Monthly Premium Rates

For Benefit Period:
January 1 to December 31, 2026

DELAWARE

HIGHMARK

Here's how to calculate your monthly premium.

By this point, you know the Highmark plan you want. The grids in the following section will help you know what your total monthly premium should add up to.

Who to include in your calculation:

– Yourself

– Your spouse or partner who will be covered

– All children between ages 21 and 26 who will be covered

– The three oldest children under age 21 who will be covered

– Any additional family members who will be covered

If you're going to have more than three children under 21 on your plan, only include premiums for the oldest three below when calculating your total monthly premium. Your policy will cover any additional younger children; just be sure to list all of them as dependents when you enroll.

Fill in the chart below to calculate your total monthly premium.

Highmark Plan Name:

	Name	Age	Tobacco user? (yes or no)	Premium amount (from chart)
You				
Your spouse or partner				
Children between ages 21 and 26				
Children under 21				
Additional family members				
				Total =

If you need help filling out your enrollment application, call 855-830-2950.

Premium Rates

Use the Marketplace Plan ID to find your plan on the Federal Marketplace.

If you are purchasing a plan directly through Highmark, use the Non-Marketplace Plan ID.

	my Blue Access Major Events Select PPO Catastrophic 10600 - 3 Free PCP Visits		my Blue Access Select PPO Bronze 9200		my Blue Access Select PPO Standard Bronze 7500		my Blue Access Select PPO Bronze 3800	
	Marketplace Plan ID 76168DE0690013-01		Marketplace Plan ID 76168DE0690008-01		Marketplace Plan ID 76168DE0690012-01		Marketplace Plan ID 76168DE0690001-01	
	Non-Marketplace Plan ID 76168DE0690013-00		Non-Marketplace Plan ID 76168DE0690008-00		Non-Marketplace Plan ID 76168DE0690012-01		Non-Marketplace Plan ID 76168DE0690001-00	
Age	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0-14	$280.06	$280.06	$346.11	$346.11	$373.89	$373.89	$377.82	$377.82
15	$304.95	$304.95	$376.87	$376.87	$407.12	$407.12	$411.40	$411.40
16	$314.47	$314.47	$388.64	$388.64	$419.83	$419.83	$424.24	$424.24
17	$323.99	$323.99	$400.40	$400.40	$432.53	$432.53	$437.08	$437.08
18	$334.24	$334.24	$413.07	$413.07	$446.22	$446.22	$450.91	$450.91
19	$344.49	$344.49	$425.74	$425.74	$459.90	$459.90	$464.74	$464.74
20	$355.11	$355.11	$438.86	$438.86	$474.08	$474.08	$479.06	$479.06
21	$366.09	$375.24	$452.43	$463.74	$488.74	$500.96	$493.88	$506.23
22	$366.09	$375.24	$452.43	$463.74	$488.74	$500.96	$493.88	$506.23
23	$366.09	$375.24	$452.43	$463.74	$488.74	$500.96	$493.88	$506.23
24	$366.09	$375.24	$452.43	$463.74	$488.74	$500.96	$493.88	$506.23
25	$367.55	$376.74	$454.24	$465.60	$490.69	$502.96	$495.86	$508.26
26	$374.88	$384.25	$463.29	$474.87	$500.47	$512.98	$505.73	$518.37
