Look inside to find the right plan for you.

For Benefit Period: January 1 to December 31, 2023

Plans may be offered by Highmark Blue Cross Blue Shield or Highmark Coverage Advantage. HIGHMARK 🖗 💱 Because Life.™

Go ahead. Get picky about your plan.

With lots of great coverage options from Highmark, this book will help you find the plan, the product, and the network access that matters most to you.

Looking for something in particular? You can easily navigate through the guide by clicking on the headings in the Table of Contents.

Table of Contents

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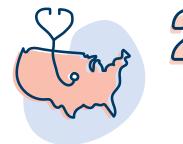
Why choose a Highmark health plan?

Woah. So many reasons. Here are three big ones right off the top of our heads.



Expert care, close to home.

Highmark invests big in a patient-first approach to care, with easy access to high-quality, lower-cost health care services in your area. You can also seek care from a variety of independent providers, Allegheny Health Network (AHN), and, with some plans, UPMC.



Coverage that travels with you.

All of our plans come with access to BlueCard[®]. You're connected to the largest physician and hospital networks in the U.S. with over 1.7 million providers, including 95% of all hospitals.^{*}

With most Highmark plans, BlueCard also gives you access to routine,^{**} urgent, and emergency care, no matter where you are. Some plans only provide BlueCard coverage for emergency and urgent care.

See page 25 for more information on BlueCard.



No red tape.

See whichever in-network doctors you want to see no referral needed. Or call 1-888-BLUE-428, and we'll find a specialist for you. No hoops, no hoopla.

And that's just for starters.

Turn the page for even more reasons to choose Highmark.

 $^{\ast}~$ According to the Blue Cross and Blue Shield Association.

** Certain services may require you to work with your BlueCard-participating provider to obtain prior authorization.

How easy do we make it to find care and get care?

Almost too easy.



DENTAL AND VISION COVERAGE

All your care, all in one plan.

Healthy eyes and teeth are important parts of your overall health and regular checkups can help you stay ahead of potential problems down the road. That's why all of our plans come with pediatric dental and vision benefits.

Our plans with "Adult Dental and Vision" in their name include these benefits, so there's no need to purchase separate plans.



VIRTUAL HEALTH

Face-to-face with a doctor, 24/7.

Need to see a doctor but don't want to leave your couch? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. Best of all, the virtual health services provided by Allegheny Health Network or Amwell[®] are also available through many in-network providers. That's laid-back-in-a-recliner easy.

BLUE DISTINCTION®

Easy access to top-performing specialists.

Only doctors who consistently deliver safe, effective treatments make the Blue Distinction list. You can cherry-pick a top-performing in-network specialist for any care you need. Use our Find a Doctor tool and look for the Blue Distinction logo next to their name.



JOHNS HOPKINS MEDICINE COLLABORATION

Expert teamwork for advanced care.

We collaborate with some of the best minds, like Johns Hopkins Medicine, for cancer research. That lets us bring the latest innovative medical breakthroughs right to your neighborhood.

Ø-

How simple is it for you to get answers and reach your goals? Super simple.



THE HIGHMARK MEMBER WEBSITE

Your entire plan at your fingertips.

No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doctor tool, deductible progress, and claims status are all available online at **highmarkbcbs.com**.



HEALTH SAVINGS ACCOUNT

Helping you save for today and tomorrow.

Health savings accounts let you put money away for things like medical costs, vision and dental services, and prescriptions. They're available on qualified high-deductible plans with "HSA" in the plan name.



MY CARE NAVIGATORSM

Your appointments, booked for you.

It's as simple as calling 1-888-BLUE-428. We'll help you find the in-network doctor you need and reserve some space on their calendar for a checkup. Which means less on-hold music for you.



BLUES ON CALLSM

Answers from a health pro, 24/7.

Medical concerns during off hours? Just call 1-888-BLUE-428 to get support from a registered nurse or a health coach any time and put your worries to bed.



FITNESS

Hitting the gym has never been easier.

All our plans include a fitness extra with discounted rates and access to 10,000+ gyms nationwide.^{*} You'll also get discounts for acupuncture and chiropractic care, nutritional counseling, personal training, and more.

* Does not apply to digital-only plans.



WELLNESS

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Get guidance based on your lifestyle, trackers to measure your progress, resources like Sharecare®, and access to experienced wellness coaches to make healthy choices and keep you motivated. Once you're enrolled, visit **mycare.sharecare.com**.



BLUE365®

Discounts to help you stay healthy and active.

With Blue365, you get exclusive discounts on travel, car rentals, and even clothing and footwear. Check out member-only deals at **blue365deals.com**.

Before we get much further, let's cover some Affordable Care Act (ACA) essentials.

ACA basics

Metal levels

ACA plans^{*} are broken into four categories based on how you and your plan share the costs of your health care.

Just so you know, metal levels reflect cost-sharing^{**} differences only – which means you get the same quality of care at any level.

Bronze	Silver	Gold	Extra Savings Silver	
60% of costs covered by your plan	70% of costs covered by your plan30% out-of- pocket costs	80% of costs covered by your plan 20% out-of-pocket costs	73-94% of costs covered by your plan 6-27% out-of- pocket costs	
This level makes sense if you***:	This level makes sense if you***:	This level makes sense if you***:	This level makes sense if you***:	
Don't use a lot of health care services and/or want to keep premium payments low.	Want to balance premiums with out-of-pocket costs.	Use health care services somewhat frequently and/ or want low out-of-pocket costs for most commonly used services.	Are CSR-eligible, which gives you lower out-of-pocket costs.	

- * ACA also includes Catastrophic and Platinum level plans. Catastrophic plans are available if you're under 30 or have a financial hardship. They're for people who do not go to the doctor frequently or only go to the doctor when there's an emergency. Highmark does not offer Platinum plans in Pennsylvania.
- ** The portion of health care services that you pay out of pocket. This generally includes deductibles, coinsurance, and copays.
- *** Financial help in the form of APTCs or CSRs are available only on plans purchased through Pennie.com.



Ways to save

Good news: There are two ways available to save for ACA enrollees.

Even better news: More than 90% of our ACA members qualify to save.

Advance Premium Tax Credits (APTC), which may be applied – in advance – to lower what you pay each month for your premium on any level Pennsylvania Insurance Exchange plan except Catastrophic.

Cost-Sharing Reductions (CSR) will lower out-of-pocket costs that you may pay at the time of service for doctor visits, lab tests, drugs, and other covered services. CSR plans offer lower deductibles, copays, and coinsurance. You can **only** get these savings if you enroll in an "Extra Savings" Silver plan.

You can qualify for both an APTC and CSR, too.

Extra ACA assistance

The Inflation Reduction Act lowers the cost of health plans for middle- and lower-income individuals and families. It may provide more aid even if you've previously qualified for financial help. And it makes it easier to qualify if you've been denied in the past.

Your savings can be significant. See for yourself.

Kyle

Single, 40 years old, non-smoker Annual income: \$19,140 Before: \$66 monthly premium After: \$0 monthly premium Savings: \$792/year

Dean and Vanessa

Married couple, 64 years old, non-smokers Annual income: \$77,850 Before: \$2,492 monthly premium After: \$550 monthly premium Savings: \$23,304/year

Premiums and Advance Premium Tax Credit (APTC) will vary by county. The APTC can lower the monthly premium. Examples are based on the second-lowest cost Silver plan available on the Marketplace in a given area. The price of this plan is used to calculate premium subsidies.



Financial help

To see if you're eligible for financial help, locate your qualifying income and household size on the chart below. Then refer to the Base or Extra Savings plans for your county to find the plans that meet your needs.

Even if you don't qualify for cost-sharing reductions, you may be eligible for advance premium tax credits. Please refer to the Base plan options for your county.

	What is the income for those covered under your health plan?				
Who needs coverage?	Eligible for Medicaid	Eligible for CSR	ligible for CSRs and APTCs		
coverage:	Medicaid Silver Extra Savings Plans		Base		
	Eligible Range (100-138% or less FPL)	138–149% CSR plans	150–199% CSR plans	200–249% CSR plans	250% or more
Single	Less than \$18,754	\$18,755 - \$20,384	\$20,385 - \$27,179	\$27,180 - \$33,974	\$33,975 or more
Family of 2	Less than \$25,268	\$25,269 - \$27,464	\$27,465 - \$36,619	\$36,620 - \$45,774	\$45,775 or more
Family of 3	Less than \$31,781	\$31,782 - \$34,544	\$34,545 - \$46,059	\$46,060 - \$57,574	\$57,575 or more
Family of 4	Less than \$38,295	\$38,296 - \$41,624	\$41,625 - \$55,499	\$55,500 - \$69,374	\$69,375 or more
Family of 5	Less than \$44,809	\$44,810 - \$48,704	\$48,705 - \$64,939	\$64,940 - \$81,174	\$81,175 or more
Family of 6	Less than \$51,322	\$51,323 - \$55,784	\$55,785 - \$74,379	\$74,380 - \$92,974	\$92,975 or more
Family of 7	Less than \$57,836	\$57,837 - \$62,864	\$62,865 - \$83,819	\$83,820 - \$104,774	\$104,775 or more
Family of 8	Less than \$64,349	\$64,350 - \$69,944	\$69,945 - \$93,259	\$93,260 - \$116,574	\$116,575 or more

* Most individuals and families with household incomes 100% or more of the FPL will qualify for premium tax credits. These credits help lower the cost of health insurance coverage and are based on the second-lowest-cost Silver plan available in your area on the Pennsylvania Insurance Exchange. The second-lowest-cost Silver plan is also known as the "benchmark plan." Premium tax credits vary by income. Households with incomes 150% or less of the FPL will pay no premium for the benchmark plan. Those households with annual incomes 400% or more of the FPL will pay no more than 8.5% of their household income on health insurance premiums for the benchmark plan.

- * Income below 138% FPL: If your income is below 138% FPL and your state has expanded Medicaid coverage, you qualify for Medicaid based only on your income.
- * American Indians and Alaska Natives who are members of federally recognized tribes are eligible for cost-sharing reductions at alternative dollar thresholds.

This chart is only applicable for coverage in 2023 and in the 48 contiguous states and the District of Columbia. For families/households with more than 8 persons, add \$4,720 for each additional person. HHS Poverty Guidelines for 2022 (March 3, 2022). Retrieved from https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines.

Check to see if you qualify for one or both types of help. Call 833-796-0888.

ACA plans vs. short-term plans and Health Care Sharing Ministries

In addition to the availability of APTC and CSR, all ACA plans provide coverage for preexisting conditions and the 10 Essential Health Benefits (see page 21). Short-term plans and Health Care Sharing Ministries — which are plans that come with a fixed, limited term — do not. These plans can seem like a cheaper alternative to ACA coverage but often come with hidden costs and exclusions that can make them more expensive in the long run.

Other types of hidden costs in short-term and Health Care Sharing Ministries plans:

	SHORT-TERM PLANS AND HEALTH CARE SHARING MINISTRIES	ACA PLANS
Capped out-of-pocket spending	not included	included
Coverage of 10 Essential Health Benefits	not included	included
No limits on covered doctor visits	not included	included
No dollar limits on covered benefits	not included	included
No limits on prescription drug coverage	not included	included
Coverage for preexisting conditions with no waiting period	not included	included



A listing of the 10 Essential Health Benefits can be found on page 21.

Next, enrollment dates.

There are two ways you can enroll in or change your ACA coverage. One is a fixed period that happens every year. The other is for special cases that can happen any time.

OPEN ENROLLMENT PERIOD November 1, 2022 – January 15, 2023

If you sign up by December 15, 2022, your plan takes effect on January 1, 2023.

If you sign up between December 16, 2022, and January 15, 2023, your plan takes effect on February 1, 2023.



SPECIAL ENROLLMENT PERIODS Can happen any time throughout the year

During a Special Enrollment Period, you can only get or change coverage if you have a qualifying life event. Examples include losing your existing coverage, a new addition to the family, getting married, or moving to a new area where you can't keep your current plan. Many Special Enrollment Periods only last 60 days from the qualifying life event.

If you think you're eligible for a Special Enrollment Period, you may be asked to submit documents to verify it. You can go to <u>highmark.com</u> for more information.

Finally, your ACA Enrollment Checklist.

Here's the info you'll need for each person who will be covered on your plan.



Date of birth



Social Security number (or legal immigrant documents)

Income documentation for all household members, even if they won't be covered by the plan (pay stubs, W-2 forms, or wage and tax statements)



Current health insurance policy numbers (if applicable)

Info on any health insurance you or your family could get from your job

All set? Great. Let's dig into the details for 2023 and find a plan with the benefits you want at price you can afford.

2023 Highmark plan designs and network highlights

Now that we've gotten the preliminaries out of the way, let's take a look at the products and networks available in your area in 2023.

You get all the essentials.

You get access to the 10 Essential Health Benefits — plus coverage for preexisting conditions.

They include:

- 1. Outpatient care
- 2. Emergency services
- 3. Hospitalization (like surgery and overnight stays)
- 4. Pregnancy, maternity, and newborn care
- 5. Mental health and substance use disorder services
- 6. Prescription drugs

- 7. Rehabilitative and habilitative services and devices
- 8. Laboratory services
- 9. Preventive and wellness services and chronic disease management
- 10. Pediatric services, including dental and vision care



All of our plans give you in-network access to top-quality care, close to home. You can even see in-network specialists without a referral. Whatever your health care needs and budget, we have a plan for you. All you have to do is choose.*



Together Blue EPO

The most affordable Highmark plan in western Pennsylvania.

Together Blue EPO gives you access to Allegheny Health Network (AHN) and select independent providers.^{**} You'll gain access to a dedicated Together Connect Team — they're like a one-stop shop and can connect you with resources including scheduling assistance. You'll be able to use MyChart to see upcoming and past appointments, view test results, communicate with your care team, and more.

Together Blue EPO also offers a product called Together Blue Diabetes EPO. This \$0 deductible plan offers lower copays for certain specialists, low-cost medications, and \$0 lab tests like HbA1c, making it easier to manage diabetes. See **page 23** for more information.

Plus, all Together Blue plans give you coast-to-coast coverage for emergency and urgent care with BlueCard.

my Direct Blue EPO

In-network access to top-quality care throughout western Pennsylvania, plus full BlueCard access coast to coast.

my Direct Blue EPO gives you in-network access to AHN, as well as many community hospitals and doctors who have partnered with Highmark to deliver high-quality, lower-cost care.** And with the BlueCard program, you get in-network access to providers outside of western Pennsylvania for routine, emergency, and urgent care, too.

my Blue Access PPO

Comprehensive in-network access throughout western Pennsylvania – including all AHN and UPMC hospitals.

my Blue Access PPO gives you in-network access to Highmark's largest network of doctors and hospitals — including AHN and UPMC. With a PPO, you also get the flexibility to see out-of-network providers. And with the BlueCard program, you get in-network access to providers outside of western Pennsylvania for routine, emergency, and urgent care, too.

^{*} To see what plans you may qualify for based on your county of residence, see the product listings beginning on page 26.

^{**} Care received from out-of-network providers is not covered, except for emergency and urgent situations.

Together Blue Diabetes

Making diabetes management more affordable.

COVERAGE LEVEL	TOGETHER BLUE DIABETES EPO
In-Network Deductible	Individual: \$0 Family: \$0
In-Network, Out-of- Pocket Maximum	Individual: \$7,500 Family: \$15,000
Primary Care Visit	\$20 copay
Specialist Visit	\$20 copay \$5 Select Specialist*
Outpatient Mental Health and Substance Abuse Visits	\$20 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care	\$45 copay
Diagnostic Test (Lab/X-ray)	\$35 copay \$0 Select Labs*
Urgent Care	\$40 copay
Emergency Services	\$300 copay
Hospital Inpatient (including Maternity)	\$500 copay
Pharmacy Summary	\$0/\$30/\$150/50% <i>\$3 Select Rx</i> *
Includes Dental and Vision Option	Yes

* Unique benefits to Together Blue Diabetes.

Taking control of diabetes is an important step in your overall health. It can help prevent or delay heart disease, kidney disease, and vision loss. Together Blue Diabetes gives you access to the care and testing you need at the right price.

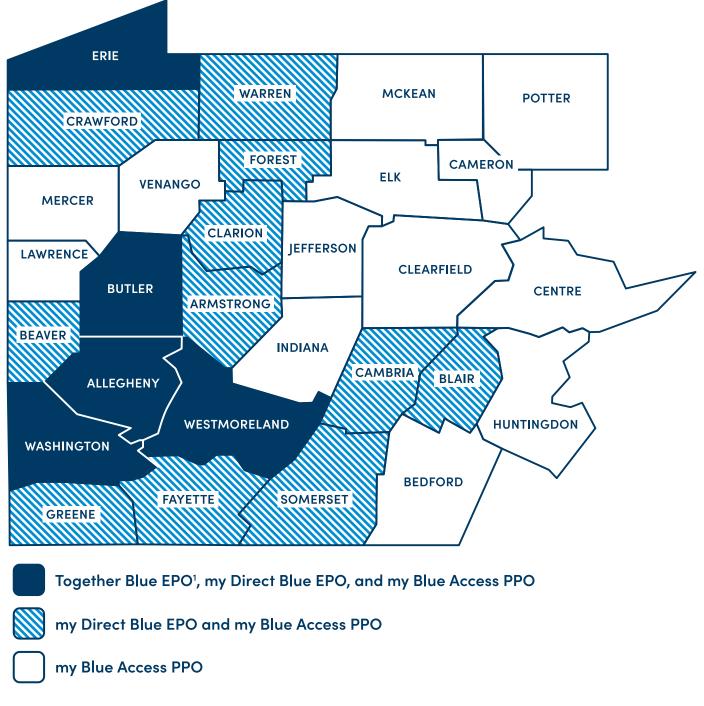
Benefits

 \$5 copays for cardiology nephrology visits Free diabetic foot exam Free diagnostic lab tests HbA1c LDL Metabolic panel Nephropathy exam 	and retinal eye exam
 Free Tier 1 drugs, includ metformin HCL metformin HCL ER glimepiride glipizide ER glipizide 	ing: • pioglitazone HCL • glyburide • acarbose • glipizide XL • glyburide micronized
 \$3 copay on select of management drugs Basaglar KwikPen U-100 Ozempic Jardiance 	

- Jardiance
- Trulicity
- Januvia
- Humalog KwikPen U-100

To see a complete list, visit highmark.link/TBD1.

Plans are available for residents of the counties highlighted below.



To see if your provider is in network, visit **highmarkbcbs.com** and click **Find a Doctor or Pharmacy**.

¹ Together Blue EPO and Together Blue Diabetes utilize the same network.

BlueCard coverage goes where you go.

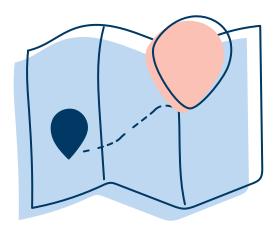


Planning to hit the road or travel abroad this year? With BlueCard, your health care benefits go with you — across the country and around the world. We give you access to doctors and hospitals almost everywhere, so you'll have peace of mind that you can always find the care you need.

Your coverage extends to many top-rated, out-of-state facilities, like:

- Cleveland Clinic
- Memorial Sloan Kettering Cancer Center
- Johns Hopkins Hospital
- University of Maryland Medical Center

And, you're covered in 190 countries too. Keep in mind that BlueCard covers routine, emergency, and urgent care for most plans. It only covers emergency and urgent care for Together Blue and Together Blue Diabetes plans.



In-network facilities

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Adams County			
WellSpan Gettysburg Hospital	out-of-network	in-network	in-network
Allegheny County			
AHN Allegheny General Hospital	in-network	in-network	in-network
AHN Allegheny Valley Hospital	in-network	in-network	in-network
AHN Brentwood Neighborhood Hospital	in-network	in-network	in-network
AHN Forbes Hospital	in-network	in-network	in-network
AHN Harmar Neighborhood Hospital	in-network	in-network	in-network
AHN Jefferson Hospital	in-network	in-network	in-network
AHN McCandless Neighborhood Hospital	in-network	in-network	in-network
AHN West Penn Hospital	in-network	in-network	in-network
AHN Wexford Hospital	in-network	in-network	in-network
PAM Health Specialty Hospital	out-of-network	in-network	in-network
Heritage Valley Kennedy	out-of-network	in-network	in-network
Heritage Valley Sewickley	out-of-network	in-network	in-network
LifeCare Behavioral Health Hospital of Pittsburgh	in-network	in-network	in-network
Select Specialty Hospital - McKeesport	out-of-network	in-network	in-network
Select Specialty Hospital - Pittsburgh UPMC	out-of-network	in-network	in-network
St. Clair Hospital	out-of-network	in-network	in-network
The Children's Home of Pittsburgh	in-network	in-network	in-network
The Children's Institute of Pittsburgh	in-network	in-network	in-network
UPMC Children's Hospital of Pittsburgh	in-network	in-network	in-network
UPMC East	out-of-network	out-of-network	in-network

¹ Together Blue EPO and Together Blue Diabetes EPO plans utilize the same network.

² Currently scheduled to open in April 2023.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at **highmarkbcbs.com** under the **Find a Doctor or Pharmacy** tab.

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
UPMC Magee-Womens Hospital	out-of-network	out-of-network	in-network
UPMC McKeesport	out-of-network	out-of-network	in-network
UPMC Mercy	out-of-network	out-of-network	in-network
UPMC Vision & Rehabilitation Tower ²	out-of-network	out-of-network	in-network
UPMC Passavant - McCandless	out-of-network	out-of-network	in-network
UPMC Presbyterian	out-of-network	out-of-network	in-network
UPMC Shadyside	out-of-network	out-of-network	in-network
UPMC St. Margaret	out-of-network	out-of-network	in-network
UPMC Western Psychiatric Hospital	in-network	in-network	in-network
Armstrong County			
Armstrong County Memorial Hospital	out-of-network	in-network	in-network
Beaver County			
PAM Health Specialty Hospital at Heritage Valley	out-of-network	in-network	in-network
Heritage Valley Beaver	out-of-network	in-network	in-network
Bedford County			
UPMC Bedford	in-network	in-network	in-network
Berks County			
Penn State Health St. Joseph Medical Center	out-of-network	in-network	in-network
Surgical Institute of Reading	out-of-network	in-network	in-network
Tower Health - Reading Hospital	out-of-network	out-of-network	in-network
Blair County			
Conemaugh Nason Medical Center	out-of-network	in-network	in-network
Penn Highlands Tyrone	out-of-network	in-network	in-network
UPMC Altoona	in-network	in-network	in-network

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Bradford County			
Guthrie Robert Packer Hospital	out-of-network	in-network	in-network
Guthrie Robert Packer Hospital - Towanda Campus	out-of-network	in-network	in-network
Guthrie Troy Community Hospital	out-of-network	in-network	in-network
Butler County			
BHS Butler Memorial Hospital	out-of-network	in-network	in-network
UPMC Passavant - Cranberry	out-of-network	out-of-network	in-network
Cambria County			
Conemaugh Memorial Medical Center	out-of-network	in-network	in-network
Conemaugh Memorial Medical Center - Lee Campus	out-of-network	in-network	in-network
Conemaugh Miners Medical Center	out-of-network	in-network	in-network
Select Specialty Hospital - Johnstown	out-of-network	in-network	in-network
Carbon County			
Lehigh Valley Hospital - Carbon	out-of-network	in-network	in-network
St. Luke's Hospital - Carbon Campus	out-of-network	in-network	in-network
Centre County			
Mount Nittany Medical Center	out-of-network	in-network	in-network
Clarion County			
BHS Clarion Hospital	out-of-network	in-network	in-network
Clearfield County			
Penn Highlands Clearfield	out-of-network	out-of-network	in-network
Penn Highlands DuBois	out-of-network	out-of-network	in-network
Clinton County			
Bucktail Medical Center	out-of-network	in-network	in-network
UPMC Lock Haven	out-of-network	in-network	in-network

¹ Together Blue EPO and Together Blue Diabetes EPO plans utilize the same network.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at **highmarkbcbs.com** under the **Find a Doctor or Pharmacy** tab.

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Columbia County			
Berwick Hospital Center	out-of-network	out-of-network	in-network
Geisinger Bloomsburg Hospital	out-of-network	out-of-network	in-network
Crawford County			
Meadville Medical Center	out-of-network	in-network	in-network
Titusville Area Hospital	out-of-network	in-network	in-network
Cumberland County			
Penn State Health Hampden Medical Center	out-of-network	in-network	in-network
Penn State Health Holy Spirit Medical Center	out-of-network	in-network	in-network
Select Specialty Hospital - Camp Hill	out-of-network	in-network	in-network
UPMC Carlisle	out-of-network	in-network	in-network
UPMC West Shore	out-of-network	out-of-network	in-network
Dauphin County			
Penn State Health Children's Hospital	out-of-network	in-network	in-network
Penn State Health Milton S. Hershey Medical Center	out-of-network	in-network	in-network
UPMC Community Osteopathic	out-of-network	out-of-network	in-network
UPMC Harrisburg	out-of-network	out-of-network	in-network
Elk County			
Penn Highlands Elk	out-of-network	out-of-network	in-network
Erie County			
AHN Saint Vincent Hospital	in-network	in-network	in-network
LECOM Health - Corry Memorial Hospital	out-of-network	in-network	in-network
LECOM Health - Millcreek Community Hospital	out-of-network	in-network	in-network
Select Specialty Hospital - Erie	out-of-network	in-network	in-network
UPMC Hamot	out-of-network	out-of-network	in-network

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Fayette County			
Penn Highlands Connellsville	out-of-network	in-network	in-network
WVU Medicine - Uniontown Hospital	out-of-network	in-network	in-network
Franklin County			
WellSpan Chambersburg Hospital	out-of-network	in-network	in-network
WellSpan Waynesboro Hospital	out-of-network	in-network	in-network
Fulton County			
Fulton County Medical Center	out-of-network	out-of-network	in-network
Greene County			
Washington Health System Greene	out-of-network	in-network	in-network
Huntingdon County			
Penn Highlands Huntingdon	out-of-network	out-of-network	in-network
Indiana County			
Indiana Regional Medical Center	out-of-network	out-of-network	in-network
Jefferson County			
Penn Highlands Brookville	out-of-network	out-of-network	in-network
Punxsutawney Area Hospital	out-of-network	out-of-network	in-network
Lackawanna County			
CHS Moses Taylor Hospital	out-of-network	in-network	in-network
CHS Regional Hospital of Scranton	out-of-network	in-network	in-network
Geisinger Community Medical Center	out-of-network	in-network	in-network
Lehigh Valley Hospital - Dickson City	out-of-network	in-network	in-network

¹ Together Blue EPO and Together Blue Diabetes EPO plans utilize the same network.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at **highmarkbcbs.com** under the **Find a Doctor or Pharmacy** tab.

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Lancaster County			
Lancaster General Hospital	out-of-network	in-network	in-network
Lancaster General Hospital Women & Babies	out-of-network	in-network	in-network
Penn State Health Lancaster Medical Center	out-of-network	in-network	in-network
Lancaster Surgery Center	out-of-network	in-network	in-network
UPMC Lititz	out-of-network	out-of-network	in-network
WellSpan Ephrata Community Hospital	out-of-network	in-network	in-network
Lawrence County			
Lawrence County Surgery Center of Edgewood Surgical Hospital	out-of-network	in-network	in-network
UPMC Jameson	in-network	in-network	in-network
Lebanon County			
WellSpan Good Samaritan Hospital	out-of-network	in-network	in-network
Lehigh County			
Lehigh Valley Hospital - 17th Street	out-of-network	in-network	in-network
Lehigh Valley Hospital - Cedar Crest	out-of-network	in-network	in-network
Lehigh Valley Hospital - 1503 N. Cedar Crest	out-of-network	in-network	in-network
Lehigh Valley Reilly Children's Hospital	out-of-network	in-network	in-network
St. Luke's Hospital - Allentown Campus	out-of-network	out-of-network	in-network
St. Luke's Hospital - Sacred Heart Campus	out-of-network	out-of-network	in-network
Luzerne County			
CHS Wilkes-Barre General Hospital	out-of-network	in-network	in-network
Geisinger Wyoming Valley Medical Center	out-of-network	in-network	in-network
Lehigh Valley Hospital - Hazleton	out-of-network	in-network	in-network

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Lycoming County			
Geisinger Jersey Shore Hospital	out-of-network	in-network	in-network
Geisinger Medical Center Muncy	out-of-network	in-network	in-network
UPMC Muncy	out-of-network	in-network	in-network
UPMC Williamsport	out-of-network	in-network	in-network
UPMC Williamsport Divine Providence Campus	out-of-network	in-network	in-network
McKean County			
Bradford Regional Medical Center	out-of-network	in-network	in-network
UPMC Kane	in-network	in-network	in-network
Mercer County			
AHN Grove City	in-network	in-network	in-network
Edgewood Surgical Hospital	out-of-network	in-network	in-network
Sharon Regional Medical Center	out-of-network	in-network	in-network
UPMC Horizon - Greenville	in-network	in-network	in-network
UPMC Horizon - Shenango Valley	in-network	in-network	in-network
Mifflin County			
Geisinger Lewistown Hospital	out-of-network	out-of-network	in-network
Monroe County			
Lehigh Valley Hospital - Pocono	out-of-network	in-network	in-network
St. Luke's Hospital - Monroe Campus	out-of-network	in-network	in-network
Montour County			
Geisinger Janet Weis Children's Hospital	out-of-network	out-of-network	in-network
Geisinger Medical Center	out-of-network	out-of-network	in-network

¹ Together Blue EPO and Together Blue Diabetes EPO plans utilize the same network.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at **highmarkbcbs.com** under the **Find a Doctor or Pharmacy** tab.

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Northampton County			
Lehigh Valley Hospital - Highland Avenue	out-of-network	in-network	in-network
Lehigh Valley Hospital - Hecktown Oaks	out-of-network	in-network	in-network
Lehigh Valley Hospital - Muhlenberg	out-of-network	in-network	in-network
St. Luke's Hospital - Anderson Campus	out-of-network	out-of-network	in-network
St. Luke's Hospital - Easton Campus	out-of-network	out-of-network	in-network
St. Luke's University Hospital - Bethlehem	out-of-network	out-of-network	in-network
Northumberland County			
Geisinger Shamokin Area Community Hospital	out-of-network	out-of-network	in-network
Potter County			
UPMC Cole	in-network	in-network	in-network
Schuylkill County			
Geisinger St. Luke's Hospital	out-of-network	in-network	in-network
Lehigh Valley Hospital - Schuylkill E. Norwegian Street	out-of-network	in-network	in-network
Lehigh Valley Hospital - Schuylkill S. Jackson Street	out-of-network	in-network	in-network
St. Luke's Hospital - Miners Campus	out-of-network	out-of-network	in-network
Somerset County			
Chan Soon-Shiong Medical Center at Windber	out-of-network	in-network	in-network
Conemaugh Meyersdale Medical Center	out-of-network	in-network	in-network
UPMC Somerset	in-network	in-network	in-network
Susquehanna			
Barnes-Kasson Hospital	out-of-network	in-network	in-network
Endless Mountains Health Systems	out-of-network	in-network	in-network
Tioga County			
UPMC Wellsboro	out-of-network	in-network	in-network

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Union County			
Evangelical Community Hospital	out-of-network	in-network	in-network
Venango County			
UPMC Northwest	in-network	in-network	in-network
Warren County			
Warren General Hospital	out-of-network	in-network	in-network
Washington County			
Advanced Surgical Hospital	out-of-network	in-network	in-network
AHN Canonsburg Hospital	in-network	in-network	in-network
Penn Highlands Mon Valley	out-of-network	in-network	in-network
Washington Hospital	out-of-network	in-network	in-network
Wayne County			
Wayne Memorial Hospital	out-of-network	in-network	in-network
Westmoreland County			
AHN Hempfield Neighborhood Hospital	in-network	in-network	in-network
Excela Health Frick Hospital	out-of-network	in-network	in-network
Excela Health Latrobe Hospital	out-of-network	in-network	in-network
Excela Health Westmoreland Hospital	out-of-network	in-network	in-network
Select Specialty Hospital – Laurel Highlands	out-of-network	in-network	in-network
Wyoming County			
CHS Tyler Memorial Hospital	out-of-network	in-network	in-network

¹ Together Blue EPO and Together Blue Diabetes EPO plans utilize the same network.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at **highmarkbcbs.com** under the **Find a Doctor or Pharmacy** tab.

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
York County			
OSS Orthopaedic Hospital	out-of-network	out-of-network	in-network
UPMC Hanover	out-of-network	out-of-network	in-network
UPMC Memorial	out-of-network	out-of-network	in-network
WellSpan Surgery and Rehabilitation Hospital	out-of-network	in-network	in-network
WellSpan York Hospital	out-of-network	in-network	in-network
Additional in-network facilities*			
Meritus Medical Center	out-of-network	in-network	in-network
The Johns Hopkins Hospital	out-of-network	in-network	in-network
University of Maryland Medical Center	out-of-network	in-network	in-network
UPMC Western Maryland	out-of-network	in-network	in-network
WVU Medicine - Garrett Regional Medical Center	out-of-network	in-network	in-network
AHN Westfield Memorial Hospital	in-network	in-network	in-network
Guthrie Corning Hospital	out-of-network	in-network	in-network
Olean General Hospital	out-of-network	in-network	in-network
UR Medicine - Jones Memorial Hospital	out-of-network	in-network	in-network
UR Medicine - Strong Memorial Hospital	out-of-network	in-network	in-network
Cleveland Clinic	out-of-network	in-network	in-network
WVU Medicine - Children's Hospital	out-of-network	in-network	in-network
WVU Medicine - J.W. Ruby Memorial Hospital	out-of-network	in-network	in-network

Premier Gold and Silver plans

Our Premier Gold and Silver plans offer some of our lowest copays — \$15 for Premier Gold plans and \$0 for Premier Silver plans. You'll also have lower out-of-pocket costs on covered services.

You'll get bonus benefits like a \$25 over-the-counter quarterly allowance and access to programs like Papa and TruHearing.



Over-the-counter benefit

You'll get a \$25 allowance on certain over-the-counter products per quarter for every member covered by your plan. Use for things like minor wound care, ibuprofen, and allergy medication. It's convenient too. To place an order, visit **ShopHighmarkOTC.com**. Items are shipped directly to your home.



Papa

With Papa, you can get help with everyday tasks like light cleaning, laundry, grocery shopping, and getting to and from appointments. Papa also assists with meal prep, childcare, pets, and running errands. You'll even have access to companion caregivers nationwide and virtually. To learn more, visit **joinpapa.com/activities/video-visits**.



TruHearing

TruHearing[™] can help lower copays on hearing aids. Plus, you can receive a hearing evaluation, as well as training, setup, fine-tuning, and adjustments from an in-network TruHearing provider without ever leaving your home. All you need is a smartphone, tablet, or computer. To learn more about TruHearing, visit **Highmark-HS.TruHearing.com**.

Bronze 6900 HSA — Custom Drug Benefit plan¹

This plan allows you to save for your care with a health savings account (HSA) and provides low outof-pocket costs on select prescriptions.

An HSA lets you put money away into a savings account that you can use for things like medical costs, vision and dental services, and prescriptions.

With the custom drug benefit, Highmark pays 100% of the costs for preventive and maintenance drugs immediately. There's no need to meet the deductible. For a complete list of covered drugs, visit highmark.link/CDBwpa.

Free preventive and maintenance drugs include:

Eliquis 5 mg tablet	Trulicity 1.5 mg/5.0 ml pen
rosuvastatin calcium 5, 10, 20 mg tablet	Ozempic 0.25-0.5 mg/dose pen
(Crestor)	Januvia 100 mg tablet
venlafaxine HCL ER 150 mg capsule	Xarelto 20 mg tablet
(Effexor)	Breo Ellipta 100–25 mcg inhaler
Jardiance 10, 25 mg tablet	Symbicort 160–4.5 mcg inhaler
ezetimibe 10 ma tablet (Zetia)	,

Also included in the list are 20 of the most filled prescriptions. They include drugs for things like diabetes, asthma, heart conditions, anxiety, and depression.



¹ These plans are offered with Together Blue EPO, my Direct Blue EPO, and my Blue Access PPO.

Plans that include adult vision and dental



Highmark is making pediatric and adult vision and dental care more accessible. At every metal level, we offer plans with the option to have adult dental and vision included. Pediatric dental and vision benefits are automatically included with every plan.

You can find adult dental and vision benefits on pages 60-62 and pediatric dental and vision benefits at **highmark.com**.

Benefits of adult vision coverage:

- Free annual eye exam.
- Frame allowance* up to \$150.**
- Contact allowance* up to \$150.***

Our vision plans use the Davis Vision Network — a list of in-network providers can be accessed through **highmarkbcbs.com**. To access network providers, select **Find a Doctor or Pharmacy**. Then click **Find an Eye Care Provider**. Select **Click here** to search the Health Care Reform Vision Network.

- * Allowance is for either frames or contacts.
- ** Plus 20% discount on any overages.
- *** Plus 15% discount on any overages.

Benefits of adult dental coverage:

- 100% coverage on cleanings,[‡] X-rays, and sealants.
- 80% coverage on services like fillings and repairs of existing crowns.
- 50% coverage on services like root canals and new crowns.

Our plans use the Concordia Advantage network. To find a provider, visit **highmarkbcbs.com** and select the **Find a Doctor or Pharmacy** tab.

‡ Two cleanings per year.

IT PAYS TO HAVE DENTAL COVERAGE				
Service	Average cost without dental coverage (<i>usual fee</i>)			
Exams, cleanings, and X-rays	\$0-37	\$300 ¹		
Composite filling	\$71	\$170 ²		
Simple extraction	\$33	\$163 ³		
Root canal	\$400	\$1,250 ⁴		

¹ https://www.dentaly.org/us/oral-hygiene/teeth-cleaning/#How_much_does_a_dental_cleaning_cost, last accessed June 15, 2022 https://www.dentaly.org/us/panoramic-dental-xray/, last accessed June 15, 2022

² https://www.dentaly.org/us/tooth-filling/#How_much_do_fillings_cost, last accessed June 15, 2022

³ https://www.dentaly.org/us/tooth-extraction/#How_much_does_tooth_removal_cost_in_the_US, last accessed June 15, 2022

⁴ https://www.webmd.com/oral-health/guide/dental-root-canals, last accessed June 15, 2022



Now, let's dig into plan details.

To learn about our plan names, flip to page 64.

To make it easier, we've sorted our plans by what's available where you live.

Just find your county and jump to that section.

Allegheny, Butler, Erie, Washington, and Westmoreland counties	
Standard Plan options	page 42
Extra Savings Plan options	page 46
Armstrong, Beaver, Blair, Cambria, Clarion, Crawford, Fayette, Forest, Greene, Somerset, and Warren counties	
Standard Plan options	page 48
Extra Savings Plan options	page 52
Bedford, Cameron, Centre,* Clearfield, Elk, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, and Venango counties	
Standard Plan options	page 54
Extra Savings Plan options	page 58
Adult Vision and Dental Benefits	page 60

* If you're a Centre county resident, you must live in one of the following ZIP codes to enroll in one of these plans: 16677, 16686, 16829, 16845, 16859, 16866, 16874

You'll see plan summaries here. If you want any plan's full benefit list, visit HighmarkSBCs.com or get a paper copy by calling 1-833-258-0188 (TTY/TDD 711).

	Coverage Level				
	Catastrophic 9100 3 free PCP visits	Bronze 8900	Bronze 6900 HSA – Custom Drug Benefit		
Plan Availability	Together Blue Major Events EPO 9100 my Direct Blue Major Events EPO 9100 my Blue Access Major Events PPO 9100	Together Blue EPO Bronze 8900 my Direct Blue EPO Bronze 8900 my Blue Access PPO Bronze 8900	Together Blue EPO Bronze 6900 HSA – Custom Drug Benefit my Direct Blue EPO Bronze 6900 HSA – Custom Drug Benefit my Blue Access PPO Bronze 6900 HSA – Custom Drug Benefit		
In-Network Deductible	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800		
In-Network, Out-of- Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800		
Primary Care Visit	\$0 after deductible; first 3 visits \$0 (not subject to deductible)	\$0 after deductible	\$0 after deductible		
Specialist Visit	\$0 after deductible	\$0 after deductible	\$0 after deductible		
Outpatient Mental Health and Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$0 after deductible		
Speech, Physical, and Occupational Therapy and Chiropractic Care ²	\$0 after deductible	\$0 after deductible	\$0 after deductible		
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	\$0 after deductible		
Urgent Care⁵	\$0 after deductible	\$0 after deductible	\$0 after deductible		
Emergency Services	\$0 after deductible	\$0 after deductible	\$0 after deductible		
Hospital Inpatient (including Maternity)³	\$0 after deductible	\$0 after deductible	\$0 after deductible		
Pharmacy Summary⁴	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible		
Includes Dental and Vision Option⁵	No	No	No		

	Coverage Level			
	Bronze 3800	Silver 5900	Silver 3500*	Premier Silver 2900
	Together Blue EPO Bronze 3800	Together Blue EPO Silver 5900	Together Blue EPO Silver 3500*	Together Blue EPO Premier Silver 2900
Plan Availability	my Direct Blue EPO Bronze 3800	my Direct Blue EPO Silver 5900	my Direct Blue EPO Silver 3500*	my Direct Blue EPO Premier Silver 2900
	my Blue Access PPO Bronze 3800	my Blue Access PPO Silver 5900	my Blue Access PPO Silver 3500*	my Blue Access PPO Premier Silver 2900
In-Network Deductible	Individual: \$3,800 Family: \$7,600	Individual: \$5,900 Family: \$11,800	Individual: \$3,500 Family: \$7,000	Individual: \$2,900 Family: \$5,800
In-Network, Out-of- Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$7,800 Family: \$15,600
Primary Care Visit	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Specialist Visit	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Outpatient Mental Health and Substance Abuse Visits	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care ²	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Diagnostic Test (Lab/X-ray)	Lab: \$65 copay X-ray: \$150 copay	\$75 copay	\$75 copay	\$75 copay
Urgent Care ⁶	\$100 copay	\$110 copay	\$80 copay	\$150 copay
Emergency Services	50% after deductible	\$750 after deductible	30% after deductible	\$750 after deductible
Hospital Inpatient (including Maternity) ³	50% after deductible	\$900 after deductible	30% after deductible	\$500 after deductible
Pharmacy Summary⁴	50%/50%/50%/50% after deductible	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Dental and Vision Option⁵	Yes	No	Yes	Yes

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. They do not qualify for advance premium tax credits or cost-sharing reductions.

¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.

- ² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of Mental Health or Substance Abuse.
- ³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.
- ⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ See page 60–62 for Adult Dental and Vision benefit details.

⁶ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.

	Coverage Level			
	Together Blue EPO Diabetes Gold 0	Gold 1700 HSA¹	Gold 0	Premier Gold 0
		Together Blue EPO Gold 1700 HSA ¹	Together Blue EPO Gold 0	Together Blue EPO Premier Gold 0
Plan Availability	Together Blue EPO Diabetes Gold 0	my Direct Blue EPO Gold 1700 HSA ¹	my Direct Blue EPO Gold 0	my Direct Blue EPO Premier Gold 0
		my Blue Access PPO Gold 1700 HSA ¹	my Blue Access PPO Gold 0	my Blue Access PPO Premier Gold 0
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$1,700 Family: \$3,400	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of- Pocket Maximum	Individual: \$7,500 Family: \$15,000	Individual: \$5,700 Family: \$11,400	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000
Primary Care Visit	\$20 copay	\$20 after deductible	\$20 copay	\$15 copay
Specialist Visit	\$20 copay \$5 Select Specialist ⁶	\$20 after deductible	\$20 copay	\$15 copay
Outpatient Mental Health and Substance Abuse Visits	\$20 copay	\$20 after deductible	\$20 copay	\$15 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care ²	\$45 copay	\$20 after deductible	\$45 copay	\$40 copay
Diagnostic Test (Lab/X-ray)	\$35 copay \$0 Select Labs ⁶	\$20 after deductible	\$35 copay	\$30 copay
Urgent Care ⁷	\$40 copay	\$40 after deductible	\$40 copay	\$30 copay
Emergency Services	\$300 copay	\$175 after deductible	\$300 copay	\$250 copay
Hospital Inpatient (including Maternity) ³	\$500 copay	\$300 after deductible	\$500 copay	\$375 copay
Pharmacy Summary⁴	\$0/\$30/\$150/50% <i>\$3 Select Rx</i> ⁶	\$0/\$30/\$150/50% after deductible	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%
Includes Dental and Vision Option⁵	Yes	No	Yes	Yes

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. They do not qualify for advance premium tax credits or cost-sharing reductions.

¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.

² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of Mental Health or Substance Abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ See page 60–62 for Adult Dental and Vision benefit details.

⁶ Unique benefits to Together Blue Diabetes.

⁷ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.



138-149% FPL

150-199% FPL

	Coverage Level				
	Extra Savings Silver 94% of costs covered by your plan 6% out-of-pocket costs		Extra Savings Silver 87% of costs covered by your plan 13% out-of-pocket costs		
	Silver 0	Premier Silver 0	Silver 0		
	Together Blue EPO Extra Savings Silver 0	Together Blue EPO Premier Extra Savings Silver 0	Together Blue EPO Extra Savings Silver 0		
Plan Availability	my Direct Blue EPO Extra Savings Silver 0	my Direct Blue EPO Premier Extra Savings Silver 0	my Direct Blue EPO Extra Savings Silver 0		
	my Blue Access PPO Extra Savings Silver 0	my Blue Access PPO Premier Extra Savings Silver 0	my Blue Access PPO Extra Savings Silver 0		
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0		
In-Network, Out-of- Pocket Maximum	Individual: \$1,200 Family: \$2,400	Individual: \$1,200 Family: \$2,400	Individual: \$2,800 Family: \$5,600		
Primary Care Visit	\$1 copay	\$0 copay	\$15 copay		
Specialist Visit	\$1 copay	\$0 copay	\$15 copay		
Outpatient Mental Health and Substance Abuse Visits	\$1 copay	\$0 copay	\$15 copay		
Speech, Physical, and Occupational Therapy and Chiropractic Care ¹	\$5 copay	\$0 copay	\$30 copay		
Diagnostic Test (Lab/X-ray)	\$5 copay	\$0 copay	\$25 copay		
Urgent Care⁵	\$5 copay	\$5 copay	\$30 copay		
Emergency Services	\$75 copay	\$75 copay	\$275 copay		
Hospital Inpatient (including Maternity)²	\$100 copay	\$100 copay	\$375 copay		
Pharmacy Summary ³	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%	\$0/\$10/\$50/50%		
Includes Dental and Vision Option⁴	No	Yes	No		

	Income Level		
	150-199% FPL	200-249% FPL	
	Coverage Level		
	Extra Savings Silver 87% of costs covered by your plan 13% out-of-pocket costs	Extra Savings Silver 73% of costs covered by your plan 27% out-of-pocket costs	
	Premium Silver 0	Silver 5000	Premier Silver 2100
	Together Blue EPO Premier Extra Savings Silver 0	Together Blue EPO Extra Savings Silver 5000	Together Blue EPO Premier Extra Savings Silver 2100
Plan Availability	my Direct Blue EPO Premier Extra Savings Silver 0	my Direct Blue EPO Extra Savings Silver 5000	my Direct Blue EPO Premier Extra Savings Silver 2100
	my Blue Access PPO Premier Extra Savings Silver 0	my Blue Access PPO Extra Savings Silver 5000	my Blue Access PPO Premier Extra Savings Silver 2100
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$5,000 Family: \$10,000	Individual: \$2,100 Family: \$4,200
In-Network, Out-of- Pocket Maximum	Individual: \$3,000 Family: \$6,000	Individual: \$6,900 Family: \$13,800	Individual: \$6,600 Family: \$13,200
Primary Care Visit	\$0 copay	\$55 copay	\$75 copay
Specialist Visit	\$0 copay	\$55 copay	\$75 copay
Outpatient Mental Health and Substance Abuse Visits	\$0 copay	\$55 copay	\$75 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care ¹	\$0 copay	\$55 copay	\$75 copay
Diagnostic Test (Lab/X-ray)	\$25 copay	\$75 copay	\$75 copay
Urgent Care⁵	\$10 copay	\$110 copay	\$150 copay
Emergency Services	\$300 copay	\$750 after deductible	\$750 after deductible
Hospital Inpatient (including Maternity)²	\$375 copay	\$900 after deductible	\$500 after deductible
Pharmacy Summary ³	\$0/\$10/\$50/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Dental and Vision Option⁴	Yes	No	Yes

¹ Limit of 30 combined physical and occupational therapy visits per benefit period.

² The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

³ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

 4 See page 60–62 for Adult Dental and Vision benefit details.

⁵ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.

	Coverage Level		
	Catastrophic 9100 3 Free PCP visits	Bronze 8900	Bronze 6900 HSA — Custom Drug Benefit
Plan Availability	my Direct Blue Major Events EPO 9100 my Blue Access Major Events PPO 9100	my Direct Blue EPO Bronze 8900 my Blue Access PPO Bronze 8900	my Direct Blue EPO Bronze 6900 HSA – Custom Drug Benefit my Blue Access PPO Bronze 6900 HSA – Custom Drug Benefit
In-Network Deductible	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800
In-Network, Out-of- Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800
Primary Care Visit	\$0 after deductible; first 3 visits \$0 (not subject to deductible)	\$0 after deductible	\$0 after deductible
Specialist Visit	\$0 after deductible	\$0 after deductible	\$0 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$0 after deductible
Speech, Physical, and Occupational Therapy and Chiropractic Care²	\$0 after deductible	\$0 after deductible	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	\$0 after deductible
Urgent Care ⁶	\$0 after deductible	\$0 after deductible	\$0 after deductible
Emergency Services	\$0 after deductible	\$0 after deductible	\$0 after deductible
Hospital Inpatient (including Maternity) ³	\$0 after deductible	\$0 after deductible	\$0 after deductible
Pharmacy Summary⁴	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible
Includes Dental and Vision Option⁵	No	No	No

	Coverage Level			
	Bronze 3800	Silver 5900	Silver 3500*	Premier Silver 2900
Plan Availability	my Direct Blue EPO Bronze 3800 my Blue Access PPO Bronze 3800	my Direct Blue EPO Silver 5900 my Blue Access PPO Silver 5900	my Direct Blue EPO Silver 3500* my Blue Access PPO Silver 3500*	my Direct Blue EPO Premier Silver 2900 my Blue Access PPO Premier Silver 2900
In-Network Deductible	Individual: \$3,800 Family: \$7,600	Individual: \$5,900 Family: \$11,800	Individual: \$3,500 Family: \$7,000	Individual: \$2,900 Family: \$5,800
In-Network, Out-of- Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$7,800 Family: \$15,600
Primary Care Visit	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Specialist Visit	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Outpatient Mental Health and Substance Abuse Visits	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care ²	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Diagnostic Test (Lab/X-ray)	Lab: \$65 copay X-ray: \$150 copay	\$75 copay	\$75 copay	\$75 copay
Urgent Care ⁶	\$100 copay	\$110 copay	\$80 copay	\$150 copay
Emergency Services	50% after deductible	\$750 after deductible	30% after deductible	\$750 after deductible
Hospital Inpatient (including Maternity) ³	50% after deductible	\$900 after deductible	30% after deductible	\$500 after deductible
Pharmacy Summary⁴	50%/50%/50%/50% after deductible	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Dental and Vision Option⁵	Yes	No	Yes	Yes

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. They do not qualify for advance premium tax credits or cost-sharing reductions.

¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.

² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of Mental Health or Substance Abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ See page 60–62 for Adult Dental and Vision benefit details.

⁶ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.

	Coverage Level				
	Gold 1700 HSA ¹	Gold 0	Premier Gold 0		
Plan Availability	my Direct Blue EPO Gold 1700 HSA ¹ my Blue Access PPO	my Direct Blue EPO Gold 0 my Blue Access PPO	my Direct Blue EPO Premier Gold 0 my Blue Access PPO		
	Gold 1700 HSA ¹	Gold 0	Premier Gold 0		
In-Network Deductible	Individual: \$1,700 Family: \$3,400	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0		
In-Network, Out-of- Pocket Maximum	Individual: \$5,700 Family: \$11,400	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000		
Primary Care Visit	\$20 after deductible	\$20 copay	\$15 copay		
Specialist Visit	\$20 after deductible	\$20 copay	\$15 copay		
Outpatient Mental Health and Substance Abuse Visits	\$20 after deductible	\$20 copay	\$15 copay		
Speech, Physical, and Occupational Therapy and Chiropractic Care ²	\$20 after deductible	\$45 copay	\$40 copay		
Diagnostic Test (Lab/X-ray)	\$20 after deductible	\$35 copay	\$30 copay		
Urgent Care ⁶	\$40 after deductible	\$40 copay	\$30 copay		
Emergency Services	\$175 after deductible	\$300 copay	\$250 copay		
Hospital Inpatient (including Maternity) ³	\$300 after deductible	\$500 copay	\$375 copay		
Pharmacy Summary⁴	\$0/\$30/\$150/50% after deductible	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%		
Includes Dental and Vision Option⁵	No	Yes	Yes		

- * These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. They do not qualify for advance premium tax credits or cost-sharing reductions.
- ¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.
- ² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of Mental Health or Substance Abuse.
- ³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.
- ⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.
- ⁵ See page 60–62 for Adult Dental and Vision benefit details.
- ⁶ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.



Income	Level

138-149% FPL

150-199% FPL

Extra Savings Silver 87% of costs covered by your plan

13% out-of-pocket costs

Coverage Level

Extra Savings Silver

94% of costs covered by your plan
6% out-of-pocket costs
Silver 0

	Silver 0	Premier Silver 0	Silver 0
Plan Availability	my Direct Blue EPO Extra Savings Silver 0 my Blue Access PPO	my Direct Blue EPO Premier Extra Savings Silver 0 my Blue Access PPO	my Direct Blue EPO Extra Savings Silver 0 my Blue Access PPO
In-Network Deductible	Extra Savings Silver 0 Individual: \$0 Family: \$0	Premier Extra Savings Silver 0 Individual: \$0 Family: \$0	Extra Savings Silver 0 Individual: \$0 Family: \$0
In Network, Out-of- Pocket Maximum	Individual: \$1,200 Family: \$2,400	Individual: \$1,200 Family: \$2,400	Individual: \$2,800 Family: \$5,600
Primary Care Visit	\$1 copay	\$0 copay	\$15 copay
Specialist Visit	\$1 copay	\$0 copay	\$15 copay
Outpatient Mental Health and Substance Abuse Visits	\$1 copay	\$0 copay	\$15 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care ¹	\$5 copay	\$0 copay	\$30 copay
Diagnostic Test (Lab/X-ray)	\$5 copay	\$0 copay	\$25 copay
Urgent Care⁵	\$5 copay	\$5 copay	\$30 copay
Emergency Services	\$75 copay	\$75 copay	\$275 copay
Hospital Inpatient (including Maternity) ²	\$100 copay	\$100 copay	\$375 copay
Pharmacy Summary ³	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%	\$0/\$10/\$50/50%
Includes Dental and Vision Option⁴	No	Yes	No

	Income Level		
	150-199% FPL	200-249% FPL	
	Coverage Level		
	Extra Savings Silver 87% of costs covered by your plan 13% out-of-pocket costs	Extra Savings Silver 73% of costs covered by your plan 27% out-of-pocket costs	
	Premium Silver 0	Silver 5000	Premier Silver 2100
Plan Availability	my Direct Blue EPO Premier Extra Savings Silver 0 my Blue Access PPO Premier Extra Savings Silver 0	my Direct Blue EPO Extra Savings Silver 5000 my Blue Access PPO Extra Savings Silver 5000	my Direct Blue EPO Premier Extra Savings Silver 2100 my Blue Access PPO Premier Extra Savings Silver 2100
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$5,000 Family: \$10,000	Individual: \$2,100 Family: \$4,200
In Network, Out-of- Pocket Maximum	Individual: \$3,000 Family: \$6,000	Individual: \$6,900 Family: \$13,800	Individual: \$6,600 Family: \$13,200
Primary Care Visit	\$0 copay	\$55 copay	\$75 copay
Specialist Visit	\$0 copay	\$55 copay	\$75 copay
Outpatient Mental Health and Substance Abuse Visits	\$0 copay	\$55 copay	\$75 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care ¹	\$0 copay	\$55 copay	\$75 copay
Diagnostic Test (Lab/X-ray)	\$25 copay	\$75 copay	\$75 copay
Urgent Care⁵	\$10 copay	\$110 copay	\$150 copay
Emergency Services	\$300 copay	\$750 after deductible	\$750 after deductible
Hospital Inpatient (including Maternity) ²	\$375 copay	\$900 after deductible	\$500 after deductible
Pharmacy Summary ³	\$0/\$10/\$50/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Dental and Vision Option⁴	Yes	No	Yes

¹ Limit of 30 combined physical and occupational therapy visits per benefit period.

