
Monthly Premium Rates

**For Benefit Period:
January 1 to December 31, 2020**



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 in 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 844-666-0793.

Monthly Premium Rates For Delaware

(Use the Plan ID to find your plan on the Marketplace.)

Plan ID	Catastrophic		Bronze		Bronze		Bronze	
	Major Events EPO 8150 3 Free PCP Visits		Shared Cost Blue EPO Bronze 7900		Shared Cost Blue EPO Bronze 7800 1 Free PCP Visit		Shared Cost Blue EPO Bronze 3900	
Age	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
0-14	\$180.62	\$180.62	\$222.52	\$222.52	\$234.63	\$234.63	\$231.70	\$231.70
15	\$196.67	\$196.67	\$242.30	\$242.30	\$255.48	\$255.48	\$252.30	\$252.30
16	\$202.81	\$202.81	\$249.87	\$249.87	\$263.46	\$263.46	\$260.17	\$260.17
17	\$208.95	\$208.95	\$257.43	\$257.43	\$271.43	\$271.43	\$268.05	\$268.05
18	\$215.56	\$215.56	\$265.57	\$265.57	\$280.02	\$280.02	\$276.53	\$276.53
19	\$222.17	\$222.17	\$273.72	\$273.72	\$288.60	\$288.60	\$285.01	\$285.01
20	\$229.02	\$229.02	\$282.15	\$282.15	\$297.50	\$297.50	\$293.79	\$293.79
21	\$236.10	\$242.00	\$290.88	\$298.15	\$306.70	\$314.37	\$302.88	\$310.45
22	\$236.10	\$242.00	\$290.88	\$298.15	\$306.70	\$314.37	\$302.88	\$310.45
23	\$236.10	\$242.00	\$290.88	\$298.15	\$306.70	\$314.37	\$302.88	\$310.45
24	\$236.10	\$242.00	\$290.88	\$298.15	\$306.70	\$314.37	\$302.88	\$310.45
25	\$237.04	\$242.97	\$292.04	\$299.34	\$307.93	\$315.63	\$304.09	\$311.69
26	\$241.77	\$247.81	\$297.86	\$305.31	\$314.06	\$321.91	\$310.15	\$317.90
27	\$247.43	\$253.62	\$304.84	\$312.46	\$321.42	\$329.46	\$317.42	\$325.36
28	\$256.64	\$263.06	\$316.19	\$324.09	\$333.38	\$341.71	\$329.23	\$337.46
29	\$264.20	\$270.81	\$325.49	\$333.63	\$343.20	\$351.78	\$338.92	\$347.39
30	\$267.97	\$274.67	\$330.15	\$338.40	\$348.10	\$356.80	\$343.77	\$352.36
31	\$273.64	\$280.48	\$337.13	\$345.56	\$355.47	\$364.36	\$351.04	\$359.82
32	\$279.31	\$286.29	\$344.11	\$352.71	\$362.83	\$371.90	\$358.31	\$367.27
33	\$282.85	\$289.92	\$348.47	\$357.18	\$367.43	\$376.62	\$362.85	\$371.92
34	\$286.63	\$293.80	\$353.13	\$361.96	\$372.33	\$381.64	\$367.70	\$376.89
35	\$288.51	\$295.72	\$355.46	\$364.35	\$374.79	\$384.16	\$370.12	\$379.37
36	\$290.40	\$297.66	\$357.78	\$366.72	\$377.24	\$386.67	\$372.54	\$381.85
37	\$292.29	\$299.60	\$360.11	\$369.11	\$379.69	\$389.18	\$374.97	\$384.34
38	\$294.18	\$301.53	\$362.44	\$371.50	\$382.15	\$391.70	\$377.39	\$386.82
39	\$297.96	\$305.41	\$367.09	\$376.27	\$387.06	\$396.74	\$382.23	\$391.79
40	\$301.74	\$331.91	\$371.74	\$408.91	\$391.96	\$431.16	\$387.08	\$425.79
41	\$307.40	\$339.68	\$378.73	\$418.50	\$399.32	\$441.25	\$394.35	\$435.76
42	\$312.83	\$347.87	\$385.42	\$428.59	\$406.38	\$451.89	\$401.32	\$446.27
43	\$320.39	\$359.16	\$394.72	\$442.48	\$416.19	\$466.55	\$411.01	\$460.74
44	\$329.83	\$373.37	\$406.36	\$460.00	\$428.46	\$485.02	\$423.12	\$478.97
45	\$340.93	\$390.36	\$420.03	\$480.93	\$442.87	\$507.09	\$437.36	\$500.78
46	\$354.15	\$410.81	\$436.32	\$506.13	\$460.05	\$533.66	\$454.32	\$527.01
47	\$369.02	\$434.34	\$454.65	\$535.12	\$479.37	\$564.22	\$473.40	\$557.19
48	\$386.02	\$461.68	\$475.59	\$568.81	\$501.45	\$599.73	\$495.21	\$592.27
49	\$402.79	\$490.20	\$496.24	\$603.92	\$523.23	\$636.77	\$516.71	\$628.84
50	\$421.67	\$516.55	\$519.51	\$636.40	\$547.77	\$671.02	\$540.94	\$662.65
51	\$440.33	\$539.40	\$542.49	\$664.55	\$572.00	\$700.70	\$564.87	\$691.97
52	\$460.87	\$564.57	\$567.80	\$695.56	\$598.68	\$733.38	\$591.22	\$724.24
53	\$481.64	\$590.01	\$593.40	\$726.92	\$625.67	\$766.45	\$617.88	\$756.90
54	\$504.07	\$617.49	\$621.03	\$760.76	\$654.80	\$802.13	\$646.65	\$792.15
55	\$526.50	\$644.96	\$648.66	\$794.61	\$683.94	\$837.83	\$675.42	\$827.39
56	\$550.82	\$674.75	\$678.62	\$831.31	\$715.53	\$876.52	\$706.62	\$865.61
57	\$575.38	\$704.84	\$708.87	\$868.37	\$747.43	\$915.60	\$738.12	\$904.20
58	\$601.58	\$736.94	\$741.16	\$907.92	\$781.47	\$957.30	\$771.74	\$945.38
59	\$614.57	\$752.85	\$757.16	\$927.52	\$798.34	\$977.97	\$788.40	\$965.79
60	\$640.78	\$784.96	\$789.45	\$967.08	\$832.38	\$1,019.67	\$822.02	\$1,006.97
61	\$663.44	\$812.71	\$817.37	\$1,001.28	\$861.83	\$1,055.74	\$851.09	\$1,042.59
62	\$678.32	\$830.94	\$835.70	\$1,023.73	\$881.15	\$1,079.41	\$870.17	\$1,065.96
63	\$696.97	\$853.79	\$858.68	\$1,051.88	\$905.38	\$1,109.09	\$894.10	\$1,095.27
64+	\$708.30	\$867.67	\$872.64	\$1,068.98	\$920.10	\$1,127.12	\$908.64	\$1,113.08