27	$383.66	$393.25	$474.15	$486.00	$512.20	$525.01	$517.59	$530.53
28	$397.94	$407.89	$491.79	$504.08	$531.26	$544.54	$536.85	$550.27
29	$409.65	$419.89	$506.27	$518.93	$546.90	$560.57	$552.65	$566.47
30	$415.51	$425.90	$513.51	$526.35	$554.72	$568.59	$560.55	$574.56
31	$424.30	$434.91	$524.37	$537.48	$566.45	$580.61	$572.41	$586.72
32	$433.08	$443.91	$535.22	$548.60	$578.18	$592.63	$584.26	$598.87
33	$438.58	$449.54	$542.01	$555.56	$585.51	$600.15	$591.67	$606.46
34	$444.43	$455.54	$549.25	$562.98	$593.33	$608.16	$599.57	$614.56
35	$447.36	$458.54	$552.87	$566.69	$597.24	$612.17	$603.52	$618.61
36	$450.29	$461.55	$556.49	$570.40	$601.15	$616.18	$607.47	$622.66
37	$453.22	$464.55	$560.11	$574.11	$605.06	$620.19	$611.42	$626.71
38	$456.15	$467.55	$563.73	$577.82	$608.97	$624.19	$615.37	$630.75
39	$462.01	$473.56	$570.97	$585.24	$616.79	$632.21	$623.28	$638.86
40	$467.86	$514.65	$578.21	$636.03	$624.61	$687.07	$631.18	$694.30
41	$476.65	$526.70	$589.06	$650.91	$636.34	$703.16	$643.03	$710.55
42	$485.07	$539.40	$599.47	$666.61	$647.58	$720.11	$654.39	$727.68
43	$496.78	$556.89	$613.95	$688.24	$663.22	$743.47	$670.20	$751.29
44	$511.43	$578.94	$632.04	$715.47	$682.77	$772.90	$689.95	$781.02
45	$528.63	$605.28	$653.31	$748.04	$705.74	$808.07	$713.16	$816.57
46	$549.14	$637.00	$678.65	$787.23	$733.11	$850.41	$740.82	$859.35
47	$572.20	$673.48	$707.15	$832.32	$763.90	$899.11	$771.93	$908.56
48	$598.56	$715.88	$739.72	$884.71	$799.09	$955.71	$807.49	$965.76
49	$624.55	$760.08	$771.85	$939.34	$833.79	$1,014.72	$842.56	$1,025.40
50	$653.84	$800.95	$808.04	$989.85	$872.89	$1,069.29	$882.07	$1,080.54
51	$682.76	$836.38	$843.78	$1,033.63	$911.50	$1,116.59	$921.09	$1,128.34
52	$714.61	$875.40	$883.14	$1,081.85	$954.02	$1,168.67	$964.05	$1,180.96
53	$746.82	$914.85	$922.96	$1,130.63	$997.03	$1,221.36	$1,007.52	$1,234.21
54	$781.60	$957.46	$965.94	$1,183.28	$1,043.46	$1,278.24	$1,054.43	$1,291.68
55	$816.38	$1,000.07	$1,008.92	$1,235.93	$1,089.89	$1,335.12	$1,101.35	$1,349.15
56	$854.09	$1,046.26	$1,055.52	$1,293.01	$1,140.23	$1,396.78	$1,152.22	$1,411.47
57	$892.16	$1,092.90	$1,102.57	$1,350.65	$1,191.06	$1,459.05	$1,203.59	$1,474.40
58	$932.80	$1,142.68	$1,152.79	$1,412.17	$1,245.31	$1,525.50	$1,258.41	$1,541.55
59	$952.93	$1,167.34	$1,177.68	$1,442.66	$1,272.19	$1,558.43	$1,285.57	$1,574.82
60	$993.57	$1,217.12	$1,227.90	$1,504.18	$1,326.44	$1,624.89	$1,340.39	$1,641.98
61	$1,028.71	$1,260.17	$1,271.33	$1,557.38	$1,373.36	$1,682.37	$1,387.80	$1,700.06
62	$1,051.78	$1,288.43	$1,299.83	$1,592.29	$1,404.15	$1,720.08	$1,418.92	$1,738.18
63	$1,080.70	$1,323.86	$1,335.57	$1,636.07	$1,442.76	$1,767.38	$1,457.93	$1,785.96
64+	$1,098.27	$1,345.38	$1,357.29	$1,662.68	$1,466.22	$1,796.12	$1,481.64	$1,815.01

Premium Rates

Use the Marketplace Plan ID to find your plan on the Federal Marketplace.