² The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

³ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁴ See page 60–62 for Adult Dental and Vision benefit details.

⁵ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.

	Coverage Level		
	Catastrophic 9100 3 Free PCP visits	Bronze 8900	Bronze 6900 HSA — Custom Drug Benefit
Plan Availability	my Blue Access Major Events PPO 9100	my Blue Access PPO Bronze 8900	my Blue Access PPO Bronze 6900 HSA – Custom Drug Benefit
In-Network Deductible	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800
In-Network, Out-of- Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800
Primary Care Visit	\$0 after deductible; first 3 visits \$0 (not subject to deductible)	\$0 after deductible	\$0 after deductible
Specialist Visit	\$0 after deductible	\$0 after deductible	\$0 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$0 after deductible
Speech, Physical, and Occupational Therapy and Chiropractic Care²	\$0 after deductible	\$0 after deductible	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	\$0 after deductible
Urgent Care ⁶	\$0 after deductible	\$0 after deductible	\$0 after deductible
Emergency Services	\$0 after deductible	\$0 after deductible	\$0 after deductible
Hospital Inpatient (including Maternity) ³	\$0 after deductible	\$0 after deductible	\$0 after deductible
Pharmacy Summary⁴	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible
Includes Dental and Vision Option⁵	No	No	No

	Coverage Level			
	Bronze 3800	Silver 5900	Silver 3500*	Premier Silver 2900
Plan Availability	my Blue Access PPO Bronze 3800	my Blue Access PPO Silver 5900	my Blue Access PPO Silver 3500*	my Blue Access PPO Premier Silver 2900
In-Network Deductible	Individual: \$3,800 Family: \$7,600	Individual: \$5,900 Family: \$11,800	Individual: \$3,500 Family: \$7,000	Individual: \$2,900 Family: \$5,800
In-Network, Out-of- Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$7,800 Family: \$15,600
Primary Care Visit	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Specialist Visit	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Outpatient Mental Health and Substance Abuse Visits	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care ²	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Diagnostic Test (Lab/X-ray)	Lab: \$65 copay X-ray: \$150 copay	\$75 copay	\$75 copay	\$75 copay
Urgent Care ⁶	\$100 copay	\$110 copay	\$80 copay	\$150 copay
Emergency Services	50% after deductible	\$750 after deductible	30% after deductible	\$750 after deductible
Hospital Inpatient (including Maternity) ³	50% after deductible	\$900 after deductible	30% after deductible	\$500 after deductible
Pharmacy Summary⁴	50%/50%/50%/50% after deductible	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Dental and Vision Option⁵	Yes	No	Yes	Yes

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. They do not qualify for advance premium tax credits or cost-sharing reductions.

** Note: you must reside in one of the following ZIP codes in Centre county to enroll in one of these plans: 16677, 16686, 16829, 16845, 16859, 16866, 16874.

¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.

² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of Mental Health or Substance Abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ See page 60–62 for Adult Dental and Vision benefit details.

⁶ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.

	Coverage Level			
	Gold 1700 HSA ¹	Gold 0	Premier Gold 0	
Plan Availability	my Blue Access PPO Gold 1700 HSA ¹	my Blue Access PPO Gold 0	my Blue Access PPO Premier Gold 0	
In-Network Deductible	Individual: \$1,700 Family: \$3,400	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	
In-Network, Out-of- Pocket Maximum	Individual: \$5,700 Family: \$11,400	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000	
Primary Care Visit	\$20 after deductible	\$20 copay	\$15 copay	
Specialist Visit	\$20 after deductible	\$20 copay	\$15 copay	
Outpatient Mental Health and Substance Abuse Visits	\$20 after deductible	\$20 copay	\$15 copay	
Speech, Physical, and Occupational Therapy and Chiropractic Care ²	\$20 after deductible	\$45 copay	\$40 copay	
Diagnostic Test (Lab/X-ray)	\$20 after deductible	\$35 copay	\$30 copay	
Urgent Care ⁶	\$40 after deductible	\$40 copay	\$30 copay	
Emergency Services	\$175 after deductible	\$300 copay	\$250 copay	
Hospital Inpatient (including Maternity) ³	\$300 after deductible	\$500 copay	\$375 copay	
Pharmacy Summary⁴	\$0/\$30/\$150/50% after deductible	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%	
Includes Dental and Vision Option⁵	No	Yes	Yes	

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange.

They do not qualify for advance premium tax credits or cost-sharing reductions.

** Note: you must reside in one of the following ZIP codes in Centre county to enroll in one of these plans:

16677, 16686, 16829, 16845, 16859, 16866, 16874.

- ¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.
- ² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of Mental Health or Substance Abuse.
- ³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.
- ⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.
- ⁵ See page 60–62 for Adult Dental and Vision benefit details.
- ⁶ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.



	Income Level			
	138-149% FPL		150-199% FPL	
	Coverage Level			
	Extra Savings Silver 94% of costs covered by your plan 6% out-of-pocket costs		Extra Savings Silver 87% of costs covered by your plan 13% out-of-pocket costs	
	Silver 0	Premier Silver 0	Silver 0	
Plan Availability	my Blue Access PPO Extra Savings Silver 0	my Blue Access PPO Premier Extra Savings Silver 0	my Blue Access PPO Extra Savings Silver 0	
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	
In-Network, Out-of- Pocket Maximum	Individual: \$1,200 Family: \$2,400	Individual: \$1,200 Family: \$2,400	Individual: \$2,800 Family: \$5,600	
Primary Care Visit	\$1 copay	\$0 copay	\$15 copay	
Specialist Visit	\$1 copay	\$0 copay	\$15 copay	
Outpatient Mental Health and Substance Abuse Visits	\$1 copay	\$0 copay	\$15 copay	
Speech, Physical, and Occupational Therapy and Chiropractic Care ¹	\$5 copay	\$0 copay	\$30 copay	
Diagnostic Test (Lab/X-ray)	\$5 copay	\$0 copay	\$25 copay	
Urgent Care⁵	\$5 copay	\$5 copay	\$30 copay	
Emergency Services	\$75 copay	\$75 copay	\$275 copay	
Hospital Inpatient (including Maternity)²	\$100 copay	\$100 copay	\$375 copay	
Pharmacy Summary ³	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%	\$0/\$10/\$50/50%	
Includes Dental and Vision Option⁴	No	Yes	No	

	Income Level		
	150-199% FPL	200-249% FPL	
	Coverage Level		
	Extra Savings Silver 87% of costs covered by your plan 13% out-of-pocket costs	Extra Savings Silver 73% of costs covered by your plan 27% out-of-pocket costs	
	Premium Silver 0	Silver 5000	Premier Silver 2100
Plan Availability	my Blue Access PPO Premier Extra Savings Silver 0	my Blue Access PPO Extra Savings Silver 5000	my Blue Access PPO Premier Extra Savings Silver 2100
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$5,000 Family: \$10,000	Individual: \$2,100 Family: \$4,200
In-Network, Out-of- Pocket Maximum	Individual: \$3,000 Family: \$6,000	Individual: \$6,900 Family: \$13,800	Individual: \$6,600 Family: \$13,200
Primary Care Visit	\$0 copay	\$55 copay	\$75 copay
Specialist Visit	\$0 copay	\$55 copay	\$75 copay
Outpatient Mental Health and Substance Abuse Visits	\$0 copay	\$55 copay	\$75 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care ¹	\$0 copay	\$55 copay	\$75 copay
Diagnostic Test (Lab/X-ray)	\$25 copay	\$75 copay	\$75 copay
Urgent Care⁵	\$10 copay	\$110 copay	\$150 copay
Emergency Services	\$300 copay	\$750 after deductible	\$750 after deductible
Hospital Inpatient (including Maternity)²	\$375 copay	\$900 after deductible	\$500 after deductible
Pharmacy Summary ³	\$0/\$10/\$50/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Dental and Vision Option⁴	Yes	No	Yes

** Note: you must reside in one of the following ZIP codes in Centre county to enroll in one of these plans:

16677, 16686, 16829, 16845, 16859, 16866, 16874.

¹ Limit of 30 combined physical and occupational therapy visits per benefit period.

² The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

³ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁴ See page 60–62 for Adult Dental and Vision benefit details.

⁵ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.

For all plans with Adult Dental and Vision — these are your vision benefits.

In-network	
Vision Benefits	Frequency - Once every:
Eye Examination (including dilation when professionally indicated)	12 months
Spectacle Lenses	12 months
Frame	12 months
Contact Lenses (in lieu of eyeglass lenses)	12 months
Copayments	

Copayments	
Eye Examination	\$0
Spectacle Lenses	\$0
Contact Lens Evaluation, Fitting, and Follow-Up Care	n/a

Eyeglass Benefit - F	rame	Average Retail Value	
Non-Collection Frame Allowar	nce (Retail):	Up to \$130 Up to \$150	
Davis Vision Frame	Fashion level	Up to \$125	Included
Collection ¹	Designer level	Up to \$175	\$20 copayment
(in lieu of Allowance):	Premier level	Up to \$225	\$40 copayment

Eyeglass Benefit - Spectacle Lenses	Average Retail Value	Member Charges
Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any Rx)	\$60-\$120	Included
Oversize Lenses	\$20	Included
Tinting of Plastic Lenses	\$20	\$11
Scratch-Resistant Coating	\$25-\$40	Included
Scratch Protection Plan Single Vision	\$60-\$120	\$20
Scratch Protection Plan Multifocal	\$60-\$120	\$40
Polycarbonate Lenses ²	\$60-\$75	\$0 or \$30
Ultraviolet Coating	\$25-\$30	\$12
Standard Anti-Reflective (AR) Coating	\$50-\$70	\$35
Premium AR Coating	\$65-\$90	\$48
Ultra AR Coating	\$100-\$125	\$60
Standard Progressive Lenses	\$150-\$195	\$50
Premium Progressives (Varilux®, etc.)	\$195-\$225	\$90
Ultra Progressive Lenses	\$225-\$300	\$140
Intermediate-Vision Lenses	\$150-\$175	\$30
High-Index Lenses	\$90-\$150	\$55
Polarized Lenses	\$95-\$110	\$75
Plastic Photosensitive Lenses	\$95-\$150	\$65

Contact Lens Benefit (in lieu of eyeglasses)	Contact	Lens Benefit	(in lieu of e	yeglasses)
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Non-Collection Contact Lenses: Materials Allowance:		Up to \$150
Collection Contact Lenses ¹ (in lieu of Allowance): Materials	Disposable	Covered In Full
	Planned Replacement	Covered In Full
	Evaluation, Fitting, and Follow-Up Care	Included
Medically Necessary Contact Lenses (with prior approval)	Materials, Evaluation, Fitting, and Follow-Up Care	Included

¹ Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

² Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

One-year eyeglass breakage warranty included.

Adult Vision benefits utilize the Davis Vision Network. There is no out-of-network coverage. Davis Vision is a separate company that administers Highmark vision benefits.

To find a provider in the Davis Vision Network, visit **highmarkbcbs.com** and select the **Find a Doctor or Pharmacy** tab.

For all plans with Adult Dental and Vision — these are your dental benefits.

Dental Benefits	Dental Benefits			
Annual Deductible Per Insured Person		\$50 Per Calendar Year		
Annual Deductible Per Insured Family		\$150 Per Calendar Year		
Annual Maximum Per Insured Person		\$1,250		
Covered Services:	Policy Pays		Elimination Period	
Covered Services.	In Network	Out of Network		
Oral Evaluations (Exams)	100%	0%	None	
Radiographs (All X-Rays)	100%	0%	None	
Prophylaxis (Cleanings)	100%	0%	None	
Palliative Treatment (Emergency)	100%	0%	None	
Sealants	100%	0%	None	
Space Maintainers	100%	0%	None	
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures, and Dentures	80%	0%	6 Months	
Basic Restorative (Fillings, etc.)	80%	0%	None	
Simple Extractions	80%	0%	6 Months	
Surgical Extractions	50%	0%	6 Months	
Complex Oral Surgery	50%	0%	6 Months	
Endodontics (Root canals, etc.)	50%	0%	6 Months	
General Anesthesia and/or Nitrous Oxide and/or IV Sedation	80%	0%	6 Months	
Nonsurgical Periodontics	50%	0%	6 Months	
Periodontal Maintenance	50%	0%	None	
Surgical Periodontics	50%	0%	6 Months	
Crowns, Inlays, Onlays	50%	0%	6 Months	
Prosthetics (Fixed Partial Dentures, Dentures)	50%	0%	6 Months	
Adjustments and Repairs of Prosthetics	80%	0%	None	
Implant Services	0%	0%	None	
Consultations	100%	0%	None	
Orthodontics	0%	0%	None	

The percentage in the Policy Pays column is the percentage of the set amount that the Policy will pay for Covered Services provided by a Participating Dentist. Participating Dentists accept the plan allowance as payment in full.

Adult Dental benefits utilize the Concordia Advantage Network. Members must use a United Concordia provider. There is no Out-of-Network coverage for this benefit. United Concordia Companies, Inc., is a separate company that administers pediatric dental benefits for Highmark BCBS members.

To find a dental provider in the Advantage Network, visit highmarkbcbs.com and select the Find a Doctor or Pharmacy tab.

Health care lingo, translated.

When you're choosing plans, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones.

BLUECARD

A program that connects independent Blue Plans across the country. It gives Blue Plan members access to in-network coverage while outside their plan area. The level of coverage depends on your chosen plan.

COINSURANCE

The percentage of total cost of care you may owe for certain covered services after reaching your deductible. For example, if your plan pays 80%, you pay 20%.

COPAY

The set amount you pay for certain covered services, could be \$20 for a doctor visit or \$30 for a specialist visit. If you owe a copay, you must pay it when you check in for your visit.

DEDUCTIBLE

The set amount you pay for covered health services or drug costs before your plan starts paying.

EMERGENCY SERVICES

Care for a condition needing immediate attention to avoid severe harm.

FORMULARY

A list of drugs selected by the plan based on certain clinical factors. The list of medicines is sorted by tier. Lower tiers usually mean lower copays.

HABILITATIVE SERVICES

Health care services that help you keep, acquire, or improve skills and functioning for daily living following disease, illness, or injury.

HEALTH SAVINGS ACCOUNT (HSA)

An account to set aside pre-tax money to pay for qualified medical expenses. You can only have an HSA if you have a Qualified High-Deductible Health Plan.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A plan that usually comes with a lower premium because you pay more for health care services up front before the insurance company starts to pay. These plans are often combined with a health savings account.

IN-NETWORK PROVIDER

A doctor or hospital that has an agreement with the plan and will accept plan allowance plus member copay or coinsurance as payment in full.

OUT-OF-NETWORK PROVIDER

A doctor or hospital that does not have an agreement with the plan and does not have to accept plan allowance as payment in full.

OUT-OF-POCKET MAXIMUM

The most you'd pay for covered care in a benefit period or year. If you reach this amount, your plan pays 100% after that.

PLAN ALLOWANCE

The set amount an in-network provider has agreed to accept for a covered health care service. Member responsibility for the service can be found in the Outline of Coverage. The plan pays the difference between the plan allowance and the member responsibility. If an out-of-network provider bills for more than the plan allowance, you may have to pay the difference. If your plan does not include out-of-network coverage and you receive care, other than emergency or urgent care, you may be responsible for the entire cost.

PREMIUM

The monthly amount paid for coverage.

PREVENTIVE CARE SERVICES

Routine care like screenings and checkups that help keep you healthy. Refer to the Highmark Preventive Schedule for the list of preventive care services.

PRIMARY CARE PROVIDER (PCP)

The medical professional you see for most of your basic care, like yearly preventive visits and screenings.

QUALIFIED HEALTH PLAN (QHP)

A plan that has been certified by the Health Insurance Marketplace and meets all ACA requirements. That includes providing the 10 Essential Health Benefits and staying inside the limits for deductibles, copays, and out-of-pocket maximums.

REHABILITATIVE SERVICES

Care that helps you keep, get back, or improve skills and functioning after you were sick, hurt, or disabled.

RETAIL CLINIC

Walk-in centers for less complex health needs, generally open in the evenings and on weekends.

URGENT CARE CENTER

A walk-in center for when you have a condition that's serious enough to need care right away, but not serious enough for a trip to the emergency room.

VIRTUAL VISIT

A real-time office visit with a doctor at a remote location, conducted via interactive audio and streaming video telecommunications.

It's all in the name.

Here's a quick glance at how our plan names are built and what each part means for you. Example shown: my Blue Access PPO Premier Extra Savings Silver 0 + Adult Dental and Vision

> This is the **product type**. To learn more about our products and networks, flip to **page 22**.

my Blue Access PPO Premier

It all starts with the **product name**. This corresponds to the available network. This refers to unique benefits. To learn more, see **page 36**. **Metal level** reflects how you and your plan share costs. See **page 13** for more info.

Savings Silver

Extra

0 + Adult Dental and Vision

The plan's **deductible amount** will always follow the metal level.

This section refers to **additional benefits** included with the plan.

You might see **HSA** or **Custom Drug Benefit** in a plan name too.



There's a whole lot of legalese around these plans. We put it all in one place for you.

HIGHMARK DISCLOSURES

Important Benefit Details

Non-Embedded Family Deductible: For an agreement covering more than one (1) family member, the family deductible must be satisfied before the plan will begin to pay benefits for covered services for any covered family member. When the family deductible has been satisfied, the family deductible will be considered to have been satisfied for all family members, the plan will begin to pay benefits for covered family members for the remainder of the benefit period (January 1, 2023– December 31, 2023). The family deductible can be met by one family member or a combination of members.

Aggregate/Embedded Family Deductible Plans: 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 (January 1, 2023– December 31, 2023), 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. Not every individual member must meet the individual deductible for the family deductible to be met and no individual member may satisfy the entire family Deductible.

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Blue Distinction Total Care ("Total Care") providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details and national criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross Blue Shield Association nor any Blue Plans are responsible for noncovered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

You are responsible for out-of-pocket costs each benefit period (January 1, 2023– December 31, 2023) up to the 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.

Diagnostic Lab services include Laboratory and Pathology. Diagnostic Lab services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service.

Basic Diagnostic Services include Diagnostic X-ray, diagnostic medical and allergy testing. Basic diagnostic services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service. The copayment, if any, does not apply to diagnostic services prescribed for the treatment of Mental Health or Substance Abuse.

Advanced Imaging services include, but are not limited to, CAT scan, CTA, MRI, MRA, PET scan, and PET/CT Scan. Advanced Imaging services require one copay

(or, for some plans, coinsurance after deductible) per date of service and type of service. The copayment, if any, does not apply to diagnostic services prescribed for the treatment of Mental Health or Substance Abuse.

Pediatric vision benefits utilize the Davis Vision Network. Pediatric dental benefits utilize United Concordia's Advantage Network.

Essential Formulary prescription drug cost covers a 90-day (Mail Order) or 31day (Retail) supply. All plans have a four-tier closed formulary prescription drug structure.

Qualified High Deductible Health Plans 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. If you have questions, please check with your financial advisor.

BlueCard coverage is available for emergency or urgent care for all plans when you are away from home. Routine care is also covered for some plans. Consult your plan documents for additional information.

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

Highmark Blue Cross Blue Shield is a Qualified Health Plan insurer in the Pennsylvania Insurance Exchange.

If you purchase coverage through an agent or broker, that individual may receive a commission. Bonus or incentive compensation may also apply. For more details visit highmark.com and enter your ZIP code. Select Plans followed by Shop Individual and Family Plans. Scroll to the bottom of the page and look for Highmark Individual Market Broker Compensation.

Please note that 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. This information is intended to provide general information only and does not attempt to give you advice that relates to your specific circumstances. The information regarding any health plan will be subject to the terms of the applicable health plan benefit agreement. Any review of materials, request for information, or application does not obligate you to enroll for coverage. Please request the Outline of Coverage for details on benefits, conditions, and exclusions. Providing your information is voluntary.

To find more information about Highmark's benefits and operating procedures, such as accessing the drug formulary or using network providers, visit our website. Go to highmark.com and enter your ZIP code. Select Plans followed by Shop Individual and Family Plans. Scroll to the blue bar at bottom of the page. Look for Be Informed and select Quality Assurance. For a paper copy, call 1-855-873-4108 (TTY/TDD 711).

BlueCard is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Blue Distinction is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Blue365 is a registered mark of the Blue Cross Blue Shield Association.

You should confirm the network status of a provider prior to receiving services. You can call My Care Navigator at 1-888-Blue-428 to confirm if a doctor or facility will be in network in 2021. Amwell is an independent company that provides telemedicine services. Amwell does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services.

Sharecare, RealAge Test and AskMD are registered trademarks of Sharecare, LLC., an independent and separate company that provides a consumer care engagement platform for Highmark members. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

My Care Navigator is a service mark of Highmark Inc.

TruHearing is a separate company that provides hearing aid devices and services that TruHearing is providing to Highmark or Highmark members.

Papa is a separate company that provides companionship and assistance with everyday tasks to Highmark members.

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.

Insurance or benefit administration may be provided by or through Highmark Blue Cross Blue Shield or Highmark Coverage Advantage, both of which are independent licensees 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, 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. If you speak English, language assistance services, free of charge, are available

to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文,可向您提供免费语言协助服务。 請致電 1-800-876-7639.

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. 1-800-876-7639 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم 1800-876-7639 .

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

日本語が母国語の方は言語アシスタンス・ サービスを無料でご利用いた だけます。 1-800-876-7639 を呼び出します。

> اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 7639-876-108 .

Highmark, a member of the Blue Cross Blue Shield Association,^{*} has been providing secure and stable health care coverage for over 80 years. With 1 in 3 Americans covered by a Blue Cross and/or Blue Shield plan, when you're with Highmark, you're in good company.

* The Blue Cross Blue Shield Association is an association of independent Blue Cross Blue Shield plans.

Ready to (en)roll? Cool. Here's how to do it:

- By phone: 1-833-796-0888
- Online: Highmark.com
- By contacting your agent or broker
- At a Highmark Direct store near you

The Pointe at North Fayette 218 Summit Park Drive North Fayette, PA 15275 412-912-1264

McKnight Siebert Shopping Center 4885 McKnight Road Pittsburgh, PA 15237 412-228-0451

Norman Centre II 1775 North Highland Road Pittsburgh, PA 15241 724–218–3726

Kingswood Plaza 5753 Peach Street Erie, PA 16509 814–960–7154

4008 William Penn Highway Monroeville, PA 15146 412-516-9065

To schedule an appointment at a Highmark Direct store near you, visit HighmarkDirectAppointments.com.



Because Life.™

ACA_WPA_PB_23

Western and Northeastern Pennsylvania region **Pediatric dental and vision coverage benefit summary**

for individual and family plans



Effective January 1, 2023

2023 Pediatric Vision Coverage Benefit Summary

NETWORK BENEFIT (Independents and Visionworks)*	Frequency	Child Pediatric – Members under 19 years of age ⁽¹⁾
Eye examination inclusive of dilation (when professionally indicated)	12 Months	\$0 copay
Spectacle lenses ⁽²⁾	12 Months	\$0 copay
Frames	12 Months	\$0 copay
Contact lens evaluation, fitting, and follow-up care (in lieu of eyeglasses)	12 Months	\$0 copay
Contact lenses (in lieu of eyeglasses)	12 Months	\$0 copay
Eyeglass benefit – frame		
Frame allowance (retail):	Up to \$150 Plus a 20% discou	int on any overage
Davis Vision Exclusive Collection (in lieu of allowance)		
Fashion / Designer / Premier - member charge (if applicable)	\$0 / \$0 / \$0	
Eyeglass benefit – spectacle lenses ⁽²⁾		
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	\$0	
Digital single vision (intermediate)	\$30	
Tinting of plastic lenses (solid / gradient)	\$11	
Scratch-resistant coating	\$0	
Polycarbonate lenses	\$0	
Ultraviolet coating	\$12	
Blue-light filtering	\$15	
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)	\$35 / \$48 / \$60 / \$85	
Progressive lenses ⁽³⁾ (standard / premium / ultra / ultimate)	\$50 / \$90 / \$140 / \$175	
High-index lenses (thinner and lighter)	\$55 / \$120	
Polarized lenses	\$75	
Plastic photochromic lenses	\$65	
Scratch protection plan: single vision / multifocal lenses	\$20 / \$40	
Contact lens benefit (in lieu of eyeglasses)		
Contact lens: materials allowance	Up to \$150 Plus a 15% discou	int on any overage
Evaluation, fitting, and follow-up care – standard and specialty lens types	Not Covered	
Evaluation, fitting, and follow-up care – standard lens types	Not Covered	
Exclusive Collection contact lenses ⁽⁴⁾ (in lieu of allowance):		
Materials: disposable or planned replacement	Up to 4 or 2 boxes	3
Evaluation, fitting, and follow-up care	\$0	
Visually required contact lenses (with prior approval) - Materials, evaluation, fitting, and follow-up care	\$0 with prior approval	

These benefits apply to all plans other than High-Deductible and Catastrophic health plans.

⁽¹⁾ Dependents will be terminated from vision coverage at the end of the month in which they turn 19. ⁽²⁾ Includes glass, plastic, or oversized lenses. ⁽³⁾ Progressive multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive lenses. However, the member's payment toward the progressive upgrade will not be refunded. ⁽⁴⁾ Disposable contact lens wearers will receive four multipacks of lenses. Planned replacement lens wearers will receive two multipacks of lenses. Vision benefits utilize the Davis Vision Network.

There is no out-of-network coverage. Davis Vision is a separate company that administers Highmark vision benefits. Visionworks, also a separate company, is a provider within the Davis Vision Network.

2023 Pediatric Vision Coverage Benefit Summary

NETWORK BENEFIT (Independents and Visionworks)*	Frequency	Child Pediatric – Members under 19 years of age ⁽¹⁾
Eye examination inclusive of dilation (when professionally indicated)	12 Months	\$0 copay
Spectacle lenses ^{(2)**}	12 Months	\$0 copay
Frames**	12 Months	\$0 copay
Contact lens evaluation, fitting, and follow-up care (in lieu of eyeglasses)	12 Months	\$0 copay
Contact lenses (in lieu of eyeglasses)**	12 Months	\$0 copay
Eyeglass benefit – frame		
Frame allowance (retail):	Up to \$150 Plus a 20% discount on any overage	
Davis Vision Exclusive Collection (in lieu of allowance)		
Fashion / Designer / Premier - member charge (if applicable)	\$0 / \$0 / \$0	
Eyeglass benefit – spectacle lenses ⁽²⁾		
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	\$0	
Digital single vision (intermediate)	\$30	
Tinting of plastic lenses (solid / gradient)	\$11	
Scratch-resistant coating	\$0	
Polycarbonate lenses	\$0	
Ultraviolet coating	\$12	
Blue-light filtering	\$15	
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)	\$35 / \$48 / \$60 / \$85	
Progressive lenses ⁽³⁾ (standard / premium / ultra / ultimate)	\$50 / \$90 / \$140 / \$175	
High-index lenses (thinner and lighter)	\$55 / \$120	
Polarized lenses	\$75	
Plastic photochromic lenses	\$65	
Scratch protection plan: single vision / multifocal lenses	\$20 / \$40	
Contact lens benefit (in lieu of eyeglasses)		
Contact lens: materials allowance	Up to \$150 Plus a 15% discou	int on any overage
Evaluation, fitting, and follow-up care – standard and specialty lens types	Not Covered	
Evaluation, fitting, and follow-up care – standard lens types	Not Covered	
Exclusive Collection contact lenses ⁽⁴⁾ (in lieu of allowance):		
Materials: disposable or planned replacement	Up to 4 or 2 boxes	3
Evaluation, fitting, and follow-up care	\$0	
Visually required contact lenses (with prior approval) - Materials, evaluation, fitting, and follow-up care	\$0 with prior approval	

These benefits apply to High-Deductible plans.

terminated from vision coverage at the end of the month in which they turn 19. ⁽²⁾ Includes glass, plastic, or oversized lenses. ⁽³⁾ Progressive multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive lenses. However, the member's payment toward the progressive upgrade will not be refunded. ⁽⁴⁾ Disposable contact lens wearers will receive four multipacks of lenses. Planned replacement lens wearers will receive two multipacks of lenses. Vision benefits utilize the Davis Vision Network. There is no out-of-network coverage. Davis Vision is a separate company that administers Highmark vision benefits. Visionworks, also a separate company, is a provider within the Davis Vision Network.

⁽¹⁾ Dependents will be

** Subject to deductible.

2023 Pediatric Vision Coverage Benefit Summary

NETWORK BENEFIT (Independents and Visionworks)*	Frequency	Child Pediatric – Members under 19 years of age ⁽¹⁾
Eye examination inclusive of dilation (when professionally indicated)**	12 Months	\$0 copay
Spectacle lenses ^{(2)**}	12 Months	\$0 copay
Frames**	12 Months	\$0 copay
Contact lens evaluation, fitting, and follow-up care (in lieu of eyeglasses)**	12 Months	\$0 copay
Contact lenses (in lieu of eyeglasses)**	12 Months	\$0 copay
Eyeglass benefit – frame		
Frame allowance (retail):	Up to \$150 Plus a 20% discou	int on any overage
Davis Vision Exclusive Collection (in lieu of allowance)		
Fashion / Designer / Premier - member charge (if applicable)	\$0 / \$0 / \$0	
Eyeglass benefit – spectacle lenses ⁽²⁾		
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	\$0	
Digital single vision (intermediate)	\$30	
Tinting of plastic lenses (solid / gradient)	\$11	
Scratch-resistant coating	\$0	
Polycarbonate lenses	\$0	
Ultraviolet coating	\$12	
Blue-light filtering	\$15	
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)	\$35 / \$48 / \$60 / \$	85
Progressive lenses ⁽³⁾ (standard / premium / ultra / ultimate)	\$50 / \$90 / \$140 /	\$175
High-index lenses (thinner and lighter)	\$55 / \$120	
Polarized lenses	\$75	
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Scratch protection plan: single vision / multifocal lenses	\$20 / \$40	
Contact lens benefit (in lieu of eyeglasses)		
Contact lens: materials allowance	Up to \$150 Plus a 15% discou	int on any overage
Evaluation, fitting, and follow-up care – standard and specialty lens types	Not Covered	
Evaluation, fitting, and follow-up care – standard lens types	Not Covered	
Exclusive Collection contact lenses ⁽⁴⁾ (in lieu of allowance):		
Materials: disposable or planned replacement	Up to 4 or 2 boxes	5
Evaluation, fitting, and follow-up care	\$0	
Visually required contact lenses (with prior approval) - Materials, evaluation, fitting, and follow-up care	\$0 with prior appr	oval

These benefits apply to Catastrophic health plans.

⁽¹⁾ Dependents will be terminated from vision coverage at the end of the month in which they turn 19.

 ⁽²⁾ Includes glass, plastic, or oversized lenses.
 ⁽³⁾ Progressive multifocals can be worn by most people.
 Conventional bifocals
 will be supplied at no additional charge for anyone who is unable to adapt to progressive lenses. However, the member's payment toward the progressive upgrade will not be refunded.
 ⁽⁴⁾ Disposable contact lens wearers will receive four

wearers will receive four multipacks of lenses. Planned replacement lens wearers will receive two multipacks of lenses.

- * Vision benefits utilize the Davis Vision Network. There is no out-of-network coverage. Davis Vision is a separate company that administers Highmark vision benefits. Visionworks, also a separate company, is a provider within the Davis Vision Network.
- ** Subject to deductible.



2023 Pediatric Dental Coverage Benefit Summary

This plan meets the minimum essential health benefit requirements for pediatric oral health as required under the Federal Affordable Care Act.

These benefits are only available for children through the end of the benefit period that they turn 19.

This plan will pay benefits for Covered Services shown below subject to exclusions and other Policy terms. Payment is based on the plan allowance for the specific Covered Service. **Participating Dentists accept contracted plan allowance as payment in full for services.** These benefits apply to all plans except Catastrophic or High Deductible health plans.

Contract year deductible per member: \$0

Annual maximum per member: Unlimited

Out-of-Pocket (OOP) year maximum per member: Expenditures for medical, dental, and vision care all contribute to the member's out-of-pocket maximum.

Network:

Western PA: Advantage Northeastern PA: Advantage Plus

Service category	Waiting period	Policy pays in-network dentists*	Policy pays out-of- network dentists	After deductible
Diagnostic Services				
Oral Evaluations (Exams)	None	100%	Not Covered	N/A
Radiographs (All X-rays)	None	100%	Not Covered	N/A
Preventive Services				
Prophylaxis (Cleanings)	None	100%	Not Covered	N/A
Fluoride Treatments	None	100%	Not Covered	N/A
Sealants	None	100%	Not Covered	N/A
Space Maintainers	None	100%	Not Covered	N/A
Restorative Services				
Basic Restoration Anterior Composite	None	50%	Not Covered	N/A
Basic Restoration Anterior Amalgam	None	50%	Not Covered	N/A
Basic Restoration Posterior Amalgam	None	50%	Not Covered	N/A
Crowns	None	50%	Not Covered	N/A
Inlays and Onlays	None	50%	Not Covered	N/A
Crown Repair	None	50%	Not Covered	N/A
Endodontic Services				
Endodontic Therapy (Root canals, etc.)	None	50%	Not Covered	N/A
Periodontal Services				
Surgical Periodontics	None	50%	Not Covered	N/A
Non-Surgical Periodontics	None	50%	Not Covered	N/A
Periodontal Maintenance	None	50%	Not Covered	N/A
Prosthodontic Services, Fixed				
Prosthetics (Fixed Partial Dentures)	None	50%	Not Covered	N/A

* Pediatric Dental benefits utilize the United Concordia Advantage Provider Network. Members must use a United Concordia provider. There is no out-of-network coverage for this benefit. United Concordia Companies, Inc., is a separate company that administers pediatric dental benefits for Highmark BCBS members.

Service category	Waiting period	Policy pays in-network dentists*	Policy pays out-of- network dentists	After deductible
Prosthodontic Services, Removable				
Prosthetics (Complete Dentures)	None	50%	Not Covered	N/A
Adjustments and Repairs of Prosthetics	None	50%	Not Covered	N/A
Implant Services				
Implant Services	None	50%	Not Covered	N/A
Maxillofacial Prosthetics Services				
Maxillofacial Prosthetics	N/A	Not Covered	Not Covered	N/A
Oral and Maxillofacial Surgical Servi	ces			
Simple Extractions	None	50%	Not Covered	N/A
Surgical Extractions	None	50%	Not Covered	N/A
Oral Surgery	None	50%	Not Covered	N/A
Apicoectomy/Periradicular Surgery	None	50%	Not Covered	N/A
Adjunctive General Services				
Consultations	None	100%	Not Covered	N/A
General Anesthesia, Nitrous Oxide, and/or IV Sedation	None	50%	Not Covered	N/A
Palliative Treatment (Emergency)	None	100%	Not Covered	N/A
Orthodontic Services				
Medically Necessary Orthodontics	None	50%	Not Covered	N/A
Cosmetic Orthodontic Services	None	Not Covered	Not Covered	N/A

Medically Necessary Orthodontics Coverage

In this section, "Medically Necessary" or "Medical Necessity" means health care services that a physician or dentist would provide to a patient for the purpose of evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms, and are:

- 1. Generally accepted standards of medical or dental practice.
- 2. Clinically appropriate, in terms of type, frequency, extent, site, and duration.
- 3. Considered effective for the patient's illness, injury, or disease.
- 4. Not primarily for the convenience of the patient, physician, or dentist, and not more costly than another service that is less likely to produce the same results.

As used above, "generally accepted standards of medical or dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, medical, and dental literature, and generally recognized by the relevant professional community.
- Recognized medical and dental, and Specialty Society recommendations.
- The views of physicians and dentists practicing in the relevant clinical area and any other relevant factors.

A Medically Necessary orthodontic service is a procedure that's part of an approved orthodontic plan and is used to treat:

- Severe functional difficulties.
- Birth defects in facial bones and/or oral structures.
- Facial trauma resulting in functional difficulties.
- A psychological/psychiatric diagnosis from a mental health provider.

Coverage of Medically Necessary Orthodontics

- 1. Orthodontic treatment must be Medically Necessary and be the only method capable of:
 - a) Preventing irreversible damage to the insured person's teeth or their supporting structures.
 - b) Restoring the insured person's oral structure to health.
- 2. The insured person must have a full set of permanent teeth to be eligible for Medically Necessary orthodontic services for conditions that severely interfere with oral function.
- 3. Other orthodontic covered services include:
 - A pre-orthodontic treatment visit for completion of the HLD (NJ-Mod2) form, diagnostic photographs, and panoramic radiographs.
 - Limited treatment for the primary, transitional, and adult dentition.
 - Interceptive treatment for the primary transitional dentition.
 - Minor treatment to control harmful habits.
 - Continuation of cases started prior to the insured person's effective date.
 - Orthognathic surgical cases with comprehensive orthodontic treatment.
 - Placement, removal, and repairs of orthodontic appliances.
 - Replacement of a lost or broken retainer.
 - Rebonding or recementing of brackets or bands.
 - Removal of appliances by a provider that did not start the case.
- 4. All Medically Necessary orthodontic services require prior approval and a written plan of care.

2023 Pediatric Dental Coverage Benefit Summary

This plan meets the minimum essential health benefit requirements for pediatric oral health as required under the Federal Affordable Care Act.

These benefits are only available for children through the end of the benefit period that they turn 19.

This plan will pay benefits for Covered Services shown below subject to exclusions and other Policy terms. Payment is based on the plan allowance for the specific Covered Service. Participating Dentists accept contracted plan allowance as payment in full for services.

These benefits apply to High Deductible health plans.

Contract year deductible per member:

Expenditures for medical, dental, and vision care all contribute to the member's deductible.

Annual maximum per member: Unlimited

Out-of-Pocket (OOP) year maximum per member:

Expenditures for medical, dental, and vision care all contribute to the member's out-of-pocket maximum.

Network:

Western PA: Advantage Northeastern PA: Advantage Plus

Service category	Waiting period	Policy pays in-network dentists*	Policy pays out-of- network dentists	After deductible
Diagnostic Services				
Oral Evaluations (Exams)	None	100%	Not Covered	No
Radiographs (All X-rays)	None	100%	Not Covered	No
Preventive Services				
Prophylaxis (Cleanings)	None	100%	Not Covered	No
Fluoride Treatments	None	100%	Not Covered	No
Sealants	None	100%	Not Covered	No
Space Maintainers	None	100%	Not Covered	No
Restorative Services				
Basic Restoration Anterior Composite	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Basic Restoration Anterior Amalgam	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Basic Restoration Posterior Amalgam	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Crowns	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Inlays and Onlays	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Crown Repair	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Endodontic Services				
Endodontic Therapy (Root canals, etc.)	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Periodontal Services				
Surgical Periodontics	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Non-Surgical Periodontics	None	Coinsurance matches medical coinsurance	rrance matches medical coinsurance Not Covered	
Periodontal Maintenance	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Prosthodontic Services, Fixed				
Prosthetics (Fixed Partial Dentures)	None	Coinsurance matches medical coinsurance	Not Covered	Yes

* Pediatric Dental benefits utilize the United Concordia Advantage Provider Network. Members must use a United Concordia provider. There is no out-of-network coverage for this benefit. United Concordia Companies, Inc., is a separate company that administers pediatric dental benefits for Highmark BCBS members.

Service category	Waiting period	Policy pays in-network dentists*	Policy pays out-of- network dentists	After deductible
Prosthodontic Services, Removable				
Prosthetics (Complete Dentures)	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Adjustments and Repairs of Prosthetics	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Implant Services				
Implant Services	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Maxillofacial Prosthetics Services				
Maxillofacial Prosthetics	N/A	Not Covered	Not Covered	N/A
Oral and Maxillofacial Surgical Servi	ces			
Simple Extractions	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Surgical Extractions	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Oral Surgery	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Apicoectomy/Periradicular Surgery	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Adjunctive General Services				
Consultations	None	Coinsurance matches medical coinsurance	Not Covered	Yes
General Anesthesia, Nitrous Oxide, and/or IV Sedation	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Palliative Treatment (Emergency)	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Orthodontic Services				
Medically Necessary Orthodontics	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Cosmetic Orthodontic Services	None	Not Covered	Not Covered	N/A

Medically Necessary Orthodontics Coverage

In this section, "Medically Necessary" or "Medical Necessity" means health care services that a physician or dentist would provide to a patient for the purpose of evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms, and are:

- 1. Generally accepted standards of medical or dental practice.
- 2. Clinically appropriate, in terms of type, frequency, extent, site, and duration.
- 3. Considered effective for the patient's illness, injury, or disease.
- 4. Not primarily for the convenience of the patient, physician, or dentist, and not more costly than another service that is less likely to produce the same results.

As used above, "generally accepted standards of medical or dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, medical, and dental literature, and generally recognized by the relevant professional community.
- Recognized medical and dental, and Specialty Society recommendations.
- The views of physicians and dentists practicing in the relevant clinical area and any other relevant factors.

A Medically Necessary orthodontic service is a procedure that's part of an approved orthodontic plan and is used to treat:

- Severe functional difficulties.
- Birth defects in facial bones and/or oral structures.
- Facial trauma resulting in functional difficulties.
- A psychological/psychiatric diagnosis from a mental health provider.

Coverage of Medically Necessary Orthodontics

- 1. Orthodontic treatment must be Medically Necessary and be the only method capable of:
 - a) Preventing irreversible damage to the insured person's teeth or their supporting structures.
 - b) Restoring the insured person's oral structure to health.
- 2. The insured person must have a full set of permanent teeth to be eligible for Medically Necessary orthodontic services for conditions that severely interfere with oral function.
- 3. Other orthodontic covered services include:
 - A pre-orthodontic treatment visit for completion of the HLD (NJ-Mod2) form, diagnostic photographs, and panoramic radiographs.
 - Limited treatment for the primary, transitional, and adult dentition.
 - Interceptive treatment for the primary transitional dentition.
 - Minor treatment to control harmful habits.
 - Continuation of cases started prior to the insured person's effective date.
 - Orthognathic surgical cases with comprehensive orthodontic treatment.
 - Placement, removal, and repairs of orthodontic appliances.
 - Replacement of a lost or broken retainer.
 - Rebonding or recementing of brackets or bands.
 - Removal of appliances by a provider that did not start the case.
- 4. All Medically Necessary orthodontic services require prior approval and a written plan of care.

2023 Pediatric Dental Coverage Benefit Summary

This plan meets the minimum essential health benefit requirements for pediatric oral health as required under the Federal Affordable Care Act.

These benefits are only available for children through the end of the benefit period that they turn 19.

This plan will pay benefits for Covered Services shown below subject to exclusions and other Policy terms. Payment is based on the plan allowance for the specific Covered Service. **Participating Dentists** accept contracted plan allowance as payment in full for services.

These benefits apply to Catastrophic health plans.

Contract year deductible per member:

Expenditures for medical, dental, and vision care all contribute to the member's deductible.

Annual maximum per member: Unlimited

Out-of-Pocket (OOP) year maximum per member:

Expenditures for medical, dental, and vision care all contribute to the member's out-of-pocket maximum.

Network:

Western PA: Advantage Northeastern PA: Advantage Plus

Service category	Waiting period	Policy pays in-network dentists*	Policy pays out-of- network dentists	After deductible
Diagnostic Services				
Oral Evaluations (Exams)	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Radiographs (All X-rays)	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Preventive Services				
Prophylaxis (Cleanings)	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Fluoride Treatments	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Sealants	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Space Maintainers	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Restorative Services				
Basic Restoration Anterior Composite	None	Coinsurance matches medical coinsurance	Not Covered	Yes
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Endodontic Services				
Endodontic Therapy (Root canals, etc.)	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Periodontal Services				
Surgical Periodontics	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Non-Surgical Periodontics	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Periodontal Maintenance	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Prosthodontic Services, Fixed				
Prosthetics (Fixed Partial Dentures)	None	Coinsurance matches medical coinsurance	Not Covered	Yes

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Maxillofacial Prosthetics	N/A	Not Covered	Not Covered	N/A
Oral and Maxillofacial Surgical Servi	ces			
Simple Extractions	None	Coinsurance matches medical coinsurance	Not Covered	Yes
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Orthodontic Services				
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Cosmetic Orthodontic Services	None	Not Covered	Not Covered	N/A

Medically Necessary Orthodontics Coverage

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- 4. Not primarily for the convenience of the patient, physician, or dentist, and not more costly than another service that is less likely to produce the same results.

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- The views of physicians and dentists practicing in the relevant clinical area and any other relevant factors.

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 - a) Preventing irreversible damage to the insured person's teeth or their supporting structures.
 - b) Restoring the insured person's oral structure to health.
- 2. The insured person must have a full set of permanent teeth to be eligible for Medically Necessary orthodontic services for conditions that severely interfere with oral function.
- 3. Other orthodontic covered services include:
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 - Limited treatment for the primary, transitional, and adult dentition.
 - Interceptive treatment for the primary transitional dentition.
 - Minor treatment to control harmful habits.
 - Continuation of cases started prior to the insured person's effective date.
 - Orthognathic surgical cases with comprehensive orthodontic treatment.
 - Placement, removal, and repairs of orthodontic appliances.
 - Replacement of a lost or broken retainer.
 - Rebonding or recementing of brackets or bands.
 - Removal of appliances by a provider that did not start the case.
- 4. All Medically Necessary orthodontic services require prior approval and a written plan of care.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage, Highmark Benefits Group, First Priority Health, or First Priority Life Insurance Company, all of which are independent licensees of the Blue Cross Blue Shield Association.

You should confirm the network status of a provider prior to receiving services. You can call My Care Navigator at 1-888-Blue-428 to confirm if a doctor or facility will be in network in 2023.

To find more information about Highmark's benefits and operating procedures, such as accessing the drug formulary or using network providers, please go tohighmark.com/zipcode-gate-login; or for a paper copy, call 1-855-329-0692.

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.

If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文,可向您提供免费语言协助服务。 請致電 1-800-876-7639.

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

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한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다.
1-800-876-7639 로 전화.
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Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم 1800-876-7639 .

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

日本語が母国語の方は言語アシスタンス・ サービスを無料でご利用いただけます。 1-800-876-7639 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 7639-870-1 .



Because Life.[™]

Monthly Premium Rates

For Benefit Period: January 1 to December 31, 2023 WESTERN PA



How to use this guide.

- 1. Know the name of the product that you want to purchase.
- 2. Find your Pricing Area by locating your county below.
- 3. Turn to the pricing grids on the following pages.
- 4. Locate the product that you'd like to purchase in the top row.
- 5. Locate your Pricing Area in the second row.
- 6. Find the price for everyone who will be on your plan by using the ages in the first column.
- 7. Use the next page to calculate the monthly premium for you and your family.
- 8. If you are applying for coverage through the Pennsylvania Insurance Exchange (PENNIE), use the Marketplace Plan ID. If you are purchasing coverage directly through Highmark, use the Non-Marketplace Plan ID.

Pricing Area 1A Erie

Pricing Area 1B Clarion, Crawford, Forest, McKean, Mercer, Venango, and Warren

Pricing Area 2 Elk, Cameron, and Potter

Pricing Area 4A Allegheny, Armstrong, Beaver, Butler, Washington, and Westmoreland

Pricing Area 4B Fayette, Green, Indiana, and Lawrence

Pricing Area 5 Bedford, Blair, Cambria, Clearfield, Huntingdon, Jefferson, Somerset

Pricing Area 6 Centre*

*Note: You must reside in one of the following ZIP codes in Centre County to enroll in one of these plans: 16677, 16686, 16829, 16845, 16859, 16866, 16874

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. Your policy will cover any 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 833-796-0888.

