HIGHMARK Delaware

2016 Health Insurance

Plan Comparison Guide

For Individuals and Families

BENEFIT PERIOD: JANUARY 1, 2016 TO DECEMBER 31, 2016

At Highmark Delaware, we believe it's time to come together and make health care better.

BETTER WITH BLUE

For over 75 years, Highmark Blue Cross Blue Shield Delaware has worked to offer our community the best possible health care experience.

The future of health care is about you

Our goal is to transform your health care experience. We're making it simpler to access smart new ideas like:

> **Health care programs that reward doctors for better patient results**

> **Member tools that make it easy for you to track what you're spending**

> **Live support from My Care Navigator℠, a personal guide to help you and your family better navigate the health care system**

You'll have peace of mind knowing that you're covered by the most preferred health insurance company in the areas we serve.* Plus, our members rate us highly on important attributes like our easy and clear enrollment process,** so you know we're dedicated to helping you make your health insurance plan choice easier.

Here's what you need to make an informed choice:

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*Highmark Brand Perception Study 2014. Conducted by Lynx Research Consulting.
**2014 Highmark Member Satisfaction Study. Conducted with DSS Research.

Questions? Please call 1-855-329-0682 (TTY/TDD users may dial 711).

THE HIGHMARK DIFFERENCE

We are thankful that our members have trusted us with their insurance needs for over 75 years. We are constantly striving to develop new ways to make their health care experience better and more convenient. As part of our dedication to making our communities healthier, we've developed a wide array of helpful tools. Here are just a few of the tools, resources and programs that are available to you as a Highmark member.

My Care Navigator℠

A built-in guide for navigating the health care system — whether it's help with a care claim or assistance with provider billing, My Care Navigator helps members understand and manage their care costs.

You can schedule your first appointment and transfer your medical records with just one call.

BlueCard

Wherever you go nationwide as a Highmark member, you're in the Blue network. Just show your BlueCard at the thousands of participating physicians and hospitals across the country, and you'll receive in-network access away from home.

Provider Directory

Now Highmark gives you more ways than ever to find a health care provider that's right for you. Our easy-to-use online directory can help you find doctors, dentists, pharmacies, and even search for covered medications.

If you are taking a Specialty Drug, please call us to verify if your drug must be purchased through an Exclusive Pharmacy Provider.

Blues On Call

Your medical questions don't just come up during office hours. That's why Blues On Call gives you a 24/7 hotline to a team of registered nurses to help you with personal health questions.

Health & Wellness Tools

Members get access to today's leading-edge, online health and wellness tools. With Highmark you get what you need to launch your journey toward better health and wellness. It's convenient, easy to use, and best of all, it's free.

PCMH

PCMH, or Patient Centered Medical Home, puts you at center of your health. You have a single, trusted PCMH doctor and care team. This ensures that you receive the quality care and services you need while focusing on efficiency and safety. The Highmark Delaware PCMH Blue EPO plans offer a low-cost generic drug copay and a lower copay for PCMH doctor visits.

IMPORTANT DATES

Open Enrollment Period

Starting November 1, 2015, through January 31, 2016, you can enroll in the plan of your choice during what is called the Open Enrollment Period. For most people this is the only time when you can enroll in or change your plan, unless you have a qualifying life event.

November 1, 2015

Open Enrollment Begins

This is the first day you can enroll in a plan for coverage beginning January 1, 2016.

January 1, 2016

Coverage Begins

If you enroll by December 15, 2015, this is when your new coverage will start. Otherwise, you can use the chart below to find your start date.

January 31, 2016

Open Enrollment Ends

The 2016 Open Enrollment Period ends. If you haven't enrolled in a health insurance plan by this date, you can only enroll in 2016 coverage if you have a qualifying life event.

Coverage start dates

If you enroll:	Your coverage will start
November 1 to **December 15**	**January 1**
December 16 to **January 15**	**February 1**
January 16 to **January 31**	**March 1**

Special Enrollment Period

You can enroll in a new plan outside of Open Enrollment **ONLY** if you have a qualifying life event that triggers a Special Enrollment Period. If you have one of these events occur, in most cases, you must enroll within 60 days of the occurrence of the event. You will need to provide documentation that shows you are eligible for the Special Enrollment Period. It's important to remember that you can still be eligible for financial help if you enroll during a Special Enrollment Period.

Qualifying life events such as:

- You or your spouse lose employer-provided coverage
- You are no longer a dependent on someone else's plan
- Certain permanent moves
- Certain changes in your income
- Changes in your family size (such as marriage, childbirth or adoption)

HOW TO ENROLL

We make the enrollment process easy

Highmark is here to be your health insurance partner, every step of the way.

1 Find the plan that works for you

If you need help finding the health insurance plan that fits your needs and budget, a free personal consultation can give you all the information you need.

2 Get financial help

Depending on your household income and other factors, you may be eligible for one or both of these forms of financial help. Highmark is here to help guide you through the Health Insurance Marketplace to get any financial help you may be eligible for, and enroll you with or without financial help. Also, our online Tax Savings Estimator lets you find out if you might qualify for financial help before you shop.

Advanced Premium Tax Credits (APTC) can be applied (in advance) to reduce your monthly premium.

To use, you can select an individual Marketplace plan at any metal level.

Cost-Sharing Reductions (CSR)* will lower the out-of-pocket costs you may pay at the time of service.

To use, you must purchase an individual Marketplace Silver Level plan.

Use the chart below to estimate if you are eligible.

		NUMBER OF PEOPLE IN YOUR HOUSEHOLD					
		1	2	3	4	5	6
Advanced Premium Tax Credits (APTC)	You may qualify for lower monthly premiums if your yearly income is between:	$11,770–$47,080	$15,930–$63,720	$20,090–$80,360	$24,250–$97,000	$28,410–$113,640	$32,570–$130,280
Cost-Sharing Reductions (CSR)	You may qualify for lower monthly premiums AND lower out-of-pocket costs if your yearly income is between:	$11,770–$29,425	$15,930–$39,825	$20,090–$50,225	$24,250–$60,625	$28,410–$71,025	$32,570–$81,425

Eligibility for financial help can only be determined by requesting an eligibility verification through the Health Insurance Marketplace at www.healthcare.gov. Only applicable for coverage in 2016 and in the 48 contiguous states and the District of Columbia. American Indians and Alaska Natives who are members of federally recognized tribes are eligible for cost-sharing reductions at alternative dollar thresholds.

*American Indian and Alaska Native cost-sharing reductions apply to individual plans at any Metal Level through Marketplace.

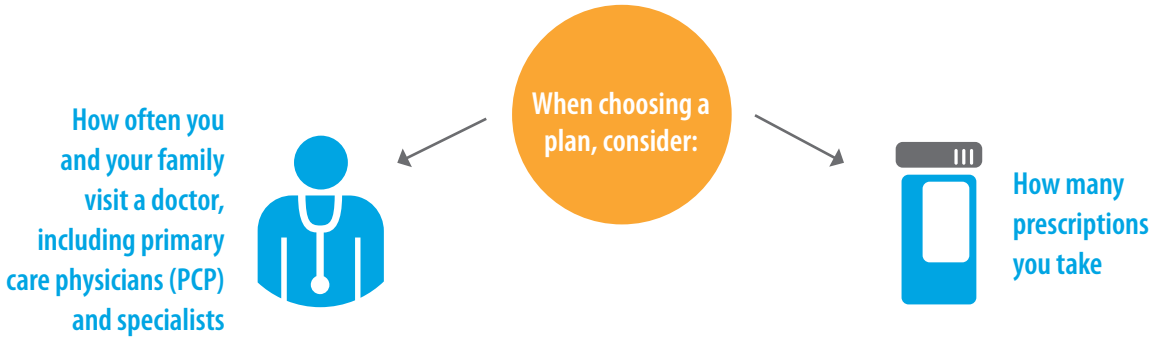
3 Enroll

When you're ready, you can enroll directly through Highmark with or without financial help. Please see the back of this brochure for information on how to contact us today. You can also enroll via the Health Insurance Marketplace.

HOW HEALTH INSURANCE PLANS WORK

Using your health insurance plan

It's important to think about how you use your medical benefits — it could have a big effect on your health care costs and your plan decision. Factoring in how often you receive care makes it easier to anticipate future health care costs — and what you may be able to afford in case of an emergency.



Highmark lets you choose from a wide variety of affordable plan options that have different levels of monthly premiums, deductibles, copays and coinsurance. When you start to compare plans, it's also important that you gain a good understanding of what services are covered and at what level and cost.

Things to keep in mind

Whenever you're shopping for health insurance coverage, here are a few extra things to remember:

No Referrals

All Highmark plans let you see a specialist without needing a referral from your primary care doctor, so you can get the care that you need when you need it.

Emergency Coverage

No matter which Highmark plan you choose, emergency care is covered at in-network rates at any emergency room.

