

**HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE
INDIVIDUAL**

Rate Effective Date 01/01/2018
Rate Expiration Date 12/31/2018

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
76168DE0400001	Major Events Blue EPO 7350	21	\$ 354.13	\$ 362.98
76168DE0410010	Shared Cost Blue EPO 6950	21	\$ 395.72	\$ 405.61
76168DE0410012	Shared Cost Blue EPO 1400	21	\$ 590.49	\$ 605.25
76168DE0410013	Shared Cost Blue EPO 3500	21	\$ 499.42	\$ 511.91
76168DE0410017	Shared Cost Blue EPO 7150 -- New for PY 2018	21	\$ 479.00	\$ 490.98
76168DE0420001	Health Savings Embedded Blue EPO 6550 Rewards	21	\$ 399.28	\$ 409.26
76168DE0420004	Health Savings Embedded Blue EPO 3500	21	\$ 494.05	\$ 506.40