



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034282

Plan Name: PA Gold QPOS 2000 100/50 HSA T

Age	Rate			Age	Rate			Age	Rate	
0-20	240.82			35	463.43			50	677.32	
21	379.24			36	466.46			51	707.28	
22	379.24			37	469.50			52	740.27	
23	379.24			38	472.53			53	773.65	
24	379.24			39	478.60			54	809.67	
25	380.76			40	484.67			55	845.70	
26	388.34			41	493.77			56	884.76	
27	397.44			42	502.49			57	924.20	
28	412.23			43	514.63			58	966.30	
29	424.37			44	529.80			59	987.16	
30	430.44			45	547.62			60	1029.25	
31	439.54			46	568.86			61	1065.66	
32	448.64			47	592.75			62	1089.55	
33	454.33			48	620.06			63	1119.51	
34	460.40			49	646.98			64+	1137.34	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034283

Plan Name: PA Gold QPOS 100/50 600D

Age	Rate			Age	Rate			Age	Rate	
0-20	235.14			35	452.50			50	661.34	
21	370.29			36	455.46			51	690.60	
22	370.29			37	458.42			52	722.81	
23	370.29			38	461.39			53	755.40	
24	370.29			39	467.31			54	790.58	
25	371.78			40	473.24			55	825.76	
26	379.18			41	482.12			56	863.90	
27	388.07			42	490.64			57	902.41	
28	402.51			43	502.49			58	943.51	
29	414.36			44	517.30			59	963.87	
30	420.28			45	534.70			60	1004.98	
31	429.17			46	555.44			61	1040.53	
32	438.06			47	578.77			62	1063.85	
33	443.61			48	605.43			63	1093.11	
34	449.54			49	631.72			64+	1110.51	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034284

Plan Name: PA Gold QPOS 2000 80/50

Age	Rate			Age	Rate			Age	Rate	
0-20	220.80			35	424.91			50	621.02	
21	347.72			36	427.69			51	648.49	
22	347.72			37	430.47			52	678.74	
23	347.72			38	433.25			53	709.34	
24	347.72			39	438.82			54	742.37	
25	349.11			40	444.38			55	775.41	
26	356.06			41	452.73			56	811.22	
27	364.41			42	460.72			57	847.38	
28	377.97			43	471.85			58	885.98	
29	389.09			44	485.76			59	905.10	
30	394.66			45	502.10			60	943.70	
31	403.00			46	521.57			61	977.08	
32	411.35			47	543.48			62	998.99	
33	416.56			48	568.52			63	1026.46	
34	422.13			49	593.20			64+	1042.80	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034285

Plan Name: PA Gold QPOS 1000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	246.37			35	474.12			50	692.94	
21	387.98			36	477.22			51	723.59	
22	387.98			37	480.32			52	757.34	
23	387.98			38	483.43			53	791.49	
24	387.98			39	489.64			54	828.35	
25	389.54			40	495.84			55	865.20	
26	397.30			41	505.16			56	905.17	
27	406.61			42	514.08			57	945.52	
28	421.74			43	526.49			58	988.58	
29	434.15			44	542.01			59	1009.92	
30	440.36			45	560.25			60	1052.99	
31	449.67			46	581.98			61	1090.23	
32	458.98			47	606.42			62	1114.68	
33	464.80			48	634.35			63	1145.33	
34	471.01			49	661.90			64+	1163.56	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034286

Plan Name: PA Gold QPOS 2000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	231.40			35	445.31			50	650.83	
21	364.41			36	448.22			51	679.62	
22	364.41			37	451.14			52	711.32	
23	364.41			38	454.05			53	743.39	
24	364.41			39	459.88			54	778.01	
25	365.87			40	465.71			55	812.63	
26	373.15			41	474.46			56	850.16	
27	381.90			42	482.84			57	888.06	
28	396.11			43	494.50			58	928.51	
29	407.77			44	509.08			59	948.55	
30	413.60			45	526.21			60	989.00	
31	422.35			46	546.61			61	1023.99	
32	431.09			47	569.57			62	1046.94	
33	436.56			48	595.81			63	1075.73	
34	442.39			49	621.68			64+	1092.86	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034287

Plan Name: PA Platinum PPO 100/50 200D

Age	Rate			Age	Rate			Age	Rate	
0-20	263.46			35	507.00			50	741.00	
21	414.89			36	510.32			51	773.78	
22	414.89			37	513.64			52	809.87	
23	414.89			38	516.96			53	846.39	
24	414.89			39	523.60			54	885.80	
25	416.55			40	530.24			55	925.22	
26	424.85			41	540.19			56	967.95	
27	434.81			42	549.74			57	1011.10	
28	450.99			43	563.01			58	1057.15	
29	464.27			44	579.61			59	1079.97	
30	470.91			45	599.11			60	1126.02	
31	480.86			46	622.34			61	1165.85	
32	490.82			47	648.48			62	1191.99	
33	497.04			48	678.35			63	1224.77	
34	503.68			49	707.81			64+	1244.27	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034288