National Coverage

Highmark is part of the Blue Cross Blue Shield network, so you have access to over 92% of all physicians and more than 97% of all hospitals across the country.

Questions? Please call 1-855-329-0682 (TTY/TDD users may dial 711).

HOW HEALTH INSURANCE PLANS WORK

Most health insurance plans have three different stages that determine how much you and your health insurance company pay for health care services:

1. *Before you meet your deductible*
2. *After you meet your deductible*
3. *When you reach your out-of-pocket maximum*

Before you meet your deductible

Each plan year begins with a new deductible. You personally pay out of pocket for your medical services until your expenses total the amount of your deductible. Then, your plan pays for its share of covered services. Remember that your insurance company pays 100% of many preventive care services, which are not subject to your deductible as long as you visit an in-network provider. And many plans have copays for common services in advance of the deductible.

$1,000 DEDUCTIBLE

YOU PAY:	100% (+ copays)
PLAN PAYS:	0%

For example: If your plan has a $1,000 deductible and you pay $800 in covered medical costs, you must spend $200 more in medical fees to meet your $1,000 deductible (copays do not go toward meeting your deductible).

After you meet your deductible

Once you have paid your deductible, you only pay for part of your care. During this stage, you pay a percentage (coinsurance) of some medical costs and/or a flat fee (copay) for others. You'll continue to pay coinsurance and copays until you reach your out-of-pocket maximum for the year.

20% COINSURANCE

YOU PAY:	20% (+ copays)
PLAN PAYS:	80%

For example: Let's say you visit the doctor after you've met your deductible, and your plan has a $20 office visit copay and 20% coinsurance. That means you pay a fixed $20 fee (your copay) for your appointment. If your doctor performs a special service, such as a blood test, you may also pay 20% of that cost (your coinsurance).

When you reach your out-of-pocket maximum

Your out-of-pocket maximum is the most you will be asked to pay from your own pocket during any given plan year. After that, your health insurance company pays 100% of the plan allowance for covered in-network care. Your deductible, coinsurance and copays all go toward meeting your out-of-pocket maximum.

OUT-OF-POCKET MAXIMUM

YOU PAY:	$0
PLAN PAYS:	100%

For example: If your plan has a $6,350 out-of-pocket maximum and you spend $6,350 in covered medical services, your plan pays for 100% of your covered in-network care for the rest of the plan year. You'll still need to keep paying your monthly premium after you meet your out-of-pocket maximum.

COMPARE YOUR HIGHMARK PLAN OPTIONS

Highmark has the plan options you need

We have a wide variety of affordable plan options that can work for any budget — including our most popular plans with copays for many services, even before you meet your deductible. All of the plans include Essential Health Benefits from the Affordable Care Act, and many plans are available across all metal levels.

Does this sound like you?	Then this plan might be a good choice.	Metal levels:
I want a plan where I pay a lower monthly premium and more at the point of service.	**HDHP Blue EPO** is a high-deductible health plan. You pay all costs until your deductible is met. After that, your health insurance company pays 100% of the plan allowance for covered in-network care for the remainder of the plan year.	Bronze Only
	Health Savings Embedded Blue EPO and **Health Savings Blue EPO** plans are qualified high-deductible health plans that offer the tax and savings advantages of a Health Savings Account (HSA). You pay all costs until your deductible is met. After that, your health insurance company pays 100% of the plan allowance for covered in-network care for the remainder of the plan year.	Bronze, Silver, Gold
I want some copays with coverage right from the start.	**Shared Cost Blue PPO and EPO** plans have copays with coverage for some services right from the start. For other services, you need to meet your deductible before we pay for your care. These plans have a wide range of deductibles.	Bronze, Silver, Gold and Platinum
I want more coordinated care from my providers.	The **PCMH Blue EPO** plan offers personalized service. When you visit a primary care doctor who participates in our program, this doctor coordinates all your care. You will pay lower costs on generic drugs and visits to a primary care doctor who participates in our PCMH program.	Silver, Gold
I am under 30 and looking for some of the lowest cost coverage.	If you are under 30 (or if you meet financial hardship requirements), **Major Events Blue EPO** plans provide basic coverage. And you get the protection you need in case of an emergency.	Catastrophic

All of the Highmark Delaware plan options above **include 10 essential health benefits (EHBs):**

- ✓ Ambulatory services, such as primary care and specialist visits.
- ✓ Maternity and newborn care.
- ✓ Emergency services.
- ✓ Prescription drugs, including retail and mail order.
- ✓ Pediatric services, including oral and vision care.
- ✓ Mental health and substance abuse services.
- ✓ Rehabilitative services and devices.
- ✓ Hospitalization.
- ✓ Laboratory services.
- ✓ No-cost preventive and wellness services, and chronic disease management.

REAL-WORLD EXAMPLES

These scenarios may help you better understand which plan option might work best for you:

Jeri is in her 40s, has three kids and lots of doctor visits. She is looking for a plan that gives her **"the most copays,"** so she isn't surprised later.

She is considering Shared Cost Blue PPO, Shared Cost Blue EPO, or PCMH Blue EPO.

Josh is 35 and healthy but very budget-conscious. He wants a plan with **"low premiums."**

He is considering HDHP Blue EPO.

Paul and Anna are in their 40s. They are pretty healthy and like to find ways to **"keep their taxes low every year."**

They are considering Health Savings Blue EPO.

Kelly is 28 and in good health. She doesn't get sick often and is only looking for coverage **"in case of an emergency."**

She is considering Major Events Blue EPO.*

**Major Events plans are only available for individuals and families under 30 years of age or are based on a financial hardship.*

This information is for illustrative purposes only and is intended to provide general information and does not attempt to give you advice based on your specific circumstances.

2016 HIGHMARK PLAN OPTIONS

The chart below shows your costs as a member.

	PPO		EPO				
Plan Type	SHARED COST						
Metal Level	Gold	Gold	Bronze	Silver	Silver	Gold	Gold
Plan Name	Shared Cost Blue PPO 1500	Shared Cost Blue PPO 1800 Rewards*	Shared Cost Blue EPO 6000	Shared Cost Blue EPO 3000	Shared Cost Blue EPO 4000	Shared Cost Blue EPO 0	Shared Cost Blue EPO 750
Deductible (Individual)	In-Network: $1,500 Out-of-Network: $3,000	In-Network: $1,800 Out-of-Network: $3,600	$6,000	$3,000	$4,000	$0	$750
Deductible (Family)[1,2]	In-Network: $3,000 Out-of-Network: $6,000	In-Network: $3,600 Out-of-Network: $7,200	$12,000	$6,000	$8,000	$0	$1,500
Out-of-Pocket Maximum (Individual)[3]	In-Network: $3,500 Out-of-Network: $7,000	In-Network: $3,500 Out-of-Network: $7,000	$6,850	$6,850	$6,850	$6,000	$3,750
Out-of-Pocket Maximum (Family)[3]	In-Network: $7,000 Out-of-Network: $14,000	In-Network: $7,000 Out-of-Network: $14,000	$13,700	$13,700	$13,700	$12,000	$7,500
Coinsurance (after deductible)	In-Network: 0% Out-of-Network: 40%	In-Network: 0% Out-of-Network: 40%	10%	25%	20%	20%	20%
Primary Care Visit	$30 copay	$20 copay	$25 copay	$30 copay	$20 copay	$35 copay	$25 copay
Specialist or Urgent Care Visit	$40 copay	$40 copay	10% after deductible	$50 copay	Specialist: 20% after deductible; Urgent Care: $75 copay	$60 copay	$35 copay
Emergency Room Visit	$250 copay	$150 copay	10% after deductible	$150 copay	$350 copay	$250 copay	$250 copay
Inpatient Hospital Services	0% after deductible	0% after deductible	10% after deductible	25% after deductible	20% after deductible	$500 copay a day for 5 days, 0% thereafter	20% after deductible
Diagnostic X-rays and Lab[7]	X-rays: 0% after deductible Lab: $25 copay	X-rays: $35 copay Lab: $25 copay	X-rays: 10% after deductible Lab: $50 copay	X-rays: $35 copay Lab: $25 copay	X-rays: 20% after deductible Lab: $20 copay	X-rays: $45 copay Lab: $35 copay	X-rays: 20% after deductible Lab: $25 copay
Prescription Drug Coverage[4]	Generic: $15 copay; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	Generic: $15 copay; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	50% after deductible	Generic: $15 copay; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	Generic: $15 copay; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	Generic: $15 copay; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	Generic: $15 copay; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]
Healthy Rewards	No	Yes	No	No	No	No	No
Pediatric Dental Services[5]	Exam/Cleaning: 0%; All other benefits: 50% coinsurance	Exam/Cleaning: 0%; All other benefits: 50% coinsurance	Exam/Cleaning: 0%; All other benefits: 50% coinsurance	Exam/Cleaning: 0%; All other benefits: 50% coinsurance	Exam/Cleaning: 0%; All other benefits: 50% coinsurance	Exam/Cleaning: 0%; All other benefits: 50% coinsurance	Exam/Cleaning: 0%; All other benefits: 50% coinsurance
Pediatric Vision Services[5]	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%

***Health plan with Healthy Rewards:** You and your spouse or domestic partner, or dependents 18 or older, can get a $50 reward. Confirm that you/your family will visit a doctor within the plan year and complete the Wellness Profile. The online Wellness Profile is a self-assessment of your health.

