

**HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE**

**INDIVIDUAL**

Rate Effective Date  
Rate Expiration Date

01/01/2021  
12/31/2021

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
76168DE0400001	Major Events Blue EPO 8550 - 3 Free PCP Visits	21	\$ 236.87	\$ 242.79
76168DE0410010	Shared Cost Blue EPO Bronze 3800	21	\$ 313.12	\$ 320.95
76168DE0410012	Shared Cost Blue EPO Gold 800	21	\$ 413.76	\$ 424.10
76168DE0410013	Shared Cost Blue EPO Silver 2900	21	\$ 422.18	\$ 432.73
76168DE0410021	Shared Cost Blue EPO Platinum 0	21	\$ 520.34	\$ 533.35
76168DE0410023	Shared Cost Blue EPO Gold 0	21	\$ 404.67	\$ 414.79
76168DE0420004	Health Savings Embedded Blue EPO Silver 3450 HSA	21	\$ 408.53	\$ 418.74
76168DE0420006	Health Savings Embedded Blue EPO Bronze 6900 HSA	21	\$ 316.64	\$ 324.56
76168DE0680001	Shared Cost Blue EPO Bronze 3800 + Adult Dental and Vision	21	\$ 340.53	\$ 349.04
76168DE0680002	Shared Cost Blue EPO Silver 2900 + Adult Dental and Vision	21	\$ 449.58	\$ 460.82
76168DE0680004	Shared Cost Blue EPO Gold 800 + Adult Dental and Vision	21	\$ 441.14	\$ 452.17
76168DE0680005	Shared Cost Blue EPO Platinum 0 + Adult Dental and Vision	21	\$ 547.72	\$ 561.41