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Catastrophic Together Blue Major Events EPO Catastrophic 9100 - 3 Free PCP Visits		Catast	rophic	Catast	rophic	Catast	rophic
			Togeth Major Ev Catastrop - 3 Free F	ents EPO phic 9100	my Dire Major Ev Catastrop - 3 Free P	ents EPO phic 9100	my Dire Major Ev Catastrop - 3 Free P	ents EPO hic 9100
	Pricing A Marketpla		Pricing A Marketpla		Pricing Are Marketpla		Pricing Are Marketpla	
	79279PA		79279PA		33709PA		33709PA	
	Non-Marketp 79279PA		Non-Market 79279PA		Non-Market 33709PA		Non-Marketp 33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$113.01	\$113.01	\$113.01	\$113.01	\$140.97	\$140.97	\$140.97	\$140.97
15	\$123.06	\$123.06	\$123.06	\$123.06	\$153.51	\$153.51	\$153.51	\$153.51
16 17	\$126.90 \$130.74	\$126.90 \$130.74	\$126.90 \$130.74	\$126.90 \$130.74	\$158.30 \$163.09	\$158.30 \$163.09	\$158.30 \$163.09	\$158.30 \$163.09
18	\$134.88	\$130.74	\$130.74	\$130.74	\$168.25	\$168.25	\$168.25	\$168.25
19	\$139.01	\$139.01	\$139.01	\$139.01	\$173.41	\$173.41	\$173.41	\$173.41
20	\$143.30	\$143.30	\$143.30	\$143.30	\$178.75	\$178.75	\$178.75	\$178.75
21	\$147.73	\$151.42	\$147.73	\$151.42	\$184.28	\$188.89	\$184.28	\$188.89
22	\$147.73	\$151.42	\$147.73	\$151.42	\$184.28	\$188.89	\$184.28	\$188.89
23	\$147.73	\$151.42	\$147.73	\$151.42	\$184.28	\$188.89	\$184.28	\$188.89
24 25	\$147.73 \$148.32	\$151.42 \$152.03	\$147.73 \$148.32	\$151.42 \$152.03	\$184.28 \$185.02	\$188.89 \$189.65	\$184.28 \$185.02	\$188.89 \$189.65
25	\$148.32	\$152.03	\$148.32	\$152.03	\$185.02	\$189.65	\$185.02	\$189.65
27	\$154.82	\$158.69	\$154.82	\$155.60	\$193.13	\$197.96	\$193.13	\$197.96
28	\$160.58	\$164.59	\$160.58	\$164.59	\$200.31	\$205.32	\$200.31	\$205.32
29	\$165.31	\$169.44	\$165.31	\$169.44	\$206.21	\$211.37	\$206.21	\$211.37
30	\$167.67	\$171.86	\$167.67	\$171.86	\$209.16	\$214.39	\$209.16	\$214.39
31	\$171.22	\$175.50	\$171.22	\$175.50	\$213.58	\$218.92	\$213.58	\$218.92
32	\$174.76	\$179.13	\$174.76	\$179.13	\$218.00	\$223.45	\$218.00	\$223.45
33	\$176.98	\$181.40	\$176.98	\$181.40	\$220.77	\$226.29	\$220.77	\$226.29
34	\$179.34	\$183.82	\$179.34	\$183.82	\$223.72	\$229.31	\$223.72	\$229.31
35 36	\$180.53 \$181.71	\$185.04 \$186.25	\$180.53 \$181.71	\$185.04 \$186.25	\$225.19 \$226.66	\$230.82 \$232.33	\$225.19 \$226.66	\$230.82 \$232.33
37	\$182.89	\$180.25	\$181.71	\$180.25	\$228.14	\$233.84	\$228.14	\$232.33
38	\$184.07	\$188.67	\$184.07	\$188.67	\$229.61	\$235.35	\$229.61	\$235.35
39	\$186.44	\$191.10	\$186.44	\$191.10	\$232.56	\$238.37	\$232.56	\$238.37
40	\$188.80	\$207.68	\$188.80	\$207.68	\$235.51	\$259.06	\$235.51	\$259.06
41	\$192.34	\$212.54	\$192.34	\$212.54	\$239.93	\$265.12	\$239.93	\$265.12
42	\$195.74	\$217.66	\$195.74	\$217.66	\$244.17	\$271.52	\$244.17	\$271.52
43	\$200.47	\$224.73	\$200.47	\$224.73	\$250.07	\$280.33	\$250.07	\$280.33
44 45	\$206.38 \$213.32	\$233.62 \$244.25	\$206.38 \$213.32	\$233.62 \$244.25	\$257.44 \$266.10	\$291.42 \$304.68	\$257.44 \$266.10	\$291.42 \$304.68
45	\$213.32	\$244.25	\$213.32	\$244.25	\$266.10	\$304.68	\$266.10	\$304.68
40	\$230.90	\$237.00	\$230.90	\$237.00	\$270.42	\$320.05	\$270.42	\$320.05
48	\$241.54	\$288.88	\$241.54	\$288.88	\$301.30	\$360.35	\$301.30	\$360.35
49	\$252.03	\$306.72	\$252.03	\$306.72	\$314.38	\$382.60	\$314.38	\$382.60
50	\$263.85	\$323.22	\$263.85	\$323.22	\$329.12	\$403.17	\$329.12	\$403.17
51	\$275.52	\$337.51	\$275.52	\$337.51	\$343.68	\$421.01	\$343.68	\$421.01
52	\$288.37	\$353.25	\$288.37	\$353.25	\$359.71	\$440.64	\$359.71	\$440.64
53 54	\$301.37 \$315.40	\$369.18 \$386.37	\$301.37 \$315.40	\$369.18 \$386.37	\$375.93 \$393.44	\$460.51 \$481.96	\$375.93 \$393.44	\$460.51 \$481.96
55	\$315.40	\$380.37	\$315.40	\$386.37 \$403.56	\$393.44	\$481.96	\$393.44 \$410.94	\$503.40
56	\$344.65	\$422.20	\$344.65	\$422.20	\$429.93	\$526.66	\$429.93	\$526.66
57	\$360.02	\$441.02	\$360.02	\$441.02	\$449.09	\$550.14	\$449.09	\$550.14
58	\$376.42	\$461.11	\$376.42	\$461.11	\$469.55	\$575.20	\$469.55	\$575.20
59	\$384.54	\$471.06	\$384.54	\$471.06	\$479.68	\$587.61	\$479.68	\$587.61
60	\$400.94	\$491.15	\$400.94	\$491.15	\$500.14	\$612.67	\$500.14	\$612.67
61	\$415.12	\$508.52	\$415.12	\$508.52	\$517.83	\$634.34	\$517.83	\$634.34
62 63	\$424.43	\$519.93	\$424.43	\$519.93	\$529.44	\$648.56	\$529.44	\$648.56
0.5	\$436.10	\$534.22	\$436.10	\$534.22	\$543.99	\$666.39	\$543.99	\$666.39

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Catast	rophic	Catast	rophic	Catast	rophic	Catast	rophic	
	my Dire Major Ev Catastrop - 3 Free P	ents EPO ohic 9100	Catastrop	ents PPO	my Blue Major Eve Catastrop - 3 Free P	ents PPO hic 9100	my Blue Access Major Events PPO Catastrophic 9100 - 3 Free PCP Visits		
	Pricing	Area: 5	Pricing A	Area: 1A	Pricing A	Area: 1B	Pricing	Area: 2	
	Marketpla		Marketpla		Marketpla		Marketpla		
	33709PA	1040001	33709PA	1540001	33709PA	1550001	33709PA	1550001	
	Non-Marketp 33709PA		Non-Marketr 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$140.97	\$140.97	\$153.41	\$153.41	\$172.52	\$172.52	\$172.52	\$172.52	
15 16	\$153.51 \$158.30	\$153.51 \$158.30	\$167.05 \$172.26	\$167.05 \$172.26	\$187.86 \$193.72	\$187.86 \$193.72	\$187.86 \$193.72	\$187.86 \$193.72	
10	\$163.09	\$158.50	\$172.20	\$172.20	\$199.59	\$199.59	\$199.59	\$195.72	
18	\$168.25	\$168.25	\$183.09	\$183.09	\$205.90	\$205.90	\$205.90	\$205.90	
19	\$173.41	\$173.41	\$188.71	\$188.71	\$212.21	\$212.21	\$212.21	\$212.21	
20	\$178.75	\$178.75	\$194.52	\$194.52	\$218.75	\$218.75	\$218.75	\$218.75	
21	\$184.28	\$188.89	\$200.54	\$205.55	\$225.52	\$231.16	\$225.52	\$231.16	
22	\$184.28	\$188.89	\$200.54	\$205.55	\$225.52	\$231.16	\$225.52	\$231.16	
23 24	\$184.28 \$184.28	\$188.89 \$188.89	\$200.54 \$200.54	\$205.55 \$205.55	\$225.52 \$225.52	\$231.16 \$231.16	\$225.52 \$225.52	\$231.16 \$231.16	
24	\$185.02	\$188.65	\$200.34	\$205.33	\$225.52	\$231.10	\$225.52	\$231.10	
26	\$188.70	\$193.42	\$205.35	\$210.48	\$230.93	\$236.70	\$230.93	\$236.70	
27	\$193.13	\$197.96	\$210.17	\$215.42	\$236.34	\$242.25	\$236.34	\$242.25	
28	\$200.31	\$205.32	\$217.99	\$223.44	\$245.14	\$251.27	\$245.14	\$251.27	
29	\$206.21	\$211.37	\$224.40	\$230.01	\$252.36	\$258.67	\$252.36	\$258.67	
30	\$209.16	\$214.39	\$227.61	\$233.30	\$255.97	\$262.37	\$255.97	\$262.37	
31	\$213.58	\$218.92	\$232.43	\$238.24	\$261.38	\$267.91	\$261.38	\$267.91	
32	\$218.00	\$223.45	\$237.24	\$243.17	\$266.79	\$273.46	\$266.79	\$273.46	
33	\$220.77	\$226.29	\$240.25	\$246.26	\$270.17	\$276.92	\$270.17	\$276.92	
34 35	\$223.72 \$225.19	\$229.31 \$230.82	\$243.46 \$245.06	\$249.55 \$251.19	\$273.78 \$275.59	\$280.62 \$282.48	\$273.78 \$275.59	\$280.62 \$282.48	
36	\$226.66	\$230.82	\$245.06	\$251.19	\$275.39	\$284.32	\$275.39	\$284.32	
37	\$228.14	\$233.84	\$248.27	\$254.48	\$279.19	\$286.17	\$279.19	\$286.17	
38	\$229.61	\$235.35	\$249.87	\$256.12	\$281.00	\$288.03	\$281.00	\$288.03	
39	\$232.56	\$238.37	\$253.08	\$259.41	\$284.61	\$291.73	\$284.61	\$291.73	
40	\$235.51	\$259.06	\$256.29	\$281.92	\$288.21	\$317.03	\$288.21	\$317.03	
41	\$239.93	\$265.12	\$261.10	\$288.52	\$293.63	\$324.46	\$293.63	\$324.46	
42	\$244.17	\$271.52	\$265.72	\$295.48	\$298.81	\$332.28	\$298.81	\$332.28	
43 44	\$250.07 \$257.44	\$280.33 \$291.42	\$272.13 \$280.15	\$305.06 \$317.13	\$306.03	\$343.06	\$306.03	\$343.06	
44	\$266.10	\$291.42	\$280.15	\$331.13	\$315.05 \$325.65	\$356.64 \$372.87	\$315.05 \$325.65	\$350.02	
46	\$276.42	\$320.65	\$300.81	\$348.94	\$338.28	\$392.40	\$338.28	\$392.40	
47	\$288.03	\$339.01	\$313.44	\$368.92	\$352.49	\$414.88	\$352.49	\$414.88	
48	\$301.30	\$360.35	\$327.88	\$392.14	\$368.73	\$441.00	\$368.73	\$441.00	
49	\$314.38	\$382.60	\$342.12	\$416.36	\$384.74	\$468.23	\$384.74	\$468.23	
50	\$329.12	\$403.17	\$358.16	\$438.75	\$402.78	\$493.41	\$402.78	\$493.41	
51	\$343.68	\$421.01	\$374.01	\$458.16	\$420.59	\$515.22	\$420.59	\$515.22	
52	\$359.71 \$375.93	\$440.64 \$460.51	\$391.45 \$409.10	\$479.53 \$501.15	\$440.22 \$460.06	\$539.27 \$563.57	\$440.22 \$460.06	\$539.27	
53 54	\$375.93	\$460.51	\$409.10	\$501.15	\$460.06	\$589.83	\$460.06	\$563.57 \$589.83	
55	\$410.94	\$503.40	\$447.20	\$547.82	\$502.91	\$616.06	\$502.91	\$616.06	
56	\$429.93	\$526.66	\$467.86	\$573.13	\$526.14	\$644.52	\$526.14	\$644.52	
57	\$449.09	\$550.14	\$488.72	\$598.68	\$549.59	\$673.25	\$549.59	\$673.2	
58	\$469.55	\$575.20	\$510.98	\$625.95	\$574.62	\$703.91	\$574.62	\$703.93	
59	\$479.68	\$587.61	\$522.01	\$639.46	\$587.03	\$719.11	\$587.03	\$719.1	
60	\$500.14	\$612.67	\$544.27	\$666.73	\$612.06	\$749.77	\$612.06	\$749.7	
61	\$517.83	\$634.34	\$563.52	\$690.31	\$633.71	\$776.29	\$633.71	\$776.29	
62	\$529.44	\$648.56	\$576.15	\$705.78	\$647.92	\$793.70	\$647.92	\$793.70	
63 64+	\$543.99 \$552.84	\$666.39 \$677.23	\$591.99 \$601.62	\$725.19 \$736.98	\$665.74 \$676.56	\$815.53 \$828.79	\$665.74 \$676.56	\$815.53 \$828.79	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Catast	rophic	Catast	rophic	Catast	rophic	Catast	rophic	
	my Blue Major Ev		my Blue Major Ev		my Blue Major Eve		my Blue Major Eve		
	Catastrop - 3 Free P		Catastrop - 3 Free F		Catastrop - 3 Free P		Catastrophic 9100 - 3 Free PCP Visits		
	Pricing A	Area: 4A	Pricing A	Area: 4B	Pricing	Area: 5	Pricing	Area: 6	
	Marketpla 33709PA	ce Plan ID:	Marketpla 33709PA	ce Plan ID:	Marketpla 33709PA	ce Plan ID:	Marketpla 33709PA	ce Plan ID:	
	Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketplace Plan ID: 33709PA1550001		Non-Marketp 33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$153.41	\$153.41	\$172.52	\$172.52	\$172.52	\$172.52	\$190.88	\$190.8	
15	\$167.05	\$167.05	\$187.86	\$187.86	\$187.86	\$187.86	\$207.84	\$207.8	
16 17	\$172.26 \$177.48	\$172.26 \$177.48	\$193.72 \$199.59	\$193.72 \$199.59	\$193.72 \$199.59	\$193.72 \$199.59	\$214.33 \$220.82	\$214. \$220.	
17	\$183.09	\$177.48	\$199.39	\$199.39	\$205.90	\$199.39	\$220.82	\$220.	
19	\$188.71	\$188.71	\$212.21	\$212.21	\$212.21	\$212.21	\$234.79	\$234.	
20	\$194.52	\$194.52	\$218.75	\$218.75	\$218.75	\$218.75	\$242.02	\$242.0	
21	\$200.54	\$205.55	\$225.52	\$231.16	\$225.52	\$231.16	\$249.51	\$255.	
22	\$200.54	\$205.55	\$225.52	\$231.16	\$225.52	\$231.16	\$249.51	\$255.	
23	\$200.54	\$205.55	\$225.52	\$231.16	\$225.52	\$231.16	\$249.51	\$255.	
24	\$200.54	\$205.55	\$225.52	\$231.16	\$225.52	\$231.16	\$249.51	\$255.	
25	\$201.34	\$206.37	\$226.42	\$232.08	\$226.42	\$232.08	\$250.51	\$256.	
26	\$205.35	\$210.48	\$230.93	\$236.70	\$230.93	\$236.70	\$255.50	\$261.	
27	\$210.17	\$215.42	\$236.34	\$242.25	\$236.34	\$242.25	\$261.49	\$268.	
28	\$217.99	\$223.44	\$245.14	\$251.27	\$245.14	\$251.27	\$271.22	\$278.	
29	\$224.40	\$230.01	\$252.36	\$258.67	\$252.36	\$258.67	\$279.20	\$286.	
30	\$227.61	\$233.30	\$255.97	\$262.37	\$255.97	\$262.37	\$283.19	\$290.	
31 32	\$232.43	\$238.24	\$261.38	\$267.91	\$261.38	\$267.91	\$289.18	\$296.	
33	\$237.24 \$240.25	\$243.17 \$246.26	\$266.79 \$270.17	\$273.46 \$276.92	\$266.79 \$270.17	\$273.46 \$276.92	\$295.17 \$298.91	\$302. \$306.	
34	\$243.46	\$240.20	\$273.78	\$270.92	\$273.78	\$270.52	\$302.91	\$300.	
35	\$245.06	\$251.19	\$275.59	\$282.48	\$275.59	\$282.48	\$304.90	\$312.	
36	\$246.66	\$252.83	\$277.39	\$284.32	\$277.39	\$284.32	\$306.90	\$314.	
37	\$248.27	\$254.48	\$279.19	\$286.17	\$279.19	\$286.17	\$308.89	\$316.	
38	\$249.87	\$256.12	\$281.00	\$288.03	\$281.00	\$288.03	\$310.89	\$318.	
39	\$253.08	\$259.41	\$284.61	\$291.73	\$284.61	\$291.73	\$314.88	\$322.	
40	\$256.29	\$281.92	\$288.21	\$317.03	\$288.21	\$317.03	\$318.87	\$350.	
41	\$261.10	\$288.52	\$293.63	\$324.46	\$293.63	\$324.46	\$324.86	\$358.	
42	\$265.72	\$295.48	\$298.81	\$332.28	\$298.81	\$332.28	\$330.60	\$367.	
43	\$272.13	\$305.06	\$306.03	\$343.06	\$306.03	\$343.06	\$338.59	\$379.	
44	\$280.15	\$317.13	\$315.05	\$356.64	\$315.05	\$356.64	\$348.57	\$394.	
45	\$289.58	\$331.57	\$325.65	\$372.87	\$325.65	\$372.87	\$360.29	\$412.	
46	\$300.81 \$313.44	\$348.94 \$368.92	\$338.28 \$352.49	\$392.40 \$414.88	\$338.28 \$352.49	\$392.40 \$414.88	\$374.27 \$389.98	\$434. \$459.	
47	\$313.44	\$368.92	\$352.49	\$414.88	\$352.49	\$414.88	\$389.98 \$407.95	\$459.	
49	\$342.12	\$416.36	\$384.74	\$468.23	\$384.74	\$468.23	\$425.66	\$518.	
50	\$358.16	\$438.75	\$402.78	\$493.41	\$402.78	\$493.41	\$445.62	\$545.	
51	\$374.01	\$458.16	\$420.59	\$515.22	\$420.59	\$515.22	\$465.34	\$570.	
52	\$391.45	\$479.53	\$440.22	\$539.27	\$440.22	\$539.27	\$487.04	\$596.	
53	\$409.10	\$501.15	\$460.06	\$563.57	\$460.06	\$563.57	\$509.00	\$623.	
54	\$428.15	\$524.48	\$481.49	\$589.83	\$481.49	\$589.83	\$532.70	\$652.	
55	\$447.20	\$547.82	\$502.91	\$616.06	\$502.91	\$616.06	\$556.41	\$681.	
56	\$467.86	\$573.13	\$526.14	\$644.52	\$526.14	\$644.52	\$582.11	\$713.	
57	\$488.72	\$598.68	\$549.59	\$673.25	\$549.59	\$673.25	\$608.06	\$744.	
58	\$510.98	\$625.95	\$574.62	\$703.91	\$574.62	\$703.91	\$635.75	\$778.	
59	\$522.01	\$639.46	\$587.03	\$719.11	\$587.03	\$719.11	\$649.47	\$795.	
60 61	\$544.27 \$563.52	\$666.73 \$690.31	\$612.06 \$633.71	\$749.77 \$776.29	\$612.06 \$633.71	\$749.77 \$776.29	\$677.17 \$701.12	\$829.5	
61 62	\$563.52	\$690.31	\$633.71 \$647.92	\$776.29 \$793.70	\$633.71 \$647.92	\$776.29	\$701.12 \$716.84	\$858.8 \$878.2	
63	\$591.99	\$705.78	\$665.74	\$793.70	\$665.74	\$793.70	\$736.55	\$902.2	
64+	\$601.62	\$736.98	\$676.56	\$815.55	\$676.56	\$815.55	\$748.53	\$902.2	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Bro	nze	Bro	nze	Bro	nze	Bro	nze	
	Together Bronze		-	Together Blue EPO my Direct Blue EPO Bronze 8900 Bronze 8900			my Direct Blue EPO Bronze 8900		
	Pricing A	Area: 1A	Pricing A	Area: 4A	Pricing Are	ea: 1A, 1B	Pricing Are	ea: 4A, 4B	
	Marketpla		Marketpla		Marketpla		Marketpla		
	79279PA	0080011	79279PA	0080011	33709PA	0870014	33709PA	0870014	
	Non-Marketp 79279PA		Non-Marketp 79279PA		Non-Marketp 33709PA		Non-Marketp 33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$135.14	\$135.14	\$135.14	\$135.14	\$173.00	\$173.00	\$173.00	\$173.00	
15 16	\$147.16 \$151.75	\$147.16 \$151.75	\$147.16 \$151.75	\$147.16 \$151.75	\$188.37 \$194.25	\$188.37 \$194.25	\$188.37 \$194.25	\$188.37 \$194.25	
17	\$156.34	\$156.34	\$156.34	\$156.34	\$200.13	\$200.13	\$200.13	\$200.13	
18	\$161.29	\$161.29	\$161.29	\$161.29	\$206.47	\$206.47	\$206.47	\$206.47	
19	\$166.24	\$166.24	\$166.24	\$166.24	\$212.80	\$212.80	\$212.80	\$212.80	
20	\$171.36	\$171.36	\$171.36	\$171.36	\$219.36	\$219.36	\$219.36	\$219.36	
21	\$176.66	\$181.08	\$176.66	\$181.08	\$226.14	\$231.79	\$226.14	\$231.79	
22	\$176.66 \$176.66	\$181.08 \$181.08	\$176.66 \$176.66	\$181.08 \$181.08	\$226.14 \$226.14	\$231.79	\$226.14 \$226.14	\$231.79	
23 24	\$176.66	\$181.08	\$176.66	\$181.08	\$226.14	\$231.79 \$231.79	\$226.14	\$231.79 \$231.79	
25	\$177.37	\$181.80	\$170.00	\$181.80	\$220.14	\$231.79	\$220.14	\$231.73	
26	\$180.90	\$185.42	\$180.90	\$185.42	\$231.57	\$237.36	\$231.57	\$237.36	
27	\$185.14	\$189.77	\$185.14	\$189.77	\$236.99	\$242.91	\$236.99	\$242.91	
28	\$192.03	\$196.83	\$192.03	\$196.83	\$245.81	\$251.96	\$245.81	\$251.96	
29	\$197.68	\$202.62	\$197.68	\$202.62	\$253.05	\$259.38	\$253.05	\$259.38	
30	\$200.51	\$205.52	\$200.51	\$205.52	\$256.67	\$263.09	\$256.67	\$263.09	
31	\$204.75	\$209.87	\$204.75	\$209.87	\$262.10	\$268.65	\$262.10	\$268.65	
32	\$208.99	\$214.21	\$208.99	\$214.21	\$267.52	\$274.21	\$267.52	\$274.21	
33 34	\$211.64 \$214.47	\$216.93 \$219.83	\$211.64 \$214.47	\$216.93 \$219.83	\$270.92 \$274.53	\$277.69 \$281.39	\$270.92 \$274.53	\$277.69 \$281.39	
35	\$215.88	\$219.85	\$214.47	\$213.83	\$276.34	\$283.25	\$276.34	\$281.33	
36	\$217.29	\$222.72	\$217.29	\$222.72	\$278.15	\$285.10	\$278.15	\$285.10	
37	\$218.71	\$224.18	\$218.71	\$224.18	\$279.96	\$286.96	\$279.96	\$286.96	
38	\$220.12	\$225.62	\$220.12	\$225.62	\$281.77	\$288.81	\$281.77	\$288.8	
39	\$222.94	\$228.51	\$222.94	\$228.51	\$285.39	\$292.52	\$285.39	\$292.52	
40	\$225.77	\$248.35	\$225.77	\$248.35	\$289.01	\$317.91	\$289.01	\$317.93	
41	\$230.01	\$254.16	\$230.01	\$254.16	\$294.43	\$325.35	\$294.43	\$325.3	
42	\$234.07	\$260.29	\$234.07	\$260.29	\$299.64	\$333.20	\$299.64	\$333.20	
43 44	\$239.73 \$246.79	\$268.74 \$279.37	\$239.73 \$246.79	\$268.74 \$279.37	\$306.87 \$315.92	\$344.00 \$357.62	\$306.87 \$315.92	\$344.00	
45	\$255.10	\$292.09	\$255.10	\$279.37	\$326.55	\$373.90	\$326.55	\$373.9	
46	\$264.99	\$307.39	\$264.99	\$307.39	\$339.21	\$393.48	\$339.21	\$393.48	
47	\$276.12	\$324.99	\$276.12	\$324.99	\$353.46	\$416.02	\$353.46	\$416.02	
48	\$288.84	\$345.45	\$288.84	\$345.45	\$369.74	\$442.21	\$369.74	\$442.2	
49	\$301.38	\$366.78	\$301.38	\$366.78	\$385.79	\$469.51	\$385.79	\$469.53	
50	\$315.51	\$386.50	\$315.51	\$386.50	\$403.89	\$494.77	\$403.89	\$494.7	
51	\$329.47	\$403.60	\$329.47	\$403.60	\$421.75	\$516.64	\$421.75	\$516.64	
52 53	\$344.84	\$422.43 \$441.48	\$344.84 \$360.39	\$422.43 \$441.48	\$441.43 \$461.33	\$540.75 \$565.13	\$441.43 \$461.33	\$540.75 \$565.13	
53	\$360.39 \$377.17	\$441.48	\$360.39 \$377.17	\$441.48	\$461.33 \$482.81	\$591.44	\$461.33 \$482.81	\$591.44	
55	\$393.95	\$482.59	\$393.95	\$482.59	\$504.29	\$617.76	\$504.29	\$617.7	
56	\$412.15	\$504.88	\$412.15	\$504.88	\$527.58	\$646.29	\$527.58	\$646.29	
57	\$430.52	\$527.39	\$430.52	\$527.39	\$551.10	\$675.10	\$551.10	\$675.10	
58	\$450.13	\$551.41	\$450.13	\$551.41	\$576.20	\$705.85	\$576.20	\$705.8	
59	\$459.85	\$563.32	\$459.85	\$563.32	\$588.64	\$721.08	\$588.64	\$721.0	
60	\$479.46	\$587.34	\$479.46	\$587.34	\$613.74	\$751.83	\$613.74	\$751.83	
61	\$496.41	\$608.10	\$496.41	\$608.10	\$635.45	\$778.43	\$635.45	\$778.43	
62	\$507.54	\$621.74	\$507.54	\$621.74	\$649.70	\$795.88	\$649.70	\$795.88	
63 64+	\$521.50 \$529.98	\$638.84 \$649.23	\$521.50 \$529.98	\$638.84 \$649.23	\$667.57 \$678.42	\$817.77 \$831.06	\$667.57 \$678.42	\$817.7	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Bro	nze	Bro	nze	Bro	nze	Bro	nze		
	my Direct		my Blue A Bronze		my Blue A Bronze					
	Bronze	2 8900	Bronze	8900	Bronze	2 8900	Bronze 8900			
	Defeire	August 7	Puising		Duising		Deisiaa	\$210.83 \$210.83 \$229.57 \$229.57 \$236.74 \$236.74 \$243.91 \$243.91 \$251.62 \$251.62 \$259.34 \$267.33 \$267.33 \$267.33 \$275.60 \$282.49 \$275.60 \$282.49 \$275.60 \$282.49 \$275.60 \$282.49 \$275.60 \$282.49 \$275.60 \$282.49 \$275.60 \$282.49 \$275.60 \$282.49 \$276.70 \$283.62 \$288.83 \$296.05 \$299.58 \$307.07 \$308.40 \$316.11 \$312.81 \$320.63 \$319.42 \$327.41 \$330.17 \$338.42 \$334.18 \$345.20 \$338.99 \$347.46 \$341.19 \$349.72 \$343.40 \$351.99 \$347.81 \$356.51 \$355.17 \$406.07 \$373.99 \$419.24 \$385.01 <		
	Pricing Marketpla		Pricing A Marketpla	ce Plan ID:	Pricing A Marketpla					
	33709PA	0870014	33709PA	1160006	33709PA	1410005	33709PA	1410005		
	Non-Market 33709PA		Non-Market 33709PA	place Plan ID: 1160006	Non-Marketplace Plan ID: 33709PA1410005					
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco			
0-14	\$173.00 \$188.37	\$173.00 \$188.37	\$187.49 \$204.15	\$187.49 \$204.15	\$210.83 \$229.57	\$210.83 \$229.57				
16	\$194.25	\$194.25	\$204.13	\$204.13	\$236.74	\$236.74				
17	\$200.13	\$200.13	\$216.90	\$216.90	\$243.91	\$243.91				
18	\$206.47	\$206.47	\$223.76	\$223.76	\$251.62	\$251.62	\$251.62	\$251.62		
19	\$212.80	\$212.80	\$230.62	\$230.62	\$259.34	\$259.34				
20	\$219.36	\$219.36	\$237.73	\$237.73	\$267.33	\$267.33				
21	\$226.14 \$226.14	\$231.79 \$231.79	\$245.08 \$245.08	\$251.21 \$251.21	\$275.60 \$275.60	\$282.49 \$282.49				
22	\$226.14	\$231.79	\$245.08	\$251.21	\$275.60	\$282.49				
24	\$226.14	\$231.79	\$245.08	\$251.21	\$275.60	\$282.49				
25	\$227.04	\$232.72	\$246.06	\$252.21	\$276.70	\$283.62		•		
26	\$231.57	\$237.36	\$250.96	\$257.23	\$282.21	\$289.27				
27	\$236.99	\$242.91	\$256.84	\$263.26	\$288.83	\$296.05	\$288.83	\$296.05		
28	\$245.81	\$251.96	\$266.40	\$273.06	\$299.58	\$307.07	\$299.58	\$307.07		
29	\$253.05	\$259.38	\$274.24	\$281.10	\$308.40	\$316.11				
30	\$256.67	\$263.09	\$278.17	\$285.12	\$312.81	\$320.63				
31	\$262.10	\$268.65	\$284.05	\$291.15	\$319.42	\$327.41				
32	\$267.52 \$270.92	\$274.21 \$277.69	\$289.93 \$293.61	\$297.18 \$300.95	\$326.03 \$330.17	\$334.18 \$338.42				
34	\$274.53	\$281.39	\$297.53	\$304.97	\$334.58	\$342.94				
35	\$276.34	\$283.25	\$299.49	\$306.98	\$336.78	\$345.20				
36	\$278.15	\$285.10	\$301.45	\$308.99	\$338.99	\$347.46	\$338.99	\$347.46		
37	\$279.96	\$286.96	\$303.41	\$311.00	\$341.19	\$349.72	\$341.19	\$349.72		
38	\$281.77	\$288.81	\$305.37	\$313.00	\$343.40	\$351.99				
39	\$285.39	\$292.52	\$309.29	\$317.02	\$347.81	\$356.51				
40	\$289.01	\$317.91	\$313.21	\$344.53 \$352.59	\$352.22	\$387.44				
41 42	\$294.43 \$299.64	\$325.35 \$333.20	\$319.09 \$324.73	\$352.59	\$358.83 \$365.17	\$396.51 \$406.07				
43	\$306.87	\$344.00	\$332.57	\$372.81	\$373.99	\$419.24				
44	\$315.92	\$357.62	\$342.38	\$387.57	\$385.01	\$435.83				
45	\$326.55	\$373.90	\$353.90	\$405.22	\$397.97	\$455.68	\$397.97	\$455.68		
46	\$339.21	\$393.48	\$367.62	\$426.44	\$413.40	\$479.54	\$413.40	\$479.54		
47	\$353.46	\$416.02	\$383.06	\$450.86	\$430.76	\$507.00				
48	\$369.74	\$442.21	\$400.71	\$479.25	\$450.61	\$538.93	· ·	•		
49	\$385.79 \$403.89	\$469.51 \$494.77	\$418.11 \$437.71	\$508.84 \$536.19	\$470.17 \$492.22	\$572.20 \$602.97				
50	\$403.89	\$516.64	\$457.07	\$559.91	\$513.99	\$629.64				
52	\$441.43	\$540.75	\$478.40	\$586.04	\$537.97	\$659.01				
53	\$461.33	\$565.13	\$499.96	\$612.45	\$562.22	\$688.72				
54	\$482.81	\$591.44	\$523.25	\$640.98	\$588.41	\$720.80	\$588.41	\$720.80		
55	\$504.29	\$617.76	\$546.53	\$669.50	\$614.59	\$752.87				
56	\$527.58	\$646.29	\$571.77	\$700.42	\$642.97	\$787.64	\$642.97	\$787.64		
57	\$551.10 \$576.20	\$675.10 \$705.85	\$597.26 \$624.46	\$731.64 \$764.96	\$671.64 \$702.23	\$822.76	\$671.64 \$702.23	\$822.76		
58	\$576.20	\$705.85	\$624.46 \$637.94	\$764.96	\$702.23	\$860.23 \$878.80	\$702.23 \$717.39	\$860.23 \$878.80		
60	\$613.74	\$751.83	\$665.15	\$814.81	\$747.98	\$916.28	\$747.98	\$916.28		
61	\$635.45	\$778.43	\$688.67	\$843.62	\$774.44	\$948.69	\$774.44	\$948.69		
62	\$649.70	\$795.88	\$704.11	\$862.53	\$791.80	\$969.96	\$791.80	\$969.96		
63	\$667.57	\$817.77	\$723.48	\$886.26	\$813.57	\$996.62	\$813.57	\$996.62		
64+	\$678.42	\$831.06	\$735.24	\$900.67	\$826.80	\$1,012.83	\$826.80	\$1,012.83		

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Bro	nze	Bro	nze	Bro	nze	Bro	nze	
							- Pl		
	my Blue A Bronze		my Blue A Bronze		my Blue A Bronze				
	Pricing A	Area: 4A	Pricing /	Area: 4B	Pricing	Area: 5	Bronze my Blue Access PPO Bronze 8900 Pricing Area: 6 Marketplace Plan ID: 33709PA1410005 Non-Marketplace Plan ID: 33709PA1410005 Non-Marketplace Plan ID: 33709PA1410005 Non-Tobacco Tobacco \$233.26 \$233.26 \$233.26 \$233.26 \$254.00 \$254.00 \$269.85 \$269.85 \$278.99 \$278.39 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$286.93 \$287.94 \$312.54 \$304.92 \$312.54 \$304.92 \$312.54 \$304.92 \$312.54		
	Marketpla 33709PA	ce Plan ID:	Marketpla 33709PA	ce Plan ID:	Marketpla	ce Plan ID:	Marketpla	ce Plan ID:	
	Non-Marketp 33709PA	blace Plan ID:	Non-Market		Non-Marketplace Plan ID: Non-Marketplace Plan			lace Plan ID:	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$187.49	\$187.49	\$210.83	\$210.83	\$210.83	\$210.83	1		
15	\$204.15	\$204.15	\$229.57	\$229.57	\$229.57	\$229.57			
16	\$210.52	\$210.52	\$236.74	\$236.74	\$236.74	\$236.74			
17	\$216.90	\$216.90	\$243.91	\$243.91	\$243.91	\$243.91			
18 19	\$223.76 \$230.62	\$223.76 \$230.62	\$251.62 \$259.34	\$251.62 \$259.34	\$251.62 \$259.34	\$251.62 \$259.34			
20	\$237.73	\$230.02	\$259.34	\$259.34	\$259.34	\$267.33			
20	\$245.08	\$251.21	\$275.60	\$282.49	\$275.60	\$282.49			
22	\$245.08	\$251.21	\$275.60	\$282.49	\$275.60	\$282.49			
23	\$245.08	\$251.21	\$275.60	\$282.49	\$275.60	\$282.49			
24	\$245.08	\$251.21	\$275.60	\$282.49	\$275.60	\$282.49			
25	\$246.06	\$252.21	\$276.70	\$283.62	\$276.70	\$283.62	\$306.14	\$313.79	
26	\$250.96	\$257.23	\$282.21	\$289.27	\$282.21	\$289.27	\$312.24	\$320.05	
27	\$256.84	\$263.26	\$288.83	\$296.05	\$288.83	\$296.05	\$319.56	\$327.55	
28	\$266.40	\$273.06	\$299.58	\$307.07	\$299.58	\$307.07	\$331.45	\$339.74	
29	\$274.24	\$281.10	\$308.40	\$316.11	\$308.40	\$316.11	\$341.21	\$349.74	
30	\$278.17	\$285.12	\$312.81	\$320.63	\$312.81	\$320.63			
31	\$284.05	\$291.15	\$319.42	\$327.41	\$319.42	\$327.41			
32	\$289.93	\$297.18	\$326.03	\$334.18	\$326.03	\$334.18			
33	\$293.61	\$300.95	\$330.17	\$338.42	\$330.17	\$338.42			
34	\$297.53	\$304.97	\$334.58	\$342.94	\$334.58	\$342.94			
35	\$299.49	\$306.98	\$336.78	\$345.20	\$336.78	\$345.20			
36 37	\$301.45 \$303.41	\$308.99 \$311.00	\$338.99 \$341.19	\$347.46 \$349.72	\$338.99 \$341.19	\$347.46 \$349.72			
38	\$305.37	\$313.00	\$343.40	\$351.99	\$343.40	\$351.99			
39	\$309.29	\$317.02	\$347.81	\$356.51	\$347.81	\$356.51			
40	\$313.21	\$344.53	\$352.22	\$387.44	\$352.22	\$387.44			
41	\$319.09	\$352.59	\$358.83	\$396.51	\$358.83	\$396.51			
42	\$324.73	\$361.10	\$365.17	\$406.07	\$365.17	\$406.07			
43	\$332.57	\$372.81	\$373.99	\$419.24	\$373.99	\$419.24	\$413.78	\$463.8	
44	\$342.38	\$387.57	\$385.01	\$435.83	\$385.01	\$435.83	\$425.97	\$482.20	
45	\$353.90	\$405.22	\$397.97	\$455.68	\$397.97	\$455.68	\$440.30	\$504.14	
46	\$367.62	\$426.44	\$413.40	\$479.54	\$413.40	\$479.54	\$457.38		
47	\$383.06	\$450.86	\$430.76	\$507.00	\$430.76	\$507.00			
48	\$400.71	\$479.25	\$450.61	\$538.93	\$450.61	\$538.93			
49	\$418.11	\$508.84	\$470.17	\$572.20	\$470.17	\$572.20	· · · ·		
50	\$437.71	\$536.19	\$492.22	\$602.97	\$492.22	\$602.97	\$544.59	\$667.1	
51	\$457.07	\$559.91	\$513.99	\$629.64	\$513.99	\$629.64	\$568.68	\$696.63	
52	\$478.40 \$499.96	\$586.04 \$612.45	\$537.97 \$562.22	\$659.01	\$537.97 \$562.22	\$659.01	\$595.20 \$622.04	\$729.12 \$762.00	
53 54	\$499.96	\$612.45	\$562.22 \$588.41	\$688.72 \$720.80	\$562.22	\$688.72 \$720.80	\$622.04 \$651.00	\$762.00	
55	\$546.53	\$669.50	\$588.41	\$720.80	\$588.41	\$752.80	\$679.97	\$832.9	
56	\$571.77	\$700.42	\$642.97	\$787.64	\$642.97	\$787.64	\$711.38	\$871.4	
57	\$597.26	\$731.64	\$671.64	\$822.76	\$671.64	\$822.76	\$743.09	\$910.2	
58	\$624.46	\$764.96	\$702.23	\$860.23	\$702.23	\$860.23	\$776.94	\$951.7	
59	\$637.94	\$781.48	\$717.39	\$878.80	\$717.39	\$878.80	\$793.71	\$972.2	
60	\$665.15	\$814.81	\$747.98	\$916.28	\$747.98	\$916.28	\$827.55	\$1,013.7	
61	\$688.67	\$843.62	\$774.44	\$948.69	\$774.44	\$948.69	\$856.83	\$1,049.62	
62	\$704.11	\$862.53	\$791.80	\$969.96	\$791.80	\$969.96	\$876.04	\$1,073.15	
63	\$723.48	\$886.26	\$813.57	\$996.62	\$813.57	\$996.62	\$900.12	\$1,102.65	
64+	\$735.24	\$900.67	\$826.80	\$1,012.83	\$826.80	\$1,012.83	\$914.76	\$1,120.58	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Bro	nze	Bro	nze	Bro	nze	Bro	nze
	Together Bronze 6 - Custom Di	900 HSA	SA Bronze 6900 HSA Bronze 6900 HSA Bronze		my Direct Bronze 6 - Custom D	900 HSA		
							D · · · •	
	Pricing A Marketpla		-	Area: 4A ce Plan ID:	Pricing Are Marketpla		Pricing Are Marketpla	
	79279PA		79279PA		33709PA		33709PA	
	Non-Marketp 79279PA		Non-Market 79279PA		Non-Marketp 33709PA		Non-Marketp 33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$154.70	\$154.70	\$154.70	\$154.70	\$200.89	\$200.89	\$200.89	\$200.89
15	\$168.45	\$168.45	\$168.45	\$168.45	\$218.75	\$218.75	\$218.75	\$218.75
16 17	\$173.71 \$178.96	\$173.71 \$178.96	\$173.71 \$178.96	\$173.71 \$178.96	\$225.57 \$232.40	\$225.57 \$232.40	\$225.57 \$232.40	\$225.57 \$232.40
18	\$184.63	\$178.50	\$178.90	\$178.50	\$239.75	\$239.75	\$239.75	\$232.40
19	\$190.29	\$190.29	\$190.29	\$190.29	\$247.11	\$247.11	\$247.11	\$247.11
20	\$196.15	\$196.15	\$196.15	\$196.15	\$254.72	\$254.72	\$254.72	\$254.72
21	\$202.22	\$207.28	\$202.22	\$207.28	\$262.60	\$269.17	\$262.60	\$269.17
22	\$202.22	\$207.28	\$202.22	\$207.28	\$262.60	\$269.17	\$262.60	\$269.17
23	\$202.22	\$207.28	\$202.22	\$207.28	\$262.60	\$269.17	\$262.60	\$269.17
24	\$202.22	\$207.28	\$202.22	\$207.28	\$262.60	\$269.17	\$262.60	\$269.17
25	\$203.03	\$208.11	\$203.03	\$208.11	\$263.65	\$270.24	\$263.65	\$270.24
26	\$207.07	\$212.25	\$207.07	\$212.25	\$268.90	\$275.62	\$268.90	\$275.62
27	\$211.93	\$217.23	\$211.93	\$217.23	\$275.20	\$282.08	\$275.20	\$282.08
28 29	\$219.81	\$225.31 \$231.94	\$219.81 \$226.28	\$225.31 \$231.94	\$285.45 \$293.85	\$292.59 \$301.20	\$285.45 \$293.85	\$292.59 \$301.20
30	\$226.28 \$229.52	\$231.94	\$220.28	\$231.94	\$293.85	\$301.20	\$293.85	\$301.20
31	\$234.37	\$235.20	\$234.37	\$235.20	\$304.35	\$311.96	\$304.35	\$303.30
32	\$239.23	\$245.21	\$239.23	\$245.21	\$310.66	\$318.43	\$310.66	\$318.43
33	\$242.26	\$248.32	\$242.26	\$248.32	\$314.59	\$322.45	\$314.59	\$310.45
34	\$245.50	\$251.64	\$245.50	\$251.64	\$318.80	\$326.77	\$318.80	\$326.77
35	\$247.11	\$253.29	\$247.11	\$253.29	\$320.90	\$328.92	\$320.90	\$328.92
36	\$248.73	\$254.95	\$248.73	\$254.95	\$323.00	\$331.08	\$323.00	\$331.08
37	\$250.35	\$256.61	\$250.35	\$256.61	\$325.10	\$333.23	\$325.10	\$333.23
38	\$251.97	\$258.27	\$251.97	\$258.27	\$327.20	\$335.38	\$327.20	\$335.38
39	\$255.20	\$261.58	\$255.20	\$261.58	\$331.40	\$339.69	\$331.40	\$339.69
40	\$258.44	\$284.28	\$258.44	\$284.28	\$335.60	\$369.16	\$335.60	\$369.16
41	\$263.29	\$290.94	\$263.29	\$290.94	\$341.91	\$377.81	\$341.91	\$377.81
42	\$267.94	\$297.95	\$267.94	\$297.95	\$347.95	\$386.92	\$347.95	\$386.92
43	\$274.41	\$307.61	\$274.41	\$307.61	\$356.35	\$399.47	\$356.35	\$399.47
44 45	\$282.50 \$292.01	\$319.79	\$282.50 \$292.01	\$319.79	\$366.85	\$415.27	\$366.85	\$415.27 \$434.17
45	\$292.01	\$334.35 \$351.86	\$292.01	\$334.35 \$351.86	\$379.19 \$393.90	\$434.17 \$456.92	\$379.19 \$393.90	\$434.17
40	\$316.07	\$372.01	\$316.07	\$372.01	\$410.44	\$430.92	\$395.90	\$430.92
48	\$330.63	\$395.43	\$330.63	\$395.43	\$429.35	\$513.50	\$429.35	\$513.50
49	\$344.99	\$419.85	\$344.99	\$419.85	\$448.00	\$545.22	\$448.00	\$545.22
50	\$361.16	\$442.42	\$361.16	\$442.42	\$469.00	\$574.53	\$469.00	\$574.53
51	\$377.14	\$462.00	\$377.14	\$462.00	\$489.75	\$599.94	\$489.75	\$599.94
52	\$394.73	\$483.54	\$394.73	\$483.54	\$512.60	\$627.94	\$512.60	\$627.94
53	\$412.53	\$505.35	\$412.53	\$505.35	\$535.70	\$656.23	\$535.70	\$656.23
54	\$431.74	\$528.88	\$431.74	\$528.88	\$560.65	\$686.80	\$560.65	\$686.80
55	\$450.95	\$552.41	\$450.95	\$552.41	\$585.60	\$717.36	\$585.60	\$717.36
56	\$471.78	\$577.93	\$471.78	\$577.93	\$612.65	\$750.50	\$612.65	\$750.50
57	\$492.81	\$603.69	\$492.81	\$603.69	\$639.96	\$783.95	\$639.96	\$783.95
58	\$515.26	\$631.19 \$644.82	\$515.26	\$631.19	\$669.10	\$819.65	\$669.10	\$819.65
59 60	\$526.38 \$548.83	\$644.82	\$526.38 \$548.83	\$644.82 \$672.32	\$683.55 \$712.70	\$837.35 \$873.06	\$683.55 \$712.70	\$837.35 \$873.06
60	\$548.83	\$696.09	\$548.83	\$672.32	\$712.70	\$903.94	\$712.70	\$903.94
62	\$580.98	\$711.70	\$580.98	\$711.70	\$754.45	\$903.94	\$754.45	\$903.94
63	\$580.98	\$731.26	\$580.98	\$731.26	\$754.45	\$924.20	\$754.45	\$924.20
		\$743.16	\$606.66	\$731.20	\$787.80	\$965.06	\$787.80	\$965.06

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Bro	nze	Bro	nze	Bro	nze	Bro	nze
	my Direct Bronze 6 - Custom Di	900 HSA	Bronze 6	ccess PPO 900 HSA rug Benefit	my Blue A Bronze 6 - Custom D	900 HSA	my Blue Access PPO Bronze 6900 HSA - Custom Drug Benefit	
	Pricing	Area: 5	Pricing A	Area: 1A	Pricing A	Area: 1B	Pricing	Area: 2
	Marketpla			ce Plan ID:	Marketpla		Marketpla	
	33709PA	0890002	33709PA	1180001	33709PA	1370001	33709PA	1370001
	Non-Marketp 33709PA		Non-Market 33709PA	place Plan ID: 1180001	Non-Market 33709PA		Non-Marketp 33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$200.89	\$200.89	\$216.46	\$216.46	\$243.43	\$243.43	\$243.43	\$243.43
15	\$218.75	\$218.75	\$235.71	\$235.71	\$265.07	\$265.07	\$265.07	\$265.07
16	\$225.57	\$225.57	\$243.06	\$243.06	\$273.34	\$273.34	\$273.34	\$273.34
17	\$232.40	\$232.40	\$250.42	\$250.42	\$281.62	\$281.62	\$281.62	\$281.62
18	\$239.75	\$239.75	\$258.34	\$258.34	\$290.53	\$290.53	\$290.53	\$290.53
19	\$247.11	\$247.11	\$266.27	\$266.27	\$299.44	\$299.44	\$299.44	\$299.44
20	\$254.72	\$254.72	\$274.47	\$274.47	\$308.66	\$308.66	\$308.66	\$308.66
21	\$262.60	\$269.17	\$282.96	\$290.03	\$318.21	\$326.17	\$318.21	\$326.17
22	\$262.60	\$269.17	\$282.96	\$290.03	\$318.21	\$326.17	\$318.21	\$326.17
23	\$262.60	\$269.17	\$282.96	\$290.03	\$318.21	\$326.17	\$318.21	\$326.17
24	\$262.60	\$269.17	\$282.96	\$290.03	\$318.21	\$326.17	\$318.21	\$326.17
25	\$263.65	\$270.24	\$284.09	\$291.19	\$319.48	\$327.47	\$319.48	\$327.47
26	\$268.90	\$275.62	\$289.75	\$296.99	\$325.85	\$334.00	\$325.85	\$334.00
27	\$275.20	\$282.08	\$296.54	\$303.95	\$333.48	\$341.82	\$333.48	\$341.82
28	\$285.45	\$292.59	\$307.58	\$315.27	\$345.89	\$354.54	\$345.89	\$354.54
29	\$293.85	\$301.20	\$316.63	\$324.55	\$356.08	\$364.98	\$356.08	\$364.98
30	\$298.05	\$305.50	\$321.16	\$329.19	\$361.17	\$370.20	\$361.17	\$370.20
31	\$304.35	\$311.96	\$327.95	\$336.15	\$368.81	\$378.03	\$368.81	\$378.03
32	\$310.66	\$318.43	\$334.74	\$343.11	\$376.44	\$385.85	\$376.44	\$385.85
33	\$314.59	\$322.45	\$338.99	\$347.46	\$381.22	\$390.75	\$381.22	\$390.75
34	\$318.80	\$326.77	\$343.51	\$352.10	\$386.31	\$395.97	\$386.31	\$395.97
35	\$320.90	\$328.92	\$345.78	\$354.42	\$388.85	\$398.57	\$388.85	\$398.57
36	\$323.00	\$331.08	\$348.04	\$356.74	\$391.40	\$401.19	\$391.40	\$401.19
37	\$325.10	\$333.23	\$350.30	\$359.06	\$393.94	\$403.79	\$393.94	\$403.79
38	\$327.20	\$335.38	\$352.57	\$361.38	\$396.49	\$406.40	\$396.49	\$406.40
39	\$331.40	\$339.69	\$357.10	\$366.03	\$401.58	\$411.62	\$401.58	\$411.62
40	\$335.60	\$369.16	\$361.62	\$397.78	\$406.67	\$447.34	\$406.67	\$447.34
41	\$341.91	\$377.81	\$368.41	\$407.09	\$414.31	\$457.81	\$414.31	\$457.81
42	\$347.95	\$386.92	\$374.92	\$416.91	\$421.63	\$468.85	\$421.63	\$468.85
43	\$356.35	\$399.47	\$383.98	\$430.44	\$431.81	\$484.06	\$431.81	\$484.06
44	\$366.85	\$415.27	\$395.30	\$447.48	\$444.54	\$503.22	\$444.54	\$503.22
45	\$379.19	\$434.17	\$408.59	\$467.84	\$459.50	\$526.13	\$459.50	\$526.13
46	\$393.90	\$456.92	\$424.44	\$492.35	\$477.32	\$553.69	\$477.32	\$553.69
47	\$410.44	\$483.09	\$442.27	\$520.55	\$497.36	\$585.39	\$497.36	\$585.39
48	\$429.35	\$513.50	\$462.64	\$553.32	\$520.27	\$622.24	\$520.27	\$622.24
49	\$448.00	\$545.22	\$482.73	\$587.48	\$542.87	\$660.67	\$542.87	\$660.67
50	\$469.00	\$574.53	\$505.37	\$619.08	\$568.32	\$696.19	\$568.32	\$696.19
51	\$489.75	\$599.94	\$527.72	\$646.46	\$593.46	\$726.99	\$593.46	\$726.99
52	\$512.60	\$627.94	\$552.34	\$676.62	\$621.15	\$760.91	\$621.15	\$760.91
53	\$535.70	\$656.23	\$577.24	\$707.12	\$649.15	\$795.21	\$649.15	\$795.21
54	\$560.65	\$686.80	\$604.12	\$740.05	\$679.38	\$832.24	\$679.38	\$832.24
55	\$585.60	\$717.36	\$631.00	\$772.98	\$709.61	\$869.27	\$709.61	\$869.27
56	\$612.65	\$750.50	\$660.15	\$808.68	\$742.38	\$909.42	\$742.38	\$909.42
57	\$639.96	\$783.95	\$689.57	\$844.72	\$775.48	\$949.96	\$775.48	\$949.96
58	\$669.10	\$819.65	\$720.98	\$883.20	\$810.80	\$993.23	\$810.80	\$993.23
59	\$683.55	\$837.35	\$736.54	\$902.26	\$828.30	\$1,014.67	\$828.30	\$1,014.67
60	\$712.70	\$873.06	\$767.95	\$940.74	\$863.62	\$1,057.93	\$863.62	\$1,057.93
61	\$737.91	\$903.94	\$795.12	\$974.02	\$894.17	\$1,095.36	\$894.17	\$1,095.36
62	\$754.45	\$924.20	\$812.94	\$995.85	\$914.22	\$1,119.92	\$914.22	\$1,119.92
63	\$775.20	\$949.62	\$835.30	\$1,023.24	\$939.36	\$1,150.72	\$939.36	\$1,150.72
64+	\$787.80	\$965.06	\$848.88	\$1,039.88	\$954.63	\$1,169.42	\$954.63	\$1,169.42