2016 HIGHMARK PLAN OPTIONS

The chart below shows your costs as a member.

	EPO						
Plan Type	SHARED COST			HEALTH SAVINGS			HDHP
Metal Level	Gold	Gold	Platinum	Bronze	Silver	Gold	Bronze
Plan Name	Shared Cost Blue EPO 1000	Shared Cost Blue EPO 1550	Shared Cost Blue EPO 300	Health Savings Embedded Blue EPO 6300 Rewards	Health Savings Embedded Blue EPO 3400	Health Savings Blue EPO 2000	HDHP Blue EPO 6850
Deductible (Individual)	$1,000	$1,550	$300	$6,300	$3,400	$2,000	$6,850
Deductible (Family)[1,2]	$2,000	$3,100	$600	$12,600	$6,800	$4,000	$13,700
Out-of-Pocket Maximum (Individual)[3]	$3,000	$2,500	$1,300	$6,300	$3,400	$2,000	$6,850
Out-of-Pocket Maximum (Family)[3]	$6,000	$5,000	$2,600	$12,600	$6,800	$4,000	$13,700
Coinsurance (after deductible)	20%	0%	10%	0%	0%	0%	0%
Primary Care Visit	$25 copay	0% after deductible	$10 copay	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Specialist or Urgent Care Visit	$45 copay	0% after deductible	$20 copay	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency Room Visit	$150 copay	0% after deductible	$250 copay	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient Hospital Services	20% after deductible	0% after deductible	10% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Diagnostic X-rays and Lab[7]	X-rays: $35 copay Lab: $25 copay	0% after deductible	X-rays: 10% after deductible Lab: $10 copay	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Prescription Drug Coverage[4]	Generic: $15 copay; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	Generic: $15 copay; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	Generic: $15 copay; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Healthy Rewards	No	No	No	No	No	No	No
Pediatric Dental Services[5]	Exam/Cleaning: 0%; All other benefits: 50% coinsurance	Exam/Cleaning: 0%; All other benefits: 50% coinsurance	Exam/Cleaning: 0%; All other benefits: 50% coinsurance	Exam/Cleaning: 0%; All other benefits: 0% after deductible	Exam/Cleaning: 0%; All other benefits: 0% after deductible	Exam/Cleaning: 0%; All other benefits: 0% after deductible	Exam/Cleaning: 0%; All other benefits: 0% after deductible
Pediatric Vision Services[5]	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0% Frames/Lenses: 0% after deductible

2016 HIGHMARK PLAN OPTIONS

The chart below shows your costs as a member.

	EPO						
Plan Type	PCMH				MAJOR EVENTS	MULTI-STATE	
Metal Level	Silver	Silver	Gold	Gold	Catastrophic	Silver	Gold
Plan Name	PCMH Blue EPO 2300**	PCMH Blue EPO 2800**	PCMH Blue EPO 900**	PCMH Blue EPO 1200**	Major Events Blue EPO 6850	Blue Cross Blue Shield Shared Cost 3100, a Multi-State Plan	Blue Cross Blue Shield Health Savings 2100, a Multi-State Plan
Deductible (Individual)	$2,300	$2,800	$900	$1,200	$6,850	$3,100	$2,100
Deductible (Family)[1,2]	$4,600	$5,600	$1,800	$2,400	$13,700	$6,200	$4,200
Out-of-Pocket Maximum (Individual)[3]	$6,850	$6,850	$2,700	$3,750	$6,850	$6,850	$2,100
Out-of-Pocket Maximum (Family)[3]	$13,700	$13,700	$5,400	$7,500	$13,700	$13,700	$4,200
Coinsurance (after deductible)	25%	25%	10%	20%	0%	25%	0%
Primary Care Visit	PCMH PCP: $20 copay; Non-PCMH: $40 copay	PCMH PCP: $20 copay; Non-PCMH: $60 copay	PCMH PCP: $25 copay; Non-PCMH: $50 copay	PCMH PCP: $30 copay; Non-PCMH: $60 copay	0% after deductible; Eligible for 3 PCP visits prior to deductible	$30 copay	0% after deductible
Specialist or Urgent Care Visit	$60 copay	$90 copay	$60 copay	$70 copay	0% after deductible	$50 copay	0% after deductible
Emergency Room Visit	$350 copay	$350 copay	$150 copay	$250 copay	0% after deductible	$150 copay	0% after deductible
Inpatient Hospital Services	25% after deductible	25% after deductible	10% after deductible	20% after deductible	0% after deductible	25% after deductible	0% after deductible
Diagnostic X-rays and Lab[7]	$60 copay	$90 copay	Xrays: $40 copay Lab: $30 copay	Xrays: $40 copay Lab: $30 copay	0% after deductible	X-rays: $35 copay Lab: $25 copay	0% after deductible
Prescription Drug Coverage[4]	Low-Cost Generic: $3; Standard Generic: $10; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	Low-Cost Generic: $3; Standard Generic: $10; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	Low-Cost Generic: $3; Standard Generic: $10; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	Low-Cost Generic: $3; Standard Generic: $10; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	0% after deductible	Generic: $15 copay; Brand Formulary and Non-Formulary: 20% (not subject to deductible)[6]	0% after deductible
Healthy Rewards	No	No	No	No	No	No	No
Pediatric Dental Services[5]	Exam/Cleaning: 0%; All other benefits: 50% after deductible	Exam/Cleaning: 0%; All other benefits: 50% after deductible	Exam/Cleaning: 0%; All other benefits: 50% after deductible	Exam/Cleaning: 0%; All other benefits: 50% after deductible	0% after deductible	Exam/Cleaning: 0%; All other benefits: 50% coinsurance	Exam/Cleaning: 0%; All other benefits: 0% after deductible
Pediatric Vision Services[5]	Exam: 0% Frames/Lenses: 0% after deductible	Exam: 0% Frames/Lenses: 0% after deductible	Exam: 0% Frames/Lenses: 0% after deductible	Exam: 0% Frames/Lenses: 0% after deductible	0% after deductible	Exam: 0% Frames/Lenses: 0% after deductible	Exam: 0% Frames/Lenses: 0% after deductible

**PCMH plans offer $3 low-cost generic drugs.

Questions? Please call 1-855-329-0682 (TTY/TDD users may dial 711).

DISCLOSURE

[1]Shared Cost, PCMH, Major Events, HDHP and Health Savings *Embedded* Plan Family Deductible: For an Agreement covering more than one (1) family member, as each Member satisfies their individual Deductible, the Plan will begin to pay benefits for Covered Services for that Member for the remainder of the Benefit Period, whether or not the entire family Deductible has been satisfied. When the family Deductible has been satisfied, the family Deductible will be considered to have been satisfied for all remaining covered family members. No individual Member may satisfy the entire family Deductible.

[2]Health Savings Plan Family Deductible: For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services for ANY family member. The family deductible can be satisfied by an individual family member or a combination of one or more family members.

[3]You are responsible for out-of-pocket costs each Benefit Period up to a maximum amount shown. Thereafter, the Plan pays 100% of the Plan Allowance during the remainder of the Benefit Period. This amount does not include amounts in excess of the Plan Allowance.

[4]The plan utilizes the HCR Comprehensive Formulary on the National Plus Network. Mail order available.

[5]Vision benefits utilize the Davis National Network. Pediatric Dental benefits utilize United Concordia's Alliance Network.

[6]Prescription drug copay for up to a 90 day supply (Retail): $15 generic; 20% brand formulary and non-formulary. For PCMH plans only $3 low-cost generic; $10 generic; 20% brand formulary and non-formulary.

[7]Laboratory and Diagnostic Services require one copay per date of service and type of service. Advanced Imaging includes but is not limited to CAT Scan, CTA, MRI, MRA, PET Scan and PET/CT Scan.

Health Savings Plans are Qualified High Deductible Health Plans that may be coupled with a Health Savings Account (HSA). However, certain Cost-Sharing Reductions (CSR) or plan variations of this plan that are offered through the Health Insurance Marketplace are not intended to be used with an HSA. The HDHP plan is not a "qualified" high deductible health plan and may not be coupled with a Health Savings Account. If you have questions, please check with your financial advisor.

