HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE

INDIVIDUAL

Rate Effective Date 01/01/2026

Rate Expiration Date 12/31/2026

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
76168DE0690001	my Blue Access Select PPO Bronze 3800	21	$ 493.88	$ 506.23
76168DE0690004	my Blue Access Select PPO Gold 0	21	$ 625.93	$ 641.58
76168DE0690008	my Blue Access Select PPO Bronze 9200	21	$ 452.43	$ 463.74
76168DE0690009	my Blue Access Select PPO Standard Silver 6000	21	$ 630.00	$ 645.75
76168DE0690010	my Blue Access Select PPO Standard Gold 2000	21	$ 585.23	$ 599.86
76168DE0690011	my Blue Access Select PPO Standard Platinum 0	21	$ 794.18	$ 814.03
76168DE0690012	my Blue Access Select PPO Standard Bronze 7500	21	$ 488.74	$ 500.96
76168DE0690013	my Blue Access Major Events Select PPO Catastrophic 10600 - 3 Free PCP Visits	21	$ 366.09	$ 375.24
76168DE070001	my Blue Access Select PPO Bronze 3800 + Adult Dental and Vision	21	$ 510.07	$ 522.82
76168DE070004	my Blue Access Select PPO Gold 0 + Adult Dental and Vision	21	$ 642.13	$ 658.18
76168DE070007	my Blue Access Select PPO Standard Gold 2000 + Adult Dental and Vision	21	$ 601.42	$ 616.46
76168DE0710003	my Blue Access Select PPO Gold 1700 HSA	21	$ 594.71	$ 609.58
76168DE0740002	my Blue Access Select PPO Premier Gold 0 + Adult Dental and Vision	21	$ 652.03	$ 668.33
76168DE0740004	my Blue Access Select PPO Premier Platinum 0 + Adult Dental and Vision	21	$ 798.48	$ 818.44
76168DE0740005	my Blue Access Select PPO Premier Silver 0 + Adult Dental and Vision	21	$ 698.93	$ 716.40