

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	\$ 383.79	\$ 393.38
76168DE0690004	my Blue Access PPO Gold 0	21	\$ 496.73	\$ 509.15
76168DE0690007	my Blue Access PPO Silver 7000	21	\$ 497.34	\$ 509.77
76168DE0690008	my Blue Access PPO Bronze 8900	21	\$ 352.12	\$ 360.92
76168DE0690009	my Blue Access PPO Standard Silver 5000	21	\$ 498.02	\$ 510.47
76168DE0690010	my Blue Access PPO Standard Gold 1500	21	\$ 458.56	\$ 470.02
76168DE0690011	my Blue Access PPO Standard Platinum 0	21	\$ 627.42	\$ 643.11
76168DE0690012	my Blue Access PPO Standard Bronze 7500	21	\$ 378.90	\$ 388.37
76168DE0690013	my Blue Access Major Events PPO Catastrophic 9200 - 3 Free PCP Visits	21	\$ 287.85	\$ 295.05
76168DE070001	my Blue Access PPO Bronze 3800 + Adult Dental and Vision	21	\$ 403.03	\$ 413.11
76168DE070004	my Blue Access PPO Gold 0 + Adult Dental and Vision	21	\$ 515.97	\$ 528.87
76168DE070006	my Blue Access PPO Standard Silver 5000 + Adult Dental and Vision	21	\$ 517.26	\$ 530.19
76168DE0710001	my Blue Access PPO Bronze 7100 HSA - Custom Drug Benefit	21	\$ 383.38	\$ 392.96
76168DE0710003	my Blue Access PPO Gold 1700 HSA	21	\$ 471.75	\$ 483.54
76168DE0730001	my Blue Access PPO Premier Gold 0	21	\$ 502.65	\$ 515.22
76168DE0730003	my Blue Access PPO Premier Platinum 0	21	\$ 621.44	\$ 636.98
76168DE0740002	my Blue Access PPO Premier Gold 0 + Adult Dental and Vision	21	\$ 521.89	\$ 534.94
76168DE0740004	my Blue Access PPO Premier Platinum 0 + Adult Dental and Vision	21	\$ 640.68	\$ 656.70