Multi-State Plans are only available for enrollment through the Health Insurance Marketplace.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association. Highmark is a registered mark of Highmark Inc. Information regarding the Patient Protection and Affordable Care Act of 2010 (a.k.a. "PPACA", "Affordable Care Act", "ACA", and/or "Health Care Reform"), as amended, and/or any other law, does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws. State laws may be applicable. Any review of materials, request for information, or application does not obligate you to enroll for coverage. The benefits listed are a summary. Please request the Outline of Coverage for details on benefits, conditions and exclusions. Federal and state laws and regulations govern health insurance and health plans may vary from state to state. Highmark Blue Cross Blue Shield Delaware does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations. We are committed to providing outstanding services for our applicants and members. If you require special assistance, including accommodations for disabilities or limited English proficiency, please call us at 1-855-329-0682 to request these free services (TTY/TDD users may call 711). To find more information about Highmark's benefits and operating procedures, such as accessing the drug formulary or using network providers, please go to DiscoverHighmark.com/QualityAssurance; or for a paper copy, call 1-855-873-4109.

Highmark Blue Cross Blue Shield Delaware is a Qualified Health Plan issuer in the Health Insurance Marketplace.

Blues On Call is a service mark of the Blue Cross and Blue Shield Association.

My Care Navigator[SM] is a service mark of Highmark Inc.

Any cash or cash equivalent reward (for example, a debit card) you receive for satisfying program requirements may result in taxable income to you. Consult your tax advisor for further information.

If you are looking for additional plan details, each plan's Summary of Benefits and Coverage is available online at HighmarkBCBSDE.com/sbc/bcbsde. With this information, you'll be able to shop and compare with confidence. If you do not have online access, you can get a paper copy of any Summary of Benefits free of charge by calling toll-free 1-855-329-0682.

GLOSSARY

Important terms to know

Coinsurance

The part of a medical bill that you pay after reaching your deductible. For example, if your medical bill is $100 and your coinsurance is 20%, you pay $20. The insurance company pays $80.

The percentage of coinsurance that you pay can vary between plans, and it's important to realize that the amount you pay could be lower if you qualify for cost-sharing reductions.

Copayments

Copayments (or copays) are fixed, upfront dollar amounts that you pay each time you receive certain health care services.

Many plans offer copays that give you the security of knowing your costs in advance. Also, it's important to remember that all plans cover preventive services with no cost sharing. There are no copays or coinsurance for in-network preventive services like annual check-ups, mammograms and colonoscopies.

Deductible

The dollar amount you must pay each benefit period (usually a year) for your health care expenses before your plan begins to pay. For example, if you have a $500 deductible, that's the amount you will pay before your plan will pay for covered in-network services.

When picking your plan, you should choose the one with the highest deductible amount that you can comfortably pay in a calendar year. Some services may not require you to meet a deductible before your plan pays. We offer a variety of deductibles — so you're sure to find a plan that fits your needs and budget.

Embedded

An embedded deductible has two components, an individual deductible and a family deductible. This allows for each family member to have medical bills covered before the family deductible is met. The individual deductibles add up to meet the family deductible.

Formulary

A formulary is a list of prescription drugs that are covered by your health insurance plan.

A drug's formulary status affects how much you pay for each drug. It's important to make sure the prescriptions you need are covered in your plan's formulary.

In-network providers

These are health care providers who have an agreement with the health plan pertaining to payment as a network participant.

Out-of-network providers

Health care providers who do not have an agreement with the plan where they can be considered a network participant.

You usually pay more when you use out-of-network health care providers.

Out-of-pocket maximum

The highest amount you will need to pay each benefit period (usually a year) for covered in-network care before your insurance company pays 100%.

For example, if your out-of-pocket maximum is $2,000, once you have paid $2,000 the insurance company pays for 100% of the plan allowance for covered in-network care. This does not include any services not covered by your plan.

PCMH

The Patient Centered Medical Home (PCMH) is a new health care model. It focuses on the coordination of a patient's health needs, with the primary doctor's office as the central hub or "home." It helps people with a medical condition manage their health care needs.

Blue Distinction® Total Care

To select a PCMH provider, please look for the "Blue Distinction Total Care" symbol.

Premium

Your monthly premium is the amount you pay each month for your health insurance.

Usually, plans that have a higher deductible have a lower monthly premium, while plans with a lower deductible will likely have a higher premium.

CALCULATING YOUR BASE MONTHLY RATE

This brochure lists monthly base rates. The base rate is the maximum amount you will pay every month before applying any Advanced Premium Tax Credit (APTC) that you may be eligible to receive. If you qualify for financial help, your rate will be less than the base rate.

To calculate how much you will pay each month for your health coverage:

1. Identify the names and ages of all family members for whom you are buying coverage.
2. Find the plan rate in the enclosed pages for the county where the contract holder* has a permanent mailing address.
3. The plans we offer are listed across the top of the page(s). Locate the plan(s) that interest you.
4. In the "Age" column on the left of the page, locate the age of each family member who will be covered on the policy. Please use the age on the first date of coverage.
5. Match the age(s) to the rate(s) under the plans you are considering.
6. If the individual family member has not used a tobacco product in the last six months, use the rate in the "Non-Tobacco" column for that member.** Rates for children under age 21 are strictly "Non- Tobacco."
7. If an individual family member has used a tobacco product in the last six months, use the rate in the "Tobacco" column for that member.**
8. For two-parent families with more than three children under age 21: Only include rates for you, your spouse/domestic partner, children between ages 21-26, and/or three oldest children under age 21. Your policy automatically covers your remaining children. Please include them on your application as eligible dependents, but without a rate listed with their names.
9. Use the chart in this guide to list the rates for each family member for your plan option.
10. Add the numbers in the "Rate" columns to find your total base monthly rate for your plan options.

Child-only policies are available. Each child enrolling in a policy without at least one parent must enroll under a separate policy.

Catastrophic coverage plans. Only individuals and their families under age 30, or those who meet financial hardship requirements, qualify. Go to healthcare.gov for more information.

*If you are over 21 years of age, find the county where you reside. If you are under 21 years of age, either find the county where you reside, or the county where you reside with your parent or guardian.
**This does not include the religious or ceremonial use of tobacco.

TO BE ELIGIBLE FOR FINANCIAL HELP

Submit an application online at DiscoverHighmark.com, or through the Marketplace at HealthCare.gov or 1-800-318-2596. Eligibility for financial help is based on your household income, the number of people in your household, your health coverage needs, and other factors. You do not need to provide a medical history. Filling out the application may take up to 30 minutes. You will see your calculated savings immediately online.

When you apply, make sure you have:

a. Social Security Numbers (or document numbers for legal immigrants) for everyone in your family who needs to have health coverage
b. Employer and income information for everyone in your family who needs to have health coverage
c. Health insurance policy numbers for anyone who currently has health coverage

DO NOT CANCEL ANY CURRENT HEALTH INSURANCE COVERAGE IN RELIANCE ON THIS INFORMATION.

These premium rates are subject to change at any time. Premium rates are valid as of the start date of coverage and are calculated according to the information that you have entered. This document is not a contract. The complete terms, provisions, and conditions concerning coverage are described in the actual policy. Please contact us for specific requirements.

FIRST CHOICE		
Plan Name		
	AGE	RATE
Contract Holder		
Spouse/Domestic Partner		
Dependent* 1		
Dependent* 2		
Dependent* 3		
TOTAL BASE MONTHLY RATE		

SECOND CHOICE		
Plan Name		
	AGE	RATE
Contract Holder		
Spouse/Domestic Partner		
Dependent* 1		
Dependent* 2		
Dependent* 3		
TOTAL BASE MONTHLY RATE		

*List all children between ages 21-26 and or/three oldest children under age 21. Rates for children under age 21 are strictly "Non-Tabacco."