Plan Name: PA Gold PPO 1000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	242.29			35	466.27			50	681.47	
21	381.56			36	469.32			51	711.62	
22	381.56			37	472.38			52	744.81	
23	381.56			38	475.43			53	778.39	
24	381.56			39	481.53			54	814.64	
25	383.09			40	487.64			55	850.89	
26	390.72			41	496.80			56	890.19	
27	399.88			42	505.57			57	929.87	
28	414.76			43	517.78			58	972.23	
29	426.97			44	533.05			59	993.21	
30	433.08			45	550.98			60	1035.57	
31	442.23			46	572.35			61	1072.20	
32	451.39			47	596.39			62	1096.24	
33	457.11			48	623.86			63	1126.38	
34	463.22			49	650.95			64+	1144.31	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034289

Plan Name: PA Gold PPO 2000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	227.58			35	437.95			50	640.08	
21	358.39			36	440.81			51	668.39	
22	358.39			37	443.68			52	699.57	
23	358.39			38	446.55			53	731.11	
24	358.39			39	452.28			54	765.15	
25	359.82			40	458.02			55	799.20	
26	366.99			41	466.62			56	836.11	
27	375.59			42	474.86			57	873.39	
28	389.57			43	486.33			58	913.17	
29	401.03			44	500.67			59	932.88	
30	406.77			45	517.51			60	972.66	
31	415.37			46	537.58			61	1007.06	
32	423.97			47	560.16			62	1029.64	
33	429.35			48	585.96			63	1057.96	
34	435.08			49	611.41			64+	1074.80	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034290

Plan Name: PA Silver PPO 3000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	205.51			35	395.48			50	578.01	
21	323.64			36	398.07			51	603.58	
22	323.64			37	400.66			52	631.74	
23	323.64			38	403.25			53	660.22	
24	323.64			39	408.43			54	690.96	
25	324.93			40	413.61			55	721.71	
26	331.40			41	421.37			56	755.04	
27	339.17			42	428.82			57	788.70	
28	351.79			43	439.17			58	824.62	
29	362.15			44	452.12			59	842.42	
30	367.33			45	467.33			60	878.35	
31	375.09			46	485.45			61	909.42	
32	382.86			47	505.84			62	929.80	
33	387.72			48	529.14			63	955.37	
34	392.89			49	552.12			64+	970.58	

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Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034291

Plan Name: PA Silver PPO 5000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	191.21			35	367.96			50	537.79	
21	301.11			36	370.37			51	561.58	
22	301.11			37	372.78			52	587.78	
23	301.11			38	375.19			53	614.27	
24	301.11			39	380.01			54	642.88	
25	302.32			40	384.82			55	671.49	
26	308.34			41	392.05			56	702.50	
27	315.57			42	398.98			57	733.82	
28	327.31			43	408.61			58	767.24	
29	336.95			44	420.66			59	783.80	
30	341.77			45	434.81			60	817.23	
31	348.99			46	451.67			61	846.13	
32	356.22			47	470.64			62	865.10	
33	360.74			48	492.32			63	888.89	
34	365.55			49	513.70			64+	903.04	

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Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034292

Plan Name: PA Gold PPO 100/50 600D

Age	Rate			Age	Rate			Age	Rate	
0-20	231.23			35	444.98			50	650.35	
21	364.14			36	447.89			51	679.12	
22	364.14			37	450.80			52	710.80	
23	364.14			38	453.72			53	742.84	
24	364.14			39	459.54			54	777.43	
25	365.59			40	465.37			55	812.03	
26	372.88			41	474.11			56	849.53	
27	381.62			42	482.48			57	887.40	
28	395.82			43	494.13			58	927.82	
29	407.47			44	508.70			59	947.85	
30	413.30			45	525.81			60	988.27	
31	422.04			46	546.21			61	1023.23	
32	430.77			47	569.15			62	1046.17	
33	436.24			48	595.36			63	1074.93	
34	442.06			49	621.22			64+	1092.05	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034293

Plan Name: PA Silver PPO 4000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	195.50			35	376.22			50	549.86	
21	307.87			36	378.68			51	574.18	
22	307.87			37	381.14			52	600.96	
23	307.87			38	383.61			53	628.06	
24	307.87			39	388.53			54	657.30	
25	309.10			40	393.46			55	686.55	
26	315.26			41	400.85			56	718.26	
27	322.65			42	407.93			57	750.28	
28	334.66			43	417.78			58	784.46	
29	344.51			44	430.10			59	801.39	
30	349.43			45	444.57			60	835.56	
31	356.82			46	461.81			61	865.12	
32	364.21			47	481.20			62	884.51	
33	368.83			48	503.37			63	908.84	
34	373.76			49	525.23			64+	923.31	