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Bro	nze	Bro	nze	Bro	nze	Broi	nze	
	my Blue A	ccess PPO	my Blue A	ccess PPO	my Blue A	ccess PPO	my Blue A	ccess PPO	
	Bronze 6			900 HSA	Bronze 6		Bronze 6		
	- Custom D	rug Benefit	- Custom D	rug Benefit	- Custom D	rug Benefit	- Custom Drug Benefit		
	Pricing A Marketpla			Area: 4B ce Plan ID:	Pricing Marketpla		Pricing / Marketplac		
	33709PA		33709PA		33709PA		33709PA		
	Non-Marketr	place Plan ID:	Non-Marketr	place Plan ID:	Non-Marketr	place Plan ID:	Non-Marketp	lace Plan ID:	
	33709PA		33709PA		33709PA		33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$216.46	\$216.46	\$243.43	\$243.43	\$243.43	\$243.43	\$269.33	\$269.33	
15	\$235.71	\$235.71	\$265.07	\$265.07	\$265.07	\$265.07	\$293.27	\$293.27	
16 17	\$243.06 \$250.42	\$243.06 \$250.42	\$273.34 \$281.62	\$273.34 \$281.62	\$273.34 \$281.62	\$273.34 \$281.62	\$302.42 \$311.57	\$302.42 \$311.57	
17	\$258.34	\$258.34	\$290.53	\$290.53	\$290.53	\$290.53	\$321.43	\$321.43	
19	\$266.27	\$266.27	\$299.44	\$299.44	\$299.44	\$299.44	\$331.29	\$331.29	
20	\$274.47	\$274.47	\$308.66	\$308.66	\$308.66	\$308.66	\$341.50	\$341.50	
21	\$282.96	\$290.03	\$318.21	\$326.17	\$318.21	\$326.17	\$352.06	\$360.86	
22	\$282.96	\$290.03	\$318.21	\$326.17	\$318.21	\$326.17	\$352.06	\$360.86	
23	\$282.96	\$290.03	\$318.21	\$326.17	\$318.21	\$326.17	\$352.06	\$360.86	
24	\$282.96 \$284.09	\$290.03 \$291.19	\$318.21 \$319.48	\$326.17 \$327.47	\$318.21 \$319.48	\$326.17 \$327.47	\$352.06 \$353.47	\$360.86 \$362.31	
25	\$284.03	\$291.19	\$315.48	\$334.00	\$325.85	\$334.00	\$360.51	\$369.52	
27	\$296.54	\$303.95	\$333.48	\$341.82	\$333.48	\$341.82	\$368.96	\$378.18	
28	\$307.58	\$315.27	\$345.89	\$354.54	\$345.89	\$354.54	\$382.69	\$392.26	
29	\$316.63	\$324.55	\$356.08	\$364.98	\$356.08	\$364.98	\$393.96	\$403.81	
30	\$321.16	\$329.19	\$361.17	\$370.20	\$361.17	\$370.20	\$399.59	\$409.58	
31	\$327.95	\$336.15	\$368.81	\$378.03	\$368.81	\$378.03	\$408.04	\$418.24	
32	\$334.74	\$343.11	\$376.44	\$385.85	\$376.44	\$385.85	\$416.49	\$426.90	
33 34	\$338.99 \$343.51	\$347.46 \$352.10	\$381.22 \$386.31	\$390.75 \$395.97	\$381.22 \$386.31	\$390.75 \$395.97	\$421.77 \$427.40	\$432.31 \$438.09	
35	\$345.78	\$354.42	\$388.85	\$398.57	\$388.85	\$395.57	\$430.22	\$440.98	
36	\$348.04	\$356.74	\$391.40	\$401.19	\$391.40	\$401.19	\$433.03	\$443.86	
37	\$350.30	\$359.06	\$393.94	\$403.79	\$393.94	\$403.79	\$435.85	\$446.75	
38	\$352.57	\$361.38	\$396.49	\$406.40	\$396.49	\$406.40	\$438.67	\$449.64	
39	\$357.10	\$366.03	\$401.58	\$411.62	\$401.58	\$411.62	\$444.30	\$455.41	
40	\$361.62	\$397.78	\$406.67	\$447.34	\$406.67	\$447.34	\$449.93	\$494.92	
41 42	\$368.41	\$407.09	\$414.31	\$457.81	\$414.31	\$457.81	\$458.38	\$506.51	
42	\$374.92 \$383.98	\$416.91 \$430.44	\$421.63 \$431.81	\$468.85 \$484.06	\$421.63 \$431.81	\$468.85 \$484.06	\$466.48 \$477.75	\$518.73 \$535.56	
44	\$395.30	\$447.48	\$444.54	\$503.22	\$444.54	\$503.22	\$491.83	\$556.75	
45	\$408.59	\$467.84	\$459.50	\$526.13	\$459.50	\$526.13	\$508.37	\$582.08	
46	\$424.44	\$492.35	\$477.32	\$553.69	\$477.32	\$553.69	\$528.09	\$612.58	
47	\$442.27	\$520.55	\$497.36	\$585.39	\$497.36	\$585.39	\$550.27	\$647.67	
48	\$462.64	\$553.32	\$520.27	\$622.24	\$520.27	\$622.24	\$575.62	\$688.44	
49	\$482.73	\$587.48	\$542.87	\$660.67	\$542.87	\$660.67	\$600.61	\$730.94	
50 51	\$505.37 \$527.72	\$619.08 \$646.46	\$568.32 \$593.46	\$696.19 \$726.99	\$568.32 \$593.46	\$696.19 \$726.99	\$628.78 \$656.59	\$770.26 \$804.32	
51	\$552.34	\$676.62	\$593.46	\$726.99	\$593.46	\$726.99	\$687.22	\$804.32	
53	\$577.24	\$707.12	\$649.15	\$795.21	\$649.15	\$795.21	\$718.20	\$879.80	
54	\$604.12	\$740.05	\$679.38	\$832.24	\$679.38	\$832.24	\$751.65	\$920.77	
55	\$631.00	\$772.98	\$709.61	\$869.27	\$709.61	\$869.27	\$785.09	\$961.74	
56	\$660.15	\$808.68	\$742.38	\$909.42	\$742.38	\$909.42	\$821.36	\$1,006.17	
57	\$689.57	\$844.72	\$775.48	\$949.96	\$775.48	\$949.96	\$857.97 ¢807.05	\$1,051.01	
58 59	\$720.98 \$736.54	\$883.20 \$902.26	\$810.80 \$828.30	\$993.23 \$1,014.67	\$810.80 \$828.30	\$993.23 \$1,014.67	\$897.05 \$916.41	\$1,098.89 \$1,122.60	
60	\$736.54	\$902.26	\$863.62	\$1,014.87	\$828.30	\$1,014.87	\$916.41	\$1,122.60	
61	\$795.12	\$974.02	\$894.17	\$1,095.36	\$894.17	\$1,095.36	\$989.29	\$1,211.88	
62	\$812.94	\$995.85	\$914.22	\$1,119.92	\$914.22	\$1,119.92	\$1,011.47	\$1,239.05	
63	\$835.30	\$1,023.24	\$939.36	\$1,150.72	\$939.36	\$1,150.72	\$1,039.28	\$1,273.12	
64+	\$848.88	\$1,039.88	\$954.63	\$1,169.42	\$954.63	\$1,169.42	\$1,056.18	\$1,293.82	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Bro	nze	Bro	nze	Bro	nze	Bro	nze
	Together Bronze		Bronze 3800 Bronze 3800 Br				Together Bronze + Adult Denta	3800
	Pricing A	Area: 1A	Pricing	Area: 1A	Pricing A	Area: 4A	Pricing A	rea: 4A
	Marketplac 79279PA	ce Plan ID:	Marketpla	ce Plan ID: 0130002	Marketpla 79279PA	ce Plan ID:	Marketplac 79279PA	ce Plan ID:
	Non-Marketp 79279PA			blace Plan ID: 0130002	Non-Marketplace Plan ID: Non-Mark		Non-Marketp 79279PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$149.31	\$149.31	\$168.66	\$168.66	\$149.31	\$149.31	\$168.66	\$168.66
15	\$162.58	\$162.58	\$183.65	\$183.65	\$162.58	\$162.58	\$183.65	\$183.65
16	\$167.65	\$167.65	\$189.38	\$189.38	\$167.65	\$167.65	\$189.38	\$189.38
17	\$172.73	\$172.73	\$195.12	\$195.12	\$172.73	\$172.73	\$195.12	\$195.12
18	\$178.19	\$178.19	\$201.29	\$201.29	\$178.19	\$178.19	\$201.29	\$201.29
19	\$183.65	\$183.65	\$207.46	\$207.46	\$183.65	\$183.65	\$207.46	\$207.46
20	\$189.31	\$189.31	\$213.86	\$213.86	\$189.31	\$189.31	\$213.86	\$213.86
21	\$195.17	\$200.05	\$220.47	\$225.98	\$195.17	\$200.05	\$220.47	\$225.98
22	\$195.17	\$200.05	\$220.47	\$225.98	\$195.17	\$200.05	\$220.47	\$225.98
23	\$195.17	\$200.05	\$220.47	\$225.98	\$195.17	\$200.05	\$220.47	\$225.98
24	\$195.17	\$200.05	\$220.47	\$225.98	\$195.17	\$200.05	\$220.47	\$225.98
25	\$195.95	\$200.85	\$221.35	\$226.88	\$195.95	\$200.85	\$221.35	\$226.88
26	\$199.85	\$204.85	\$225.76	\$231.40	\$199.85	\$204.85	\$225.76	\$231.40
27	\$204.54	\$209.65	\$231.05	\$236.83	\$204.54	\$209.65	\$231.05	\$236.83
28	\$212.15	\$217.45	\$239.65	\$245.64	\$212.15	\$217.45	\$239.65	\$245.64
29	\$218.40	\$223.86	\$246.71	\$252.88	\$218.40	\$223.86	\$246.71	\$252.88
30	\$221.52	\$227.06	\$250.23	\$256.49	\$221.52	\$227.06	\$250.23	\$256.49
31	\$226.20	\$231.86	\$255.52	\$261.91	\$226.20	\$231.86	\$255.52	\$261.91
32	\$230.89	\$236.66	\$260.82	\$267.34	\$230.89	\$236.66	\$260.82	\$267.34
33	\$233.81	\$239.66	\$264.12	\$270.72	\$233.81	\$239.66	\$264.12	\$270.72
34	\$236.94	\$242.86	\$267.65	\$274.34	\$236.94	\$242.86	\$267.65	\$274.34
35	\$238.50	\$244.46	\$269.41	\$276.15	\$238.50	\$244.46	\$269.41	\$276.15
36	\$240.06	\$246.06	\$271.18	\$277.96	\$240.06	\$246.06	\$271.18	\$277.96
37	\$241.62	\$247.66	\$272.94	\$279.76	\$241.62	\$247.66	\$272.94	\$279.76
38	\$243.18	\$249.26	\$274.71	\$281.58	\$243.18	\$249.26	\$274.71	\$281.58
39	\$246.30	\$252.46	\$278.23	\$285.19	\$246.30	\$252.46	\$278.23	\$285.19
40	\$249.43	\$274.37	\$281.76	\$309.94	\$249.43	\$274.37	\$281.76	\$309.94
41	\$254.11	\$280.79	\$287.05	\$317.19	\$254.11	\$280.79	\$287.05	\$317.19
42	\$258.60	\$287.56	\$292.12	\$324.84	\$258.60	\$287.56	\$292.12	\$324.84
43	\$264.85	\$296.90	\$299.18	\$335.38	\$264.85	\$296.90	\$299.18	\$335.38
44	\$272.65	\$308.64	\$308.00	\$348.66	\$272.65	\$308.64	\$308.00	\$348.66
45	\$281.83	\$322.70	\$318.36	\$364.52	\$281.83	\$322.70	\$318.36 \$330.71	\$364.52
46 47	\$292.76	\$339.60	\$330.71 \$344.59	\$383.62 \$405.58	\$292.76	\$339.60	1	\$383.62
47	\$305.05 \$319.10	\$359.04 \$381.64	\$344.59 \$360.47	\$405.58	\$305.05 \$319.10	\$359.04 \$381.64	\$344.59 \$360.47	\$405.58 \$431.12
48	\$319.10	\$381.64	\$360.47	\$431.12	\$319.10	\$381.64	\$360.47	\$457.74
49 50	\$332.96	\$405.21	\$376.12	\$457.74	\$332.96	\$405.21	\$376.12	\$482.36
50	\$363.99	\$445.89	\$393.70	\$503.70	\$363.99	\$445.89	\$395.70	\$503.70
52	\$380.97	\$466.69	\$430.36	\$503.70	\$380.97	\$466.69	\$430.36	\$505.70
53	\$398.15	\$487.73	\$449.76	\$550.96	\$398.15	\$487.73	\$449.76	\$550.96
54	\$416.69	\$510.45	\$470.70	\$576.61	\$416.69	\$510.45	\$470.70	\$576.61
55	\$435.23	\$533.16	\$491.65	\$602.27	\$435.23	\$533.16	\$491.65	\$602.27
56	\$455.33	\$5557.78	\$514.36	\$630.09	\$455.33	\$557.78	\$514.36	\$630.09
57	\$475.63	\$582.65	\$537.29	\$658.18	\$475.63	\$582.65	\$537.29	\$658.18
58	\$497.29	\$609.18	\$561.76	\$688.16	\$497.29	\$609.18	\$561.76	\$688.16
59	\$508.03	\$622.34	\$573.88	\$703.00	\$508.03	\$622.34	\$573.88	\$703.00
60	\$529.69	\$648.87	\$598.36	\$732.99	\$529.69	\$648.87	\$598.36	\$732.99
61	\$548.43	\$671.83	\$619.52	\$758.91	\$548.43	\$671.83	\$619.52	\$758.91
62	\$560.72	\$686.88	\$633.41	\$775.93	\$560.72	\$686.88	\$633.41	\$775.93
63	\$576.14	\$705.77	\$650.83	\$797.27	\$576.14	\$705.77	\$650.83	\$797.27
		,	,	,	,	\$717.25	\$661.41	\$810.23

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Bro	nze	Bro	nze	Bro	nze	Broi	nze
	my Direct Bronze			Blue EPO 83800 al and Vision	my Direct Bronze		my Direct Bronze + Adult Denta	3800
	Pricing Are	ea: 1A, 1B	Pricing Ar	ea: 1A, 1B	Pricing Are	ea: 4A, 4B	Pricing Are	ea: 4A, 4B
	Marketpla		-	ce Plan ID:	Marketpla		Marketplad	
	33709PA			1150001	33709PA		33709PA	
	Non-Marketp 33709PA			place Plan ID: 1150001	Non-Marketp 33709PA		Non-Marketp 33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$193.13	\$193.13	\$208.12	\$208.12	\$193.13	\$193.13	\$208.12	\$208.12
15	\$210.30	\$210.30	\$226.62	\$226.62	\$210.30	\$210.30	\$226.62	\$226.62
16	\$216.86	\$216.86	\$233.69	\$233.69	\$216.86	\$216.86	\$233.69	\$233.69
17	\$223.43	\$223.43	\$240.76	\$240.76	\$223.43	\$223.43	\$240.76	\$240.76
18	\$230.50	\$230.50	\$248.38	\$248.38	\$230.50	\$230.50	\$248.38	\$248.38
19	\$237.56	\$237.56	\$256.00	\$256.00	\$237.56	\$237.56	\$256.00	\$256.00
20	\$244.89	\$244.89	\$263.89	\$263.89	\$244.89	\$244.89	\$263.89	\$263.89
21	\$252.46	\$258.77	\$272.05	\$278.85	\$252.46	\$258.77	\$272.05	\$278.85
22	\$252.46	\$258.77	\$272.05	\$278.85	\$252.46	\$258.77	\$272.05	\$278.85
23	\$252.46	\$258.77	\$272.05	\$278.85	\$252.46	\$258.77	\$272.05	\$278.85
24	\$252.46	\$258.77	\$272.05	\$278.85	\$252.46	\$258.77	\$272.05	\$278.85
25	\$253.47	\$259.81	\$273.14	\$279.97	\$253.47	\$259.81	\$273.14	\$279.97
26	\$258.52	\$264.98 \$271.19	\$278.58 \$285.11	\$285.54 \$292.24	\$258.52	\$264.98	\$278.58 \$285.11	\$285.54
27	\$264.58 \$274.42		\$285.11	\$292.24	\$264.58 \$274.42	\$271.19	\$285.11	\$292.24 \$303.11
	· · ·	\$281.28		\$303.11	\$274.42	\$281.28 \$289.56	· · · ·	
29 30	\$282.50 \$286.54	\$289.56	\$304.42	\$312.03			\$304.42	\$312.03 \$316.50
30	\$286.54	\$293.70 \$299.92	\$308.78 \$315.31	\$310.50	\$286.54 \$292.60	\$293.70 \$299.92	\$308.78	
31	\$292.00	\$299.92	\$315.51	\$329.89	\$292.00	\$306.13	\$315.31 \$321.84	\$323.19 \$329.89
33	\$302.45	\$310.01	\$325.92	\$334.07	\$302.45	\$310.01	\$325.92	\$334.07
34	\$306.49	\$314.15	\$330.27	\$338.53	\$306.49	\$314.15	\$330.27	\$338.53
35	\$308.51	\$316.22	\$332.45	\$340.76	\$308.51	\$316.22	\$332.45	\$340.76
36	\$310.53	\$318.29	\$334.62	\$342.99	\$310.53	\$318.29	\$334.62	\$342.99
37	\$312.55	\$320.36	\$336.80	\$345.22	\$312.55	\$320.36	\$336.80	\$345.22
38	\$314.57	\$322.43	\$338.97	\$347.44	\$314.57	\$322.43	\$338.97	\$347.44
39	\$318.60	\$326.57	\$343.33	\$351.91	\$318.60	\$326.57	\$343.33	\$351.91
40	\$322.64	\$354.90	\$347.68	\$382.45	\$322.64	\$354.90	\$347.68	\$382.45
41	\$328.70	\$363.21	\$354.21	\$391.40	\$328.70	\$363.21	\$354.21	\$391.40
42	\$334.51	\$371.98	\$360.47	\$400.84	\$334.51	\$371.98	\$360.47	\$400.84
43	\$342.59	\$384.04	\$369.17	\$413.84	\$342.59	\$384.04	\$369.17	\$413.84
44	\$352.69	\$399.25	\$380.05	\$430.22	\$352.69	\$399.25	\$380.05	\$430.22
45	\$364.55	\$417.41	\$392.84	\$449.80	\$364.55	\$417.41	\$392.84	\$449.80
46	\$378.69	\$439.28	\$408.08	\$473.37	\$378.69	\$439.28	\$408.08	\$473.37
47	\$394.59	\$464.43	\$425.21	\$500.47	\$394.59	\$464.43	\$425.21	\$500.47
48	\$412.77	\$493.67	\$444.80	\$531.98	\$412.77	\$493.67	\$444.80	\$531.98
49	\$430.70	\$524.16	\$464.12	\$564.83	\$430.70	\$524.16	\$464.12	\$564.83
50	\$450.89	\$552.34	\$485.88	\$595.20	\$450.89	\$552.34	\$485.88	\$595.20
51	\$470.84	\$576.78	\$507.37	\$621.53	\$470.84	\$576.78	\$507.37	\$621.53
52	\$492.80	\$603.68	\$531.04	\$650.52	\$492.80	\$603.68	\$531.04	\$650.52
53	\$515.02	\$630.90	\$554.98	\$679.85	\$515.02	\$630.90	\$554.98	\$679.85
54	\$539.00	\$660.28	\$580.83	\$711.52	\$539.00 \$562.00	\$660.28	\$580.83	\$711.52
55	\$562.99	\$689.66	\$606.67	\$743.17	\$562.99	\$689.66	\$606.67	\$743.17
56	\$588.99	\$721.51 \$753.68	\$634.69 \$662.99	\$777.50	\$588.99 \$615.25	\$721.51	\$634.69	\$777.50
57	\$615.25		\$662.99 \$693.18	\$812.16	\$615.25	\$753.68 \$788.01	\$662.99	\$812.16 \$849.15
58 59	\$643.27 \$657.15	\$788.01 \$805.01	\$693.18	\$849.15 \$867.48	\$643.27 \$657.15	\$788.01 \$805.01	\$693.18 \$708.15	\$849.15
60	\$685.18	\$805.01	\$708.15	\$867.48	\$685.18	\$805.01	\$708.15	\$904.47
61	\$709.41	\$869.03	\$758.34	\$904.47	\$709.41	\$869.03	\$738.34 \$764.46	\$904.47
62	\$709.41	\$888.52	\$781.60	\$950.40	\$725.32	\$888.52	\$781.60	\$957.46
63	\$745.26	\$912.94	\$803.09	\$983.79	\$745.26	\$912.94	\$803.09	\$983.79
64+	\$757.38	\$927.79	\$816.15	\$9999.78	\$757.38	\$927.79	\$816.15	\$9999.78
04+	\$151.36	3921.19	<u>۲.010</u>	2222.10	\$151.38	3321.19	۲.010 کا	2222.18

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Bro	nze	Bro	nze	Bronze		Bronze		
	my Direct Bronze		my Direct Bronze + Adult Dent	e 3800	my Blue A Bronze		my Blue A Bronze + Adult Denta	3800	
	Pricing	Area: 5	Pricing	Area: 5	Pricing A	Area: 1A	Pricing A	rea: 1A	
	Marketpla 33709PA	ce Plan ID:	Marketpla 33709PA	ce Plan ID:	Marketpla 33709PA	ce Plan ID:	Marketplac 33709PA	ce Plan ID:	
	Non-Marketr 33709PA		Non-Market 33709PA	blace Plan ID: 1150001	Non-Marketr 33709PA		Non-Marketp 33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$193.13	\$193.13	\$208.12	\$208.12	\$208.44	\$208.44	\$223.42	\$223.42	
15	\$210.30	\$210.30	\$226.62	\$226.62	\$226.97	\$226.97	\$243.28	\$243.28	
16	\$216.86	\$216.86	\$233.69	\$233.69	\$234.05	\$234.05	\$250.87	\$250.87	
17	\$223.43	\$223.43	\$240.76	\$240.76	\$241.14	\$241.14	\$258.46	\$258.46	
18	\$230.50	\$230.50	\$248.38	\$248.38	\$248.77	\$248.77	\$266.64	\$266.64	
19	\$237.56	\$237.56	\$256.00	\$256.00	\$256.39	\$256.39	\$274.82	\$274.82	
20	\$244.89	\$244.89	\$263.89	\$263.89	\$264.30	\$264.30	\$283.29	\$283.29	
21	\$252.46	\$258.77	\$272.05	\$278.85	\$272.47	\$279.28	\$292.05	\$299.35	
22	\$252.46	\$258.77	\$272.05	\$278.85	\$272.47	\$279.28	\$292.05	\$299.35	
23 24	\$252.46	\$258.77	\$272.05	\$278.85	\$272.47 \$272.47	\$279.28	\$292.05	\$299.35	
24	\$252.46	\$258.77	\$272.05	\$278.85		\$279.28	\$292.05	\$299.35 \$300.55	
25	\$253.47 \$258.52	\$259.81 \$264.98	\$273.14 \$279.E9	\$279.97	\$273.56	\$280.40	\$293.22	•	
20	\$258.52	\$204.98	\$278.58 \$285.11	\$285.54 \$292.24	\$279.01 \$285.55	\$285.99 \$292.69	\$299.06 \$306.07	\$306.54 \$313.72	
27	\$204.38	\$271.19	\$285.11	\$292.24	\$296.17	\$303.57	\$317.46	\$325.40	
20	\$274.42	\$289.56	\$295.72	\$312.03	\$304.89	\$312.51	\$326.80		
30	\$282.50	\$289.56	\$304.42	\$312.03	\$304.89	\$312.51	\$320.80	\$334.97 \$339.77	
31	\$280.34	\$295.70	\$315.31	\$323.19	\$309.25	\$323.68	\$338.49	\$346.95	
32	\$292.00	\$299.92	\$315.51	\$329.89	\$313.79	\$330.39	\$345.50	\$354.14	
33	\$302.45	\$310.01	\$325.92	\$334.07	\$326.42	\$334.58	\$349.88	\$358.63	
34	\$306.49	\$314.15	\$330.27	\$338.53	\$330.78	\$339.05	\$354.55	\$363.41	
35	\$308.51	\$316.22	\$332.45	\$340.76	\$332.96	\$335.05	\$356.89	\$365.81	
36	\$310.53	\$318.29	\$334.62	\$342.99	\$335.14	\$343.52	\$359.22	\$368.20	
37	\$312.55	\$320.36	\$336.80	\$345.22	\$337.32	\$345.75	\$361.56	\$370.60	
38	\$314.57	\$322.43	\$338.97	\$347.44	\$339.50	\$347.99	\$363.89	\$372.99	
39	\$318.60	\$326.57	\$343.33	\$351.91	\$343.86	\$352.46	\$368.57	\$377.78	
40	\$322.64	\$354.90	\$347.68	\$382.45	\$348.22	\$383.04	\$373.24	\$410.56	
41	\$328.70	\$363.21	\$354.21	\$391.40	\$354.76	\$392.01	\$380.25	\$420.18	
42	\$334.51	\$371.98	\$360.47	\$400.84	\$361.02	\$401.45	\$386.97	\$430.31	
43	\$342.59	\$384.04	\$369.17	\$413.84	\$369.74	\$414.48	\$396.31	\$444.26	
44	\$352.69	\$399.25	\$380.05	\$430.22	\$380.64	\$430.88	\$407.99	\$461.84	
45	\$364.55	\$417.41	\$392.84	\$449.80	\$393.45	\$450.50	\$421.72	\$482.87	
46	\$378.69	\$439.28	\$408.08	\$473.37	\$408.71	\$474.10	\$438.08	\$508.17	
47	\$394.59	\$464.43	\$425.21	\$500.47	\$425.87	\$501.25	\$456.47	\$537.27	
48	\$412.77	\$493.67	\$444.80	\$531.98	\$445.49	\$532.81	\$477.50	\$571.09	
49	\$430.70	\$524.16	\$464.12	\$564.83	\$464.83	\$565.70	\$498.24	\$606.36	
50	\$450.89	\$552.34	\$485.88	\$595.20	\$486.63	\$596.12	\$521.60	\$638.96	
51	\$470.84	\$576.78	\$507.37	\$621.53	\$508.16	\$622.50	\$544.67	\$667.22	
52	\$492.80	\$603.68	\$531.04	\$650.52	\$531.86	\$651.53	\$570.08	\$698.35	
53	\$515.02	\$630.90	\$554.98	\$679.85	\$555.84	\$680.90	\$595.78	\$729.83	
54	\$539.00	\$660.28	\$580.83	\$711.52	\$581.72	\$712.61	\$623.53	\$763.82	
55	\$562.99	\$689.66	\$606.67	\$743.17	\$607.61	\$744.32	\$651.27	\$797.81	
56	\$588.99	\$721.51	\$634.69	\$777.50	\$635.67	\$778.70	\$681.35	\$834.65	
57	\$615.25	\$753.68	\$662.99	\$812.16	\$664.01	\$813.41	\$711.73	\$871.87	
58	\$643.27	\$788.01	\$693.18	\$849.15	\$694.25	\$850.46	\$744.14	\$911.57	
59 60	\$657.15	\$805.01	\$708.15 \$738.34	\$867.48 \$904.47	\$709.24 \$739.48	\$868.82	\$760.21	\$931.26	
60 61	\$685.18 \$709.41	\$839.35 \$869.03	\$738.34	\$904.47	\$739.48	\$905.86 \$937.91	\$792.62 \$820.66	\$970.96 \$1,005.31	
61	\$709.41 \$725.32	\$888.52	\$764.46	\$936.46	\$765.64 \$782.81	\$937.91	\$820.66	\$1,005.31	
	\$725.32	\$888.52	\$781.60	\$957.46	\$782.81	\$958.94	\$839.06	\$1,027.85	
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Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Bro	nze	Bro	nze	Bro	nze	Bro	nze
	my Blue A Bronze		Bronze	Bronze 3XUU		ccess PPO 2 3800	my Blue A Bronze + Adult Denta	3800
	Pricing A	Area: 1B	Pricing A	Area: 1B	Pricing	Area: 2	Pricing	Area: 2
	Marketpla		Marketpla		Marketpla		Marketpla	
	33709PA	1410001	33709PA	1420001	33709PA	1410001	33709PA	1420001
	Non-Marketp 33709PA		Non-Market 33709PA	blace Plan ID: 1420001	Non-Marketplace Plan ID: Non-Marketpl 33709PA1410001 33709PA1			
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$234.40	\$234.40	\$249.38	\$249.38	\$234.40	\$234.40	\$249.38	\$249.38
15	\$255.23	\$255.23	\$271.55	\$271.55	\$255.23	\$255.23	\$271.55	\$271.55
16	\$263.20	\$263.20	\$280.03	\$280.03	\$263.20	\$263.20	\$280.03	\$280.03
17	\$271.16	\$271.16	\$288.50	\$288.50	\$271.16	\$271.16	\$288.50	\$288.50
18	\$279.74	\$279.74	\$297.63	\$297.63	\$279.74	\$279.74	\$297.63	\$297.63
19	\$288.32	\$288.32	\$306.76	\$306.76	\$288.32	\$288.32	\$306.76	\$306.76
20	\$297.21	\$297.21	\$316.21	\$316.21	\$297.21	\$297.21	\$316.21	\$316.21
21	\$306.40	\$314.06	\$325.99	\$334.14	\$306.40	\$314.06	\$325.99	\$334.14
22	\$306.40	\$314.06	\$325.99	\$334.14	\$306.40	\$314.06	\$325.99	\$334.14
23 24	\$306.40	\$314.06	\$325.99	\$334.14	\$306.40	\$314.06	\$325.99	\$334.14
	\$306.40	\$314.06	\$325.99	\$334.14	\$306.40	\$314.06	\$325.99	\$334.14
25 26	\$307.63	\$315.32	\$327.29	\$335.47 \$342.16	\$307.63	\$315.32 \$321.59	\$327.29	\$335.47
26	\$313.75 \$321.11	\$321.59 \$329.14	\$333.81 \$341.64	\$342.16	\$313.75 \$321.11	\$321.59	\$333.81 \$341.64	\$342.16 \$350.18
27	\$321.11	\$329.14	\$341.64 \$354.35	\$350.18	\$321.11 \$333.06	\$329.14	\$341.64 \$354.35	\$350.18
28	\$333.06	\$341.39	\$354.35	\$363.21	\$333.06 \$342.86	\$341.39	\$354.35 \$364.78	\$363.21
30	\$342.86	\$351.43	\$364.78	\$373.90	\$342.86	\$351.43	\$364.78	\$373.90
31	\$355.12	\$364.00	\$370.00	\$379.25	\$355.12	\$364.00	\$370.00	\$387.27
32	\$355.12	\$364.00	\$377.82	\$387.27	\$355.12	\$364.00	\$377.82	\$395.29
33	\$367.07	\$376.25	\$390.54	\$400.30	\$367.07	\$376.25	\$390.54	\$400.30
34	\$307.07	\$370.25	\$395.75	\$405.64	\$307.07	\$370.23	\$395.75	\$405.64
35	\$374.42	\$383.78	\$398.36	\$408.32	\$374.42	\$383.78	\$398.36	\$408.32
36	\$376.87	\$386.29	\$400.97	\$410.99	\$376.87	\$386.29	\$400.97	\$410.99
37	\$379.32	\$388.80	\$403.58	\$413.67	\$379.32	\$388.80	\$403.58	\$413.67
38	\$381.77	\$391.31	\$406.18	\$416.33	\$381.77	\$391.31	\$406.18	\$416.33
39	\$386.68	\$396.35	\$411.40	\$421.69	\$386.68	\$396.35	\$411.40	\$421.69
40	\$391.58	\$430.74	\$416.62	\$458.28	\$391.58	\$430.74	\$416.62	\$458.28
41	\$398.93	\$440.82	\$424.44	\$469.01	\$398.93	\$440.82	\$424.44	\$469.01
42	\$405.98	\$451.45	\$431.94	\$480.32	\$405.98	\$451.45	\$431.94	\$480.32
43	\$415.78	\$466.09	\$442.37	\$495.90	\$415.78	\$466.09	\$442.37	\$495.90
44	\$428.04	\$484.54	\$455.41	\$515.52	\$428.04	\$484.54	\$455.41	\$515.52
45	\$442.44	\$506.59	\$470.73	\$538.99	\$442.44	\$506.59	\$470.73	\$538.99
46	\$459.60	\$533.14	\$488.99	\$567.23	\$459.60	\$533.14	\$488.99	\$567.23
47	\$478.90	\$563.67	\$509.52	\$599.71	\$478.90	\$563.67	\$509.52	\$599.71
48	\$500.96	\$599.15	\$532.99	\$637.46	\$500.96	\$599.15	\$532.99	\$637.46
49	\$522.72	\$636.15	\$556.14	\$676.82	\$522.72	\$636.15	\$556.14	\$676.82
50	\$547.23	\$670.36	\$582.22	\$713.22	\$547.23	\$670.36	\$582.22	\$713.22
51	\$571.44	\$700.01	\$607.97	\$744.76	\$571.44	\$700.01	\$607.97	\$744.76
52	\$598.09	\$732.66	\$636.33	\$779.50	\$598.09	\$732.66	\$636.33	\$779.50
53	\$625.06	\$765.70	\$665.02	\$814.65	\$625.06	\$765.70	\$665.02	\$814.65
54	\$654.16	\$801.35	\$695.99	\$852.59	\$654.16	\$801.35	\$695.99	\$852.59
55	\$683.27	\$837.01	\$726.96	\$890.53	\$683.27	\$837.01	\$726.96	\$890.53
56 57	\$714.83 \$746.70	\$875.67 \$914.71	\$760.53 \$794.44	\$931.65 \$973.19	\$714.83 \$746.70	\$875.67 \$914.71	\$760.53 \$794.44	\$931.65 \$973.19
58	\$746.70	\$914.71	\$794.44 \$830.62	\$973.19	\$746.70	\$914.71	\$794.44 \$830.62	\$973.19
58	\$780.71	\$956.37	\$830.62 \$848.55	\$1,017.51	\$780.71 \$797.56	\$956.37 \$977.01	\$830.62	\$1,017.51
60	\$797.56	\$977.01	\$848.55	\$1,039.47	\$797.56 \$831.57	\$977.01	\$848.55 \$884.74	\$1,039.47
61	\$860.98	\$1,018.07	\$916.03	\$1,083.81	\$860.98	\$1,018.07	\$916.03	\$1,085.81
62	\$880.29	\$1,034.70	\$936.57	\$1,122.14	\$880.29	\$1,034.70	\$936.57	\$1,122.14
	\$904.49	\$1,108.00	\$962.32	\$1,178.84	\$904.49	\$1,108.00	\$962.32	\$1,178.84
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Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Bro	nze	Bro	nze	Bro	nze	Broi	nze	
	my Blue A Bronze		Bronze	my Blue Access PPO Bronze 3800 my Blue Access PPO + Adult Dental and Vision Bronze 3800 + Adult Dental a				e 3800	
	Pricing A	Area: 4A	Pricing A	Area: 4A	Pricing A	Area: 4B	Pricing A	vrea: 4B	
	Marketpla 33709PA	ce Plan ID:	Marketpla		Marketplac 33709PA	ce Plan ID:	Marketplace Plan ID: 33709PA1420001		
	Non-Marketr 33709PA			place Plan ID: 1170001	Non-Marketp 33709PA		Non-Marketp 33709PA:		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$208.44	\$208.44	\$223.42	\$223.42	\$234.40	\$234.40	\$249.38	\$249.38	
15	\$226.97	\$226.97	\$243.28	\$243.28	\$255.23	\$255.23	\$271.55	\$271.55	
16	\$234.05	\$234.05	\$250.87	\$250.87	\$263.20	\$263.20	\$280.03	\$280.03	
17	\$241.14	\$241.14	\$258.46	\$258.46	\$271.16	\$271.16	\$288.50	\$288.50	
18	\$248.77	\$248.77	\$266.64	\$266.64	\$279.74	\$279.74	\$297.63	\$297.63	
19	\$256.39	\$256.39	\$274.82	\$274.82	\$288.32	\$288.32	\$306.76	\$306.76	
20	\$264.30	\$264.30	\$283.29	\$283.29	\$297.21	\$297.21	\$316.21	\$316.21	
21	\$272.47	\$279.28	\$292.05	\$299.35	\$306.40	\$314.06	\$325.99	\$334.14	
22	\$272.47	\$279.28	\$292.05	\$299.35	\$306.40	\$314.06	\$325.99	\$334.14	
23	\$272.47	\$279.28	\$292.05	\$299.35 \$299.35	\$306.40	\$314.06	\$325.99	\$334.14	
24 25	\$272.47	\$279.28	\$292.05		\$306.40	\$314.06	\$325.99	\$334.14	
	\$273.56	\$280.40	\$293.22	\$300.55	\$307.63	\$315.32	\$327.29	\$335.47	
26 27	\$279.01 \$285.55	\$285.99 \$292.69	\$299.06 \$306.07	\$306.54	\$313.75 \$321.11	\$321.59 \$329.14	\$333.81 \$341.64	\$342.16 \$350.18	
27	\$285.55	\$292.69	\$306.07 \$317.46	\$313.72 \$325.40	\$321.11	\$329.14	\$354.35	\$363.21	
28		\$303.57	\$317.46	\$325.40	\$333.06	\$351.43	\$354.35	\$373.90	
30	\$304.89 \$309.25	\$312.51	\$320.80	\$334.97	\$342.86	\$356.45	\$304.78	\$379.25	
31	\$315.79	\$310.98	\$338.49	\$339.77	\$355.12	\$364.00	\$370.00	\$387.27	
32	\$313.79	\$330.39	\$336.49	\$3540.95	\$362.47	\$371.53	\$385.65	\$395.29	
33	\$326.42	\$334.58	\$349.88	\$358.63	\$367.07	\$376.25	\$390.54	\$400.30	
34	\$330.78	\$339.05	\$354.55	\$363.41	\$371.97	\$381.27	\$395.75	\$405.64	
35	\$332.96	\$335.05	\$356.89	\$365.81	\$374.42	\$383.78	\$398.36	\$408.32	
36	\$335.14	\$343.52	\$359.22	\$368.20	\$376.87	\$386.29	\$400.97	\$410.99	
37	\$337.32	\$345.75	\$361.56	\$370.60	\$379.32	\$388.80	\$403.58	\$413.67	
38	\$339.50	\$347.99	\$363.89	\$372.99	\$381.77	\$391.31	\$406.18	\$416.33	
39	\$343.86	\$352.46	\$368.57	\$377.78	\$386.68	\$396.35	\$411.40	\$421.69	
40	\$348.22	\$383.04	\$373.24	\$410.56	\$391.58	\$430.74	\$416.62	\$458.28	
41	\$354.76	\$392.01	\$380.25	\$420.18	\$398.93	\$440.82	\$424.44	\$469.01	
42	\$361.02	\$401.45	\$386.97	\$430.31	\$405.98	\$451.45	\$431.94	\$480.32	
43	\$369.74	\$414.48	\$396.31	\$444.26	\$415.78	\$466.09	\$442.37	\$495.90	
44	\$380.64	\$430.88	\$407.99	\$461.84	\$428.04	\$484.54	\$455.41	\$515.52	
45	\$393.45	\$450.50	\$421.72	\$482.87	\$442.44	\$506.59	\$470.73	\$538.99	
46	\$408.71	\$474.10	\$438.08	\$508.17	\$459.60	\$533.14	\$488.99	\$567.23	
47	\$425.87	\$501.25	\$456.47	\$537.27	\$478.90	\$563.67	\$509.52	\$599.71	
48	\$445.49	\$532.81	\$477.50	\$571.09	\$500.96	\$599.15	\$532.99	\$637.46	
49	\$464.83	\$565.70	\$498.24	\$606.36	\$522.72	\$636.15	\$556.14	\$676.82	
50	\$486.63	\$596.12	\$521.60	\$638.96	\$547.23	\$670.36	\$582.22	\$713.22	
51	\$508.16	\$622.50	\$544.67	\$667.22	\$571.44	\$700.01	\$607.97	\$744.76	
52	\$531.86	\$651.53	\$570.08	\$698.35	\$598.09	\$732.66	\$636.33	\$779.50	
53	\$555.84	\$680.90	\$595.78	\$729.83	\$625.06	\$765.70	\$665.02	\$814.65	
54	\$581.72	\$712.61	\$623.53	\$763.82	\$654.16	\$801.35	\$695.99	\$852.59	
55	\$607.61	\$744.32	\$651.27	\$797.81	\$683.27	\$837.01	\$726.96	\$890.53	
56	\$635.67	\$778.70	\$681.35	\$834.65	\$714.83	\$875.67	\$760.53	\$931.65	
57	\$664.01	\$813.41	\$711.73	\$871.87	\$746.70	\$914.71	\$794.44	\$973.19	
58	\$694.25	\$850.46	\$744.14	\$911.57	\$780.71	\$956.37	\$830.62	\$1,017.51	
59 60	\$709.24	\$868.82	\$760.21	\$931.26 \$970.96	\$797.56 \$831.57	\$977.01	\$848.55 \$884.74	\$1,039.47	
60 61	\$739.48 \$765.64	\$905.86 \$937.91	\$792.62 \$820.66	\$970.96	\$831.57 \$860.98	\$1,018.67 \$1,054.70	\$884.74 \$916.03	\$1,083.81	
61	\$765.64 \$782.81	\$937.91	\$820.66	\$1,005.31 \$1,027.85	\$860.98	\$1,054.70	\$916.03	\$1,122.14 \$1,147.30	
	\$782.81	\$958.94	\$859.06	\$1,027.85	\$880.29	\$1,108.00	\$936.37	\$1,147.30	
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Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Bro	nze	Bro	nze	Bro	nze	Bro	nze	
	my Blue A Bronze		Bronze	my Blue Access PPO Bronze 3800 my Blue Access PPO + Adult Dental and Vision		-			
	Pricing	Area: 5	Pricing	Area: 5	Pricing	Area: 6	Pricing	Bronze 3800 + Adult Dental and Vision Pricing Area: 6 Marketplace Plan ID: 33709PA1420001 Non-Marketplace Plan ID: 33709PA1420001 Non-Tobacco \$275.91 \$275.91 \$300.44 \$300.42 \$309.82 \$319.19 \$319.19 \$329.29 \$339.39 \$349.85 \$360.67	
	Marketpla								
	33709PA	1410001	33709PA	1420001	33709PA	1410001	33709PA	1420001	
	Non-Marketr 33709PA		Non-Market 33709PA	blace Plan ID: 1420001	Non-Marketr 33709PA				
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$234.40	\$234.40	\$249.38	\$249.38	\$259.34	\$259.34	· · ·		
15	\$255.23	\$255.23	\$271.55	\$271.55	\$282.39	\$282.39	· · · · · · · · · · · · · · · · · · ·		
16	\$263.20	\$263.20	\$280.03	\$280.03	\$291.20	\$291.20			
17 18	\$271.16 \$279.74	\$271.16 \$279.74	\$288.50 \$297.63	\$288.50 \$297.63	\$300.02 \$309.51	\$300.02 \$309.51			
19	\$288.32	\$288.32	\$306.76	\$306.76	\$319.00	\$319.00			
20	\$200.32	\$200.32	\$316.21	\$300.70	\$319.00	\$319.00			
20	\$306.40	\$314.06	\$310.21	\$334.14	\$339.00	\$347.48			
22	\$306.40	\$314.06	\$325.99	\$334.14	\$339.00	\$347.48		•	
23	\$306.40	\$314.06	\$325.99	\$334.14	\$339.00	\$347.48			
24	\$306.40	\$314.06	\$325.99	\$334.14	\$339.00	\$347.48			
25	\$307.63	\$315.32	\$327.29	\$335.47	\$340.36	\$348.87			
26	\$313.75	\$321.59	\$333.81	\$342.16	\$347.14	\$355.82	\$369.33	\$378.56	
27	\$321.11	\$329.14	\$341.64	\$350.18	\$355.27	\$364.15	\$377.98	\$387.43	
28	\$333.06	\$341.39	\$354.35	\$363.21	\$368.49	\$377.70	\$392.05	\$401.85	
29	\$342.86	\$351.43	\$364.78	\$373.90	\$379.34	\$388.82	\$403.59	\$413.68	
30	\$347.76	\$356.45	\$370.00	\$379.25	\$384.77	\$394.39	\$409.36	\$419.59	
31	\$355.12	\$364.00	\$377.82	\$387.27	\$392.90	\$402.72	\$418.02	\$428.47	
32	\$362.47	\$371.53	\$385.65	\$395.29	\$401.04	\$411.07	\$426.67	\$437.34	
33	\$367.07	\$376.25	\$390.54	\$400.30	\$406.12	\$416.27		•	
34	\$371.97	\$381.27	\$395.75	\$405.64	\$411.55	\$421.84			
35	\$374.42	\$383.78	\$398.36	\$408.32	\$414.26	\$424.62			
36	\$376.87	\$386.29	\$400.97	\$410.99	\$416.97	\$427.39			
37	\$379.32	\$388.80	\$403.58	\$413.67	\$419.68	\$430.17			
38	\$381.77	\$391.31	\$406.18	\$416.33	\$422.39	\$432.95	· · · · · · · · · · · · · · · · · · ·		
39	\$386.68	\$396.35	\$411.40	\$421.69	\$427.82	\$438.52			
40 41	\$391.58 \$398.93	\$430.74 \$440.82	\$416.62 \$424.44	\$458.28	\$433.24 \$441.38	\$476.56 \$487.72			
41 42	\$398.93	\$440.82	\$424.44 \$431.94	\$469.01 \$480.32	\$441.38	\$487.72			
42	\$405.98	\$451.45	\$431.94 \$442.37	\$480.32	\$449.18	\$499.49			
45	\$413.78	\$484.54	\$455.41	\$495.90	\$400.02	\$536.09			
44	\$442.44	\$506.59	\$470.73	\$538.99	\$489.52	\$560.50			
46	\$459.60	\$533.14	\$488.99	\$567.23	\$508.50	\$589.86		-	
47	\$478.90	\$563.67	\$509.52	\$599.71	\$529.86	\$623.65			
48	\$500.96	\$599.15	\$532.99	\$637.46	\$554.27	\$662.91	\$589.70	\$705.28	
49	\$522.72	\$636.15	\$556.14	\$676.82	\$578.33	\$703.83	\$615.30	\$748.82	
50	\$547.23	\$670.36	\$582.22	\$713.22	\$605.45	\$741.68	\$644.16	\$789.10	
51	\$571.44	\$700.01	\$607.97	\$744.76	\$632.24	\$774.49	\$672.65	\$824.00	
52	\$598.09	\$732.66	\$636.33	\$779.50	\$661.73	\$810.62	\$704.03	\$862.44	
53	\$625.06	\$765.70	\$665.02	\$814.65	\$691.56	\$847.16	\$735.77	\$901.32	
54	\$654.16	\$801.35	\$695.99	\$852.59	\$723.77	\$886.62	\$770.03	\$943.29	
55	\$683.27	\$837.01	\$726.96	\$890.53	\$755.97	\$926.06	\$804.29	\$985.26	
56	\$714.83	\$875.67	\$760.53	\$931.65	\$790.89	\$968.84	\$841.44	\$1,030.76	
57	\$746.70	\$914.71	\$794.44	\$973.19	\$826.14	\$1,012.02	\$878.95	\$1,076.71	
58	\$780.71	\$956.37	\$830.62	\$1,017.51	\$863.77 \$882.42	\$1,058.12	\$918.99	\$1,125.76	
59 60	\$797.56 \$831.57	\$977.01 \$1,018.67	\$848.55 \$884.74	\$1,039.47 \$1,083.81	\$882.42	\$1,080.96 \$1,127.06	\$938.82 \$978.86	\$1,150.05 \$1,199.10	
61	\$851.57	\$1,018.67	\$884.74	\$1,083.81	\$920.05	\$1,127.06	\$978.86	\$1,199.10	
62	\$880.29	\$1,054.70	\$916.03	\$1,122.14	\$952.59 \$973.95	\$1,100.92	\$1,013.48	\$1,241.51	
63	\$904.49	\$1,108.00	\$962.32	\$1,147.30	\$1,000.73	\$1,225.89	\$1,050.20	\$1,304.26	
	, yyur.y	÷1,100.00	4502.JZ	÷1,1,0.04	÷±,000.73	<i>q</i> 1,225.05	÷+,004.70	÷1,304.20	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	/er	Silv	ver	Silv	/er	Silv	ver
	Together Silver		Together Silver		my Direct Silver			
	Pricing A	Area: 1A	Pricing A	Area: 4A	Pricing Are	ea: 1A, 1B	Pricing Are	a: 4A, 4B
	Marketpla		Marketpla		Marketpla		Silver S900 Silver S900 Pricing Area: 4A, 4B Marketplace Plan ID: 33709PAUS70015 Non-MarketPlace Plan ID: 33709PAUS70015 Non-Tobacco Tobacco \$277.05 \$277.05 \$301.68 \$301.68 \$301.68 \$301.68 \$301.68 \$301.68 \$311.10 \$311.10 \$320.51 \$320.51 \$330.65 \$330.65 \$330.65 \$330.65 \$340.79 \$340.79 \$351.30 \$351.30 \$362.16 \$3371.21 \$362.16 \$371.21 \$362.16 \$371.21 \$364.82 \$459.51 \$443.83 \$459.56 \$443.85 \$459.51 \$443.85 \$459.51 \$443.84 \$459.85 \$445.84 \$459.87 \$447.936 \$453.360 \$441.45 \$550.92 \$441.45 \$550.92 \$442.84 \$450.61 \$441.45 \$550.92 \$442.84 \$450.61 \$442.84 \$450.61 \$442.84 \$450.61 \$442.84 \$550.92 \$453.81 \$500.91 \$453.81 \$708.19	
	79279PA		79279PA		33709PA			
	Non-Marketp 79279PA		Non-Marketp 79279PA					
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		
0-14	\$209.16	\$209.16	\$209.16	\$209.16	\$277.05	\$277.05		
15	\$227.75	\$227.75	\$227.75	\$227.75	\$301.68	\$301.68		-
16 17	\$234.86 \$241.97	\$234.86 \$241.97	\$234.86	\$234.86	\$311.10 \$320.51	\$311.10 \$320.51		
17	\$241.97	\$241.97	\$241.97 \$249.62	\$241.97 \$249.62	\$320.51	\$320.51		
19	\$257.28	\$257.28	\$257.28	\$257.28	\$330.05	\$330.05		-
20	\$265.21	\$257.28	\$257.28	\$257.28	\$340.79	\$340.79		
20	\$205.21	\$280.25	\$265.21 \$273.41	\$280.25	\$351.30	\$351.30		
21	\$273.41	\$280.25	\$273.41	\$280.25	\$362.16	\$371.21		
22	\$273.41	\$280.25	\$273.41	\$280.25	\$362.16	\$371.21		
23	\$273.41	\$280.25	\$273.41	\$280.25	\$362.10	\$371.21		
25	\$274.50	\$281.36	\$274.50	\$281.36	\$363.61	\$372.70		
26	\$279.97	\$286.97	\$279.97	\$286.97	\$370.85	\$380.12		•
27	\$286.53	\$293.69	\$286.53	\$293.69	\$379.54	\$389.03		
28	\$297.20	\$304.63	\$297.20	\$304.63	\$393.67	\$403.51		
20	\$305.95	\$313.60	\$237.20	\$313.60	\$405.26	\$405.31		
30	\$310.32	\$313.00	\$310.32	\$313.00	\$405.20	\$413.39		
31	\$316.88	\$318.08	\$316.88	\$318.08	\$411.05	\$430.23		
32	\$310.88		\$310.88					
33	\$323.44	\$331.53 \$335.74	\$323.44	\$331.53 \$335.74	\$428.44 \$433.87	\$439.15 \$444.72		
34	\$331.92	\$335.74	\$327.55	\$335.74	\$439.66	\$450.65		
35	\$334.11	\$340.22	\$334.11	\$340.22	\$439.00	\$453.62		
36	\$336.29	\$344.70	\$336.29	\$344.70	\$445.46	\$455.60		
30	\$338.48	\$346.94	\$338.48	\$344.70	\$448.35	\$459.56	· · ·	
38	\$340.67	\$349.19	\$330.48	\$340.94	\$451.25	\$462.53		
39	\$345.04	\$353.67	\$345.04	\$353.67	\$457.05	\$468.48		
40	\$349.42	\$353.07	\$349.42	\$353.07	\$457.05	\$509.12		
40	\$355.98	\$393.36	\$355.98	\$393.36	\$471.53	\$521.04		
41	\$362.27	\$402.84	\$362.27	\$402.84	\$479.86	\$533.60		
43	\$371.02	\$415.91	\$371.02	\$415.91	\$491.45	\$550.92		-
44	\$381.95	\$432.37	\$381.95	\$432.37	\$505.94	\$572.72		
45	\$394.80	\$452.05	\$394.80	\$452.05	\$522.96	\$598.79	· · ·	
46	\$410.12	\$475.74	\$410.12	\$475.74	\$543.24	\$630.16	· ·	
47	\$427.34	\$502.98	\$427.34	\$502.98	\$566.06	\$666.25		
48	\$447.03	\$534.65	\$447.03	\$534.65	\$592.13	\$708.19	· · ·	
49	\$466.44	\$567.66	\$466.44	\$567.66	\$617.84	\$751.91		
50	\$488.31	\$598.18	\$488.31	\$598.18	\$646.82	\$792.35		
51	\$509.91	\$624.64	\$509.91	\$624.64	\$675.43	\$827.40		
52	\$533.70	\$653.78	\$533.70	\$653.78	\$706.94	\$866.00		
53	\$557.76	\$683.26	\$557.76	\$683.26	\$738.81	\$905.04	\$738.81	\$905.04
54	\$583.73	\$715.07	\$583.73	\$715.07	\$773.21	\$947.18	\$773.21	\$947.18
55	\$609.70	\$746.88	\$609.70	\$746.88	\$807.62	\$989.33	\$807.62	\$989.33
56	\$637.87	\$781.39	\$637.87	\$781.39	\$844.92	\$1,035.03	\$844.92	\$1,035.03
57	\$666.30	\$816.22	\$666.30	\$816.22	\$882.58	\$1,081.16	\$882.58	\$1,081.16
58	\$696.65	\$853.40	\$696.65	\$853.40	\$922.78	\$1,130.41	\$922.78	\$1,130.41
59	\$711.69	\$871.82	\$711.69	\$871.82	\$942.70	\$1,154.81	\$942.70	\$1,154.81
60	\$742.03	\$908.99	\$742.03	\$908.99	\$982.90	\$1,204.05	\$982.90	\$1,204.05
61	\$768.28	\$941.14	\$768.28	\$941.14	\$1,017.67	\$1,246.65	\$1,017.67	\$1,246.65
62	\$785.51	\$962.25	\$785.51	\$962.25	\$1,040.49	\$1,274.60	\$1,040.49	\$1,274.60
63	\$807.11	\$988.71	\$807.11	\$988.71	\$1,069.10	\$1,309.65	\$1,069.10	\$1,309.65
64+	\$820.23	\$1,004.78	\$820.23	\$1,004.78	\$1,086.48	\$1,330.94	\$1,086.48	\$1,330.94

