41                   | \$1,584.76                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-r

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$15 PCP/\$35 SPEC. OFFICE VISIT &<br>\$35 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$463.94   | \$469.97                     | \$476.08                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$512.14   | \$518.80                     | \$525.54                       |
| FAMILY   |   | \$1,280.35   | \$1,297.00                   | \$1,313.85                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$512.14   | \$518.80                     | \$525.54                       |
| TWO-PARTY  |   | \$1,024.28   | \$1,037.60                   | \$1,051.08                     |
| FAMILY   |   | \$1,520.44   | \$1,540.21                   | \$1,560.22                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$512.14   | \$518.80                     | \$525.54                       |
| HUSBAND-WIFE   |   | \$1,229.14   | \$1,245.12                   | \$1,261.30                     |
| PARENT-CHILD   |   | \$717.00   | \$726.32                     | \$735.76                       |
| FAMILY   |   | \$1,474.30   | \$1,493.47                   | \$1,512.87                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$512.14   | \$518.80                     | \$525.54                       |
| HUSBAND-WIFE   |   | \$1,229.14   | \$1,245.12                   | \$1,261.30                     |
| PARENT-CHILD(RN)   |   | \$813.48   | \$824.06                     | \$834.77                       |
| FAMILY   |   | \$1,541.75   | \$1,561.80                   | \$1,582.09                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$512.14   | \$518.80                     | \$525.54                       |
| HUSBAND-WIFE   |   | \$1,229.14   | \$1,245.12                   | \$1,261.30                     |
| PARENT-CHILD   |   | \$717.00   | \$726.32                     | \$735.76                       |
| PARENT-CHILDRN   |   | \$1,024.28   | \$1,037.60                   | \$1,051.08                     |
| FAMILY   |   | \$1,541.80   | \$1,561.85                   | \$1,582.14                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-s

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |  | \$15 PCP/\$40 SPEC. OFFICE VISIT &<br>\$40 PT/OT/ST COPAYS |                              |                                |
|--|--|--|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |  |  |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |  |  |                              |                                |
| CAPITATION   |  | \$463.01   | \$469.03                     | \$475.13                       |
| <u>2 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$511.11   | \$517.76                     | \$524.50                       |
| FAMILY   |  | \$1,277.78   | \$1,294.40                   | \$1,311.25                     |
| <u>3 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$511.11   | \$517.76                     | \$524.50                       |
| TWO-PARTY  |  | \$1,022.22   | \$1,035.52                   | \$1,049.00                     |
| FAMILY   |  | \$1,517.38   | \$1,537.13                   | \$1,557.14                     |
| <u>4 TIER</u> STANDARD                                   |  |  |                              |                                |
| SINGLE   |  | \$511.11   | \$517.76                     | \$524.50                       |
| HUSBAND-WIFE   |  | \$1,226.66   | \$1,242.62                   | \$1,258.80                     |
| PARENT-CHILD   |  | \$715.55   | \$724.86                     | \$734.30                       |
| FAMILY   |  | \$1,471.33   | \$1,490.48                   | \$1,509.88                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |  |  |                              |                                |
| SINGLE   |  | \$511.11   | \$517.76                     | \$524.50                       |
| HUSBAND-WIFE   |  | \$1,226.66   | \$1,242.62                   | \$1,258.80                     |
| PARENT-CHILD(RN)   |  | \$811.85   | \$822.41                     | \$833.12                       |
| FAMILY   |  | \$1,538.65   | \$1,558.66                   | \$1,578.95                     |
| <u>5 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$511.11   | \$517.76                     | \$524.50                       |
| HUSBAND-WIFE   |  | \$1,226.66   | \$1,242.62                   | \$1,258.80                     |
| PARENT-CHILD   |  | \$715.55   | \$724.86                     | \$734.30                       |
| PARENT-CHILDRN   |  | \$1,022.22   | \$1,035.52                   | \$1,049.00                     |
| FAMILY   |  | \$1,538.70   | \$1,558.72                   | \$1,579.01                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-t

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$15 PCP/\$45 SPEC. OFFICE VISIT &<br>\$45 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$462.33   | \$468.34                     | \$474.43                       |
| <u>2 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$510.36   | \$517.00                     | \$523.72                       |
|  | FAMILY                                    | \$1,275.90   | \$1,292.50                   | \$1,309.30                     |
| <u>3 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$510.36   | \$517.00                     | \$523.72                       |
|  | TWO-PARTY                                 | \$1,020.72   | \$1,034.00                   | \$1,047.44                     |
|  | FAMILY                                    | \$1,515.16   | \$1,534.87                   | \$1,554.82                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
|  | SINGLE                                    | \$510.36   | \$517.00                     | \$523.72                       |
|  | HUSBAND-WIFE                              | \$1,224.86   | \$1,240.80                   | \$1,256.93                     |
|  | PARENT-CHILD                              | \$714.50   | \$723.80                     | \$733.21                       |
|  | FAMILY                                    | \$1,469.17   | \$1,488.29                   | \$1,507.63                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
|  | SINGLE                                    | \$510.36   | \$517.00                     | \$523.72                       |
|  | HUSBAND-WIFE                              | \$1,224.86   | \$1,240.80                   | \$1,256.93                     |
|  | PARENT-CHILD(RN)                          | \$810.66   | \$821.20                     | \$831.88                       |
|  | FAMILY                                    | \$1,536.39   | \$1,556.38                   | \$1,576.61                     |
| <u>5 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$510.36   | \$517.00                     | \$523.72                       |
|  | HUSBAND-WIFE                              | \$1,224.86   | \$1,240.80                   | \$1,256.93                     |
|  | PARENT-CHILD                              | \$714.50   | \$723.80                     | \$733.21                       |
|  | PARENT-CHILDRN                            | \$1,020.72   | \$1,034.00                   | \$1,047.44                     |
|  | FAMILY                                    | \$1,536.44   | \$1,556.43                   | \$1,576.66                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-u

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$15 PCP/\$50 SPEC. OFFICE VISIT & \$50 PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$461.51  | \$467.51                     | \$473.59                       |
| <u>2 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$509.46  | \$516.08                     | \$522.80                       |
|  | FAMILY                                    | \$1,273.65  | \$1,290.20                   | \$1,307.00                     |
| <u>3 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$509.46  | \$516.08                     | \$522.80                       |
|  | TWO-PARTY                                 | \$1,018.92  | \$1,032.16                   | \$1,045.60                     |
|  | FAMILY                                    | \$1,512.48  | \$1,532.14                   | \$1,552.09                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
|  | SINGLE                                    | \$509.46  | \$516.08                     | \$522.80                       |
|  | HUSBAND-WIFE                              | \$1,222.70  | \$1,238.59                   | \$1,254.72                     |
|  | PARENT-CHILD                              | \$713.24  | \$722.51                     | \$731.92                       |
|  | FAMILY                                    | \$1,466.58  | \$1,485.64                   | \$1,504.98                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
|  | SINGLE                                    | \$509.46  | \$516.08                     | \$522.80                       |
|  | HUSBAND-WIFE                              | \$1,222.70  | \$1,238.59                   | \$1,254.72                     |
|  | PARENT-CHILD(RN)                          | \$809.23  | \$819.74                     | \$830.42                       |
|  | FAMILY                                    | \$1,533.68  | \$1,553.61                   | \$1,573.84                     |
| <u>5 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$509.46  | \$516.08                     | \$522.80                       |
|  | HUSBAND-WIFE                              | \$1,222.70  | \$1,238.59                   | \$1,254.72                     |
|  | PARENT-CHILD                              | \$713.24  | \$722.51                     | \$731.92                       |
|  | PARENT-CHILDRN                            | \$1,018.92  | \$1,032.16                   | \$1,045.60                     |
|  | FAMILY                                    | \$1,533.73  | \$1,553.66                   | \$1,573.89                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-v

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |  | \$15 PCP/\$55 SPEC. OFFICE VISIT &<br>\$55 PT/OT/ST COPAYS |                              |                                |
|--|--|--|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |  |  |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |  |  |                              |                                |
| CAPITATION   |  | \$460.74   | \$466.73                     | \$472.80                       |
| <u>2 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$508.61   | \$515.22                     | \$521.92                       |
| FAMILY   |  | \$1,271.53   | \$1,288.05                   | \$1,304.80                     |
| <u>3 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$508.61   | \$515.22                     | \$521.92                       |
| TWO-PARTY  |  | \$1,017.22   | \$1,030.44                   | \$1,043.84                     |
| FAMILY   |  | \$1,509.96   | \$1,529.59                   | \$1,549.48                     |
| <u>4 TIER</u> STANDARD                                   |  |  |                              |                                |
| SINGLE   |  | \$508.61   | \$515.22                     | \$521.92                       |
| HUSBAND-WIFE   |  | \$1,220.66   | \$1,236.53                   | \$1,252.61                     |
| PARENT-CHILD   |  | \$712.05   | \$721.31                     | \$730.69                       |
| FAMILY   |  | \$1,464.14   | \$1,483.16                   | \$1,502.45                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |  |  |                              |                                |
| SINGLE   |  | \$508.61   | \$515.22                     | \$521.92                       |
| HUSBAND-WIFE   |  | \$1,220.66   | \$1,236.53                   | \$1,252.61                     |
| PARENT-CHILD(RN)   |  | \$807.88   | \$818.38                     | \$829.02                       |
| FAMILY   |  | \$1,531.12   | \$1,551.02                   | \$1,571.19                     |
| <u>5 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$508.61   | \$515.22                     | \$521.92                       |
| HUSBAND-WIFE   |  | \$1,220.66   | \$1,236.53                   | \$1,252.61                     |
| PARENT-CHILD   |  | \$712.05   | \$721.31                     | \$730.69                       |
| PARENT-CHILDRN   |  | \$1,017.22   | \$1,030.44                   | \$1,043.84                     |
| FAMILY   |  | \$1,531.17   | \$1,551.07                   | \$1,571.24                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-w

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$15 PCP/\$60 SPEC. OFFICE VISIT &<br>\$60 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$459.96   | \$465.94                     | \$472.00                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$507.75   | \$514.35                     | \$521.04                       |
| FAMILY   |   | \$1,269.38   | \$1,285.88                   | \$1,302.60                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$507.75   | \$514.35                     | \$521.04                       |
| TWO-PARTY  |   | \$1,015.50   | \$1,028.70                   | \$1,042.08                     |
| FAMILY   |   | \$1,507.41   | \$1,527.00                   | \$1,546.86                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$507.75   | \$514.35                     | \$521.04                       |
| HUSBAND-WIFE   |   | \$1,218.60   | \$1,234.44                   | \$1,250.50                     |
| PARENT-CHILD   |   | \$710.85   | \$720.09                     | \$729.46                       |
| FAMILY   |   | \$1,461.66   | \$1,480.66                   | \$1,499.92                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$507.75   | \$514.35                     | \$521.04                       |
| HUSBAND-WIFE   |   | \$1,218.60   | \$1,234.44                   | \$1,250.50                     |
| PARENT-CHILD(RN)   |   | \$806.51   | \$816.99                     | \$827.62                       |
| FAMILY   |   | \$1,528.53   | \$1,548.40                   | \$1,568.54                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$507.75   | \$514.35                     | \$521.04                       |
| HUSBAND-WIFE   |   | \$1,218.60   | \$1,234.44                   | \$1,250.50                     |
| PARENT-CHILD   |   | \$710.85   | \$720.09                     | \$729.46                       |
| PARENT-CHILDRN   |   | \$1,015.50   | \$1,028.70                   | \$1,042.08                     |
| FAMILY   |   | \$1,528.58   | \$1,548.45                   | \$1,568.59                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-x

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$20 PHYSICIAN OFFICE VISIT & PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                  | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$464.97                                      | \$471.01                     | \$477.13                       |
| <u>2 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$513.28                                      | \$519.95                     | \$526.70                       |
|  | FAMILY                                    | \$1,283.20                                    | \$1,299.88                   | \$1,316.75                     |
| <u>3 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$513.28                                      | \$519.95                     | \$526.70                       |
|  | TWO-PARTY                                 | \$1,026.56                                    | \$1,039.90                   | \$1,053.40                     |
|  | FAMILY                                    | \$1,523.83                                    | \$1,543.63                   | \$1,563.67                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
|  | SINGLE                                    | \$513.28                                      | \$519.95                     | \$526.70                       |
|  | HUSBAND-WIFE                              | \$1,231.87                                    | \$1,247.88                   | \$1,264.08                     |
|  | PARENT-CHILD                              | \$718.59                                      | \$727.93                     | \$737.38                       |
|  | FAMILY                                    | \$1,477.58                                    | \$1,496.78                   | \$1,516.21                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
|  | SINGLE                                    | \$513.28                                      | \$519.95                     | \$526.70                       |
|  | HUSBAND-WIFE                              | \$1,231.87                                    | \$1,247.88                   | \$1,264.08                     |
|  | PARENT-CHILD(RN)                          | \$815.29                                      | \$825.89                     | \$836.61                       |
|  | FAMILY                                    | \$1,545.18                                    | \$1,565.26                   | \$1,585.58                     |
| <u>5 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$513.28                                      | \$519.95                     | \$526.70                       |
|  | HUSBAND-WIFE                              | \$1,231.87                                    | \$1,247.88                   | \$1,264.08                     |
|  | PARENT-CHILD                              | \$718.59                                      | \$727.93                     | \$737.38                       |
|  | PARENT-CHILDRN                            | \$1,026.56                                    | \$1,039.90                   | \$1,053.40                     |
|  | FAMILY                                    | \$1,545.23                                    | \$1,565.31                   | \$1,585.63                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-y

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |  | \$20 PCP/\$25 SPEC. OFFICE VISIT & \$25 PT/OT/ST COPAYS |                              |                                |
|--|--|---|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |  |   |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |  |   |                              |                                |
| CAPITATION   |  | \$464.15  | \$470.19                     | \$476.30                       |
| <u>2 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$512.38  | \$519.04                     | \$525.79                       |
| FAMILY   |  | \$1,280.95  | \$1,297.60                   | \$1,314.48                     |
| <u>3 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$512.38  | \$519.04                     | \$525.79                       |
| TWO-PARTY  |  | \$1,024.76  | \$1,038.08                   | \$1,051.58                     |
| FAMILY   |  | \$1,521.15  | \$1,540.93                   | \$1,560.97                     |
| <u>4 TIER</u> STANDARD                                   |  |   |                              |                                |
| SINGLE   |  | \$512.38  | \$519.04                     | \$525.79                       |
| HUSBAND-WIFE   |  | \$1,229.71  | \$1,245.70                   | \$1,261.90                     |
| PARENT-CHILD   |  | \$717.33  | \$726.66                     | \$736.11                       |
| FAMILY   |  | \$1,474.99  | \$1,494.16                   | \$1,513.59                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |  |   |                              |                                |
| SINGLE   |  | \$512.38  | \$519.04                     | \$525.79                       |
| HUSBAND-WIFE   |  | \$1,229.71  | \$1,245.70                   | \$1,261.90                     |
| PARENT-CHILD(RN)   |  | \$813.86  | \$824.44                     | \$835.16                       |
| FAMILY   |  | \$1,542.47  | \$1,562.52                   | \$1,582.84                     |
| <u>5 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$512.38  | \$519.04                     | \$525.79                       |
| HUSBAND-WIFE   |  | \$1,229.71  | \$1,245.70                   | \$1,261.90                     |
| PARENT-CHILD   |  | \$717.33  | \$726.66                     | \$736.11                       |
| PARENT-CHILDRN   |  | \$1,024.76  | \$1,038.08                   | \$1,051.58                     |
| FAMILY   |  | \$1,542.52  | \$1,562.57                   | \$1,582.89                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-z

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$20 PCP/\$30 SPEC. OFFICE VISIT &<br>\$30 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$463.36   | \$469.39                     | \$475.49                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$511.51   | \$518.16                     | \$524.89                       |
| FAMILY   |   | \$1,278.78   | \$1,295.40                   | \$1,312.23                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$511.51   | \$518.16                     | \$524.89                       |
| TWO-PARTY  |   | \$1,023.02   | \$1,036.32                   | \$1,049.78                     |
| FAMILY   |   | \$1,518.57   | \$1,538.31                   | \$1,558.29                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$511.51   | \$518.16                     | \$524.89                       |
| HUSBAND-WIFE   |   | \$1,227.62   | \$1,243.58                   | \$1,259.74                     |
| PARENT-CHILD   |   | \$716.11   | \$725.42                     | \$734.85                       |
| FAMILY   |   | \$1,472.48   | \$1,491.63                   | \$1,511.00                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$511.51   | \$518.16                     | \$524.89                       |
| HUSBAND-WIFE   |   | \$1,227.62   | \$1,243.58                   | \$1,259.74                     |
| PARENT-CHILD(RN)   |   | \$812.48   | \$823.05                     | \$833.74                       |
| FAMILY   |   | \$1,539.85   | \$1,559.87                   | \$1,580.13                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$511.51   | \$518.16                     | \$524.89                       |
| HUSBAND-WIFE   |   | \$1,227.62   | \$1,243.58                   | \$1,259.74                     |
| PARENT-CHILD   |   | \$716.11   | \$725.42                     | \$734.85                       |
| PARENT-CHILDRN   |   | \$1,023.02   | \$1,036.32                   | \$1,049.78                     |
| FAMILY   |   | \$1,539.90   | \$1,559.92                   | \$1,580.18                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-aa