RATES FOR YOUR COUNTY — Kent, New Castle, and Sussex

Age	PPO				EPO					
	SHARED COST									
	Gold		Gold		Bronze		Silver		Silver	
	Shared Cost Blue PPO 1500		Shared Cost Blue PPO 1800 Rewards		Shared Cost Blue EPO 6000		Shared Cost Blue EPO 3000		Shared Cost Blue EPO 4000	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	$221.25	$221.25	$220.71	$220.71	$149.75	$149.75	$188.45	$188.45	$176.79	$176.79
21	$348.42	$357.13	$347.57	$356.26	$235.82	$241.72	$296.77	$304.19	$278.41	$285.37
22	$348.42	$357.13	$347.57	$356.26	$235.82	$241.72	$296.77	$304.19	$278.41	$285.37
23	$348.42	$357.13	$347.57	$356.26	$235.82	$241.72	$296.77	$304.19	$278.41	$285.37
24	$348.42	$357.13	$347.57	$356.26	$235.82	$241.72	$296.77	$304.19	$278.41	$285.37
25	$349.81	$358.56	$348.96	$357.68	$236.76	$242.68	$297.96	$305.41	$279.52	$286.51
26	$356.78	$365.70	$355.91	$364.81	$241.48	$247.52	$303.89	$311.49	$285.09	$292.22
27	$365.14	$374.27	$364.25	$373.36	$247.14	$253.32	$311.01	$318.79	$291.77	$299.06
28	$378.73	$388.20	$377.81	$387.26	$256.34	$262.75	$322.59	$330.65	$302.63	$310.20
29	$389.88	$399.63	$388.93	$398.65	$263.88	$270.48	$332.09	$340.39	$311.54	$319.33
30	$395.46	$405.35	$394.49	$404.35	$267.66	$274.35	$336.83	$345.25	$316.00	$323.90
31	$403.82	$413.92	$402.83	$412.90	$273.32	$280.15	$343.96	$352.56	$322.68	$330.75
32	$412.18	$422.48	$411.18	$421.46	$278.98	$285.95	$351.08	$359.86	$329.36	$337.59
33	$417.41	$427.85	$416.39	$426.80	$282.51	$289.57	$355.53	$364.42	$333.54	$341.88
34	$422.98	$433.55	$421.95	$432.50	$286.29	$293.45	$360.28	$369.29	$337.99	$346.44
35	$425.77	$436.41	$424.73	$435.35	$288.17	$295.37	$362.65	$371.72	$340.22	$348.73
36	$428.56	$439.27	$427.51	$438.20	$290.06	$297.31	$365.03	$374.16	$342.44	$351.00
37	$431.34	$442.12	$430.29	$441.05	$291.95	$299.25	$367.40	$376.59	$344.67	$353.29
38	$434.13	$444.98	$433.07	$443.90	$293.83	$301.18	$369.78	$379.02	$346.90	$355.57
39	$439.71	$450.70	$438.63	$449.60	$297.60	$305.04	$374.52	$383.88	$351.35	$360.13
40	$445.28	$489.81	$444.19	$488.61	$301.38	$331.52	$379.27	$417.20	$355.81	$391.39
41	$453.64	$501.27	$452.54	$500.06	$307.04	$339.28	$386.39	$426.96	$362.49	$400.55
42	$461.66	$513.37	$460.53	$512.11	$312.46	$347.46	$393.22	$437.26	$368.89	$410.21
43	$472.81	$530.02	$471.65	$528.72	$320.01	$358.73	$402.72	$451.45	$377.80	$423.51
44	$486.74	$550.99	$485.56	$549.65	$329.44	$372.93	$414.59	$469.32	$388.94	$440.28
45	$503.12	$576.07	$501.89	$574.66	$340.52	$389.90	$428.54	$490.68	$402.02	$460.31
46	$522.63	$606.25	$521.36	$604.78	$353.73	$410.33	$445.16	$516.39	$417.62	$484.44
47	$544.58	$640.97	$543.25	$639.41	$368.59	$433.83	$463.85	$545.95	$435.15	$512.17
48	$569.67	$681.33	$568.28	$679.66	$385.57	$461.14	$485.22	$580.32	$455.20	$544.42
49	$594.40	$723.38	$592.95	$721.62	$402.31	$489.61	$506.29	$616.15	$474.97	$578.04
50	$622.28	$762.29	$620.76	$760.43	$421.17	$515.93	$530.03	$649.29	$497.24	$609.12
51	$649.80	$796.01	$648.22	$794.07	$439.80	$538.76	$553.48	$678.01	$519.23	$636.06
52	$680.12	$833.15	$678.46	$831.11	$460.32	$563.89	$579.30	$709.64	$543.46	$665.74
53	$710.78	$870.71	$709.04	$868.57	$481.07	$589.31	$605.41	$741.63	$567.96	$695.75
54	$743.88	$911.25	$742.06	$909.02	$503.48	$616.76	$633.60	$776.16	$594.41	$728.15
55	$776.98	$951.80	$775.08	$949.47	$525.88	$644.20	$661.80	$810.71	$620.85	$760.54
56	$812.86	$995.75	$810.88	$993.33	$550.17	$673.96	$692.36	$848.14	$649.53	$795.67
57	$849.10	$1,040.15	$847.03	$1,037.61	$574.69	$704.00	$723.23	$885.96	$678.49	$831.15
58	$887.77	$1,087.52	$885.61	$1,084.87	$600.87	$736.07	$756.17	$926.31	$709.39	$869.00
59	$906.94	$1,111.00	$904.72	$1,108.28	$613.84	$751.95	$772.49	$946.30	$724.70	$887.76
60	$945.61	$1,158.37	$943.30	$1,155.54	$640.02	$784.02	$805.43	$986.65	$755.60	$925.61
61	$979.06	$1,199.35	$976.67	$1,196.42	$662.65	$811.75	$833.92	$1,021.55	$782.33	$958.35
62	$1,001.01	$1,226.24	$998.57	$1,223.25	$677.51	$829.95	$852.62	$1,044.46	$799.87	$979.84
63	$1,028.54	$1,259.96	$1,026.03	$1,256.89	$696.14	$852.77	$876.07	$1,073.19	$821.87	$1,006.79
64	$1,045.26	$1,280.44	$1,042.71	$1,277.32	$707.46	$866.64	$890.31	$1,090.63	$835.23	$1,023.16
65+	$1,045.26	$1,280.44	$1,042.71	$1,277.32	$707.46	$866.64	$890.31	$1,090.63	$835.23	$1,023.16

