

HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE

INDIVIDUAL

Rate Effective Date 01/01/2025

Rate Expiration Date 12/31/2025

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
76168DE0690001	my Blue Access PPO Bronze 3800	21	\$ 395.25	\$ 405.13
76168DE0690004	my Blue Access PPO Gold 0	21	\$ 511.56	\$ 524.35
76168DE0690007	my Blue Access PPO Silver 7000	21	\$ 512.19	\$ 524.99
76168DE0690008	my Blue Access PPO Bronze 8900	21	\$ 362.63	\$ 371.70
76168DE0690009	my Blue Access PPO Standard Silver 5000	21	\$ 512.89	\$ 525.71
76168DE0690010	my Blue Access PPO Standard Gold 1500	21	\$ 472.25	\$ 484.06
76168DE0690011	my Blue Access PPO Standard Platinum 0	21	\$ 686.86	\$ 704.03
76168DE0690012	my Blue Access PPO Standard Bronze 7500	21	\$ 390.21	\$ 399.97
76168DE0690013	my Blue Access Major Events PPO Catastrophic 9200 - 3 Free PCP Visits	21	\$ 296.44	\$ 303.85
76168DE070001	my Blue Access PPO Bronze 3800 + Adult Dental and Vision	21	\$ 414.44	\$ 424.80
76168DE070004	my Blue Access PPO Gold 0 + Adult Dental and Vision	21	\$ 530.75	\$ 544.02
76168DE070006	my Blue Access PPO Standard Silver 5000 + Adult Dental and Vision	21	\$ 532.09	\$ 545.39
76168DE0710001	my Blue Access PPO Bronze 7100 HSA - Custom Drug Benefit	21	\$ 394.81	\$ 404.68
76168DE0710003	my Blue Access PPO Gold 1700 HSA	21	\$ 485.81	\$ 497.96
76168DE0730001	my Blue Access PPO Premier Gold 0	21	\$ 517.65	\$ 530.59
76168DE0730003	my Blue Access PPO Premier Platinum 0	21	\$ 680.30	\$ 697.31
76168DE0740002	my Blue Access PPO Premier Gold 0 + Adult Dental and Vision	21	\$ 536.85	\$ 550.27
76168DE0740004	my Blue Access PPO Premier Platinum 0 + Adult Dental and Vision	21	\$ 699.50	\$ 716.99