



Run Date: 08/2019

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

BENEFIT AND RATE SCHEDULE

LEONI TOWNSHIP

Rate Effective: 12/2019

Renewal Month: December

Customer ID: 124080

Group Division: 007005126-0000

Commercial Benefit Rates

Age Band	Total	Medical + Pharmacy	Dental	Vision	Age Band	Total	Medical + Pharmacy	Dental	Vision
0	\$249.52	\$219.43	\$30.09	\$0.00	33	\$370.40	\$343.63	\$21.80	\$4.97
1	\$249.52	\$219.43	\$30.09	\$0.00	34	\$375.37	\$348.22	\$22.12	\$5.03
2	\$249.52	\$219.43	\$30.09	\$0.00	35	\$378.05	\$350.52	\$22.46	\$5.07
3	\$249.52	\$219.43	\$30.09	\$0.00	36	\$380.73	\$352.81	\$22.82	\$5.10
4	\$249.52	\$219.43	\$30.09	\$0.00	37	\$383.42	\$355.11	\$23.18	\$5.13
5	\$249.52	\$219.43	\$30.09	\$0.00	38	\$386.12	\$357.40	\$23.56	\$5.16
6	\$249.52	\$219.43	\$30.09	\$0.00	39	\$391.17	\$361.99	\$23.95	\$5.23
7	\$249.52	\$219.43	\$30.09	\$0.00	40	\$396.21	\$366.58	\$24.34	\$5.29
8	\$249.52	\$219.43	\$30.09	\$0.00	41	\$403.63	\$373.47	\$24.76	\$5.40
9	\$249.52	\$219.43	\$30.09	\$0.00	42	\$410.74	\$380.06	\$25.19	\$5.49
10	\$249.52	\$219.43	\$30.09	\$0.00	43	\$420.49	\$389.24	\$25.63	\$5.62
11	\$249.52	\$219.43	\$30.09	\$0.00	44	\$432.59	\$400.72	\$26.08	\$5.79
12	\$249.52	\$219.43	\$30.09	\$0.00	45	\$446.73	\$414.20	\$26.55	\$5.98
13	\$249.52	\$219.43	\$30.09	\$0.00	46	\$463.50	\$430.26	\$27.02	\$6.22
14	\$249.52	\$219.43	\$30.09	\$0.00	47	\$482.31	\$448.33	\$27.51	\$6.47
15	\$269.03	\$238.94	\$30.09	\$0.00	48	\$503.78	\$468.98	\$28.02	\$6.78
16	\$276.49	\$246.40	\$30.09	\$0.00	49	\$524.95	\$489.35	\$28.53	\$7.07
17	\$283.94	\$253.85	\$30.09	\$0.00	50	\$548.77	\$512.30	\$29.06	\$7.41
18	\$291.97	\$261.88	\$30.09	\$0.00	51	\$572.29	\$534.96	\$29.60	\$7.73
19	\$292.66	\$269.92	\$18.84	\$3.90	52	\$598.16	\$559.91	\$30.15	\$8.10
20	\$301.09	\$278.23	\$18.84	\$4.02	53	\$624.32	\$585.15	\$30.72	\$8.45
21	\$309.83	\$286.84	\$18.84	\$4.15	54	\$652.55	\$612.40	\$31.30	\$8.85
22	\$310.01	\$286.84	\$19.02	\$4.15	55	\$680.77	\$639.65	\$31.88	\$9.24
23	\$310.19	\$286.84	\$19.20	\$4.15	56	\$711.36	\$669.20	\$32.48	\$9.68
24	\$310.40	\$286.84	\$19.41	\$4.15	57	\$742.24	\$699.03	\$33.10	\$10.11
25	\$311.80	\$287.99	\$19.64	\$4.17	58	\$775.17	\$730.87	\$33.74	\$10.56
26	\$317.83	\$293.72	\$19.86	\$4.25	59	\$791.80	\$746.64	\$34.37	\$10.79
27	\$325.04	\$300.61	\$20.09	\$4.34	60	\$824.75	\$778.48	\$35.03	\$11.24
28	\$336.65	\$311.80	\$20.35	\$4.50	61	\$853.36	\$806.02	\$35.69	\$11.65
29	\$346.23	\$320.97	\$20.62	\$4.64	62	\$872.37	\$824.09	\$36.37	\$11.91
30	\$351.17	\$325.56	\$20.90	\$4.71	63	\$896.06	\$846.75	\$37.07	\$12.24
31	\$358.43	\$332.45	\$21.18	\$4.80	64	\$910.72	\$860.52	\$37.76	\$12.44
32	\$365.71	\$339.33	\$21.48	\$4.90	65+	\$910.72	\$860.52	\$37.76	\$12.44

Medicare Supplemental Benefit Rates

Age Band	Total	Medical + Pharmacy	Dental	Vision
All	\$821.75	\$771.55	\$37.76	\$12.44

