

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	\$ 352.78	\$ 361.60
76168DE0690004	my Blue Access PPO Gold 0	21	\$ 452.80	\$ 464.12
76168DE0690005	my Blue Access PPO Platinum 0	21	\$ 612.75	\$ 628.07
76168DE0690007	my Blue Access PPO Silver 7000	21	\$ 444.24	\$ 455.35
76168DE0690008	my Blue Access PPO Bronze 8900	21	\$ 328.46	\$ 336.67
76168DE070001	my Blue PPO Bronze 3800 + Adult Dental and Vision	21	\$ 374.63	\$ 384.00
76168DE070004	my Blue Access PPO Gold 0 + Adult Dental and Vision	21	\$ 474.65	\$ 486.52
76168DE070005	my Blue Access PPO Platinum + Adult Dental and Vision	21	\$ 634.60	\$ 650.47
76168DE0710001	my Blue Access PPO Bronze 7100 HSA - Custom Drug Benefit	21	\$ 357.76	\$ 366.70
76168DE0710003	my Blue Access PPO Gold 1700 HSA	21	\$ 432.28	\$ 443.09
76168DE0720001	my blue Access Major Events PPO Catastrophic 9450 + 3 Free PCP Visits	21	\$ 270.10	\$ 276.85
76168DE0730001	my Blue Access PPO Premier Gold 0	21	\$ 463.39	\$ 474.97
76168DE0740002	my Blue Access PPO Premier Gold 0 + Adult Dental and Vision	21	\$ 485.24	\$ 497.37
76168DE0760002	my Blue Access PPO Standard Silver 5900	21	\$ 453.59	\$ 464.93
76168DE0760003	my Blue Access PPO Standard Gold 1500	21	\$ 427.37	\$ 438.05
76168DE0760004	my Blue Access PPO Standard Platinum 0	21	\$ 621.05	\$ 636.58
76168DE0760005	my Blue Access PPO Standard Bronze 7500	21	\$ 621.05	\$ 636.58
76168DE0770001	my blue Access PPO Standard Silver 5900 + Adult Dental and Vision	21	\$ 475.44	\$ 487.33