

HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE INDIVIDUAL

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

Plan ID	Plan Name	Age	Pre 1332 Rate	1332 Rate	Change
76168DE0400001	Major Events Blue EPO Catastrophic 7900	21	\$ 273.82	\$ 236.10	\$ 242.00
76168DE0410010	Shared Cost Blue EPO Bronze 4000	21	\$ 351.27	\$ 302.88	\$ 310.45
76168DE0410012	Shared Cost Blue EPO Gold 1000 -- 2 Free PCP Visits	21	\$ 500.33	\$ 431.40	\$ 442.19
76168DE0410013	Shared Cost Blue EPO Silver 2400 -- 2 Free PCP Visits	21	\$ 497.16	\$ 428.67	\$ 439.39
76168DE0410018	Shared Cost Blue EPO Bronze 7900	21	\$ 337.35	\$ 290.88	\$ 298.15
76168DE0410021	Shared Cost Blue EPO Platinum 200 -- 2 Free PCP Visits	21	\$ 611.69	\$ 527.41	\$ 540.60
76168DE0410022	Shared Cost Blue EPO Bronze 780 - 1 Free PCP Visit	21	\$ 355.71	\$ 306.70	\$ 314.37
76168DE0410023	Shares Cost Blue EPO Gold 0 - 2 Free Pcp Visits	21	\$ 481.83	\$ 415.45	\$ 425.84
76168DE0420004	Health Savings Embedded Blue EPO Silver 4450 HSA	21	\$ 473.25	\$ 408.05	\$ 418.25