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |  | \$20 PCP/\$35 SPEC. OFFICE VISIT & \$35 PT/OT/ST COPAYS |                              |                                |
|--|--|---|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |  |   |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |  |   |                              |                                |
| CAPITATION   |  | \$462.60  | \$468.61                     | \$474.70                       |
| <u>2 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$510.66  | \$517.30                     | \$524.02                       |
| FAMILY   |  | \$1,276.65  | \$1,293.25                   | \$1,310.05                     |
| <u>3 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$510.66  | \$517.30                     | \$524.02                       |
| TWO-PARTY  |  | \$1,021.32  | \$1,034.60                   | \$1,048.04                     |
| FAMILY   |  | \$1,516.05  | \$1,535.76                   | \$1,555.71                     |
| <u>4 TIER</u> STANDARD                                   |  |   |                              |                                |
| SINGLE   |  | \$510.66  | \$517.30                     | \$524.02                       |
| HUSBAND-WIFE   |  | \$1,225.58  | \$1,241.52                   | \$1,257.65                     |
| PARENT-CHILD   |  | \$714.92  | \$724.22                     | \$733.63                       |
| FAMILY   |  | \$1,470.04  | \$1,489.15                   | \$1,508.50                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |  |   |                              |                                |
| SINGLE   |  | \$510.66  | \$517.30                     | \$524.02                       |
| HUSBAND-WIFE   |  | \$1,225.58  | \$1,241.52                   | \$1,257.65                     |
| PARENT-CHILD(RN)   |  | \$811.13  | \$821.68                     | \$832.35                       |
| FAMILY   |  | \$1,537.29  | \$1,557.28                   | \$1,577.51                     |
| <u>5 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$510.66  | \$517.30                     | \$524.02                       |
| HUSBAND-WIFE   |  | \$1,225.58  | \$1,241.52                   | \$1,257.65                     |
| PARENT-CHILD   |  | \$714.92  | \$724.22                     | \$733.63                       |
| PARENT-CHILDRN   |  | \$1,021.32  | \$1,034.60                   | \$1,048.04                     |
| FAMILY   |  | \$1,537.34  | \$1,557.33                   | \$1,577.56                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-bb

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$20 PCP/\$40 SPEC. OFFICE VISIT &<br>\$40 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$461.68   | \$467.68                     | \$473.76                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$509.64   | \$516.27                     | \$522.98                       |
| FAMILY   |   | \$1,274.10   | \$1,290.68                   | \$1,307.45                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$509.64   | \$516.27                     | \$522.98                       |
| TWO-PARTY  |   | \$1,019.28   | \$1,032.54                   | \$1,045.96                     |
| FAMILY   |   | \$1,513.02   | \$1,532.70                   | \$1,552.62                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$509.64   | \$516.27                     | \$522.98                       |
| HUSBAND-WIFE   |   | \$1,223.14   | \$1,239.05                   | \$1,255.15                     |
| PARENT-CHILD   |   | \$713.50   | \$722.78                     | \$732.17                       |
| FAMILY   |   | \$1,467.10   | \$1,486.19                   | \$1,505.50                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$509.64   | \$516.27                     | \$522.98                       |
| HUSBAND-WIFE   |   | \$1,223.14   | \$1,239.05                   | \$1,255.15                     |
| PARENT-CHILD(RN)   |   | \$809.51   | \$820.04                     | \$830.70                       |
| FAMILY   |   | \$1,534.22   | \$1,554.18                   | \$1,574.38                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$509.64   | \$516.27                     | \$522.98                       |
| HUSBAND-WIFE   |   | \$1,223.14   | \$1,239.05                   | \$1,255.15                     |
| PARENT-CHILD   |   | \$713.50   | \$722.78                     | \$732.17                       |
| PARENT-CHILDRN   |   | \$1,019.28   | \$1,032.54                   | \$1,045.96                     |
| FAMILY   |   | \$1,534.27   | \$1,554.23                   | \$1,574.43                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-cc

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$20 PCP/\$45 SPEC. OFFICE VISIT & \$45 PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$460.98  | \$466.98                     | \$473.05                       |
| <u>2 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$508.88  | \$515.50                     | \$522.20                       |
|  | FAMILY                                    | \$1,272.20  | \$1,288.75                   | \$1,305.50                     |
| <u>3 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$508.88  | \$515.50                     | \$522.20                       |
|  | TWO-PARTY                                 | \$1,017.76  | \$1,031.00                   | \$1,044.40                     |
|  | FAMILY                                    | \$1,510.76  | \$1,530.42                   | \$1,550.31                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
|  | SINGLE                                    | \$508.88  | \$515.50                     | \$522.20                       |
|  | HUSBAND-WIFE                              | \$1,221.31  | \$1,237.20                   | \$1,253.28                     |
|  | PARENT-CHILD                              | \$712.43  | \$721.70                     | \$731.08                       |
|  | FAMILY                                    | \$1,464.91  | \$1,483.97                   | \$1,503.26                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
|  | SINGLE                                    | \$508.88  | \$515.50                     | \$522.20                       |
|  | HUSBAND-WIFE                              | \$1,221.31  | \$1,237.20                   | \$1,253.28                     |
|  | PARENT-CHILD(RN)                          | \$808.30  | \$818.82                     | \$829.46                       |
|  | FAMILY                                    | \$1,531.93  | \$1,551.86                   | \$1,572.03                     |
| <u>5 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$508.88  | \$515.50                     | \$522.20                       |
|  | HUSBAND-WIFE                              | \$1,221.31  | \$1,237.20                   | \$1,253.28                     |
|  | PARENT-CHILD                              | \$712.43  | \$721.70                     | \$731.08                       |
|  | PARENT-CHILDRN                            | \$1,017.76  | \$1,031.00                   | \$1,044.40                     |
|  | FAMILY                                    | \$1,531.98  | \$1,551.91                   | \$1,572.08                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-dd

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$20 PCP/\$50 SPEC. OFFICE VISIT &<br>\$50 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$460.17   | \$466.15                     | \$472.21                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$507.98   | \$514.58                     | \$521.27                       |
| FAMILY   |   | \$1,269.95   | \$1,286.45                   | \$1,303.18                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$507.98   | \$514.58                     | \$521.27                       |
| TWO-PARTY  |   | \$1,015.96   | \$1,029.16                   | \$1,042.54                     |
| FAMILY   |   | \$1,508.09   | \$1,527.69                   | \$1,547.55                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$507.98   | \$514.58                     | \$521.27                       |
| HUSBAND-WIFE   |   | \$1,219.15   | \$1,234.99                   | \$1,251.05                     |
| PARENT-CHILD   |   | \$711.17   | \$720.41                     | \$729.78                       |
| FAMILY   |   | \$1,462.32   | \$1,481.32                   | \$1,500.58                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$507.98   | \$514.58                     | \$521.27                       |
| HUSBAND-WIFE   |   | \$1,219.15   | \$1,234.99                   | \$1,251.05                     |
| PARENT-CHILD(RN)   |   | \$806.88   | \$817.36                     | \$827.99                       |
| FAMILY   |   | \$1,529.22   | \$1,549.09                   | \$1,569.23                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$507.98   | \$514.58                     | \$521.27                       |
| HUSBAND-WIFE   |   | \$1,219.15   | \$1,234.99                   | \$1,251.05                     |
| PARENT-CHILD   |   | \$711.17   | \$720.41                     | \$729.78                       |
| PARENT-CHILDRN   |   | \$1,015.96   | \$1,029.16                   | \$1,042.54                     |
| FAMILY   |   | \$1,529.27   | \$1,549.14                   | \$1,569.28                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-ee

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$20 PCP/\$55 SPEC. OFFICE VISIT &<br>\$55 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$459.40   | \$465.37                     | \$471.42                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$507.13   | \$513.72                     | \$520.40                       |
| FAMILY   |   | \$1,267.83   | \$1,284.30                   | \$1,301.00                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$507.13   | \$513.72                     | \$520.40                       |
| TWO-PARTY  |   | \$1,014.26   | \$1,027.44                   | \$1,040.80                     |
| FAMILY   |   | \$1,505.57   | \$1,525.13                   | \$1,544.96                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$507.13   | \$513.72                     | \$520.40                       |
| HUSBAND-WIFE   |   | \$1,217.11   | \$1,232.93                   | \$1,248.96                     |
| PARENT-CHILD   |   | \$709.98   | \$719.21                     | \$728.56                       |
| FAMILY   |   | \$1,459.88   | \$1,478.85                   | \$1,498.08                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$507.13   | \$513.72                     | \$520.40                       |
| HUSBAND-WIFE   |   | \$1,217.11   | \$1,232.93                   | \$1,248.96                     |
| PARENT-CHILD(RN)   |   | \$805.53   | \$815.99                     | \$826.60                       |
| FAMILY   |   | \$1,526.66   | \$1,546.50                   | \$1,566.61                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$507.13   | \$513.72                     | \$520.40                       |
| HUSBAND-WIFE   |   | \$1,217.11   | \$1,232.93                   | \$1,248.96                     |
| PARENT-CHILD   |   | \$709.98   | \$719.21                     | \$728.56                       |
| PARENT-CHILDRN   |   | \$1,014.26   | \$1,027.44                   | \$1,040.80                     |
| FAMILY   |   | \$1,526.71   | \$1,546.55                   | \$1,566.66                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-ff

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$20 PCP/\$60 SPEC. OFFICE VISIT & \$60 PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$458.63  | \$464.59                     | \$470.63                       |
| <u>2 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$506.28  | \$512.86                     | \$519.53                       |
| FAMILY   |   | \$1,265.70  | \$1,282.15                   | \$1,298.83                     |
| <u>3 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$506.28  | \$512.86                     | \$519.53                       |
| TWO-PARTY  |   | \$1,012.56  | \$1,025.72                   | \$1,039.06                     |
| FAMILY   |   | \$1,503.04  | \$1,522.58                   | \$1,542.38                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
| SINGLE   |   | \$506.28  | \$512.86                     | \$519.53                       |
| HUSBAND-WIFE   |   | \$1,215.07  | \$1,230.86                   | \$1,246.87                     |
| PARENT-CHILD   |   | \$708.79  | \$718.00                     | \$727.34                       |
| FAMILY   |   | \$1,457.43  | \$1,476.37                   | \$1,495.57                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
| SINGLE   |   | \$506.28  | \$512.86                     | \$519.53                       |
| HUSBAND-WIFE   |   | \$1,215.07  | \$1,230.86                   | \$1,246.87                     |
| PARENT-CHILD(RN)   |   | \$804.18  | \$814.63                     | \$825.22                       |
| FAMILY   |   | \$1,524.11  | \$1,543.91                   | \$1,563.99                     |
| <u>5 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$506.28  | \$512.86                     | \$519.53                       |
| HUSBAND-WIFE   |   | \$1,215.07  | \$1,230.86                   | \$1,246.87                     |
| PARENT-CHILD   |   | \$708.79  | \$718.00                     | \$727.34                       |
| PARENT-CHILDREN  |   | \$1,012.56  | \$1,025.72                   | \$1,039.06                     |
| FAMILY   |   | \$1,524.16  | \$1,543.97                   | \$1,564.05                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-gg

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |  | \$25 PCP/SPEC. OFFICE VISIT & \$25 PT/OT/ST COPAYS |                              |                                |
|--|--|--|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16                       | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |  |  |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |  |  |                              |                                |
| CAPITATION   |  | \$462.98   | \$468.99                     | \$475.09                       |
| <u>2 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$511.08   | \$517.72                     | \$524.45                       |
| FAMILY   |  | \$1,277.70   | \$1,294.30                   | \$1,311.13                     |
| <u>3 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$511.08   | \$517.72                     | \$524.45                       |
| TWO-PARTY  |  | \$1,022.16   | \$1,035.44                   | \$1,048.90                     |
| FAMILY   |  | \$1,517.29   | \$1,537.01                   | \$1,556.99                     |
| <u>4 TIER</u> STANDARD                                   |  |  |                              |                                |
| SINGLE   |  | \$511.08   | \$517.72                     | \$524.45                       |
| HUSBAND-WIFE   |  | \$1,226.59   | \$1,242.53                   | \$1,258.68                     |
| PARENT-CHILD   |  | \$715.51   | \$724.81                     | \$734.23                       |
| FAMILY   |  | \$1,471.25   | \$1,490.36                   | \$1,509.73                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |  |  |                              |                                |
| SINGLE   |  | \$511.08   | \$517.72                     | \$524.45                       |
| HUSBAND-WIFE   |  | \$1,226.59   | \$1,242.53                   | \$1,258.68                     |
| PARENT-CHILD(RN)   |  | \$811.80   | \$822.35                     | \$833.04                       |
| FAMILY   |  | \$1,538.56   | \$1,558.54                   | \$1,578.80                     |
| <u>5 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$511.08   | \$517.72                     | \$524.45                       |
| HUSBAND-WIFE   |  | \$1,226.59   | \$1,242.53                   | \$1,258.68                     |
| PARENT-CHILD   |  | \$715.51   | \$724.81                     | \$734.23                       |
| PARENT-CHILDRN   |  | \$1,022.16   | \$1,035.44                   | \$1,048.90                     |
| FAMILY   |  | \$1,538.61   | \$1,558.60                   | \$1,578.86                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-hh

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$25 PCP/\$30 SPEC. OFFICE VISIT &<br>\$30 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$462.18   | \$468.19                     | \$474.28                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$510.20   | \$516.83                     | \$523.56                       |
| FAMILY   |   | \$1,275.50   | \$1,292.08                   | \$1,308.90                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$510.20   | \$516.83                     | \$523.56                       |
| TWO-PARTY  |   | \$1,020.40   | \$1,033.66                   | \$1,047.12                     |
| FAMILY   |   | \$1,514.68   | \$1,534.36                   | \$1,554.34                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$510.20   | \$516.83                     | \$523.56                       |
| HUSBAND-WIFE   |   | \$1,224.48   | \$1,240.39                   | \$1,256.54                     |
| PARENT-CHILD   |   | \$714.28   | \$723.56                     | \$732.98                       |
| FAMILY   |   | \$1,468.71   | \$1,487.80                   | \$1,507.17                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$510.20   | \$516.83                     | \$523.56                       |
| HUSBAND-WIFE   |   | \$1,224.48   | \$1,240.39                   | \$1,256.54                     |
| PARENT-CHILD(RN)   |   | \$810.40   | \$820.93                     | \$831.62                       |
| FAMILY   |   | \$1,535.91   | \$1,555.87                   | \$1,576.13                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$510.20   | \$516.83                     | \$523.56                       |
| HUSBAND-WIFE   |   | \$1,224.48   | \$1,240.39                   | \$1,256.54                     |
| PARENT-CHILD   |   | \$714.28   | \$723.56                     | \$732.98                       |
| PARENT-CHILDRN   |   | \$1,020.40   | \$1,033.66                   | \$1,047.12                     |
| FAMILY   |   | \$1,535.96   | \$1,555.92                   | \$1,576.18                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-ii

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$25 PCP/\$35 SPEC. OFFICE VISIT &<br>\$35 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$461.42   | \$467.42                     | \$473.50                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$509.36   | \$515.98                     | \$522.70                       |
| FAMILY   |   | \$1,273.40   | \$1,289.95                   | \$1,306.75                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$509.36   | \$515.98                     | \$522.70                       |
| TWO-PARTY  |   | \$1,018.72   | \$1,031.96                   | \$1,045.40                     |
| FAMILY   |   | \$1,512.19   | \$1,531.84                   | \$1,551.79                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$509.36   | \$515.98                     | \$522.70                       |
| HUSBAND-WIFE   |   | \$1,222.46   | \$1,238.35                   | \$1,254.48                     |
| PARENT-CHILD   |   | \$713.10   | \$722.37                     | \$731.78                       |
| FAMILY   |   | \$1,466.29   | \$1,485.35                   | \$1,504.70                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$509.36   | \$515.98                     | \$522.70                       |
| HUSBAND-WIFE   |   | \$1,222.46   | \$1,238.35                   | \$1,254.48                     |
| PARENT-CHILD(RN)   |   | \$809.07   | \$819.58                     | \$830.26                       |
| FAMILY   |   | \$1,533.38   | \$1,553.31                   | \$1,573.54                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$509.36   | \$515.98                     | \$522.70                       |
| HUSBAND-WIFE   |   | \$1,222.46   | \$1,238.35                   | \$1,254.48                     |
| PARENT-CHILD   |   | \$713.10   | \$722.37                     | \$731.78                       |
| PARENT-CHILDRN   |   | \$1,018.72   | \$1,031.96                   | \$1,045.40                     |
| FAMILY   |   | \$1,533.43   | \$1,553.36                   | \$1,573.59                     |

**Geisinger Health Plan Group HMO Business-under 51 Employees  
June 1, 2016 Rate Filing  
Rates Without Riders or Prescription Drug (include ACA Fees)**