If you are purchasing a plan directly through Highmark, use the Non-Marketplace Plan ID.

	my Blue Access Select PPO Bronze 3800 + Adult Dental and Vision		my Blue Access Select PPO Standard Silver 6000		my Blue Access Select PPO Silver 0		my Blue Access Select PPO Silver 0 + Adult Dental and Vision	
	Marketplace Plan ID 76168DE0700001-01		Marketplace Plan ID 76168DE0690009-01		Marketplace Plan ID N/A		Marketplace Plan ID N/A	
	Non-Marketplace Plan ID 76168DE0700001-00		Non-Marketplace Plan ID 76168DE0690009-00		Non-Marketplace Plan ID 76168DE0690003-00		Non-Marketplace Plan ID 76168DE0700003-00	
Age	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0-14	$390.20	$390.20	$481.95	$481.95	$412.14	$412.14	$424.52	$424.52
15	$424.89	$424.89	$524.79	$524.79	$448.77	$448.77	$462.26	$462.26
16	$438.15	$438.15	$541.17	$541.17	$462.78	$462.78	$476.68	$476.68
17	$451.41	$451.41	$557.55	$557.55	$476.78	$476.78	$491.11	$491.11
18	$465.69	$465.69	$575.19	$575.19	$491.87	$491.87	$506.65	$506.65
19	$479.98	$479.98	$592.83	$592.83	$506.95	$506.95	$522.19	$522.19
20	$494.77	$494.77	$611.10	$611.10	$522.58	$522.58	$538.28	$538.28
21	$510.07	$522.82	$630.00	$645.75	$538.74	$552.21	$554.93	$568.80
22	$510.07	$522.82	$630.00	$645.75	$538.74	$552.21	$554.93	$568.80
23	$510.07	$522.82	$630.00	$645.75	$538.74	$552.21	$554.93	$568.80
24	$510.07	$522.82	$630.00	$645.75	$538.74	$552.21	$554.93	$568.80
25	$512.11	$524.91	$632.52	$648.33	$540.89	$554.41	$557.15	$571.08
26	$522.31	$535.37	$645.12	$661.25	$551.67	$565.46	$568.25	$582.46
27	$534.55	$547.91	$660.24	$676.75	$564.60	$578.72	$581.57	$596.11
28	$554.45	$568.31	$684.81	$701.93	$585.61	$600.25	$603.21	$618.29
29	$570.77	$585.04	$704.97	$722.59	$602.85	$617.92	$620.97	$636.49
30	$578.93	$593.40	$715.05	$732.93	$611.47	$626.76	$629.85	$645.60
31	$591.17	$605.95	$730.17	$748.42	$624.40	$640.01	$643.16	$659.24
32	$603.41	$618.50	$745.29	$763.92	$637.33	$653.26	$656.48	$672.89
33	$611.06	$626.34	$754.74	$773.61	$645.41	$661.55	$664.81	$681.43
34	$619.22	$634.70	$764.82	$783.94	$654.03	$670.38	$673.69	$690.53
35	$623.31	$638.89	$769.86	$789.11	$658.34	$674.80	$678.12	$695.07
36	$627.39	$643.07	$774.90	$794.27	$662.65	$679.22	$682.56	$699.62
37	$631.47	$647.26	$779.94	$799.44	$666.96	$683.63	$687.00	$704.18
38	$635.55	$651.44	$784.98	$804.60	$671.27	$688.05	$691.44	$708.73
39	$643.71	$659.80	$795.06	$814.94	$679.89	$696.89	$700.32	$717.83
40	$651.87	$717.06	$805.14	$885.65	$688.51	$757.36	$709.20	$780.12
41	$664.11	$733.84	$820.26	$906.39	$701.44	$775.09	$722.52	$798.38
42	$675.84	$751.53	$834.75	$928.24	$713.83	$793.78	$735.28	$817.63
43	$692.16	$775.91	$854.91	$958.35	$731.07	$819.53	$753.04	$844.16
44	$712.57	$806.63	$880.11	$996.28	$752.62	$851.97	$775.24	$877.57
45	$736.54	$843.34	$909.72	$1,041.63	$777.94	$890.74	$801.32	$917.51
46	$765.11	$887.53	$945.00	$1,096.20	$808.11	$937.41	$832.40	$965.58
47	$797.24	$938.35	$984.69	$1,158.98	$842.05	$991.09	$867.36	$1,020.88
48	$833.96	$997.42	$1,030.05	$1,231.94	$880.84	$1,053.48	$907.31	$1,085.14
49	$870.18	$1,059.01	$1,074.78	$1,308.01	$919.09	$1,118.53	$946.71	$1,152.15
50	$910.99	$1,115.96	$1,125.18	$1,378.35	$962.19	$1,178.68	$991.10	$1,214.10
51	$951.28	$1,165.32	$1,174.95	$1,439.31	$1,004.75	$1,230.82	$1,034.94	$1,267.80
52	$995.66	$1,219.68	$1,229.76	$1,506.46	$1,051.62	$1,288.23	$1,083.22	$1,326.94
53	$1,040.54	$1,274.66	$1,285.20	$1,574.37	$1,099.03	$1,346.31	$1,132.06	$1,386.77
54	$1,089.00	$1,334.03	$1,345.05	$1,647.69	$1,150.21	$1,409.01	$1,184.78	$1,451.36
55	$1,137.46	$1,393.39	$1,404.90	$1,721.00	$1,201.39	$1,471.70	$1,237.49	$1,515.93
56	$1,189.99	$1,457.74	$1,469.79	$1,800.49	$1,256.88	$1,539.68	$1,294.65	$1,585.95
57	$1,243.04	$1,522.72	$1,535.31	$1,880.75	$1,312.91	$1,608.31	$1,352.36	$1,656.64
58	$1,299.66	$1,592.08	$1,605.24	$1,966.42	$1,372.71	$1,681.57	$1,413.96	$1,732.10
59	$1,327.71	$1,626.44	$1,639.89	$2,008.87	$1,402.34	$1,717.87	$1,444.48	$1,769.49
60	$1,384.33	$1,695.80	$1,709.82	$2,094.53	$1,462.14	$1,791.12	$1,506.08	$1,844.95
61	$1,433.30	$1,755.79	$1,770.30	$2,168.62	$1,513.86	$1,854.48	$1,559.35	$1,910.20
62	$1,465.43	$1,795.15	$1,809.99	$2,217.24	$1,547.80	$1,896.06	$1,594.31	$1,953.03
63	$1,505.73	$1,844.52	$1,859.76	$2,278.21	$1,590.36	$1,948.19	$1,638.15	$2,006.73
64+	$1,530.21	$1,874.51	$1,890.00	$2,315.25	$1,616.22	$1,979.87	$1,664.79	$2,039.37