RATES FOR YOUR COUNTY — Kent, New Castle, and Sussex

Age	EPO									
	SHARED COST									
	Gold		Gold		Gold		Gold		Platinum	
	Shared Cost Blue EPO 0		Shared Cost Blue EPO 750		Shared Cost Blue EPO 1000		Shared Cost Blue EPO 1550		Shared Cost Blue EPO 300	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	$222.88	$222.88	$220.43	$220.43	$224.24	$224.24	$224.78	$224.78	$267.71	$267.71
21	$350.99	$359.76	$347.13	$355.81	$353.13	$361.96	$353.98	$362.83	$421.59	$432.13
22	$350.99	$359.76	$347.13	$355.81	$353.13	$361.96	$353.98	$362.83	$421.59	$432.13
23	$350.99	$359.76	$347.13	$355.81	$353.13	$361.96	$353.98	$362.83	$421.59	$432.13
24	$350.99	$359.76	$347.13	$355.81	$353.13	$361.96	$353.98	$362.83	$421.59	$432.13
25	$352.39	$361.20	$348.52	$357.23	$354.54	$363.40	$355.40	$364.29	$423.28	$433.86
26	$359.41	$368.40	$355.46	$364.35	$361.61	$370.65	$362.48	$371.54	$431.71	$442.50
27	$367.84	$377.04	$363.79	$372.88	$370.08	$379.33	$370.97	$380.24	$441.83	$452.88
28	$381.53	$391.07	$377.33	$386.76	$383.85	$393.45	$384.78	$394.40	$458.27	$469.73
29	$392.76	$402.58	$388.44	$398.15	$395.15	$405.03	$396.10	$406.00	$471.76	$483.55
30	$398.37	$408.33	$393.99	$403.84	$400.80	$410.82	$401.77	$411.81	$478.50	$490.46
31	$406.80	$416.97	$402.32	$412.38	$409.28	$419.51	$410.26	$420.52	$488.62	$500.84
32	$415.22	$425.60	$410.65	$420.92	$417.75	$428.19	$418.76	$429.23	$498.74	$511.21
33	$420.49	$431.00	$415.86	$426.26	$423.05	$433.63	$424.07	$434.67	$505.06	$517.69
34	$426.10	$436.75	$421.42	$431.96	$428.70	$439.42	$429.73	$440.47	$511.81	$524.61
35	$428.91	$439.63	$424.19	$434.79	$431.52	$442.31	$432.56	$443.37	$515.18	$528.06
36	$431.72	$442.51	$426.97	$437.64	$434.35	$445.21	$435.40	$446.29	$518.56	$531.52
37	$434.53	$445.39	$429.75	$440.49	$437.17	$448.10	$438.23	$449.19	$521.93	$534.98
38	$437.33	$448.26	$432.52	$443.33	$440.00	$451.00	$441.06	$452.09	$525.30	$538.43
39	$442.95	$454.02	$438.08	$449.03	$445.65	$456.79	$446.72	$457.89	$532.05	$545.35
40	$448.57	$493.43	$443.63	$487.99	$451.30	$496.43	$452.39	$497.63	$538.79	$592.67
41	$456.99	$504.97	$451.96	$499.42	$459.78	$508.06	$460.88	$509.27	$548.91	$606.55
42	$465.06	$517.15	$459.95	$511.46	$467.90	$520.30	$469.02	$521.55	$558.61	$621.17
43	$476.29	$533.92	$471.06	$528.06	$479.20	$537.18	$480.35	$538.47	$572.10	$641.32
44	$490.33	$555.05	$484.94	$548.95	$493.32	$558.44	$494.51	$559.79	$588.96	$666.70
45	$506.83	$580.32	$501.26	$573.94	$509.92	$583.86	$511.15	$585.27	$608.78	$697.05
46	$526.49	$610.73	$520.70	$604.01	$529.70	$614.45	$530.97	$615.93	$632.39	$733.57
47	$548.60	$645.70	$542.56	$638.59	$551.94	$649.63	$553.27	$651.20	$658.95	$775.58
48	$573.87	$686.35	$567.56	$678.80	$577.37	$690.53	$578.76	$692.20	$689.30	$824.40
49	$598.79	$728.73	$592.20	$720.71	$602.44	$733.17	$603.89	$734.93	$719.23	$875.30
50	$626.87	$767.92	$619.97	$759.46	$630.69	$772.60	$632.21	$774.46	$752.96	$922.38
51	$654.60	$801.89	$647.40	$793.07	$658.59	$806.77	$660.17	$808.71	$786.27	$963.18
52	$685.13	$839.28	$677.60	$830.06	$689.31	$844.40	$690.97	$846.44	$822.94	$1,008.10
53	$716.02	$877.12	$708.15	$867.48	$720.39	$882.48	$722.12	$884.60	$860.04	$1,053.55
54	$749.36	$917.97	$741.12	$907.87	$753.93	$923.56	$755.75	$925.79	$900.09	$1,102.61
55	$782.71	$958.82	$774.10	$948.27	$787.48	$964.66	$789.38	$966.99	$940.15	$1,151.68
56	$818.86	$1,003.10	$809.85	$992.07	$823.85	$1,009.22	$825.84	$1,011.65	$983.57	$1,204.87
57	$855.36	$1,047.82	$845.96	$1,036.30	$860.58	$1,054.21	$862.65	$1,056.75	$1,027.41	$1,258.58
58	$894.32	$1,095.54	$884.49	$1,083.50	$899.78	$1,102.23	$901.94	$1,104.88	$1,074.21	$1,315.91
59	$913.63	$1,119.20	$903.58	$1,106.89	$919.20	$1,126.02	$921.41	$1,128.73	$1,097.40	$1,344.32
60	$952.59	$1,166.92	$942.11	$1,154.08	$958.39	$1,174.03	$960.70	$1,176.86	$1,144.20	$1,401.65
61	$986.28	$1,208.19	$975.44	$1,194.91	$992.30	$1,215.57	$994.68	$1,218.48	$1,184.67	$1,451.22
62	$1,008.39	$1,235.28	$997.30	$1,221.69	$1,014.54	$1,242.81	$1,016.98	$1,245.80	$1,211.23	$1,483.76
63	$1,036.12	$1,269.25	$1,024.73	$1,255.29	$1,042.44	$1,276.99	$1,044.95	$1,280.06	$1,244.53	$1,524.55
64	$1,052.97	$1,289.89	$1,041.39	$1,275.70	$1,059.39	$1,297.75	$1,061.94	$1,300.88	$1,264.77	$1,549.34
65+	$1,052.97	$1,289.89	$1,041.39	$1,275.70	$1,059.39	$1,297.75	$1,061.94	$1,300.88	$1,264.77	$1,549.34

RATES FOR YOUR COUNTY — Kent, New Castle, and Sussex

Age	EPO									
	HEALTH SAVINGS						HDHP		PCMH	
	Bronze		Silver		Gold		Bronze		Silver	
	Health Savings Embedded Blue EPO 6300 Rewards		Health Savings Embedded Blue EPO 3400		Health Savings Blue EPO 2000		HDHP Blue EPO 6850		PCMH Blue EPO 2300	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	$140.68	$140.68	$175.76	$175.76	$212.55	$212.55	$135.15	$135.15	$187.19	$187.19
21	$221.55	$227.09	$276.78	$283.70	$334.73	$343.10	$212.83	$218.15	$294.78	$302.15
22	$221.55	$227.09	$276.78	$283.70	$334.73	$343.10	$212.83	$218.15	$294.78	$302.15
23	$221.55	$227.09	$276.78	$283.70	$334.73	$343.10	$212.83	$218.15	$294.78	$302.15
24	$221.55	$227.09	$276.78	$283.70	$334.73	$343.10	$212.83	$218.15	$294.78	$302.15
25	$222.44	$228.00	$277.89	$284.84	$336.07	$344.47	$213.68	$219.02	$295.96	$303.36
26	$226.87	$232.54	$283.42	$290.51	$342.76	$351.33	$217.94	$223.39	$301.85	$309.40
27	$232.18	$237.98	$290.07	$297.32	$350.80	$359.57	$223.05	$228.63	$308.93	$316.65
28	$240.82	$246.84	$300.86	$308.38	$363.85	$372.95	$231.35	$237.13	$320.43	$328.44
29	$247.91	$254.11	$309.72	$317.46	$374.56	$383.92	$238.16	$244.11	$329.86	$338.11
30	$251.46	$257.75	$314.15	$322.00	$379.92	$389.42	$241.56	$247.60	$334.58	$342.94
31	$256.78	$263.20	$320.79	$328.81	$387.95	$397.65	$246.67	$252.84	$341.65	$350.19
32	$262.09	$268.64	$327.43	$335.62	$395.99	$405.89	$251.78	$258.07	$348.72	$357.44
33	$265.42	$272.06	$331.58	$339.87	$401.01	$411.04	$254.97	$261.34	$353.15	$361.98
34	$268.96	$275.68	$336.01	$344.41	$406.36	$416.52	$258.38	$264.84	$357.86	$366.81
35	$270.73	$277.50	$338.23	$346.69	$409.04	$419.27	$260.08	$266.58	$360.22	$369.23
36	$272.51	$279.32	$340.44	$348.95	$411.72	$422.01	$261.78	$268.32	$362.58	$371.64
37	$274.28	$281.14	$342.65	$351.22	$414.40	$424.76	$263.48	$270.07	$364.94	$374.06
38	$276.05	$282.95	$344.87	$353.49	$417.07	$427.50	$265.19	$271.82	$367.30	$376.48
39	$279.60	$286.59	$349.30	$358.03	$422.43	$432.99	$268.59	$275.30	$372.01	$381.31
40	$283.14	$311.45	$353.72	$389.09	$427.78	$470.56	$272.00	$299.20	$376.73	$414.40
41	$288.46	$318.75	$360.37	$398.21	$435.82	$481.58	$277.10	$306.20	$383.80	$424.10
42	$293.55	$326.43	$366.73	$407.80	$443.52	$493.19	$282.00	$313.58	$390.58	$434.32
43	$300.64	$337.02	$375.59	$421.04	$454.23	$509.19	$288.81	$323.76	$400.02	$448.42
44	$309.51	$350.37	$386.66	$437.70	$467.62	$529.35	$297.32	$336.57	$411.81	$466.17
45	$319.92	$366.31	$399.67	$457.62	$483.35	$553.44	$307.33	$351.89	$425.66	$487.38
46	$332.33	$385.50	$415.17	$481.60	$502.10	$582.44	$319.25	$370.33	$442.17	$512.92
47	$346.28	$407.57	$432.61	$509.18	$523.18	$615.78	$332.65	$391.53	$460.74	$542.29
48	$362.23	$433.23	$452.54	$541.24	$547.28	$654.55	$347.98	$416.18	$481.97	$576.44
49	$377.96	$459.98	$472.19	$574.66	$571.05	$694.97	$363.09	$441.88	$502.89	$612.02
50	$395.69	$484.72	$494.33	$605.55	$597.83	$732.34	$380.11	$465.63	$526.48	$644.94
51	$413.19	$506.16	$516.19	$632.33	$624.27	$764.73	$396.93	$486.24	$549.76	$673.46
52	$432.47	$529.78	$540.27	$661.83	$653.39	$800.40	$415.44	$508.91	$575.41	$704.88
53	$451.96	$553.65	$564.63	$691.67	$682.85	$836.49	$434.17	$531.86	$601.35	$736.65
54	$473.01	$579.44	$590.93	$723.89	$714.65	$875.45	$454.39	$556.63	$629.36	$770.97
55	$494.06	$605.22	$617.22	$756.09	$746.45	$914.40	$474.61	$581.40	$657.36	$805.27
56	$516.88	$633.18	$645.73	$791.02	$780.93	$956.64	$496.53	$608.25	$687.72	$842.46
57	$539.92	$661.40	$674.51	$826.27	$815.74	$999.28	$518.67	$635.37	$718.38	$880.02
58	$564.51	$691.52	$705.24	$863.92	$852.89	$1,044.79	$542.29	$664.31	$751.10	$920.10
59	$576.69	$706.45	$720.46	$882.56	$871.30	$1,067.34	$554.00	$678.65	$767.31	$939.95
60	$601.29	$736.58	$751.18	$920.20	$908.46	$1,112.86	$577.62	$707.58	$800.03	$980.04
61	$622.56	$762.64	$777.75	$952.74	$940.59	$1,152.22	$598.05	$732.61	$828.33	$1,014.70
62	$636.51	$779.72	$795.19	$974.11	$961.68	$1,178.06	$611.46	$749.04	$846.90	$1,037.45
63	$654.02	$801.17	$817.05	$1,000.89	$988.12	$1,210.45	$628.27	$769.63	$870.19	$1,065.98
64	$664.65	$814.20	$830.34	$1,017.17	$1,004.19	$1,230.13	$638.49	$782.15	$884.34	$1,083.32
65+	$664.65	$814.20	$830.34	$1,017.17	$1,004.19	$1,230.13	$638.49	$782.15	$884.34	$1,083.32