Exhibit V-ji

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$25 PCP/\$40 SPEC. OFFICE VISIT &<br>\$40 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$460.50   | \$466.48                     | \$472.54                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$508.34   | \$514.95                     | \$521.64                       |
| FAMILY   |   | \$1,270.85   | \$1,287.38                   | \$1,304.10                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$508.34   | \$514.95                     | \$521.64                       |
| TWO-PARTY  |   | \$1,016.68   | \$1,029.90                   | \$1,043.28                     |
| FAMILY   |   | \$1,509.16   | \$1,528.78                   | \$1,548.64                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$508.34   | \$514.95                     | \$521.64                       |
| HUSBAND-WIFE   |   | \$1,220.02   | \$1,235.88                   | \$1,251.94                     |
| PARENT-CHILD   |   | \$711.68   | \$720.93                     | \$730.30                       |
| FAMILY   |   | \$1,463.36   | \$1,482.39                   | \$1,501.65                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$508.34   | \$514.95                     | \$521.64                       |
| HUSBAND-WIFE   |   | \$1,220.02   | \$1,235.88                   | \$1,251.94                     |
| PARENT-CHILD(RN)   |   | \$807.45   | \$817.95                     | \$828.57                       |
| FAMILY   |   | \$1,530.31   | \$1,550.21                   | \$1,570.35                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$508.34   | \$514.95                     | \$521.64                       |
| HUSBAND-WIFE   |   | \$1,220.02   | \$1,235.88                   | \$1,251.94                     |
| PARENT-CHILD   |   | \$711.68   | \$720.93                     | \$730.30                       |
| PARENT-CHILDRN   |   | \$1,016.68   | \$1,029.90                   | \$1,043.28                     |
| FAMILY   |   | \$1,530.36   | \$1,550.26                   | \$1,570.40                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-kk

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. | \$25 PCP/\$45 SPEC. OFFICE VISIT &<br>\$45 PT/OT/ST COPAYS |                              |                                |
|--|--|------------------------------|--------------------------------|
|  | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |  |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |  |                              |                                |
| CAPITATION   | \$459.81   | \$465.78                     | \$471.84                       |
| <u>2 TIER</u>  |  |                              |                                |
| SINGLE   | \$507.58   | \$514.17                     | \$520.86                       |
| FAMILY   | \$1,268.95   | \$1,285.43                   | \$1,302.15                     |
| <u>3 TIER</u>  |  |                              |                                |
| SINGLE   | \$507.58   | \$514.17                     | \$520.86                       |
| TWO-PARTY  | \$1,015.16   | \$1,028.34                   | \$1,041.72                     |
| FAMILY   | \$1,506.90   | \$1,526.47                   | \$1,546.33                     |
| <u>4 TIER</u> STANDARD                                   |  |                              |                                |
| SINGLE   | \$507.58   | \$514.17                     | \$520.86                       |
| HUSBAND-WIFE   | \$1,218.19   | \$1,234.01                   | \$1,250.06                     |
| PARENT-CHILD   | \$710.61   | \$719.84                     | \$729.20                       |
| FAMILY   | \$1,461.17   | \$1,480.14                   | \$1,499.40                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |  |                              |                                |
| SINGLE   | \$507.58   | \$514.17                     | \$520.86                       |
| HUSBAND-WIFE   | \$1,218.19   | \$1,234.01                   | \$1,250.06                     |
| PARENT-CHILD(RN)   | \$806.24   | \$816.71                     | \$827.33                       |
| FAMILY   | \$1,528.02   | \$1,547.86                   | \$1,568.00                     |
| <u>5 TIER</u>  |  |                              |                                |
| SINGLE   | \$507.58   | \$514.17                     | \$520.86                       |
| HUSBAND-WIFE   | \$1,218.19   | \$1,234.01                   | \$1,250.06                     |
| PARENT-CHILD   | \$710.61   | \$719.84                     | \$729.20                       |
| PARENT-CHILDRN   | \$1,015.16   | \$1,028.34                   | \$1,041.72                     |
| FAMILY   | \$1,528.07   | \$1,547.91                   | \$1,568.05                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-II

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$25 PCP/\$50 SPEC. OFFICE VISIT &<br>\$50 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$458.99   | \$464.96                     | \$471.00                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$506.68   | \$513.27                     | \$519.94                       |
| FAMILY   |   | \$1,266.70   | \$1,283.18                   | \$1,299.85                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$506.68   | \$513.27                     | \$519.94                       |
| TWO-PARTY  |   | \$1,013.36   | \$1,026.54                   | \$1,039.88                     |
| FAMILY   |   | \$1,504.23   | \$1,523.80                   | \$1,543.60                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$506.68   | \$513.27                     | \$519.94                       |
| HUSBAND-WIFE   |   | \$1,216.03   | \$1,231.85                   | \$1,247.86                     |
| PARENT-CHILD   |   | \$709.35   | \$718.58                     | \$727.92                       |
| FAMILY   |   | \$1,458.58   | \$1,477.55                   | \$1,496.75                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$506.68   | \$513.27                     | \$519.94                       |
| HUSBAND-WIFE   |   | \$1,216.03   | \$1,231.85                   | \$1,247.86                     |
| PARENT-CHILD(RN)   |   | \$804.81   | \$815.28                     | \$825.87                       |
| FAMILY   |   | \$1,525.31   | \$1,545.15                   | \$1,565.23                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$506.68   | \$513.27                     | \$519.94                       |
| HUSBAND-WIFE   |   | \$1,216.03   | \$1,231.85                   | \$1,247.86                     |
| PARENT-CHILD   |   | \$709.35   | \$718.58                     | \$727.92                       |
| PARENT-CHILDRN   |   | \$1,013.36   | \$1,026.54                   | \$1,039.88                     |
| FAMILY   |   | \$1,525.36   | \$1,545.20                   | \$1,565.28                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-mm

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$25 PCP/\$55 SPEC. OFFICE VISIT &<br>\$55 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$458.23   | \$464.19                     | \$470.22                       |
| <u>2 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$505.84   | \$512.42                     | \$519.08                       |
|  | FAMILY                                    | \$1,264.60   | \$1,281.05                   | \$1,297.70                     |
| <u>3 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$505.84   | \$512.42                     | \$519.08                       |
|  | TWO-PARTY                                 | \$1,011.68   | \$1,024.84                   | \$1,038.16                     |
|  | FAMILY                                    | \$1,501.74   | \$1,521.27                   | \$1,541.04                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
|  | SINGLE                                    | \$505.84   | \$512.42                     | \$519.08                       |
|  | HUSBAND-WIFE                              | \$1,214.02   | \$1,229.81                   | \$1,245.79                     |
|  | PARENT-CHILD                              | \$708.18   | \$717.39                     | \$726.71                       |
|  | FAMILY                                    | \$1,456.16   | \$1,475.10                   | \$1,494.28                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
|  | SINGLE                                    | \$505.84   | \$512.42                     | \$519.08                       |
|  | HUSBAND-WIFE                              | \$1,214.02   | \$1,229.81                   | \$1,245.79                     |
|  | PARENT-CHILD(RN)                          | \$803.48   | \$813.93                     | \$824.51                       |
|  | FAMILY                                    | \$1,522.78   | \$1,542.59                   | \$1,562.64                     |
| <u>5 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$505.84   | \$512.42                     | \$519.08                       |
|  | HUSBAND-WIFE                              | \$1,214.02   | \$1,229.81                   | \$1,245.79                     |
|  | PARENT-CHILD                              | \$708.18   | \$717.39                     | \$726.71                       |
|  | PARENT-CHILDRN                            | \$1,011.68   | \$1,024.84                   | \$1,038.16                     |
|  | FAMILY                                    | \$1,522.83   | \$1,542.64                   | \$1,562.69                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-nn

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |            | \$25 PCP/\$60 SPEC. OFFICE VISIT &<br>\$60 PT/OT/ST COPAYS |                              |                                |
|--|------------|--|------------------------------|--------------------------------|
|  |            | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | CAPITATION | \$457.45   | \$463.40                     | \$469.42                       |
| <u>2 TIER</u>  |            |  |                              |                                |
| SINGLE   |            | \$504.98   | \$511.55                     | \$518.19                       |
| FAMILY   |            | \$1,262.45   | \$1,278.88                   | \$1,295.48                     |
| <u>3 TIER</u>  |            |  |                              |                                |
| SINGLE   |            | \$504.98   | \$511.55                     | \$518.19                       |
| TWO-PARTY  |            | \$1,009.96   | \$1,023.10                   | \$1,036.38                     |
| FAMILY   |            | \$1,499.18   | \$1,518.69                   | \$1,538.40                     |
| <u>4 TIER</u> STANDARD                                   |            |  |                              |                                |
| SINGLE   |            | \$504.98   | \$511.55                     | \$518.19                       |
| HUSBAND-WIFE   |            | \$1,211.95   | \$1,227.72                   | \$1,243.66                     |
| PARENT-CHILD   |            | \$706.97   | \$716.17                     | \$725.47                       |
| FAMILY   |            | \$1,453.69   | \$1,472.60                   | \$1,491.71                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |            |  |                              |                                |
| SINGLE   |            | \$504.98   | \$511.55                     | \$518.19                       |
| HUSBAND-WIFE   |            | \$1,211.95   | \$1,227.72                   | \$1,243.66                     |
| PARENT-CHILD(RN)   |            | \$802.11   | \$812.55                     | \$823.09                       |
| FAMILY   |            | \$1,520.19   | \$1,539.97                   | \$1,559.96                     |
| <u>5 TIER</u>  |            |  |                              |                                |
| SINGLE   |            | \$504.98   | \$511.55                     | \$518.19                       |
| HUSBAND-WIFE   |            | \$1,211.95   | \$1,227.72                   | \$1,243.66                     |
| PARENT-CHILD   |            | \$706.97   | \$716.17                     | \$725.47                       |
| PARENT-CHILDRN   |            | \$1,009.96   | \$1,023.10                   | \$1,036.38                     |
| FAMILY   |            | \$1,520.24   | \$1,540.02                   | \$1,560.01                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-oo

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$30 PCP/SPEC. OFFICE VISIT &<br>\$30 PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                          | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$461.14  | \$467.13                     | \$473.20                       |
| <u>2 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$509.05  | \$515.66                     | \$522.37                       |
| FAMILY   |   | \$1,272.63  | \$1,289.15                   | \$1,305.93                     |
| <u>3 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$509.05  | \$515.66                     | \$522.37                       |
| TWO-PARTY  |   | \$1,018.10  | \$1,031.32                   | \$1,044.74                     |
| FAMILY   |   | \$1,511.27  | \$1,530.89                   | \$1,550.81                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
| SINGLE   |   | \$509.05  | \$515.66                     | \$522.37                       |
| HUSBAND-WIFE   |   | \$1,221.72  | \$1,237.58                   | \$1,253.69                     |
| PARENT-CHILD   |   | \$712.67  | \$721.92                     | \$731.32                       |
| FAMILY   |   | \$1,465.40  | \$1,484.43                   | \$1,503.75                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
| SINGLE   |   | \$509.05  | \$515.66                     | \$522.37                       |
| HUSBAND-WIFE   |   | \$1,221.72  | \$1,237.58                   | \$1,253.69                     |
| PARENT-CHILD(RN)   |   | \$808.58  | \$819.07                     | \$829.73                       |
| FAMILY   |   | \$1,532.44  | \$1,552.34                   | \$1,572.54                     |
| <u>5 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$509.05  | \$515.66                     | \$522.37                       |
| HUSBAND-WIFE   |   | \$1,221.72  | \$1,237.58                   | \$1,253.69                     |
| PARENT-CHILD   |   | \$712.67  | \$721.92                     | \$731.32                       |
| PARENT-CHILDRN   |   | \$1,018.10  | \$1,031.32                   | \$1,044.74                     |
| FAMILY   |   | \$1,532.50  | \$1,552.39                   | \$1,572.59                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-pp

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |  | \$30 PCP/\$35 SPEC. OFFICE VISIT & \$35 PT/OT/ST COPAYS |                              |                                |
|--|--|---|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |  |   |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |  |   |                              |                                |
| CAPITATION   |  | \$460.38  | \$466.36                     | \$472.42                       |
| <u>2 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$508.21  | \$514.81                     | \$521.50                       |
| FAMILY   |  | \$1,270.53  | \$1,287.03                   | \$1,303.75                     |
| <u>3 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$508.21  | \$514.81                     | \$521.50                       |
| TWO-PARTY  |  | \$1,016.42  | \$1,029.62                   | \$1,043.00                     |
| FAMILY   |  | \$1,508.77  | \$1,528.37                   | \$1,548.23                     |
| <u>4 TIER</u> STANDARD                                   |  |   |                              |                                |
| SINGLE   |  | \$508.21  | \$514.81                     | \$521.50                       |
| HUSBAND-WIFE   |  | \$1,219.70  | \$1,235.54                   | \$1,251.60                     |
| PARENT-CHILD   |  | \$711.49  | \$720.73                     | \$730.10                       |
| FAMILY   |  | \$1,462.98  | \$1,481.98                   | \$1,501.24                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |  |   |                              |                                |
| SINGLE   |  | \$508.21  | \$514.81                     | \$521.50                       |
| HUSBAND-WIFE   |  | \$1,219.70  | \$1,235.54                   | \$1,251.60                     |
| PARENT-CHILD(RN)   |  | \$807.24  | \$817.72                     | \$828.35                       |
| FAMILY   |  | \$1,529.92  | \$1,549.78                   | \$1,569.92                     |
| <u>5 TIER</u>  |  |   |                              |                                |
| SINGLE   |  | \$508.21  | \$514.81                     | \$521.50                       |
| HUSBAND-WIFE   |  | \$1,219.70  | \$1,235.54                   | \$1,251.60                     |
| PARENT-CHILD   |  | \$711.49  | \$720.73                     | \$730.10                       |
| PARENT-CHILDRN   |  | \$1,016.42  | \$1,029.62                   | \$1,043.00                     |
| FAMILY   |  | \$1,529.97  | \$1,549.84                   | \$1,569.98                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-qq

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$30 PCP/\$40 SPEC. OFFICE VISIT &<br>\$40 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$459.45   | \$465.42                     | \$471.47                       |
| <u>2 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$507.19   | \$513.78                     | \$520.46                       |
|  | FAMILY                                    | \$1,267.98   | \$1,284.45                   | \$1,301.15                     |
| <u>3 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$507.19   | \$513.78                     | \$520.46                       |
|  | TWO-PARTY                                 | \$1,014.38   | \$1,027.56                   | \$1,040.92                     |
|  | FAMILY                                    | \$1,505.75   | \$1,525.31                   | \$1,545.14                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
|  | SINGLE                                    | \$507.19   | \$513.78                     | \$520.46                       |
|  | HUSBAND-WIFE                              | \$1,217.26   | \$1,233.07                   | \$1,249.10                     |
|  | PARENT-CHILD                              | \$710.07   | \$719.29                     | \$728.64                       |
|  | FAMILY                                    | \$1,460.05   | \$1,479.02                   | \$1,498.25                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
|  | SINGLE                                    | \$507.19   | \$513.78                     | \$520.46                       |
|  | HUSBAND-WIFE                              | \$1,217.26   | \$1,233.07                   | \$1,249.10                     |
|  | PARENT-CHILD(RN)                          | \$805.62   | \$816.09                     | \$826.70                       |
|  | FAMILY                                    | \$1,526.84   | \$1,546.68                   | \$1,566.79                     |
| <u>5 TIER</u>  |   |  |                              |                                |
|  | SINGLE                                    | \$507.19   | \$513.78                     | \$520.46                       |
|  | HUSBAND-WIFE                              | \$1,217.26   | \$1,233.07                   | \$1,249.10                     |
|  | PARENT-CHILD                              | \$710.07   | \$719.29                     | \$728.64                       |
|  | PARENT-CHILDRN                            | \$1,014.38   | \$1,027.56                   | \$1,040.92                     |
|  | FAMILY                                    | \$1,526.90   | \$1,546.73                   | \$1,566.84                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-rr

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$30 PCP/\$45 SPEC. OFFICE VISIT &<br>\$45 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$458.76   | \$464.72                     | \$470.76                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$506.43   | \$513.00                     | \$519.67                       |
| FAMILY   |   | \$1,266.08   | \$1,282.50                   | \$1,299.18                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$506.43   | \$513.00                     | \$519.67                       |
| TWO-PARTY  |   | \$1,012.86   | \$1,026.00                   | \$1,039.34                     |
| FAMILY   |   | \$1,503.49   | \$1,522.99                   | \$1,542.80                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$506.43   | \$513.00                     | \$519.67                       |
| HUSBAND-WIFE   |   | \$1,215.43   | \$1,231.20                   | \$1,247.21                     |
| PARENT-CHILD   |   | \$709.00   | \$718.20                     | \$727.54                       |
| FAMILY   |   | \$1,457.86   | \$1,476.77                   | \$1,495.97                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$506.43   | \$513.00                     | \$519.67                       |
| HUSBAND-WIFE   |   | \$1,215.43   | \$1,231.20                   | \$1,247.21                     |
| PARENT-CHILD(RN)   |   | \$804.41   | \$814.85                     | \$825.44                       |
| FAMILY   |   | \$1,524.56   | \$1,544.34                   | \$1,564.41                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$506.43   | \$513.00                     | \$519.67                       |
| HUSBAND-WIFE   |   | \$1,215.43   | \$1,231.20                   | \$1,247.21                     |
| PARENT-CHILD   |   | \$709.00   | \$718.20                     | \$727.54                       |
| PARENT-CHILDRN   |   | \$1,012.86   | \$1,026.00                   | \$1,039.34                     |
| FAMILY   |   | \$1,524.61   | \$1,544.39                   | \$1,564.47                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-ss