Reference Number: 08523936



Run Date: 08/2019

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

BENEFIT AND RATE SCHEDULE
LEONI TOWNSHIP

Rate Effective: 12/2019 Renewal Month: December

Customer ID: 124080 Group Division: 007005126-0001

Commercial Benefit Rates

Age Band	Total	Medical + Pharmacy	Dental	Vision	Age Band	Total	Medical + Pharmacy	Dental	Vision
0	\$249.52	\$219.43	\$30.09	\$0.00	33	\$370.40	\$343.63	\$21.80	\$4.97
1	\$249.52	\$219.43	\$30.09	\$0.00	34	\$375.37	\$348.22	\$22.12	\$5.03
2	\$249.52	\$219.43	\$30.09	\$0.00	35	\$378.05	\$350.52	\$22.46	\$5.07
3	\$249.52	\$219.43	\$30.09	\$0.00	36	\$380.73	\$352.81	\$22.82	\$5.10
4	\$249.52	\$219.43	\$30.09	\$0.00	37	\$383.42	\$355.11	\$23.18	\$5.13
5	\$249.52	\$219.43	\$30.09	\$0.00	38	\$386.12	\$357.40	\$23.56	\$5.16
6	\$249.52	\$219.43	\$30.09	\$0.00	39	\$391.17	\$361.99	\$23.95	\$5.23
7	\$249.52	\$219.43	\$30.09	\$0.00	40	\$396.21	\$366.58	\$24.34	\$5.29
8	\$249.52	\$219.43	\$30.09	\$0.00	41	\$403.63	\$373.47	\$24.76	\$5.40
9	\$249.52	\$219.43	\$30.09	\$0.00	42	\$410.74	\$380.06	\$25.19	\$5.49
10	\$249.52	\$219.43	\$30.09	\$0.00	43	\$420.49	\$389.24	\$25.63	\$5.62
11	\$249.52	\$219.43	\$30.09	\$0.00	44	\$432.59	\$400.72	\$26.08	\$5.79
12	\$249.52	\$219.43	\$30.09	\$0.00	45	\$446.73	\$414.20	\$26.55	\$5.98
13	\$249.52	\$219.43	\$30.09	\$0.00	46	\$463.50	\$430.26	\$27.02	\$6.22
14	\$249.52	\$219.43	\$30.09	\$0.00	47	\$482.31	\$448.33	\$27.51	\$6.47
15	\$269.03	\$238.94	\$30.09	\$0.00	48	\$503.78	\$468.98	\$28.02	\$6.78
16	\$276.49	\$246.40	\$30.09	\$0.00	49	\$524.95	\$489.35	\$28.53	\$7.07
17	\$283.94	\$253.85	\$30.09	\$0.00	50	\$548.77	\$512.30	\$29.06	\$7.41
18	\$291.97	\$261.88	\$30.09	\$0.00	51	\$572.29	\$534.96	\$29.60	\$7.73
19	\$292.66	\$269.92	\$18.84	\$3.90	52	\$598.16	\$559.91	\$30.15	\$8.10
20	\$301.09	\$278.23	\$18.84	\$4.02	53	\$624.32	\$585.15	\$30.72	\$8.45
21	\$309.83	\$286.84	\$18.84	\$4.15	54	\$652.55	\$612.40	\$31.30	\$8.85
22	\$310.01	\$286.84	\$19.02	\$4.15	55	\$680.77	\$639.65	\$31.88	\$9.24
23	\$310.19	\$286.84	\$19.20	\$4.15	56	\$711.36	\$669.20	\$32.48	\$9.68
24	\$310.40	\$286.84	\$19.41	\$4.15	57	\$742.24	\$699.03	\$33.10	\$10.11
25	\$311.80	\$287.99	\$19.64	\$4.17	58	\$775.17	\$730.87	\$33.74	\$10.56
26	\$317.83	\$293.72	\$19.86	\$4.25	59	\$791.80	\$746.64	\$34.37	\$10.79
27	\$325.04	\$300.61	\$20.09	\$4.34	60	\$824.75	\$778.48	\$35.03	\$11.24
28	\$336.65	\$311.80	\$20.35	\$4.50	61	\$853.36	\$806.02	\$35.69	\$11.65
29	\$346.23	\$320.97	\$20.62	\$4.64	62	\$872.37	\$824.09	\$36.37	\$11.91
30	\$351.17	\$325.56	\$20.90	\$4.71	63	\$896.06	\$846.75	\$37.07	\$12.24
31	\$358.43	\$332.45	\$21.18	\$4.80	64	\$910.72	\$860.52	\$37.76	\$12.44
32	\$365.71	\$339.33	\$21.48	\$4.90	65+	\$910.72	\$860.52	\$37.76	\$12.44

Medicare Supplemental Benefit Rates

Age Band	Total	Medical + Pharmacy	Dental	Vision
All	\$821.75	\$771.55	\$37.76	\$12.44