RATES FOR YOUR COUNTY — Kent, New Castle, and Sussex

Age	EPO											
	PCMH						MAJOR EVENTS		MULTI-STATE			
	Silver		Gold		Gold		Catastrophic		Silver		Gold	
	PCMH Blue EPO 2800		PCMH Blue EPO 900		PCMH Blue EPO 1200		Major Events Blue EPO 6850		Blue Cross Blue Shield Shared Cost EPO 3100, a Multi-State Plan		Blue Cross Blue Shield Health Savings EPO 2100, a Multi-State Plan	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	$180.47	$180.47	$226.59	$226.59	$213.59	$213.59	$128.73	$128.73	$187.93	$187.93	$210.10	$210.10
21	$284.20	$291.31	$356.83	$365.75	$336.37	$344.78	$202.73	$207.80	$295.96	$303.36	$330.87	$339.14
22	$284.20	$291.31	$356.83	$365.75	$336.37	$344.78	$202.73	$207.80	$295.96	$303.36	$330.87	$339.14
23	$284.20	$291.31	$356.83	$365.75	$336.37	$344.78	$202.73	$207.80	$295.96	$303.36	$330.87	$339.14
24	$284.20	$291.31	$356.83	$365.75	$336.37	$344.78	$202.73	$207.80	$295.96	$303.36	$330.87	$339.14
25	$285.34	$292.47	$358.26	$367.22	$337.72	$346.16	$203.54	$208.63	$297.14	$304.57	$332.19	$340.49
26	$291.02	$298.30	$365.39	$374.52	$344.44	$353.05	$207.60	$212.79	$303.06	$310.64	$338.81	$347.28
27	$297.84	$305.29	$373.96	$383.31	$352.52	$361.33	$212.46	$217.77	$310.17	$317.92	$346.75	$355.42
28	$308.93	$316.65	$387.87	$397.57	$365.63	$374.77	$220.37	$225.88	$321.71	$329.75	$359.66	$368.65
29	$318.02	$325.97	$399.29	$409.27	$376.40	$385.81	$226.85	$232.52	$331.18	$339.46	$370.24	$379.50
30	$322.57	$330.63	$405.00	$415.13	$381.78	$391.32	$230.10	$235.85	$335.91	$344.31	$375.54	$384.93
31	$329.39	$337.62	$413.57	$423.91	$389.85	$399.60	$234.96	$240.83	$343.02	$351.60	$383.48	$393.07
32	$336.21	$344.62	$422.13	$432.68	$397.93	$407.88	$239.83	$245.83	$350.12	$358.87	$391.42	$401.21
33	$340.47	$348.98	$427.48	$438.17	$402.97	$413.04	$242.87	$248.94	$354.56	$363.42	$396.38	$406.29
34	$345.02	$353.65	$433.19	$444.02	$408.35	$418.56	$246.11	$252.26	$359.30	$368.28	$401.68	$411.72
35	$347.29	$355.97	$436.05	$446.95	$411.04	$421.32	$247.74	$253.93	$361.66	$370.70	$404.32	$414.43
36	$349.57	$358.31	$438.90	$449.87	$413.74	$424.08	$249.36	$255.59	$364.03	$373.13	$406.97	$417.14
37	$351.84	$360.64	$441.76	$452.80	$416.43	$426.84	$250.98	$257.25	$366.40	$375.56	$409.62	$419.86
38	$354.11	$362.96	$444.61	$455.73	$419.12	$429.60	$252.60	$258.92	$368.77	$377.99	$412.26	$422.57
39	$358.66	$367.63	$450.32	$461.58	$424.50	$435.11	$255.85	$262.25	$373.50	$382.84	$417.56	$428.00
40	$363.21	$399.53	$456.03	$501.63	$429.88	$472.87	$259.09	$285.00	$378.24	$416.06	$422.85	$465.14
41	$370.03	$408.88	$464.59	$513.37	$437.95	$483.93	$263.95	$291.66	$385.34	$425.80	$430.79	$476.02
42	$376.57	$418.75	$472.80	$525.75	$445.69	$495.61	$268.62	$298.71	$392.15	$436.07	$438.40	$487.50
43	$385.66	$432.32	$484.22	$542.81	$456.45	$511.68	$275.10	$308.39	$401.62	$450.22	$448.99	$503.32
44	$397.03	$449.44	$498.49	$564.29	$469.91	$531.94	$283.21	$320.59	$413.46	$468.04	$462.23	$523.24
45	$410.38	$469.89	$515.26	$589.97	$485.72	$556.15	$292.74	$335.19	$427.37	$489.34	$477.78	$547.06
46	$426.30	$494.51	$535.25	$620.89	$504.56	$585.29	$304.10	$352.76	$443.94	$514.97	$496.31	$575.72
47	$444.20	$522.82	$557.73	$656.45	$525.75	$618.81	$316.87	$372.96	$462.59	$544.47	$517.15	$608.69
48	$464.67	$555.75	$583.42	$697.77	$549.96	$657.75	$331.46	$396.43	$483.89	$578.73	$540.97	$647.00
49	$484.85	$590.06	$608.75	$740.85	$573.85	$698.38	$345.86	$420.91	$504.91	$614.48	$564.46	$686.95
50	$507.58	$621.79	$637.30	$780.69	$600.76	$735.93	$362.08	$443.55	$528.58	$647.51	$590.93	$723.89
51	$530.03	$649.29	$665.49	$815.23	$627.33	$768.48	$378.09	$463.16	$551.97	$676.16	$617.07	$755.91
52	$554.76	$679.58	$696.53	$853.25	$656.59	$804.32	$395.73	$484.77	$577.71	$707.69	$645.86	$791.18
53	$579.77	$710.22	$727.93	$891.71	$686.19	$840.58	$413.57	$506.62	$603.76	$739.61	$674.97	$826.84
54	$606.77	$743.29	$761.83	$933.24	$718.15	$879.73	$432.83	$530.22	$631.87	$774.04	$706.41	$865.35
55	$633.77	$776.37	$795.73	$974.77	$750.11	$918.88	$452.09	$553.81	$659.99	$808.49	$737.84	$903.85
56	$663.04	$812.22	$832.48	$1,019.79	$784.75	$961.32	$472.97	$579.39	$690.47	$845.83	$771.92	$945.60
57	$692.60	$848.44	$869.59	$1,065.25	$819.73	$1,004.17	$494.05	$605.21	$721.25	$883.53	$806.33	$987.75
58	$724.14	$887.07	$909.20	$1,113.77	$857.07	$1,049.91	$516.56	$632.79	$754.11	$923.78	$843.06	$1,032.75
59	$739.77	$906.22	$928.83	$1,137.82	$875.57	$1,072.57	$527.71	$646.44	$770.38	$943.72	$861.25	$1,055.03
60	$771.32	$944.87	$968.44	$1,186.34	$912.91	$1,118.31	$550.21	$674.01	$803.24	$983.97	$897.98	$1,100.03
61	$798.60	$978.29	$1,002.69	$1,228.30	$945.20	$1,157.87	$569.67	$697.85	$831.65	$1,018.77	$929.74	$1,138.93
62	$816.51	$1,000.22	$1,025.17	$1,255.83	$966.39	$1,183.83	$582.44	$713.49	$850.29	$1,041.61	$950.59	$1,164.47
63	$838.96	$1,027.73	$1,053.36	$1,290.37	$992.96	$1,216.38	$598.46	$733.11	$873.67	$1,070.25	$976.73	$1,196.49
64	$852.60	$1,044.44	$1,070.49	$1,311.35	$1,009.11	$1,236.16	$608.19	$745.03	$887.88	$1,087.65	$992.61	$1,215.95
65+	$852.60	$1,044.44	$1,070.49	$1,311.35	$1,009.11	$1,236.16	$608.19	$745.03	$887.88	$1,087.65	$992.61	$1,215.95