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Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034294

Plan Name: PA Bronze PPO 7000 100/50 Int

Age	Rate			Age	Rate			Age	Rate	
0-20	160.63			35	309.11			50	451.78	
21	252.96			36	311.14			51	471.76	
22	252.96			37	313.16			52	493.77	
23	252.96			38	315.18			53	516.03	
24	252.96			39	319.23			54	540.06	
25	253.97			40	323.28			55	564.09	
26	259.03			41	329.35			56	590.15	
27	265.10			42	335.17			57	616.45	
28	274.96			43	343.26			58	644.53	
29	283.06			44	353.38			59	658.44	
30	287.10			45	365.27			60	686.52	
31	293.18			46	379.43			61	710.81	
32	299.25			47	395.37			62	726.74	
33	303.04			48	413.58			63	746.73	
34	307.09			49	431.54			64+	758.61	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034295

Plan Name: PA Gold PPO 1000 80/50

Age	Rate			Age	Rate			Age	Rate	
0-20	213.03			35	409.96			50	599.18	
21	335.48			36	412.65			51	625.68	
22	335.48			37	415.33			52	654.87	
23	335.48			38	418.01			53	684.39	
24	335.48			39	423.38			54	716.26	
25	336.83			40	428.75			55	748.13	
26	343.54			41	436.80			56	782.69	
27	351.59			42	444.52			57	817.58	
28	364.67			43	455.25			58	854.81	
29	375.41			44	468.67			59	873.27	
30	380.77			45	484.44			60	910.50	
31	388.83			46	503.23			61	942.71	
32	396.88			47	524.36			62	963.85	
33	401.91			48	548.52			63	990.35	
34	407.28			49	572.34			64+	1006.12	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034296

Plan Name: PA Gold PPO 2000 80/50

Age	Rate			Age	Rate			Age	Rate	
0-20	217.12			35	417.84			50	610.68	
21	341.93			36	420.57			51	637.70	
22	341.93			37	423.31			52	667.44	
23	341.93			38	426.04			53	697.53	
24	341.93			39	431.51			54	730.02	
25	343.30			40	436.98			55	762.50	
26	350.14			41	445.19			56	797.72	
27	358.34			42	453.06			57	833.28	
28	371.68			43	464.00			58	871.23	
29	382.62			44	477.67			59	890.04	
30	388.09			45	493.75			60	927.99	
31	396.30			46	512.89			61	960.82	
32	404.50			47	534.43			62	982.36	
33	409.63			48	559.05			63	1009.37	
34	415.10			49	583.33			64+	1025.44	

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Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034297

Plan Name: PA Silver PPO 3000 80/50

Age	Rate			Age	Rate			Age	Rate	
0-20	188.70			35	363.14			50	530.74	
21	297.17			36	365.51			51	554.21	
22	297.17			37	367.89			52	580.07	
23	297.17			38	370.27			53	606.22	
24	297.17			39	375.02			54	634.45	
25	298.35			40	379.78			55	662.68	
26	304.30			41	386.91			56	693.29	
27	311.43			42	393.74			57	724.19	
28	323.02			43	403.25			58	757.18	
29	332.53			44	415.14			59	773.52	
30	337.28			45	429.11			60	806.51	
31	344.41			46	445.75			61	835.03	
32	351.55			47	464.47			62	853.76	
33	356.00			48	485.87			63	877.23	
34	360.76			49	506.96			64+	891.20	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034303

Plan Name: PA Bronze PPO 6550 100/50 HSA E

Age	Rate			Age	Rate			Age	Rate	
0-20	164.98			35	317.50			50	464.03	
21	259.82			36	319.57			51	484.56	
22	259.82			37	321.65			52	507.16	
23	259.82			38	323.73			53	530.02	
24	259.82			39	327.89			54	554.71	
25	260.86			40	332.04			55	579.39	
26	266.05			41	338.28			56	606.15	
27	272.29			42	344.26			57	633.17	
28	282.42			43	352.57			58	662.01	
29	290.73			44	362.96			59	676.30	
30	294.89			45	375.17			60	705.14	
31	301.13			46	389.72			61	730.08	
32	307.36			47	406.09			62	746.45	
33	311.26			48	424.80			63	766.98	
34	315.42			49	443.25			64+	779.19	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034304

