

HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE  
INDIVIDUAL -- OFF MARKETPLACE

Rate Effective Date 01/01/2025

Rate Expiration Date 12/31/2025

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
76168DE0690003	my Blue Access PPO Silver 3500	21	\$ 423.65	\$ 434.24
76168DE0700003	my Blue Access PPO Silver 3500 + Adult Dental and Vision	21	\$ 442.85	\$ 453.92