HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE

INDIVIDUAL

Rate Effective Date 01/01/2023

Rate Expiration Date 12/31/2023

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
76168DE0690001	my Blue Access PPO Bronze 3800	21	$ 339.99	$ 348.49
76168DE0690004	my Blue Access PPO Gold 0	21	$ 435.70	$ 446.59
76168DE0690005	my Blue Access PPO Platinum 0	21	$ 589.30	$ 604.03
76168DE0690007	my Blue Access PPO Silver 5900	21	$ 432.86	$ 443.68
76168DE0700001	my Blue Access PPO Bronze 3800 + Adult Dental and Vision	21	$ 364.60	$ 373.72
76168DE0700004	my Blue Access PPO Gold 0 + Adult Dental and Vision	21	$ 460.31	$ 471.82
76168DE0700005	my Blue Access PPO Platinum 0 + Adult Dental and Vision	21	$ 613.90	$ 629.25
76168DE0710001	my Blue Access PPO Bronze 6900 HSA + Custom Drug Benefit	21	$ 348.71	$ 357.43
76168DE0710003	my Blue Access PPO Gold 1700 HSA	21	$ 418.14	$ 428.59
76168DE0720001	my Blue Access Major Events PPO Catastrophic 9100 - 3 Free PCP Visits	21	$ 249.52	$ 255.76
76168DE0730001	my Blue Access PPO Premier Gold 0	21	$ 452.14	$ 463.44
76168DE0740002	my Blue Access PPO Premier Gold 0 + Adult Dental and Vision	21	$ 476.74	$ 488.66
76168DE0760001	my Blue Access PPO Standard Bronze 9100	21	$ 315.48	$ 323.37
76168DE0760002	my Blue Access PPO Standard Silver 5800	21	$ 435.31	$ 446.19
76168DE0760003	my Blue Access PPO Standard Gold 2000	21	$ 413.25	$ 423.58
76168DE0760004	my Blue Access PPO Standard Platinum 0	21	$ 618.38	$ 633.84
76168DE0770001	my Blue Access PPO Standard Silver 5800 + Adult Dental and Vision	21	$ 459.92	$ 471.42