

**HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE
INDIVIDUAL**

Rate Effective Date 01/01/2019
Rate Expiration Date 12/31/2019

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
76168DE0400001	Major Events Blue EPO Catastrophic 7900	21	\$ 304.90	\$ 312.52
76168DE0410010	Shared Cost Blue EPO Bronze 4000	21	\$ 374.44	\$ 383.80
76168DE0410012	Shared Cost Blue EPO Gold 1000 -- 2 Free PCP Visits	21	\$ 525.87	\$ 539.02
76168DE0410013	Shared Cost Blue EPO Silver 2400 -- 2 Free PCP Visits	21	\$ 535.68	\$ 549.07
76168DE0410018	Shared Cost Blue EPO Bronze 7900	21	\$ 351.52	\$ 360.31
76168DE0410020	Shared Cost Blue EPO Silver 0	21	\$ 559.29	\$ 573.27
76168DE0410021	Shared Cost Blue EPO Platinum 200 -- 2 Free PCP Visits	21	\$ 610.48	\$ 625.74
76168DE0420004	Health Savings Embedded Blue EPO Silver 4450 HSA	21	\$ 516.36	\$ 529.27