Monthly Premium Rates For Delaware

(Use the Plan ID to find your plan on the Marketplace.)

Plan ID	Silver		Silver		Gold		Gold	
	Health Savings Embedded Blue EPO Silver 3950 HSA		Shared Cost Blue EPO Silver 2900 2 Free PCP Visits		Shared Cost Blue EPO Gold 800 2 Free PCP Visits		Shared Cost Blue EPO Gold 0 2 Free PCP Visits	
Age	76168DE0420004		76168DE0410013		76168DE0410012		76168DE0410023	
	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
0-14	\$312.16	\$312.16	\$327.93	\$327.93	\$330.02	\$330.02	\$317.82	\$317.82
15	\$339.91	\$339.91	\$357.08	\$357.08	\$359.36	\$359.36	\$346.07	\$346.07
16	\$350.51	\$350.51	\$368.23	\$368.23	\$370.57	\$370.57	\$356.87	\$356.87
17	\$361.12	\$361.12	\$379.37	\$379.37	\$381.79	\$381.79	\$367.67	\$367.67
18	\$372.55	\$372.55	\$391.38	\$391.38	\$393.87	\$393.87	\$379.31	\$379.31
19	\$383.98	\$383.98	\$403.38	\$403.38	\$405.95	\$405.95	\$390.94	\$390.94
20	\$395.81	\$395.81	\$415.81	\$415.81	\$418.46	\$418.46	\$402.99	\$402.99
21	\$408.05	\$418.25	\$428.67	\$439.39	\$431.40	\$442.19	\$415.45	\$425.84
22	\$408.05	\$418.25	\$428.67	\$439.39	\$431.40	\$442.19	\$415.45	\$425.84
23	\$408.05	\$418.25	\$428.67	\$439.39	\$431.40	\$442.19	\$415.45	\$425.84
24	\$408.05	\$418.25	\$428.67	\$439.39	\$431.40	\$442.19	\$415.45	\$425.84
25	\$409.68	\$419.92	\$430.38	\$441.14	\$433.13	\$443.96	\$417.11	\$427.54
26	\$417.84	\$428.29	\$438.96	\$449.93	\$441.75	\$452.79	\$425.42	\$436.06
27	\$427.64	\$438.33	\$449.25	\$460.48	\$452.11	\$463.41	\$435.39	\$446.27
28	\$443.55	\$454.64	\$465.96	\$477.61	\$468.93	\$480.65	\$451.59	\$462.88
29	\$456.61	\$468.03	\$479.68	\$491.67	\$482.74	\$494.81	\$464.89	\$476.51
30	\$463.14	\$474.72	\$486.54	\$498.70	\$489.64	\$501.88	\$471.54	\$483.33
31	\$472.93	\$484.75	\$496.83	\$509.25	\$499.99	\$512.49	\$481.51	\$493.55
32	\$482.72	\$494.79	\$507.12	\$519.80	\$510.35	\$523.11	\$491.48	\$503.77
33	\$488.84	\$501.06	\$513.55	\$526.39	\$516.82	\$529.74	\$497.71	\$510.15
34	\$495.37	\$507.75	\$520.41	\$533.42	\$523.72	\$536.81	\$504.36	\$516.97
35	\$498.64	\$511.11	\$523.83	\$536.93	\$527.17	\$540.35	\$507.68	\$520.37
36	\$501.90	\$514.45	\$527.26	\$540.44	\$530.62	\$543.89	\$511.00	\$523.78
37	\$505.17	\$517.80	\$530.69	\$543.96	\$534.07	\$547.42	\$514.33	\$527.19
