
Monthly Premium Rates

**For Benefit Period:
January 1 to December 31, 2024**

NORTHEASTERN PA

Coverage is offered by Highmark Benefits Group.



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.

Premium Rates

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

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

Age	my Priority Blue Major Events PPO Catastrophic 9450 - 3 Free PCP Visits		my Priority Blue Flex PPO Bronze 8900		my Priority Blue Flex PPO Bronze 7100 HSA - Custom Drug Benefit		my Priority Blue Flex PPO Bronze 3800	
	Marketplace Plan ID 79962PA0320001-01		Marketplace Plan ID 79962PA0270002-01		Marketplace Plan ID 79962PA0290001-01		Marketplace Plan ID 79962PA0270001-01	
	Non-Marketplace Plan ID 79962PA0320001-00		Non-Marketplace Plan ID 79962PA0270002-00		Non-Marketplace Plan ID 79962PA0290001-00		Non-Marketplace Plan ID 79962PA0270001-00	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$189.35	\$189.35	\$218.64	\$218.64	\$248.88	\$248.88	\$244.23	\$244.23
15	\$206.18	\$206.18	\$238.07	\$238.07	\$271.00	\$271.00	\$265.94	\$265.94
16	\$212.61	\$212.61	\$245.50	\$245.50	\$279.46	\$279.46	\$274.24	\$274.24
17	\$219.05	\$219.05	\$252.93	\$252.93	\$287.92	\$287.92	\$282.55	\$282.55
18	\$225.98	\$225.98	\$260.94	\$260.94	\$297.03	\$297.03	\$291.48	\$291.48
19	\$232.91	\$232.91	\$268.94	\$268.94	\$306.14	\$306.14	\$300.42	\$300.42
20	\$240.08	\$240.08	\$277.23	\$277.23	\$315.57	\$315.57	\$309.68	\$309.68
21	\$247.51	\$253.70	\$285.80	\$292.95	\$325.33	\$333.46	\$319.26	\$327.24
22	\$247.51	\$253.70	\$285.80	\$292.95	\$325.33	\$333.46	\$319.26	\$327.24
23	\$247.51	\$253.70	\$285.80	\$292.95	\$325.33	\$333.46	\$319.26	\$327.24
24	\$247.51	\$253.70	\$285.80	\$292.95	\$325.33	\$333.46	\$319.26	\$327.24
25	\$248.50	\$254.71	\$286.94	\$294.11	\$326.63	\$334.80	\$320.54	\$328.55
26	\$253.45	\$259.79	\$292.66	\$299.98	\$333.14	\$341.47	\$326.92	\$335.09
27	\$259.39	\$265.87	\$299.52	\$307.01	\$340.95	\$349.47	\$334.58	\$342.94
28	\$269.04	\$275.77	\$310.66	\$318.43	\$353.63	\$362.47	\$347.04	\$355.72
29	\$276.96	\$283.88	\$319.81	\$327.81	\$364.04	\$373.14	\$357.25	\$366.18
30	\$280.92	\$287.94	\$324.38	\$332.49	\$369.25	\$378.48	\$362.36	\$371.42
31	\$286.86	\$294.03	\$331.24	\$339.52	\$377.06	\$386.49	\$370.02	\$379.27
32	\$292.80	\$300.12	\$338.10	\$346.55	\$384.87	\$394.49	\$377.68	\$387.12
33	\$296.52	\$303.93	\$342.39	\$350.95	\$389.75	\$399.49	\$382.47	\$392.03