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$30 PCP/\$50 SPEC. OFFICE VISIT & \$50 PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$457.95  | \$463.90                     | \$469.93                       |
| <u>2 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$505.53  | \$512.10                     | \$518.76                       |
|  | FAMILY                                    | \$1,263.83  | \$1,280.25                   | \$1,296.90                     |
| <u>3 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$505.53  | \$512.10                     | \$518.76                       |
|  | TWO-PARTY                                 | \$1,011.06  | \$1,024.20                   | \$1,037.52                     |
|  | FAMILY                                    | \$1,500.82  | \$1,520.32                   | \$1,540.09                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
|  | SINGLE                                    | \$505.53  | \$512.10                     | \$518.76                       |
|  | HUSBAND-WIFE                              | \$1,213.27  | \$1,229.04                   | \$1,245.02                     |
|  | PARENT-CHILD                              | \$707.74  | \$716.94                     | \$726.26                       |
|  | FAMILY                                    | \$1,455.27  | \$1,474.18                   | \$1,493.35                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
|  | SINGLE                                    | \$505.53  | \$512.10                     | \$518.76                       |
|  | HUSBAND-WIFE                              | \$1,213.27  | \$1,229.04                   | \$1,245.02                     |
|  | PARENT-CHILD(RN)                          | \$802.98  | \$813.42                     | \$824.00                       |
|  | FAMILY                                    | \$1,521.85  | \$1,541.63                   | \$1,561.68                     |
| <u>5 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$505.53  | \$512.10                     | \$518.76                       |
|  | HUSBAND-WIFE                              | \$1,213.27  | \$1,229.04                   | \$1,245.02                     |
|  | PARENT-CHILD                              | \$707.74  | \$716.94                     | \$726.26                       |
|  | PARENT-CHILDRN                            | \$1,011.06  | \$1,024.20                   | \$1,037.52                     |
|  | FAMILY                                    | \$1,521.90  | \$1,541.68                   | \$1,561.73                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-tt

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$30 PCP/\$55 SPEC. OFFICE VISIT & \$55 PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$457.19  | \$463.13                     | \$469.15                       |
| <u>2 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$504.69  | \$511.25                     | \$517.89                       |
| FAMILY   |   | \$1,261.73  | \$1,278.13                   | \$1,294.73                     |
| <u>3 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$504.69  | \$511.25                     | \$517.89                       |
| TWO-PARTY  |   | \$1,009.38  | \$1,022.50                   | \$1,035.78                     |
| FAMILY   |   | \$1,498.32  | \$1,517.80                   | \$1,537.51                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
| SINGLE   |   | \$504.69  | \$511.25                     | \$517.89                       |
| HUSBAND-WIFE   |   | \$1,211.26  | \$1,227.00                   | \$1,242.94                     |
| PARENT-CHILD   |   | \$706.57  | \$715.75                     | \$725.05                       |
| FAMILY   |   | \$1,452.85  | \$1,471.74                   | \$1,490.85                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
| SINGLE   |   | \$504.69  | \$511.25                     | \$517.89                       |
| HUSBAND-WIFE   |   | \$1,211.26  | \$1,227.00                   | \$1,242.94                     |
| PARENT-CHILD(RN)   |   | \$801.65  | \$812.07                     | \$822.62                       |
| FAMILY   |   | \$1,519.32  | \$1,539.07                   | \$1,559.06                     |
| <u>5 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$504.69  | \$511.25                     | \$517.89                       |
| HUSBAND-WIFE   |   | \$1,211.26  | \$1,227.00                   | \$1,242.94                     |
| PARENT-CHILD   |   | \$706.57  | \$715.75                     | \$725.05                       |
| PARENT-CHILDRN   |   | \$1,009.38  | \$1,022.50                   | \$1,035.78                     |
| FAMILY   |   | \$1,519.37  | \$1,539.12                   | \$1,559.11                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-uu

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$30 PCP/\$60 SPEC. OFFICE VISIT & \$60 PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$456.40  | \$462.34                     | \$468.35                       |
| <u>2 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$503.82  | \$510.38                     | \$517.01                       |
|  | FAMILY                                    | \$1,259.55  | \$1,275.95                   | \$1,292.53                     |
| <u>3 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$503.82  | \$510.38                     | \$517.01                       |
|  | TWO-PARTY                                 | \$1,007.64  | \$1,020.76                   | \$1,034.02                     |
|  | FAMILY                                    | \$1,495.74  | \$1,515.22                   | \$1,534.90                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
|  | SINGLE                                    | \$503.82  | \$510.38                     | \$517.01                       |
|  | HUSBAND-WIFE                              | \$1,209.17  | \$1,224.91                   | \$1,240.82                     |
|  | PARENT-CHILD                              | \$705.35  | \$714.53                     | \$723.81                       |
|  | FAMILY                                    | \$1,450.35  | \$1,469.23                   | \$1,488.32                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
|  | SINGLE                                    | \$503.82  | \$510.38                     | \$517.01                       |
|  | HUSBAND-WIFE                              | \$1,209.17  | \$1,224.91                   | \$1,240.82                     |
|  | PARENT-CHILD(RN)                          | \$800.27  | \$810.69                     | \$821.22                       |
|  | FAMILY                                    | \$1,516.70  | \$1,536.45                   | \$1,556.41                     |
| <u>5 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$503.82  | \$510.38                     | \$517.01                       |
|  | HUSBAND-WIFE                              | \$1,209.17  | \$1,224.91                   | \$1,240.82                     |
|  | PARENT-CHILD                              | \$705.35  | \$714.53                     | \$723.81                       |
|  | PARENT-CHILDRN                            | \$1,007.64  | \$1,020.76                   | \$1,034.02                     |
|  | FAMILY                                    | \$1,516.75  | \$1,536.50                   | \$1,556.46                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-vv

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$35 PCP/SPEC. OFFICE VISIT &<br>\$35 PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                          | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$459.34  | \$465.31                     | \$471.36                       |
| <u>2 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$507.06  | \$513.66                     | \$520.33                       |
| FAMILY   |   | \$1,267.65  | \$1,284.15                   | \$1,300.83                     |
| <u>3 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$507.06  | \$513.66                     | \$520.33                       |
| TWO-PARTY  |   | \$1,014.12  | \$1,027.32                   | \$1,040.66                     |
| FAMILY   |   | \$1,505.36  | \$1,524.95                   | \$1,544.76                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
| SINGLE   |   | \$507.06  | \$513.66                     | \$520.33                       |
| HUSBAND-WIFE   |   | \$1,216.94  | \$1,232.78                   | \$1,248.79                     |
| PARENT-CHILD   |   | \$709.88  | \$719.12                     | \$728.46                       |
| FAMILY   |   | \$1,459.67  | \$1,478.67                   | \$1,497.87                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
| SINGLE   |   | \$507.06  | \$513.66                     | \$520.33                       |
| HUSBAND-WIFE   |   | \$1,216.94  | \$1,232.78                   | \$1,248.79                     |
| PARENT-CHILD(RN)   |   | \$805.41  | \$815.90                     | \$826.49                       |
| FAMILY   |   | \$1,526.45  | \$1,546.32                   | \$1,566.40                     |
| <u>5 TIER</u>  |   |   |                              |                                |
| SINGLE   |   | \$507.06  | \$513.66                     | \$520.33                       |
| HUSBAND-WIFE   |   | \$1,216.94  | \$1,232.78                   | \$1,248.79                     |
| PARENT-CHILD   |   | \$709.88  | \$719.12                     | \$728.46                       |
| PARENT-CHILDRN   |   | \$1,014.12  | \$1,027.32                   | \$1,040.66                     |
| FAMILY   |   | \$1,526.50  | \$1,546.37                   | \$1,566.45                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-ww

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |  | \$35 PCP/\$40 SPEC. OFFICE VISIT &<br>\$40 PT/OT/ST COPAYS |                              |                                |
|--|--|--|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |  |  |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |  |  |                              |                                |
| CAPITATION   |  | \$458.41   | \$464.37                     | \$470.41                       |
| <u>2 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$506.04   | \$512.62                     | \$519.29                       |
| FAMILY   |  | \$1,265.10   | \$1,281.55                   | \$1,298.23                     |
| <u>3 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$506.04   | \$512.62                     | \$519.29                       |
| TWO-PARTY  |  | \$1,012.08   | \$1,025.24                   | \$1,038.58                     |
| FAMILY   |  | \$1,502.33   | \$1,521.87                   | \$1,541.67                     |
| <u>4 TIER</u> STANDARD                                   |  |  |                              |                                |
| SINGLE   |  | \$506.04   | \$512.62                     | \$519.29                       |
| HUSBAND-WIFE   |  | \$1,214.50   | \$1,230.29                   | \$1,246.30                     |
| PARENT-CHILD   |  | \$708.46   | \$717.67                     | \$727.01                       |
| FAMILY   |  | \$1,456.74   | \$1,475.68                   | \$1,494.88                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |  |  |                              |                                |
| SINGLE   |  | \$506.04   | \$512.62                     | \$519.29                       |
| HUSBAND-WIFE   |  | \$1,214.50   | \$1,230.29                   | \$1,246.30                     |
| PARENT-CHILD(RN)   |  | \$803.79   | \$814.25                     | \$824.84                       |
| FAMILY   |  | \$1,523.38   | \$1,543.19                   | \$1,563.27                     |
| <u>5 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$506.04   | \$512.62                     | \$519.29                       |
| HUSBAND-WIFE   |  | \$1,214.50   | \$1,230.29                   | \$1,246.30                     |
| PARENT-CHILD   |  | \$708.46   | \$717.67                     | \$727.01                       |
| PARENT-CHILDRN   |  | \$1,012.08   | \$1,025.24                   | \$1,038.58                     |
| FAMILY   |  | \$1,523.43   | \$1,543.24                   | \$1,563.32                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-xx

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$35 PCP/\$45 SPEC. OFFICE VISIT &<br>\$45 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$457.72   | \$463.67                     | \$469.70                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$505.28   | \$511.85                     | \$518.50                       |
| FAMILY   |   | \$1,263.20   | \$1,279.63                   | \$1,296.25                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$505.28   | \$511.85                     | \$518.50                       |
| TWO-PARTY  |   | \$1,010.56   | \$1,023.70                   | \$1,037.00                     |
| FAMILY   |   | \$1,500.08   | \$1,519.58                   | \$1,539.32                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$505.28   | \$511.85                     | \$518.50                       |
| HUSBAND-WIFE   |   | \$1,212.67   | \$1,228.44                   | \$1,244.40                     |
| PARENT-CHILD   |   | \$707.39   | \$716.59                     | \$725.90                       |
| FAMILY   |   | \$1,454.55   | \$1,473.46                   | \$1,492.61                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$505.28   | \$511.85                     | \$518.50                       |
| HUSBAND-WIFE   |   | \$1,212.67   | \$1,228.44                   | \$1,244.40                     |
| PARENT-CHILD(RN)   |   | \$802.59   | \$813.02                     | \$823.59                       |
| FAMILY   |   | \$1,521.09   | \$1,540.87                   | \$1,560.89                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$505.28   | \$511.85                     | \$518.50                       |
| HUSBAND-WIFE   |   | \$1,212.67   | \$1,228.44                   | \$1,244.40                     |
| PARENT-CHILD   |   | \$707.39   | \$716.59                     | \$725.90                       |
| PARENT-CHILDRN   |   | \$1,010.56   | \$1,023.70                   | \$1,037.00                     |
| FAMILY   |   | \$1,521.15   | \$1,540.92                   | \$1,560.94                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-yy

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$35 PCP/\$50 SPEC. OFFICE VISIT & \$50 PT/OT/ST COPAYS |                              |                                |
|--|---|---|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                            | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |   |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                              |                                |
|  | CAPITATION                                | \$456.91  | \$462.85                     | \$468.87                       |
| <u>2 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$504.38  | \$510.94                     | \$517.59                       |
|  | FAMILY                                    | \$1,260.95  | \$1,277.35                   | \$1,293.98                     |
| <u>3 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$504.38  | \$510.94                     | \$517.59                       |
|  | TWO-PARTY                                 | \$1,008.76  | \$1,021.88                   | \$1,035.18                     |
|  | FAMILY                                    | \$1,497.40  | \$1,516.88                   | \$1,536.62                     |
| <u>4 TIER</u> STANDARD                                   |   |   |                              |                                |
|  | SINGLE                                    | \$504.38  | \$510.94                     | \$517.59                       |
|  | HUSBAND-WIFE                              | \$1,210.51  | \$1,226.26                   | \$1,242.22                     |
|  | PARENT-CHILD                              | \$706.13  | \$715.32                     | \$724.63                       |
|  | FAMILY                                    | \$1,451.96  | \$1,470.84                   | \$1,489.99                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                              |                                |
|  | SINGLE                                    | \$504.38  | \$510.94                     | \$517.59                       |
|  | HUSBAND-WIFE                              | \$1,210.51  | \$1,226.26                   | \$1,242.22                     |
|  | PARENT-CHILD(RN)                          | \$801.16  | \$811.58                     | \$822.14                       |
|  | FAMILY                                    | \$1,518.39  | \$1,538.13                   | \$1,558.15                     |
| <u>5 TIER</u>  |   |   |                              |                                |
|  | SINGLE                                    | \$504.38  | \$510.94                     | \$517.59                       |
|  | HUSBAND-WIFE                              | \$1,210.51  | \$1,226.26                   | \$1,242.22                     |
|  | PARENT-CHILD                              | \$706.13  | \$715.32                     | \$724.63                       |
|  | PARENT-CHILDRN                            | \$1,008.76  | \$1,021.88                   | \$1,035.18                     |
|  | FAMILY                                    | \$1,518.44  | \$1,538.18                   | \$1,558.20                     |

**Geisinger Health Plan Group HMO Business-under 51 Employees  
June 1, 2016 Rate Filing  
Rates Without Riders or Prescription Drug (include ACA Fees)**

Exhibit V-zz

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | \$35 PCP/\$55 SPEC. OFFICE VISIT &<br>\$55 PT/OT/ST COPAYS |                              |                                |
|--|---|--|------------------------------|--------------------------------|
|  |   | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$50.00 |  |                              |                                |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |  |                              |                                |
|  | CAPITATION                                | \$456.14   | \$462.07                     | \$468.08                       |
| <u>2 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$503.53   | \$510.08                     | \$516.71                       |
| FAMILY   |   | \$1,258.83   | \$1,275.20                   | \$1,291.78                     |
| <u>3 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$503.53   | \$510.08                     | \$516.71                       |
| TWO-PARTY  |   | \$1,007.06   | \$1,020.16                   | \$1,033.42                     |
| FAMILY   |   | \$1,494.88   | \$1,514.33                   | \$1,534.01                     |
| <u>4 TIER</u> STANDARD                                   |   |  |                              |                                |
| SINGLE   |   | \$503.53   | \$510.08                     | \$516.71                       |
| HUSBAND-WIFE   |   | \$1,208.47   | \$1,224.19                   | \$1,240.10                     |
| PARENT-CHILD   |   | \$704.94   | \$714.11                     | \$723.39                       |
| FAMILY   |   | \$1,449.51   | \$1,468.37                   | \$1,487.45                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |  |                              |                                |
| SINGLE   |   | \$503.53   | \$510.08                     | \$516.71                       |
| HUSBAND-WIFE   |   | \$1,208.47   | \$1,224.19                   | \$1,240.10                     |
| PARENT-CHILD(RN)   |   | \$799.81   | \$810.21                     | \$820.74                       |
| FAMILY   |   | \$1,515.83   | \$1,535.54                   | \$1,555.50                     |
| <u>5 TIER</u>  |   |  |                              |                                |
| SINGLE   |   | \$503.53   | \$510.08                     | \$516.71                       |
| HUSBAND-WIFE   |   | \$1,208.47   | \$1,224.19                   | \$1,240.10                     |
| PARENT-CHILD   |   | \$704.94   | \$714.11                     | \$723.39                       |
| PARENT-CHILDRN   |   | \$1,007.06   | \$1,020.16                   | \$1,033.42                     |
| FAMILY   |   | \$1,515.88   | \$1,535.60                   | \$1,555.56                     |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit V-aaa

