

HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE
INDIVIDUAL -- OFF MARKETPLACE

Rate Effective Date 01/01/2024

Rate Expiration Date 12/31/2024

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
76168DE0690003	my Blue Access PPO Silver 3500	21	\$ 381.43	\$ 390.97
76168DE070003	my Blue Access PPO Silver 3500 + Adult Dental and Vision	21	\$ 403.28	\$ 413.36