Premium Rates

Use the Marketplace Plan ID to find your plan on the Federal Marketplace.

If you are purchasing a plan directly through Highmark, use the Non-Marketplace Plan ID.

	my Blue Access Select PPO Premier Silver 0 + Adult Dental and Vision		my Blue Access Select PPO Standard Gold 2000		my Blue Access Select PPO Standard Gold 2000 + Adult Dental and Vision		my Blue Access Select PPO Gold 1700 HSA	
	Marketplace Plan ID 76168DE0740005-01		Marketplace Plan ID 76168DE0690010-01		Marketplace Plan ID 76168DE0700007-01		Marketplace Plan ID 76168DE0710003-01	
	Non-Marketplace Plan ID 76168DE0740005-00		Non-Marketplace Plan ID 76168DE0690010-00		Non-Marketplace Plan ID 76168DE0700007-00		Non-Marketplace Plan ID 76168DE0710003-00	
Age	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0-14	$534.68	$534.68	$447.70	$447.70	$460.09	$460.09	$454.95	$454.95
15	$582.21	$582.21	$487.50	$487.50	$500.98	$500.98	$495.39	$495.39
16	$600.38	$600.38	$502.71	$502.71	$516.62	$516.62	$510.86	$510.86
17	$618.55	$618.55	$517.93	$517.93	$532.26	$532.26	$526.32	$526.32
18	$638.12	$638.12	$534.31	$534.31	$549.10	$549.10	$542.97	$542.97
19	$657.69	$657.69	$550.70	$550.70	$565.94	$565.94	$559.62	$559.62
20	$677.96	$677.96	$567.67	$567.67	$583.38	$583.38	$576.87	$576.87
21	$698.93	$716.40	$585.23	$599.86	$601.42	$616.46	$594.71	$609.58
22	$698.93	$716.40	$585.23	$599.86	$601.42	$616.46	$594.71	$609.58
23	$698.93	$716.40	$585.23	$599.86	$601.42	$616.46	$594.71	$609.58
24	$698.93	$716.40	$585.23	$599.86	$601.42	$616.46	$594.71	$609.58
25	$701.73	$719.27	$587.57	$602.26	$603.83	$618.93	$597.09	$612.02
26	$715.70	$733.59	$599.28	$614.26	$615.85	$631.25	$608.98	$624.20
27	$732.48	$750.79	$613.32	$628.65	$630.29	$646.05	$623.26	$638.84
28	$759.74	$778.73	$636.15	$652.05	$653.74	$670.08	$646.45	$662.61
29	$782.10	$801.65	$654.87	$671.24	$672.99	$689.81	$665.48	$682.12
30	$793.29	$813.12	$664.24	$680.85	$682.61	$699.68	$675.00	$691.88
31	$810.06	$830.31	$678.28	$695.24	$697.05	$714.48	$689.27	$706.50
32	$826.83	$847.50	$692.33	$709.64	$711.48	$729.27	$703.54	$721.13
33	$837.32	$858.25	$701.11	$718.64	$720.50	$738.51	$712.46	$730.27
34	$848.50	$869.71	$710.47	$728.23	$730.12	$748.37	$721.98	$740.03
35	$854.09	$875.44	$715.15	$733.03	$734.94	$753.31	$726.74	$744.91