38	\$508.43	\$521.14	\$534.12	\$547.47	\$537.52	\$550.96	\$517.65	\$530.59
39	\$514.96	\$527.83	\$540.98	\$554.50	\$544.43	\$558.04	\$524.30	\$537.41
40	\$521.49	\$573.64	\$547.84	\$602.62	\$551.33	\$606.46	\$530.95	\$584.05
41	\$531.28	\$587.06	\$558.13	\$616.73	\$561.68	\$620.66	\$540.92	\$597.72
42	\$540.67	\$601.23	\$567.99	\$631.60	\$571.61	\$635.63	\$550.47	\$612.12
43	\$553.72	\$620.72	\$581.71	\$652.10	\$585.41	\$656.24	\$563.77	\$631.99
44	\$570.05	\$645.30	\$598.85	\$677.90	\$602.67	\$682.22	\$580.38	\$656.99
45	\$589.22	\$674.66	\$619.00	\$708.76	\$622.94	\$713.27	\$599.91	\$686.90
46	\$612.08	\$710.01	\$643.01	\$745.89	\$647.10	\$750.64	\$623.18	\$722.89
47	\$637.78	\$750.67	\$670.01	\$788.60	\$674.28	\$793.63	\$649.35	\$764.28
48	\$667.16	\$797.92	\$700.88	\$838.25	\$705.34	\$843.59	\$679.26	\$812.39
49	\$696.13	\$847.19	\$731.31	\$890.00	\$735.97	\$895.68	\$708.76	\$862.56
50	\$728.78	\$892.76	\$765.60	\$937.86	\$770.48	\$943.84	\$741.99	\$908.94
51	\$761.01	\$932.24	\$799.47	\$979.35	\$804.56	\$985.59	\$774.81	\$949.14
52	\$796.51	\$975.72	\$836.76	\$1,025.03	\$842.09	\$1,031.56	\$810.96	\$993.43
53	\$832.42	\$1,019.71	\$874.49	\$1,071.25	\$880.06	\$1,078.07	\$847.52	\$1,038.21
54	\$871.19	\$1,067.21	\$915.21	\$1,121.13	\$921.04	\$1,128.27	\$886.99	\$1,086.56
55	\$909.95	\$1,114.69	\$955.93	\$1,171.01	\$962.02	\$1,178.47	\$926.45	\$1,134.90
56	\$951.98	\$1,166.18	\$1,000.09	\$1,225.11	\$1,006.46	\$1,232.91	\$969.24	\$1,187.32
57	\$994.42	\$1,218.16	\$1,044.67	\$1,279.72	\$1,051.32	\$1,287.87	\$1,012.45	\$1,240.25
58	\$1,039.71	\$1,273.64	\$1,092.25	\$1,338.01	\$1,099.21	\$1,346.53	\$1,058.57	\$1,296.75
59	\$1,062.15	\$1,301.13	\$1,115.83	\$1,366.89	\$1,122.93	\$1,375.59	\$1,081.42	\$1,324.74
60	\$1,107.45	\$1,356.63	\$1,163.41	\$1,425.18	\$1,170.82	\$1,434.25	\$1,127.53	\$1,381.22
61	\$1,146.62	\$1,404.61	\$1,204.56	\$1,475.59	\$1,212.23	\$1,484.98	\$1,167.41	\$1,430.08
62	\$1,172.33	\$1,436.10	\$1,231.57	\$1,508.67	\$1,239.41	\$1,518.28	\$1,193.59	\$1,462.15
63	\$1,204.56	\$1,475.59	\$1,265.43	\$1,550.15	\$1,273.49	\$1,560.03	\$1,226.41	\$1,502.35
64+	\$1,224.15	\$1,499.58	\$1,286.01	\$1,575.36	\$1,294.20	\$1,585.40	\$1,246.35	\$1,526.78

