

**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	\$ 324.75	\$ 332.87
76168DE0690002	my Blue Access PPO Silver 2900	21	\$ 428.94	\$ 439.66
76168DE0690004	my Blue Access PPO Gold 0	21	\$ 413.71	\$ 424.05
76168DE0690005	my Blue Access PPO Platinum 0	21	\$ 523.82	\$ 536.92
76168DE0700001	my Blue Access PPO Bronze 3800 + Adult Dental and Vision	21	\$ 348.58	\$ 357.29
76168DE0700002	my Blue Access PPO Silver 2900 + Adult Dental and Vision	21	\$ 452.76	\$ 464.08
76168DE0700004	my Blue Access PPO Gold 0 + Adult Dental and Vision	21	\$ 441.26	\$ 452.29
76168DE0700005	my Blue Access PPO Platinum 0 + Adult Dental and Vision	21	\$ 551.36	\$ 565.14
76168DE0710001	my Blue Access PPO Bronze 6900 HSA	21	\$ 325.52	\$ 333.66
76168DE0710002	my Blue Access PPO Silver 3250 HSA	21	\$ 420.58	\$ 431.09
76168DE0720001	my Blue Access Major Events PPO 8700 - 3 Free PCP Visits	21	\$ 240.28	\$ 246.29
76168DE0730001	my Blue Access PPO Premier Gold 0	21	\$ 430.73	\$ 441.50
76168DE0740002	my Blue Access PPO Premier Gold 0 + Adult Dental and Vision	21	\$ 458.27	\$ 469.73