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |  | \$35 PCP/\$60 SPEC. OFFICE VISIT &<br>\$60 PT/OT/ST COPAYS |                              |                                |
|--|--|--|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16                               | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| *EMERGENCY ROOM VISIT - COPAYMENT \$50.00                |  |  |                              |                                |
| *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP                 |  |  |                              |                                |
| CAPITATION   |  | \$455.37   | \$461.29                     | \$467.29                       |
| <u>2 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$502.68   | \$509.22                     | \$515.84                       |
| FAMILY   |  | \$1,256.70   | \$1,273.05                   | \$1,289.60                     |
| <u>3 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$502.68   | \$509.22                     | \$515.84                       |
| TWO-PARTY  |  | \$1,005.36   | \$1,018.44                   | \$1,031.68                     |
| FAMILY   |  | \$1,492.36   | \$1,511.77                   | \$1,531.43                     |
| <u>4 TIER</u> STANDARD                                   |  |  |                              |                                |
| SINGLE   |  | \$502.68   | \$509.22                     | \$515.84                       |
| HUSBAND-WIFE   |  | \$1,206.43   | \$1,222.13                   | \$1,238.02                     |
| PARENT-CHILD   |  | \$703.75   | \$712.91                     | \$722.18                       |
| FAMILY   |  | \$1,447.06   | \$1,465.89                   | \$1,484.95                     |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |  |  |                              |                                |
| SINGLE   |  | \$502.68   | \$509.22                     | \$515.84                       |
| HUSBAND-WIFE   |  | \$1,206.43   | \$1,222.13                   | \$1,238.02                     |
| PARENT-CHILD(RN)   |  | \$798.46   | \$808.85                     | \$819.36                       |
| FAMILY   |  | \$1,513.27   | \$1,532.96                   | \$1,552.88                     |
| <u>5 TIER</u>  |  |  |                              |                                |
| SINGLE   |  | \$502.68   | \$509.22                     | \$515.84                       |
| HUSBAND-WIFE   |  | \$1,206.43   | \$1,222.13                   | \$1,238.02                     |
| PARENT-CHILD   |  | \$703.75   | \$712.91                     | \$722.18                       |
| PARENT-CHILDRN   |  | \$1,005.36   | \$1,018.44                   | \$1,031.68                     |
| FAMILY   |  | \$1,513.32   | \$1,533.01                   | \$1,552.94                     |

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  | 6/1/16<br>THROUGH<br>6/30/16 | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|--|------------------------------|------------------------------|--------------------------------|
| CAPITATION                             | \$1.07                       | \$1.08                       | \$1.09                         |
| <u>2 TIER</u>                          |                              |                              |                                |
| SINGLE                                 | \$1.18                       | \$1.19                       | \$1.20                         |
| FAMILY                                 | \$2.95                       | \$2.98                       | \$3.00                         |
| <u>3 TIER</u>                          |                              |                              |                                |
| SINGLE                                 | \$1.18                       | \$1.19                       | \$1.20                         |
| TWO-PARTY                              | \$2.36                       | \$2.38                       | \$2.40                         |
| FAMILY                                 | \$3.50                       | \$3.53                       | \$3.56                         |
| <u>4 TIER</u> STANDARD                 |                              |                              |                                |
| SINGLE                                 | \$1.18                       | \$1.19                       | \$1.20                         |
| HUSBAND-WIFE                           | \$2.83                       | \$2.86                       | \$2.88                         |
| PARENT-CHILD                           | \$1.65                       | \$1.67                       | \$1.68                         |
| FAMILY                                 | \$3.40                       | \$3.43                       | \$3.45                         |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |                              |                              |                                |
| SINGLE                                 | \$1.18                       | \$1.19                       | \$1.20                         |
| HUSBAND-WIFE                           | \$2.83                       | \$2.86                       | \$2.88                         |
| PARENT-CHILD(RN)                       | \$1.87                       | \$1.89                       | \$1.91                         |
| FAMILY                                 | \$3.55                       | \$3.58                       | \$3.61                         |
| <u>5 TIER</u>                          |                              |                              |                                |
| SINGLE                                 | \$1.18                       | \$1.19                       | \$1.20                         |
| HUSBAND-WIFE                           | \$2.83                       | \$2.86                       | \$2.88                         |
| PARENT-CHILD                           | \$1.65                       | \$1.67                       | \$1.68                         |
| PARENT-CHILDRN                         | \$2.36                       | \$2.38                       | \$2.40                         |
| FAMILY                                 | \$3.55                       | \$3.58                       | \$3.61                         |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Impacted Wisdom Teeth Rider Rates

Exhibit VII

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  | 6/1/16<br>THROUGH<br>6/30/16 | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|--|------------------------------|------------------------------|--------------------------------|
| CAPITATION                             | \$0.60                       | \$0.61                       | \$0.62                         |
| <u>2 TIER</u>                          |                              |                              |                                |
| SINGLE                                 | \$0.66                       | \$0.67                       | \$0.68                         |
| FAMILY                                 | \$1.65                       | \$1.68                       | \$1.70                         |
| <u>3 TIER</u>                          |                              |                              |                                |
| SINGLE                                 | \$0.66                       | \$0.67                       | \$0.68                         |
| TWO-PARTY                              | \$1.32                       | \$1.34                       | \$1.36                         |
| FAMILY                                 | \$1.96                       | \$1.99                       | \$2.02                         |
| <u>4 TIER</u> STANDARD                 |                              |                              |                                |
| SINGLE                                 | \$0.66                       | \$0.67                       | \$0.68                         |
| HUSBAND-WIFE                           | \$1.58                       | \$1.61                       | \$1.63                         |
| PARENT-CHILD                           | \$0.92                       | \$0.94                       | \$0.95                         |
| FAMILY                                 | \$1.90                       | \$1.93                       | \$1.96                         |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |                              |                              |                                |
| SINGLE                                 | \$0.66                       | \$0.67                       | \$0.68                         |
| HUSBAND-WIFE                           | \$1.58                       | \$1.61                       | \$1.63                         |
| PARENT-CHILD(RN)                       | \$1.05                       | \$1.06                       | \$1.08                         |
| FAMILY                                 | \$1.99                       | \$2.02                       | \$2.05                         |
| <u>5 TIER</u>                          |                              |                              |                                |
| SINGLE                                 | \$0.66                       | \$0.67                       | \$0.68                         |
| HUSBAND-WIFE                           | \$1.58                       | \$1.61                       | \$1.63                         |
| PARENT-CHILD                           | \$0.92                       | \$0.94                       | \$0.95                         |
| PARENT-CHILDRN                         | \$1.32                       | \$1.34                       | \$1.36                         |
| FAMILY                                 | \$1.99                       | \$2.02                       | \$2.05                         |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Inpatient Psychiatric Rider Rates

Exhibit VIII

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  | 6/1/16<br>THROUGH<br>6/30/16 | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|--|------------------------------|------------------------------|--------------------------------|
| CAPITATION                             | \$2.82                       | \$2.86                       | \$2.90                         |
| <u>2 TIER</u>                          |                              |                              |                                |
| SINGLE                                 | \$3.12                       | \$3.16                       | \$3.20                         |
| FAMILY                                 | \$7.80                       | \$7.90                       | \$8.00                         |
| <u>3 TIER</u>                          |                              |                              |                                |
| SINGLE                                 | \$3.12                       | \$3.16                       | \$3.20                         |
| TWO-PARTY                              | \$6.24                       | \$6.32                       | \$6.40                         |
| FAMILY                                 | \$9.26                       | \$9.38                       | \$9.50                         |
| <u>4 TIER</u> STANDARD                 |                              |                              |                                |
| SINGLE                                 | \$3.12                       | \$3.16                       | \$3.20                         |
| HUSBAND-WIFE                           | \$7.49                       | \$7.58                       | \$7.68                         |
| PARENT-CHILD                           | \$4.37                       | \$4.42                       | \$4.48                         |
| FAMILY                                 | \$8.98                       | \$9.10                       | \$9.21                         |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |                              |                              |                                |
| SINGLE                                 | \$3.12                       | \$3.16                       | \$3.20                         |
| HUSBAND-WIFE                           | \$7.49                       | \$7.58                       | \$7.68                         |
| PARENT-CHILD(RN)                       | \$4.96                       | \$5.02                       | \$5.08                         |
| FAMILY                                 | \$9.39                       | \$9.51                       | \$9.63                         |
| <u>5 TIER</u>                          |                              |                              |                                |
| SINGLE                                 | \$3.12                       | \$3.16                       | \$3.20                         |
| HUSBAND-WIFE                           | \$7.49                       | \$7.58                       | \$7.68                         |
| PARENT-CHILD                           | \$4.37                       | \$4.42                       | \$4.48                         |
| PARENT-CHILDRN                         | \$6.24                       | \$6.32                       | \$6.40                         |
| FAMILY                                 | \$9.39                       | \$9.51                       | \$9.63                         |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Therapeutic Adjustment Rider Rates

Exhibit IX-a

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|               |                  | \$5 COPAY                    |                              |                                |
|---------------|------------------|------------------------------|------------------------------|--------------------------------|
|               |                  | 6/1/16<br>THROUGH<br>6/30/16 | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
|               | CAPITATION       | \$2.43                       | \$2.43                       | \$2.43                         |
| <u>2 TIER</u> |                  |                              |                              |                                |
|               | SINGLE           | \$2.68                       | \$2.68                       | \$2.68                         |
|               | FAMILY           | \$6.70                       | \$6.70                       | \$6.70                         |
| <u>3 TIER</u> |                  |                              |                              |                                |
|               | SINGLE           | \$2.68                       | \$2.68                       | \$2.68                         |
|               | TWO-PARTY        | \$5.36                       | \$5.36                       | \$5.36                         |
|               | FAMILY           | \$7.96                       | \$7.96                       | \$7.96                         |
| <u>4 TIER</u> |                  | STANDARD                     |                              |                                |
|               | SINGLE           | \$2.68                       | \$2.68                       | \$2.68                         |
|               | HUSBAND-WIFE     | \$6.43                       | \$6.43                       | \$6.43                         |
|               | PARENT-CHILD     | \$3.75                       | \$3.75                       | \$3.75                         |
|               | FAMILY           | \$7.71                       | \$7.71                       | \$7.71                         |
| <u>4 TIER</u> |                  | BY EMPLOYER REQUEST ONLY     |                              |                                |
|               | SINGLE           | \$2.68                       | \$2.68                       | \$2.68                         |
|               | HUSBAND-WIFE     | \$6.43                       | \$6.43                       | \$6.43                         |
|               | PARENT-CHILD(RN) | \$4.26                       | \$4.26                       | \$4.26                         |
|               | FAMILY           | \$8.07                       | \$8.07                       | \$8.07                         |
| <u>5 TIER</u> |                  |                              |                              |                                |
|               | SINGLE           | \$2.68                       | \$2.68                       | \$2.68                         |
|               | HUSBAND-WIFE     | \$6.43                       | \$6.43                       | \$6.43                         |
|               | PARENT-CHILD     | \$3.75                       | \$3.75                       | \$3.75                         |
|               | PARENT-CHILDRN   | \$5.36                       | \$5.36                       | \$5.36                         |
|               | FAMILY           | \$8.07                       | \$8.07                       | \$8.07                         |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Therapeutic Adjustment Rider Rates

Exhibit IX-b

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$10 COPAY                   |                              |                                |
|--|--|------------------------------|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16 | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| CAPITATION                             |  | \$2.09                       | \$2.09                       | \$2.09                         |
| <u>2 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$2.31                       | \$2.31                       | \$2.31                         |
| FAMILY                                 |  | \$5.78                       | \$5.78                       | \$5.78                         |
| <u>3 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$2.31                       | \$2.31                       | \$2.31                         |
| TWO-PARTY                              |  | \$4.62                       | \$4.62                       | \$4.62                         |
| FAMILY                                 |  | \$6.86                       | \$6.86                       | \$6.86                         |
| <u>4 TIER</u> STANDARD                 |  |                              |                              |                                |
| SINGLE                                 |  | \$2.31                       | \$2.31                       | \$2.31                         |
| HUSBAND-WIFE                           |  | \$5.54                       | \$5.54                       | \$5.54                         |
| PARENT-CHILD                           |  | \$3.23                       | \$3.23                       | \$3.23                         |
| FAMILY                                 |  | \$6.65                       | \$6.65                       | \$6.65                         |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                              |                              |                                |
| SINGLE                                 |  | \$2.31                       | \$2.31                       | \$2.31                         |
| HUSBAND-WIFE                           |  | \$5.54                       | \$5.54                       | \$5.54                         |
| PARENT-CHILD(RN)                       |  | \$3.67                       | \$3.67                       | \$3.67                         |
| FAMILY                                 |  | \$6.95                       | \$6.95                       | \$6.95                         |
| <u>5 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$2.31                       | \$2.31                       | \$2.31                         |
| HUSBAND-WIFE                           |  | \$5.54                       | \$5.54                       | \$5.54                         |
| PARENT-CHILD                           |  | \$3.23                       | \$3.23                       | \$3.23                         |
| PARENT-CHILDRN                         |  | \$4.62                       | \$4.62                       | \$4.62                         |
| FAMILY                                 |  | \$6.95                       | \$6.95                       | \$6.95                         |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Therapeutic Adjustment Rider Rates

Exhibit IX-c

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$15 COPAY                   |                              |                                |
|--|--|------------------------------|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16 | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| CAPITATION                             |  | \$1.76                       | \$1.76                       | \$1.76                         |
| <u>2 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$1.94                       | \$1.94                       | \$1.94                         |
| FAMILY                                 |  | \$4.85                       | \$4.85                       | \$4.85                         |
| <u>3 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$1.94                       | \$1.94                       | \$1.94                         |
| TWO-PARTY                              |  | \$3.88                       | \$3.88                       | \$3.88                         |
| FAMILY                                 |  | \$5.76                       | \$5.76                       | \$5.76                         |
| <u>4 TIER</u> STANDARD                 |  |                              |                              |                                |
| SINGLE                                 |  | \$1.94                       | \$1.94                       | \$1.94                         |
| HUSBAND-WIFE                           |  | \$4.66                       | \$4.66                       | \$4.66                         |
| PARENT-CHILD                           |  | \$2.72                       | \$2.72                       | \$2.72                         |
| FAMILY                                 |  | \$5.58                       | \$5.58                       | \$5.58                         |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                              |                              |                                |
| SINGLE                                 |  | \$1.94                       | \$1.94                       | \$1.94                         |
| HUSBAND-WIFE                           |  | \$4.66                       | \$4.66                       | \$4.66                         |
| PARENT-CHILD(RN)                       |  | \$3.08                       | \$3.08                       | \$3.08                         |
| FAMILY                                 |  | \$5.84                       | \$5.84                       | \$5.84                         |
| <u>5 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$1.94                       | \$1.94                       | \$1.94                         |
| HUSBAND-WIFE                           |  | \$4.66                       | \$4.66                       | \$4.66                         |
| PARENT-CHILD                           |  | \$2.72                       | \$2.72                       | \$2.72                         |
| PARENT-CHILDRN                         |  | \$3.88                       | \$3.88                       | \$3.88                         |
| FAMILY                                 |  | \$5.84                       | \$5.84                       | \$5.84                         |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Therapeutic Adjustment Rider Rates

Exhibit IX-d

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|                  |  | \$20 COPAY                   |                              |                                |
|------------------|--|------------------------------|------------------------------|--------------------------------|
|                  |  | 6/1/16<br>THROUGH<br>6/30/16 | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| CAPITATION       |  | \$1.41                       | \$1.41                       | \$1.41                         |
| <u>2 TIER</u>    |  |                              |                              |                                |
| SINGLE           |  | \$1.56                       | \$1.56                       | \$1.56                         |
| FAMILY           |  | \$3.90                       | \$3.90                       | \$3.90                         |
| <u>3 TIER</u>    |  |                              |                              |                                |
| SINGLE           |  | \$1.56                       | \$1.56                       | \$1.56                         |
| TWO-PARTY        |  | \$3.12                       | \$3.12                       | \$3.12                         |
| FAMILY           |  | \$4.63                       | \$4.63                       | \$4.63                         |
| <u>4 TIER</u>    |  | STANDARD                     |                              |                                |
| SINGLE           |  | \$1.56                       | \$1.56                       | \$1.56                         |
| HUSBAND-WIFE     |  | \$3.74                       | \$3.74                       | \$3.74                         |
| PARENT-CHILD     |  | \$2.18                       | \$2.18                       | \$2.18                         |
| FAMILY           |  | \$4.49                       | \$4.49                       | \$4.49                         |
| <u>4 TIER</u>    |  | BY EMPLOYER REQUEST ONLY     |                              |                                |
| SINGLE           |  | \$1.56                       | \$1.56                       | \$1.56                         |
| HUSBAND-WIFE     |  | \$3.74                       | \$3.74                       | \$3.74                         |
| PARENT-CHILD(RN) |  | \$2.48                       | \$2.48                       | \$2.48                         |
| FAMILY           |  | \$4.70                       | \$4.70                       | \$4.70                         |
| <u>5 TIER</u>    |  |                              |                              |                                |
| SINGLE           |  | \$1.56                       | \$1.56                       | \$1.56                         |
| HUSBAND-WIFE     |  | \$3.74                       | \$3.74                       | \$3.74                         |
| PARENT-CHILD     |  | \$2.18                       | \$2.18                       | \$2.18                         |
| PARENT-CHILDRN   |  | \$3.12                       | \$3.12                       | \$3.12                         |
| FAMILY           |  | \$4.70                       | \$4.70                       | \$4.70                         |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Therapeutic Adjustment Rider Rates

