

**Celtic Ins. Co. / Ambetter Health of DE  
Individual**

**Effective Date**      01/01/2025  
**Expiration Date**    12/31/2025

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
64004DE0090001	Premier Bronze HSA	21	329.53	378.96
64004DE0090002	Everyday Bronze	21	324.26	372.90
64004DE0090004	Standard Expanded Bronze	21	312.52	312.52
64004DE0090007	Focused Silver	21	417.62	480.26
64004DE0090008	Standard Silver	21	414.71	476.91
64004DE0090009	Complete Gold	21	430.56	495.14
64004DE0090011	Clear Gold	21	413.42	475.44
64004DE0090012	Standard Gold	21	418.26	480.99
64004DE0090013	Elite Silver	21	426.08	490.00
64004DE0100001	Premier Bronze HSA + Vision + Adult Dental	21	329.53	378.96
64004DE0100002	Everyday Bronze + Vision + Adult Dental	21	337.23	387.82
64004DE0100004	Standard Expanded Bronze + Vision + Adult Dental	21	335.09	385.35
64004DE0100007	Focused Silver + Vision + Adult Dental	21	434.33	499.48
64004DE010009	Complete Gold + Vision + Adult Dental	21	447.78	514.95
64004DE010011	Clear Gold + Vision + Adult Dental	21	429.97	494.46
64004DE010012	Standard Gold + Vision + Adult Dental	21	434.99	500.24
64004DE010013	Elite Silver + Vision + Adult Dental	21	443.13	509.60