Monthly Premium Rates For Delaware

(Use the Plan ID to find your plan on the Marketplace.)

Plan ID	Platinum	
	Shared Cost Blue EPO Platinum 200 2 Free PCP Visits	
Plan ID	76168DE0410021	
Age	No Tobacco	Tobacco
0-14	\$403.47	\$403.47
15	\$439.33	\$439.33
16	\$453.05	\$453.05
17	\$466.76	\$466.76
18	\$481.53	\$481.53
19	\$496.29	\$496.29
20	\$511.59	\$511.59
21	\$527.41	\$540.60
22	\$527.41	\$540.60
23	\$527.41	\$540.60
24	\$527.41	\$540.60
25	\$529.52	\$542.76
26	\$540.07	\$553.57
27	\$552.73	\$566.55
28	\$573.29	\$587.62
29	\$590.17	\$604.92
30	\$598.61	\$613.58
31	\$611.27	\$626.55
32	\$623.93	\$639.53
33	\$631.84	\$647.64
34	\$640.28	\$656.29
35	\$644.50	\$660.61
36	\$648.71	\$664.93
37	\$652.93	\$669.25
38	\$657.15	\$673.58
39	\$665.59	\$682.23
40	\$674.03	\$741.43
41	\$686.69	\$758.79
42	\$698.82	\$777.09
43	\$715.70	\$802.30
44	\$736.79	\$834.05
45	\$761.58	\$872.01
46	\$791.12	\$917.70
47	\$824.34	\$970.25
48	\$862.32	\$1,031.33
49	\$899.76	\$1,095.01
50	\$941.95	\$1,153.89
51	\$983.62	\$1,204.93
52	\$1,029.50	\$1,261.14
53	\$1,075.92	\$1,318.00
54	\$1,126.02	\$1,379.37
55	\$1,176.12	\$1,440.75
56	\$1,230.45	\$1,507.30
57	\$1,285.30	\$1,574.49
58	\$1,343.84	\$1,646.20
59	\$1,372.85	\$1,681.74
60	\$1,431.39	\$1,753.45
61	\$1,482.02	\$1,815.47
62	\$1,515.25	\$1,856.18
63	\$1,556.91	\$1,907.21
64+	\$1,582.23	\$1,938.23

Monthly Premium Rates For Delaware

These plans are only available directly through Highmark. They are not available on the Marketplace.