Exhibit IX-e

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$25 COPAY                   |                              |                                |
|--|--|------------------------------|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16 | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| CAPITATION                             |  | \$1.08                       | \$1.08                       | \$1.08                         |
| <u>2 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$1.19                       | \$1.19                       | \$1.19                         |
| FAMILY                                 |  | \$2.98                       | \$2.98                       | \$2.98                         |
| <u>3 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$1.19                       | \$1.19                       | \$1.19                         |
| TWO-PARTY                              |  | \$2.38                       | \$2.38                       | \$2.38                         |
| FAMILY                                 |  | \$3.53                       | \$3.53                       | \$3.53                         |
| <u>4 TIER</u> STANDARD                 |  |                              |                              |                                |
| SINGLE                                 |  | \$1.19                       | \$1.19                       | \$1.19                         |
| HUSBAND-WIFE                           |  | \$2.86                       | \$2.86                       | \$2.86                         |
| PARENT-CHILD                           |  | \$1.67                       | \$1.67                       | \$1.67                         |
| FAMILY                                 |  | \$3.43                       | \$3.43                       | \$3.43                         |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                              |                              |                                |
| SINGLE                                 |  | \$1.19                       | \$1.19                       | \$1.19                         |
| HUSBAND-WIFE                           |  | \$2.86                       | \$2.86                       | \$2.86                         |
| PARENT-CHILD(RN)                       |  | \$1.89                       | \$1.89                       | \$1.89                         |
| FAMILY                                 |  | \$3.58                       | \$3.58                       | \$3.58                         |
| <u>5 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$1.19                       | \$1.19                       | \$1.19                         |
| HUSBAND-WIFE                           |  | \$2.86                       | \$2.86                       | \$2.86                         |
| PARENT-CHILD                           |  | \$1.67                       | \$1.67                       | \$1.67                         |
| PARENT-CHILDRN                         |  | \$2.38                       | \$2.38                       | \$2.38                         |
| FAMILY                                 |  | \$3.58                       | \$3.58                       | \$3.58                         |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Therapeutic Adjustment Rider Rates

Exhibit IX-f

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$30 COPAY                   |                              |                                |
|--|--|------------------------------|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16 | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| CAPITATION                             |  | \$0.74                       | \$0.74                       | \$0.74                         |
| <u>2 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$0.82                       | \$0.82                       | \$0.82                         |
| FAMILY                                 |  | \$2.05                       | \$2.05                       | \$2.05                         |
| <u>3 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$0.82                       | \$0.82                       | \$0.82                         |
| TWO-PARTY                              |  | \$1.64                       | \$1.64                       | \$1.64                         |
| FAMILY                                 |  | \$2.43                       | \$2.43                       | \$2.43                         |
| <u>4 TIER</u> STANDARD                 |  |                              |                              |                                |
| SINGLE                                 |  | \$0.82                       | \$0.82                       | \$0.82                         |
| HUSBAND-WIFE                           |  | \$1.97                       | \$1.97                       | \$1.97                         |
| PARENT-CHILD                           |  | \$1.15                       | \$1.15                       | \$1.15                         |
| FAMILY                                 |  | \$2.36                       | \$2.36                       | \$2.36                         |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                              |                              |                                |
| SINGLE                                 |  | \$0.82                       | \$0.82                       | \$0.82                         |
| HUSBAND-WIFE                           |  | \$1.97                       | \$1.97                       | \$1.97                         |
| PARENT-CHILD(RN)                       |  | \$1.30                       | \$1.30                       | \$1.30                         |
| FAMILY                                 |  | \$2.47                       | \$2.47                       | \$2.47                         |
| <u>5 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$0.82                       | \$0.82                       | \$0.82                         |
| HUSBAND-WIFE                           |  | \$1.97                       | \$1.97                       | \$1.97                         |
| PARENT-CHILD                           |  | \$1.15                       | \$1.15                       | \$1.15                         |
| PARENT-CHILDRN                         |  | \$1.64                       | \$1.64                       | \$1.64                         |
| FAMILY                                 |  | \$2.47                       | \$2.47                       | \$2.47                         |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Therapeutic Adjustment Rider Rates

Exhibit IX-g

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$35 COPAY                   |                              |                                |
|--|--|------------------------------|------------------------------|--------------------------------|
|  |  | 6/1/16<br>THROUGH<br>6/30/16 | 7/1/16<br>THROUGH<br>9/30/16 | 10/1/16<br>THROUGH<br>10/31/16 |
| CAPITATION                             |  | \$0.41                       | \$0.41                       | \$0.41                         |
| <u>2 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$0.45                       | \$0.45                       | \$0.45                         |
| FAMILY                                 |  | \$1.13                       | \$1.13                       | \$1.13                         |
| <u>3 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$0.45                       | \$0.45                       | \$0.45                         |
| TWO-PARTY                              |  | \$0.90                       | \$0.90                       | \$0.90                         |
| FAMILY                                 |  | \$1.34                       | \$1.34                       | \$1.34                         |
| <u>4 TIER</u> STANDARD                 |  |                              |                              |                                |
| SINGLE                                 |  | \$0.45                       | \$0.45                       | \$0.45                         |
| HUSBAND-WIFE                           |  | \$1.08                       | \$1.08                       | \$1.08                         |
| PARENT-CHILD                           |  | \$0.63                       | \$0.63                       | \$0.63                         |
| FAMILY                                 |  | \$1.30                       | \$1.30                       | \$1.30                         |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                              |                              |                                |
| SINGLE                                 |  | \$0.45                       | \$0.45                       | \$0.45                         |
| HUSBAND-WIFE                           |  | \$1.08                       | \$1.08                       | \$1.08                         |
| PARENT-CHILD(RN)                       |  | \$0.71                       | \$0.71                       | \$0.71                         |
| FAMILY                                 |  | \$1.35                       | \$1.35                       | \$1.35                         |
| <u>5 TIER</u>                          |  |                              |                              |                                |
| SINGLE                                 |  | \$0.45                       | \$0.45                       | \$0.45                         |
| HUSBAND-WIFE                           |  | \$1.08                       | \$1.08                       | \$1.08                         |
| PARENT-CHILD                           |  | \$0.63                       | \$0.63                       | \$0.63                         |
| PARENT-CHILDRN                         |  | \$0.90                       | \$0.90                       | \$0.90                         |
| FAMILY                                 |  | \$1.35                       | \$1.35                       | \$1.35                         |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 ASHN Chiropractic Rider Rates

Exhibit X-a

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  
 #REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$0 COPAY                 |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
|  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION                             |  | \$2.72                    | \$2.72                    | \$2.72                    |
| <u>2 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$3.00                    | \$3.00                    | \$3.00                    |
| FAMILY                                 |  | \$7.50                    | \$7.50                    | \$7.50                    |
| <u>3 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$3.00                    | \$3.00                    | \$3.00                    |
| TWO-PARTY                              |  | \$6.00                    | \$6.00                    | \$6.00                    |
| FAMILY                                 |  | \$8.91                    | \$8.91                    | \$8.91                    |
| <u>4 TIER</u> STANDARD                 |  |                           |                           |                           |
| SINGLE                                 |  | \$3.00                    | \$3.00                    | \$3.00                    |
| HUSBAND-WIFE                           |  | \$7.20                    | \$7.20                    | \$7.20                    |
| PARENT-CHILD                           |  | \$4.20                    | \$4.20                    | \$4.20                    |
| FAMILY                                 |  | \$8.64                    | \$8.64                    | \$8.64                    |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                           |                           |                           |
| SINGLE                                 |  | \$3.00                    | \$3.00                    | \$3.00                    |
| HUSBAND-WIFE                           |  | \$7.20                    | \$7.20                    | \$7.20                    |
| PARENT-CHILD(RN)                       |  | \$4.77                    | \$4.77                    | \$4.77                    |
| FAMILY                                 |  | \$9.03                    | \$9.03                    | \$9.03                    |
| <u>5 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$3.00                    | \$3.00                    | \$3.00                    |
| HUSBAND-WIFE                           |  | \$7.20                    | \$7.20                    | \$7.20                    |
| PARENT-CHILD                           |  | \$4.20                    | \$4.20                    | \$4.20                    |
| PARENT-CHILDRN                         |  | \$6.00                    | \$6.00                    | \$6.00                    |
| FAMILY                                 |  | \$9.03                    | \$9.03                    | \$9.03                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 ASHN Chiropractic Rider Rates

Exhibit X-b

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  
 #REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$5 COPAY                 |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
|  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION                             |  | \$1.74                    | \$1.74                    | \$1.74                    |
| <u>2 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.92                    | \$1.92                    | \$1.92                    |
| FAMILY                                 |  | \$4.80                    | \$4.80                    | \$4.80                    |
| <u>3 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.92                    | \$1.92                    | \$1.92                    |
| TWO-PARTY                              |  | \$3.84                    | \$3.84                    | \$3.84                    |
| FAMILY                                 |  | \$5.70                    | \$5.70                    | \$5.70                    |
| <u>4 TIER</u> STANDARD                 |  |                           |                           |                           |
| SINGLE                                 |  | \$1.92                    | \$1.92                    | \$1.92                    |
| HUSBAND-WIFE                           |  | \$4.61                    | \$4.61                    | \$4.61                    |
| PARENT-CHILD                           |  | \$2.69                    | \$2.69                    | \$2.69                    |
| FAMILY                                 |  | \$5.53                    | \$5.53                    | \$5.53                    |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                           |                           |                           |
| SINGLE                                 |  | \$1.92                    | \$1.92                    | \$1.92                    |
| HUSBAND-WIFE                           |  | \$4.61                    | \$4.61                    | \$4.61                    |
| PARENT-CHILD(RN)                       |  | \$3.05                    | \$3.05                    | \$3.05                    |
| FAMILY                                 |  | \$5.78                    | \$5.78                    | \$5.78                    |
| <u>5 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.92                    | \$1.92                    | \$1.92                    |
| HUSBAND-WIFE                           |  | \$4.61                    | \$4.61                    | \$4.61                    |
| PARENT-CHILD                           |  | \$2.69                    | \$2.69                    | \$2.69                    |
| PARENT-CHILDRN                         |  | \$3.84                    | \$3.84                    | \$3.84                    |
| FAMILY                                 |  | \$5.78                    | \$5.78                    | \$5.78                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 ASHN Chiropractic Rider Rates

Exhibit X-c

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  
 #REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$10 COPAY                |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
|  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION                             |  | \$1.39                    | \$1.39                    | \$1.39                    |
| <u>2 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.53                    | \$1.53                    | \$1.53                    |
| FAMILY                                 |  | \$3.83                    | \$3.83                    | \$3.83                    |
| <u>3 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.53                    | \$1.53                    | \$1.53                    |
| TWO-PARTY                              |  | \$3.06                    | \$3.06                    | \$3.06                    |
| FAMILY                                 |  | \$4.54                    | \$4.54                    | \$4.54                    |
| <u>4 TIER</u> STANDARD                 |  |                           |                           |                           |
| SINGLE                                 |  | \$1.53                    | \$1.53                    | \$1.53                    |
| HUSBAND-WIFE                           |  | \$3.67                    | \$3.67                    | \$3.67                    |
| PARENT-CHILD                           |  | \$2.14                    | \$2.14                    | \$2.14                    |
| FAMILY                                 |  | \$4.40                    | \$4.40                    | \$4.40                    |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                           |                           |                           |
| SINGLE                                 |  | \$1.53                    | \$1.53                    | \$1.53                    |
| HUSBAND-WIFE                           |  | \$3.67                    | \$3.67                    | \$3.67                    |
| PARENT-CHILD(RN)                       |  | \$2.43                    | \$2.43                    | \$2.43                    |
| FAMILY                                 |  | \$4.61                    | \$4.61                    | \$4.61                    |
| <u>5 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.53                    | \$1.53                    | \$1.53                    |
| HUSBAND-WIFE                           |  | \$3.67                    | \$3.67                    | \$3.67                    |
| PARENT-CHILD                           |  | \$2.14                    | \$2.14                    | \$2.14                    |
| PARENT-CHILDRN                         |  | \$3.06                    | \$3.06                    | \$3.06                    |
| FAMILY                                 |  | \$4.61                    | \$4.61                    | \$4.61                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 ASHN Chiropractic Rider Rates

Exhibit X-d

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  
 #REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$15 COPAY                |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
|  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION                             |  | \$1.23                    | \$1.23                    | \$1.23                    |
| <u>2 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.35                    | \$1.36                    | \$1.36                    |
| FAMILY                                 |  | \$3.38                    | \$3.40                    | \$3.40                    |
| <u>3 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.35                    | \$1.36                    | \$1.36                    |
| TWO-PARTY                              |  | \$2.70                    | \$2.72                    | \$2.72                    |
| FAMILY                                 |  | \$4.01                    | \$4.04                    | \$4.04                    |
| <u>4 TIER</u> STANDARD                 |  |                           |                           |                           |
| SINGLE                                 |  | \$1.35                    | \$1.36                    | \$1.36                    |
| HUSBAND-WIFE                           |  | \$3.24                    | \$3.26                    | \$3.26                    |
| PARENT-CHILD                           |  | \$1.89                    | \$1.90                    | \$1.90                    |
| FAMILY                                 |  | \$3.89                    | \$3.92                    | \$3.92                    |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                           |                           |                           |
| SINGLE                                 |  | \$1.35                    | \$1.36                    | \$1.36                    |
| HUSBAND-WIFE                           |  | \$3.24                    | \$3.26                    | \$3.26                    |
| PARENT-CHILD(RN)                       |  | \$2.14                    | \$2.16                    | \$2.16                    |
| FAMILY                                 |  | \$4.06                    | \$4.09                    | \$4.09                    |
| <u>5 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.35                    | \$1.36                    | \$1.36                    |
| HUSBAND-WIFE                           |  | \$3.24                    | \$3.26                    | \$3.26                    |
| PARENT-CHILD                           |  | \$1.89                    | \$1.90                    | \$1.90                    |
| PARENT-CHILDRN                         |  | \$2.70                    | \$2.72                    | \$2.72                    |
| FAMILY                                 |  | \$4.06                    | \$4.09                    | \$4.09                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 ASHN Chiropractic Rider Rates

Exhibit X-e

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  
 #REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$20 COPAY                |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
|  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION                             |  | \$0.92                    | \$0.92                    | \$0.92                    |
| <u>2 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.02                    | \$1.02                    | \$1.02                    |
| FAMILY                                 |  | \$2.55                    | \$2.55                    | \$2.55                    |
| <u>3 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.02                    | \$1.02                    | \$1.02                    |
| TWO-PARTY                              |  | \$2.04                    | \$2.04                    | \$2.04                    |
| FAMILY                                 |  | \$3.03                    | \$3.03                    | \$3.03                    |
| <u>4 TIER</u> STANDARD                 |  |                           |                           |                           |
| SINGLE                                 |  | \$1.02                    | \$1.02                    | \$1.02                    |
| HUSBAND-WIFE                           |  | \$2.45                    | \$2.45                    | \$2.45                    |
| PARENT-CHILD                           |  | \$1.43                    | \$1.43                    | \$1.43                    |
| FAMILY                                 |  | \$2.94                    | \$2.94                    | \$2.94                    |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                           |                           |                           |
| SINGLE                                 |  | \$1.02                    | \$1.02                    | \$1.02                    |
| HUSBAND-WIFE                           |  | \$2.45                    | \$2.45                    | \$2.45                    |
| PARENT-CHILD(RN)                       |  | \$1.62                    | \$1.62                    | \$1.62                    |
| FAMILY                                 |  | \$3.07                    | \$3.07                    | \$3.07                    |
| <u>5 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.02                    | \$1.02                    | \$1.02                    |
| HUSBAND-WIFE                           |  | \$2.45                    | \$2.45                    | \$2.45                    |
| PARENT-CHILD                           |  | \$1.43                    | \$1.43                    | \$1.43                    |
| PARENT-CHILDRN                         |  | \$2.04                    | \$2.04                    | \$2.04                    |
| FAMILY                                 |  | \$3.07                    | \$3.07                    | \$3.07                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 ASHN Chiropractic Rider Rates

Exhibit X-f

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

#REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$25 COPAY                |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
|  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION                             |  | \$0.71                    | \$0.71                    | \$0.71                    |
| <u>2 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.79                    | \$0.78                    | \$0.78                    |
| FAMILY                                 |  | \$1.98                    | \$1.95                    | \$1.95                    |
| <u>3 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.79                    | \$0.78                    | \$0.78                    |
| TWO-PARTY                              |  | \$1.58                    | \$1.56                    | \$1.56                    |
| FAMILY                                 |  | \$2.35                    | \$2.32                    | \$2.32                    |
| <u>4 TIER</u> STANDARD                 |  |                           |                           |                           |
| SINGLE                                 |  | \$0.79                    | \$0.78                    | \$0.78                    |
| HUSBAND-WIFE                           |  | \$1.90                    | \$1.87                    | \$1.87                    |
| PARENT-CHILD                           |  | \$1.11                    | \$1.09                    | \$1.09                    |
| FAMILY                                 |  | \$2.27                    | \$2.25                    | \$2.25                    |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                           |                           |                           |
| SINGLE                                 |  | \$0.79                    | \$0.78                    | \$0.78                    |
| HUSBAND-WIFE                           |  | \$1.90                    | \$1.87                    | \$1.87                    |
| PARENT-CHILD(RN)                       |  | \$1.25                    | \$1.24                    | \$1.24                    |
| FAMILY                                 |  | \$2.38                    | \$2.35                    | \$2.35                    |
| <u>5 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.79                    | \$0.78                    | \$0.78                    |
| HUSBAND-WIFE                           |  | \$1.90                    | \$1.87                    | \$1.87                    |
| p1                                     |  | \$1.11                    | \$1.09                    | \$1.09                    |
| PARENT-CHILD(RN)                       |  | \$1.58                    | \$1.56                    | \$1.56                    |
| FAMILY                                 |  | \$2.38                    | \$2.35                    | \$2.35                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 ASHN Chiropractic Rider Rates