34	\$300.48	\$307.99	\$346.96	\$355.63	\$394.95	\$404.82	\$387.58	\$397.27
35	\$302.46	\$310.02	\$349.25	\$357.98	\$397.55	\$407.49	\$390.14	\$399.89
36	\$304.44	\$312.05	\$351.53	\$360.32	\$400.16	\$410.16	\$392.69	\$402.51
37	\$306.42	\$314.08	\$353.82	\$362.67	\$402.76	\$412.83	\$395.24	\$405.12
38	\$308.40	\$316.11	\$356.11	\$365.01	\$405.36	\$415.49	\$397.80	\$407.75
39	\$312.36	\$320.17	\$360.68	\$369.70	\$410.57	\$420.83	\$402.91	\$412.98
40	\$316.32	\$347.95	\$365.25	\$401.78	\$415.77	\$457.35	\$408.01	\$448.81
41	\$322.26	\$356.10	\$372.11	\$411.18	\$423.58	\$468.06	\$415.68	\$459.33
42	\$327.95	\$364.68	\$378.69	\$421.10	\$431.06	\$479.34	\$423.02	\$470.40
43	\$335.87	\$376.51	\$387.83	\$434.76	\$441.47	\$494.89	\$433.24	\$485.66
44	\$345.77	\$391.41	\$399.26	\$451.96	\$454.49	\$514.48	\$446.01	\$504.88
45	\$357.40	\$409.22	\$412.70	\$472.54	\$469.78	\$537.90	\$461.01	\$527.86
46	\$371.27	\$430.67	\$428.70	\$497.29	\$488.00	\$566.08	\$478.89	\$555.51
47	\$386.86	\$455.33	\$446.71	\$525.78	\$508.49	\$598.49	\$499.00	\$587.32
48	\$404.68	\$484.00	\$467.28	\$558.87	\$531.91	\$636.16	\$521.99	\$624.30
49	\$422.25	\$513.88	\$487.57	\$593.37	\$555.01	\$675.45	\$544.66	\$662.85
50	\$442.05	\$541.51	\$510.44	\$625.29	\$581.04	\$711.77	\$570.20	\$698.50
51	\$461.61	\$565.47	\$533.02	\$652.95	\$606.74	\$743.26	\$595.42	\$729.39
52	\$483.14	\$591.85	\$557.88	\$683.40	\$635.04	\$777.92	\$623.20	\$763.42
53	\$504.92	\$618.53	\$583.03	\$714.21	\$663.67	\$813.00	\$651.29	\$797.83
54	\$528.43	\$647.33	\$610.18	\$747.47	\$694.58	\$850.86	\$681.62	\$834.98
55	\$551.95	\$676.14	\$637.33	\$780.73	\$725.49	\$888.73	\$711.95	\$872.14
56	\$577.44	\$707.36	\$666.77	\$816.79	\$758.99	\$929.76	\$744.83	\$912.42
57	\$603.18	\$738.90	\$696.49	\$853.20	\$792.83	\$971.22	\$778.04	\$953.10
58	\$630.66	\$772.56	\$728.22	\$892.07	\$828.94	\$1,015.45	\$813.47	\$996.50
59	\$644.27	\$789.23	\$743.94	\$911.33	\$846.83	\$1,037.37	\$831.03	\$1,018.01
60	\$671.74	\$822.88	\$775.66	\$950.18	\$882.95	\$1,081.61	\$866.47	\$1,061.43
61	\$695.50	\$851.99	\$803.10	\$983.80	\$914.18	\$1,119.87	\$897.12	\$1,098.97
62	\$711.10	\$871.10	\$821.10	\$1,005.85	\$934.67	\$1,144.97	\$917.23	\$1,123.61
63	\$730.65	\$895.05	\$843.68	\$1,033.51	\$960.37	\$1,176.45	\$942.46	\$1,154.51
64+	\$742.53	\$909.60	\$857.40	\$1,050.32	\$975.99	\$1,195.59	\$957.78	\$1,173.28