Plan Name: PA Gold PPO 2000 100/50 HSA T

Age	Rate			Age	Rate			Age	Rate	
0-20	236.82			35	455.73			50	666.07	
21	372.94			36	458.71			51	695.53	
22	372.94			37	461.70			52	727.97	
23	372.94			38	464.68			53	760.79	
24	372.94			39	470.65			54	796.22	
25	374.43			40	476.61			55	831.65	
26	381.89			41	485.56			56	870.06	
27	390.84			42	494.14			57	908.85	
28	405.38			43	506.08			58	950.25	
29	417.32			44	520.99			59	970.76	
30	423.28			45	538.52			60	1012.15	
31	432.23			46	559.41			61	1047.95	
32	441.19			47	582.90			62	1071.45	
33	446.78			48	609.75			63	1100.91	
34	452.75			49	636.23			64+	1118.44	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034305

Plan Name: PA Silver PPO 3000 100/50 HSA E

Age	Rate			Age	Rate			Age	Rate	
0-20	195.12			35	375.50			50	548.81	
21	307.28			36	377.96			51	573.08	
22	307.28			37	380.42			52	599.81	
23	307.28			38	382.87			53	626.86	
24	307.28			39	387.79			54	656.05	
25	308.51			40	392.71			55	685.24	
26	314.66			41	400.08			56	716.89	
27	322.03			42	407.15			57	748.85	
28	334.02			43	416.98			58	782.95	
29	343.85			44	429.27			59	799.86	
30	348.77			45	443.72			60	833.96	
31	356.14			46	460.92			61	863.46	
32	363.51			47	480.28			62	882.82	
33	368.12			48	502.41			63	907.10	
34	373.04			49	524.22			64+	921.54	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034306

Plan Name: PA Silver Indemnity 2000 80%

Age	Rate			Age	Rate			Age	Rate	
0-20	243.97			35	469.49			50	686.18	
21	384.20			36	472.56			51	716.53	
22	384.20			37	475.64			52	749.95	
23	384.20			38	478.71			53	783.76	
24	384.20			39	484.86			54	820.26	
25	385.73			40	491.00			55	856.76	
26	393.42			41	500.23			56	896.33	
27	402.64			42	509.06			57	936.29	
28	417.62			43	521.36			58	978.94	
29	429.92			44	536.72			59	1000.07	
30	436.06			45	554.78			60	1042.71	
31	445.29			46	576.30			61	1079.60	
32	454.51			47	600.50			62	1103.80	
33	460.27			48	628.16			63	1134.15	
34	466.42			49	655.44			64+	1152.21	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034307

Plan Name: PA Bronze HMO 5550 80 HSA E

Age	Rate			Age	Rate			Age	Rate	
0-20	149.96			35	288.58			50	421.77	
21	236.16			36	290.47			51	440.43	
22	236.16			37	292.36			52	460.98	
23	236.16			38	294.25			53	481.76	
24	236.16			39	298.03			54	504.19	
25	237.10			40	301.81			55	526.63	
26	241.82			41	307.47			56	550.95	
27	247.49			42	312.91			57	575.51	
28	256.70			43	320.46			58	601.72	
29	264.26			44	329.91			59	614.71	
30	268.04			45	341.01			60	640.93	
31	273.70			46	354.23			61	663.60	
32	279.37			47	369.11			62	678.47	
33	282.91			48	386.11			63	697.13	
34	286.69			49	402.88			64+	708.23	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034308

Plan Name: PA Silver Wellspan HNOption 3000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	175.61			35	337.95			50	493.93	
21	276.56			36	340.16			51	515.78	
22	276.56			37	342.38			52	539.84	
23	276.56			38	344.59			53	564.18	
24	276.56			39	349.01			54	590.45	
25	277.66			40	353.44			55	616.72	
26	283.19			41	360.08			56	645.21	
27	289.83			42	366.44			57	673.97	
28	300.62			43	375.29			58	704.67	
29	309.47			44	386.35			59	719.88	
30	313.89			45	399.35			60	750.57	
31	320.53			46	414.83			61	777.12	
32	327.17			47	432.26			62	794.55	
33	331.31			48	452.17			63	816.40	
34	335.74			49	471.81			64+	829.39	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034309

Plan Name: PA Gold WellSpan HNOption 1000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	207.03			35	398.42			50	582.30	
21	326.04			36	401.02			51	608.06	
22	326.04			37	403.63			52	636.42	
23	326.04			38	406.24			53	665.11	
24	326.04			39	411.46			54	696.09	
25	327.34			40	416.67			55	727.06	
26	333.86			41	424.50			56	760.64	
27	341.69			42	432.00			57	794.55	
28	354.40			43	442.43			58	830.74	
29	364.83			44	455.47			59	848.67	
30	370.05			45	470.80			60	884.86	
31	377.88			46	489.05			61	916.16	
32	385.70			47	509.59			62	936.70	
33	390.59			48	533.07			63	962.46	
34	395.81			49	556.22			64+	977.78	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034310