Exhibit X-g

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  
 #REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$30 COPAY                |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
|  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION                             |  | \$0.55                    | \$0.55                    | \$0.55                    |
| <u>2 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.61                    | \$0.61                    | \$0.61                    |
| FAMILY                                 |  | \$1.53                    | \$1.53                    | \$1.53                    |
| <u>3 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.61                    | \$0.61                    | \$0.61                    |
| TWO-PARTY                              |  | \$1.22                    | \$1.22                    | \$1.22                    |
| FAMILY                                 |  | \$1.81                    | \$1.81                    | \$1.81                    |
| <u>4 TIER</u> STANDARD                 |  |                           |                           |                           |
| SINGLE                                 |  | \$0.61                    | \$0.61                    | \$0.61                    |
| HUSBAND-WIFE                           |  | \$1.46                    | \$1.46                    | \$1.46                    |
| PARENT-CHILD                           |  | \$0.85                    | \$0.85                    | \$0.85                    |
| FAMILY                                 |  | \$1.76                    | \$1.76                    | \$1.76                    |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                           |                           |                           |
| SINGLE                                 |  | \$0.61                    | \$0.61                    | \$0.61                    |
| HUSBAND-WIFE                           |  | \$1.46                    | \$1.46                    | \$1.46                    |
| PARENT-CHILD(RN)                       |  | \$0.97                    | \$0.97                    | \$0.97                    |
| FAMILY                                 |  | \$1.84                    | \$1.84                    | \$1.84                    |
| <u>5 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.61                    | \$0.61                    | \$0.61                    |
| HUSBAND-WIFE                           |  | \$1.46                    | \$1.46                    | \$1.46                    |
| PARENT-CHILD                           |  | \$0.85                    | \$0.85                    | \$0.85                    |
| PARENT-CHILDRN                         |  | \$1.22                    | \$1.22                    | \$1.22                    |
| FAMILY                                 |  | \$1.84                    | \$1.84                    | \$1.84                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 ASHN Chiropractic Rider Rates

Exhibit X-h

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  
 #REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$35 COPAY                |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
|  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION                             |  | \$0.40                    | \$0.40                    | \$0.40                    |
| <u>2 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.44                    | \$0.44                    | \$0.44                    |
| FAMILY                                 |  | \$1.10                    | \$1.10                    | \$1.10                    |
| <u>3 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.44                    | \$0.44                    | \$0.44                    |
| TWO-PARTY                              |  | \$0.88                    | \$0.88                    | \$0.88                    |
| FAMILY                                 |  | \$1.31                    | \$1.31                    | \$1.31                    |
| <u>4 TIER</u> STANDARD                 |  |                           |                           |                           |
| SINGLE                                 |  | \$0.44                    | \$0.44                    | \$0.44                    |
| HUSBAND-WIFE                           |  | \$1.06                    | \$1.06                    | \$1.06                    |
| PARENT-CHILD                           |  | \$0.62                    | \$0.62                    | \$0.62                    |
| FAMILY                                 |  | \$1.27                    | \$1.27                    | \$1.27                    |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                           |                           |                           |
| SINGLE                                 |  | \$0.44                    | \$0.44                    | \$0.44                    |
| HUSBAND-WIFE                           |  | \$1.06                    | \$1.06                    | \$1.06                    |
| PARENT-CHILD(RN)                       |  | \$0.70                    | \$0.70                    | \$0.70                    |
| FAMILY                                 |  | \$1.32                    | \$1.32                    | \$1.32                    |
| <u>5 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.44                    | \$0.44                    | \$0.44                    |
| HUSBAND-WIFE                           |  | \$1.06                    | \$1.06                    | \$1.06                    |
| PARENT-CHILD                           |  | \$0.62                    | \$0.62                    | \$0.62                    |
| PARENT-CHILDRN                         |  | \$0.88                    | \$0.88                    | \$0.88                    |
| FAMILY                                 |  | \$1.32                    | \$1.32                    | \$1.32                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Enhanced (Open Access) ASHN Chiropractic Rider Rates

Exhibit XI-a

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  
 #REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|                  |  | \$5 COPAY                 |                           |                           |
|------------------|--|---------------------------|---------------------------|---------------------------|
|                  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION       |  | \$1.88                    | \$1.88                    | \$1.88                    |
| <u>2 TIER</u>    |  |                           |                           |                           |
| SINGLE           |  | \$2.08                    | \$2.08                    | \$2.08                    |
| FAMILY           |  | \$5.20                    | \$5.20                    | \$5.20                    |
| <u>3 TIER</u>    |  |                           |                           |                           |
| SINGLE           |  | \$2.08                    | \$2.08                    | \$2.08                    |
| TWO-PARTY        |  | \$4.16                    | \$4.16                    | \$4.16                    |
| FAMILY           |  | \$6.18                    | \$6.18                    | \$6.18                    |
| <u>4 TIER</u>    |  | STANDARD                  |                           |                           |
| SINGLE           |  | \$2.08                    | \$2.08                    | \$2.08                    |
| HUSBAND-WIFE     |  | \$4.99                    | \$4.99                    | \$4.99                    |
| PARENT-CHILD     |  | \$2.91                    | \$2.91                    | \$2.91                    |
| FAMILY           |  | \$5.99                    | \$5.99                    | \$5.99                    |
| <u>4 TIER</u>    |  | BY EMPLOYER REQUEST ONLY  |                           |                           |
| SINGLE           |  | \$2.08                    | \$2.08                    | \$2.08                    |
| HUSBAND-WIFE     |  | \$4.99                    | \$4.99                    | \$4.99                    |
| PARENT-CHILD(RN) |  | \$3.30                    | \$3.30                    | \$3.30                    |
| FAMILY           |  | \$6.26                    | \$6.26                    | \$6.26                    |
| <u>5 TIER</u>    |  |                           |                           |                           |
| SINGLE           |  | \$2.08                    | \$2.08                    | \$2.08                    |
| HUSBAND-WIFE     |  | \$4.99                    | \$4.99                    | \$4.99                    |
| PARENT-CHILD     |  | \$2.91                    | \$2.91                    | \$2.91                    |
| PARENT-CHILDRN   |  | \$4.16                    | \$4.16                    | \$4.16                    |
| FAMILY           |  | \$6.26                    | \$6.26                    | \$6.26                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Enhanced (Open Access) ASHN Chiropractic Rider Rates

Exhibit XI-b

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  
 #REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|               |                  | \$10 COPAY                |                           |                           |
|---------------|------------------|---------------------------|---------------------------|---------------------------|
|               |                  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
|               | CAPITATION       | \$1.48                    | \$1.48                    | \$1.48                    |
| <u>2 TIER</u> |                  |                           |                           |                           |
|               | SINGLE           | \$1.64                    | \$1.63                    | \$1.63                    |
|               | FAMILY           | \$4.10                    | \$4.08                    | \$4.08                    |
| <u>3 TIER</u> |                  |                           |                           |                           |
|               | SINGLE           | \$1.64                    | \$1.63                    | \$1.63                    |
|               | TWO-PARTY        | \$3.28                    | \$3.26                    | \$3.26                    |
|               | FAMILY           | \$4.87                    | \$4.84                    | \$4.84                    |
| <u>4 TIER</u> |                  | STANDARD                  |                           |                           |
|               | SINGLE           | \$1.64                    | \$1.63                    | \$1.63                    |
|               | HUSBAND-WIFE     | \$3.94                    | \$3.91                    | \$3.91                    |
|               | PARENT-CHILD     | \$2.30                    | \$2.28                    | \$2.28                    |
|               | FAMILY           | \$4.72                    | \$4.69                    | \$4.69                    |
| <u>4 TIER</u> |                  | BY EMPLOYER REQUEST ONLY  |                           |                           |
|               | SINGLE           | \$1.64                    | \$1.63                    | \$1.63                    |
|               | HUSBAND-WIFE     | \$3.94                    | \$3.91                    | \$3.91                    |
|               | PARENT-CHILD(RN) | \$2.60                    | \$2.59                    | \$2.59                    |
|               | FAMILY           | \$4.94                    | \$4.91                    | \$4.91                    |
| <u>5 TIER</u> |                  |                           |                           |                           |
|               | SINGLE           | \$1.64                    | \$1.63                    | \$1.63                    |
|               | HUSBAND-WIFE     | \$3.94                    | \$3.91                    | \$3.91                    |
|               | PARENT-CHILD     | \$2.30                    | \$2.28                    | \$2.28                    |
|               | PARENT-CHILDRN   | \$3.28                    | \$3.26                    | \$3.26                    |
|               | FAMILY           | \$4.94                    | \$4.91                    | \$4.91                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Enhanced (Open Access) ASHN Chiropractic Rider Rates

Exhibit XI-c

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  
 #REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$15 COPAY                |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
|  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION                             |  | \$1.32                    | \$1.32                    | \$1.32                    |
| <u>2 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.46                    | \$1.46                    | \$1.46                    |
| FAMILY                                 |  | \$3.65                    | \$3.65                    | \$3.65                    |
| <u>3 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.46                    | \$1.46                    | \$1.46                    |
| TWO-PARTY                              |  | \$2.92                    | \$2.92                    | \$2.92                    |
| FAMILY                                 |  | \$4.33                    | \$4.33                    | \$4.33                    |
| <u>4 TIER</u> STANDARD                 |  |                           |                           |                           |
| SINGLE                                 |  | \$1.46                    | \$1.46                    | \$1.46                    |
| HUSBAND-WIFE                           |  | \$3.50                    | \$3.50                    | \$3.50                    |
| PARENT-CHILD                           |  | \$2.04                    | \$2.04                    | \$2.04                    |
| FAMILY                                 |  | \$4.20                    | \$4.20                    | \$4.20                    |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                           |                           |                           |
| SINGLE                                 |  | \$1.46                    | \$1.46                    | \$1.46                    |
| HUSBAND-WIFE                           |  | \$3.50                    | \$3.50                    | \$3.50                    |
| PARENT-CHILD(RN)                       |  | \$2.32                    | \$2.32                    | \$2.32                    |
| FAMILY                                 |  | \$4.40                    | \$4.40                    | \$4.40                    |
| <u>5 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.46                    | \$1.46                    | \$1.46                    |
| HUSBAND-WIFE                           |  | \$3.50                    | \$3.50                    | \$3.50                    |
| PARENT-CHILD                           |  | \$2.04                    | \$2.04                    | \$2.04                    |
| PARENT-CHILDRN                         |  | \$2.92                    | \$2.92                    | \$2.92                    |
| FAMILY                                 |  | \$4.40                    | \$4.40                    | \$4.40                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Enhanced (Open Access) ASHN Chiropractic Rider Rates

Exhibit XI-d

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

#REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$20 COPAY                |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
|  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION                             |  | \$0.99                    | \$0.99                    | \$0.99                    |
| <u>2 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.10                    | \$1.09                    | \$1.09                    |
| FAMILY                                 |  | \$2.75                    | \$2.73                    | \$2.73                    |
| <u>3 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.10                    | \$1.09                    | \$1.09                    |
| TWO-PARTY                              |  | \$2.20                    | \$2.18                    | \$2.18                    |
| FAMILY                                 |  | \$3.27                    | \$3.24                    | \$3.24                    |
| <u>4 TIER</u> STANDARD                 |  |                           |                           |                           |
| SINGLE                                 |  | \$1.10                    | \$1.09                    | \$1.09                    |
| HUSBAND-WIFE                           |  | \$2.64                    | \$2.62                    | \$2.62                    |
| PARENT-CHILD                           |  | \$1.54                    | \$1.53                    | \$1.53                    |
| FAMILY                                 |  | \$3.17                    | \$3.14                    | \$3.14                    |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                           |                           |                           |
| SINGLE                                 |  | \$1.10                    | \$1.09                    | \$1.09                    |
| HUSBAND-WIFE                           |  | \$2.64                    | \$2.62                    | \$2.62                    |
| PARENT-CHILD(RN)                       |  | \$1.75                    | \$1.73                    | \$1.73                    |
| FAMILY                                 |  | \$3.31                    | \$3.28                    | \$3.28                    |
| <u>5 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$1.10                    | \$1.09                    | \$1.09                    |
| HUSBAND-WIFE                           |  | \$2.64                    | \$2.62                    | \$2.62                    |
| PARENT-CHILD                           |  | \$1.54                    | \$1.53                    | \$1.53                    |
| PARENT-CHILDRN                         |  | \$2.20                    | \$2.18                    | \$2.18                    |
| FAMILY                                 |  | \$3.31                    | \$3.28                    | \$3.28                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Enhanced (Open Access) ASHN Chiropractic Rider Rates

Exhibit XI-e

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  
 #REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|                  |  | \$25 COPAY                |                           |                           |
|------------------|--|---------------------------|---------------------------|---------------------------|
|                  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION       |  | \$0.77                    | \$0.77                    | \$0.77                    |
| <u>2 TIER</u>    |  |                           |                           |                           |
| SINGLE           |  | \$0.85                    | \$0.85                    | \$0.85                    |
| FAMILY           |  | \$2.13                    | \$2.13                    | \$2.13                    |
| <u>3 TIER</u>    |  |                           |                           |                           |
| SINGLE           |  | \$0.85                    | \$0.85                    | \$0.85                    |
| TWO-PARTY        |  | \$1.70                    | \$1.70                    | \$1.70                    |
| FAMILY           |  | \$2.52                    | \$2.52                    | \$2.52                    |
| <u>4 TIER</u>    |  | STANDARD                  |                           |                           |
| SINGLE           |  | \$0.85                    | \$0.85                    | \$0.85                    |
| HUSBAND-WIFE     |  | \$2.04                    | \$2.04                    | \$2.04                    |
| PARENT-CHILD     |  | \$1.19                    | \$1.19                    | \$1.19                    |
| FAMILY           |  | \$2.45                    | \$2.45                    | \$2.45                    |
| <u>4 TIER</u>    |  | BY EMPLOYER REQUEST ONLY  |                           |                           |
| SINGLE           |  | \$0.85                    | \$0.85                    | \$0.85                    |
| HUSBAND-WIFE     |  | \$2.04                    | \$2.04                    | \$2.04                    |
| PARENT-CHILD(RN) |  | \$1.35                    | \$1.35                    | \$1.35                    |
| FAMILY           |  | \$2.56                    | \$2.56                    | \$2.56                    |
| <u>5 TIER</u>    |  |                           |                           |                           |
| SINGLE           |  | \$0.85                    | \$0.85                    | \$0.85                    |
| HUSBAND-WIFE     |  | \$2.04                    | \$2.04                    | \$2.04                    |
| PARENT-CHILD     |  | \$1.19                    | \$1.19                    | \$1.19                    |
| PARENT-CHILDRN   |  | \$1.70                    | \$1.70                    | \$1.70                    |
| FAMILY           |  | \$2.56                    | \$2.56                    | \$2.56                    |

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

#REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$30 COPAY                |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
|  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION                             |  | \$0.60                    | \$0.60                    | \$0.60                    |
| <u>2 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.66                    | \$0.66                    | \$0.66                    |
| FAMILY                                 |  | \$1.65                    | \$1.65                    | \$1.65                    |
| <u>3 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.66                    | \$0.66                    | \$0.66                    |
| TWO-PARTY                              |  | \$1.32                    | \$1.32                    | \$1.32                    |
| FAMILY                                 |  | \$1.96                    | \$1.96                    | \$1.96                    |
| <u>4 TIER</u> STANDARD                 |  |                           |                           |                           |
| SINGLE                                 |  | \$0.66                    | \$0.66                    | \$0.66                    |
| HUSBAND-WIFE                           |  | \$1.58                    | \$1.58                    | \$1.58                    |
| PARENT-CHILD                           |  | \$0.92                    | \$0.92                    | \$0.92                    |
| FAMILY                                 |  | \$1.90                    | \$1.90                    | \$1.90                    |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                           |                           |                           |
| SINGLE                                 |  | \$0.66                    | \$0.66                    | \$0.66                    |
| HUSBAND-WIFE                           |  | \$1.58                    | \$1.58                    | \$1.58                    |
| PARENT-CHILD(RN)                       |  | \$1.05                    | \$1.05                    | \$1.05                    |
| FAMILY                                 |  | \$1.99                    | \$1.99                    | \$1.99                    |
| <u>5 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.66                    | \$0.66                    | \$0.66                    |
| HUSBAND-WIFE                           |  | \$1.58                    | \$1.58                    | \$1.58                    |
| p1                                     |  | \$0.92                    | \$0.92                    | \$0.92                    |
| PARENT-CHILD(RN)                       |  | \$1.32                    | \$1.32                    | \$1.32                    |
| FAMILY                                 |  | \$1.99                    | \$1.99                    | \$1.99                    |

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

#REF!