Premium Rates

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

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

	my Priority Blue Flex PPO Bronze 3800 + Adult Dental and Vision		my Priority Blue Flex PPO Silver 7000		my Priority Blue Flex PPO Silver 3500		my Priority Blue Flex PPO Silver 3500 + Adult Dental and Vision	
	Marketplace Plan ID 79962PA0280001-01		Marketplace Plan ID 79962PA0270003-01		Marketplace Plan ID N/A		Marketplace Plan ID N/A	
	Non-Marketplace Plan ID 79962PA0280001-00		Non-Marketplace Plan ID 79962PA0270003-00		Non-Marketplace Plan ID 79962PA0270004-00		Non-Marketplace Plan ID 79962PA0280002-00	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$260.47	\$260.47	\$340.51	\$340.51	\$270.69	\$270.69	\$286.92	\$286.92
15	\$283.62	\$283.62	\$370.78	\$370.78	\$294.75	\$294.75	\$312.42	\$312.42
16	\$292.47	\$292.47	\$382.35	\$382.35	\$303.95	\$303.95	\$322.18	\$322.18
17	\$301.32	\$301.32	\$393.92	\$393.92	\$313.15	\$313.15	\$331.93	\$331.93
18	\$310.86	\$310.86	\$406.39	\$406.39	\$323.06	\$323.06	\$342.43	\$342.43
19	\$320.39	\$320.39	\$418.85	\$418.85	\$332.96	\$332.96	\$352.93	\$352.93
20	\$330.27	\$330.27	\$431.76	\$431.76	\$343.22	\$343.22	\$363.81	\$363.81
21	\$340.48	\$348.99	\$445.11	\$456.24	\$353.84	\$362.69	\$375.06	\$384.44
22	\$340.48	\$348.99	\$445.11	\$456.24	\$353.84	\$362.69	\$375.06	\$384.44
23	\$340.48	\$348.99	\$445.11	\$456.24	\$353.84	\$362.69	\$375.06	\$384.44
24	\$340.48	\$348.99	\$445.11	\$456.24	\$353.84	\$362.69	\$375.06	\$384.44
25	\$341.84	\$350.39	\$446.89	\$458.06	\$355.26	\$364.14	\$376.56	\$385.97
26	\$348.65	\$357.37	\$455.79	\$467.18	\$362.33	\$371.39	\$384.06	\$393.66
27	\$356.82	\$365.74	\$466.48	\$478.14	\$370.82	\$380.09	\$393.06	\$402.89
28	\$370.10	\$379.35	\$483.83	\$495.93	\$384.62	\$394.24	\$407.69	\$417.88
29	\$381.00	\$390.53	\$498.08	\$510.53	\$395.95	\$405.85	\$419.69	\$430.18
30	\$386.44	\$396.10	\$505.20	\$517.83	\$401.61	\$411.65	\$425.69	\$436.33
31	\$394.62	\$404.49	\$515.88	\$528.78	\$410.10	\$420.35	\$434.69	\$445.56
32	\$402.79	\$412.86	\$526.57	\$539.73	\$418.59	\$429.05	\$443.70	\$454.79
33	\$407.90	\$418.10	\$533.24	\$546.57	\$423.90	\$434.50	\$449.32	\$460.55
34	\$413.34	\$423.67	\$540.36	\$553.87	\$429.56	\$440.30	\$455.32	\$466.70
35	\$416.07	\$426.47	\$543.92	\$557.52	\$432.39	\$443.20	\$458.32	\$469.78
36	\$418.79	\$429.26	\$547.49	\$561.18	\$435.22	\$446.10	\$461.32	\$472.85
37	\$421.51	\$432.05	\$551.05	\$564.83	\$438.05	\$449.00	\$464.32	\$475.93
38	\$424.24	\$434.85	\$554.61	\$568.48	\$440.88	\$451.90	\$467.32	\$479.00
39	\$429.69	\$440.43	\$561.73	\$575.77	\$446.55	\$457.71	\$473.33	\$485.16
40	\$435.13	\$478.64	\$568.85	\$625.74	\$452.21	\$497.43	\$479.33	\$527.26
41	\$443.30	\$489.85	\$579.53	\$640.38	\$460.70	\$509.07	\$488.33	\$539.60
42	\$451.14	\$501.67	\$589.77	\$655.82	\$468.84	\$521.35	\$496.95	\$552.61
43	\$462.03	\$517.94	\$604.01	\$677.10	\$480.16	\$538.26	\$508.96	\$570.54
44	\$475.65	\$538.44	\$621.82	\$703.90	\$494.31	\$559.56	\$523.96	\$593.12
45	\$491.65	\$562.94	\$642.74	\$735.94	\$510.94	\$585.03	\$541.59	\$620.12
46	\$510.72	\$592.44	\$667.67	\$774.50	\$530.76	\$615.68	\$562.59	\$652.60
47	\$532.17	\$626.36	\$695.71	\$818.85	\$553.05	\$650.94	\$586.22	\$689.98
48	\$556.68	\$665.79	\$727.75	\$870.39	\$578.53	\$691.92	\$613.22	\$733.41
49	\$580.86	\$706.91	\$759.36	\$924.14	\$603.65	\$734.64	\$639.85	\$778.70
50	\$608.10	\$744.92	\$794.97	\$973.84	\$631.96	\$774.15	\$669.86	\$820.58
51	\$635.00	\$777.88	\$830.13	\$1,016.91	\$659.91	\$808.39	\$699.49	\$856.88
52	\$664.62	\$814.16	\$868.85	\$1,064.34	\$690.70	\$846.11	\$732.12	\$896.85
53	\$694.58	\$850.86	\$908.02	\$1,112.32	\$721.83	\$884.24	\$765.12	\$937.27
54	\$726.92	\$890.48	\$950.31	\$1,164.13	\$755.45	\$925.43	\$800.75	\$980.92
55	\$759.27	\$930.11	\$992.60	\$1,215.94	\$789.06	\$966.60	\$836.38	\$1,024.57
56	\$794.34	\$973.07	\$1,038.44	\$1,272.09	\$825.51	\$1,011.25	\$875.01	\$1,071.89
57	\$829.75	\$1,016.44	\$1,084.73	\$1,328.79	\$862.31	\$1,056.33	\$914.02	\$1,119.67
58	\$867.54	\$1,062.74	\$1,134.14	\$1,389.32	\$901.58	\$1,104.44	\$955.65	\$1,170.67
59	\$886.27	\$1,085.68	\$1,158.62	\$1,419.31	\$921.05	\$1,128.29	\$976.28	\$1,195.94
60	\$924.06	\$1,131.97	\$1,208.03	\$1,479.84	\$960.32	\$1,176.39	\$1,017.91	\$1,246.94
61	\$956.75	\$1,172.02	\$1,250.76	\$1,532.18	\$994.29	\$1,218.01	\$1,053.92	\$1,291.05
62	\$978.20	\$1,198.30	\$1,278.80	\$1,566.53	\$1,016.58	\$1,245.31	\$1,077.55	\$1,320.00
63	\$1,005.10	\$1,231.25	\$1,313.96	\$1,609.60	\$1,044.54	\$1,279.56	\$1,107.18	\$1,356.30
64+	\$1,021.44	\$1,251.26	\$1,335.33	\$1,635.78	\$1,061.52	\$1,300.36	\$1,125.18	\$1,378.35