Plan Name: PA Gold Pinnacle HNOption 1000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	214.85			35	413.45			50	604.27	
21	338.34			36	416.16			51	631.00	
22	338.34			37	418.86			52	660.44	
23	338.34			38	421.57			53	690.21	
24	338.34			39	426.98			54	722.35	
25	339.69			40	432.40			55	754.50	
26	346.46			41	440.52			56	789.34	
27	354.58			42	448.30			57	824.53	
28	367.77			43	459.13			58	862.09	
29	378.60			44	472.66			59	880.70	
30	384.01			45	488.56			60	918.25	
31	392.13			46	507.51			61	950.73	
32	400.25			47	528.82			62	972.05	
33	405.33			48	553.18			63	998.78	
34	410.74			49	577.21			64+	1014.68	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034311

Plan Name: PA Gold LVHN HNOption 1000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	209.38			35	402.93			50	588.89	
21	329.73			36	405.56			51	614.94	
22	329.73			37	408.20			52	643.63	
23	329.73			38	410.84			53	672.64	
24	329.73			39	416.11			54	703.97	
25	331.05			40	421.39			55	735.29	
26	337.64			41	429.30			56	769.25	
27	345.55			42	436.89			57	803.54	
28	358.41			43	447.44			58	840.14	
29	368.96			44	460.63			59	858.28	
30	374.24			45	476.13			60	894.88	
31	382.15			46	494.59			61	926.53	
32	390.07			47	515.36			62	947.30	
33	395.01			48	539.10			63	973.35	
34	400.29			49	562.51			64+	988.85	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034312

Plan Name: PA Silver Pinnacle HNOption 3000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	181.88			35	350.02			50	511.57	
21	286.43			36	352.31			51	534.20	
22	286.43			37	354.60			52	559.12	
23	286.43			38	356.89			53	584.32	
24	286.43			39	361.48			54	611.53	
25	287.58			40	366.06			55	638.74	
26	293.31			41	372.94			56	668.25	
27	300.18			42	379.52			57	698.04	
28	311.35			43	388.69			58	729.83	
29	320.52			44	400.15			59	745.58	
30	325.10			45	413.61			60	777.38	
31	331.98			46	429.65			61	804.88	
32	338.85			47	447.69			62	822.92	
33	343.15			48	468.32			63	845.55	
34	347.73			49	488.65			64+	859.01	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034313

Plan Name: PA Silver LVHN HNOption 3000 100/50

Age	Rate			Age	Rate			Age	Rate	
0-20	177.60			35	341.77			50	499.51	
21	279.68			36	344.01			51	521.61	
22	279.68			37	346.25			52	545.94	
23	279.68			38	348.48			53	570.55	
24	279.68			39	352.96			54	597.12	
25	280.80			40	357.43			55	623.69	
26	286.39			41	364.15			56	652.50	
27	293.11			42	370.58			57	681.59	
28	304.01			43	379.53			58	712.63	
29	312.96			44	390.72			59	728.01	
30	317.44			45	403.86			60	759.06	
31	324.15			46	419.52			61	785.91	
32	330.86			47	437.14			62	803.53	
33	335.06			48	457.28			63	825.62	
34	339.53			49	477.14			64+	838.77	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034314

Plan Name: PA Gold WellSpan HNOption 2000 100/50 HSA T

Age	Rate			Age	Rate			Age	Rate	
0-20	202.37			35	389.44			50	569.17	
21	318.69			36	391.98			51	594.35	
22	318.69			37	394.53			52	622.08	
23	318.69			38	397.08			53	650.12	
24	318.69			39	402.18			54	680.40	
25	319.96			40	407.28			55	710.67	
26	326.34			41	414.93			56	743.50	
27	333.98			42	422.26			57	776.64	
28	346.41			43	432.46			58	812.01	
29	356.61			44	445.21			59	829.54	
30	361.71			45	460.18			60	864.92	
31	369.36			46	478.03			61	895.51	
32	377.01			47	498.11			62	915.59	
33	381.79			48	521.05			63	940.76	
34	386.89			49	543.68			64+	955.74	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034315

Plan Name: PA Gold Pinnacle HNOption 2000 100/50 HSA T

Age	Rate			Age	Rate			Age	Rate	
0-20	209.61			35	403.37			50	589.54	
21	330.09			36	406.01			51	615.62	
22	330.09			37	408.65			52	644.34	
23	330.09			38	411.29			53	673.39	
24	330.09			39	416.58			54	704.75	
25	331.41			40	421.86			55	736.11	
26	338.01			41	429.78			56	770.11	
27	345.94			42	437.37			57	804.43	
28	358.81			43	447.94			58	841.08	
29	369.37			44	461.14			59	859.23	
30	374.65			45	476.65			60	895.87	
31	382.58			46	495.14			61	927.56	
32	390.50			47	515.93			62	948.36	
33	395.45			48	539.70			63	974.43	
34	400.73			49	563.14			64+	989.95	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034316