36	$859.68	$881.17	$719.83	$737.83	$739.75	$758.24	$731.49	$749.78
37	$865.28	$886.91	$724.51	$742.62	$744.56	$763.17	$736.25	$754.66
38	$870.87	$892.64	$729.20	$747.43	$749.37	$768.10	$741.01	$759.54
39	$882.05	$904.10	$738.56	$757.02	$758.99	$777.96	$750.52	$769.28
40	$893.23	$982.55	$747.92	$822.71	$768.61	$845.47	$760.04	$836.04
41	$910.01	$1,005.56	$761.97	$841.98	$783.05	$865.27	$774.31	$855.61
42	$926.08	$1,029.80	$775.43	$862.28	$796.88	$886.13	$787.99	$876.24
43	$948.45	$1,063.21	$794.16	$890.25	$816.13	$914.88	$807.02	$904.67
44	$976.41	$1,105.30	$817.57	$925.49	$840.18	$951.08	$830.81	$940.48
45	$1,009.25	$1,155.59	$845.07	$967.61	$868.45	$994.38	$858.76	$983.28
46	$1,048.40	$1,216.14	$877.85	$1,018.31	$902.13	$1,046.47	$892.07	$1,034.80
47	$1,092.43	$1,285.79	$914.71	$1,076.61	$940.02	$1,106.40	$929.53	$1,094.06
48	$1,142.75	$1,366.73	$956.85	$1,144.39	$983.32	$1,176.05	$972.35	$1,162.93
49	$1,192.37	$1,451.11	$998.40	$1,215.05	$1,026.02	$1,248.67	$1,014.58	$1,234.74
50	$1,248.29	$1,529.16	$1,045.22	$1,280.39	$1,074.14	$1,315.82	$1,062.15	$1,301.13
51	$1,303.50	$1,596.79	$1,091.45	$1,337.03	$1,121.65	$1,374.02	$1,109.13	$1,358.68
52	$1,364.31	$1,671.28	$1,142.37	$1,399.40	$1,173.97	$1,438.11	$1,160.87	$1,422.07
53	$1,425.82	$1,746.63	$1,193.87	$1,462.49	$1,226.90	$1,502.95	$1,213.21	$1,486.18
54	$1,492.22	$1,827.97	$1,249.47	$1,530.60	$1,284.03	$1,572.94	$1,269.71	$1,555.39
55	$1,558.61	$1,909.30	$1,305.06	$1,598.70	$1,341.17	$1,642.93	$1,326.20	$1,624.60
56	$1,630.60	$1,997.49	$1,365.34	$1,672.54	$1,403.11	$1,718.81	$1,387.46	$1,699.64
57	$1,703.29	$2,086.53	$1,426.21	$1,747.11	$1,465.66	$1,795.43	$1,449.31	$1,775.40
58	$1,780.87	$2,181.57	$1,491.17	$1,826.68	$1,532.42	$1,877.21	$1,515.32	$1,856.27
59	$1,819.31	$2,228.65	$1,523.35	$1,866.10	$1,565.50	$1,917.74	$1,548.03	$1,896.34
60	$1,896.90	$2,323.70	$1,588.31	$1,945.68	$1,632.25	$1,999.51	$1,614.04	$1,977.20
61	$1,963.99	$2,405.89	$1,644.50	$2,014.51	$1,689.99	$2,070.24	$1,671.14	$2,047.15
62	$2,008.03	$2,459.84	$1,681.37	$2,059.68	$1,727.88	$2,116.65	$1,708.60	$2,093.04
63	$2,063.24	$2,527.47	$1,727.60	$2,116.31	$1,775.39	$2,174.85	$1,755.58	$2,150.59
64+	$2,096.79	$2,568.57	$1,755.69	$2,150.72	$1,804.26	$2,210.22	$1,784.13	$2,185.56

