HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE
INDIVIDUAL

Rate Effective Date 01/01/2022

Rate Expiration Date 12/31/2022

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
76168DE0690001	my Blue Access PPO Bronze 3800	21	$ 328.23	$ 336.44
76168DE0690002	my Blue Access PPO Silver 2900	21	$ 433.53	$ 444.37
76168DE0690003	my Blue Access PPO Silver 2600	21	$ 362.74	$ 371.81
76168DE0690004	my Blue Access PPO Gold 0	21	$ 418.14	$ 428.59
76168DE0690005	my Blue Access PPO Platinum 0	21	$ 529.43	$ 542.67
76168DE0700001	my Blue Access PPO Bronze 3800 + Adult Dental and Vision	21	$ 352.31	$ 361.12
76168DE0700002	my Blue Access PPO Silver 2900 + Adult Dental and Vision	21	$ 457.60	$ 469.04
76168DE0700003	my Blue Access PPO Silver 2600 + Adult Dental and Vision	21	$ 390.57	$ 400.33
76168DE0700004	my Blue Access PPO Gold 0 + Adult Dental and Vision	21	$ 445.98	$ 457.13
76168DE0700005	my Blue Access PPO Platinum 0 + Adult Dental and Vision	21	$ 557.26	$ 571.19
76168DE0710001	my Blue Access PPO Bronze 6900 HSA	21	$ 329.01	$ 337.24
76168DE0710002	my Blue Access PPO Silver 3250 HSA	21	$ 425.08	$ 435.71