Premium Rates

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

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

	my Priority Blue Flex PPO Premier Silver 2900		my Priority Blue Flex PPO Premier Silver 2900 + Adult Dental and Vision		my Priority Blue Flex PPO Gold 1700 HSA		my Priority Blue Flex PPO Gold 1500	
	Marketplace ID 79962PA0300001-01		Marketplace ID 79962PA0310001-01		Marketplace ID 79962PA0290002-01		Marketplace ID 79962PA0270006-01	
	Non-Marketplace ID 79962PA0300001-00		Non-Marketplace ID 79962PA0310001-00		Non-Marketplace ID 79962PA0290002-00		Non-Marketplace ID 79962PA0270006-00	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$375.62	\$375.62	\$391.84	\$391.84	\$304.84	\$304.84	\$303.18	\$303.18
15	\$409.00	\$409.00	\$426.67	\$426.67	\$331.93	\$331.93	\$330.13	\$330.13
16	\$421.77	\$421.77	\$439.99	\$439.99	\$342.29	\$342.29	\$340.44	\$340.44
17	\$434.54	\$434.54	\$453.31	\$453.31	\$352.65	\$352.65	\$350.74	\$350.74
18	\$448.28	\$448.28	\$467.65	\$467.65	\$363.81	\$363.81	\$361.84	\$361.84
19	\$462.03	\$462.03	\$481.99	\$481.99	\$374.97	\$374.97	\$372.94	\$372.94
20	\$476.27	\$476.27	\$496.84	\$496.84	\$386.53	\$386.53	\$384.43	\$384.43
21	\$491.00	\$503.28	\$512.21	\$525.02	\$398.48	\$408.44	\$396.32	\$406.23
22	\$491.00	\$503.28	\$512.21	\$525.02	\$398.48	\$408.44	\$396.32	\$406.23
23	\$491.00	\$503.28	\$512.21	\$525.02	\$398.48	\$408.44	\$396.32	\$406.23
24	\$491.00	\$503.28	\$512.21	\$525.02	\$398.48	\$408.44	\$396.32	\$406.23
25	\$492.96	\$505.28	\$514.26	\$527.12	\$400.07	\$410.07	\$397.91	\$407.86
26	\$502.78	\$515.35	\$524.50	\$537.61	\$408.04	\$418.24	\$405.83	\$415.98
27	\$514.57	\$527.43	\$536.80	\$550.22	\$417.61	\$428.05	\$415.34	\$425.72
28	\$533.72	\$547.06	\$556.77	\$570.69	\$433.15	\$443.98	\$430.80	\$441.57
29	\$549.43	\$563.17	\$573.16	\$587.49	\$445.90	\$457.05	\$443.48	\$454.57
30	\$557.29	\$571.22	\$581.36	\$595.89	\$452.27	\$463.58	\$449.82	\$461.07
31	\$569.07	\$583.30	\$593.65	\$608.49	\$461.84	\$473.39	\$459.33	\$470.81
32	\$580.85	\$595.37	\$605.94	\$621.09	\$471.40	\$483.19	\$468.85	\$480.57
33	\$588.22	\$602.93	\$613.63	\$628.97	\$477.38	\$489.31	\$474.79	\$486.66
34	\$596.07	\$610.97	\$621.82	\$637.37	\$483.75	\$495.84	\$481.13	\$493.16
35	\$600.00	\$615.00	\$625.92	\$641.57	\$486.94	\$499.11	\$484.30	\$496.41