Premium Rates

Use the Marketplace Plan ID to find your plan on the Federal Marketplace.

If you are purchasing a plan directly through Highmark, use the Non-Marketplace Plan ID.

	my Blue Access Select PPO Gold 0		my Blue Access Select PPO Gold 0 + Adult Dental and Vision		my Blue Access Select PPO Premier Gold 0 + Adult Dental and Vision		my Blue Access Select PPO Standard Platinum 0	
	Marketplace Plan ID 76168DE0690004-01		Marketplace Plan ID 76168DE0700004-01		Marketplace Plan ID 76168DE0740002-01		Marketplace Plan ID 76168DE0690011-01	
	Non-Marketplace Plan ID 76168DE0690004-00		Non-Marketplace Plan ID 76168DE0700004-00		Non-Marketplace Plan ID 76168DE0740002-00		Non-Marketplace Plan ID 76168DE0690011-00	
Age	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0-14	$478.84	$478.84	$491.23	$491.23	$498.80	$498.80	$607.55	$607.55
15	$521.40	$521.40	$534.89	$534.89	$543.14	$543.14	$661.55	$661.55
16	$537.67	$537.67	$551.59	$551.59	$560.09	$560.09	$682.20	$682.20
17	$553.95	$553.95	$568.29	$568.29	$577.05	$577.05	$702.85	$702.85
18	$571.47	$571.47	$586.26	$586.26	$595.30	$595.30	$725.09	$725.09
19	$589.00	$589.00	$604.24	$604.24	$613.56	$613.56	$747.32	$747.32
20	$607.15	$607.15	$622.87	$622.87	$632.47	$632.47	$770.35	$770.35
21	$625.93	$641.58	$642.13	$658.18	$652.03	$668.33	$794.18	$814.03
22	$625.93	$641.58	$642.13	$658.18	$652.03	$668.33	$794.18	$814.03
23	$625.93	$641.58	$642.13	$658.18	$652.03	$668.33	$794.18	$814.03
24	$625.93	$641.58	$642.13	$658.18	$652.03	$668.33	$794.18	$814.03
25	$628.43	$644.14	$644.70	$660.82	$654.64	$671.01	$797.36	$817.29
26	$640.95	$656.97	$657.54	$673.98	$667.68	$684.37	$813.24	$833.57
27	$655.97	$672.37	$672.95	$689.77	$683.33	$700.41	$832.30	$853.11
28	$680.39	$697.40	$698.00	$715.45	$708.76	$726.48	$863.27	$884.85
29	$700.42	$717.93	$718.54	$736.50	$729.62	$747.86	$888.69	$910.91
30	$710.43	$728.19	$728.82	$747.04	$740.05	$758.55	$901.39	$923.92
31	$725.45	$743.59	$744.23	$762.84	$755.70	$774.59	$920.45	$943.46
32	$740.48	$758.99	$759.64	$778.63	$771.35	$790.63	$939.51	$963.00
33	$749.86	$768.61	$769.27	$788.50	$781.13	$800.66	$951.43	$975.22
34	$759.88	$778.88	$779.55	$799.04	$791.56	$811.35	$964.13	$988.23
35	$764.89	$784.01	$784.68	$804.30	$796.78	$816.70	$970.49	$994.75
36	$769.89	$789.14	$789.82	$809.57	$802.00	$822.05	$976.84	$1,001.26
