Celtic Ins. Co. / Ambetter Health of DE
Individual

Effective Date 01/01/2026
Expiration Date 12/31/2026

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
64004DE0090001	Principal Bronze HSA	21	$ 465.47	$ 535.29
64004DE0090002	Everyday Bronze	21	$ 437.14	$ 502.71
64004DE0090004	Standard Expanded Bronze	21	$ 438.79	$ 504.61
64004DE0090007	Focused Silver	21	$ 541.25	$ 622.44
64004DE0090008	Standard Silver	21	$ 536.18	$ 616.61
64004DE0090009	Complete Gold	21	$ 611.02	$ 702.67
64004DE0090011	Clear Gold	21	$ 569.03	$ 654.39
64004DE0090012	Standard Gold	21	$ 583.42	$ 670.93
64004DE0090013	Elite Silver	21	$ 576.13	$ 662.55
64004DE0100001	Principal Bronze HSA + Vision + Adult Dental	21	$ 483.27	$ 555.76
64004DE0100002	Everyday Bronze + Vision + Adult Dental	21	$ 453.85	$ 521.93
64004DE0100004	Standard Expanded Bronze + Vision + Adult Dental	21	$ 455.57	$ 523.91
64004DE0100007	Focused Silver + Vision + Adult Dental	21	$ 561.94	$ 646.23
64004DE010009	Complete Gold + Vision + Adult Dental	21	$ 634.38	$ 729.53
64004DE010011	Clear Gold + Vision + Adiult Dental	21	$ 590.79	$ 679.41
64004DE010012	Standard Gold + Vision + Adult Dental	21	$ 605.73	$ 696.59
64004DE010013	E;ite Silver + Vision + Adult Dental	21	$ 598.16	$ 687.88