36	\$603.93	\$619.03	\$630.02	\$645.77	\$490.13	\$502.38	\$487.47	\$499.66
37	\$607.86	\$623.06	\$634.12	\$649.97	\$493.32	\$505.65	\$490.64	\$502.91
38	\$611.79	\$627.08	\$638.21	\$654.17	\$496.51	\$508.92	\$493.81	\$506.16
39	\$619.64	\$635.13	\$646.41	\$662.57	\$502.88	\$515.45	\$500.16	\$512.66
40	\$627.50	\$643.25	\$654.60	\$670.96	\$509.26	\$523.00	\$506.50	\$520.16
41	\$639.28	\$656.40	\$666.90	\$683.25	\$518.82	\$531.30	\$516.01	\$529.19
42	\$650.58	\$673.44	\$678.68	\$695.69	\$527.99	\$540.12	\$525.12	\$538.93
43	\$666.29	\$691.91	\$695.07	\$712.17	\$540.74	\$550.17	\$537.81	\$550.89
44	\$685.93	\$716.47	\$715.56	\$733.01	\$556.68	\$563.16	\$553.66	\$567.74
45	\$709.00	\$741.81	\$739.63	\$759.88	\$575.41	\$581.84	\$572.29	\$585.27
46	\$736.50	\$774.34	\$768.32	\$794.25	\$597.72	\$603.36	\$594.48	\$609.60
47	\$767.43	\$803.27	\$800.58	\$820.28	\$622.82	\$633.06	\$619.45	\$632.09
48	\$802.79	\$840.14	\$837.46	\$858.60	\$651.51	\$663.21	\$647.98	\$661.98
49	\$837.65	\$879.42	\$873.83	\$891.65	\$679.81	\$693.33	\$676.12	\$690.84
50	\$876.93	\$918.24	\$914.81	\$927.64	\$711.69	\$727.82	\$707.83	\$723.09
51	\$915.72	\$954.76	\$955.27	\$971.21	\$743.17	\$760.38	\$739.14	\$755.45
52	\$958.43	\$1,000.08	\$999.83	\$1,017.79	\$777.83	\$795.84	\$773.62	\$790.68
53	\$1,001.64	\$1,047.01	\$1,044.91	\$1,062.01	\$812.90	\$831.80	\$808.49	\$826.40
54	\$1,048.29	\$1,094.16	\$1,093.57	\$1,111.62	\$850.75	\$870.17	\$846.14	\$864.52
55	\$1,094.93	\$1,141.29	\$1,142.23	\$1,160.23	\$888.61	\$908.55	\$883.79	\$902.64
56	\$1,145.50	\$1,190.24	\$1,194.99	\$1,213.86	\$929.65	\$949.82	\$924.61	\$943.65
57	\$1,196.57	\$1,241.80	\$1,248.26	\$1,272.12	\$971.10	\$992.60	\$965.83	\$985.14
58	\$1,251.07	\$1,294.56	\$1,305.11	\$1,329.76	\$1,015.33	\$1,037.78	\$1,009.82	\$1,031.03
59	\$1,278.07	\$1,316.64	\$1,333.28	\$1,358.27	\$1,037.24	\$1,060.62	\$1,031.62	\$1,053.73
60	\$1,332.57	\$1,374.40	\$1,390.14	\$1,415.92	\$1,081.47	\$1,105.80	\$1,075.61	\$1,101.62
61	\$1,379.71	\$1,417.14	\$1,439.31	\$1,465.15	\$1,119.73	\$1,145.67	\$1,113.66	\$1,140.23
62	\$1,410.64	\$1,460.03	\$1,471.58	\$1,500.69	\$1,144.83	\$1,171.42	\$1,138.63	\$1,165.82
63	\$1,449.43	\$1,500.55	\$1,512.04	\$1,541.25	\$1,176.31	\$1,203.98	\$1,169.94	\$1,200.18
64+	\$1,473.00	\$1,504.43	\$1,536.63	\$1,566.37	\$1,195.44	\$1,223.41	\$1,188.96	\$1,219.48

