HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE
INDIVIDUAL

Rate Effective Date 01/01/2020
Rate Expiration Date 12/31/2020

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
76168DE0400001	Major Events Blue EPO 8150 - 3 Free PCP Visits	21	$ 274.26	$ 281.12
76168DE0410010	Shared Cost Blue EPO Bronze 3900	21	$ 351.85	$ 360.65
76168DE0410012	Shared Cost Blue EPO Gold 800 - 2 Free PCP Visits	21	$ 501.15	$ 513.68
76168DE0410013	Shared Cost Blue EPO Silver 2900 -- 2 Free PCP Visits	21	$ 497.98	$ 510.43
76168DE0410018	Shared Cost Blue EPO Bronze 7900	21	$ 337.90	$ 346.35
76168DE0410021	Shared Cost Blue EPO Platinum 200 -- 2 Free PCP Visits	21	$ 612.69	$ 628.01
76168DE0410022	Shared Cost Blue EPO Bronze 7800 - 1 Free PCP Visit	21	$ 356.29	$ 365.20
76168DE0410023	Shared Cost Blue EPO Gold 0 - 2 Free PCP Visits	21	$ 482.62	$ 494.69
76168DE0420004	Health Savings Embedded Blue EPO Silver 3950 HSA	21	$ 474.02	$ 485.87