	Bronze		Silver	
	Health Savings Embedded Blue EPO Bronze 6750 HAS		Health Savings Blue EPO Silver 1750 HAS	
Plan ID	76168DE0420006		76168DE0420005	
Age	No Tobacco	Tobacco	No Tobacco	Tobacco
0-14	\$231.34	\$231.34	\$274.47	\$274.47
15	\$251.90	\$251.90	\$298.86	\$298.86
16	\$259.76	\$259.76	\$308.19	\$308.19
17	\$267.62	\$267.62	\$317.52	\$317.52
18	\$276.09	\$276.09	\$327.57	\$327.57
19	\$284.56	\$284.56	\$337.61	\$337.61
20	\$293.33	\$293.33	\$348.02	\$348.02
21	\$302.40	\$309.96	\$358.78	\$367.75
22	\$302.40	\$309.96	\$358.78	\$367.75
23	\$302.40	\$309.96	\$358.78	\$367.75
24	\$302.40	\$309.96	\$358.78	\$367.75
25	\$303.61	\$311.20	\$360.22	\$369.23
26	\$309.66	\$317.40	\$367.39	\$376.57
27	\$316.92	\$324.84	\$376.00	\$385.40
28	\$328.71	\$336.93	\$389.99	\$399.74
29	\$338.39	\$346.85	\$401.47	\$411.51
30	\$343.22	\$351.80	\$407.22	\$417.40
31	\$350.48	\$359.24	\$415.83	\$426.23
32	\$357.74	\$366.68	\$424.44	\$435.05
33	\$362.28	\$371.34	\$429.82	\$440.57
34	\$367.11	\$376.29	\$435.56	\$446.45
35	\$369.53	\$378.77	\$438.43	\$449.39
36	\$371.95	\$381.25	\$441.30	\$452.33
37	\$374.37	\$383.73	\$444.17	\$455.27
38	\$376.79	\$386.21	\$447.04	\$458.22
39	\$381.63	\$391.17	\$452.78	\$464.10
40	\$386.47	\$425.12	\$458.52	\$504.37
41	\$393.72	\$435.06	\$467.13	\$516.18
42	\$400.68	\$445.56	\$475.38	\$528.62
43	\$410.36	\$460.01	\$486.86	\$545.77
44	\$422.45	\$478.21	\$501.22	\$567.38
45	\$436.67	\$499.99	\$518.08	\$593.20
46	\$453.60	\$526.18	\$538.17	\$624.28
47	\$472.65	\$556.31	\$560.77	\$660.03
48	\$494.42	\$591.33	\$586.61	\$701.59
49	\$515.89	\$627.84	\$612.08	\$744.90
50	\$540.09	\$661.61	\$640.78	\$784.96
51	\$563.98	\$690.88	\$669.12	\$819.67
52	\$590.28	\$723.09	\$700.34	\$857.92
53	\$616.90	\$755.70	\$731.91	\$896.59
54	\$645.62	\$790.88	\$766.00	\$938.35
55	\$674.35	\$826.08	\$800.08	\$980.10
56	\$705.50	\$864.24	\$837.03	\$1,025.36
57	\$736.95	\$902.76	\$874.35	\$1,071.08
58	\$770.52	\$943.89	\$914.17	\$1,119.86
59	\$787.15	\$964.26	\$933.90	\$1,144.03
60	\$820.71	\$1,005.37	\$973.73	\$1,192.82
61	\$849.74	\$1,040.93	\$1,008.17	\$1,235.01
62	\$868.80	\$1,064.28	\$1,030.77	\$1,262.69
63	\$892.68	\$1,093.53	\$1,059.12	\$1,297.42
64+	\$907.20	\$1,111.32	\$1,076.34	\$1,318.52

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross Blue Shield Association.

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. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. 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, 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>.

If you speak English, language assistance services, free of charge, are available to you. Call 1-877-959-2563.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-877-959-2563.

如果您说中文，可向您提供免费语言协助服务。
請致電 1-877-959-2563。

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-877-959-2563.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다.
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