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	/er	Silv	/er	Silv	ver	Silv	/er	
	my Direct Blue EPO Silver 5900		my Blue Access PPO Silver 5900		my Blue Access PPO Silver 5900		my Blue Access PPO Silver 5900		
	Pricing	Area: 5	Pricing A	Area: 1A	Pricing A	vrea: 1B	Pricing	Area: 2	
	Marketpla		Marketpla		Marketpla		Marketplag		
	33709PA		33709PA		33709PA		33709PA		
	Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$277.05	\$277.05	\$285.14	\$285.14	\$320.65	\$320.65	\$320.65	\$320.65	
15	\$301.68	\$301.68	\$310.48	\$310.48	\$349.15	\$349.15	\$349.15	\$349.15	
16	\$311.10	\$311.10	\$320.18	\$320.18	\$360.05	\$360.05	\$360.05	\$360.05	
17 18	\$320.51 \$330.65	\$320.51	\$329.87	\$329.87	\$370.95	\$370.95	\$370.95	\$370.95	
18		\$330.65	\$340.30	\$340.30	\$382.68	\$382.68	\$382.68	\$382.68	
20	\$340.79 \$351.30	\$340.79 \$351.30	\$350.74 \$361.55	\$350.74 \$361.55	\$394.42 \$406.58	\$394.42 \$406.58	\$394.42 \$406.58	\$394.42 \$406.58	
20	\$351.30	\$351.30	\$301.55	\$382.05	\$406.58	\$406.58	\$406.58	\$406.58	
22	\$362.16	\$371.21	\$372.73	\$382.05	\$419.15	\$429.63	\$419.15	\$429.63	
23	\$362.16	\$371.21	\$372.73	\$382.05	\$419.15	\$429.63	\$419.15	\$429.63	
24	\$362.16	\$371.21	\$372.73	\$382.05	\$419.15	\$429.63	\$419.15	\$429.63	
25	\$363.61	\$372.70	\$374.22	\$383.58	\$420.83	\$431.35	\$420.83	\$431.35	
26	\$370.85	\$380.12	\$381.68	\$391.22	\$429.21	\$439.94	\$429.21	\$439.94	
27	\$379.54	\$389.03	\$390.62	\$400.39	\$439.27	\$450.25	\$439.27	\$450.25	
28	\$393.67	\$403.51	\$405.16	\$415.29	\$455.62	\$467.01	\$455.62	\$467.01	
29	\$405.26	\$415.39	\$417.08	\$427.51	\$469.03	\$480.76	\$469.03	\$480.76	
30	\$411.05	\$421.33	\$423.05	\$433.63	\$475.74	\$487.63	\$475.74	\$487.63	
31	\$419.74	\$430.23	\$431.99	\$442.79	\$485.79	\$497.93	\$485.79	\$497.93	
32	\$428.44	\$439.15	\$440.94	\$451.96	\$495.85	\$508.25	\$495.85	\$508.25	
33	\$433.87	\$444.72	\$446.53	\$457.69	\$502.14	\$514.69	\$502.14	\$514.69	
34	\$439.66	\$450.65	\$452.49	\$463.80	\$508.85	\$521.57	\$508.85	\$521.57	
35	\$442.56	\$453.62	\$455.48	\$466.87	\$512.20	\$525.01	\$512.20	\$525.01	
36	\$445.46	\$456.60	\$458.46	\$469.92	\$515.55	\$528.44	\$515.55	\$528.44	
37	\$448.35	\$459.56	\$461.44	\$472.98	\$518.91	\$531.88	\$518.91	\$531.88	
38	\$451.25	\$462.53	\$464.42	\$476.03	\$522.26	\$535.32	\$522.26	\$535.32	
39	\$457.05	\$468.48	\$470.39	\$482.15	\$528.97	\$542.19	\$528.97	\$542.19	
40 41	\$462.84 \$471.53	\$509.12 \$521.04	\$476.35 \$485.29	\$523.99 \$536.25	\$535.67 \$545.73	\$589.24 \$603.03	\$535.67 \$545.73	\$589.24 \$603.03	
41 42	\$471.53	\$533.60	\$485.29 \$493.87	\$536.25	\$545.73	\$617.57	\$555.37	\$617.57	
42	\$491.45	\$550.92	\$495.87	\$566.99	\$568.79	\$637.61	\$568.79	\$637.61	
44	\$505.94	\$572.72	\$520.70	\$589.43	\$585.55	\$662.84	\$585.55	\$662.84	
45	\$522.96	\$598.79	\$538.22	\$616.26	\$605.25	\$693.01	\$605.25	\$693.01	
46	\$543.24	\$630.16	\$559.10	\$648.56	\$628.73	\$729.33	\$628.73	\$729.33	
47	\$566.06	\$666.25	\$582.58	\$685.70	\$655.13	\$771.09	\$655.13	\$771.09	
48	\$592.13	\$708.19	\$609.41	\$728.85	\$685.31	\$819.63	\$685.31	\$819.63	
49	\$617.84	\$751.91	\$635.88	\$773.87	\$715.07	\$870.24	\$715.07	\$870.24	
50	\$646.82	\$792.35	\$665.70	\$815.48	\$748.60	\$917.04	\$748.60	\$917.04	
51	\$675.43	\$827.40	\$695.14	\$851.55	\$781.71	\$957.59	\$781.71	\$957.59	
52	\$706.94	\$866.00	\$727.57	\$891.27	\$818.18	\$1,002.27	\$818.18	\$1,002.27	
53	\$738.81	\$905.04	\$760.37	\$931.45	\$855.07	\$1,047.46	\$855.07	\$1,047.46	
54	\$773.21	\$947.18	\$795.78	\$974.83	\$894.89	\$1,096.24	\$894.89	\$1,096.24	
55	\$807.62	\$989.33	\$831.19	\$1,018.21	\$934.70	\$1,145.01	\$934.70	\$1,145.01	
56	\$844.92	\$1,035.03	\$869.58	\$1,065.24	\$977.88	\$1,197.90	\$977.88	\$1,197.90	
57 58	\$882.58 \$922.78	\$1,081.16 \$1,130.41	\$908.34 \$949.72	\$1,112.72 \$1,163.41	\$1,021.47 \$1,067.99	\$1,251.30 \$1,308.29	\$1,021.47 \$1,067.99	\$1,251.30 \$1,308.29	
58	\$922.78	\$1,130.41	\$949.72	\$1,183.41	\$1,087.99	\$1,308.29	\$1,087.99	\$1,308.29	
60	\$982.90	\$1,204.05	\$1,011.59	\$1,188.52	\$1,091.05	\$1,393.52	\$1,137.57	\$1,393.52	
61	\$1,017.67	\$1,204.05	\$1,011.33	\$1,233.03	\$1,137.81	\$1,442.82	\$1,137.37	\$1,442.82	
62	\$1,040.49	\$1,240.05	\$1,047.37	\$1,311.79	\$1,204.22	\$1,442.82	\$1,204.22	\$1,442.82	
		\$1,309.65	\$1,100.30	\$1,347.87	\$1,237.33	\$1,515.73	\$1,237.33	\$1,515.73	
63	\$1,069.10	21,209.02	\$1,100.50	21,347.07	21,237.33		1 21,237.33	21,212.7.2	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	/er	Sil	ver	Silv	/er	Silv	/er
	my Blue A Silver			ccess PPO 5900	my Blue A Silver		my Blue Access PPO Silver 5900	
	0							
	Pricing A	Area: 4A	Pricing	Area: 4B	Pricing	Area: 5	Pricing	Area: 6
	Marketpla 33709PA			ce Plan ID: 1410006	Marketpla 33709PA		Marketpla 33709PA	
	Non-Market			place Plan ID:	Non-Marketr		Non-Marketr	
	33709PA			1410006	33709PA		33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$285.14	\$285.14	\$320.65	\$320.65	\$320.65	\$320.65	\$354.76	\$354.76
15	\$310.48	\$310.48	\$349.15	\$349.15	\$349.15	\$349.15	\$386.30	\$386.30
16	\$320.18	\$320.18	\$360.05 \$370.95	\$360.05 \$370.95	\$360.05	\$360.05 \$370.95	\$398.35 \$410.41	\$398.35
17	\$329.87 \$340.30	\$329.87 \$340.30	\$370.95	\$370.95	\$370.95 \$382.68	\$370.95	\$410.41 \$423.39	\$410.41 \$423.39
10	\$350.74	\$350.74	\$394.42	\$394.42	\$394.42	\$394.42	\$436.38	\$436.38
20	\$350.74	\$350.74	\$406.58	\$406.58	\$406.58	\$406.58	\$449.83	\$449.83
20	\$372.73	\$382.05	\$400.38	\$400.58	\$400.58	\$400.58	\$463.74	\$475.33
22	\$372.73	\$382.05	\$419.15	\$429.63	\$419.15	\$429.63	\$463.74	\$475.33
23	\$372.73	\$382.05	\$419.15	\$429.63	\$419.15	\$429.63	\$463.74	\$475.33
24	\$372.73	\$382.05	\$419.15	\$429.63	\$419.15	\$429.63	\$463.74	\$475.33
25	\$374.22	\$383.58	\$420.83	\$431.35	\$420.83	\$431.35	\$465.59	\$477.23
26	\$381.68	\$391.22	\$429.21	\$439.94	\$429.21	\$439.94	\$474.87	\$486.74
27	\$390.62	\$400.39	\$439.27	\$450.25	\$439.27	\$450.25	\$486.00	\$498.15
28	\$405.16	\$415.29	\$455.62	\$467.01	\$455.62	\$467.01	\$504.09	\$516.69
29	\$417.08	\$427.51	\$469.03	\$480.76	\$469.03	\$480.76	\$518.93	\$531.90
30	\$423.05	\$433.63	\$475.74	\$487.63	\$475.74	\$487.63	\$526.34	\$539.50
31	\$431.99	\$442.79	\$485.79	\$497.93	\$485.79	\$497.93	\$537.47	\$550.91
32	\$440.94	\$451.96	\$495.85	\$508.25	\$495.85	\$508.25	\$548.60	\$562.32
33	\$446.53	\$457.69	\$502.14	\$514.69	\$502.14	\$514.69	\$555.56	\$569.45
34	\$452.49	\$463.80	\$508.85	\$521.57	\$508.85	\$521.57	\$562.98	\$577.05
35	\$455.48	\$466.87	\$512.20	\$525.01	\$512.20	\$525.01	\$566.69	\$580.86
36	\$458.46	\$469.92	\$515.55	\$528.44	\$515.55	\$528.44	\$570.40	\$584.66
37	\$461.44	\$472.98	\$518.91	\$531.88	\$518.91	\$531.88	\$574.11	\$588.46
38	\$464.42	\$476.03	\$522.26	\$535.32	\$522.26	\$535.32	\$577.82	\$592.27
39	\$470.39	\$482.15	\$528.97	\$542.19	\$528.97	\$542.19	\$585.24	\$599.87
40	\$476.35	\$523.99	\$535.67	\$589.24	\$535.67	\$589.24	\$592.66	\$651.93
41	\$485.29	\$536.25	\$545.73	\$603.03	\$545.73	\$603.03	\$603.79	\$667.19
42	\$493.87	\$549.18	\$555.37	\$617.57	\$555.37	\$617.57	\$614.46	\$683.28
43	\$505.79	\$566.99	\$568.79	\$637.61	\$568.79	\$637.61	\$629.30	\$705.45
44	\$520.70	\$589.43	\$585.55	\$662.84	\$585.55	\$662.84	\$647.84	\$733.35
45	\$538.22	\$616.26	\$605.25	\$693.01	\$605.25	\$693.01	\$669.64	\$766.74
46	\$559.10	\$648.56	\$628.73	\$729.33	\$628.73	\$729.33	\$695.61	\$806.91
47	\$582.58	\$685.70	\$655.13	\$771.09	\$655.13	\$771.09	\$724.83	\$853.12
48	\$609.41	\$728.85	\$685.31	\$819.63	\$685.31	\$819.63	\$758.21	\$906.82
49	\$635.88	\$773.87	\$715.07	\$870.24	\$715.07	\$870.24	\$791.14	\$962.82
50	\$665.70 \$695.14	\$815.48 \$851.55	\$748.60 \$781.71	\$917.04 \$957.59	\$748.60 \$781.71	\$917.04 \$957.59	\$828.24 \$864.88	\$1,014.59
	\$727.57	-		-				. ,
52	\$727.57	\$891.27 \$931.45	\$818.18 \$855.07	\$1,002.27 \$1,047.46	\$818.18 \$855.07	\$1,002.27 \$1,047.46	\$905.22 \$946.03	\$1,108.89 \$1,158.89
53	\$760.37	\$931.45	\$894.89	\$1,047.46	\$855.07 \$894.89	\$1,047.46	\$946.03	\$1,158.89
55	\$831.19	\$1,018.21	\$934.89	\$1,090.24	\$934.89	\$1,145.01	\$1,034.14	\$1,212.83
56	\$869.58	\$1,018.21	\$977.88	\$1,145.01	\$977.88	\$1,145.01	\$1,034.14	\$1,325.34
57	\$908.34	\$1,005.24	\$1,021.47	\$1,251.30	\$1,021.47	\$1,251.30	\$1,130.13	\$1,323.34
58	\$949.72	\$1,163.41	\$1,067.99	\$1,308.29	\$1,021.47	\$1,308.29	\$1,181.61	\$1,447.47
59	\$970.22	\$1,188.52	\$1,091.05	\$1,336.54	\$1,091.05	\$1,336.54	\$1,207.12	\$1,478.72
60	\$1,011.59	\$1,239.20	\$1,137.57	\$1,393.52	\$1,137.57	\$1,393.52	\$1,258.59	\$1,541.77
61	\$1,047.37	\$1,283.03	\$1,177.81	\$1,442.82	\$1,177.81	\$1,442.82	\$1,303.11	\$1,596.31
62	\$1,070.85	\$1,311.79	\$1,204.22	\$1,475.17	\$1,204.22	\$1,475.17	\$1,332.33	\$1,632.10
63	\$1,100.30	\$1,347.87	\$1,237.33	\$1,515.73	\$1,237.33	\$1,515.73	\$1,368.96	\$1,676.98
64+	\$1,118.19	\$1,369.78	\$1,257.45	\$1,540.38	\$1,257.45	\$1,540.38	\$1,391.22	\$1,704.24
	, _,0.10	, _,_ 35.73	, _,,	, 2,2 .0.00	, _,	, .,		, _,. 2

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	/er	Silv	ver	Silv	ver	Silv	/er
	Together Silver		Together Blue EPO Silver 3500 + Adult Dental and Vision		Together Blue EPO Silver 3500		Together Blue EPO Silver 3500 + Adult Dental and Vision	
	Pricing A	Area: 1A	Pricing A	Area: 1A	Pricing /	Area: 4A	Pricing A	Area: 4A
	Marketplace		Marketplace			Plan ID: N/A	Marketplace	
							· · · · ·	-
	Non-Market 79279PA		Non-Market 79279PA			blace Plan ID: 0080010	Non-Marketp 79279PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$167.27	\$167.27	\$186.64	\$186.64	\$167.27	\$167.27	\$186.64	\$186.64
15	\$182.14	\$182.14	\$203.23	\$203.23	\$182.14	\$182.14	\$203.23	\$203.23
16	\$187.83	\$187.83	\$209.57	\$209.57	\$187.83	\$187.83	\$209.57	\$209.57
17	\$193.51	\$193.51	\$215.91	\$215.91	\$193.51	\$193.51	\$215.91	\$215.91
18	\$199.64	\$199.64	\$222.74	\$222.74	\$199.64	\$199.64	\$222.74	\$222.74
19	\$205.76	\$205.76	\$229.58	\$229.58	\$205.76	\$205.76	\$229.58	\$229.58
20	\$212.10	\$212.10	\$236.65	\$236.65	\$212.10	\$212.10	\$236.65	\$236.65
21	\$218.66	\$224.13	\$243.97	\$250.07	\$218.66	\$224.13	\$243.97	\$250.07
22	\$218.66	\$224.13	\$243.97	\$250.07	\$218.66	\$224.13	\$243.97	\$250.07
23	\$218.66	\$224.13	\$243.97	\$250.07	\$218.66	\$224.13	\$243.97	\$250.07
24	\$218.66	\$224.13	\$243.97	\$250.07	\$218.66	\$224.13	\$243.97	\$250.07
25	\$219.53	\$225.02	\$244.95	\$251.07	\$219.53	\$225.02	\$244.95	\$251.07
26	\$223.91	\$229.51	\$249.83	\$256.08	\$223.91	\$229.51	\$249.83	\$256.08
27	\$229.16	\$234.89	\$255.68	\$262.07	\$229.16	\$234.89	\$255.68	\$262.07
28	\$237.68	\$243.62	\$265.20	\$271.83	\$237.68	\$243.62	\$265.20	\$271.83
29	\$244.68	\$250.80	\$273.00	\$279.83	\$244.68	\$250.80	\$273.00	\$279.83
30	\$248.18	\$254.38	\$276.91	\$283.83	\$248.18	\$254.38	\$276.91	\$283.83
31	\$253.43	\$259.77	\$282.76	\$289.83	\$253.43	\$259.77	\$282.76	\$289.83
32	\$258.67	\$265.14	\$288.62	\$295.84	\$258.67	\$265.14	\$288.62	\$295.84
33	\$261.95	\$268.50	\$292.28	\$299.59	\$261.95	\$268.50	\$292.28	\$299.59
34	\$265.45	\$272.09	\$296.18	\$303.58	\$265.45	\$272.09	\$296.18	\$303.58
35	\$267.20	\$273.88	\$298.13	\$305.58	\$267.20	\$273.88	\$298.13	\$305.58
36	\$268.95	\$275.67	\$300.08	\$307.58	\$268.95	\$275.67	\$300.08	\$307.58
37	\$270.70	\$277.47	\$302.03	\$309.58	\$270.70	\$277.47	\$302.03	\$309.58
38	\$272.45	\$279.26	\$303.99	\$311.59	\$272.45	\$279.26	\$303.99	\$311.59
39 40	\$275.95	\$282.85 \$307.40	\$307.89 \$311.79	\$315.59	\$275.95	\$282.85 \$307.40	\$307.89 \$311.79	\$315.59 \$342.97
40	\$279.45 \$284.70	\$307.40	\$311.79	\$342.97 \$351.00	\$279.45 \$284.70	\$307.40	\$311.79	\$342.97
41 42	· · ·		· ·	\$359.47	\$284.70	\$314.39	· · · · · · · · · · · · · · · · · · ·	
42	\$289.72 \$296.72	\$322.17 \$332.62	\$323.26 \$331.07	\$359.47 \$371.13	\$289.72	\$322.17	\$323.26 \$331.07	\$359.47 \$371.13
43	\$296.72	\$332.62	\$331.07	\$371.13	\$296.72	\$332.62	\$331.07	\$385.82
44	\$315.75	\$361.53	\$352.29	\$385.82	\$315.75	\$361.53	\$352.29	\$303.82
45	\$315.75	\$380.47	\$365.96	\$403.37	\$315.75	\$380.47	\$365.96	\$403.37
40	\$341.77	\$380.47	\$381.33	\$448.83	\$341.77	\$380.47	\$381.33	\$448.83
48	\$357.51	\$402.20	\$398.89	\$477.07	\$357.51	\$402.20	\$398.89	\$477.07
49	\$373.03	\$453.98	\$416.21	\$506.53	\$373.03	\$453.98	\$416.21	\$506.53
50	\$390.53	\$478.40	\$435.73	\$533.77	\$390.53	\$478.40	\$435.73	\$533.77
50	\$407.80	\$499.56	\$455.00	\$557.38	\$407.80	\$499.56	\$455.00	\$557.38
52	\$426.82	\$522.85	\$476.23	\$583.38	\$426.82	\$522.85	\$476.23	\$583.38
53	\$446.07	\$546.44	\$497.70	\$609.68	\$446.07	\$546.44	\$497.70	\$609.68
54	\$466.84	\$571.88	\$520.88	\$638.08	\$466.84	\$571.88	\$520.88	\$638.08
55	\$487.61	\$597.32	\$544.05	\$666.46	\$487.61	\$597.32	\$544.05	\$666.46
56	\$510.13	\$624.91	\$569.18	\$697.25	\$510.13	\$624.91	\$569.18	\$697.25
57	\$532.87	\$652.77	\$594.55	\$728.32	\$532.87	\$652.77	\$594.55	\$728.32
58	\$557.15	\$682.51	\$621.64	\$761.51	\$557.15	\$682.51	\$621.64	\$761.51
59	\$569.17	\$697.23	\$635.05	\$777.94	\$569.17	\$697.23	\$635.05	\$777.94
60	\$593.44	\$726.96	\$662.13	\$811.11	\$593.44	\$726.96	\$662.13	\$811.11
61	\$614.43	\$752.68	\$685.56	\$839.81	\$614.43	\$752.68	\$685.56	\$839.81
62	\$628.21	\$769.56	\$700.93	\$858.64	\$628.21	\$769.56	\$700.93	\$858.64
63	\$645.48	\$790.71	\$720.20	\$882.25	\$645.48	\$790.71	\$720.20	\$882.25

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	Silver Silver Silver		Silver Silver		Silver		/er
	my Direct Silver		Silver	tt Blue EPO mr 3500 my Direct Blue EPO stal and Vision Silver 3500 +			my Direct Blue EPO Silver 3500 + Adult Dental and Vision	
	Pricing Are	ea: 1A, 1B	Pricing Are	ea: 1A, 1B	Pricing Ar	ea: 4A, 4B	Pricing Are	ea: 4A, 4B
	Marketplace		Marketplace		Marketplace		Marketplace	
	Non-Marketp 33709PA		Non-Market 33709PA	place Plan ID: 1150003	Non-Marketı 33709PA	olace Plan ID: 0870013	Non-Marketp 33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$212.99	\$212.99	\$227.98	\$227.98	\$212.99	\$212.99	\$227.98	\$227.98
15	\$231.92	\$231.92	\$248.24	\$248.24	\$231.92	\$231.92	\$248.24	\$248.24
16	\$239.16	\$239.16	\$255.99	\$255.99	\$239.16	\$239.16	\$255.99	\$255.99
17	\$246.40	\$246.40	\$263.74	\$263.74	\$246.40	\$246.40	\$263.74	\$263.74
18	\$254.20	\$254.20	\$272.08	\$272.08	\$254.20	\$254.20	\$272.08	\$272.08
19	\$261.99	\$261.99	\$280.43	\$280.43	\$261.99	\$261.99	\$280.43	\$280.43
20	\$270.07	\$270.07	\$289.07	\$289.07	\$270.07	\$270.07	\$289.07	\$289.07
21	\$278.42	\$285.38	\$298.01	\$305.46	\$278.42	\$285.38	\$298.01	\$305.46
22	\$278.42	\$285.38	\$298.01	\$305.46	\$278.42	\$285.38	\$298.01	\$305.46
23	\$278.42	\$285.38	\$298.01	\$305.46	\$278.42	\$285.38	\$298.01	\$305.46
24	\$278.42	\$285.38	\$298.01	\$305.46	\$278.42	\$285.38	\$298.01	\$305.46
25	\$279.53	\$286.52	\$299.20	\$306.68	\$279.53	\$286.52	\$299.20	\$306.68
26	\$285.10	\$292.23	\$305.16	\$312.79	\$285.10	\$292.23	\$305.16	\$312.79
27	\$291.78	\$299.07	\$312.31	\$320.12	\$291.78	\$299.07	\$312.31	\$320.12
28	\$302.64	\$310.21	\$323.94	\$332.04	\$302.64	\$310.21	\$323.94	\$332.04
29	\$311.55	\$319.34	\$333.47	\$341.81	\$311.55	\$319.34	\$333.47	\$341.81
30	\$316.01	\$323.91	\$338.24	\$346.70	\$316.01	\$323.91	\$338.24	\$346.70
31	\$322.69	\$330.76	\$345.39	\$354.02	\$322.69	\$330.76	\$345.39	\$354.02
32	\$329.37	\$337.60	\$352.55	\$361.36	\$329.37	\$337.60	\$352.55	\$361.36
33	\$333.55	\$341.89	\$357.02	\$365.95	\$333.55	\$341.89	\$357.02	\$365.95
34	\$338.00	\$346.45	\$361.78	\$370.82	\$338.00	\$346.45	\$361.78	\$370.82
35	\$340.23	\$348.74	\$364.17	\$373.27	\$340.23	\$348.74	\$364.17	\$373.27
36	\$342.46	\$351.02	\$366.55	\$375.71	\$342.46	\$351.02	\$366.55	\$375.71
37	\$344.68	\$353.30	\$368.94	\$378.16	\$344.68	\$353.30	\$368.94	\$378.16
38	\$346.91	\$355.58	\$371.32	\$380.60	\$346.91	\$355.58	\$371.32	\$380.60
39	\$351.37	\$360.15	\$376.09	\$385.49	\$351.37	\$360.15	\$376.09	\$385.49
40	\$355.82	\$391.40	\$380.86	\$418.95	\$355.82	\$391.40	\$380.86	\$418.95
41 42	\$362.50 \$368.91	\$400.56	\$388.01	\$428.75	\$362.50	\$400.56	\$388.01 \$394.86	\$428.75
		\$410.23	\$394.86	\$439.08	\$368.91	\$410.23		\$439.08
43 44	\$377.82 \$388.95	\$423.54 \$440.29	\$404.40 \$416.32	\$453.33 \$471.27	\$377.82 \$388.95	\$423.54 \$440.29	\$404.40 \$416.32	\$453.33 \$471.27
44	\$388.95	\$460.34	\$430.33	\$492.73	\$308.95	\$460.34	\$430.33	\$492.73
45	\$402.04	\$460.34	\$430.33	\$492.73	\$402.04	\$460.34	\$430.33	\$518.54
40	\$435.17	\$512.20	\$465.79	\$548.23	\$435.17	\$512.20	\$465.79	\$548.23
47	\$455.22	\$544.44	\$403.79	\$582.75	\$455.22	\$544.44	\$403.73	\$582.75
49	\$474.98	\$578.05	\$508.41	\$618.73	\$474.98	\$578.05	\$508.41	\$618.73
50	\$497.26	\$609.14	\$532.25	\$652.01	\$497.26	\$609.14	\$532.25	\$652.01
51	\$519.25	\$636.08	\$555.79	\$680.84	\$519.25	\$636.08	\$555.79	\$680.84
52	\$543.48	\$665.76	\$581.72	\$712.61	\$543.48	\$665.76	\$581.72	\$712.61
53	\$567.98	\$695.78	\$607.94	\$744.73	\$567.98	\$695.78	\$607.94	\$744.73
54	\$594.43	\$728.18	\$636.25	\$779.41	\$594.43	\$728.18	\$636.25	\$779.41
55	\$620.88	\$760.58	\$664.56	\$814.09	\$620.88	\$760.58	\$664.56	\$814.09
56	\$649.55	\$795.70	\$695.26	\$851.69	\$649.55	\$795.70	\$695.26	\$851.69
57	\$678.51	\$831.17	\$726.25	\$889.66	\$678.51	\$831.17	\$726.25	\$889.66
58	\$709.41	\$869.03	\$759.33	\$930.18	\$709.41	\$869.03	\$759.33	\$930.18
59	\$724.73	\$887.79	\$775.72	\$950.26	\$724.73	\$887.79	\$775.72	\$950.26
60	\$755.63	\$925.65	\$808.80	\$990.78	\$755.63	\$925.65	\$808.80	\$990.78
61	\$782.36	\$958.39	\$837.41	\$1,025.83	\$782.36	\$958.39	\$837.41	\$1,025.83
62	\$799.90	\$979.88	\$856.18	\$1,048.82	\$799.90	\$979.88	\$856.18	\$1,048.82
63	\$821.90	\$1,006.83	\$879.73	\$1,077.67	\$821.90	\$1,006.83	\$879.73	\$1,077.67
64+	\$835.26	\$1,023.19	\$894.03	\$1,095.19	\$835.26	\$1,023.19	\$894.03	\$1,095.19

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	/er	Silv	/er	Silver		Silv	ver	
	my Direct Silver		Silver	Silver 3500 my Blue Access PPO Silver 3500 S			Silver	ilue Access PPO Silver 3500 Dental and Vision	
	Pricing	Area: 5	Pricing	Area: 5	Pricing A	Area: 1A	Pricing A	rea: 1A	
	Marketplace		Marketplace		Marketplace		Marketplace		
	Non-Market 33709PA		Non-Market 33709PA		Non-Market 33709PA		Non-Marketp 33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$212.99	\$212.99	\$227.98	\$227.98	\$222.79	\$222.79	\$237.78	\$237.78	
15	\$231.92	\$231.92	\$248.24	\$248.24	\$242.59	\$242.59	\$258.91	\$258.91	
16	\$239.16	\$239.16	\$255.99	\$255.99	\$250.17	\$250.17	\$266.99	\$266.99	
17	\$246.40	\$246.40	\$263.74	\$263.74	\$257.74	\$257.74	\$275.08	\$275.08	
18	\$254.20	\$254.20	\$272.08	\$272.08	\$265.89	\$265.89	\$283.78	\$283.78	
19	\$261.99	\$261.99	\$280.43	\$280.43	\$274.05	\$274.05	\$292.48	\$292.48	
20	\$270.07	\$270.07	\$289.07	\$289.07	\$282.49	\$282.49	\$301.50	\$301.50	
21	\$278.42	\$285.38	\$298.01	\$305.46	\$291.23	\$298.51	\$310.82	\$318.59	
22	\$278.42	\$285.38	\$298.01	\$305.46	\$291.23	\$298.51	\$310.82	\$318.59	
23	\$278.42	\$285.38	\$298.01	\$305.46	\$291.23	\$298.51	\$310.82	\$318.59	
24	\$278.42	\$285.38	\$298.01	\$305.46	\$291.23	\$298.51	\$310.82	\$318.59	
25	\$279.53	\$286.52	\$299.20	\$306.68	\$292.39	\$299.70	\$312.06	\$319.86	
26	\$285.10	\$292.23	\$305.16	\$312.79	\$298.22	\$305.68	\$318.28	\$326.24	
27	\$291.78	\$299.07	\$312.31	\$320.12	\$305.21	\$312.84	\$325.74	\$333.88	
28	\$302.64	\$310.21	\$323.94	\$332.04	\$316.57	\$324.48	\$337.86	\$346.31	
29	\$311.55	\$319.34	\$333.47	\$341.81	\$325.89	\$334.04	\$347.81	\$356.51	
30	\$316.01	\$323.91	\$338.24	\$346.70	\$330.55	\$338.81	\$352.78	\$361.60	
31	\$322.69	\$330.76	\$345.39	\$354.02	\$337.54	\$345.98	\$360.24	\$369.25	
32	\$329.37	\$337.60	\$352.55	\$361.36	\$344.53	\$353.14	\$367.70	\$376.89	
33	\$333.55	\$341.89	\$357.02	\$365.95	\$348.89	\$357.61	\$372.36	\$381.67	
34	\$338.00	\$346.45	\$361.78	\$370.82	\$353.55	\$362.39	\$377.34	\$386.77	
35	\$340.23	\$348.74	\$364.17	\$373.27	\$355.88	\$364.78	\$379.82	\$389.32	
36	\$342.46	\$351.02	\$366.55	\$375.71	\$358.21	\$367.17	\$382.31	\$391.87	
37	\$344.68	\$353.30	\$368.94	\$378.16	\$360.54	\$369.55	\$384.80	\$394.42	
38	\$346.91	\$355.58	\$371.32	\$380.60	\$362.87	\$371.94	\$387.28	\$396.96	
39	\$351.37	\$360.15	\$376.09	\$385.49	\$367.53	\$376.72	\$392.25	\$402.06	
40	\$355.82	\$391.40	\$380.86	\$418.95	\$372.19	\$409.41	\$397.23	\$436.95	
41	\$362.50	\$400.56	\$388.01	\$428.75	\$379.18	\$418.99	\$404.69	\$447.18	
42	\$368.91	\$410.23	\$394.86	\$439.08	\$385.88	\$429.10	\$411.84	\$457.97	
43	\$377.82	\$423.54	\$404.40	\$453.33	\$395.20	\$443.02	\$421.78	\$472.82	
44	\$388.95	\$440.29	\$416.32	\$471.27	\$406.85	\$460.55	\$434.22	\$491.54	
45	\$402.04	\$460.34	\$430.33	\$492.73	\$420.54	\$481.52	\$448.82	\$513.90	
46	\$417.63	\$484.45	\$447.02	\$518.54	\$436.85	\$506.75	\$466.23	\$540.83	
47	\$435.17	\$512.20	\$465.79	\$548.23	\$455.19	\$535.76	\$485.81	\$571.80	
48	\$455.22	\$544.44	\$487.25	\$582.75	\$476.16	\$569.49	\$508.19	\$607.80	
49	\$474.98	\$578.05	\$508.41	\$618.73	\$496.84	\$604.65	\$530.26	\$645.33	
50	\$497.26	\$609.14	\$532.25	\$652.01	\$520.14	\$637.17	\$555.12	\$680.02	
51	\$519.25	\$636.08	\$555.79	\$680.84	\$543.14	\$665.35	\$579.68	\$710.11	
52	\$543.48	\$665.76	\$581.72	\$712.61	\$568.48	\$696.39	\$606.72	\$743.23	
53	\$567.98	\$695.78	\$607.94	\$744.73	\$594.11	\$727.78	\$634.07	\$776.74	
54	\$594.43	\$728.18	\$636.25	\$779.41	\$621.78	\$761.68	\$663.60	\$812.91	
55	\$620.88	\$760.58	\$664.56	\$814.09	\$649.44	\$795.56	\$693.13	\$849.08	
56	\$649.55	\$795.70	\$695.26	\$851.69	\$679.44	\$832.31	\$725.14	\$888.30	
57	\$678.51	\$831.17	\$726.25	\$889.66	\$709.73	\$869.42	\$757.47	\$927.90	
58	\$709.41	\$869.03	\$759.33	\$930.18	\$742.05	\$909.01	\$791.97	\$970.16	
59	\$724.73	\$887.79	\$775.72	\$950.26	\$758.07	\$928.64	\$809.06	\$991.10	
60	\$755.63	\$925.65	\$808.80	\$990.78	\$790.40	\$968.24	\$843.57	\$1,033.37	
61	\$782.36	\$958.39	\$837.41	\$1,025.83	\$818.36	\$1,002.49	\$873.40	\$1,069.92	
62	\$799.90	\$979.88	\$856.18	\$1,048.82	\$836.70	\$1,024.96	\$892.99	\$1,093.91	
-		\$1,006.83	\$879.73	\$1,077.67	\$859.71	\$1,053.14	\$917.54	\$1,123.99	
63	\$821.90	\$1,000.83	2019.15	\$1,077.07	2022.11	J1,0JJ.14	, JJ1/.J4	JI,IZJ.JJ	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

					Silver				
	my Blue A Silver		my Blue A Silver + Adult Dent	3500	my Blue Access PPO Silver			r 3500	
	Pricing A	Area: 1B	Pricing A	Area: 1B	Pricing	Area: 2	Pricing	Area: 2	
	Marketplace		Marketplace		Marketplace		Marketplace		
					· · · · ·				
	Non-Marketp 33709PA		Non-Market 33709PA		Non-Market 33709PA		Non-Marketp 33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$250.55	\$250.55	\$265.52	\$265.52	\$250.55	\$250.55	\$265.52	\$265.52	
15	\$272.82	\$272.82	\$289.13	\$289.13	\$272.82	\$272.82	\$289.13	\$289.13	
16	\$281.33	\$281.33	\$298.15	\$298.15	\$281.33	\$281.33	\$298.15	\$298.15	
17	\$289.85	\$289.85	\$307.17	\$307.17	\$289.85	\$289.85	\$307.17	\$307.17	
18	\$299.02	\$299.02	\$316.89	\$316.89	\$299.02	\$299.02	\$316.89	\$316.89	
19	\$308.19	\$308.19	\$326.61	\$326.61	\$308.19	\$308.19	\$326.61	\$326.61	
20	\$317.68	\$317.68	\$336.68	\$336.68	\$317.68	\$317.68	\$336.68	\$336.68	
21	\$327.51	\$335.70	\$347.09	\$355.77	\$327.51	\$335.70	\$347.09	\$355.77	
22	\$327.51	\$335.70	\$347.09	\$355.77	\$327.51	\$335.70	\$347.09	\$355.77	
23	\$327.51	\$335.70	\$347.09	\$355.77	\$327.51	\$335.70	\$347.09	\$355.77	
24	\$327.51	\$335.70	\$347.09	\$355.77	\$327.51	\$335.70	\$347.09	\$355.77	
25	\$328.82	\$337.04	\$348.48	\$357.19	\$328.82	\$337.04	\$348.48	\$357.19	
26	\$335.37	\$343.75	\$355.42	\$364.31	\$335.37	\$343.75	\$355.42	\$364.31	
27	\$343.23	\$351.81	\$363.75	\$372.84	\$343.23	\$351.81	\$363.75	\$372.84	
28	\$356.00	\$364.90	\$377.29	\$386.72	\$356.00	\$364.90	\$377.29	\$386.72	
29	\$366.48	\$375.64	\$388.39	\$398.10	\$366.48	\$375.64	\$388.39	\$398.10	
30	\$371.72	\$381.01	\$393.95	\$403.80	\$371.72	\$381.01	\$393.95	\$403.80	
31	\$379.58	\$389.07	\$402.28	\$412.34	\$379.58	\$389.07	\$402.28	\$412.34	
32	\$387.44	\$397.13	\$410.61	\$420.88	\$387.44	\$397.13	\$410.61	\$420.88	
33	\$392.36	\$402.17	\$415.81	\$426.21	\$392.36	\$402.17	\$415.81	\$426.21	
34	\$397.60	\$407.54	\$421.37	\$431.90	\$397.60	\$407.54	\$421.37	\$431.90	
35	\$400.22	\$410.23	\$424.14	\$434.74	\$400.22	\$410.23	\$424.14	\$434.74	
36	\$402.84	\$412.91	\$426.92	\$437.59	\$402.84	\$412.91	\$426.92	\$437.59	
37	\$405.46	\$415.60	\$429.70	\$440.44 \$443.28	\$405.46	\$415.60	\$429.70	\$440.44	
38	\$408.08	\$418.28	\$432.47		\$408.08	\$418.28	\$432.47	\$443.28	
39 40	\$413.32 \$418.56	\$423.65 \$460.42	\$438.03 \$443.58	\$448.98 \$487.94	\$413.32 \$418.56	\$423.65 \$460.42	\$438.03	\$448.98 \$487.94	
40	\$418.56	\$460.42	\$443.58	\$487.94	\$418.56	\$460.42	\$443.58 \$451.91	\$487.94	
41	· · ·			-		\$471.19	· · · · · · · · · · · · · · · · · · ·	\$511.40	
42	\$433.95 \$444.43	\$482.55 \$498.21	\$459.89 \$471.00	\$511.40 \$527.99	\$433.95 \$444.43	\$482.55	\$459.89 \$471.00	\$511.40	
43	\$444.43	\$498.21	\$471.00	\$527.99	\$444.43	\$498.21	\$471.00	\$527.99	
44	\$457.55	\$517.92	\$501.20	\$573.87	\$457.55	\$541.49	\$501.20	\$573.87	
45	\$491.27	\$569.87	\$520.64	\$603.94	\$491.27	\$569.87	\$520.64	\$603.94	
40	\$511.90	\$602.51	\$542.50	\$638.52	\$511.90	\$602.51	\$542.50	\$638.52	
47	\$535.48	\$640.43	\$567.49	\$678.72	\$535.48	\$640.43	\$567.49	\$678.72	
40	\$558.73	\$679.97	\$592.14	\$720.63	\$558.73	\$679.97	\$592.14	\$720.63	
50	\$584.93	\$716.54	\$619.90	\$759.38	\$584.93	\$716.54	\$619.90	\$759.38	
51	\$610.81	\$748.24	\$647.32	\$792.97	\$610.81	\$748.24	\$647.32	\$792.97	
52	\$639.30	\$783.14	\$677.52	\$829.96	\$639.30	\$783.14	\$677.52	\$829.96	
53	\$668.12	\$818.45	\$708.06	\$867.37	\$668.12	\$818.45	\$708.06	\$867.37	
54	\$699.23	\$856.56	\$741.04	\$907.77	\$699.23	\$856.56	\$741.04	\$907.77	
55	\$730.35	\$894.68	\$774.01	\$948.16	\$730.35	\$894.68	\$774.01	\$948.16	
56	\$764.08	\$936.00	\$809.76	\$991.96	\$764.08	\$936.00	\$809.76	\$991.96	
57	\$798.14	\$977.72	\$845.86	\$1,036.18	\$798.14	\$977.72	\$845.86	\$1,036.18	
58	\$834.50	\$1,022.26	\$884.39	\$1,083.38	\$834.50	\$1,022.26	\$884.39	\$1,083.38	
59	\$852.51	\$1,044.32	\$903.48	\$1,106.76	\$852.51	\$1,044.32	\$903.48	\$1,106.76	
60	\$888.86	\$1,088.85	\$942.00	\$1,153.95	\$888.86	\$1,088.85	\$942.00	\$1,153.95	
61	\$920.30	\$1,127.37	\$975.32	\$1,194.77	\$920.30	\$1,127.37	\$975.32	\$1,194.77	
62	\$940.94	\$1,152.65	\$997.19	\$1,221.56	\$940.94	\$1,152.65	\$997.19	\$1,221.56	
63	\$966.81	\$1,184.34	\$1,024.61	\$1,255.15	\$966.81	\$1,184.34	\$1,024.61	\$1,255.15	
64+	\$982.53	\$1,203.60	\$1,041.27	\$1,275.56	\$982.53	\$1,203.60	\$1,041.27	\$1,275.56	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Pri Market Non-Ma 337 Non-Toba 0-14 \$222 15 \$242 16 \$250 17 \$225 18 \$265 19 \$274 20 \$282 21 \$291 22 \$291 23 \$2291 23 \$2291 23 \$2291 24 \$2291 25 \$2292 26 \$298 27 \$305 28 \$316 29 \$3225 30 \$333 31 \$3337 32 \$344 33 \$344 33 \$345 34 \$335 35 \$355 36 \$356 37 \$360 38 \$362 39 \$361 32 \$385	Silv	/er	Silv	/er	Silver my Blue Access PPO Silver 3500		Silv	ver
Market Non-Mi 337 Non-Toba 0-14 \$222 15 \$242 16 \$250 17 \$257 18 \$202 20 \$282 21 \$291 22 \$291 23 \$2291 24 \$2292 25 \$292 26 \$298 27 \$300 28 \$310 29 \$325 30 \$3330 31 \$3337 32 \$344 33 \$348 34 \$353 35 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$385 43 \$399 44 \$400 45	Blue A Silver	ccess PPO 3500	my Blue A Silver + Adult Denta	3500			my Blue Access PPO Silver 3500 + Adult Dental and Vision	
Market Non-Mi 337 Non-Toba 0-14 \$222 15 \$242 16 \$250 17 \$257 18 \$202 20 \$282 21 \$291 22 \$291 23 \$2291 24 \$2292 25 \$292 26 \$298 27 \$300 28 \$310 29 \$325 30 \$3330 31 \$3337 32 \$344 33 \$348 34 \$353 35 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$385 43 \$399 44 \$400 45	ricing A	Area: 4A	Pricing A	Area: 4A	Pricing A	Area: 4B	Pricing A	rea: 4B
Non-Mi 337 Non-Tobs 0-14 \$222 15 \$242 16 \$225 17 \$255 18 \$265 19 \$224 20 \$282 21 \$291 22 \$291 23 \$292 26 \$298 27 \$300 28 \$316 29 \$325 30 \$330 31 \$337 32 \$344 33 \$348 34 \$355 36 \$355 37 \$366 38 \$362 39 \$367 40 \$377 41 \$377 42 \$388 43 \$399 44 \$406 45 \$420 46 \$436 47 \$445 \$5		Plan ID: N/A	Marketplace		Marketplace		Marketplace	
Non-Toba 0-14 \$227 15 \$224 16 \$250 17 \$255 18 \$265 19 \$274 20 \$282 21 \$291 22 \$291 23 \$292 26 \$298 27 \$300 28 \$316 29 \$325 30 \$333 31 \$333 32 \$44 \$33 \$344 34 \$355 36 \$355 36 \$355 37 \$360 38 \$362 39 \$367 41 \$377 42 \$385 36 \$352 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$385			•					
0-14 \$222 15 \$242 16 \$250 17 \$255 18 \$265 19 \$274 20 \$282 21 \$291 22 \$291 23 \$291 24 \$291 25 \$292 26 \$298 27 \$305 28 \$316 29 \$325 30 \$333 31 \$333 32 \$344 33 \$348 34 \$353 35 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$377 41 \$379 42 \$385 43 \$399 44 \$406 543 \$399 44 \$406 544 <th>-</th> <th>olace Plan ID: 1160002</th> <th>Non-Marketp 33709PA</th> <th></th> <th>Non-Market 33709PA</th> <th></th> <th>Non-Marketp 33709PA</th> <th></th>	-	olace Plan ID: 1160002	Non-Marketp 33709PA		Non-Market 33709PA		Non-Marketp 33709PA	
15 \$242 16 \$250 17 \$255 18 \$265 19 \$274 20 \$282 21 \$291 22 \$291 23 \$291 24 \$291 25 \$292 26 \$298 27 \$300 28 \$311 29 \$325 30 \$333 31 \$333 32 \$344 33 \$348 34 \$353 35 \$355 36 \$356 37 \$360 38 \$367 39 \$367 40 \$377 41 \$377 42 \$385 43 \$399 44 \$400 45 \$420 46 \$445 47 \$455 48	oacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
16 \$250 17 \$255 18 \$265 19 \$274 20 \$282 21 \$291 22 \$291 23 \$292 26 \$298 27 \$300 28 \$316 29 \$325 30 \$333 31 \$333 32 \$344 33 \$348 34 \$355 36 \$355 36 \$355 36 \$352 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$385 36 \$352 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$385 54	22.79	\$222.79	\$237.78	\$237.78	\$250.55	\$250.55	\$265.52	\$265.52
17 \$255 18 \$265 19 \$274 20 \$282 21 \$291 23 \$291 24 \$292 25 \$292 26 \$228 27 \$300 28 \$316 29 \$325 30 \$330 31 \$333 32 \$344 33 \$348 34 \$355 36 \$355 36 \$336 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$385 34 \$399 43 \$399 44 \$406 45 \$420 46 \$433 \$399 \$367 41 \$377 42 \$385 50	12.59	\$242.59	\$258.91	\$258.91	\$272.82	\$272.82	\$289.13	\$289.13
18 \$265 19 \$274 20 \$282 21 \$291 22 \$291 23 \$292 24 \$292 25 \$292 26 \$298 27 \$300 28 \$310 29 \$325 30 \$330 31 \$333 32 \$344 33 \$348 34 \$353 35 \$355 36 \$356 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$385 43 \$399 44 \$400 45 \$440 44 \$400 45 \$420 46 \$433 \$399 \$520 51 \$544 52	50.17	\$250.17	\$266.99	\$266.99	\$281.33	\$281.33	\$298.15	\$298.15
19 \$274 20 \$282 21 \$291 22 \$291 23 \$292 24 \$292 25 \$292 26 \$298 27 \$300 28 \$316 29 \$325 30 \$330 31 \$337 32 \$344 33 \$348 34 \$353 35 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$385 43 \$399 44 \$406 45 \$420 44 \$406 45 \$420 46 \$436 47 \$455 50 \$520 51 \$544 52	57.74	\$257.74	\$275.08	\$275.08	\$289.85	\$289.85	\$307.17	\$307.17
20 \$282 21 \$291 22 \$291 23 \$291 24 \$292 25 \$292 26 \$298 27 \$300 28 \$310 29 \$325 30 \$330 31 \$337 32 \$344 33 \$348 34 \$353 35 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$388 43 \$399 44 \$400 45 \$420 46 \$436 47 \$445 \$50 \$520 51 \$544 52 \$568 53 \$594 54 \$621 55	55.89	\$265.89	\$283.78	\$283.78	\$299.02	\$299.02	\$316.89	\$316.89
21 \$291 22 \$291 23 \$291 24 \$292 26 \$298 27 \$305 28 \$316 29 \$322 30 \$330 31 \$337 32 \$344 33 \$348 34 \$355 35 \$355 36 \$358 37 \$360 38 \$360 39 \$367 40 \$377 41 \$379 42 \$385 43 \$399 44 \$406 45 \$420 46 \$436 47 \$455 50 \$520 51 \$546 52 \$566 53 \$594 54 \$6627 57 \$700 58 \$742 59	74.05	\$274.05	\$292.48	\$292.48	\$308.19	\$308.19	\$326.61	\$326.61
22 \$291 23 \$291 24 \$292 25 \$292 26 \$298 27 \$305 28 \$316 29 \$325 30 \$333 31 \$337 32 \$344 33 \$348 34 \$353 36 \$358 37 \$360 38 \$366 39 \$367 40 \$377 41 \$377 42 \$385 43 \$399 44 \$406 45 \$420 46 \$440 47 \$455 50 \$520 51 \$542 52 \$568 53 \$594 54 \$6621 55 \$642 56 \$677 57 \$700 58	32.49	\$282.49	\$301.50	\$301.50	\$317.68	\$317.68	\$336.68	\$336.68
23 \$291 24 \$291 25 \$292 26 \$298 27 \$300 28 \$316 29 \$325 30 \$333 31 \$337 32 \$344 33 \$348 34 \$353 35 \$355 36 \$356 37 \$3600 38 \$3660 39 \$367 40 \$377 41 \$377 42 \$385 43 \$399 44 \$400 45 \$420 46 \$4400 47 \$455 48 \$4470 49 \$496 50 \$520 51 \$5420 52 \$568 53 \$599 54 \$6621 55 \$649 56 </th <th>91.23</th> <th>\$298.51</th> <th>\$310.82</th> <th>\$318.59</th> <th>\$327.51</th> <th>\$335.70</th> <th>\$347.09</th> <th>\$355.77</th>	91.23	\$298.51	\$310.82	\$318.59	\$327.51	\$335.70	\$347.09	\$355.77
24 \$291 25 \$292 26 \$298 27 \$309 28 \$316 29 \$325 30 \$330 31 \$337 32 \$344 33 \$348 34 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$377 41 \$379 42 \$385 43 \$399 44 \$400 45 \$442 43 \$399 44 \$406 45 \$442 46 \$446 47 \$445 48 \$4476 49 \$449 \$50 \$522 51 \$542 52 \$568 53 \$594 54 \$6679 57	91.23	\$298.51	\$310.82	\$318.59	\$327.51	\$335.70	\$347.09	\$355.77
25 \$292 26 \$298 27 \$305 28 \$316 29 \$325 30 \$337 32 \$344 33 \$348 34 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$377 41 \$379 42 \$389 43 \$399 44 \$406 45 \$442 \$399 \$367 44 \$406 45 \$442 \$399 \$367 43 \$399 544 \$4406 45 \$442 \$39 \$367 43 \$399 544 \$4406 55 \$642 50 \$572 51 \$568 53 \$594 5	91.23	\$298.51	\$310.82	\$318.59	\$327.51	\$335.70	\$347.09	\$355.77
26 \$298 27 \$305 28 \$316 29 \$325 30 \$333 31 \$337 32 \$344 33 \$345 34 \$355 36 \$355 36 \$356 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$385 43 \$399 44 \$440 45 \$442 45 \$442 \$397 \$44 \$49 \$446 \$49 \$446 \$49 \$496 50 \$522 51 \$542 53 \$594 54 \$6627 55 \$642 56 \$6772 57 \$700 58 \$742 59 </th <th>91.23</th> <th>\$298.51</th> <th>\$310.82</th> <th>\$318.59</th> <th>\$327.51</th> <th>\$335.70</th> <th>\$347.09</th> <th>\$355.77</th>	91.23	\$298.51	\$310.82	\$318.59	\$327.51	\$335.70	\$347.09	\$355.77
27 \$305 28 \$316 29 \$325 30 \$330 31 \$337 32 \$344 33 \$348 34 \$355 35 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$385 43 \$399 44 \$406 45 \$440 44 \$406 45 \$420 46 \$433 \$399 \$367 50 \$520 51 \$542 53 \$594 54 \$6621 55 \$649 56 \$6772 57 \$700 58 \$742 59 \$758	92.39	\$299.70	\$312.06	\$319.86	\$328.82	\$337.04	\$348.48	\$357.19
28 \$316 29 \$325 30 \$330 31 \$337 32 \$344 33 \$348 34 \$353 35 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$385 43 \$399 44 \$400 45 \$440 44 \$406 45 \$440 46 \$433 50 \$520 51 \$542 52 \$568 53 \$594 54 \$6621 55 \$649 56 \$6772 57 \$700 58 \$742 59 \$758	8.22	\$305.68	\$318.28	\$326.24	\$335.37	\$343.75	\$355.42	\$364.31
29 \$325 30 \$330 31 \$337 32 \$344 33 \$348 34 \$353 35 \$355 36 \$388 37 \$360 38 \$362 39 \$367 40 \$377 41 \$377 42 \$388 43 \$399 44 \$406 45 \$440 46 \$433 47 \$455 48 \$4476 49 \$496 50 \$520 51 \$542 53 \$594 54 \$6621 55 \$649 56 \$6772 57 \$700 58 \$742 59 \$758)5.21	\$312.84	\$325.74	\$333.88	\$343.23	\$351.81	\$363.75	\$372.84
30 \$330 31 \$337 32 \$344 33 \$348 34 \$353 35 \$355 36 \$358 37 \$360 38 \$360 39 \$367 40 \$372 41 \$379 42 \$385 43 \$399 44 \$406 45 \$420 46 \$436 47 \$455 50 \$520 51 \$542 52 \$568 53 \$594 54 \$649 55 \$649 56 \$677 57 \$700 58 \$742 59 \$758	L6.57	\$324.48	\$337.86	\$346.31	\$356.00	\$364.90	\$377.29	\$386.72
31 \$337 32 \$344 33 \$348 34 \$353 35 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$372 41 \$379 42 \$385 43 \$399 44 \$406 45 \$420 46 \$436 47 \$455 48 \$4476 49 \$496 50 \$520 51 \$543 52 \$568 53 \$594 54 \$6627 57 \$700 58 \$742 59 \$758	25.89	\$334.04	\$347.81	\$356.51	\$366.48	\$375.64	\$388.39	\$398.10
32 \$344 33 \$348 34 \$353 35 \$355 36 \$356 37 \$360 38 \$367 39 \$367 40 \$377 41 \$377 42 \$385 43 \$399 44 \$400 45 \$420 46 \$436 47 \$445 48 \$4470 49 \$496 50 \$520 51 \$543 52 \$568 53 \$592 54 \$642 56 \$6772 57 \$700 58 \$742 59 \$758	80.55	\$338.81	\$352.78	\$361.60	\$371.72	\$381.01	\$393.95	\$403.80
33 \$348 34 \$353 35 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$372 41 \$372 42 \$385 43 \$399 44 \$400 45 \$420 46 \$4436 47 \$455 48 \$4476 49 \$496 50 \$522 51 \$5435 52 \$568 53 \$5942 54 \$6679 57 \$709 58 \$742 59 \$758	37.54	\$345.98	\$360.24	\$369.25	\$379.58	\$389.07	\$402.28	\$412.34
34 \$353 35 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$372 41 \$372 42 \$385 43 \$399 44 \$400 45 \$420 46 \$4436 47 \$445 48 \$4476 49 \$449 50 \$520 51 \$543 53 \$594 54 \$6679 57 \$700 58 \$742 59 \$758	4.53	\$353.14	\$367.70	\$376.89	\$387.44	\$397.13	\$410.61	\$420.88
35 \$355 36 \$358 37 \$360 38 \$362 39 \$367 40 \$372 41 \$375 42 \$385 43 \$395 44 \$400 45 \$420 46 \$436 47 \$425 48 \$440 50 \$520 51 \$543 52 \$568 53 \$594 54 \$6675 57 \$700 58 \$742 59 \$758	8.89	\$357.61	\$372.36	\$381.67	\$392.36	\$402.17	\$415.81	\$426.21
36 \$358 37 \$360 38 \$362 39 \$367 40 \$372 41 \$375 42 \$385 43 \$395 44 \$400 45 \$420 46 \$436 47 \$425 48 \$440 49 \$446 50 \$522 51 \$543 52 \$568 53 \$594 54 \$621 55 \$642 56 \$677 57 \$700 58 \$742 59 \$758	53.55	\$362.39	\$377.34	\$386.77	\$397.60	\$407.54	\$421.37	\$431.90
37 \$360 38 \$362 39 \$367 40 \$372 41 \$372 42 \$385 43 \$395 44 \$406 45 \$440 46 \$433 47 \$455 48 \$476 49 \$496 50 \$520 51 \$543 53 \$594 54 \$642 55 \$642 56 \$677 57 \$700 58 \$742	55.88	\$364.78	\$379.82	\$389.32	\$400.22	\$410.23	\$424.14	\$434.74
38 \$362 39 \$367 40 \$372 41 \$379 42 \$385 43 \$395 44 \$406 45 \$420 46 \$435 47 \$455 48 \$476 49 \$496 50 \$520 51 \$543 52 \$568 53 \$594 54 \$6649 56 \$677 57 \$700 58 \$742 59 \$758	58.21	\$367.17	\$382.31	\$391.87	\$402.84	\$412.91	\$426.92	\$437.59
39 \$367 40 \$372 41 \$373 42 \$385 43 \$395 44 \$406 45 \$420 46 \$436 47 \$455 48 \$476 49 \$496 50 \$520 51 \$543 52 \$568 53 \$594 54 \$649 56 \$677 57 \$700 58 \$742 59 \$758	60.54	\$369.55	\$384.80	\$394.42	\$405.46	\$415.60	\$429.70	\$440.44
40 \$372 41 \$379 42 \$385 43 \$399 44 \$406 45 \$420 46 \$436 47 \$455 48 \$476 49 \$496 50 \$520 51 \$543 52 \$568 53 \$594 54 \$6677 57 \$700 58 \$742 59 \$758	52.87	\$371.94	\$387.28	\$396.96	\$408.08	\$418.28	\$432.47	\$443.28
41 \$375 42 \$385 43 \$395 44 \$406 45 \$420 46 \$436 47 \$455 48 \$476 49 \$496 50 \$520 51 \$543 52 \$568 53 \$594 56 \$679 57 \$709 58 \$742	57.53	\$376.72	\$392.25	\$402.06	\$413.32	\$423.65	\$438.03	\$448.98
42 \$385 43 \$395 44 \$406 45 \$420 46 \$436 47 \$455 48 \$476 49 \$496 50 \$520 51 \$543 52 \$568 53 \$594 54 \$627 55 \$649 56 \$679 57 \$709 58 \$742 59 \$758	72.19	\$409.41	\$397.23	\$436.95	\$418.56	\$460.42	\$443.58	\$487.94
43 \$395 44 \$406 45 \$420 46 \$436 47 \$455 48 \$476 49 \$496 50 \$520 51 \$543 52 \$568 53 \$594 56 \$675 57 \$709 58 \$742 59 \$758	79.18	\$418.99	\$404.69	\$447.18	\$426.42	\$471.19	\$451.91	\$499.36
44 \$406 45 \$420 46 \$436 47 \$455 48 \$476 49 \$496 50 \$520 51 \$543 52 \$568 53 \$594 55 \$643 56 \$675 57 \$709 58 \$742 59 \$758		\$429.10	\$411.84	\$457.97	\$433.95	\$482.55	\$459.89	\$511.40
45 \$420 46 \$436 47 \$455 48 \$476 49 \$496 50 \$520 51 \$543 52 \$568 53 \$594 54 \$621 55 \$645 56 \$677 57 \$709 58 \$742 59 \$758		\$443.02	\$421.78	\$472.82	\$444.43	\$498.21	\$471.00	\$527.99
46 \$436 47 \$455 48 \$476 49 \$496 50 \$522 51 \$543 53 \$594 54 \$621 55 \$645 56 \$677 57 \$700 58 \$742 59 \$758		\$460.55	\$434.22	\$491.54	\$457.53	\$517.92	\$484.88	\$548.88
47 \$455 48 \$476 49 \$496 50 \$520 51 \$543 52 \$568 53 \$594 55 \$645 56 \$677 57 \$700 58 \$742 59 \$758		\$481.52	\$448.82	\$513.90	\$472.92	\$541.49	\$501.20	\$573.87
48 \$476 49 \$496 50 \$520 51 \$543 52 \$568 53 \$594 54 \$6649 56 \$677 57 \$700 58 \$742 59 \$758		\$506.75	\$466.23	\$540.83	\$491.27	\$569.87	\$520.64	\$603.94
49 \$496 50 \$520 51 \$543 52 \$568 53 \$594 54 \$621 55 \$649 56 \$679 57 \$709 58 \$742 59 \$758		\$535.76	\$485.81	\$571.80	\$511.90	\$602.51	\$542.50	\$638.52
50 \$520 51 \$543 52 \$568 53 \$594 54 \$621 55 \$649 56 \$679 57 \$709 58 \$742 59 \$758	76.16	\$569.49	\$508.19	\$607.80	\$535.48	\$640.43	\$567.49	\$678.72
51 \$543 52 \$568 53 \$594 54 \$621 55 \$649 56 \$679 57 \$709 58 \$742 59 \$758		\$604.65	\$530.26	\$645.33	\$558.73	\$679.97	\$592.14	\$720.63
52 \$568 53 \$594 54 \$621 55 \$649 56 \$679 57 \$709 58 \$742 59 \$758		\$637.17	\$555.12	\$680.02	\$584.93	\$716.54	\$619.90	\$759.38
53 \$594 54 \$621 55 \$649 56 \$679 57 \$709 58 \$742 59 \$758		\$665.35	\$579.68	\$710.11	\$610.81	\$748.24	\$647.32	\$792.97
54 \$621 55 \$649 56 \$679 57 \$709 58 \$742 59 \$758		\$696.39	\$606.72	\$743.23	\$639.30	\$783.14	\$677.52	\$829.96
55 \$649 56 \$679 57 \$709 58 \$742 59 \$758		\$727.78	\$634.07	\$776.74	\$668.12	\$818.45	\$708.06	\$867.37
56 \$679 57 \$709 58 \$742 59 \$758		\$761.68	\$663.60	\$812.91	\$699.23	\$856.56	\$741.04	\$907.77
57 \$709 58 \$742 59 \$758		\$795.56	\$693.13	\$849.08	\$730.35	\$894.68	\$774.01	\$948.16
58 \$742 59 \$758		\$832.31	\$725.14	\$888.30	\$764.08	\$936.00	\$809.76	\$991.96
59 \$758		\$869.42	\$757.47	\$927.90	\$798.14	\$977.72	\$845.86	\$1,036.18
		\$909.01	\$791.97	\$970.16	\$834.50	\$1,022.26	\$884.39	\$1,083.38
DU \$790		\$928.64	\$809.06	\$991.10	\$852.51	\$1,044.32	\$903.48	\$1,106.76
C1		\$968.24	\$843.57	\$1,033.37	\$888.86	\$1,088.85	\$942.00	\$1,153.95
- i	18.36	\$1,002.49	\$873.40	\$1,069.92	\$920.30	\$1,127.37	\$975.32	\$1,194.77
	36.70	\$1,024.96	\$892.99	\$1,093.91	\$940.94	\$1,152.65	\$997.19	\$1,221.56
	59.71 73.69	\$1,053.14 \$1,070.27	\$917.54 \$932.46	\$1,123.99 \$1,142.26	\$966.81 \$982.53	\$1,184.34 \$1,203.60	\$1,024.61 \$1,041.27	\$1,255.15 \$1,275.56