37	$774.90	$794.27	$794.96	$814.83	$807.21	$827.39	$983.19	$1,007.77
38	$779.91	$799.41	$800.09	$820.09	$812.43	$832.74	$989.55	$1,014.29
39	$789.92	$809.67	$810.37	$830.63	$822.86	$843.43	$1,002.26	$1,027.32
40	$799.94	$879.93	$820.64	$902.70	$833.29	$916.62	$1,014.96	$1,116.46
41	$814.96	$900.53	$836.05	$923.84	$848.94	$938.08	$1,034.02	$1,142.59
42	$829.36	$922.25	$850.82	$946.11	$863.94	$960.70	$1,052.29	$1,170.15
43	$849.39	$952.17	$871.37	$976.81	$884.80	$991.86	$1,077.70	$1,208.10
44	$874.42	$989.84	$897.06	$1,015.47	$910.89	$1,031.13	$1,109.47	$1,255.92
45	$903.84	$1,034.90	$927.24	$1,061.69	$941.53	$1,078.05	$1,146.80	$1,313.09
46	$938.90	$1,089.12	$963.20	$1,117.31	$978.05	$1,134.54	$1,191.27	$1,381.87
47	$978.33	$1,151.49	$1,003.65	$1,181.30	$1,019.12	$1,199.50	$1,241.30	$1,461.01
48	$1,023.40	$1,223.99	$1,049.88	$1,255.66	$1,066.07	$1,275.02	$1,298.48	$1,552.98
49	$1,067.84	$1,299.56	$1,095.47	$1,333.19	$1,112.36	$1,353.74	$1,354.87	$1,648.88
50	$1,117.91	$1,369.44	$1,146.84	$1,404.88	$1,164.53	$1,426.55	$1,418.41	$1,737.55
51	$1,167.36	$1,430.02	$1,197.57	$1,467.02	$1,216.04	$1,489.65	$1,481.15	$1,814.41
52	$1,221.82	$1,496.73	$1,253.44	$1,535.46	$1,272.76	$1,559.13	$1,550.24	$1,899.04
53	$1,276.90	$1,564.20	$1,309.95	$1,604.69	$1,330.14	$1,629.42	$1,620.13	$1,984.66
54	$1,336.36	$1,637.04	$1,370.95	$1,679.41	$1,392.08	$1,705.30	$1,695.57	$2,077.07
55	$1,395.82	$1,709.88	$1,431.95	$1,754.14	$1,454.03	$1,781.19	$1,771.02	$2,169.50
56	$1,460.29	$1,788.86	$1,498.09	$1,835.16	$1,521.19	$1,863.46	$1,852.82	$2,269.70
57	$1,525.39	$1,868.60	$1,564.87	$1,916.97	$1,589.00	$1,946.53	$1,935.42	$2,370.89
58	$1,594.87	$1,953.72	$1,636.15	$2,004.28	$1,661.37	$2,035.18	$2,023.57	$2,478.87
59	$1,629.30	$1,995.89	$1,671.46	$2,047.54	$1,697.23	$2,079.11	$2,067.25	$2,532.38
60	$1,698.77	$2,080.99	$1,742.74	$2,134.86	$1,769.61	$2,167.77	$2,155.40	$2,640.37
61	$1,758.86	$2,154.60	$1,804.39	$2,210.38	$1,832.20	$2,244.45	$2,231.65	$2,733.77
62	$1,798.30	$2,202.92	$1,844.84	$2,259.93	$1,873.28	$2,294.77	$2,281.68	$2,795.06
63	$1,847.75	$2,263.49	$1,895.57	$2,322.07	$1,924.79	$2,357.87	$2,344.42	$2,871.91
64+	$1,877.79	$2,300.29	$1,926.39	$2,359.83	$1,956.09	$2,396.21	$2,382.54	$2,918.61

Premium Rates

Use the Marketplace Plan ID to find your plan on the Federal Marketplace.