REFLECT A 0% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

|  |  | \$35 COPAY                |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
|  |  | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
| CAPITATION                             |  | \$0.43                    | \$0.43                    | \$0.43                    |
| <u>2 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.48                    | \$0.47                    | \$0.47                    |
| FAMILY                                 |  | \$1.20                    | \$1.18                    | \$1.18                    |
| <u>3 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.48                    | \$0.47                    | \$0.47                    |
| TWO-PARTY                              |  | \$0.96                    | \$0.94                    | \$0.94                    |
| FAMILY                                 |  | \$1.43                    | \$1.40                    | \$1.40                    |
| <u>4 TIER</u> STANDARD                 |  |                           |                           |                           |
| SINGLE                                 |  | \$0.48                    | \$0.47                    | \$0.47                    |
| HUSBAND-WIFE                           |  | \$1.15                    | \$1.13                    | \$1.13                    |
| PARENT-CHILD                           |  | \$0.67                    | \$0.66                    | \$0.66                    |
| FAMILY                                 |  | \$1.38                    | \$1.35                    | \$1.35                    |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY |  |                           |                           |                           |
| SINGLE                                 |  | \$0.48                    | \$0.47                    | \$0.47                    |
| HUSBAND-WIFE                           |  | \$1.15                    | \$1.13                    | \$1.13                    |
| PARENT-CHILD(RN)                       |  | \$0.76                    | \$0.75                    | \$0.75                    |
| FAMILY                                 |  | \$1.44                    | \$1.41                    | \$1.41                    |
| <u>5 TIER</u>                          |  |                           |                           |                           |
| SINGLE                                 |  | \$0.48                    | \$0.47                    | \$0.47                    |
| HUSBAND-WIFE                           |  | \$1.15                    | \$1.13                    | \$1.13                    |
| PARENT-CHILD                           |  | \$0.67                    | \$0.66                    | \$0.66                    |
| PARENT-CHILDRN                         |  | \$0.96                    | \$0.94                    | \$0.94                    |
| FAMILY                                 |  | \$1.45                    | \$1.41                    | \$1.41                    |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit XII-a

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | Deductible Plan Example #1 (see Exh XIII for description & development) |                           |                           |
|--|---|---|---------------------------|---------------------------|
|  |   | #REF!<br>THROUGH<br>#REF!   | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$75.00 |   |                           |                           |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                           |                           |
|  | CAPITATION                                | \$411.07  | \$416.41                  | \$421.82                  |
| <u>2 TIER</u>  |   |   |                           |                           |
| SINGLE   |   | \$453.78  | \$459.67                  | \$465.65                  |
| FAMILY   |   | \$1,134.45  | \$1,149.18                | \$1,164.13                |
| <u>3 TIER</u>  |   |   |                           |                           |
| SINGLE   |   | \$453.78  | \$459.67                  | \$465.65                  |
| TWO-PARTY  |   | \$907.56  | \$919.34                  | \$931.30                  |
| FAMILY   |   | \$1,347.18  | \$1,364.67                | \$1,382.42                |
| <u>4 TIER</u> STANDARD                                   |   |   |                           |                           |
| SINGLE   |   | \$453.78  | \$459.67                  | \$465.65                  |
| HUSBAND-WIFE   |   | \$1,089.07  | \$1,103.21                | \$1,117.56                |
| PARENT-CHILD   |   | \$635.29  | \$643.54                  | \$651.91                  |
| FAMILY   |   | \$1,306.30  | \$1,323.25                | \$1,340.47                |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                           |                           |
| SINGLE   |   | \$453.78  | \$459.67                  | \$465.65                  |
| HUSBAND-WIFE   |   | \$1,089.07  | \$1,103.21                | \$1,117.56                |
| PARENT-CHILD(RN)   |   | \$720.78  | \$730.14                  | \$739.64                  |
| FAMILY   |   | \$1,366.06  | \$1,383.79                | \$1,401.79                |
| <u>5 TIER</u>  |   |   |                           |                           |
| SINGLE   |   | \$453.78  | \$459.67                  | \$465.65                  |
| HUSBAND-WIFE   |   | \$1,089.07  | \$1,103.21                | \$1,117.56                |
| PARENT-CHILD   |   | \$635.29  | \$643.54                  | \$651.91                  |
| PARENT-CHILDRN   |   | \$907.56  | \$919.34                  | \$931.30                  |
| FAMILY   |   | \$1,366.10  | \$1,383.84                | \$1,401.84                |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit XII-b

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | Deductible Plan Example #2 (see Exh XIII for description & development) |                           |                           |
|--|---|---|---------------------------|---------------------------|
|  |   | #REF!<br>THROUGH<br>#REF!   | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$75.00 |   |                           |                           |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                           |                           |
|  | CAPITATION                                | \$427.75  | \$433.31                  | \$438.94                  |
| <u>2 TIER</u>  |   |   |                           |                           |
|  | SINGLE                                    | \$472.19  | \$478.33                  | \$484.55                  |
|  | FAMILY                                    | \$1,180.48  | \$1,195.83                | \$1,211.38                |
| <u>3 TIER</u>  |   |   |                           |                           |
|  | SINGLE                                    | \$472.19  | \$478.33                  | \$484.55                  |
|  | TWO-PARTY                                 | \$944.38  | \$956.66                  | \$969.10                  |
|  | FAMILY                                    | \$1,401.84  | \$1,420.07                | \$1,438.53                |
| <u>4 TIER</u> STANDARD                                   |   |   |                           |                           |
|  | SINGLE                                    | \$472.19  | \$478.33                  | \$484.55                  |
|  | HUSBAND-WIFE                              | \$1,133.26  | \$1,147.99                | \$1,162.92                |
|  | PARENT-CHILD                              | \$661.07  | \$669.66                  | \$678.37                  |
|  | FAMILY                                    | \$1,359.29  | \$1,376.97                | \$1,394.87                |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                           |                           |
|  | SINGLE                                    | \$472.19  | \$478.33                  | \$484.55                  |
|  | HUSBAND-WIFE                              | \$1,133.26  | \$1,147.99                | \$1,162.92                |
|  | PARENT-CHILD(RN)                          | \$750.03  | \$759.78                  | \$769.66                  |
|  | FAMILY                                    | \$1,421.48  | \$1,439.96                | \$1,458.69                |
| <u>5 TIER</u>  |   |   |                           |                           |
|  | SINGLE                                    | \$472.19  | \$478.33                  | \$484.55                  |
|  | HUSBAND-WIFE                              | \$1,133.26  | \$1,147.99                | \$1,162.92                |
|  | PARENT-CHILD                              | \$661.07  | \$669.66                  | \$678.37                  |
|  | PARENT-CHILDRN                            | \$944.38  | \$956.66                  | \$969.10                  |
|  | FAMILY                                    | \$1,421.53  | \$1,440.01                | \$1,458.74                |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit XII-c

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | Deductible Plan Example #3 (see Exh XIII for description & development) |                           |                           |
|--|---|---|---------------------------|---------------------------|
|  |   | #REF!<br>THROUGH<br>#REF!   | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$75.00 |   |                           |                           |
|  | *OUTPATIENT PSYCHIATRY - COPAYMENT = PCP  |   |                           |                           |
|  | CAPITATION                                | \$443.62  | \$449.39                  | \$455.23                  |
| <u>2 TIER</u>  |   |   |                           |                           |
|  | SINGLE                                    | \$489.72  | \$496.08                  | \$502.53                  |
|  | FAMILY                                    | \$1,224.30  | \$1,240.20                | \$1,256.33                |
| <u>3 TIER</u>  |   |   |                           |                           |
|  | SINGLE                                    | \$489.72  | \$496.08                  | \$502.53                  |
|  | TWO-PARTY                                 | \$979.44  | \$992.16                  | \$1,005.06                |
|  | FAMILY                                    | \$1,453.88  | \$1,472.76                | \$1,491.91                |
| <u>4 TIER</u> STANDARD                                   |   |   |                           |                           |
|  | SINGLE                                    | \$489.72  | \$496.08                  | \$502.53                  |
|  | HUSBAND-WIFE                              | \$1,175.33  | \$1,190.59                | \$1,206.07                |
|  | PARENT-CHILD                              | \$685.61  | \$694.51                  | \$703.54                  |
|  | FAMILY                                    | \$1,409.76  | \$1,428.07                | \$1,446.63                |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                           |                           |
|  | SINGLE                                    | \$489.72  | \$496.08                  | \$502.53                  |
|  | HUSBAND-WIFE                              | \$1,175.33  | \$1,190.59                | \$1,206.07                |
|  | PARENT-CHILD(RN)                          | \$777.87  | \$787.97                  | \$798.22                  |
|  | FAMILY                                    | \$1,474.25  | \$1,493.40                | \$1,512.82                |
| <u>5 TIER</u>  |   |   |                           |                           |
|  | SINGLE                                    | \$489.72  | \$496.08                  | \$502.53                  |
|  | HUSBAND-WIFE                              | \$1,175.33  | \$1,190.59                | \$1,206.07                |
|  | PARENT-CHILD                              | \$685.61  | \$694.51                  | \$703.54                  |
|  | PARENT-CHILDRN                            | \$979.44  | \$992.16                  | \$1,005.06                |
|  | FAMILY                                    | \$1,474.30  | \$1,493.45                | \$1,512.87                |

Geisinger Health Plan Group HMO Business-under 51 Employees  
 June 1, 2016 Rate Filing  
 Rates Without Riders or Prescription Drug (include ACA Fees)

Exhibit XII-d

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 June 1, 2016 THROUGH October 1, 2016. THE RATES SUMMARIZED HEREIN REFLECT A 1.3% QUARTERLY INCREASE AND ARE GUARANTEED FOR A 12 MONTH PERIOD.

| STANDARD BENEFIT PLAN INCLUDES THE FOLLOWING COPAYMENTS. |   | Deductible Plan Example #4 (see Exh XIII for description & development) |                           |                           |
|--|---|---|---------------------------|---------------------------|
|  |   | #REF!<br>THROUGH<br>#REF!   | #REF!<br>THROUGH<br>#REF! | #REF!<br>THROUGH<br>#REF! |
|  | *EMERGENCY ROOM VISIT - COPAYMENT \$75.00<br>*OUTPATIENT PSYCHIATRY - COPAYMENT = PCP |   |                           |                           |
|  | CAPITATION  | \$357.19  | \$361.83                  | \$366.53                  |
| <u>2 TIER</u>  |   |   |                           |                           |
| SINGLE   |   | \$394.30  | \$399.42                  | \$404.61                  |
| FAMILY   |   | \$985.75  | \$998.55                  | \$1,011.53                |
| <u>3 TIER</u>  |   |   |                           |                           |
| SINGLE   |   | \$394.30  | \$399.42                  | \$404.61                  |
| TWO-PARTY  |   | \$788.60  | \$798.84                  | \$809.22                  |
| FAMILY   |   | \$1,170.60  | \$1,185.80                | \$1,201.21                |
| <u>4 TIER</u> STANDARD                                   |   |   |                           |                           |
| SINGLE   |   | \$394.30  | \$399.42                  | \$404.61                  |
| HUSBAND-WIFE   |   | \$946.32  | \$958.61                  | \$971.06                  |
| PARENT-CHILD   |   | \$552.02  | \$559.19                  | \$566.45                  |
| FAMILY   |   | \$1,135.07  | \$1,149.81                | \$1,164.75                |
| <u>4 TIER</u> BY EMPLOYER REQUEST ONLY                   |   |   |                           |                           |
| SINGLE   |   | \$394.30  | \$399.42                  | \$404.61                  |
| HUSBAND-WIFE   |   | \$946.32  | \$958.61                  | \$971.06                  |
| PARENT-CHILD(RN)   |   | \$626.31  | \$634.44                  | \$642.68                  |
| FAMILY   |   | \$1,187.00  | \$1,202.41                | \$1,218.04                |
| <u>5 TIER</u>  |   |   |                           |                           |
| SINGLE   |   | \$394.30  | \$399.42                  | \$404.61                  |
| HUSBAND-WIFE   |   | \$946.32  | \$958.61                  | \$971.06                  |
| PARENT-CHILD   |   | \$552.02  | \$559.19                  | \$566.45                  |
| PARENT-CHILDRN   |   | \$788.60  | \$798.84                  | \$809.22                  |
| FAMILY   |   | \$1,187.04  | \$1,202.45                | \$1,218.08                |

SERFF Tracking #:

GSHP-130345781

State Tracking #:

GSHP-130345781

Company Tracking #:

0250-062016

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:

Small Group HMO Base Rate Filing-eff Jun2015/0250-062016

## Supporting Document Schedules

|                          |  |
|--------------------------|--|
| <b>Satisfied - Item:</b> | Actuarial Memorandum and Explanatory Information (A&H)   |
| <b>Comments:</b>         |  |
| <b>Attachment(s):</b>    | Group HMO Filing for Jun thru Oct Groups with under 51 Employees-eff Jun 2016-Cover Letter.pdf |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |



November 25, 2015

**Johanna Fabian-Marks**

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")- NAIC # 95923  
**Small Group HMO – Non-Grandfathered Groups Renewing Jun thru Oct - Rate Filing**  
Effective **June 1, 2016**

Dear Ms. Fabian-Marks,

Enclosed for your review and approval is a copy of GHP's Small Group HMO Filing for **Non-Grandfathered groups renewing with effective dates of June through October 2016 (through September 2017)**. This filing is being submitted to the Department as a result of Insurance Commissioner Consedine's March 17, 2014 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 5, 2014 statement. The effective date of the filing is **June 1, 2016**. The main purposes of this Filing are as follow:

1. Implement an average rate increase of **0.08%** [over the 6/1/15-5/31/16 rates of the Group Rate Filing ID# **GSHP-129826115**]. This filing will impact approximately **4,069** members and will generate approximately **\$18K** in additional annual revenue.
2. Reduce the current quarterly trend from 2.4% to **1.3%**.
3. **Include the pricing impact of any of the 2016 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 feel free to contact me at (570) 271-7842. Thank you for your attention to this matter & Happy Thanksgiving!

HPACT02  
C:\My Documents\Group HMO Filing for Jun thru Oct Groups with under 51  
Employees-eff Jun 2016-Cover Letter.doc  
Dev. 11/25/15

Sincerely,

Victoria Bardsley  
Manager of Actuarial Services, FAHM

cc. Kurt Wrobel, FSA, Chief Actuary for GHP  
Sarah MacDerment, FSA, Actuarial Services Director  
Everard Riley, Actuarial Consultant II

## Attachment I

- Exhibits A, I, III, D and IV show the rate development using specific experience for all “transitional” HMO groups (with fewer than 51 average employees) for the experience period August 1, 2014 through July 31, 2015.
- 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, 4/13 and 6/15) Filings. There are NO benefit changes proposed for 6/16. This Attachment also lists the Healthy Lifestyle Reimbursement benefit (described on Attachment VII) 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 **5.5%** (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. 22 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.

3. Exhibit III

- The Anticipated Office Visits PMPY (for the most popular \$15/\$30 option) of 3.20 (=1.94 PCP + 1.26 Spec.) was derived using Group 8/14-7/15 data trended for 22 months at an annual rate of 1.05% (from Exhibit II):

|                      |                           |
|----------------------|---------------------------|
| # Office Visits:     | 14,721                    |
| / Member Months:     | 56,358                    |
| x Trend to 6/16-5/17 | 1.0192 (= 1.0105^(22/12)) |
| <u>x 12</u>          | <u>12</u>                 |
| = # O.V. PMPY        | 3.20                      |

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 August 2014 through July 2015.
- 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 1.3% quarterly trend was utilized in the development of our quarterly rates with effective dates of 7/1/16 through 10/1/16. This quarterly trend was derived from the annual trend on Exhibit II, i.e.  $1.055^{(3/12)} = 1.013$  (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 6.1.16-for PID" 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.

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

|                        | Ex #1   | Ex #2   | Ex #3 | Ex #4   |
|------------------------|---------|---------|-------|---------|
| Individual Deductible  | \$250   | \$500   | \$250 | \$1,000 |
| Family Deductible      | \$750   | \$1,500 | \$750 | \$3,000 |
| Coinsurance            | 20%     | 0%      | 0%    | 30%     |
| Individual Coins. Max* | \$750   | N/A     | N/A   | \$2,500 |
| Family Coins. Max*     | \$2,250 | N/A     | N/A   | \$7,500 |

\***Excludes** deductible.

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

8. Exhibit XIV

- The Single monthly \$25 Copay rate of \$0.44 for Emergency Room was derived using the Copay Adjustment PMPM's on Exhibit III:

|                     |        |  |
|---------------------|--------|--|
| Copay Adj PMPM:     | \$0.95 | for \$50 Copay (standard level)                                |
| - Copay Adj PMPM:   | \$0.55 | for \$25 Copay   |
| x Conversion Factor | 1.1039 | (derived on Exhibits D & IV)                                   |
| = E.R. Copay        |        |  |
| Single Adjustment   | \$0.41 | <b>This is an addition to premium to go from \$50 to \$25.</b> |

The remaining rate tiers apply the Conversion Rate Multipliers (from Exhibit IV) to the Single rate. The \$75, \$100, \$125, \$150, \$175 and \$200 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.