Reference Number: 45686002

BENEFIT AND RATE SCHEDULE

LEONI TOWNSHIP

Rate Effective: 12/2019 Renewal Month: December

Customer ID: 124080

Group Division: 007005126-0002

Commercial Benefit Rates

Age Band	Total	Medical + Pharmacy	Dental	Vision	Age Band	Total	Medical + Pharmacy	Dental	Vision
0	\$268.10	\$238.01	\$30.09	\$0.00	33	\$399.49	\$372.72	\$21.80	\$4.97
1	\$268.10	\$238.01	\$30.09	\$0.00	34	\$404.85	\$377.70	\$22.12	\$5.03
2	\$268.10	\$238.01	\$30.09	\$0.00	35	\$407.72	\$380.19	\$22.46	\$5.07
3	\$268.10	\$238.01	\$30.09	\$0.00	36	\$410.60	\$382.68	\$22.82	\$5.10
4	\$268.10	\$238.01	\$30.09	\$0.00	37	\$413.48	\$385.17	\$23.18	\$5.13
5	\$268.10	\$238.01	\$30.09	\$0.00	38	\$416.38	\$387.66	\$23.56	\$5.16
6	\$268.10	\$238.01	\$30.09	\$0.00	39	\$421.81	\$392.63	\$23.95	\$5.23
7	\$268.10	\$238.01	\$30.09	\$0.00	40	\$427.24	\$397.61	\$24.34	\$5.29
8	\$268.10	\$238.01	\$30.09	\$0.00	41	\$435.24	\$405.08	\$24.76	\$5.40
9	\$268.10	\$238.01	\$30.09	\$0.00	42	\$442.91	\$412.23	\$25.19	\$5.49
10	\$268.10	\$238.01	\$30.09	\$0.00	43	\$453.44	\$422.19	\$25.63	\$5.62
11	\$268.10	\$238.01	\$30.09	\$0.00	44	\$466.50	\$434.63	\$26.08	\$5.79
12	\$268.10	\$238.01	\$30.09	\$0.00	45	\$481.79	\$449.26	\$26.55	\$5.98
13	\$268.10	\$238.01	\$30.09	\$0.00	46	\$499.92	\$466.68	\$27.02	\$6.22
14	\$268.10	\$238.01	\$30.09	\$0.00	47	\$520.26	\$486.28	\$27.51	\$6.47
15	\$289.25	\$259.16	\$30.09	\$0.00	48	\$543.48	\$508.68	\$28.02	\$6.78
16	\$297.34	\$267.25	\$30.09	\$0.00	49	\$566.37	\$530.77	\$28.53	\$7.07
17	\$305.43	\$275.34	\$30.09	\$0.00	50	\$592.13	\$555.66	\$29.06	\$7.41
18	\$314.14	\$284.05	\$30.09	\$0.00	51	\$617.57	\$580.24	\$29.60	\$7.73
19	\$315.50	\$292.76	\$18.84	\$3.90	52	\$645.56	\$607.31	\$30.15	\$8.10
20	\$324.65	\$301.79	\$18.84	\$4.02	53	\$673.85	\$634.68	\$30.72	\$8.45
21	\$334.11	\$311.12	\$18.84	\$4.15	54	\$704.39	\$664.24	\$31.30	\$8.85
22	\$334.29	\$311.12	\$19.02	\$4.15	55	\$734.92	\$693.80	\$31.88	\$9.24
23	\$334.47	\$311.12	\$19.20	\$4.15	56	\$768.00	\$725.84	\$32.48	\$9.68
24	\$334.68	\$311.12	\$19.41	\$4.15	57	\$801.41	\$758.20	\$33.10	\$10.11
25	\$336.17	\$312.36	\$19.64	\$4.17	58	\$837.03	\$792.73	\$33.74	\$10.56
26	\$342.70	\$318.59	\$19.86	\$4.25	59	\$855.01	\$809.85	\$34.37	\$10.79
27	\$350.48	\$326.05	\$20.09	\$4.34	60	\$890.65	\$844.38	\$35.03	\$11.24
28	\$363.04	\$338.19	\$20.35	\$4.50	61	\$921.59	\$874.25	\$35.69	\$11.65
29	\$373.40	\$348.14	\$20.62	\$4.64	62	\$942.13	\$893.85	\$36.37	\$11.91
30	\$378.73	\$353.12	\$20.90	\$4.71	63	\$967.74	\$918.43	\$37.07	\$12.24
31	\$386.57	\$360.59	\$21.18	\$4.80	64	\$983.56	\$933.36	\$37.76	\$12.44
32	\$394.43	\$368.05	\$21.48	\$4.90	65+	\$983.56	\$933.36	\$37.76	\$12.44

Medicare Supplemental Benefit Rates

Age Band	Total	Medical + Pharmacy	Dental	Vision
All	\$821.75	\$771.55	\$37.76	\$12.44