If you are purchasing a plan directly through Highmark, use the Non-Marketplace Plan ID.

	my Blue Access Select PPO Premier Platinum 0 + Adult Dental and Vision	
	Marketplace Plan ID 76168DE0740004-01	
	Non-Marketplace Plan ID 76168DE0740004-00	
Age	**Non-Tobacco**	**Tobacco**
0-14	$610.84	$610.84
15	$665.13	$665.13
16	$685.89	$685.89
17	$706.65	$706.65
18	$729.01	$729.01
19	$751.37	$751.37
20	$774.53	$774.53
21	$798.48	$818.44
22	$798.48	$818.44
23	$798.48	$818.44
24	$798.48	$818.44
25	$801.67	$821.71
26	$817.64	$838.08
27	$836.81	$857.73
28	$867.95	$889.65
29	$893.50	$915.84
30	$906.27	$928.93
31	$925.44	$948.58
32	$944.60	$968.22
33	$956.58	$980.49
34	$969.35	$993.58
35	$975.74	$1,000.13
36	$982.13	$1,006.68
37	$988.52	$1,013.23
38	$994.91	$1,019.78
39	$1,007.68	$1,032.87
40	$1,020.46	$1,122.51
41	$1,039.62	$1,148.78
42	$1,057.99	$1,176.48
43	$1,083.54	$1,214.65
44	$1,115.48	$1,262.72
45	$1,153.01	$1,320.20
46	$1,197.72	$1,389.36
47	$1,248.02	$1,468.92
48	$1,305.51	$1,561.39
49	$1,362.21	$1,657.81
50	$1,426.09	$1,746.96
51	$1,489.17	$1,824.23
52	$1,558.63	$1,909.32
53	$1,628.90	$1,995.40
54	$1,704.75	$2,088.32
55	$1,780.61	$2,181.25
56	$1,862.85	$2,281.99
57	$1,945.90	$2,383.73
58	$2,034.53	$2,492.30
59	$2,078.44	$2,546.09
60	$2,167.07	$2,654.66
61	$2,243.73	$2,748.57
62	$2,294.03	$2,810.19
63	$2,357.11	$2,887.46
64+	$2,395.44	$2,934.41

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield serves the state of Delaware and is an independent licensee of the Blue Cross Blue Shield Association.

You should confirm the network status of a provider prior to receiving services.

You can call 1-888-Blue-428 to confirm if a doctor or facility will be in network in 2026.

All references to “Highmark” in this communication are references to Highmark Inc., an independent licensee of the Blue Cross Blue Shield Association, and/or to one or more of its affiliated Blue companies.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual’s sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Pennsylvania, Delaware, West Virginia, and New York:
1-833-521-1424 (TTY: 711)

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ןוא גנוצעזרעביא ךארפש ןעמוקאב ריא טנעק ,שידיא טדער ריא בויא :גנוטכא
סעסיוורעס ןוא ןעלטימספליה עגירעהעג .לאצפא ןופ יירפ סעסיוורעס גנושטעמלאד
עכילגנעגוצ ןיא עיצאמראפניא ןלעטשוצ וצ (ליערב ןוא אידוא ,קורד עסוירג יוזא)
.לאצפא ןופ יירפ ןעמוקאב וצ אד ךויא ןענעז ןטאמראפ

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات الترجمة
المساعدة والخدمات والوسائل أيضًا توفر. أتاحة مجانًا الفورية والترجمة التحريرية
مثل للطباعة الكبيرة، والوسائل الصوتية، وطريقة برايل) لتقديم المناسبة
المعلومات بتنسيقات يمكن الوصول إليها من دون أي تكلفة.

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CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ biên dịch và phiên dịch ngôn ngữ miễn phí dành cho quý vị. Chúng tôi cũng cung cấp miễn phí các dịch vụ và hỗ trợ bổ sung thích hợp (như chữ in lớn, tệp âm thanh và chữ nổi) để cung cấp thông tin ở các định dạng dễ tiếp cận.

ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंलाई निःशुल्क भाषा अनुवाद र दोभासे सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक प्रविधि र सेवाहरू (जस्तै ठूलो प्रिन्ट, अडियो र ब्रेल) पनि निःशुल्क उपलब्ध छन्।

कृपया ध्यान दें: यदि आप हिंदी भाषा बोलते हैं, तो आपके लिए मुफ़्त भाषा अनुवाद और व्याख्या संबंधी सेवाएं उपलब्ध हैं। एक्सेस करने योग्य फ़ॉर्मेट में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक सामग्री और सेवाएं (जैसे बड़े प्रिंट, ऑडियो और ब्रेल) भी निःशुल्क उपलब्ध हैं।

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