

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	\$ 564.99	\$ 579.11
76168DE0690004	my Blue Access Select PPO Gold 0	21	\$ 740.33	\$ 758.84
76168DE0690008	my Blue Access Select PPO Bronze 9500 HAS	21	\$ 541.75	\$ 555.29
76168DE0690009	my Blue Access Select PPO Standard Silver 6400	21	\$ 736.55	\$ 754.96
76168DE0690010	my Blue Access Select PPO Standard Gold 2500	21	\$ 710.93	\$ 728.70
76168DE0690011	my Blue Access Select PPO Standard Platinum 0	21	\$ 915.12	\$ 938.00
76168DE0690012	my Blue Access Select PPO Standard Bronze 7500 HAS	21	\$ 550.84	\$ 564.61
76168DE0690013	my Blue Access Major Events Select PPO Catastrophic 12000 HSA - 3 Free PCP Visits	21	\$ 430.26	\$ 441.02
76168DE0690014	my Blue Access Select PPO Bronze 0 HSA	21	\$ 601.00	\$ 616.03
76168DE0690015	my Blue Access Select PPO Choice Silver 0	21	\$ 794.86	\$ 814.73
76168DE0690017	my Blue Access Select PPO Gold 1000	21	\$ 694.73	\$ 712.10
76168DE0690018	my Blue Access Select PPO Platinum 0	21	\$ 922.09	\$ 945.14
76168DE0700001	my Blue Access Select PPO Bronze 3800 HSA + Adult Dental and Vision	21	\$ 581.51	\$ 596.05
76168DE0700004	my Blue Access Select PPO Gold 0 + Adult Dental and Vision	21	\$ 756.85	\$ 775.77
76168DE0700007	my Blue Access Select PPO Standard Gold 2500 + Adult Dental and Vision	21	\$ 727.45	\$ 745.64
76168DE0700008	my Blue Access Select PPO Platinum 0 + Adult Dental and Vision	21	\$ 938.60	\$ 962.07
76168DE0700009	my Blue Access Select PPO Bronze 0 HSA + Adult Dental and Vision	21	\$ 617.52	\$ 632.96
76168DE0700010	my Blue Access Select PPO Choice Silver 0 + Adult Dental and Vision	21	\$ 811.38	\$ 831.66
76168DE0700011	my Blue Access Select PPO Gold 1000 + Adult Dental and Vision	21	\$ 711.24	\$ 729.02
76168DE0710003	my Blue Access Select PPO Gold 1800 HSA	21	\$ 705.03	\$ 722.66