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	/er	Silv	ver	Silv	ver	Silv	/er
	my Blue A Silver		my Blue A Silver + Adult Dent	3500	my Blue Access PPO Silver 3500		my Blue A Silver + Adult Denta	3500
	Pricing	Area: 5	Pricing	Area: 5	Pricing	Area: 6	Pricing	Area: 6
	Marketplace		Marketplace		_			
	Non-Marketplace Plan ID: 33709PA1410003			place Plan ID:	Marketplace Plan ID: N/A Marketplace Plan ID Non-Marketplace Plan ID: Non-Marketplace Pla 33709PA1410003 33709PA142000			lace Plan ID:
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$250.55	\$250.55	\$265.52	\$265.52	\$277.20	\$277.20	\$293.78	\$293.78
15	\$272.82	\$272.82	\$289.13	\$289.13	\$301.84	\$301.84	\$319.89	\$319.89
16	\$281.33	\$281.33	\$298.15	\$298.15	\$311.26	\$311.26	\$329.87	\$329.87
17	\$289.85	\$289.85	\$307.17	\$307.17	\$320.68	\$320.68	\$339.86	\$339.86
18	\$299.02	\$299.02	\$316.89	\$316.89	\$330.83	\$330.83	\$350.61	\$350.61
19	\$308.19	\$308.19	\$326.61	\$326.61	\$340.97	\$340.97	\$361.36	\$361.36
20	\$317.68	\$317.68	\$336.68	\$336.68	\$351.48	\$351.48	\$372.50	\$372.50
21	\$327.51	\$335.70	\$347.09	\$355.77	\$362.35	\$371.41	\$384.02	\$393.62
22	\$327.51	\$335.70	\$347.09	\$355.77	\$362.35	\$371.41	\$384.02	\$393.62
23	\$327.51	\$335.70	\$347.09	\$355.77	\$362.35	\$371.41	\$384.02	\$393.62
23	\$327.51	\$335.70	\$347.09	\$355.77	\$362.35	\$371.41	\$384.02	\$393.62
25	\$328.82	\$337.04	\$348.48	\$355.19	\$363.80	\$372.90	\$385.56	\$395.20
25	\$335.37	\$343.75	\$355.42	\$364.31	\$371.05	\$372.90	\$393.24	\$403.07
20				-		-	,	•
	\$343.23	\$351.81	\$363.75	\$372.84	\$379.74	\$389.23	\$402.45	\$412.51
28	\$356.00	\$364.90	\$377.29	\$386.72	\$393.87	\$403.72	\$417.43	\$427.87
29	\$366.48	\$375.64	\$388.39	\$398.10	\$405.47	\$415.61	\$429.72	\$440.46
30	\$371.72	\$381.01	\$393.95	\$403.80	\$411.27	\$421.55	\$435.86	\$446.76
31	\$379.58	\$389.07	\$402.28	\$412.34	\$419.96	\$430.46	\$445.08	\$456.21
32	\$387.44	\$397.13	\$410.61	\$420.88	\$428.66	\$439.38	\$454.30	\$465.66
33	\$392.36	\$402.17	\$415.81	\$426.21	\$434.10	\$444.95	\$460.06	\$471.56
34	\$397.60	\$407.54	\$421.37	\$431.90	\$439.89	\$450.89	\$466.20	\$477.86
35	\$400.22	\$410.23	\$424.14	\$434.74	\$442.79	\$453.86	\$469.27	\$481.00
36	\$402.84	\$412.91	\$426.92	\$437.59	\$445.69	\$456.83	\$472.34	\$484.15
37	\$405.46	\$415.60	\$429.70	\$440.44	\$448.59	\$459.80	\$475.42	\$487.31
38	\$408.08	\$418.28	\$432.47	\$443.28	\$451.49	\$462.78	\$478.49	\$490.45
39	\$413.32	\$423.65	\$438.03	\$448.98	\$457.29	\$468.72	\$484.63	\$496.75
40	\$418.56	\$460.42	\$443.58	\$487.94	\$463.08	\$509.39	\$490.78	\$539.86
41	\$426.42	\$471.19	\$451.91	\$499.36	\$471.78	\$521.32	\$499.99	\$552.49
42	\$433.95	\$482.55	\$459.89	\$511.40	\$480.11	\$533.88	\$508.83	\$565.82
43	\$444.43	\$498.21	\$471.00	\$527.99	\$491.71	\$551.21	\$521.12	\$584.18
44	\$457.53	\$517.92	\$484.88	\$548.88	\$506.20	\$573.02	\$536.48	\$607.30
45	\$472.92	\$541.49	\$501.20	\$573.87	\$523.23	\$599.10	\$554.52	\$634.93
46	\$491.27	\$569.87	\$520.64	\$603.94	\$543.53	\$630.49	\$576.03	\$668.19
47	\$511.90	\$602.51	\$542.50	\$638.52	\$566.35	\$666.59	\$600.22	\$706.46
48	\$535.48	\$640.43	\$567.49	\$678.72	\$592.44	\$708.56	\$627.87	\$750.93
49	\$558.73	\$679.97	\$592.14	\$720.63	\$618.17	\$752.31	\$655.14	\$797.31
50	\$584.93	\$716.54	\$619.90	\$759.38	\$647.16	\$792.77	\$685.86	\$840.18
51	\$610.81	\$748.24	\$647.32	\$792.97	\$675.78	\$827.83	\$716.20	\$877.35
52	\$639.30	\$783.14	\$677.52	\$829.96	\$707.31	\$866.45	\$749.61	\$918.27
53	\$668.12	\$818.45	\$708.06	\$867.37	\$739.19	\$905.51	\$783.40	\$959.67
54	\$699.23	\$856.56	\$741.04	\$907.77	\$773.62	\$947.68	\$819.88	\$1,004.35
55	\$730.35	\$894.68	\$774.01	\$948.16	\$808.04	\$989.85	\$856.36	\$1,004.05
56	\$764.08	\$936.00	\$809.76	\$991.96	\$845.36	\$1,035.57	\$895.92	\$1,049.04
57	\$798.14	\$977.72	\$805.70	\$1,036.18	\$883.05	\$1,033.37	\$935.86	\$1,146.43
58	\$834.50	\$1,022.26	\$884.39	\$1,030.18	\$923.27	\$1,081.74	\$978.48	\$1,140.43
58	\$852.51	\$1,022.26	\$903.48	\$1,083.38	\$923.27 \$943.20	\$1,131.01	\$978.48	\$1,198.64
		\$1,044.32	\$903.48					
60	\$888.86		\$942.00	\$1,153.95	\$983.42	\$1,204.69	\$1,042.23	\$1,276.73
61	\$920.30	\$1,127.37		\$1,194.77	\$1,018.20	\$1,247.30	\$1,079.10	\$1,321.90
62	\$940.94	\$1,152.65	\$997.19	\$1,221.56	\$1,041.03	\$1,275.26	\$1,103.29	\$1,351.53
63	\$966.81	\$1,184.34	\$1,024.61	\$1,255.15	\$1,069.66	\$1,310.33	\$1,133.63	\$1,388.70
64+	\$982.53	\$1,203.60	\$1,041.27	\$1,275.56	\$1,087.05	\$1,331.64	\$1,152.06	\$1,411.27

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	/er	Silv	/er	Silv	/er	Silv	er
	Together Premier Si		Together Premier Si + Adult Denta	ilver 2900	Together Blue EPO Premier Silver 2900		Together I Premier Si + Adult Denta	lver 2900
	Pricing A	Area: 1A	Pricing A	Area: 1A	Pricing A	Area: 4A	Pricing A	rea: 4A
	Marketpla		Marketpla		Marketpla		Marketplac	
	79279PA	0140002	79279PA	0150002	79279PA	0140002	79279PA	0150002
	Non-Marketp 79279PA		Non-Marketp 79279PA		Non-Marketp 79279PA		Non-Marketp 79279PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$227.39	\$227.39	\$246.75	\$246.75	\$227.39	\$227.39	\$246.75	\$246.75
15	\$247.60	\$247.60	\$268.68	\$268.68	\$247.60	\$247.60	\$268.68	\$268.68
16 17	\$255.33 \$263.06	\$255.33 \$263.06	\$277.07 \$285.46	\$277.07 \$285.46	\$255.33 \$263.06	\$255.33 \$263.06	\$277.07 \$285.46	\$277.07 \$285.46
17	\$271.38	\$203.00	\$294.49	\$285.40	\$203.00	\$203.00	\$285.40	\$294.49
19	\$279.70	\$279.70	\$303.52	\$303.52	\$279.70	\$279.70	\$303.52	\$303.52
20	\$288.32	\$288.32	\$312.87	\$312.87	\$288.32	\$288.32	\$312.87	\$312.87
21	\$297.24	\$304.67	\$322.55	\$330.61	\$297.24	\$304.67	\$322.55	\$330.61
22	\$297.24	\$304.67	\$322.55	\$330.61	\$297.24	\$304.67	\$322.55	\$330.61
23	\$297.24	\$304.67	\$322.55	\$330.61	\$297.24	\$304.67	\$322.55	\$330.61
24	\$297.24	\$304.67	\$322.55	\$330.61	\$297.24	\$304.67	\$322.55	\$330.61
25	\$298.43	\$305.89	\$323.84	\$331.94	\$298.43	\$305.89	\$323.84	\$331.94
26	\$304.37	\$311.98	\$330.29	\$338.55	\$304.37	\$311.98	\$330.29	\$338.55
27	\$311.51	\$319.30	\$338.03	\$346.48	\$311.51	\$319.30	\$338.03	\$346.48
28	\$323.10	\$331.18	\$350.61	\$359.38	\$323.10	\$331.18	\$350.61	\$359.38
29	\$332.61	\$340.93	\$360.93	\$369.95	\$332.61	\$340.93	\$360.93	\$369.95
30	\$337.37	\$345.80	\$366.09	\$375.24	\$337.37	\$345.80	\$366.09	\$375.24
31	\$344.50	\$353.11	\$373.84	\$383.19	\$344.50	\$353.11	\$373.84	\$383.19
32	\$351.63	\$360.42 \$364.99	\$381.58	\$391.12	\$351.63	\$360.42	\$381.58	\$391.12
33 34	\$356.09 \$360.85	\$364.99	\$386.41 \$391.58	\$396.07 \$401.37	\$356.09 \$360.85	\$364.99 \$369.87	\$386.41 \$391.58	\$396.07 \$401.37
35	\$363.23	\$309.87	\$394.16	\$401.37	\$363.23	\$309.87	\$394.16	\$401.37
36	\$365.61	\$374.75	\$396.74	\$406.66	\$365.61	\$374.75	\$396.74	\$406.66
37	\$367.98	\$377.18	\$399.32	\$409.30	\$367.98	\$377.18	\$399.32	\$409.30
38	\$370.36	\$379.62	\$401.90	\$411.95	\$370.36	\$379.62	\$401.90	\$411.95
39	\$375.12	\$384.50	\$407.06	\$417.24	\$375.12	\$384.50	\$407.06	\$417.24
40	\$379.87	\$417.86	\$412.22	\$453.44	\$379.87	\$417.86	\$412.22	\$453.44
41	\$387.01	\$427.65	\$419.96	\$464.06	\$387.01	\$427.65	\$419.96	\$464.06
42	\$393.84	\$437.95	\$427.38	\$475.25	\$393.84	\$437.95	\$427.38	\$475.25
43	\$403.35	\$452.16	\$437.70	\$490.66	\$403.35	\$452.16	\$437.70	\$490.66
44	\$415.24	\$470.05	\$450.60	\$510.08	\$415.24	\$470.05	\$450.60	\$510.08
45	\$429.21	\$491.45	\$465.76	\$533.30	\$429.21	\$491.45	\$465.76	\$533.30
46 47	\$445.86	\$517.20	\$483.83	\$561.24	\$445.86	\$517.20	\$483.83	\$561.24
47	\$464.59 \$485.99	\$546.82 \$581.24	\$504.15 \$527.37	\$593.38 \$630.73	\$464.59 \$485.99	\$546.82 \$581.24	\$504.15 \$527.37	\$593.38 \$630.73
48	\$485.99	\$617.13	\$550.27	\$669.68	\$485.99	\$617.13	\$550.27	\$669.68
50	\$530.87	\$650.32	\$576.07	\$705.69	\$530.87	\$650.32	\$576.07	\$705.69
51	\$554.35	\$679.08	\$601.56	\$736.91	\$554.35	\$679.08	\$601.56	\$736.91
52	\$580.21	\$710.76	\$629.62	\$771.28	\$580.21	\$710.76	\$629.62	\$771.28
53	\$606.37	\$742.80	\$658.00	\$806.05	\$606.37	\$742.80	\$658.00	\$806.05
54	\$634.61	\$777.40	\$688.64	\$843.58	\$634.61	\$777.40	\$688.64	\$843.58
55	\$662.85	\$811.99	\$719.29	\$881.13	\$662.85	\$811.99	\$719.29	\$881.13
56	\$693.46	\$849.49	\$752.51	\$921.82	\$693.46	\$849.49	\$752.51	\$921.82
57	\$724.37	\$887.35	\$786.05	\$962.91	\$724.37	\$887.35	\$786.05	\$962.91
58	\$757.37	\$927.78	\$821.86	\$1,006.78	\$757.37	\$927.78	\$821.86	\$1,006.78
59	\$773.72	\$947.81	\$839.60	\$1,028.51	\$773.72	\$947.81	\$839.60	\$1,028.51
60	\$806.71	\$988.22	\$875.40	\$1,072.37	\$806.71	\$988.22	\$875.40	\$1,072.37
61	\$835.24	\$1,023.17	\$906.37	\$1,110.30	\$835.24	\$1,023.17	\$906.37	\$1,110.30
62	\$853.97	\$1,046.11	\$926.69	\$1,135.20	\$853.97	\$1,046.11	\$926.69	\$1,135.20
63	\$877.45	\$1,074.88	\$952.17	\$1,166.41	\$877.45	\$1,074.88	\$952.17	\$1,166.41

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	/er	Silv	/er	Silv	ver	Silv	er		
	my Direct Premier Si		my Direct Premier S + Adult Dent	ilver 2900	my Direct Blue EPO Premier Silver 2900		Premier Si	lver 2900		
	Pricing Are	ea: 1A, 1B	Pricing Are	ea: 1A, 1B	Pricing Are	ea: 4A, 4B	Pricing Are	\$312.04 \$312.04 \$339.77 \$339.77 \$350.38 \$350.38 \$360.98 \$360.98 \$372.40 \$372.40 \$395.65 \$395.65 \$407.89 \$418.09 \$407.43 \$428.12 \$427.47 \$438.16 \$427.47 \$438.55 \$443.38 \$454.46 \$455.3 \$494.59 \$		
	Marketpla	ce Plan ID:	Marketpla	ce Plan ID:	Marketpla	e Plan ID:	Marketplac	e Plan ID:		
	33709PA	1430002	33709PA	1440002	33709PA	1430002	33709PA:	1440002		
	Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA					
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		
0-14	\$297.05	\$297.05	\$312.04	\$312.04	\$297.05	\$297.05	· · ·			
15	\$323.45	\$323.45	\$339.77	\$339.77	\$323.45	\$323.45		-		
16	\$333.55	\$333.55	\$350.38	\$350.38	\$333.55	\$333.55				
17	\$343.65	\$343.65	\$360.98	\$360.98	\$343.65	\$343.65				
18	\$354.52	\$354.52	\$372.40	\$372.40	\$354.52	\$354.52		-		
19	\$365.39	\$365.39	\$383.82	\$383.82	\$365.39	\$365.39				
20	\$376.65	\$376.65	\$395.65	\$395.65	\$376.65	\$376.65				
21	\$388.30	\$398.01	\$407.89	\$418.09	\$388.30	\$398.01		-		
22 23	\$388.30 \$388.30	\$398.01 \$398.01	\$407.89 \$407.89	\$418.09 \$418.09	\$388.30 \$388.30	\$398.01 \$398.01				
23	\$388.30	\$398.01	\$407.89	\$418.09	\$388.30	\$398.01	· · ·			
24	\$389.85	\$399.60	\$409.52	\$419.76	\$389.85	\$399.60		-		
25	\$397.62	\$407.56	\$409.52	\$419.70	\$397.62	\$407.56				
20	\$406.94	\$407.30	\$427.47	\$438.16	\$406.94	\$407.30				
28	\$422.08	\$432.63	\$443.38	\$454.46	\$422.08	\$432.63				
29	\$434.51	\$445.37	\$456.43	\$467.84	\$434.51	\$445.37				
30	\$440.72	\$451.74	\$462.96	\$474.53	\$440.72	\$451.74	1			
31	\$450.04	\$461.29	\$472.74	\$484.56	\$450.04	\$461.29				
32	\$459.36	\$470.84	\$482.53	\$494.59	\$459.36	\$470.84				
33	\$465.18	\$476.81	\$488.65	\$500.87	\$465.18	\$476.81				
34	\$471.40	\$483.19	\$495.18	\$507.56	\$471.40	\$483.19				
35	\$474.50	\$486.36	\$498.44	\$510.90	\$474.50	\$486.36				
36	\$477.61	\$489.55	\$501.70	\$514.24	\$477.61	\$489.55				
37	\$480.72	\$492.74	\$504.97	\$517.59	\$480.72	\$492.74				
38	\$483.82	\$495.92	\$508.23	\$520.94	\$483.82	\$495.92	\$508.23	\$520.94		
39	\$490.03	\$502.28	\$514.76	\$527.63	\$490.03	\$502.28	\$514.76	\$527.63		
40	\$496.25	\$545.88	\$521.28	\$573.41	\$496.25	\$545.88	\$521.28	\$573.41		
41	\$505.57	\$558.65	\$531.07	\$586.83	\$505.57	\$558.65	\$531.07	\$586.83		
42	\$514.50	\$572.12	\$540.45	\$600.98	\$514.50	\$572.12	\$540.45	\$600.98		
43	\$526.92	\$590.68	\$553.51	\$620.48	\$526.92	\$590.68	\$553.51	\$620.48		
44	\$542.46	\$614.06	\$569.82	\$645.04	\$542.46	\$614.06				
45	\$560.71	\$642.01	\$588.99	\$674.39	\$560.71	\$642.01	\$588.99	\$674.39		
46	\$582.45	\$675.64	\$611.84	\$709.73	\$582.45	\$675.64	\$611.84	\$709.73		
47	\$606.91	\$714.33	\$637.53	\$750.37	\$606.91	\$714.33	\$637.53	\$750.37		
48	\$634.87	\$759.30	\$666.90	\$797.61	\$634.87	\$759.30	\$666.90	\$797.61		
49	\$662.44	\$806.19	\$695.86	\$846.86	\$662.44	\$806.19	\$695.86	\$846.86		
50	\$693.50	\$849.54	\$728.49	\$892.40	\$693.50	\$849.54	\$728.49	\$892.40		
51	\$724.18	\$887.12	\$760.71	\$931.87	\$724.18	\$887.12	\$760.71	\$931.87		
52	\$757.96	\$928.50 \$970.36	\$796.20	\$975.35	\$757.96 \$792.12	\$928.50	\$796.20 \$832.10	\$975.35		
53 54	\$792.13 \$829.02	\$970.36	\$832.10 \$870.85	\$1,019.32 \$1,066.79	\$792.13 \$829.02	\$970.36 \$1,015.55	\$832.10 \$870.85	\$1,019.32 \$1,066.79		
55	\$829.02	\$1,015.55	\$870.85	\$1,066.79	\$829.02	\$1,015.55	\$870.85	\$1,000.79		
55	\$805.91	\$1,000.74	\$909.59 \$951.61	\$1,114.25	\$805.91	\$1,060.74	\$909.59 \$951.61	\$1,114.25		
57	\$946.29	\$1,109.73	\$994.03	\$1,217.69	\$946.29	\$1,109.73	\$994.03	\$1,217.69		
58	\$989.39	\$1,212.00	\$1,039.30	\$1,273.14	\$989.39	\$1,212.00	\$1,039.30	\$1,273.14		
59	\$1,010.74	\$1,238.16	\$1,039.30	\$1,300.63	\$1,010.74	\$1,238.16	\$1,059.30	\$1,300.63		
60	\$1,053.85	\$1,238.10	\$1,107.01	\$1,356.09	\$1,053.85	\$1,290.97	\$1,107.01	\$1,356.09		
61	\$1,091.12	\$1,336.62	\$1,146.17	\$1,404.06	\$1,091.12	\$1,336.62	\$1,146.17	\$1,404.06		
62	\$1,115.59	\$1,366.60	\$1,171.87	\$1,435.54	\$1,115.59	\$1,366.60	\$1,171.87	\$1,435.54		
			\$1,204.09	\$1,475.01		\$1,404.17	\$1,204.09	\$1,475.01		
63	\$1,146.26	\$1,404.17	J1,204.09	Ş1,475.01	\$1,146.26	Ş1,404.17	J 31,204.09 I	Ş1,475.01		

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	/er	Silv	ver	Silv	/er	Silv	/er	
	my Direct Premier Si		Premier S	my Direct Blue EPO Premier Silver 2900 + Adult Dental and Vision		Premier Silver 2900 my Blue Access PPO Premier Silver 29 Premier Silver 2900 Premier Silver 2900			lver 2900
	Pricing	Area: 5	Pricing	Area: 5	Pricing A	Area: 1A	Pricing A	rea: 1A	
	Marketpla			ce Plan ID:	Marketpla		Marketpla		
	33709PA	1430002	33709PA	1440002	33709PA	1350002	33709PA	1360002	
	Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$297.05	\$297.05	\$312.04	\$312.04	\$304.47	\$304.47	\$319.46	\$319.46	
15	\$323.45	\$323.45	\$339.77	\$339.77	\$331.53	\$331.53	\$347.85	\$347.85	
16	\$333.55	\$333.55	\$350.38	\$350.38	\$341.88	\$341.88	\$358.71	\$358.71	
17	\$343.65	\$343.65	\$360.98	\$360.98	\$352.23	\$352.23	\$369.57	\$369.57	
18	\$354.52	\$354.52	\$372.40	\$372.40	\$363.37	\$363.37	\$381.26	\$381.26	
19	\$365.39	\$365.39	\$383.82	\$383.82	\$374.52	\$374.52	\$392.95	\$392.95	
20	\$376.65	\$376.65	\$395.65	\$395.65	\$386.06	\$386.06	\$405.06	\$405.06	
21	\$388.30	\$398.01	\$407.89	\$418.09	\$398.00	\$407.95	\$417.59	\$428.03	
22	\$388.30	\$398.01	\$407.89	\$418.09	\$398.00	\$407.95	\$417.59	\$428.03	
23	\$388.30 \$388.30	\$398.01 \$398.01	\$407.89 \$407.89	\$418.09 \$418.09	\$398.00 \$398.00	\$407.95 \$407.95	\$417.59 \$417.59	\$428.03 \$428.03	
24	\$388.30	\$398.01 \$399.60	\$407.89 \$409.52	\$418.09 \$419.76	\$398.00 \$399.59	\$407.95	\$417.59 \$419.26	\$428.03	
25	\$389.85	\$399.60	\$409.52	\$419.76	\$399.59 \$407.55	\$409.58	\$419.26	\$429.74	
20	\$406.94	\$407.30	\$417.08	\$438.16	\$407.55	\$427.53	\$437.63	\$438.50	
28	\$400.94	\$432.63	\$443.38	\$454.46	\$432.63	\$443.45	\$453.92	\$465.27	
29	\$434.51	\$445.37	\$456.43	\$467.84	\$445.36	\$456.49	\$467.28	\$478.96	
30	\$440.72	\$451.74	\$462.96	\$474.53	\$451.73	\$463.02	\$473.96	\$485.81	
31	\$450.04	\$461.29	\$472.74	\$484.56	\$461.28	\$472.81	\$483.99	\$496.09	
32	\$459.36	\$470.84	\$482.53	\$494.59	\$470.83	\$482.60	\$494.01	\$506.36	
33	\$465.18	\$476.81	\$488.65	\$500.87	\$476.80	\$488.72	\$500.27	\$512.78	
34	\$471.40	\$483.19	\$495.18	\$507.56	\$483.17	\$495.25	\$506.95	\$519.62	
35	\$474.50	\$486.36	\$498.44	\$510.90	\$486.36	\$498.52	\$510.29	\$523.05	
36	\$477.61	\$489.55	\$501.70	\$514.24	\$489.54	\$501.78	\$513.64	\$526.48	
37	\$480.72	\$492.74	\$504.97	\$517.59	\$492.72	\$505.04	\$516.98	\$529.90	
38	\$483.82	\$495.92	\$508.23	\$520.94	\$495.91	\$508.31	\$520.32	\$533.33	
39	\$490.03	\$502.28	\$514.76	\$527.63	\$502.28	\$514.84	\$527.00	\$540.18	
40	\$496.25	\$545.88	\$521.28	\$573.41	\$508.64	\$559.50	\$533.68	\$587.05	
41	\$505.57	\$558.65	\$531.07	\$586.83	\$518.20	\$572.61	\$543.70	\$600.79	
42	\$514.50	\$572.12	\$540.45	\$600.98	\$527.35	\$586.41	\$553.31	\$615.28	
43	\$526.92	\$590.68	\$553.51	\$620.48	\$540.09	\$605.44	\$566.67	\$635.24	
44	\$542.46	\$614.06	\$569.82 \$588.99	\$645.04	\$556.01	\$629.40	\$583.37	\$660.37	
45	\$560.71	\$642.01		\$674.39	\$574.71 \$597.00	\$658.04	\$603.00 \$626.39	\$690.44 \$726.61	
46	\$582.45 \$606.91	\$675.64 \$714.33	\$611.84 \$637.53	\$709.73 \$750.37	\$622.07	\$692.52 \$732.18	\$626.39	\$726.61	
47	\$634.87	\$759.30	\$6666.90	\$797.61	\$650.73	\$778.27	\$682.76	\$816.58	
48	\$662.44	\$806.19	\$695.86	\$846.86	\$678.99	\$826.33	\$712.41	\$867.00	
50	\$693.50	\$849.54	\$728.49	\$892.40	\$710.83	\$870.77	\$745.82	\$913.63	
51	\$724.18	\$887.12	\$760.71	\$931.87	\$742.27	\$909.28	\$778.81	\$954.04	
52	\$757.96	\$928.50	\$796.20	\$975.35	\$776.90	\$951.70	\$815.14	\$998.55	
53	\$792.13	\$970.36	\$832.10	\$1,019.32	\$811.92	\$994.60	\$851.88	\$1,043.55	
54	\$829.02	\$1,015.55	\$870.85	\$1,066.79	\$849.73	\$1,040.92	\$891.55	\$1,092.15	
55	\$865.91	\$1,060.74	\$909.59	\$1,114.25	\$887.54	\$1,087.24	\$931.23	\$1,140.76	
56	\$905.90	\$1,109.73	\$951.61	\$1,165.72	\$928.53	\$1,137.45	\$974.24	\$1,193.44	
57	\$946.29	\$1,159.21	\$994.03	\$1,217.69	\$969.93	\$1,188.16	\$1,017.67	\$1,246.65	
58	\$989.39	\$1,212.00	\$1,039.30	\$1,273.14	\$1,014.10	\$1,242.27	\$1,064.02	\$1,303.42	
59	\$1,010.74	\$1,238.16	\$1,061.74	\$1,300.63	\$1,035.99	\$1,269.09	\$1,086.99	\$1,331.56	
60	\$1,053.85	\$1,290.97	\$1,107.01	\$1,356.09	\$1,080.17	\$1,323.21	\$1,133.34	\$1,388.34	
61	\$1,091.12	\$1,336.62	\$1,146.17	\$1,404.06	\$1,118.38	\$1,370.02	\$1,173.43	\$1,437.45	
62	\$1,115.59	\$1,366.60	\$1,171.87	\$1,435.54	\$1,143.45	\$1,400.73	\$1,199.74	\$1,469.68	
63	\$1,146.26	\$1,404.17	\$1,204.09	\$1,475.01	\$1,174.90	\$1,439.25	\$1,232.73	\$1,510.09	
64+	\$1,164.90	\$1,427.00	\$1,223.67	\$1,499.00	\$1,194.00	\$1,462.65	\$1,252.77	\$1,534.64	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	/er	Silv	/er	Silv	ver	Silv	/er	
	my Blue A Premier Si		my Blue A Premier S + Adult Dent	ilver 2900	my Blue A Premier Si		Premier Si	Access PPO Silver 2900 ntal and Vision	
	Pricing A	Area: 1B	Pricing A	Area: 1B	Pricing	Area: 2	Pricing	Area: 2	
	Marketpla		Marketpla		Marketpla		Marketpla		
	33709PA		33709PA		33709PA		33709PA		
	Non-Marketp 33709PA		Non-Marketp 33709PA						
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$342.15	\$342.15	\$357.14	\$357.14	\$342.15	\$342.15	\$357.14	\$357.14	
15	\$372.57	\$372.57	\$388.89	\$388.89	\$372.57	\$372.57	\$388.89	\$388.89	
16	\$384.20	\$384.20	\$401.02	\$401.02	\$384.20	\$384.20	\$401.02	\$401.02	
17 18	\$395.83 \$408.35	\$395.83 \$408.35	\$413.16 \$426.23	\$413.16 \$426.23	\$395.83 \$408.35	\$395.83 \$408.35	\$413.16 \$426.23	\$413.16 \$426.23	
18	\$408.33	\$408.33	\$439.31	\$439.31	\$408.33	\$408.33	\$439.31	\$439.31	
20	\$433.84	\$433.84	\$452.84	\$459.31	\$433.84	\$433.84	\$459.31	\$459.51	
20	\$447.26	\$458.44	\$466.85	\$478.52	\$447.26	\$458.44	\$466.85	\$478.52	
22	\$447.26	\$458.44	\$466.85	\$478.52	\$447.26	\$458.44	\$466.85	\$478.52	
23	\$447.26	\$458.44	\$466.85	\$478.52	\$447.26	\$458.44	\$466.85	\$478.52	
24	\$447.26	\$458.44	\$466.85	\$478.52	\$447.26	\$458.44	\$466.85	\$478.52	
25	\$449.05	\$460.28	\$468.72	\$480.44	\$449.05	\$460.28	\$468.72	\$480.44	
26	\$457.99	\$469.44	\$478.05	\$490.00	\$457.99	\$469.44	\$478.05	\$490.00	
27	\$468.73	\$480.45	\$489.26	\$501.49	\$468.73	\$480.45	\$489.26	\$501.49	
28	\$486.17	\$498.32	\$507.47	\$520.16	\$486.17	\$498.32	\$507.47	\$520.16	
29	\$500.48	\$512.99	\$522.41	\$535.47	\$500.48	\$512.99	\$522.41	\$535.47	
30	\$507.64	\$520.33	\$529.87	\$543.12	\$507.64	\$520.33	\$529.87	\$543.12	
31	\$518.37	\$531.33	\$541.08	\$554.61	\$518.37	\$531.33	\$541.08	\$554.61	
32	\$529.11	\$542.34	\$552.28	\$566.09	\$529.11	\$542.34	\$552.28	\$566.09	
33	\$535.82	\$549.22	\$559.29	\$573.27	\$535.82	\$549.22	\$559.29	\$573.27	
34	\$542.97	\$556.54	\$566.76	\$580.93	\$542.97	\$556.54	\$566.76	\$580.93	
35	\$546.55	\$560.21	\$570.49	\$584.75	\$546.55	\$560.21	\$570.49	\$584.75	
36	\$550.13	\$563.88	\$574.23	\$588.59	\$550.13	\$563.88	\$574.23	\$588.59	
37	\$553.71	\$567.55	\$577.96	\$592.41	\$553.71	\$567.55	\$577.96	\$592.41	
38	\$557.29	\$571.22	\$581.70	\$596.24	\$557.29	\$571.22	\$581.70	\$596.24	
39	\$564.44	\$578.55	\$589.16	\$603.89	\$564.44	\$578.55	\$589.16	\$603.89	
40	\$571.60 \$582.33	\$628.76 \$643.47	\$596.63	\$656.29 \$671.66	\$571.60 \$582.33	\$628.76 \$643.47	\$596.63	\$656.29	
41 42	\$582.33	\$658.99	\$607.84 \$618.58	\$687.86	\$582.33	\$658.99	\$607.84 \$618.58	\$671.66 \$687.86	
42	\$606.93	\$680.37	\$633.52	\$710.18	\$606.93	\$680.37	\$633.52	\$710.18	
44	\$624.82	\$707.30	\$652.19	\$738.28	\$624.82	\$707.30	\$652.19	\$738.28	
45	\$645.84	\$739.49	\$674.13	\$771.88	\$645.84	\$739.49	\$674.13	\$771.88	
46	\$670.89	\$778.23	\$700.28	\$812.32	\$670.89	\$778.23	\$700.28	\$812.32	
47	\$699.07	\$822.81	\$729.69	\$858.85	\$699.07	\$822.81	\$729.69	\$858.85	
48	\$731.27	\$874.60	\$763.30	\$912.91	\$731.27	\$874.60	\$763.30	\$912.91	
49	\$763.03	\$928.61	\$796.45	\$969.28	\$763.03	\$928.61	\$796.45	\$969.28	
50	\$798.81	\$978.54	\$833.79	\$1,021.39	\$798.81	\$978.54	\$833.79	\$1,021.39	
51	\$834.14	\$1,021.82	\$870.68	\$1,066.58	\$834.14	\$1,021.82	\$870.68	\$1,066.58	
52	\$873.05	\$1,069.49	\$911.29	\$1,116.33	\$873.05	\$1,069.49	\$911.29	\$1,116.33	
53	\$912.41	\$1,117.70	\$952.37	\$1,166.65	\$912.41	\$1,117.70	\$952.37	\$1,166.65	
54	\$954.90	\$1,169.75	\$996.72	\$1,220.98	\$954.90	\$1,169.75	\$996.72	\$1,220.98	
55	\$997.39	\$1,221.80	\$1,041.08	\$1,275.32	\$997.39	\$1,221.80	\$1,041.08	\$1,275.32	
56	\$1,043.46	\$1,278.24	\$1,089.16	\$1,334.22	\$1,043.46	\$1,278.24	\$1,089.16	\$1,334.22	
57	\$1,089.97	\$1,335.21	\$1,137.71	\$1,393.69	\$1,089.97	\$1,335.21	\$1,137.71	\$1,393.69 \$1,457.17	
58 59	\$1,139.62 \$1,164.22	\$1,396.03 \$1,426.17	\$1,189.53 \$1,215.21	\$1,457.17 \$1,488.63	\$1,139.62 \$1,164.22	\$1,396.03 \$1,426.17	\$1,189.53 \$1,215.21	\$1,457.17	
	\$1,164.22	\$1,426.17	\$1,215.21 \$1,267.03	\$1,488.63	\$1,164.22	\$1,426.17	\$1,215.21	\$1,488.03	
61	\$1,256.80	\$1,539.58	\$1,311.85	\$1,607.02	\$1,256.80	\$1,539.58	\$1,311.85	\$1,607.02	
	71,200.00				1	\$1,539.38	\$1,311.85	\$1,643.04	
	\$1 284 98	\$1 574 10	S1 341 76	\$1.643.04	I <u>S1 284 48 1</u>				
62 63	\$1,284.98 \$1,320.31	\$1,574.10 \$1,617.38	\$1,341.26 \$1,378.14	\$1,643.04 \$1,688.22	\$1,284.98 \$1,320.31	\$1,617.38	\$1,341.20	\$1,643.04	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	/er	Silv	<i>i</i> er	Silv	ver	Silv	er
	my Blue A Premier Si		my Blue A Premier S + Adult Dent	ilver 2900	my Blue Access PPO Premier Silver 2900		my Blue Ao Premier Si + Adult Denta	lver 2900
	Pricing A	Area: 4A	Pricing A	Area: 4A	Pricing A	rea: 4B	Pricing A	rea: 4B
	Marketpla		Marketpla		Marketpla		Marketplac	
	33709PA	1350002	33709PA	1360002	33709PA	1380002	33709PA1	1390002
	Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA1	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$304.47	\$304.47	\$319.46	\$319.46	\$342.15	\$342.15	\$357.14	\$357.14
15	\$331.53	\$331.53	\$347.85	\$347.85	\$372.57	\$372.57	\$388.89	\$388.89
16	\$341.88	\$341.88	\$358.71	\$358.71	\$384.20	\$384.20	\$401.02	\$401.02
17	\$352.23	\$352.23	\$369.57	\$369.57	\$395.83	\$395.83	\$413.16	\$413.16
18	\$363.37	\$363.37	\$381.26	\$381.26	\$408.35	\$408.35	\$426.23	\$426.23
19	\$374.52	\$374.52	\$392.95	\$392.95	\$420.87	\$420.87	\$439.31	\$439.31
20	\$386.06	\$386.06	\$405.06	\$405.06	\$433.84	\$433.84	\$452.84	\$452.84
21	\$398.00	\$407.95	\$417.59	\$428.03	\$447.26	\$458.44	\$466.85	\$478.52
22	\$398.00	\$407.95	\$417.59	\$428.03	\$447.26	\$458.44	\$466.85	\$478.52
23	\$398.00	\$407.95	\$417.59	\$428.03	\$447.26	\$458.44	\$466.85	\$478.52
24	\$398.00	\$407.95	\$417.59	\$428.03	\$447.26	\$458.44	\$466.85	\$478.52
25	\$399.59	\$409.58	\$419.26	\$429.74	\$449.05	\$460.28	\$468.72	\$480.44
26	\$407.55	\$417.74	\$427.61	\$438.30	\$457.99	\$469.44	\$478.05	\$490.00
27	\$417.10	\$427.53	\$437.63	\$448.57	\$468.73	\$480.45	\$489.26	\$501.49
28	\$432.63	\$443.45	\$453.92	\$465.27	\$486.17	\$498.32	\$507.47	\$520.16
29 30	\$445.36 \$451.73	\$456.49	\$467.28 \$473.96	\$478.96	\$500.48	\$512.99	\$522.41 \$529.87	\$535.47 \$543.12
30	\$451.73	\$463.02 \$472.81	\$473.96	\$485.81 \$496.09	\$507.64	\$520.33 \$531.33	\$529.87	\$554.61
32	\$401.28				\$518.37			
33	\$470.83	\$482.60 \$488.72	\$494.01 \$500.27	\$506.36 \$512.78	\$529.11 \$535.82	\$542.34 \$549.22	\$552.28 \$559.29	\$566.09 \$573.27
34	\$470.80	\$400.72	\$506.95	\$512.78	\$535.82	\$556.54	\$566.76	\$580.93
35	\$486.36	\$495.25	\$510.29	\$523.05	\$546.55	\$560.21	\$570.49	\$584.75
36	\$489.54	\$501.78	\$513.64	\$526.48	\$550.13	\$563.88	\$574.23	\$588.59
37	\$492.72	\$505.04	\$516.98	\$529.90	\$553.71	\$567.55	\$577.96	\$592.41
38	\$495.91	\$508.31	\$520.32	\$533.33	\$557.29	\$571.22	\$581.70	\$596.24
39	\$502.28	\$514.84	\$527.00	\$540.18	\$564.44	\$578.55	\$589.16	\$603.89
40	\$508.64	\$559.50	\$533.68	\$587.05	\$571.60	\$628.76	\$596.63	\$656.29
41	\$518.20	\$572.61	\$543.70	\$600.79	\$582.33	\$643.47	\$607.84	\$671.66
42	\$527.35	\$586.41	\$553.31	\$615.28	\$592.62	\$658.99	\$618.58	\$687.86
43	\$540.09	\$605.44	\$566.67	\$635.24	\$606.93	\$680.37	\$633.52	\$710.18
44	\$556.01	\$629.40	\$583.37	\$660.37	\$624.82	\$707.30	\$652.19	\$738.28
45	\$574.71	\$658.04	\$603.00	\$690.44	\$645.84	\$739.49	\$674.13	\$771.88
46	\$597.00	\$692.52	\$626.39	\$726.61	\$670.89	\$778.23	\$700.28	\$812.32
47	\$622.07	\$732.18	\$652.69	\$768.22	\$699.07	\$822.81	\$729.69	\$858.85
48	\$650.73	\$778.27	\$682.76	\$816.58	\$731.27	\$874.60	\$763.30	\$912.91
49	\$678.99	\$826.33	\$712.41	\$867.00	\$763.03	\$928.61	\$796.45	\$969.28
50	\$710.83	\$870.77	\$745.82	\$913.63	\$798.81	\$978.54	\$833.79	\$1,021.39
51	\$742.27	\$909.28	\$778.81	\$954.04	\$834.14	\$1,021.82	\$870.68	\$1,066.58
52	\$776.90	\$951.70	\$815.14	\$998.55	\$873.05	\$1,069.49	\$911.29	\$1,116.33
53	\$811.92	\$994.60	\$851.88	\$1,043.55	\$912.41	\$1,117.70	\$952.37	\$1,166.65
54	\$849.73	\$1,040.92	\$891.55	\$1,092.15	\$954.90	\$1,169.75	\$996.72	\$1,220.98
55	\$887.54	\$1,087.24	\$931.23	\$1,140.76	\$997.39	\$1,221.80	\$1,041.08	\$1,275.32
56	\$928.53	\$1,137.45	\$974.24	\$1,193.44	\$1,043.46	\$1,278.24	\$1,089.16	\$1,334.22
57	\$969.93	\$1,188.16 \$1,242.27	\$1,017.67	\$1,246.65	\$1,089.97	\$1,335.21 \$1,396.03	\$1,137.71	\$1,393.69
58 59	\$1,014.10 \$1,035.99	\$1,242.27	\$1,064.02 \$1,086.99	\$1,303.42 \$1,331.56	\$1,139.62 \$1,164.22	\$1,396.03	\$1,189.53 \$1,215.21	\$1,457.17 \$1,488.63
60	\$1,035.99	\$1,269.09	\$1,086.99	\$1,331.56	\$1,164.22	\$1,426.17	\$1,215.21	\$1,488.63
61	\$1,080.17	\$1,323.21	\$1,133.34	\$1,388.34	\$1,215.80	\$1,480.98	\$1,207.03	\$1,607.02
01	\$1,118.38	\$1,370.02	\$1,173.43	\$1,457.45	\$1,230.80	\$1,539.38	\$1,311.85	\$1,643.04
62				21.402.00	J1.204.30	J1, J74.10	∪۲.۲+۲.۲۷	J1,043.04
62 63	\$1,174.90	\$1,439.25	\$1,232.73	\$1,510.09	\$1,320.31	\$1,617.38	\$1,378.14	\$1,688.22

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Silv	/er	Silv	/er	Silv	/er	Silv	ver
	my Blue A Premier Si		my Blue Access PPO Premier Silver 2900 + Adult Dental and Vision my Blue Access PPO Premier Silver 2900 Premier Silver 2900 + Adult Dental a				lver 2900	
	Pricing	Area: 5	Pricing	Area: 5	Pricing	Area: 6	Pricing	Area: 6
	Marketpla		Marketpla		Marketpla		Marketpla	
	33709PA	1380002	33709PA	1390002	33709PA	1380002	33709PA	1390002
	Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$342.15	\$342.15	\$357.14	\$357.14	\$378.56	\$378.56	\$395.13	\$395.13
15	\$372.57	\$372.57	\$388.89	\$388.89	\$412.21	\$412.21	\$430.25	\$430.25
16	\$384.20	\$384.20	\$401.02	\$401.02	\$425.08	\$425.08	\$443.68	\$443.68
17	\$395.83	\$395.83	\$413.16	\$413.16	\$437.94	\$437.94	\$457.11	\$457.11
18	\$408.35	\$408.35	\$426.23	\$426.23	\$451.80	\$451.80	\$471.57	\$471.57
19	\$420.87	\$420.87	\$439.31	\$439.31	\$465.65	\$465.65	\$486.04	\$486.04
20 21	\$433.84 \$447.26	\$433.84 \$458.44	\$452.84 \$466.85	\$452.84	\$480.00	\$480.00	\$501.01	\$501.01
21	\$447.26	\$458.44	\$466.85	\$478.52 \$478.52	\$494.85 \$494.85	\$507.22 \$507.22	\$516.51 \$516.51	\$529.42 \$529.42
22	\$447.26	\$458.44	\$466.85	\$478.52	\$494.85 \$494.85	\$507.22	\$516.51	\$529.42
23	\$447.26	\$458.44	\$466.85	\$478.52	\$494.85	\$507.22	\$516.51	\$529.42
24	\$449.05	\$458.44	\$468.72	\$478.32	\$494.83	\$507.22	\$518.58	\$531.54
25	\$457.99	\$469.44	\$408.72	\$490.00	\$506.73	\$519.40	\$528.91	\$542.13
20	\$468.73	\$480.45	\$489.26	\$501.49	\$518.60	\$531.57	\$541.30	\$554.83
28	\$486.17	\$498.32	\$507.47	\$520.16	\$537.90	\$551.35	\$561.45	\$575.49
29	\$500.48	\$512.99	\$522.41	\$535.47	\$553.74	\$567.58	\$577.97	\$592.42
30	\$507.64	\$520.33	\$529.87	\$543.12	\$561.65	\$575.69	\$586.24	\$600.90
31	\$518.37	\$531.33	\$541.08	\$554.61	\$573.53	\$587.87	\$598.64	\$613.61
32	\$529.11	\$542.34	\$552.28	\$566.09	\$585.41	\$600.05	\$611.03	\$626.31
33	\$535.82	\$549.22	\$559.29	\$573.27	\$592.83	\$607.65	\$618.78	\$634.25
34	\$542.97	\$556.54	\$566.76	\$580.93	\$600.75	\$615.77	\$627.04	\$642.72
35	\$546.55	\$560.21	\$570.49	\$584.75	\$604.71	\$619.83	\$631.18	\$646.96
36	\$550.13	\$563.88	\$574.23	\$588.59	\$608.67	\$623.89	\$635.31	\$651.19
37	\$553.71	\$567.55	\$577.96	\$592.41	\$612.62	\$627.94	\$639.44	\$655.43
38	\$557.29	\$571.22	\$581.70	\$596.24	\$616.58	\$631.99	\$643.57	\$659.66
39	\$564.44	\$578.55	\$589.16	\$603.89	\$624.50	\$640.11	\$651.84	\$668.14
40	\$571.60	\$628.76	\$596.63	\$656.29	\$632.42	\$695.66	\$660.10	\$726.11
41	\$582.33	\$643.47	\$607.84	\$671.66	\$644.29	\$711.94	\$672.50	\$743.11
42	\$592.62	\$658.99	\$618.58	\$687.86	\$655.68	\$729.12	\$684.38	\$761.03
43	\$606.93	\$680.37	\$633.52	\$710.18	\$671.51	\$752.76	\$700.90	\$785.71
44	\$624.82	\$707.30	\$652.19	\$738.28	\$691.31	\$782.56	\$721.56	\$816.81
45	\$645.84	\$739.49	\$674.13	\$771.88	\$714.56	\$818.17	\$745.84	\$853.99
46	\$670.89	\$778.23	\$700.28	\$812.32	\$742.28	\$861.04	\$774.77	\$898.73
47	\$699.07	\$822.81 \$874.60	\$729.69	\$858.85	\$773.45	\$910.35	\$807.31	\$950.20
48 49	\$731.27 \$763.03	\$874.60	\$763.30 \$796.45	\$912.91 \$969.28	\$809.08 \$844.21	\$967.66 \$1,027.40	\$844.49 \$881.17	\$1,010.01 \$1,072.38
49 50	\$763.03	\$928.61	\$796.45 \$833.79	\$969.28	\$844.21	\$1,027.40	\$881.17 \$922.49	\$1,072.38
50	\$798.81 \$834.14	\$978.54	\$833.79	\$1,021.39	\$883.80	\$1,082.66	\$922.49	\$1,130.03
52	\$873.05	\$1,021.82	\$911.29	\$1,116.33	\$965.95	\$1,130.33	\$1,008.23	\$1,180.03
53	\$912.41	\$1,117.70	\$952.37	\$1,166.65	\$1,009.49	\$1,236.63	\$1,053.68	\$1,290.76
54	\$954.90	\$1,169.75	\$996.72	\$1,220.98	\$1,056.50	\$1,294.21	\$1,102.75	\$1,350.87
55	\$997.39	\$1,221.80	\$1,041.08	\$1,275.32	\$1,103.52	\$1,351.81	\$1,151.82	\$1,410.98
56	\$1,043.46	\$1,278.24	\$1,089.16	\$1,334.22	\$1,154.49	\$1,414.25	\$1,205.02	\$1,476.15
57	\$1,089.97	\$1,335.21	\$1,137.71	\$1,393.69	\$1,205.95	\$1,477.29	\$1,258.73	\$1,541.94
58	\$1,139.62	\$1,396.03	\$1,189.53	\$1,457.17	\$1,260.88	\$1,544.58	\$1,316.07	\$1,612.19
59	\$1,164.22	\$1,426.17	\$1,215.21	\$1,488.63	\$1,288.09	\$1,577.91	\$1,344.48	\$1,646.99
60	\$1,213.86	\$1,486.98	\$1,267.03	\$1,552.11	\$1,343.02	\$1,645.20	\$1,401.81	\$1,717.22
61	\$1,256.80	\$1,539.58	\$1,311.85	\$1,607.02	\$1,390.53	\$1,703.40	\$1,451.39	\$1,777.95
62	\$1,284.98	\$1,574.10	\$1,341.26	\$1,643.04	\$1,421.70	\$1,741.58	\$1,483.93	\$1,817.81
63	\$1,320.31	\$1,617.38	\$1,378.14	\$1,688.22	\$1,460.80	\$1,789.48	\$1,524.74	\$1,867.81
64+	\$1,341.78	\$1,643.68	\$1,400.55	\$1,715.67	\$1,484.55	\$1,818.57	\$1,549.53	\$1,898.17