Plan Name: PA Gold LVHN HNOption 2000 100/50 HSA T

Age	Rate			Age	Rate			Age	Rate	
0-20	204.65			35	393.82			50	575.59	
21	322.28			36	396.40			51	601.05	
22	322.28			37	398.98			52	629.09	
23	322.28			38	401.56			53	657.45	
24	322.28			39	406.71			54	688.06	
25	323.57			40	411.87			55	718.68	
26	330.01			41	419.61			56	751.87	
27	337.75			42	427.02			57	785.39	
28	350.32			43	437.33			58	821.16	
29	360.63			44	450.22			59	838.89	
30	365.79			45	465.37			60	874.66	
31	373.52			46	483.42			61	905.60	
32	381.25			47	503.72			62	925.90	
33	386.09			48	526.92			63	951.36	
34	391.25			49	549.81			64+	966.51	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034317

Plan Name: PA Bronze WellSpan HNOption 5550 80/50 HSA E

Age	Rate			Age	Rate			Age	Rate	
0-20	124.39			35	239.37			50	349.85	
21	195.89			36	240.94			51	365.33	
22	195.89			37	242.51			52	382.37	
23	195.89			38	244.08			53	399.61	
24	195.89			39	247.21			54	418.22	
25	196.67			40	250.34			55	436.83	
26	200.59			41	255.05			56	457.01	
27	205.29			42	259.55			57	477.38	
28	212.93			43	265.82			58	499.12	
29	219.20			44	273.65			59	509.89	
30	222.33			45	282.86			60	531.64	
31	227.03			46	293.83			61	550.44	
32	231.73			47	306.17			62	562.78	
33	234.67			48	320.28			63	578.26	
34	237.81			49	334.18			64+	587.47	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034318

Plan Name: PA Bronze Pinnacle HNOption 5550 80/50 HSA E

Age	Rate			Age	Rate			Age	Rate	
0-20	128.82			35	247.91			50	362.33	
21	202.87			36	249.53			51	378.35	
22	202.87			37	251.15			52	396.00	
23	202.87			38	252.78			53	413.86	
24	202.87			39	256.02			54	433.13	
25	203.68			40	259.27			55	452.40	
26	207.74			41	264.14			56	473.30	
27	212.61			42	268.80			57	494.39	
28	220.52			43	275.29			58	516.91	
29	227.01			44	283.41			59	528.07	
30	230.26			45	292.94			60	550.59	
31	235.13			46	304.31			61	570.07	
32	240.00			47	317.09			62	582.85	
33	243.04			48	331.69			63	598.87	
34	246.28			49	346.10			64+	608.41	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034319

Plan Name: PA Bronze LVHN HNOption 5550 80/50 HSA E

Age	Rate			Age	Rate			Age	Rate	
0-20	125.78			35	242.06			50	353.77	
21	198.08			36	243.64			51	369.42	
22	198.08			37	245.23			52	386.66	
23	198.08			38	246.81			53	404.09	
24	198.08			39	249.98			54	422.90	
25	198.87			40	253.15			55	441.72	
26	202.84			41	257.90			56	462.13	
27	207.59			42	262.46			57	482.73	
28	215.32			43	268.80			58	504.71	
29	221.65			44	276.72			59	515.61	
30	224.82			45	286.03			60	537.59	
31	229.58			46	297.12			61	556.61	
32	234.33			47	309.60			62	569.09	
33	237.30			48	323.86			63	584.74	
34	240.47			49	337.93			64+	594.05	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034320

Plan Name: PA Silver Savings Plus HNOnly 2000 80

Age	Rate			Age	Rate			Age	Rate	
0-20	168.16			35	323.61			50	472.97	
21	264.82			36	325.73			51	493.89	
22	264.82			37	327.85			52	516.93	
23	264.82			38	329.96			53	540.23	
24	264.82			39	334.20			54	565.39	
25	265.88			40	338.44			55	590.55	
26	271.17			41	344.79			56	617.82	
27	277.53			42	350.88			57	645.36	
28	287.86			43	359.36			58	674.76	
29	296.33			44	369.95			59	689.32	
30	300.57			45	382.40			60	718.72	
31	306.92			46	397.23			61	744.14	
32	313.28			47	413.91			62	760.82	
33	317.25			48	432.98			63	781.74	
34	321.49			49	451.78			64+	794.19	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034321

