HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE

INDIVIDUAL

Rate Effective Date 01/01/2024

Rate Expiration Date 12/31/2024

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
76168DE0690001	my Blue Access PPO Bronze 3800	21	$ 358.73	$ 367.70
76168DE0690004	my Blue Access PPO Gold 0	21	$ 460.43	$ 471.94
76168DE0690005	my Blue Access PPO Platinum 0	21	$ 623.07	$ 638.65
76168DE0690007	my Blue Access PPO Silver 7000	21	$ 451.73	$ 463.02
76168DE0690008	my Blue Access PPO Bronze 8900	21	$ 333.99	$ 342.34
76168DE070001	my Blue PPO Bronze 3800 + Adult Dental and Vision	21	$ 380.95	$ 390.47
76168DE070004	my Blue Access PPO Gold 0 + Adult Dental and Vision	21	$ 482.65	$ 494.72
76168DE070005	my Blue Access PPO Platinum + Adult Dental and Vision	21	$ 645.29	$ 661.42
76168DE0710001	my Blue Access PPO Bronze 7100 HSA - Custom Drug Benefit	21	$ 363.79	$ 372.88
76168DE0710003	my Blue Access PPO Gold 1700 HSA	21	$ 439.56	$ 450.55
76168DE0720001	my blue Access Major Events PPO Catastrophic 9450 + 3 Free PCP Visits	21	$ 274.65	$ 281.52
76168DE0730001	my Blue Access PPO Premier Gold 0	21	$ 471.19	$ 482.97
76168DE0740002	my Blue Access PPO Premier Gold 0 + Adult Dental and Vision	21	$ 493.42	$ 505.76
76168DE0760002	my Blue Access PPO Standard Silver 5900	21	$ 461.24	$ 472.77
76168DE0760003	my Blue Access PPO Standard Gold 1500	21	$ 434.57	$ 445.43
76168DE0760004	my Blue Access PPO Standard Platinum 0	21	$ 654.91	$ 671.28
76168DE0760005	my Blue Access PPO Standard Bronze 7500	21	$ 347.90	$ 356.60
76168DE0770001	my blue Access PPO Standard Silver 5900 + Adult Dental and Vision	21	$ 483.46	$ 495.55