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	old	Go	ld	Go	ld	
	Together Gold 17		Together Gold 17		my Direct Gold 17		my Direct Gold 17		
	Pricing	Area: 1A	Pricing A	Area: 4A	Pricing Are	ea: 1A, 1B	Pricing Are	ea: 4A, 4B	
	Marketpla		Marketpla		Marketpla		Marketpla		
	79279PA	0090004	79279PA	0090004	33709PA	0890004	33709PA	0890004	
	Non-Marketp 79279PA		Non-Market 79279PA		Non-Marketp 33709PA		ID: Non-Marketplace Plan IE 33709PA0890004		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$181.43	\$181.43	\$181.43	\$181.43	\$238.25	\$238.25	\$238.25	\$238.2	
15 16	\$197.55	\$197.55	\$197.55	\$197.55	\$259.43	\$259.43	\$259.43	\$259.4	
16	\$203.72 \$209.89	\$203.72 \$209.89	\$203.72 \$209.89	\$203.72 \$209.89	\$267.53 \$275.62	\$267.53 \$275.62	\$267.53 \$275.62	\$267.5 \$275.6	
18	\$216.53	\$205.85	\$216.53	\$205.85	\$284.34	\$275.02	\$284.34	\$284.3	
19	\$223.17	\$223.17	\$223.17	\$223.17	\$293.07	\$293.07	\$293.07	\$293.0	
20	\$230.05	\$230.05	\$230.05	\$230.05	\$302.10	\$302.10	\$302.10	\$302.1	
21	\$237.16	\$243.09	\$237.16	\$243.09	\$311.44	\$319.23	\$311.44	\$319.2	
22	\$237.16	\$243.09	\$237.16	\$243.09	\$311.44	\$319.23	\$311.44	\$319.2	
23	\$237.16	\$243.09	\$237.16	\$243.09	\$311.44	\$319.23	\$311.44	\$319.2	
24	\$237.16	\$243.09	\$237.16	\$243.09	\$311.44	\$319.23	\$311.44	\$319.2	
25	\$238.11	\$244.06	\$238.11	\$244.06	\$312.69	\$320.51	\$312.69	\$320.5	
26 27	\$242.85 \$248.54	\$248.92 \$254.75	\$242.85 \$248.54	\$248.92 \$254.75	\$318.91 \$326.39	\$326.88 \$334.55	\$318.91 \$326.39	\$326.8 \$334.5	
27	\$257.79	\$264.23	\$257.79	\$264.23	\$338.54	\$347.00	\$338.54	\$347.0	
29	\$265.38	\$272.01	\$265.38	\$272.01	\$348.50	\$357.21	\$348.50	\$357.2	
30	\$269.18	\$275.91	\$269.18	\$275.91	\$353.48	\$362.32	\$353.48	\$362.3	
31	\$274.87	\$281.74	\$274.87	\$281.74	\$360.96	\$369.98	\$360.96	\$369.9	
32	\$280.56	\$287.57	\$280.56	\$287.57	\$368.43	\$377.64	\$368.43	\$377.6	
33	\$284.12	\$291.22	\$284.12	\$291.22	\$373.11	\$382.44	\$373.11	\$382.4	
34	\$287.91	\$295.11	\$287.91	\$295.11	\$378.09	\$387.54	\$378.09	\$387.5	
35	\$289.81	\$297.06	\$289.81	\$297.06	\$380.58	\$390.09	\$380.58	\$390.0	
36	\$291.71	\$299.00	\$291.71	\$299.00	\$383.07	\$392.65	\$383.07	\$392.6	
37 38	\$293.60 \$295.50	\$300.94 \$302.89	\$293.60 \$295.50	\$300.94 \$302.89	\$385.56 \$388.05	\$395.20 \$397.75	\$385.56 \$388.05	\$395.2 \$397.7	
39	\$299.30	\$302.89	\$295.30	\$302.89	\$393.04	\$402.87	\$393.04	\$402.8	
40	\$303.09	\$333.40	\$303.09	\$333.40	\$398.02	\$437.82	\$398.02	\$437.8	
41	\$308.78	\$341.20	\$308.78	\$341.20	\$405.49	\$448.07	\$405.49	\$448.0	
42	\$314.24	\$349.43	\$314.24	\$349.43	\$412.66	\$458.88	\$412.66	\$458.8	
43	\$321.83	\$360.77	\$321.83	\$360.77	\$422.62	\$473.76	\$422.62	\$473.7	
44	\$331.31	\$375.04	\$331.31	\$375.04	\$435.08	\$492.51	\$435.08	\$492.5	
45	\$342.46	\$392.12	\$342.46	\$392.12	\$449.72	\$514.93	\$449.72	\$514.9	
46	\$355.74	\$412.66	\$355.74	\$412.66	\$467.16	\$541.91	\$467.16	\$541.9	
47 48	\$370.68 \$387.76	\$436.29	\$370.68 \$387.76	\$436.29 \$463.76	\$486.78	\$572.94 \$609.00	\$486.78	\$572.9	
48	\$404.59	\$463.76 \$492.39	\$387.76	\$403.70	\$509.20 \$531.32	\$646.62	\$509.20 \$531.32	\$609.0 \$646.6	
49 50	\$404.59	\$518.87	\$404.59	\$492.39	\$556.23	\$681.38	\$556.23	\$640.0	
50	\$442.30	\$541.82	\$442.30	\$541.82	\$580.84	\$711.53	\$580.84	\$711.5	
52	\$462.94	\$567.10	\$462.94	\$567.10	\$607.93	\$744.71	\$607.93	\$744.7	
53	\$483.81	\$592.67	\$483.81	\$592.67	\$635.34	\$778.29	\$635.34	\$778.2	
54	\$506.34	\$620.27	\$506.34	\$620.27	\$664.92	\$814.53	\$664.92	\$814.5	
55	\$528.87	\$647.87	\$528.87	\$647.87	\$694.51	\$850.77	\$694.51	\$850.7	
56	\$553.29	\$677.78	\$553.29	\$677.78	\$726.59	\$890.07	\$726.59	\$890.0	
57	\$577.96	\$708.00	\$577.96	\$708.00	\$758.98	\$929.75	\$758.98	\$929.7	
58	\$604.28	\$740.24	\$604.28 \$617.33	\$740.24	\$793.55	\$972.10	\$793.55	\$972.1	
59 60	\$617.33 \$643.65	\$756.23 \$788.47	\$617.33 \$643.65	\$756.23 \$788.47	\$810.68 \$845.25	\$993.08 \$1,035.43	\$810.68 \$845.25	\$993.0 \$1,035.4	
61	\$666.42	\$788.47 \$816.36	\$666.42	\$788.47 \$816.36	\$845.25	\$1,035.43	\$845.25	\$1,035.4	
62	\$681.36	\$834.67	\$681.36	\$834.67	\$894.77	\$1,096.09	\$894.77	\$1,096.0	
63	\$700.10	\$857.62	\$700.10	\$857.62	\$919.37	\$1,126.23	\$919.37	\$1,126.2	
64+	\$711.48	\$871.56	\$711.48	\$871.56	\$934.32	\$1,144.54	\$934.32	\$1,144.5	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	ld	Go	ld	Go	ld	
	my Direct	Blue FPO	my Blue A	cress PPO	my Blue A	rress PPO	my Blue A	rress PPO	
	Gold 17		Gold 17		Gold 1700 HSA		Gold 1700 HSA		
	Pricing	Area: 5	Pricing A	Area: 1A	Pricing A	Area: 1B	Pricing	Area: 2	
	Marketpla 33709PA	ce Plan ID:	Marketpla 33709PA	ce Plan ID:	Marketplac 33709PA	ce Plan ID:	Marketplac 33709PA	ce Plan ID:	
	Non-Marketp 33709PA	blace Plan ID:	Non-Marketp 33709PA	blace Plan ID:	Non-Marketp 33709PA	olace Plan ID:	Non-Marketp 33709PA	lace Plan ID:	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$238.25	\$238.25	\$254.90	\$254.90	\$286.65	\$286.65	\$286.65	\$286.65	
15	\$259.43	\$259.43	\$277.56	\$277.56	\$312.13	\$312.13	\$312.13	\$312.13	
16	\$267.53	\$267.53	\$286.22	\$286.22	\$321.88	\$321.88	\$321.88	\$321.88	
17	\$275.62	\$275.62	\$294.88	\$294.88	\$331.62	\$331.62	\$331.62	\$331.62	
18 19	\$284.34	\$284.34 \$293.07	\$304.21 \$313.54	\$304.21	\$342.11	\$342.11	\$342.11	\$342.11	
20	\$293.07 \$302.10	\$293.07 \$302.10	\$313.54	\$313.54 \$323.20	\$352.60 \$363.47	\$352.60 \$363.47	\$352.60 \$363.47	\$352.60 \$363.47	
20	\$311.44	\$302.10	\$323.20	\$323.20	\$303.47	\$384.08	\$363.47	\$384.08	
22	\$311.44	\$319.23	\$333.20	\$341.53	\$374.71	\$384.08	\$374.71	\$384.08	
23	\$311.44	\$319.23	\$333.20	\$341.53	\$374.71	\$384.08	\$374.71	\$384.08	
24	\$311.44	\$319.23	\$333.20	\$341.53	\$374.71	\$384.08	\$374.71	\$384.08	
25	\$312.69	\$320.51	\$334.53	\$342.89	\$376.21	\$385.62	\$376.21	\$385.62	
26	\$318.91	\$326.88	\$341.20	\$349.73	\$383.70	\$393.29	\$383.70	\$393.29	
27	\$326.39	\$334.55	\$349.19	\$357.92	\$392.70	\$402.52	\$392.70	\$402.52	
28	\$338.54	\$347.00	\$362.19	\$371.24	\$407.31	\$417.49	\$407.31	\$417.49	
29	\$348.50	\$357.21	\$372.85	\$382.17	\$419.30	\$429.78	\$419.30	\$429.78	
30	\$353.48	\$362.32	\$378.18	\$387.63	\$425.30	\$435.93	\$425.30	\$435.93	
31	\$360.96	\$369.98	\$386.18	\$395.83	\$434.29	\$445.15	\$434.29	\$445.15	
32	\$368.43	\$377.64	\$394.18	\$404.03	\$443.28	\$454.36	\$443.28	\$454.36	
33	\$373.11	\$382.44	\$399.17	\$409.15	\$448.90	\$460.12	\$448.90	\$460.12	
34	\$378.09	\$387.54	\$404.50	\$414.61	\$454.90	\$466.27	\$454.90	\$466.27	
35	\$380.58	\$390.09	\$407.17	\$417.35	\$457.90	\$469.35	\$457.90	\$469.35	
36	\$383.07	\$392.65	\$409.84	\$420.09	\$460.89	\$472.41	\$460.89	\$472.41	
37	\$385.56	\$395.20	\$412.50	\$422.81	\$463.89	\$475.49	\$463.89	\$475.49	
38 39	\$388.05 \$393.04	\$397.75 \$402.87	\$415.17 \$420.50	\$425.55 \$431.01	\$466.89 \$472.88	\$478.56 \$484.70	\$466.89 \$472.88	\$478.56 \$484.70	
40	\$398.02	\$437.82	\$425.83	\$468.41	\$478.88	\$526.77	\$478.88	\$526.77	
40	\$405.49	\$448.07	\$433.83	\$479.38	\$487.87	\$539.10	\$487.87	\$539.10	
42	\$412.66	\$458.88	\$441.49	\$490.94	\$496.49	\$552.10	\$496.49	\$552.10	
43	\$422.62	\$473.76	\$452.15	\$506.86	\$508.48	\$570.01	\$508.48	\$570.01	
44	\$435.08	\$492.51	\$465.48	\$526.92	\$523.47	\$592.57	\$523.47	\$592.57	
45	\$449.72	\$514.93	\$481.14	\$550.91	\$541.08	\$619.54	\$541.08	\$619.54	
46	\$467.16	\$541.91	\$499.80	\$579.77	\$562.07	\$652.00	\$562.07	\$652.00	
47	\$486.78	\$572.94	\$520.79	\$612.97	\$585.67	\$689.33	\$585.67	\$689.33	
48	\$509.20	\$609.00	\$544.78	\$651.56	\$612.65	\$732.73	\$612.65	\$732.73	
49	\$531.32	\$646.62	\$568.44	\$691.79	\$639.26	\$777.98	\$639.26	\$777.98	
50	\$556.23	\$681.38	\$595.10	\$729.00	\$669.23	\$819.81	\$669.23	\$819.81	
51	\$580.84	\$711.53	\$621.42	\$761.24	\$698.83	\$856.07	\$698.83	\$856.07	
52	\$607.93	\$744.71	\$650.41	\$796.75	\$731.43 \$764.41	\$896.00	\$731.43	\$896.00	
53 54	\$635.34 \$664.92	\$778.29 \$814.53	\$679.73 \$711.38	\$832.67 \$871.44	\$764.41 \$800.01	\$936.40 \$980.01	\$764.41 \$800.01	\$936.40 \$980.01	
55	\$694.51	\$814.53	\$711.38	\$910.22	\$800.01	\$980.01	\$800.01	\$980.01	
56	\$726.59	\$890.07	\$777.36	\$910.22	\$855.00	\$1,023.01	\$855.00	\$1,023.01	
57	\$758.98	\$929.75	\$812.01	\$994.71	\$913.17	\$1,070.90	\$913.17	\$1,070.90	
58	\$793.55	\$972.10	\$848.99	\$1,040.01	\$954.76	\$1,169.58	\$954.76	\$1,169.58	
59	\$810.68	\$993.08	\$867.32	\$1,062.47	\$975.37	\$1,194.83	\$975.37	\$1,194.83	
60	\$845.25	\$1,035.43	\$904.30	\$1,107.77	\$1,016.96	\$1,245.78	\$1,016.96	\$1,245.78	
61	\$875.15	\$1,072.06	\$936.29	\$1,146.96	\$1,052.94	\$1,289.85	\$1,052.94	\$1,289.85	
62	\$894.77	\$1,096.09	\$957.28	\$1,172.67	\$1,076.54	\$1,318.76	\$1,076.54	\$1,318.76	
63	\$919.37	\$1,126.23	\$983.61	\$1,204.92	\$1,106.14	\$1,355.02	\$1,106.14	\$1,355.02	
64+	\$934.32	\$1,144.54	\$999.60	\$1,224.51	\$1,124.13	\$1,377.06	\$1,124.13	\$1,377.06	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	old	Go	old	Go	ld	Go	ld
	my Blue A Gold 17		my Blue A Gold 17		my Blue A Gold 17		my Blue A Gold 17	
	G0iu 17	UU HSA	G010 17	UU HJA	G010 17	00 H3A	G010 17	00 1134
	Pricing A	\rea: 44	Pricing A	Area: 4B	Pricing	Area: 5	Pricing	Area: 6
	Marketpla	ce Plan ID:	Marketpla	ce Plan ID:	Marketpla	ce Plan ID:	Marketpla	ce Plan ID:
	33709PA	1180004	33709PA	1370003	33709PA	1370003	33709PA	1370003
	Non-Marketr 33709PA		Non-Market 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14 15	\$254.90 \$277.56	\$254.90 \$277.56	\$286.65 \$312.13	\$286.65 \$312.13	\$286.65 \$312.13	\$286.65 \$312.13	\$317.15 \$345.34	\$317.15 \$345.34
15	\$286.22	\$277.30	\$312.13	\$312.13	\$321.88	\$321.88	\$356.12	\$356.12
17	\$294.88	\$294.88	\$331.62	\$331.62	\$331.62	\$331.62	\$366.89	\$366.89
18	\$304.21	\$304.21	\$342.11	\$342.11	\$342.11	\$342.11	\$378.50	\$378.50
19	\$313.54	\$313.54	\$352.60	\$352.60	\$352.60	\$352.60	\$390.11	\$390.11
20	\$323.20	\$323.20	\$363.47	\$363.47	\$363.47	\$363.47	\$402.13	\$402.13
21 22	\$333.20 \$333.20	\$341.53 \$341.53	\$374.71 \$374.71	\$384.08 \$384.08	\$374.71 \$374.71	\$384.08 \$384.08	\$414.57 \$414.57	\$424.93 \$424.93
22	\$333.20	\$341.53	\$374.71	\$384.08	\$374.71	\$384.08	\$414.57	\$424.93
24	\$333.20	\$341.53	\$374.71	\$384.08	\$374.71	\$384.08	\$414.57	\$424.93
25	\$334.53	\$342.89	\$376.21	\$385.62	\$376.21	\$385.62	\$416.23	\$426.64
26	\$341.20	\$349.73	\$383.70	\$393.29	\$383.70	\$393.29	\$424.52	\$435.13
27	\$349.19	\$357.92	\$392.70	\$402.52	\$392.70	\$402.52	\$434.47	\$445.33
28	\$362.19	\$371.24	\$407.31	\$417.49	\$407.31	\$417.49	\$450.64	\$461.91
29	\$372.85	\$382.17	\$419.30	\$429.78	\$419.30	\$429.78	\$463.90	\$475.50
30	\$378.18	\$387.63	\$425.30	\$435.93	\$425.30	\$435.93	\$470.54	\$482.30
31 32	\$386.18 \$394.18	\$395.83 \$404.03	\$434.29 \$443.28	\$445.15 \$454.36	\$434.29 \$443.28	\$445.15 \$454.36	\$480.49 \$490.44	\$492.50
33	\$399.17	\$404.03	\$443.28	\$454.30	\$443.28	\$460.12	\$496.65	\$502.70 \$509.07
34	\$404.50	\$414.61	\$454.90	\$466.27	\$454.90	\$466.27	\$503.29	\$515.87
35	\$407.17	\$417.35	\$457.90	\$469.35	\$457.90	\$469.35	\$506.60	\$519.27
36	\$409.84	\$420.09	\$460.89	\$472.41	\$460.89	\$472.41	\$509.92	\$522.67
37	\$412.50	\$422.81	\$463.89	\$475.49	\$463.89	\$475.49	\$513.24	\$526.07
38	\$415.17	\$425.55	\$466.89	\$478.56	\$466.89	\$478.56	\$516.55	\$529.46
39	\$420.50	\$431.01	\$472.88	\$484.70	\$472.88	\$484.70	\$523.19	\$536.27
40 41	\$425.83 \$433.83	\$468.41 \$479.38	\$478.88 \$487.87	\$526.77 \$539.10	\$478.88 \$487.87	\$526.77 \$539.10	\$529.82 \$539.77	\$582.80 \$596.45
42	\$441.49	\$490.94	\$496.49	\$552.10	\$496.49	\$552.10	\$549.31	\$610.83
43	\$452.15	\$506.86	\$508.48	\$570.01	\$508.48	\$570.01	\$562.57	\$630.64
44	\$465.48	\$526.92	\$523.47	\$592.57	\$523.47	\$592.57	\$579.15	\$655.60
45	\$481.14	\$550.91	\$541.08	\$619.54	\$541.08	\$619.54	\$598.64	\$685.44
46	\$499.80	\$579.77	\$562.07	\$652.00	\$562.07	\$652.00	\$621.86	\$721.36
47 48	\$520.79 \$544.78	\$612.97 \$651.56	\$585.67 \$612.65	\$689.33 \$732.73	\$585.67 \$612.65	\$689.33 \$732.73	\$647.97 \$677.82	\$762.66 \$810.67
48	\$568.44	\$691.79	\$639.26	\$732.73	\$639.26	\$777.98	\$707.26	\$860.74
50	\$595.10	\$729.00	\$669.23	\$819.81	\$669.23	\$819.81	\$740.42	\$907.01
51	\$621.42	\$761.24	\$698.83	\$856.07	\$698.83	\$856.07	\$773.17	\$947.13
52	\$650.41	\$796.75	\$731.43	\$896.00	\$731.43	\$896.00	\$809.24	\$991.32
53	\$679.73	\$832.67	\$764.41	\$936.40	\$764.41	\$936.40	\$845.72	\$1,036.01
54	\$711.38	\$871.44	\$800.01	\$980.01	\$800.01	\$980.01	\$885.11	\$1,084.26
55 56	\$743.04 \$777.36	\$910.22	\$835.60 \$874.20	\$1,023.61 \$1,070.90	\$835.60 \$874.20	\$1,023.61 \$1,070.90	\$924.49 \$967.19	\$1,132.50
50	\$777.36	\$952.27 \$994.71	\$874.20	\$1,070.90	\$874.20	\$1,070.90	\$967.19	\$1,184.81 \$1,237.63
58	\$848.99	\$1,040.01	\$954.76	\$1,169.58	\$954.76	\$1,169.58	\$1,056.32	\$1,293.99
59	\$867.32	\$1,062.47	\$975.37	\$1,194.83	\$975.37	\$1,194.83	\$1,079.13	\$1,321.93
60	\$904.30	\$1,107.77	\$1,016.96	\$1,245.78	\$1,016.96	\$1,245.78	\$1,125.14	\$1,378.30
61	\$936.29	\$1,146.96	\$1,052.94	\$1,289.85	\$1,052.94	\$1,289.85	\$1,164.94	\$1,427.05
62	\$957.28	\$1,172.67	\$1,076.54	\$1,318.76	\$1,076.54	\$1,318.76	\$1,191.06	\$1,459.05
63	\$983.61	\$1,204.92	\$1,106.14	\$1,355.02	\$1,106.14	\$1,355.02	\$1,223.81	\$1,499.17
64+	\$999.60	\$1,224.51	\$1,124.13	\$1,377.06	\$1,124.13	\$1,377.06	\$1,243.71	\$1,523.54

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	old	Go	old	Go	old	Go	ld
	Together Gol		Together Gol + Adult Dent		Together Blue EPO Gold 0		Together Gol + Adult Dent	d 0
	Pricing A	Area: 1A	Pricing	Area: 1A	Pricing A	Area: 4A	Pricing A	Area: 4A
	Marketpla			ce Plan ID:	Marketpla		Marketpla	
	79279PA	0080008	79279PA	0130005	79279PA	0080008	79279PA	0130005
	Non-Marketr 79279PA		Non-Marketı 79279PA	olace Plan ID: 0130005	Non-Market 79279PA	olace Plan ID: 0080008	Non-Marketr 79279PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$193.61	\$193.61	\$212.97	\$212.97	\$193.61	\$193.61	\$212.97	\$212.97
15	\$210.82	\$210.82	\$231.90	\$231.90	\$210.82	\$210.82	\$231.90	\$231.90
16	\$217.40	\$217.40	\$239.14	\$239.14	\$217.40	\$217.40	\$239.14	\$239.14
17	\$223.98	\$223.98	\$246.38	\$246.38	\$223.98	\$223.98	\$246.38	\$246.38
18	\$231.07	\$231.07	\$254.17	\$254.17	\$231.07	\$231.07	\$254.17	\$254.17
19 20	\$238.16	\$238.16 \$245.50	\$261.96 \$270.04	\$261.96 \$270.04	\$238.16	\$238.16 \$245.50	\$261.96 \$270.04	\$261.96
20	\$245.50 \$253.09	\$245.50	\$270.04	\$270.04	\$245.50 \$253.09	\$245.50	\$270.04	\$270.04 \$285.35
21	\$253.09	\$259.42	\$278.39	\$285.35	\$253.09	\$259.42	\$278.39	\$285.35
22	\$253.09	\$259.42	\$278.39	\$285.35	\$253.09	\$259.42	\$278.39	\$285.35
23	\$253.09	\$259.42	\$278.39	\$285.35	\$253.09	\$259.42	\$278.39	\$285.35
25	\$254.10	\$260.45	\$279.50	\$286.49	\$254.10	\$260.45	\$279.50	\$286.49
26	\$259.16	\$265.64	\$285.07	\$292.20	\$259.16	\$265.64	\$285.07	\$292.20
27	\$265.24	\$271.87	\$291.75	\$299.04	\$265.24	\$271.87	\$291.75	\$299.04
28	\$275.11	\$281.99	\$302.61	\$310.18	\$275.11	\$281.99	\$302.61	\$310.18
29	\$283.21	\$290.29	\$311.52	\$319.31	\$283.21	\$290.29	\$311.52	\$319.31
30	\$287.26	\$294.44	\$315.97	\$323.87	\$287.26	\$294.44	\$315.97	\$323.87
31	\$293.33	\$300.66	\$322.65	\$330.72	\$293.33	\$300.66	\$322.65	\$330.72
32	\$299.41	\$306.90	\$329.34	\$337.57	\$299.41	\$306.90	\$329.34	\$337.57
33	\$303.20	\$310.78	\$333.51	\$341.85	\$303.20	\$310.78	\$333.51	\$341.85
34	\$307.25	\$314.93	\$337.97	\$346.42	\$307.25	\$314.93	\$337.97	\$346.42
35	\$309.28	\$317.01	\$340.19	\$348.69	\$309.28	\$317.01	\$340.19	\$348.69
36	\$311.30	\$319.08	\$342.42	\$350.98	\$311.30	\$319.08	\$342.42	\$350.98
37	\$313.33	\$321.16	\$344.65	\$353.27	\$313.33	\$321.16	\$344.65	\$353.27
38	\$315.35	\$323.23	\$346.87	\$355.54	\$315.35	\$323.23	\$346.87	\$355.54
39	\$319.40	\$327.39	\$351.33	\$360.11	\$319.40	\$327.39	\$351.33	\$360.11
40	\$323.45	\$355.80	\$355.78	\$391.36	\$323.45	\$355.80	\$355.78	\$391.36
41	\$329.52	\$364.12	\$362.46	\$400.52	\$329.52	\$364.12	\$362.46	\$400.52
42	\$335.34	\$372.90	\$368.87	\$410.18	\$335.34	\$372.90	\$368.87	\$410.18
43	\$343.44	\$385.00	\$377.78	\$423.49	\$343.44	\$385.00	\$377.78	\$423.49
44 45	\$353.57 \$365.46	\$400.24 \$418.45	\$388.91	\$440.25	\$353.57 \$365.46	\$400.24 \$418.45	\$388.91 \$402.00	\$440.25
45	\$365.46	\$418.45	\$402.00 \$417.59	\$460.29 \$484.40	\$365.46	\$418.45	\$402.00	\$460.29 \$484.40
46	\$379.64	\$440.38	\$417.59	\$484.40	\$379.64	\$440.38	\$417.59	\$484.40
47	\$413.80	\$494.90	\$455.12	\$512.14	\$413.80	\$403.00	\$455.12	\$544.38
48	\$431.77	\$525.46	\$474.93	\$577.99	\$431.77	\$525.46	\$474.93	\$577.99
50	\$452.02	\$553.72	\$497.20	\$609.07	\$452.02	\$553.72	\$497.20	\$609.07
51	\$472.01	\$578.21	\$519.20	\$636.02	\$472.01	\$578.21	\$519.20	\$636.02
52	\$494.03	\$605.19	\$543.42	\$665.69	\$494.03	\$605.19	\$543.42	\$665.69
53	\$516.30	\$632.47	\$567.92	\$695.70	\$516.30	\$632.47	\$567.92	\$695.70
54	\$540.35	\$661.93	\$594.36	\$728.09	\$540.35	\$661.93	\$594.36	\$728.09
55	\$564.39	\$691.38	\$620.81	\$760.49	\$564.39	\$691.38	\$620.81	\$760.49
56	\$590.46	\$723.31	\$649.48	\$795.61	\$590.46	\$723.31	\$649.48	\$795.61
57	\$616.78	\$755.56	\$678.44	\$831.09	\$616.78	\$755.56	\$678.44	\$831.09
58	\$644.87	\$789.97	\$709.34	\$868.94	\$644.87	\$789.97	\$709.34	\$868.94
59	\$658.79	\$807.02	\$724.65	\$887.70	\$658.79	\$807.02	\$724.65	\$887.70
60	\$686.89	\$841.44	\$755.55	\$925.55	\$686.89	\$841.44	\$755.55	\$925.55
61	\$711.18	\$871.20	\$782.28	\$958.29	\$711.18	\$871.20	\$782.28	\$958.29
62	\$727.13	\$890.73	\$799.81	\$979.77	\$727.13	\$890.73	\$799.81	\$979.77
63	\$747.12	\$915.22	\$821.81	\$1,006.72	\$747.12	\$915.22	\$821.81	\$1,006.72
64+	\$759.27	\$930.11	\$835.17	\$1,023.08	\$759.27	\$930.11	\$835.17	\$1,023.

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	ld	Go	ld	Go	ld
	my Direct Gol		my Direct Gol + Adult Denta	d 0	my Direct Gol		my Direct Gol + Adult Denta	d 0
	Pricing Are	ea: 1A, 1B	Pricing Are	ea: 1A, 1B	Pricing Are	ea: 4A, 4B	Pricing Are	ea: 4A, 4B
	Marketpla	ce Plan ID:	Marketpla	ce Plan ID:	Marketpla	ce Plan ID:	Marketplac	ce Plan ID:
	33709PA	0870012	33709PA	1150005	33709PA	0870012	33709PA:	1150005
	Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$252.16	\$252.16	\$267.15	\$267.15	\$252.16	\$252.16	\$267.15	\$267.15
15	\$274.57	\$274.57	\$290.89	\$290.89	\$274.57	\$274.57	\$290.89	\$290.89
16	\$283.14	\$283.14	\$299.97	\$299.97	\$283.14	\$283.14	\$299.97	\$299.97
17	\$291.71	\$291.71	\$309.05	\$309.05	\$291.71	\$291.71	\$309.05	\$309.05
18	\$300.94	\$300.94	\$318.83	\$318.83	\$300.94	\$300.94	\$318.83	\$318.83
19	\$310.17	\$310.17	\$328.61	\$328.61	\$310.17	\$310.17	\$328.61	\$328.61
20	\$319.73	\$319.73	\$338.73	\$338.73	\$319.73	\$319.73	\$338.73	\$338.73
21	\$329.62	\$337.86	\$349.21	\$357.94	\$329.62	\$337.86	\$349.21	\$357.94 \$357.94
22 23	\$329.62 \$329.62	\$337.86 \$337.86	\$349.21 \$349.21	\$357.94 \$357.94	\$329.62 \$329.62	\$337.86 \$337.86	\$349.21 \$349.21	•
23	\$329.62	\$337.86	\$349.21 \$349.21	\$357.94	\$329.62	\$337.86	\$349.21 \$349.21	\$357.94 \$357.94
24	\$329.62	\$337.80	\$349.21	\$357.94	\$329.62	\$337.80	\$349.21	\$357.94
25	\$337.53	\$339.21	\$357.59	\$366.53	\$337.53	\$339.21	\$357.59	\$359.58
20	\$345.44	\$354.08	\$365.97	\$375.12	\$345.44	\$354.08	\$365.97	\$300.33
28	\$358.30	\$367.26	\$379.59	\$389.08	\$358.30	\$367.26	\$379.59	\$389.08
29	\$368.84	\$378.06	\$390.77	\$400.54	\$368.84	\$378.06	\$390.77	\$400.54
30	\$374.12	\$383.47	\$396.35	\$406.26	\$374.12	\$383.47	\$396.35	\$406.26
31	\$382.03	\$391.58	\$404.73	\$414.85	\$382.03	\$391.58	\$404.73	\$414.85
32	\$389.94	\$399.69	\$413.12	\$423.45	\$389.94	\$399.69	\$413.12	\$423.45
33	\$394.88	\$404.75	\$418.35	\$428.81	\$394.88	\$404.75	\$418.35	\$428.81
34	\$400.16	\$410.16	\$423.94	\$434.54	\$400.16	\$410.16	\$423.94	\$434.54
35	\$402.80	\$412.87	\$426.73	\$437.40	\$402.80	\$412.87	\$426.73	\$437.40
36	\$405.43	\$415.57	\$429.53	\$440.27	\$405.43	\$415.57	\$429.53	\$440.27
37	\$408.07	\$418.27	\$432.32	\$443.13	\$408.07	\$418.27	\$432.32	\$443.13
38	\$410.71	\$420.98	\$435.12	\$446.00	\$410.71	\$420.98	\$435.12	\$446.00
39	\$415.98	\$426.38	\$440.70	\$451.72	\$415.98	\$426.38	\$440.70	\$451.72
40	\$421.25	\$463.38	\$446.29	\$490.92	\$421.25	\$463.38	\$446.29	\$490.92
41	\$429.17	\$474.23	\$454.67	\$502.41	\$429.17	\$474.23	\$454.67	\$502.41
42	\$436.75	\$485.67	\$462.70	\$514.52	\$436.75	\$485.67	\$462.70	\$514.52
43	\$447.29	\$501.41	\$473.88	\$531.22	\$447.29	\$501.41	\$473.88	\$531.22
44 45	\$460.48 \$475.97	\$521.26 \$544.99	\$487.85 \$504.26	\$552.25 \$577.38	\$460.48 \$475.97	\$521.26 \$544.99	\$487.85 \$504.26	\$552.25 \$577.38
45	\$475.97 \$494.43	\$573.54	\$504.26	\$607.63	\$475.97 \$494.43	\$573.54	\$504.26	\$577.38
40	\$515.20	\$606.39	\$545.82	\$642.43	\$515.20	\$606.39	\$545.82	\$642.43
47	\$538.93	\$644.56	\$570.96	\$682.87	\$538.93	\$644.56	\$570.96	\$682.87
49	\$562.33	\$684.36	\$595.75	\$725.03	\$562.33	\$684.36	\$595.75	\$725.03
50	\$588.70	\$721.16	\$623.69	\$764.02	\$588.70	\$721.16	\$623.69	\$764.02
51	\$614.74	\$753.06	\$651.28	\$797.82	\$614.74	\$753.06	\$651.28	\$797.82
52	\$643.42	\$788.19	\$681.66	\$835.03	\$643.42	\$788.19	\$681.66	\$835.03
53	\$672.42	\$823.71	\$712.39	\$872.68	\$672.42	\$823.71	\$712.39	\$872.68
54	\$703.74	\$862.08	\$745.56	\$913.31	\$703.74	\$862.08	\$745.56	\$913.31
55	\$735.05	\$900.44	\$778.74	\$953.96	\$735.05	\$900.44	\$778.74	\$953.96
56	\$769.00	\$942.03	\$814.71	\$998.02	\$769.00	\$942.03	\$814.71	\$998.02
57	\$803.28	\$984.02	\$851.02	\$1,042.50	\$803.28	\$984.02	\$851.02	\$1,042.50
58	\$839.87	\$1,028.84	\$889.79	\$1,089.99	\$839.87	\$1,028.84	\$889.79	\$1,089.99
59	\$858.00	\$1,051.05	\$908.99	\$1,113.51	\$858.00	\$1,051.05	\$908.99	\$1,113.51
60	\$894.59	\$1,095.87	\$947.76	\$1,161.01	\$894.59	\$1,095.87	\$947.76	\$1,161.01
61	\$926.23	\$1,134.63	\$981.28	\$1,202.07	\$926.23	\$1,134.63	\$981.28	\$1,202.07
62	\$947.00	\$1,160.08	\$1,003.28	\$1,229.02	\$947.00	\$1,160.08	\$1,003.28	\$1,229.02
63	\$973.04	\$1,191.97	\$1,030.87	\$1,262.82	\$973.04	\$1,191.97	\$1,030.87	\$1,262.82

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

	my Direct Gol								
[[my Direct Gol + Adult Dent	d 0	my Blue Access PPO Gold 0		my Blue Access PPO Gold 0 + Adult Dental and Vision		
1	Pricing	Area: 5	Pricing	Area: 5	Pricing A	Area: 1A	Pricing A	rea: 1A	
	Marketpla	e Plan ID:	Marketpla	ce Plan ID:	Marketpla	ce Plan ID:	Marketplac	e Plan ID:	
	33709PA	0870012	33709PA	1150005	33709PA	1160004	33709PA	1170005	
	Non-Marketp 33709PA		Non-Marketr 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$252.16	\$252.16	\$267.15	\$267.15	\$269.13	\$269.13	\$284.11	\$284.11	
15	\$274.57	\$274.57	\$290.89	\$290.89	\$293.05	\$293.05	\$309.36	\$309.36	
16	\$283.14	\$283.14	\$299.97	\$299.97	\$302.20	\$302.20	\$319.02	\$319.02	
17	\$291.71	\$291.71	\$309.05	\$309.05	\$311.34	\$311.34	\$328.67	\$328.67	
18	\$300.94	\$300.94	\$318.83	\$318.83	\$321.19	\$321.19	\$339.07	\$339.07	
19	\$310.17	\$310.17	\$328.61	\$328.61	\$331.04	\$331.04	\$349.47	\$349.47	
20	\$319.73	\$319.73	\$338.73	\$338.73	\$341.25	\$341.25	\$360.24	\$360.24	
21	\$329.62	\$337.86	\$349.21	\$357.94	\$351.80	\$360.60	\$371.38	\$380.66	
22	\$329.62	\$337.86	\$349.21	\$357.94	\$351.80	\$360.60	\$371.38	\$380.66	
23	\$329.62	\$337.86	\$349.21	\$357.94	\$351.80	\$360.60	\$371.38	\$380.66	
24	\$329.62	\$337.86	\$349.21	\$357.94	\$351.80	\$360.60	\$371.38	\$380.66	
25	\$330.94	\$339.21	\$350.61	\$359.38	\$353.21	\$362.04	\$372.87	\$382.19	
26	\$337.53	\$345.97	\$357.59	\$366.53	\$360.24	\$369.25	\$380.29	\$389.80	
27	\$345.44	\$354.08	\$365.97	\$375.12	\$368.69	\$377.91	\$389.21	\$398.94	
28	\$358.30	\$367.26	\$379.59	\$389.08	\$382.41	\$391.97	\$403.69	\$413.78	
29	\$368.84	\$378.06	\$390.77	\$400.54	\$393.66	\$403.50	\$415.57	\$425.96	
30	\$374.12	\$383.47	\$396.35	\$406.26	\$399.29	\$409.27	\$421.52	\$432.06	
31	\$382.03	\$391.58	\$404.73	\$414.85	\$407.74	\$417.93	\$430.43	\$441.19	
32	\$389.94 \$394.88	\$399.69 \$404.75	\$413.12 \$418.35	\$423.45 \$428.81	\$416.18 \$421.46	\$426.58 \$432.00	\$439.34 \$444.91	\$450.32 \$456.03	
34	\$400.16	\$410.16	\$418.55	\$434.54	\$427.09	\$437.77	\$450.86	\$450.03	
35	\$400.10	\$410.10	\$426.73	\$437.40	\$429.90	\$440.65	\$450.80	\$465.18	
36	\$405.43	\$415.57	\$429.53	\$440.27	\$432.71	\$443.53	\$456.80	\$468.22	
37	\$408.07	\$418.27	\$432.32	\$443.13	\$435.53	\$446.42	\$459.77	\$471.26	
38	\$410.71	\$420.98	\$435.12	\$446.00	\$438.34	\$449.30	\$462.74	\$474.31	
39	\$415.98	\$426.38	\$440.70	\$451.72	\$443.97	\$455.07	\$468.68	\$480.40	
40	\$421.25	\$463.38	\$446.29	\$490.92	\$449.60	\$494.56	\$474.62	\$522.08	
41	\$429.17	\$474.23	\$454.67	\$502.41	\$458.04	\$506.13	\$483.54	\$534.31	
42	\$436.75	\$485.67	\$462.70	\$514.52	\$466.14	\$518.35	\$492.08	\$547.19	
43	\$447.29	\$501.41	\$473.88	\$531.22	\$477.39	\$535.15	\$503.96	\$564.94	
44	\$460.48	\$521.26	\$487.85	\$552.25	\$491.46	\$556.33	\$518.82	\$587.30	
45	\$475.97	\$544.99	\$504.26	\$577.38	\$508.00	\$581.66	\$536.27	\$614.03	
46	\$494.43	\$573.54	\$523.82	\$607.63	\$527.70	\$612.13	\$557.07	\$646.20	
47	\$515.20	\$606.39	\$545.82	\$642.43	\$549.86	\$647.19	\$580.47	\$683.21	
48	\$538.93	\$644.56	\$570.96	\$682.87	\$575.19	\$687.93	\$607.21	\$726.22	
49	\$562.33	\$684.36	\$595.75	\$725.03	\$600.17	\$730.41	\$633.57	\$771.05	
50	\$588.70	\$721.16	\$623.69	\$764.02	\$628.31	\$769.68	\$663.28	\$812.52	
51	\$614.74	\$753.06	\$651.28	\$797.82	\$656.11	\$803.73	\$692.62	\$848.46	
52	\$643.42	\$788.19	\$681.66	\$835.03	\$686.71	\$841.22	\$724.93	\$888.04	
53	\$672.42	\$823.71	\$712.39	\$872.68	\$717.67	\$879.15	\$757.62	\$928.08	
54	\$703.74	\$862.08	\$745.56	\$913.31	\$751.09	\$920.09	\$792.90	\$971.30	
55	\$735.05	\$900.44	\$778.74	\$953.96	\$784.51	\$961.02	\$828.18	\$1,014.52	
56	\$769.00	\$942.03	\$814.71	\$998.02	\$820.75	\$1,005.42	\$866.43	\$1,061.38	
57	\$803.28	\$984.02	\$851.02	\$1,042.50	\$857.34 \$896.39	\$1,050.24	\$905.05	\$1,108.69	
58	\$839.87 \$858.00	\$1,028.84	\$889.79	\$1,089.99		\$1,098.08	\$946.28	\$1,159.19	
59 60	\$858.00	\$1,051.05 \$1,095.87	\$908.99 \$947.76	\$1,113.51 \$1,161.01	\$915.74 \$954.79	\$1,121.78 \$1,169.62	\$966.70 \$1,007.93	\$1,184.21 \$1,234.71	
60	\$894.59 \$926.23	\$1,095.87 \$1,134.63	\$947.76	\$1,161.01	\$954.79 \$988.56	\$1,169.62	\$1,007.93	\$1,234.71 \$1,278.39	
61	\$926.23	\$1,134.63	\$981.28	\$1,202.07	\$988.56	\$1,210.99 \$1,238.13	\$1,043.58	\$1,278.39	
63	\$947.00	\$1,160.08	\$1,003.28	\$1,229.02	\$1,010.72	\$1,238.13	\$1,066.97 \$1,096.31	\$1,307.04	
64+	\$988.86	\$1,191.37	\$1,030.87	\$1,202.82	\$1,055.40	\$1,272.17	\$1,090.31	\$1,364.82	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	ld	Go	ld	Go	ld
	my Blue A Gol		my Blue A Gol + Adult Dent	d 0	my Blue A Gol		my Blue A Gol + Adult Denta	d 0
	Pricing A	Area: 1B	Pricing Area: 1B Marketplace Plan ID:		Pricing	Area: 2	Pricing	Area: 2
	Marketpla				Marketpla		Marketpla	
	33709PA	1410004	33709PA	1420004	33709PA	1410004	33709PA	1420004
	Non-Marketp 33709PA		Non-Market 33709PA		Non-Market 33709PA		Non-Marketp 33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$302.65	\$302.65	\$317.63	\$317.63	\$302.65	\$302.65	\$317.63	\$317.63
15	\$329.55	\$329.55	\$345.86	\$345.86	\$329.55	\$329.55	\$345.86	\$345.86
16 17	\$339.84 \$350.12	\$339.84 \$350.12	\$356.66 \$367.45	\$356.66 \$367.45	\$339.84 \$350.12	\$339.84 \$350.12	\$356.66 \$367.45	\$356.66 \$367.45
17	\$361.20	\$350.12	\$379.08	\$379.08	\$361.20	\$350.12	\$379.08	\$379.08
19	\$372.28	\$372.28	\$390.70	\$390.70	\$372.28	\$372.28	\$390.70	\$390.70
20	\$383.75	\$383.75	\$402.74	\$402.74	\$383.75	\$383.75	\$402.74	\$402.74
21	\$395.62	\$405.51	\$415.20	\$425.58	\$395.62	\$405.51	\$415.20	\$425.58
22	\$395.62	\$405.51	\$415.20	\$425.58	\$395.62	\$405.51	\$415.20	\$425.58
23	\$395.62	\$405.51	\$415.20	\$425.58	\$395.62	\$405.51	\$415.20	\$425.58
24	\$395.62	\$405.51	\$415.20	\$425.58	\$395.62	\$405.51	\$415.20	\$425.58
25	\$397.20	\$407.13	\$416.86	\$427.28	\$397.20	\$407.13	\$416.86	\$427.28
26	\$405.11	\$415.24	\$425.16	\$435.79	\$405.11	\$415.24	\$425.16	\$435.79
27	\$414.61	\$424.98	\$435.13	\$446.01	\$414.61	\$424.98	\$435.13	\$446.01
28	\$430.04	\$440.79	\$451.32	\$462.60	\$430.04	\$440.79	\$451.32	\$462.60
29	\$442.70	\$453.77	\$464.61	\$476.23	\$442.70	\$453.77	\$464.61	\$476.23
30	\$449.03	\$460.26	\$471.25	\$483.03	\$449.03	\$460.26	\$471.25	\$483.03
31	\$458.52	\$469.98	\$481.22	\$493.25	\$458.52	\$469.98	\$481.22	\$493.25
32	\$468.02	\$479.72	\$491.18	\$503.46	\$468.02	\$479.72	\$491.18	\$503.46
33	\$473.95	\$485.80	\$497.41	\$509.85	\$473.95	\$485.80	\$497.41	\$509.85
34 35	\$480.28	\$492.29 \$495.54	\$504.05 \$507.37	\$516.65 \$520.05	\$480.28	\$492.29	\$504.05	\$516.65 \$520.05
36	\$483.45 \$486.61	\$495.54	\$507.37	\$520.05	\$483.45 \$486.61	\$495.54 \$498.78	\$507.37 \$510.70	\$520.05
37	\$489.78	\$502.02	\$514.02	\$526.87	\$489.78	\$502.02	\$514.02	\$526.87
38	\$492.94	\$505.26	\$517.34	\$530.27	\$492.94	\$505.26	\$517.34	\$530.27
39	\$499.27	\$511.75	\$523.98	\$537.08	\$499.27	\$511.75	\$523.98	\$537.08
40	\$505.60	\$556.16	\$530.63	\$583.69	\$505.60	\$556.16	\$530.63	\$583.69
41	\$515.10	\$569.19	\$540.59	\$597.35	\$515.10	\$569.19	\$540.59	\$597.35
42	\$524.20	\$582.91	\$550.14	\$611.76	\$524.20	\$582.91	\$550.14	\$611.76
43	\$536.86	\$601.82	\$563.43	\$631.61	\$536.86	\$601.82	\$563.43	\$631.61
44	\$552.68	\$625.63	\$580.03	\$656.59	\$552.68	\$625.63	\$580.03	\$656.59
45	\$571.28	\$654.12	\$599.55	\$686.48	\$571.28	\$654.12	\$599.55	\$686.48
46	\$593.43	\$688.38	\$622.80	\$722.45	\$593.43	\$688.38	\$622.80	\$722.45
47	\$618.35	\$727.80	\$648.96	\$763.83	\$618.35	\$727.80	\$648.96	\$763.83
48	\$646.84	\$773.62	\$678.85	\$811.90	\$646.84	\$773.62	\$678.85	\$811.90
49	\$674.93	\$821.39	\$708.33 \$741.55	\$862.04 \$908.40	\$674.93 \$706.58	\$821.39	\$708.33 \$741.55	\$862.04 \$908.40
50 51	\$706.58 \$737.83	\$865.56 \$903.84	\$741.55	\$908.40	\$706.58	\$865.56 \$903.84	\$741.55 \$774.35	\$908.40
52	\$772.25	\$946.01	\$810.47	\$992.83	\$737.83	\$946.01	\$810.47	\$992.83
53	\$807.06	\$988.65	\$847.01	\$1,037.59	\$807.06	\$988.65	\$847.01	\$1,037.59
54	\$844.65	\$1,034.70	\$886.45	\$1,085.90	\$844.65	\$1,034.70	\$886.45	\$1,085.90
55	\$882.23	\$1,080.73	\$925.90	\$1,134.23	\$882.23	\$1,080.73	\$925.90	\$1,134.23
56	\$922.98	\$1,130.65	\$968.66	\$1,186.61	\$922.98	\$1,130.65	\$968.66	\$1,186.61
57	\$964.13	\$1,181.06	\$1,011.84	\$1,239.50	\$964.13	\$1,181.06	\$1,011.84	\$1,239.50
58	\$1,008.04	\$1,234.85	\$1,057.93	\$1,295.96	\$1,008.04	\$1,234.85	\$1,057.93	\$1,295.96
59	\$1,029.80	\$1,261.51	\$1,080.77	\$1,323.94	\$1,029.80	\$1,261.51	\$1,080.77	\$1,323.94
60	\$1,073.71	\$1,315.29	\$1,126.85	\$1,380.39	\$1,073.71	\$1,315.29	\$1,126.85	\$1,380.39
61	\$1,111.69	\$1,361.82	\$1,166.71	\$1,429.22	\$1,111.69	\$1,361.82	\$1,166.71	\$1,429.22
62	\$1,136.62	\$1,392.36	\$1,192.87	\$1,461.27	\$1,136.62	\$1,392.36	\$1,192.87	\$1,461.27
63	\$1,167.87	\$1,430.64	\$1,225.67	\$1,501.45	\$1,167.87	\$1,430.64	\$1,225.67	\$1,501.45
64+	\$1,186.86	\$1,453.90	\$1,245.60	\$1,525.86	\$1,186.86	\$1,453.90	\$1,245.60	\$1,525.86

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	ld	Go	ld	Go	ld
		my Blue Access PPO Gold 0 + Adult Dental and Vision Pricing Area: 4A Pricing Area: 4A		d 0	my Blue A Gol		my Blue Ad Golo + Adult Denta	d 0
	Pricing A			Pricing A	Area: 4B	Pricing A	rea: 4B	
	Marketpla	e Plan ID:	Marketpla	ce Plan ID:	Marketpla	ce Plan ID:	Marketplac	e Plan ID:
	33709PA	1160004	33709PA	1170005	33709PA	1410004	33709PA:	1420004
	Non-Marketp 33709PA		Non-Marketr 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$269.13	\$269.13	\$284.11	\$284.11	\$302.65	\$302.65	\$317.63	\$317.63
15	\$293.05	\$293.05	\$309.36	\$309.36	\$329.55	\$329.55	\$345.86	\$345.86
16	\$302.20	\$302.20	\$319.02	\$319.02	\$339.84	\$339.84	\$356.66	\$356.66
17 18	\$311.34 \$321.19	\$311.34 \$321.19	\$328.67 \$339.07	\$328.67 \$339.07	\$350.12 \$361.20	\$350.12 \$361.20	\$367.45 \$379.08	\$367.45 \$379.08
19	\$331.04	\$331.04	\$339.07	\$339.07	\$372.28	\$372.28	\$390.70	\$379.08
20	\$331.04	\$331.04	\$360.24	\$360.24	\$372.28	\$372.28	\$390.70	\$402.74
20	\$351.80	\$360.60	\$371.38	\$380.24	\$395.62	\$405.51	\$402.74	\$402.74
22	\$351.80	\$360.60	\$371.38	\$380.66	\$395.62	\$405.51	\$415.20	\$425.58
23	\$351.80	\$360.60	\$371.38	\$380.66	\$395.62	\$405.51	\$415.20	\$425.58
24	\$351.80	\$360.60	\$371.38	\$380.66	\$395.62	\$405.51	\$415.20	\$425.58
25	\$353.21	\$362.04	\$372.87	\$382.19	\$397.20	\$407.13	\$416.86	\$427.28
26	\$360.24	\$369.25	\$380.29	\$389.80	\$405.11	\$415.24	\$425.16	\$435.79
27	\$368.69	\$377.91	\$389.21	\$398.94	\$414.61	\$424.98	\$435.13	\$446.01
28	\$382.41	\$391.97	\$403.69	\$413.78	\$430.04	\$440.79	\$451.32	\$462.60
29	\$393.66	\$403.50	\$415.57	\$425.96	\$442.70	\$453.77	\$464.61	\$476.23
30	\$399.29	\$409.27	\$421.52	\$432.06	\$449.03	\$460.26	\$471.25	\$483.03
31	\$407.74	\$417.93	\$430.43	\$441.19	\$458.52	\$469.98	\$481.22	\$493.25
32	\$416.18	\$426.58	\$439.34	\$450.32	\$468.02	\$479.72	\$491.18	\$503.46
33	\$421.46	\$432.00	\$444.91	\$456.03	\$473.95	\$485.80	\$497.41	\$509.85
34	\$427.09	\$437.77	\$450.86	\$462.13	\$480.28	\$492.29	\$504.05	\$516.65
35	\$429.90	\$440.65	\$453.83	\$465.18	\$483.45	\$495.54	\$507.37	\$520.05
36	\$432.71	\$443.53	\$456.80	\$468.22	\$486.61	\$498.78	\$510.70	\$523.47
37	\$435.53	\$446.42	\$459.77	\$471.26	\$489.78	\$502.02	\$514.02	\$526.87
38	\$438.34	\$449.30	\$462.74	\$474.31	\$492.94	\$505.26	\$517.34	\$530.27
39	\$443.97	\$455.07	\$468.68	\$480.40	\$499.27	\$511.75	\$523.98	\$537.08
40	\$449.60 \$458.04	\$494.56	\$474.62	\$522.08 \$534.31	\$505.60	\$556.16 \$569.19	\$530.63	\$583.69 \$597.35
41 42	\$458.04 \$466.14	\$506.13 \$518.35	\$483.54 \$492.08	\$534.31 \$547.19	\$515.10 \$524.20	\$569.19	\$540.59 \$550.14	\$597.35
42	\$400.14	\$535.15	\$492.08	\$564.94	\$536.86	\$601.82	\$550.14	\$631.61
43	\$491.46	\$556.33	\$518.82	\$587.30	\$552.68	\$625.63	\$580.03	\$656.59
44	\$508.00	\$581.66	\$536.27	\$614.03	\$571.28	\$654.12	\$599.55	\$686.48
46	\$527.70	\$612.13	\$557.07	\$646.20	\$593.43	\$688.38	\$622.80	\$722.45
47	\$549.86	\$647.19	\$580.47	\$683.21	\$618.35	\$727.80	\$648.96	\$763.83
48	\$575.19	\$687.93	\$607.21	\$726.22	\$646.84	\$773.62	\$678.85	\$811.90
49	\$600.17	\$730.41	\$633.57	\$771.05	\$674.93	\$821.39	\$708.33	\$862.04
50	\$628.31	\$769.68	\$663.28	\$812.52	\$706.58	\$865.56	\$741.55	\$908.40
51	\$656.11	\$803.73	\$692.62	\$848.46	\$737.83	\$903.84	\$774.35	\$948.58
52	\$686.71	\$841.22	\$724.93	\$888.04	\$772.25	\$946.01	\$810.47	\$992.83
53	\$717.67	\$879.15	\$757.62	\$928.08	\$807.06	\$988.65	\$847.01	\$1,037.59
54	\$751.09	\$920.09	\$792.90	\$971.30	\$844.65	\$1,034.70	\$886.45	\$1,085.90
55	\$784.51	\$961.02	\$828.18	\$1,014.52	\$882.23	\$1,080.73	\$925.90	\$1,134.23
56	\$820.75	\$1,005.42	\$866.43	\$1,061.38	\$922.98	\$1,130.65	\$968.66	\$1,186.61
57	\$857.34	\$1,050.24	\$905.05	\$1,108.69	\$964.13	\$1,181.06	\$1,011.84	\$1,239.50
58	\$896.39	\$1,098.08	\$946.28	\$1,159.19	\$1,008.04	\$1,234.85	\$1,057.93	\$1,295.96
59	\$915.74	\$1,121.78	\$966.70	\$1,184.21	\$1,029.80	\$1,261.51	\$1,080.77	\$1,323.94
60	\$954.79	\$1,169.62	\$1,007.93	\$1,234.71	\$1,073.71	\$1,315.29	\$1,126.85	\$1,380.39
61	\$988.56 \$1,010.72	\$1,210.99 \$1,238.13	\$1,043.58 \$1,066.97	\$1,278.39 \$1,307.04	\$1,111.69 \$1,136.62	\$1,361.82 \$1,392.36	\$1,166.71 \$1,192.87	\$1,429.22 \$1,461.27
62		\$1,238.13	\$1,066.97 \$1,096.31	\$1,307.04 \$1,342.98	\$1,136.62 \$1,167.87	\$1,392.36	\$1,192.87 \$1,225.67	\$1,461.27 \$1,501.45
63	\$1,038.51							