COMMITTED TO PROVIDING OUTSTANDING SERVICE

We are committed to providing outstanding services for our applicants and members. If you require special assistance, including accommodations for disabilities or limited English proficiency, please call us at 1-855-329-0682 to request these free services. (TTY/TDD: 711)

Estamos comprometidos a ofrecer servicios excepcionales a nuestros solicitantes y miembros. Si usted necesita ayuda especial, incluyendo acomodaciones para discapacidades o dominio limitado del inglés, por favor llámenos al 1-855-329-0682 para solicitar estos servicios gratuitos. (TTY/TDD: 711)

Wir haben uns verpflichtet, unseren Bewerbern und Mitgliedern außerordentliche Dienstleistungen anzubieten. Falls Sie beispielsweise Unterkünfte für Menschen mit Behinderungen oder aufgrund eingeschränkter Englischkenntnisse besondere Unterstützung benötigen, kontaktieren Sie uns unter der Rufnummer 1-855-329-0682, um unsere kostenlosen Dienstleistungen in Anspruch zu nehmen. (TTY/TDD: 711)

Ci impegniamo a fornire sempre servizi all'avanguardia per i nostri candidati e membri. In caso necessitiate di assistenza speciale, compresi alloggi per disabili o supporto per la scarsa padronanza della lingua inglese, contattateci allo 1-855-329-0682 per richiedere gratuitamente tali servizi. (TTY/TDD: 711)

我們致力於為我們的申請人和會員們提供卓越的服務。如果您需要特殊協助，包括殘障或英語能力有限，請致電 1-855-329-0682 來要求這些免費服務。(TTY/TDD: 711)

Nous nous engageons à fournir des services exceptionnels pour nos candidats et membres. Si vous avez besoin d'une assistance particulière, y compris pour handicapés ou compétences limitées en anglais, s'il vous plaît appelez-nous au 1-855-329-0682 pour demander ces services gratuits. (TTY/TDD: 711)

Мы стремимся оказывать первоклассные услуги для наших кандидатов и членов. Если вы нуждаетесь в специальной помощи, включая принятие мер в связи с инвалидностью или ограниченным владением английским языком, пожалуйста, позвоните нам по телефону 1-855-329-0682 и попросите об оказании этих бесплатных услуг. (TTY/TDD: 711)

Chúng tôi quyết tâm cung cấp dịch vụ xuất sắc cho các đương đơn và hội viên của mình. Nếu quý vị cần được trợ giúp đặc biệt, bao gồm các thích nghi cho người bị khuyết tật hoặc có khả năng Anh Ngữ hạn hẹp, xin gọi chúng tôi tại số 1-855-329-0682 để yêu cầu các dịch vụ miễn phí này. (TTY/TDD: 711)

Zależy nam, aby usługi, które świadczymy dla naszych kandydatów i członków charakteryzowały się zawsze najwyższą jakością. Jeżeli potrzebna jest specjalna pomoc, np. w przypadku osób niepełnosprawnych lub osób z ograniczoną znajomością języka angielskiego, oferujemy bezpłatne usługi w tym zakresie – prosimy o telefon pod numer 1-855-329-0682. (TTY/TDD: 711)

저희들은 신청자들과 회원들에게 탁월한 서비스를 제공하고자 노력하고 있습니다. 신체장애인들이나 비영어권 참석자들을 위해 특별한 도움이 필요하시면 전화 1-855-329-0682 로 알려주시기 바랍니다. 이러한 서비스는 무료입니다. (TTY/TDD: 711)

نلتزم بتوفير خدمة متميزة للمتقدمين والأعضاء. إذا كنت تتطلب مساعدة خاصة، شاملًا التجهيزات اللازمة للاحتياجات الخاصة أو إجادة محدودة للإنجليزية، برجاء الاتصال على 1-855-329-0682 لطلب هذه الخدمات المجانية.(TTY/TDD: 711)

हम अपने आवेदकों और सदस्यों के लिए उत्कृष्ट सेवाएं प्रदान करने के प्रति वचनबद्ध हैं। यदि आपको विशेष सहायता चाहिए हो, जिसमें अक्षमता अथवा सीमित अंग्रेजी निपुणता हेतु समायोजन भी शामिल हैं, तो कृपया इन निशुल्क सेवाओं हेतु अनुरोध के लिए हमें 1-855-329-0682 पर कॉल करें।(TTY/TDD: 711)

COMMITTED TO PROVIDING OUTSTANDING SERVICE

અમે અમારા અરજીકર્તાઓ અને સભ્યો માટે ઉમદા સેવાઓ પૂરી પાડવા કટિબદ્ધ છીએ. જો તમને વિકલાંગતા કે અંગ્રેજીમાં મર્યાદિત નિપુણતા ધરાવનારાઓ માટે સગવડભરી ગોઠવણો સહિતની વિશેષ સહાયતા જોઈતી હોય, તો આ મફત સેવાઓની વિનંતી કરવા કૃપા કરી અમને 1-855-329-0682 નંબર પર ફોન કરો. (TTY/TDD: 711)

May pananagutan kaming magbigay ng bukod-tanging mga serbisyo para sa aming mga aplikante at mga miyembro. Kung kailangan mo ng espesyal na tulong, kabilang ang mga akomodasyon para sa mga kapansanan o limitadong kahusayan sa wikang Ingles, mangyaring tawagan kami sa 1-855-329-0682 para hilingin ang mga libreng serbisyong ito. (TTY/TDD: 711)

Είμαστε δεσμευμένοι να παρέχουμε εξαιρετικές υπηρεσίες για τους αιτούντες και τα μέλη μας. Εάν χρειάζεστε ειδική βοήθεια, συμπεριλαμβανομένων διευκολύνσεων για ειδικές ανάγκες ή περιορισμένη ευχέρεια στα Αγγλικά, παρακαλούμε επικοινωνήστε μαζί μας στο 1-855-329-0682 να ζητήσετε τις δωρεάν αυτές παροχές. (TTY/TDD: 711)

私たちは入会志願者とメンバーのために卓越したサービスを提供することに全力を注いでいます。あなたが、障害者のための便宜または制限英語能力を含む特別な支援が必要な場合は、これらの無料サービスを受けるために、1-855-329-0682 までお電話ください。(TTY/TDD: 711)

ہم اپنے درخواست دہندگان اور ممبران کے لیے عمدہ خدمات فراہم کرنے کے لیے عہد بستہ ہیں۔ اگر آپ کو خصوصی اعانت کی ضرورت ہے، جس میں معذوریوں یا انگریزی کی محدود لیاقت کے لیے سہولیات شامل ہیں، ان مفت خدمات کی درخواست کرنے کے لیے براہ کرم ہمیں 1-855-329-0682 پر کال کریں۔ (TTY/TDD: 711)

Estamos empenhados em fornecer serviços especiais para os nossos candidatos e membros. Caso necessite de assistência especial, incluindo alojamento por motivos de deficiência ou conhecimentos limitados de língua inglesa, ligue para o n.º 1-855-329-0682 para solicitar estes serviços gratuitos. (TTY/TDD: 711)

Ebe fun awon alaabo ara tabi oore ofe lati le so ede geesi to se gbo seti. Ejowo e pe wa 1-855-329-0682 fun eyikeyi ohun ti e ba nfe ki a se fun yin lofe. (TTY/TDD: 711)

Sisi ni nia ya kutoa huduma bora kwa waombaji wetu na wanachama. Kama unahitaji msaada maalum, ikiwa ni pamoja na malazi kwa ulemavu au mdogo Kiingereza duni, tafadhali wito wetu katika idadi ya 1-855-329-0682 kuomba huduma hizi bure. (TTY/TDD: 711)

Nihinaanish niizhónígo bee nihiká' adiilwołígíí binahji' ts'ídá yéego bidiilkaal, nihí naaltsoos nidahoníłígíí dóó Bee Atah ídlínígíí nihił hada'dít'éhígíí nihá. Hait'éego da anáhóót'i'go, bilagáana bizaad t'áá nił nanitł'ago, áká'a'ayeed holǫ́, kojį' béésh beehane'é bee hodíílnih 1-855-329-0682, éí t'áá jíík'eh áká'a'ayeed biniiyé. (TTY/TDD: 711)

เรามุ่งมั่นที่จะมอบบริการที่โดดเด่นให้แก่ผู้สมัครและสมาชิกของเรา หากคุณต้องการความช่วยเหลือเป็นพิเศษ รวมถึงการอำนวยความสะดวกให้แก่บุคคลทุพพลภาพหรือผู้ที่มีความสามารถทางภาษาอังกฤษในระดับอ่อน โปรดติดต่อเราได้ที่ 1-855-329-0682 **เพื่อร้องขอบริการดังกล่าวได้โดยไม่มีค่าใช้จ่าย** (TTY/TDD: 711)

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