Plan Name: PA Gold Savings Plus HNOnly 500 90

Age	Rate			Age	Rate			Age	Rate	
0-20	193.56			35	372.49			50	544.41	
21	304.82			36	374.93			51	568.49	
22	304.82			37	377.37			52	595.01	
23	304.82			38	379.81			53	621.83	
24	304.82			39	384.68			54	650.79	
25	306.04			40	389.56			55	679.75	
26	312.14			41	396.88			56	711.15	
27	319.45			42	403.89			57	742.85	
28	331.34			43	413.64			58	776.68	
29	341.09			44	425.83			59	793.45	
30	345.97			45	440.16			60	827.28	
31	353.29			46	457.23			61	856.55	
32	360.60			47	476.43			62	875.75	
33	365.18			48	498.38			63	899.83	
34	370.05			49	520.02			64+	914.16	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034323

Plan Name: PA Silver Commonwealth HNOnly 3000 100 HSA E

Age	Rate			Age	Rate			Age	Rate	
0-20	173.12			35	333.16			50	486.92	
21	272.63			36	335.34			51	508.46	
22	272.63			37	337.52			52	532.18	
23	272.63			38	339.70			53	556.17	
24	272.63			39	344.06			54	582.07	
25	273.72			40	348.42			55	607.97	
26	279.18			41	354.97			56	636.05	
27	285.72			42	361.24			57	664.41	
28	296.35			43	369.96			58	694.67	
29	305.08			44	380.87			59	709.66	
30	309.44			45	393.68			60	739.93	
31	315.98			46	408.95			61	766.10	
32	322.52			47	426.13			62	783.27	
33	326.61			48	445.75			63	804.81	
34	330.98			49	465.11			64+	817.63	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034325

Plan Name: PA Silver Penn Highlands HNOly 3000 HSA E

Age	Rate			Age	Rate			Age	Rate	
0-20	188.66			35	363.06			50	530.63	
21	297.11			36	365.44			51	554.10	
22	297.11			37	367.82			52	579.95	
23	297.11			38	370.19			53	606.10	
24	297.11			39	374.95			54	634.32	
25	298.29			40	379.70			55	662.55	
26	304.24			41	386.83			56	693.15	
27	311.37			42	393.67			57	724.05	
28	322.95			43	403.17			58	757.03	
29	332.46			44	415.06			59	773.37	
30	337.22			45	429.02			60	806.35	
31	344.35			46	445.66			61	834.87	
32	351.48			47	464.38			62	853.59	
33	355.93			48	485.77			63	877.06	
34	360.69			49	506.86			64+	891.02	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034328

Plan Name: PA Bronze Commonwealth HNOnly 6550 HSA E

Age	Rate			Age	Rate			Age	Rate	
0-20	148.40			35	285.58			50	417.38	
21	233.69			36	287.44			51	435.84	
22	233.69			37	289.31			52	456.17	
23	233.69			38	291.18			53	476.74	
24	233.69			39	294.92			54	498.94	
25	234.63			40	298.66			55	521.14	
26	239.30			41	304.27			56	545.21	
27	244.91			42	309.65			57	569.51	
28	254.03			43	317.12			58	595.45	
29	261.50			44	326.47			59	608.31	
30	265.24			45	337.46			60	634.25	
31	270.85			46	350.54			61	656.68	
32	276.46			47	365.26			62	671.41	
33	279.97			48	382.09			63	689.87	
34	283.71			49	398.68			64+	700.85	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034330

Plan Name: PA Bronze Penn Highlands HNOnly 6550 HSA E

Age	Rate			Age	Rate			Age	Rate	
0-20	161.72			35	311.22			50	454.85	
21	254.68			36	313.25			51	474.97	
22	254.68			37	315.29			52	497.13	
23	254.68			38	317.33			53	519.54	
24	254.68			39	321.40			54	543.73	
25	255.70			40	325.48			55	567.93	
26	260.79			41	331.59			56	594.16	
27	266.90			42	337.45			57	620.65	
28	276.83			43	345.60			58	648.92	
29	284.98			44	355.78			59	662.92	
30	289.06			45	367.75			60	691.19	
31	295.17			46	382.02			61	715.64	
32	301.28			47	398.06			62	731.69	
33	305.10			48	416.40			63	751.81	
34	309.18			49	434.48			64+	763.78	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034332

Plan Name: PA Bronze Savings Plus HNOnly 5550 HSA E

Age	Rate			Age	Rate			Age	Rate	
0-20	130.83			35	251.77			50	367.97	
21	206.03			36	253.42			51	384.24	
22	206.03			37	255.06			52	402.17	
23	206.03			38	256.71			53	420.30	
24	206.03			39	260.01			54	439.87	
25	206.85			40	263.31			55	459.45	
26	210.97			41	268.25			56	480.67	
27	215.92			42	272.99			57	502.09	
28	223.95			43	279.58			58	524.96	
29	230.55			44	287.82			59	536.29	
30	233.84			45	297.51			60	559.16	
31	238.79			46	309.04			61	578.94	
32	243.73			47	322.02			62	591.92	
33	246.82			48	336.86			63	608.20	
34	250.12			49	351.49			64+	617.88	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034333