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	ld	Go	ld	Go	ld
	my Blue Access PPO Gold 0 + Adult Dental and Vision		my Blue A Gol		my Blue A Gol + Adult Denta	d 0		
	Pricing	Area: 5	Pricing	Area: 5	Pricing Area: 6		Pricing	Area: 6
	Marketpla	ce Plan ID:	Marketpla	ce Plan ID:	Marketpla	ce Plan ID:	Marketpla	ce Plan ID:
	33709PA	1410004	33709PA	1420004	33709PA	1410004	33709PA	1420004
	Non-Marketp 33709PA		Non-Marketr 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$302.65	\$302.65	\$317.63	\$317.63	\$334.85	\$334.85	\$351.42	\$351.42
15	\$329.55	\$329.55	\$345.86	\$345.86	\$364.61	\$364.61	\$382.66	\$382.66
16	\$339.84	\$339.84	\$356.66	\$356.66	\$375.99	\$375.99	\$394.60	\$394.60
17	\$350.12	\$350.12	\$367.45	\$367.45	\$387.37	\$387.37	\$406.54	\$406.54
18 19	\$361.20 \$372.28	\$361.20 \$372.28	\$379.08 \$390.70	\$379.08 \$390.70	\$399.63 \$411.89	\$399.63 \$411.89	\$419.40 \$432.27	\$419.40 \$432.27
20	\$372.28	\$372.28	\$390.70	\$390.70	\$411.89	\$411.89	\$432.27 \$445.59	\$432.27
20	\$383.75	\$383.75	\$402.74	\$402.74	\$424.58	\$424.58	\$445.59 \$459.37	\$445.59
22	\$395.62	\$405.51	\$415.20	\$425.58	\$437.71	\$448.65	\$459.37	\$470.85
23	\$395.62	\$405.51	\$415.20	\$425.58	\$437.71	\$448.65	\$459.37	\$470.85
24	\$395.62	\$405.51	\$415.20	\$425.58	\$437.71	\$448.65	\$459.37	\$470.85
25	\$397.20	\$407.13	\$416.86	\$427.28	\$439.46	\$450.45	\$461.21	\$472.74
26	\$405.11	\$415.24	\$425.16	\$435.79	\$448.22	\$459.43	\$470.39	\$482.15
27	\$414.61	\$424.98	\$435.13	\$446.01	\$458.72	\$470.19	\$481.42	\$493.46
28	\$430.04	\$440.79	\$451.32	\$462.60	\$475.79	\$487.68	\$499.34	\$511.82
29	\$442.70	\$453.77	\$464.61	\$476.23	\$489.80	\$502.05	\$514.04	\$526.89
30	\$449.03	\$460.26	\$471.25	\$483.03	\$496.80	\$509.22	\$521.38	\$534.41
31	\$458.52	\$469.98	\$481.22	\$493.25	\$507.31	\$519.99	\$532.41	\$545.72
32	\$468.02	\$479.72	\$491.18	\$503.46	\$517.81	\$530.76	\$543.43	\$557.02
33	\$473.95	\$485.80	\$497.41	\$509.85	\$524.38	\$537.49	\$550.33	\$564.09
34	\$480.28	\$492.29	\$504.05	\$516.65	\$531.38	\$544.66	\$557.68	\$571.62
35	\$483.45	\$495.54	\$507.37	\$520.05	\$534.88	\$548.25	\$561.35	\$575.38
36	\$486.61	\$498.78	\$510.70	\$523.47	\$538.38	\$551.84	\$565.03	\$579.16
37	\$489.78	\$502.02	\$514.02	\$526.87	\$541.88	\$555.43	\$568.70	\$582.92
38	\$492.94	\$505.26	\$517.34	\$530.27	\$545.39	\$559.02	\$572.38	\$586.69
39	\$499.27	\$511.75	\$523.98	\$537.08	\$552.39	\$566.20	\$579.72	\$594.21
40	\$505.60	\$556.16	\$530.63	\$583.69	\$559.39	\$615.33	\$587.07	\$645.78
41 42	\$515.10 \$524.20	\$569.19 \$582.91	\$540.59 \$550.14	\$597.35 \$611.76	\$569.90 \$579.97	\$629.74 \$644.93	\$598.10 \$608.67	\$660.90 \$676.84
42	\$524.20	\$601.82	\$550.14 \$563.43	\$631.61	\$579.97 \$593.97	\$665.84	\$608.67	\$698.80
45	\$552.68	\$625.63	\$580.03	\$656.59	\$611.48	\$692.20	\$641.74	\$726.45
44	\$571.28	\$654.12	\$599.55	\$686.48	\$632.05	\$723.70	\$663.33	\$759.51
46	\$593.43	\$688.38	\$622.80	\$722.45	\$656.57	\$761.62	\$689.06	\$799.31
47	\$618.35	\$727.80	\$648.96	\$763.83	\$684.14	\$805.23	\$718.00	\$845.09
48	\$646.84	\$773.62	\$678.85	\$811.90	\$715.66	\$855.93	\$751.07	\$898.28
49	\$674.93	\$821.39	\$708.33	\$862.04	\$746.73	\$908.77	\$783.69	\$953.75
50	\$706.58	\$865.56	\$741.55	\$908.40	\$781.75	\$957.64	\$820.43	\$1,005.03
51	\$737.83	\$903.84	\$774.35	\$948.58	\$816.33	\$1,000.00	\$856.73	\$1,049.49
52	\$772.25	\$946.01	\$810.47	\$992.83	\$854.41	\$1,046.65	\$896.69	\$1,098.45
53	\$807.06	\$988.65	\$847.01	\$1,037.59	\$892.93	\$1,093.84	\$937.11	\$1,147.96
54	\$844.65	\$1,034.70	\$886.45	\$1,085.90	\$934.51	\$1,144.77	\$980.75	\$1,201.42
55	\$882.23	\$1,080.73	\$925.90	\$1,134.23	\$976.09	\$1,195.71	\$1,024.40	\$1,254.89
56	\$922.98	\$1,130.65	\$968.66	\$1,186.61	\$1,021.18	\$1,250.95	\$1,071.71	\$1,312.84
57	\$964.13	\$1,181.06	\$1,011.84	\$1,239.50	\$1,066.70	\$1,306.71	\$1,119.48	\$1,371.36
58	\$1,008.04	\$1,234.85	\$1,057.93	\$1,295.96	\$1,115.29	\$1,366.23	\$1,170.47	\$1,433.83
59 60	\$1,029.80 \$1,073.71	\$1,261.51 \$1,315.29	\$1,080.77 \$1,126.85	\$1,323.94 \$1,380.39	\$1,139.36 \$1,187.94	\$1,395.72 \$1,455.23	\$1,195.74 \$1,246.73	\$1,464.78 \$1,527.24
60	\$1,073.71 \$1,111.69	\$1,315.29	\$1,126.85	\$1,380.39	\$1,187.94 \$1,229.97	\$1,455.23	\$1,246.73	\$1,527.24
61	\$1,111.69 \$1,136.62	\$1,361.82	\$1,166.71 \$1,192.87	\$1,429.22	\$1,229.97 \$1,257.54	\$1,506.71	\$1,290.83 \$1,319.77	\$1,581.27
	\$1,136.62	\$1,392.36	\$1,192.87 \$1,225.67	\$1,461.27 \$1,501.45	\$1,257.54	\$1,540.49	\$1,319.77	\$1,616.72
63								

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	old	Go	ld	Go	ld
	Togeth Diabet Gol	es EPO	Togeth Diabet Gol + Adult Dent	es EPO ld 0	Togethe Diabete Gol	es EPO	Togethe Diabete Gol + Adult Denta	es EPO d 0
	Pricing Area: 1A		Pricing A	Area: 1A	Pricing A	Area: 4A	Pricing A	rea: 4A
	Marketpla		Marketpla		Marketpla		Marketpla	
	79279PA	0260001	79279PA		79279PA		79279PA	0270001
	Non-Marketp 79279PA		Non-Market 79279PA	olace Plan ID: .0270001	Non-Marketplace Plan ID: 79279PA0260001		Non-Marketp 79279PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$202.37	\$202.37	\$221.74	\$221.74	\$202.37	\$202.37	\$221.74	\$221.74
15 16	\$220.36 \$227.24	\$220.36 \$227.24	\$241.45 \$248.98	\$241.45 \$248.98	\$220.36 \$227.24	\$220.36 \$227.24	\$241.45 \$248.98	\$241.45 \$248.98
10	\$234.12	\$234.12	\$256.52	\$246.98	\$227.24	\$234.12	\$256.52	\$256.52
18	\$241.53	\$241.53	\$264.63	\$264.63	\$241.53	\$241.53	\$264.63	\$264.6
19	\$248.93	\$248.93	\$272.75	\$272.75	\$248.93	\$248.93	\$272.75	\$272.7
20	\$256.60	\$256.60	\$281.15	\$281.15	\$256.60	\$256.60	\$281.15	\$281.1
21	\$264.54	\$271.15	\$289.85	\$297.10	\$264.54	\$271.15	\$289.85	\$297.10
22	\$264.54	\$271.15	\$289.85	\$297.10	\$264.54	\$271.15	\$289.85	\$297.10
23	\$264.54	\$271.15	\$289.85	\$297.10	\$264.54	\$271.15	\$289.85	\$297.10
24 25	\$264.54 \$265.60	\$271.15 \$272.24	\$289.85 \$291.01	\$297.10 \$298.29	\$264.54 \$265.60	\$271.15 \$272.24	\$289.85 \$291.01	\$297.10 \$298.29
25	\$205.00	\$272.24	\$291.01 \$296.81	\$298.29	\$265.60	\$277.66	\$291.01	\$304.2
27	\$277.24	\$284.17	\$303.76	\$311.35	\$270.85	\$284.17	\$303.76	\$311.3
28	\$287.55	\$294.74	\$315.07	\$322.95	\$287.55	\$294.74	\$315.07	\$322.9
29	\$296.02	\$303.42	\$324.34	\$332.45	\$296.02	\$303.42	\$324.34	\$332.4
30	\$300.25	\$307.76	\$328.98	\$337.20	\$300.25	\$307.76	\$328.98	\$337.2
31	\$306.60	\$314.27	\$335.94	\$344.34	\$306.60	\$314.27	\$335.94	\$344.3
32	\$312.95	\$320.77	\$342.89	\$351.46	\$312.95	\$320.77	\$342.89	\$351.4
33	\$316.92	\$324.84	\$347.24	\$355.92	\$316.92	\$324.84	\$347.24	\$355.92
34	\$321.15	\$329.18	\$351.88	\$360.68	\$321.15	\$329.18	\$351.88	\$360.6
35	\$323.27	\$331.35	\$354.20	\$363.06	\$323.27	\$331.35	\$354.20	\$363.0
36 37	\$325.38 \$327.50	\$333.51 \$335.69	\$356.52 \$358.83	\$365.43 \$367.80	\$325.38 \$327.50	\$333.51 \$335.69	\$356.52 \$358.83	\$365.4 \$367.8
38	\$327.50	\$335.69	\$358.83	\$307.80	\$327.50	\$335.69	\$358.83	\$307.8
39	\$333.85	\$342.20	\$365.79	\$374.93	\$333.85	\$342.20	\$365.79	\$374.9
40	\$338.08	\$371.89	\$370.43	\$407.47	\$338.08	\$371.89	\$370.43	\$407.4
41	\$344.43	\$380.60	\$377.38	\$417.00	\$344.43	\$380.60	\$377.38	\$417.0
42	\$350.52	\$389.78	\$384.05	\$427.06	\$350.52	\$389.78	\$384.05	\$427.0
43	\$358.98	\$402.42	\$393.33	\$440.92	\$358.98	\$402.42	\$393.33	\$440.9
44	\$369.56	\$418.34	\$404.92	\$458.37	\$369.56	\$418.34	\$404.92	\$458.3
45	\$382.00	\$437.39	\$418.54	\$479.23	\$382.00	\$437.39	\$418.54	\$479.2
46	\$396.81	\$460.30	\$434.78 \$453.04	\$504.34	\$396.81	\$460.30	\$434.78 \$453.04	\$504.3
47	\$413.48 \$432.52	\$486.67 \$517.29	\$453.04 \$473.90	\$533.23 \$566.78	\$413.48 \$432.52	\$486.67 \$517.29	\$453.04 \$473.90	\$533.2 \$566.7
48	\$432.52	\$517.29	\$473.90	\$601.78	\$432.32 \$451.31	\$517.29	\$473.90	\$601.7
50	\$472.47	\$578.78	\$517.67	\$634.15	\$472.47	\$578.78	\$517.67	\$634.1
51	\$493.37	\$604.38	\$540.57	\$662.20	\$493.37	\$604.38	\$540.57	\$662.2
52	\$516.38	\$632.57	\$565.79	\$693.09	\$516.38	\$632.57	\$565.79	\$693.0
53	\$539.66	\$661.08	\$591.29	\$724.33	\$539.66	\$661.08	\$591.29	\$724.3
54	\$564.79	\$691.87	\$618.83	\$758.07	\$564.79	\$691.87	\$618.83	\$758.0
55	\$589.92	\$722.65	\$646.37	\$791.80	\$589.92	\$722.65	\$646.37	\$791.8
56	\$617.17	\$756.03	\$676.22	\$828.37	\$617.17	\$756.03	\$676.22	\$828.3
57	\$644.68	\$789.73	\$706.36	\$865.29	\$644.68	\$789.73	\$706.36	\$865.2
58	\$674.05	\$825.71	\$738.54	\$904.71	\$674.05	\$825.71	\$738.54	\$904.7
59 60	\$688.60	\$843.54 \$879.50	\$754.48 \$786.65	\$924.24	\$688.60 \$717.96	\$843.54	\$754.48 \$786.65	\$924.2
60 61	\$717.96 \$743.36	\$879.50	\$786.65 \$814.48	\$963.65 \$997.74	\$717.96 \$743.36	\$879.50 \$910.62	\$786.65 \$814.48	\$963.6 \$997.7
62	\$760.02	\$910.62	\$814.48	\$997.74	\$743.36	\$910.62	\$814.48	\$997.7 \$1,020.1
63	\$780.02	\$951.02	\$855.64	\$1,020.11	\$780.02	\$951.02	\$855.64	\$1,020.1
64+	\$793.62	\$950.03	\$869.55	\$1,048.10	\$780.92	\$950.03	\$869.55	\$1,048.1

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	old	Go	ld	Go	ld	
		Together Blue EPO Premier Gold 0		Together Blue EPO Premier Gold 0 + Adult Dental and Vision		Blue EPO [•] Gold 0	Together Blue EPO Premier Gold 0 + Adult Dental and Vision		
	Pricing A	Area: 1A	Pricing A	Area: 1A	Pricing A	Area: 4A	Pricing A	Area: 4A	
	Marketpla			ce Plan ID:	Marketpla		Marketpla		
	79279PA	0140001	79279PA	0150001	79279PA	0140001	79279PA	0150001	
	Non-Marketr 79279PA		Non-Market 79279PA	olace Plan ID: 0150001	Non-Market 79279PA		Non-Marketp 79279PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$205.30	\$205.30	\$224.66	\$224.66	\$205.30	\$205.30	\$224.66	\$224.66	
15	\$223.54	\$223.54	\$244.63	\$244.63	\$223.54	\$223.54	\$244.63	\$244.63	
16	\$230.52	\$230.52	\$252.26	\$252.26	\$230.52	\$230.52	\$252.26	\$252.26	
17	\$237.50	\$237.50	\$259.90	\$259.90	\$237.50	\$237.50	\$259.90	\$259.90	
18	\$245.01	\$245.01	\$268.12	\$268.12	\$245.01	\$245.01	\$268.12	\$268.12	
19	\$252.53	\$252.53	\$276.34	\$276.34	\$252.53	\$252.53	\$276.34	\$276.34	
20	\$260.31 \$268.36	\$260.31 \$275.07	\$284.86 \$293.67	\$284.86 \$301.01	\$260.31 \$268.36	\$260.31 \$275.07	\$284.86 \$293.67	\$284.86 \$301.01	
21	\$268.36	\$275.07	\$293.67 \$293.67	\$301.01	\$268.36	\$275.07	\$293.67 \$293.67	\$301.01	
22	\$268.36	\$275.07	\$293.67	\$301.01	\$268.36	\$275.07	\$293.67	\$301.01	
23	\$268.36	\$275.07	\$293.67	\$301.01	\$268.36	\$275.07	\$293.67	\$301.01	
25	\$269.43	\$276.17	\$294.84	\$302.21	\$269.43	\$276.17	\$294.84	\$302.21	
26	\$274.80	\$281.67	\$300.72	\$308.24	\$274.80	\$281.67	\$300.72	\$308.24	
27	\$281.24	\$288.27	\$307.77	\$315.46	\$281.24	\$288.27	\$307.77	\$315.46	
28	\$291.71	\$299.00	\$319.22	\$327.20	\$291.71	\$299.00	\$319.22	\$327.20	
29	\$300.29	\$307.80	\$328.62	\$336.84	\$300.29	\$307.80	\$328.62	\$336.84	
30	\$304.59	\$312.20	\$333.32	\$341.65	\$304.59	\$312.20	\$333.32	\$341.65	
31	\$311.03	\$318.81	\$340.36	\$348.87	\$311.03	\$318.81	\$340.36	\$348.87	
32	\$317.47	\$325.41	\$347.41	\$356.10	\$317.47	\$325.41	\$347.41	\$356.10	
33	\$321.50	\$329.54	\$351.82	\$360.62	\$321.50	\$329.54	\$351.82	\$360.62	
34	\$325.79	\$333.93	\$356.52	\$365.43	\$325.79	\$333.93	\$356.52	\$365.43	
35	\$327.94	\$336.14	\$358.86	\$367.83	\$327.94	\$336.14	\$358.86	\$367.83	
36	\$330.08	\$338.33	\$361.21	\$370.24	\$330.08	\$338.33	\$361.21	\$370.24	
37	\$332.23	\$340.54	\$363.56	\$372.65	\$332.23	\$340.54	\$363.56	\$372.65	
38	\$334.38	\$342.74	\$365.91	\$375.06	\$334.38	\$342.74	\$365.91	\$375.06	
39	\$338.67	\$347.14	\$370.61	\$379.88	\$338.67	\$347.14	\$370.61	\$379.88	
40	\$342.96	\$377.26	\$375.31	\$412.84	\$342.96	\$377.26	\$375.31	\$412.84	
41	\$349.40	\$386.09	\$382.36	\$422.51	\$349.40	\$386.09	\$382.36	\$422.51	
42	\$355.58	\$395.40	\$389.11	\$432.69	\$355.58	\$395.40	\$389.11	\$432.69	
43	\$364.16	\$408.22	\$398.51	\$446.73	\$364.16	\$408.22	\$398.51	\$446.73	
44	\$374.90	\$424.39	\$410.26	\$464.41	\$374.90	\$424.39	\$410.26	\$464.41	
45	\$387.51	\$443.70	\$424.06	\$485.55	\$387.51	\$443.70	\$424.06	\$485.55	
46	\$402.54	\$466.95	\$440.51	\$510.99	\$402.54	\$466.95	\$440.51	\$510.99	
47	\$419.45	\$493.69	\$459.01	\$540.25	\$419.45	\$493.69	\$459.01	\$540.25	
48	\$438.77	\$524.77	\$480.15	\$574.26	\$438.77	\$524.77	\$480.15	\$574.26	
49	\$457.82	\$557.17	\$501.00	\$609.72	\$457.82	\$557.17	\$501.00	\$609.72	
50	\$479.29	\$587.13	\$524.49	\$642.50	\$479.29	\$587.13 \$613.10	\$524.49	\$642.50	
51	\$500.49	\$613.10 \$641.70	\$547.69 \$573.24	\$670.92	\$500.49		\$547.69	\$670.92	
52	\$523.84 \$547.45	\$641.70	\$573.24	\$702.22 \$733.89	\$523.84 \$547.45	\$641.70 \$670.63	\$573.24 \$599.09	\$702.22 \$733.89	
53	\$547.45	\$670.63	\$626.99	\$733.89	\$547.45	\$670.63	\$626.99	\$733.89	
55	\$598.44	\$701.86	\$654.88	\$768.06	\$598.44	\$701.86	\$654.88	\$768.06	
56	\$626.08	\$766.95	\$685.13	\$839.28	\$626.08	\$766.95	\$685.13	\$839.28	
57	\$653.99	\$801.14	\$715.67	\$876.70	\$653.99	\$801.14	\$715.67	\$876.70	
58	\$683.78	\$837.63	\$748.27	\$916.63	\$683.78	\$837.63	\$748.27	\$916.63	
50	\$698.54	\$855.71	\$764.42	\$936.41	\$698.54	\$855.71	\$764.42	\$936.41	
60	\$728.33	\$892.20	\$797.02	\$976.35	\$728.33	\$892.20	\$797.02	\$976.35	
61	\$754.09	\$923.76	\$825.21	\$1,010.88	\$754.09	\$923.76	\$825.21	\$1,010.88	
62	\$771.00	\$944.48	\$843.71	\$1,033.54	\$771.00	\$944.48	\$843.71	\$1,033.54	
63	\$792.20	\$970.45	\$866.91	\$1,061.96	\$792.20	\$970.45	\$866.91	\$1,061.96	
64+	\$805.08	\$986.22	\$881.01	\$1,079.24	\$805.08	\$986.22	\$881.01	\$1,079.24	
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Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	ld	Go	ld	Go	ld	
		my Direct Blue EPO Premier Gold 0		Blue EPO Gold 0 al and Vision	my Direct Premier		my Direct Premier + Adult Denta	Gold 0	
	Pricing Are	ea: 1A, 1B	Pricing Are	ea: 1A, 1B	Pricing Are	ea: 4A, 4B	Pricing Area: 4A, 4B		
	Marketplace Plan ID:		Marketplace Plan ID:		Marketpla		Marketpla		
	33709PA	1430001	33709PA	1440001	33709PA	1430001	33709PA	1440001	
	Non-Marketp 33709PA		Non-Marketr 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$267.40	\$267.40	\$282.38	\$282.38	\$267.40	\$267.40	\$282.38	\$282.38	
15	\$291.17	\$291.17	\$307.49	\$307.49	\$291.17	\$291.17	\$307.49	\$307.49	
16 17	\$300.25	\$300.25	\$317.08	\$317.08	\$300.25	\$300.25	\$317.08	\$317.08	
17	\$309.34 \$319.13	\$309.34 \$319.13	\$326.68 \$337.02	\$326.68 \$337.02	\$309.34 \$319.13	\$309.34 \$319.13	\$326.68 \$337.02	\$326.68 \$337.02	
19	\$328.92	\$319.13	\$337.02	\$337.02	\$328.92	\$319.13	\$337.02	\$347.35	
20	\$339.05	\$339.05	\$3547.35	\$358.06	\$339.05	\$339.05	\$358.06	\$358.06	
21	\$349.54	\$358.28	\$369.13	\$378.36	\$349.54	\$358.28	\$369.13	\$378.36	
22	\$349.54	\$358.28	\$369.13	\$378.36	\$349.54	\$358.28	\$369.13	\$378.36	
23	\$349.54	\$358.28	\$369.13	\$378.36	\$349.54	\$358.28	\$369.13	\$378.36	
24	\$349.54	\$358.28	\$369.13	\$378.36	\$349.54	\$358.28	\$369.13	\$378.36	
25	\$350.94	\$359.71	\$370.61	\$379.88	\$350.94	\$359.71	\$370.61	\$379.88	
26	\$357.93	\$366.88	\$377.99	\$387.44	\$357.93	\$366.88	\$377.99	\$387.44	
27	\$366.32	\$375.48	\$386.85	\$396.52	\$366.32	\$375.48	\$386.85	\$396.52	
28	\$379.95	\$389.45	\$401.24	\$411.27	\$379.95	\$389.45	\$401.24	\$411.27	
29	\$391.14	\$400.92	\$413.06	\$423.39	\$391.14	\$400.92	\$413.06	\$423.39	
30	\$396.73	\$406.65	\$418.96	\$429.43	\$396.73	\$406.65	\$418.96	\$429.43	
31	\$405.12	\$415.25	\$427.82	\$438.52	\$405.12	\$415.25	\$427.82	\$438.52	
32	\$413.51	\$423.85	\$436.68	\$447.60	\$413.51	\$423.85	\$436.68	\$447.60	
33	\$418.75	\$429.22	\$442.22	\$453.28	\$418.75	\$429.22	\$442.22	\$453.28	
34 35	\$424.34 \$427.14	\$434.95 \$437.82	\$448.12 \$451.08	\$459.32 \$462.36	\$424.34 \$427.14	\$434.95 \$437.82	\$448.12 \$451.08	\$459.32 \$462.36	
35	\$427.14	\$437.82	\$451.08	\$462.36	\$427.14 \$429.93	\$437.82	\$451.08	\$465.38	
37	\$432.73	\$443.55	\$456.98	\$468.40	\$432.73	\$443.55	\$456.98	\$468.40	
38	\$435.53	\$446.42	\$459.94	\$471.44	\$435.53	\$446.42	\$459.94	\$471.44	
39	\$441.12	\$452.15	\$465.84	\$477.49	\$441.12	\$452.15	\$465.84	\$477.49	
40	\$446.71	\$491.38	\$471.75	\$518.93	\$446.71	\$491.38	\$471.75	\$518.93	
41	\$455.10	\$502.89	\$480.61	\$531.07	\$455.10	\$502.89	\$480.61	\$531.07	
42	\$463.14	\$515.01	\$489.10	\$543.88	\$463.14	\$515.01	\$489.10	\$543.88	
43	\$474.33	\$531.72	\$500.91	\$561.52	\$474.33	\$531.72	\$500.91	\$561.52	
44	\$488.31	\$552.77	\$515.67	\$583.74	\$488.31	\$552.77	\$515.67	\$583.74	
45	\$504.74	\$577.93	\$533.02	\$610.31	\$504.74	\$577.93	\$533.02	\$610.31	
46	\$524.31	\$608.20	\$553.70	\$642.29	\$524.31	\$608.20	\$553.70	\$642.29	
47	\$546.33	\$643.03	\$576.95	\$679.07	\$546.33	\$643.03	\$576.95	\$679.07 \$721.82	
48 49	\$571.50 \$596.32	\$683.51 \$725.72	\$603.53 \$629.74	\$721.82 \$766.39	\$571.50 \$596.32	\$683.51 \$725.72	\$603.53 \$629.74	\$721.82	
49 50	\$596.32	\$725.72	\$629.74 \$659.27	\$766.39 \$807.61	\$596.32 \$624.28	\$725.72	\$629.74 \$659.27	\$766.39	
51	\$651.89	\$798.57	\$688.43	\$843.33	\$651.89	\$798.57	\$688.43	\$843.33	
52	\$682.30	\$835.82	\$720.54	\$882.66	\$682.30	\$835.82	\$720.54	\$882.66	
53	\$713.06	\$873.50	\$753.03	\$922.46	\$713.06	\$873.50	\$753.03	\$922.46	
54	\$746.27	\$914.18	\$788.09	\$965.41	\$746.27	\$914.18	\$788.09	\$965.41	
55	\$779.47	\$954.85	\$823.16	\$1,008.37	\$779.47	\$954.85	\$823.16	\$1,008.37	
56	\$815.48	\$998.96	\$861.18	\$1,054.95	\$815.48	\$998.96	\$861.18	\$1,054.95	
57	\$851.83	\$1,043.49	\$899.57	\$1,101.97	\$851.83	\$1,043.49	\$899.57	\$1,101.97	
58	\$890.63	\$1,091.02	\$940.54	\$1,152.16	\$890.63	\$1,091.02	\$940.54	\$1,152.16	
59	\$909.85	\$1,114.57	\$960.85	\$1,177.04	\$909.85	\$1,114.57	\$960.85	\$1,177.04	
60	\$948.65	\$1,162.10	\$1,001.82	\$1,227.23	\$948.65	\$1,162.10	\$1,001.82	\$1,227.23	
61	\$982.21	\$1,203.21	\$1,037.26	\$1,270.64	\$982.21	\$1,203.21	\$1,037.26	\$1,270.64	
62	\$1,004.23	\$1,230.18	\$1,060.51	\$1,299.12	\$1,004.23	\$1,230.18	\$1,060.51	\$1,299.12	
63	\$1,031.84	\$1,264.00	\$1,089.67	\$1,334.85	\$1,031.84	\$1,264.00	\$1,089.67	\$1,334.85	
64+	\$1,048.62	\$1,284.56	\$1,107.39	\$1,356.55	\$1,048.62	\$1,284.56	\$1,107.39	\$1,356.55	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	ld	Go	ld	Go	ld
	my Direct Blue EPO Premier Gold 0		my Direct Blue EPO Premier Gold 0 + Adult Dental and Vision		my Blue A Premier		my Blue Ad Premier + Adult Denta	Gold 0
	Pricing	Area: 5	Pricing	Area: 5	Pricing A	Area: 1A	Pricing A	rea: 1A
	Marketplace Plan ID:		Marketplace Plan ID:		Marketpla		Marketplac	
	33709PA	1430001	33709PA	1440001	33709PA	1350001	33709PA1	1360001
	Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA1	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$267.40	\$267.40	\$282.38	\$282.38	\$284.63	\$284.63	\$299.62	\$299.62
15	\$291.17	\$291.17	\$307.49	\$307.49	\$309.93	\$309.93	\$326.25	\$326.25
16 17	\$300.25 \$309.34	\$300.25 \$309.34	\$317.08 \$326.68	\$317.08 \$326.68	\$319.61 \$329.28	\$319.61 \$329.28	\$336.44 \$346.62	\$336.44 \$346.62
17	\$319.13	\$319.13	\$320.08	\$337.02	\$339.70	\$339.70	\$357.59	\$357.59
19	\$328.92	\$328.92	\$347.35	\$347.35	\$350.12	\$350.12	\$368.55	\$368.55
20	\$339.05	\$339.05	\$358.06	\$358.06	\$360.91	\$360.91	\$379.91	\$379.91
21	\$349.54	\$358.28	\$369.13	\$378.36	\$372.07	\$381.37	\$391.66	\$401.45
22	\$349.54	\$358.28	\$369.13	\$378.36	\$372.07	\$381.37	\$391.66	\$401.45
23	\$349.54	\$358.28	\$369.13	\$378.36	\$372.07	\$381.37	\$391.66	\$401.45
24	\$349.54	\$358.28	\$369.13	\$378.36	\$372.07	\$381.37	\$391.66	\$401.45
25	\$350.94	\$359.71	\$370.61	\$379.88	\$373.56	\$382.90	\$393.23	\$403.06
26 27	\$357.93 \$366.32	\$366.88 \$375.48	\$377.99 \$386.85	\$387.44 \$396.52	\$381.00 \$389.93	\$390.53 \$399.68	\$401.06 \$410.46	\$411.09 \$420.72
27	\$300.32	\$375.48	\$380.85	\$396.52	\$389.93	\$399.08	\$410.46	\$436.37
20	\$391.14	\$400.92	\$401.24	\$423.39	\$416.35	\$426.76	\$438.27	\$449.23
30	\$396.73	\$406.65	\$418.96	\$429.43	\$422.30	\$432.86	\$444.53	\$455.64
31	\$405.12	\$415.25	\$427.82	\$438.52	\$431.23	\$442.01	\$453.93	\$465.28
32	\$413.51	\$423.85	\$436.68	\$447.60	\$440.16	\$451.16	\$463.33	\$474.91
33	\$418.75	\$429.22	\$442.22	\$453.28	\$445.74	\$456.88	\$469.21	\$480.94
34	\$424.34	\$434.95	\$448.12	\$459.32	\$451.69	\$462.98	\$475.48	\$487.37
35	\$427.14	\$437.82	\$451.08	\$462.36	\$454.67	\$466.04	\$478.61	\$490.58
36	\$429.93	\$440.68	\$454.03	\$465.38	\$457.65	\$469.09	\$481.74	\$493.78
37	\$432.73	\$443.55	\$456.98	\$468.40	\$460.62	\$472.14	\$484.88	\$497.00
38 39	\$435.53 \$441.12	\$446.42 \$452.15	\$459.94 \$465.84	\$471.44 \$477.49	\$463.60 \$469.55	\$475.19 \$481.29	\$488.01 \$494.27	\$500.21 \$506.63
40	\$441.12	\$452.15	\$465.84 \$471.75	\$477.49	\$469.55 \$475.51	\$481.29	\$494.27 \$500.54	\$506.63
40	\$455.10	\$502.89	\$480.61	\$531.07	\$484.44	\$535.31	\$509.94	\$563.48
42	\$463.14	\$515.01	\$489.10	\$543.88	\$492.99	\$548.20	\$518.95	\$577.07
43	\$474.33	\$531.72	\$500.91	\$561.52	\$504.90	\$565.99	\$531.48	\$595.79
44	\$488.31	\$552.77	\$515.67	\$583.74	\$519.78	\$588.39	\$547.15	\$619.37
45	\$504.74	\$577.93	\$533.02	\$610.31	\$537.27	\$615.17	\$565.56	\$647.57
46	\$524.31	\$608.20	\$553.70	\$642.29	\$558.11	\$647.41	\$587.49	\$681.49
47	\$546.33	\$643.03	\$576.95	\$679.07	\$581.55	\$684.48	\$612.16	\$720.51
48	\$571.50 \$596.32	\$683.51 \$725.72	\$603.53 \$629.74	\$721.82 \$766.39	\$608.33 \$634.75	\$727.56 \$772.49	\$640.36 \$668.17	\$765.87
49 50	\$596.32	\$725.72	\$629.74 \$659.27	\$766.39 \$807.61	\$634.75	\$772.49	\$699.50	\$813.16 \$856.89
50	\$651.89	\$798.57	\$688.43	\$843.33	\$693.91	\$850.04	\$730.45	\$894.80
52	\$682.30	\$835.82	\$720.54	\$882.66	\$726.28	\$889.69	\$764.52	\$936.54
53	\$713.06	\$873.50	\$753.03	\$922.46	\$759.02	\$929.80	\$798.99	\$978.76
54	\$746.27	\$914.18	\$788.09	\$965.41	\$794.37	\$973.10	\$836.19	\$1,024.33
55	\$779.47	\$954.85	\$823.16	\$1,008.37	\$829.72	\$1,016.41	\$873.40	\$1,069.92
56	\$815.48	\$998.96	\$861.18	\$1,054.95	\$868.04	\$1,063.35	\$913.74	\$1,119.33
57	\$851.83	\$1,043.49	\$899.57	\$1,101.97	\$906.73	\$1,110.74	\$954.48	\$1,169.24
58	\$890.63	\$1,091.02	\$940.54	\$1,152.16	\$948.03	\$1,161.34	\$997.95	\$1,222.49
59 60	\$909.85	\$1,114.57	\$960.85	\$1,177.04	\$968.50	\$1,186.41	\$1,019.49	\$1,248.88
60 61	\$948.65 \$982.21	\$1,162.10 \$1,203.21	\$1,001.82 \$1,037.26	\$1,227.23 \$1,270.64	\$1,009.80 \$1,045.52	\$1,237.01 \$1,280.76	\$1,062.97 \$1,100.56	\$1,302.14
62	\$1,004.23	\$1,203.21	\$1,057.20	\$1,270.04	\$1,045.52	\$1,309.48	\$1,100.30	\$1,348.19
	\$1,031.84	\$1,264.00	\$1,000.51	\$1,334.85	\$1,098.35	\$1,345.48	\$1,156.18	\$1,416.32
63					21,020.2.1			

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	ld	Go	ld	Go	ld
	my Blue Access PPO Premier Gold 0		my Blue A Premier + Adult Dent	Gold 0	my Blue A Premier		my Blue Ao Premier + Adult Denta	Gold 0
	Pricing A	Area: 1B	Pricing A	Area: 1B	Pricing	Area: 2	Pricing Area: 2	
	Marketplac		Marketpla		Marketpla		Marketplac	
	33709PA	1380001	33709PA	1390001	33709PA	1380001	33709PA	1390001
	Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$319.85	\$319.85	\$334.83	\$334.83	\$319.85	\$319.85	\$334.83	\$334.83
15	\$348.28	\$348.28	\$364.60	\$364.60	\$348.28	\$348.28	\$364.60	\$364.60
16	\$359.15	\$359.15	\$375.98	\$375.98	\$359.15	\$359.15	\$375.98	\$375.98
17	\$370.02	\$370.02	\$387.36	\$387.36	\$370.02	\$370.02	\$387.36	\$387.36
18	\$381.73	\$381.73	\$399.61	\$399.61	\$381.73	\$381.73	\$399.61	\$399.61
19	\$393.43	\$393.43	\$411.87	\$411.87	\$393.43	\$393.43	\$411.87	\$411.87
20 21	\$405.56	\$405.56 \$428.55	\$424.56	\$424.56	\$405.56	\$405.56	\$424.56	\$424.56 \$448.63
21	\$418.10 \$418.10	\$428.55	\$437.69 \$437.69	\$448.63 \$448.63	\$418.10 \$418.10	\$428.55 \$428.55	\$437.69 \$437.69	\$448.63
22	\$418.10	\$428.55	\$437.69 \$437.69	\$448.63	\$418.10	\$428.55	\$437.69 \$437.69	\$448.63
23	\$418.10	\$428.55	\$437.69	\$448.63	\$418.10	\$428.55	\$437.69	\$448.63
24	\$419.77	\$430.26	\$437.09	\$450.43	\$418.10	\$430.26	\$439.44	\$450.43
25	\$428.13	\$438.83	\$448.19	\$459.39	\$419.77	\$438.83	\$448.19	\$459.39
20	\$438.17	\$449.12	\$458.70	\$470.17	\$438.17	\$449.12	\$458.70	\$470.17
28	\$454.47	\$465.83	\$475.77	\$487.66	\$454.47	\$465.83	\$475.77	\$487.66
29	\$467.85	\$479.55	\$489.78	\$502.02	\$467.85	\$479.55	\$489.78	\$502.02
30	\$474.54	\$486.40	\$496.78	\$509.20	\$474.54	\$486.40	\$496.78	\$509.20
31	\$484.58	\$496.69	\$507.28	\$519.96	\$484.58	\$496.69	\$507.28	\$519.96
32	\$494.61	\$506.98	\$517.79	\$530.73	\$494.61	\$506.98	\$517.79	\$530.73
33	\$500.88	\$513.40	\$524.35	\$537.46	\$500.88	\$513.40	\$524.35	\$537.46
34	\$507.57	\$520.26	\$531.36	\$544.64	\$507.57	\$520.26	\$531.36	\$544.64
35	\$510.92	\$523.69	\$534.86	\$548.23	\$510.92	\$523.69	\$534.86	\$548.23
36	\$514.26	\$527.12	\$538.36	\$551.82	\$514.26	\$527.12	\$538.36	\$551.82
37	\$517.61	\$530.55	\$541.86	\$555.41	\$517.61	\$530.55	\$541.86	\$555.41
38	\$520.95	\$533.97	\$545.36	\$558.99	\$520.95	\$533.97	\$545.36	\$558.99
39	\$527.64	\$540.83	\$552.36	\$566.17	\$527.64	\$540.83	\$552.36	\$566.17
40	\$534.33	\$587.76	\$559.37	\$615.31	\$534.33	\$587.76	\$559.37	\$615.31
41	\$544.37	\$601.53	\$569.87	\$629.71	\$544.37	\$601.53	\$569.87	\$629.71
42	\$553.98	\$616.03	\$579.94	\$644.89	\$553.98	\$616.03	\$579.94	\$644.89
43	\$567.36	\$636.01	\$593.95	\$665.82	\$567.36	\$636.01	\$593.95	\$665.82
44	\$584.09	\$661.19	\$611.45	\$692.16	\$584.09	\$661.19	\$611.45	\$692.16
45	\$603.74	\$691.28	\$632.02	\$723.66	\$603.74	\$691.28	\$632.02	\$723.66
46	\$627.15	\$727.49	\$656.54	\$761.59	\$627.15	\$727.49	\$656.54	\$761.59
47	\$653.49	\$769.16	\$684.11	\$805.20	\$653.49	\$769.16	\$684.11	\$805.20
48	\$683.59	\$817.57	\$715.62	\$855.88	\$683.59	\$817.57	\$715.62	\$855.88
49	\$713.28	\$868.06	\$746.70	\$908.73	\$713.28	\$868.06	\$746.70	\$908.73
50	\$746.73	\$914.74	\$781.71	\$957.59	\$746.73	\$914.74	\$781.71	\$957.59
51	\$779.76	\$955.21	\$816.29	\$999.96	\$779.76	\$955.21	\$816.29	\$999.96
52	\$816.13 \$852.92	\$999.76 \$1,044.83	\$854.37 \$892.89	\$1,046.60 \$1,093.79	\$816.13 \$852.92	\$999.76 \$1,044.83	\$854.37 \$892.89	\$1,046.60 \$1,093.79
53 54	\$852.92	\$1,044.83	\$892.89 \$934.47	\$1,093.79	\$852.92 \$892.64	\$1,044.83	\$892.89 \$934.47	\$1,093.79
55	\$892.64	\$1,093.48	\$934.47 \$976.05	\$1,144.73	\$932.84	\$1,093.48	\$934.47 \$976.05	\$1,144.73
55	\$932.30	\$1,142.14	\$976.05	\$1,195.88	\$932.30	\$1,142.14	\$976.05	\$1,195.88
57	\$1,018.91	\$1,194.90	\$1,021.13	\$1,306.65	\$1,018.91	\$1,194.90	\$1,021.13	\$1,306.65
58	\$1,065.32	\$1,305.02	\$1,115.23	\$1,366.16	\$1,065.32	\$1,305.02	\$1,115.23	\$1,366.16
59	\$1,088.31	\$1,333.18	\$1,139.31	\$1,395.65	\$1,088.31	\$1,333.18	\$1,139.31	\$1,395.65
60	\$1,134.72	\$1,390.03	\$1,187.89	\$1,455.17	\$1,134.72	\$1,390.03	\$1,187.89	\$1,455.17
61	\$1,174.86	\$1,439.20	\$1,229.91	\$1,506.64	\$1,174.86	\$1,439.20	\$1,229.91	\$1,506.64
62	\$1,201.20	\$1,471.47	\$1,257.48	\$1,540.41	\$1,201.20	\$1,471.47	\$1,257.48	\$1,540.41
	\$1,234.23	\$1,511.93	\$1,292.06	\$1,582.77	\$1,234.23	\$1,511.93	\$1,292.06	\$1,582.77
63	J JI,234.23							

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	ld	Go	ld	Go	ld	
	my Blue Access PPO Premier Gold 0		my Blue A Premier + Adult Dent	Gold 0	my Blue A Premier		my Blue Access PPO Premier Gold 0 + Adult Dental and Vision		
	Pricing A	Area: 4A	Pricing A	Pricing Area: 4A		Area: 4B	Pricing A	rea: 4B	
	Marketpla		Marketpla		Marketpla		Marketplac		
	33709PA	1350001	33709PA	1360001	33709PA	1380001	33709PA	1390001	
	Non-Market 33709PA		Non-Market 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$284.63	\$284.63	\$299.62	\$299.62	\$319.85	\$319.85	\$334.83	\$334.83	
15	\$309.93	\$309.93	\$326.25	\$326.25	\$348.28	\$348.28	\$364.60	\$364.60	
16	\$319.61	\$319.61	\$336.44	\$336.44	\$359.15	\$359.15	\$375.98	\$375.98	
17	\$329.28	\$329.28	\$346.62	\$346.62	\$370.02	\$370.02	\$387.36	\$387.36	
18	\$339.70	\$339.70	\$357.59	\$357.59	\$381.73	\$381.73	\$399.61	\$399.61	
19	\$350.12	\$350.12	\$368.55	\$368.55	\$393.43	\$393.43	\$411.87	\$411.87	
20	\$360.91	\$360.91	\$379.91	\$379.91	\$405.56	\$405.56	\$424.56	\$424.56	
21	\$372.07	\$381.37	\$391.66	\$401.45	\$418.10	\$428.55	\$437.69	\$448.63	
22	\$372.07	\$381.37	\$391.66	\$401.45	\$418.10	\$428.55	\$437.69	\$448.63	
23	\$372.07	\$381.37	\$391.66	\$401.45	\$418.10	\$428.55	\$437.69	\$448.63	
24	\$372.07	\$381.37	\$391.66	\$401.45	\$418.10	\$428.55	\$437.69	\$448.63	
25	\$373.56	\$382.90	\$393.23	\$403.06	\$419.77	\$430.26	\$439.44	\$450.43	
26	\$381.00	\$390.53	\$401.06	\$411.09	\$428.13	\$438.83	\$448.19	\$459.39	
27	\$389.93	\$399.68	\$410.46	\$420.72	\$438.17	\$449.12	\$458.70	\$470.17	
28	\$404.44	\$414.55	\$425.73	\$436.37	\$454.47	\$465.83	\$475.77	\$487.66	
29	\$416.35	\$426.76	\$438.27	\$449.23 \$455.64	\$467.85	\$479.55	\$489.78	\$502.02	
30 31	\$422.30	\$432.86	\$444.53 \$453.93	\$455.64	\$474.54	\$486.40	\$496.78	\$509.20	
-	\$431.23	\$442.01			\$484.58	\$496.69	\$507.28	\$519.96	
32 33	\$440.16 \$445.74	\$451.16 \$456.88	\$463.33 \$469.21	\$474.91 \$480.94	\$494.61 \$500.88	\$506.98 \$513.40	\$517.79 \$524.35	\$530.73 \$537.46	
34	\$451.69	\$450.88	\$409.21	\$480.94	\$507.57	\$520.26	\$531.36	\$544.64	
34	\$454.67	\$466.04	\$478.61	\$490.58	\$510.92	\$523.69	\$534.86	\$548.23	
36	\$457.65	\$469.09	\$481.74	\$493.78	\$514.26	\$527.12	\$538.36	\$551.82	
37	\$460.62	\$472.14	\$484.88	\$497.00	\$517.61	\$530.55	\$541.86	\$555.41	
38	\$463.60	\$475.19	\$488.01	\$500.21	\$520.95	\$533.97	\$545.36	\$558.99	
39	\$469.55	\$481.29	\$494.27	\$506.63	\$527.64	\$540.83	\$552.36	\$566.17	
40	\$475.51	\$523.06	\$500.54	\$550.59	\$534.33	\$587.76	\$559.37	\$615.31	
41	\$484.44	\$535.31	\$509.94	\$563.48	\$544.37	\$601.53	\$569.87	\$629.71	
42	\$492.99	\$548.20	\$518.95	\$577.07	\$553.98	\$616.03	\$579.94	\$644.89	
43	\$504.90	\$565.99	\$531.48	\$595.79	\$567.36	\$636.01	\$593.95	\$665.82	
44	\$519.78	\$588.39	\$547.15	\$619.37	\$584.09	\$661.19	\$611.45	\$692.16	
45	\$537.27	\$615.17	\$565.56	\$647.57	\$603.74	\$691.28	\$632.02	\$723.66	
46	\$558.11	\$647.41	\$587.49	\$681.49	\$627.15	\$727.49	\$656.54	\$761.59	
47	\$581.55	\$684.48	\$612.16	\$720.51	\$653.49	\$769.16	\$684.11	\$805.20	
48	\$608.33	\$727.56	\$640.36	\$765.87	\$683.59	\$817.57	\$715.62	\$855.88	
49	\$634.75	\$772.49	\$668.17	\$813.16	\$713.28	\$868.06	\$746.70	\$908.73	
50	\$664.52	\$814.04	\$699.50	\$856.89	\$746.73	\$914.74	\$781.71	\$957.59	
51	\$693.91	\$850.04	\$730.45	\$894.80	\$779.76	\$955.21	\$816.29	\$999.96	
52	\$726.28	\$889.69	\$764.52	\$936.54	\$816.13	\$999.76	\$854.37	\$1,046.60	
53	\$759.02	\$929.80	\$798.99	\$978.76	\$852.92	\$1,044.83	\$892.89	\$1,093.79	
54	\$794.37	\$973.10	\$836.19	\$1,024.33	\$892.64	\$1,093.48	\$934.47	\$1,144.73	
55	\$829.72	\$1,016.41	\$873.40	\$1,069.92	\$932.36	\$1,142.14	\$976.05	\$1,195.66	
56	\$868.04	\$1,063.35	\$913.74	\$1,119.33	\$975.43	\$1,194.90	\$1,021.13	\$1,250.88	
57	\$906.73	\$1,110.74	\$954.48	\$1,169.24	\$1,018.91	\$1,248.16	\$1,066.65	\$1,306.65	
58	\$948.03	\$1,161.34 \$1,186.41	\$997.95	\$1,222.49	\$1,065.32	\$1,305.02	\$1,115.23	\$1,366.16	
59 60	\$968.50 \$1,009.80	\$1,186.41	\$1,019.49 \$1,062.97	\$1,248.88 \$1,302.14	\$1,088.31 \$1,134.72	\$1,333.18 \$1,390.03	\$1,139.31 \$1,187.89	\$1,395.65 \$1,455.17	
61	\$1,009.80	\$1,237.01	\$1,082.97	\$1,302.14	\$1,134.72	\$1,390.03	\$1,187.89	\$1,455.17	
62	\$1,045.52	\$1,280.78	\$1,100.56	\$1,348.19	\$1,174.86	\$1,439.20	\$1,229.91	\$1,500.04	
63	\$1,068.96	\$1,309.48	\$1,125.24	\$1,378.42	\$1,201.20	\$1,471.47	\$1,257.48	\$1,540.41	
64+	\$1,038.33	\$1,345.48	\$1,174.98	\$1,439.35	\$1,254.30	\$1,536.52	\$1,232.00	\$1,608.51	
04+	\$1,110.21	\$1,307.36	Ş1,174.98	\$1,439.35	Ş1,254.3U	\$1,530.52	/٥.٤١٤,١٤	\$1,608.51	

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

Age	Go	ld	Go	ld	Go	ld	Go	ld	
	my Blue Access PPO Premier Gold 0		my Blue A Premier + Adult Dent	Gold 0	my Blue A Premier		my Blue Ad Premier + Adult Denta	Gold 0	
	Pricing	Area: 5	Pricing Area: 5		Pricing	Area: 6	Pricing	Area: 6	
	Marketpla		Marketpla		Marketpla		Marketplac		
	33709PA	1380001	33709PA	1390001	33709PA	1380001	33709PA	1390001	
	Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		Non-Marketp 33709PA		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0-14	\$319.85	\$319.85	\$334.83	\$334.83	\$353.87	\$353.87	\$370.45	\$370.45	
15	\$348.28	\$348.28	\$364.60	\$364.60	\$385.33	\$385.33	\$403.38	\$403.38	
16	\$359.15	\$359.15	\$375.98	\$375.98	\$397.36	\$397.36	\$415.97	\$415.97	
17	\$370.02	\$370.02	\$387.36	\$387.36	\$409.38	\$409.38	\$428.56	\$428.56	
18	\$381.73	\$381.73	\$399.61	\$399.61	\$422.34	\$422.34	\$442.12	\$442.12	
19	\$393.43	\$393.43	\$411.87	\$411.87	\$435.29	\$435.29	\$455.68	\$455.68	
20	\$405.56	\$405.56	\$424.56	\$424.56	\$448.70	\$448.70	\$469.72	\$469.72	
21	\$418.10	\$428.55	\$437.69	\$448.63	\$462.58	\$474.14	\$484.25	\$496.36	
22	\$418.10	\$428.55	\$437.69	\$448.63	\$462.58	\$474.14	\$484.25	\$496.36	
23	\$418.10	\$428.55	\$437.69	\$448.63	\$462.58	\$474.14	\$484.25	\$496.36	
24	\$418.10	\$428.55	\$437.69	\$448.63	\$462.58	\$474.14	\$484.25	\$496.36	
25	\$419.77	\$430.26	\$439.44	\$450.43	\$464.43	\$476.04	\$486.19	\$498.34	
26	\$428.13	\$438.83	\$448.19	\$459.39	\$473.68	\$485.52	\$495.87	\$508.27	
27	\$438.17	\$449.12	\$458.70	\$470.17	\$484.78	\$496.90	\$507.49	\$520.18	
28	\$454.47	\$465.83	\$475.77	\$487.66	\$502.82	\$515.39	\$526.38	\$539.54	
29	\$467.85	\$479.55	\$489.78	\$502.02	\$517.63	\$530.57	\$541.88	\$555.43	
30	\$474.54	\$486.40	\$496.78	\$509.20	\$525.03	\$538.16	\$549.62	\$563.36	
31	\$484.58	\$496.69	\$507.28	\$519.96	\$536.13	\$549.53	\$561.25	\$575.28	
32	\$494.61	\$506.98	\$517.79	\$530.73	\$547.23	\$560.91	\$572.87	\$587.19	
33	\$500.88	\$513.40	\$524.35	\$537.46	\$554.17	\$568.02	\$580.13	\$594.63	
34	\$507.57	\$520.26	\$531.36	\$544.64	\$561.57	\$575.61	\$587.88	\$602.58	
35	\$510.92	\$523.69	\$534.86	\$548.23	\$565.27	\$579.40	\$591.75	\$606.54	
36	\$514.26	\$527.12	\$538.36	\$551.82	\$568.97	\$583.19	\$595.63	\$610.52	
37	\$517.61	\$530.55	\$541.86	\$555.41	\$572.67	\$586.99	\$599.50	\$614.49	
39	\$520.95 \$527.64	\$533.97 \$540.83	\$545.36 \$552.36	\$558.99 \$566.17	\$576.37 \$583.78	\$590.78 \$598.37	\$603.38 \$611.12	\$618.46 \$626.40	
40	\$534.33	\$587.76	\$559.37	\$615.31	\$591.18	\$650.30	\$618.87	\$680.76	
40	\$544.37	\$601.53	\$559.37	\$629.71	\$602.28	\$665.52	\$630.49	\$696.69	
42	\$553.98	\$616.03	\$579.94	\$644.89	\$612.92	\$681.57	\$641.63	\$713.49	
43	\$567.36	\$636.01	\$593.95	\$665.82	\$627.72	\$703.67	\$657.13	\$736.64	
44	\$584.09	\$661.19	\$611.45	\$692.16	\$646.22	\$731.52	\$676.50	\$765.80	
45	\$603.74	\$691.28	\$632.02	\$723.66	\$667.97	\$764.83	\$699.26	\$800.65	
46	\$627.15	\$727.49	\$656.54	\$761.59	\$693.87	\$804.89	\$726.38	\$842.60	
47	\$653.49	\$769.16	\$684.11	\$805.20	\$723.01	\$850.98	\$756.88	\$890.85	
48	\$683.59	\$817.57	\$715.62	\$855.88	\$756.32	\$904.56	\$791.75	\$946.93	
49	\$713.28	\$868.06	\$746.70	\$908.73	\$789.16	\$960.41	\$826.13	\$1,005.40	
50	\$746.73	\$914.74	\$781.71	\$957.59	\$826.17	\$1,012.06	\$864.87	\$1,059.47	
51	\$779.76	\$955.21	\$816.29	\$999.96	\$862.71	\$1,056.82	\$903.13	\$1,106.33	
52	\$816.13	\$999.76	\$854.37	\$1,046.60	\$902.96	\$1,106.13	\$945.26	\$1,157.94	
53	\$852.92	\$1,044.83	\$892.89	\$1,093.79	\$943.66	\$1,155.98	\$987.87	\$1,210.14	
54	\$892.64	\$1,093.48	\$934.47	\$1,144.73	\$987.61	\$1,209.82	\$1,033.87	\$1,266.49	
55	\$932.36	\$1,142.14	\$976.05	\$1,195.66	\$1,031.55	\$1,263.65	\$1,079.88	\$1,322.85	
56	\$975.43	\$1,194.90	\$1,021.13	\$1,250.88	\$1,079.20	\$1,322.02	\$1,129.76	\$1,383.96	
57	\$1,018.91	\$1,248.16	\$1,066.65	\$1,306.65	\$1,127.31	\$1,380.95	\$1,180.12	\$1,445.65	
58	\$1,065.32	\$1,305.02	\$1,115.23	\$1,366.16	\$1,178.65	\$1,443.85	\$1,233.87	\$1,511.49	
59	\$1,088.31	\$1,333.18	\$1,139.31	\$1,395.65	\$1,204.10	\$1,475.02	\$1,260.50	\$1,544.11	
60	\$1,134.72	\$1,390.03	\$1,187.89	\$1,455.17	\$1,255.44	\$1,537.91	\$1,314.25	\$1,609.96	
61	\$1,174.86	\$1,439.20	\$1,229.91	\$1,506.64	\$1,299.85	\$1,592.32	\$1,360.74	\$1,666.91	
62	\$1,201.20	\$1,471.47	\$1,257.48	\$1,540.41	\$1,328.99	\$1,628.01	\$1,391.25	\$1,704.28	
63	\$1,234.23	\$1,511.93	\$1,292.06	\$1,582.77	\$1,365.54	\$1,672.79	\$1,429.51	\$1,751.15	
64+	\$1,254.30	\$1,536.52	\$1,313.07	\$1,608.51	\$1,387.74	\$1,699.98	\$1,452.75	\$1,779.62	

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield or Highmark Coverage Advantage, both of which are independent licensees of the Blue Cross Blue Shield Association.

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

You can call My Care Navigator at 1-888-Blue-428 to confirm if a doctor or facility will be in network in 2023.

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.

If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文,可向您提供免费语言协助服务。 請致電 1-800-876-7639.

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

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한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다.
1-800-876-7639 로 전화.
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Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم 1-800-876-7639 .

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

日本語が母国語の方は言語アシスタンス・ サービスを無料でご利用いた だけます。 1-800-876-7639 を呼び出します。

> اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 7639-876-1800 .

