HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE

INDIVIDUAL

Rate Effective Date 01/01/2027

Rate Expiration Date 12/31/2027

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
76168DE0690001	my Blue Access Select PPO Bronze 3800	21	$ 581.31	$ 595.84
76168DE0690004	my Blue Access Select PPO Gold 0	21	$ 761.72	$ 780.76
76168DE0690008	my Blue Access Select PPO Bronze 9200	21	$ 557.40	$ 571.34
76168DE0690013	my Blue Access Major Events Select PPO Catastrophic 15600 HSA - 3 Free PCP Visits	21	$ 442.69	$ 453.76
76168DE0690014	my Blue Access Select PPO Bronze 0 HSA	21	$ 618.36	$ 633.82
76168DE0690015	my Blue Access Select PPO Choice Silver 0	21	$ 817.83	$ 838.28
76168DE0690016	my Blue Access Select PPO Silver 6000	21	$ 771.34	$ 790.62
76168DE0690017	my Blue Access Select PPO Gold 1000	21	$ 714.80	$ 732.67
76168DE0690018	my Blue Access Select PPO Platinum 0	21	$ 948.73	$ 972.45
76168DE0700001	my Blue Access Select PPO Bronze 3800 HSA + Adult Dental and Vision	21	$ 597.81	$ 612.76
76168DE0700004	my Blue Access Select PPO Gold 0 + Adult Dental and Vision	21	$ 778.23	$ 754.88
76168DE0700008	my Blue Access Select PPO Platinum 0 + Adult Dental and Vision	21	$ 965.24	$ 989.37
76168DE0700009	my Blue Access Select PPO Bronze 0 HSA + Adult Dental and Vision	21	$ 634.86	$ 650.73
76168DE0700010	my Blue Access Select PPO Choice Silver 0 + Adult Dental and Vision	21	$ 834.33	$ 855.19
76168DE0700011	my Blue Access Select PPO Gold 1000 + Adult Dental and Vision	21	$ 731.30	$ 749.58