Plan Name: PA Silver Savings Plus HNOnly 3000 100 HSA E

Age	Rate			Age	Rate			Age	Rate	
0-20	182.29			35	350.79			50	512.70	
21	287.06			36	353.09			51	535.37	
22	287.06			37	355.39			52	560.35	
23	287.06			38	357.68			53	585.61	
24	287.06			39	362.28			54	612.88	
25	288.21			40	366.87			55	640.15	
26	293.95			41	373.76			56	669.72	
27	300.84			42	380.36			57	699.58	
28	312.04			43	389.55			58	731.44	
29	321.22			44	401.03			59	747.23	
30	325.82			45	414.52			60	779.09	
31	332.71			46	430.60			61	806.65	
32	339.60			47	448.68			62	824.74	
33	343.90			48	469.35			63	847.41	
34	348.50			49	489.73			64+	860.91	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034340

Plan Name: PA Silver Commonwealth HNOnly 3000 100

Age	Rate			Age	Rate			Age	Rate	
0-20	183.11			35	352.38			50	515.01	
21	288.36			36	354.68			51	537.79	
22	288.36			37	356.99			52	562.88	
23	288.36			38	359.30			53	588.26	
24	288.36			39	363.91			54	615.65	
25	289.51			40	368.53			55	643.05	
26	295.28			41	375.45			56	672.75	
27	302.20			42	382.08			57	702.74	
28	313.45			43	391.31			58	734.74	
29	322.68			44	402.84			59	750.60	
30	327.29			45	416.39			60	782.61	
31	334.21			46	432.54			61	810.29	
32	341.13			47	450.71			62	828.46	
33	345.46			48	471.47			63	851.24	
34	350.07			49	491.94			64+	864.79	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034341

Plan Name: PA Silver Commonwealth HNOnly 4000 100

Age	Rate			Age	Rate			Age	Rate	
0-20	176.27			35	339.21			50	495.77	
21	277.59			36	341.43			51	517.70	
22	277.59			37	343.65			52	541.85	
23	277.59			38	345.87			53	566.28	
24	277.59			39	350.32			54	592.65	
25	278.70			40	354.76			55	619.02	
26	284.25			41	361.42			56	647.61	
27	290.91			42	367.80			57	676.48	
28	301.74			43	376.69			58	707.29	
29	310.62			44	387.79			59	722.56	
30	315.06			45	400.84			60	753.37	
31	321.72			46	416.38			61	780.02	
32	328.39			47	433.87			62	797.51	
33	332.55			48	453.86			63	819.44	
34	336.99			49	473.56			64+	832.48	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.



Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034342

Plan Name: PA Silver Penn Highlands HNOly 3000 100

Age	Rate			Age	Rate			Age	Rate	
0-20	199.56			35	384.03			50	561.28	
21	314.26			36	386.55			51	586.10	
22	314.26			37	389.06			52	613.44	
23	314.26			38	391.57			53	641.10	
24	314.26			39	396.60			54	670.95	
25	315.52			40	401.63			55	700.81	
26	321.81			41	409.17			56	733.18	
27	329.35			42	416.40			57	765.86	
28	341.61			43	426.46			58	800.75	
29	351.66			44	439.03			59	818.03	
30	356.69			45	453.80			60	852.91	
31	364.23			46	471.40			61	883.08	
32	371.77			47	491.20			62	902.88	
33	376.49			48	513.82			63	927.71	
34	381.52			49	536.13			64+	942.48	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 04/01/2017 - 06/30/2017

PENNSYLVANIA

Rating Area: PARA01 *

Plan ID: 14034343

Plan Name: PA Silver Penn Highlands HNOly 4000 100

Age	Rate			Age	Rate			Age	Rate	
0-20	192.10			35	369.69			50	540.31	
21	302.53			36	372.11			51	564.21	
22	302.53			37	374.53			52	590.53	
23	302.53			38	376.95			53	617.15	
24	302.53			39	381.79			54	645.89	
25	303.74			40	386.63			55	674.63	
26	309.79			41	393.89			56	705.79	
27	317.05			42	400.85			57	737.26	
28	328.85			43	410.53			58	770.84	
29	338.53			44	422.63			59	787.48	
30	343.37			45	436.85			60	821.06	
31	350.63			46	453.79			61	850.10	
32	357.89			47	472.85			62	869.16	
33	362.43			48	494.63			63	893.06	
34	367.27			49	516.11			64+	907.28	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area PARA01, see attached area definitions.