Premium Rates

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

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

Age	my Priority Blue Flex PPO Gold 0		my Priority Blue Flex PPO Gold 0 + Adult Dental and Vision		my Priority Blue Flex PPO Premier Gold 0		my Priority Blue Flex PPO Premier Gold 0 + Adult Dental and Vision	
	Marketplace Plan ID 79962PA0270005-01		Marketplace Plan ID 79962PA0280003-01		Marketplace Plan ID 79962PA0300002-01		Marketplace Plan ID 79962PA0310002-01	
	Non-Marketplace Plan ID 79962PA0270005-00		Non-Marketplace Plan ID 79962PA0280003-00		Non-Marketplace Plan ID 79962PA0300002-00		Non-Marketplace Plan ID 79962PA0310002-00	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$326.82	\$326.82	\$343.05	\$343.05	\$340.82	\$340.82	\$357.05	\$357.05
15	\$355.87	\$355.87	\$373.54	\$373.54	\$371.11	\$371.11	\$388.79	\$388.79
16	\$366.98	\$366.98	\$385.20	\$385.20	\$382.69	\$382.69	\$400.92	\$400.92
17	\$378.09	\$378.09	\$396.86	\$396.86	\$394.28	\$394.28	\$413.06	\$413.06
18	\$390.05	\$390.05	\$409.42	\$409.42	\$406.75	\$406.75	\$426.12	\$426.12
19	\$402.01	\$402.01	\$421.97	\$421.97	\$419.22	\$419.22	\$439.19	\$439.19
20	\$414.40	\$414.40	\$434.98	\$434.98	\$432.14	\$432.14	\$452.73	\$452.73
21	\$427.22	\$437.90	\$448.43	\$459.64	\$445.51	\$456.65	\$466.73	\$478.40
22	\$427.22	\$437.90	\$448.43	\$459.64	\$445.51	\$456.65	\$466.73	\$478.40
23	\$427.22	\$437.90	\$448.43	\$459.64	\$445.51	\$456.65	\$466.73	\$478.40
24	\$427.22	\$437.90	\$448.43	\$459.64	\$445.51	\$456.65	\$466.73	\$478.40
25	\$428.93	\$439.65	\$450.22	\$461.48	\$447.29	\$458.47	\$468.60	\$480.32
26	\$437.47	\$448.41	\$459.19	\$470.67	\$456.20	\$467.61	\$477.93	\$489.88
27	\$447.73	\$458.92	\$469.95	\$481.70	\$466.89	\$478.56	\$489.13	\$501.36
28	\$464.39	\$476.00	\$487.44	\$499.63	\$484.27	\$496.38	\$507.34	\$520.02
29	\$478.06	\$490.01	\$501.79	\$514.33	\$498.53	\$510.99	\$522.27	\$535.33
30	\$484.89	\$497.01	\$508.97	\$521.69	\$505.65	\$518.29	\$529.74	\$542.98
31	\$495.15	\$507.53	\$519.73	\$532.72	\$516.35	\$529.26	\$540.94	\$554.46
32	\$505.40	\$518.04	\$530.49	\$543.75	\$527.04	\$540.22	\$552.14	\$565.94
33	\$511.81	\$524.61	\$537.22	\$550.65	\$533.72	\$547.06	\$559.14	\$573.12
34	\$518.65	\$531.62	\$544.39	\$558.00	\$540.85	\$554.37	\$566.61	\$580.78
35	\$522.06	\$535.11	\$547.98	\$561.68	\$544.41	\$558.02	\$570.34	\$584.60
36	\$525.48	\$538.62	\$551.57	\$565.36	\$547.98	\$561.68	\$574.08	\$588.43
37	\$528.90	\$542.12	\$555.16	\$569.04	\$551.54	\$565.33	\$577.81	\$592.26
38	\$532.32	\$545.63	\$558.74	\$572.71	\$555.11	\$568.99	\$581.55	\$596.09
39	\$539.15	\$552.63	\$565.92	\$580.07	\$562.23	\$576.29	\$589.01	\$603.74
40	\$545.99	\$600.59	\$573.09	\$630.40	\$569.36	\$626.30	\$596.48	\$656.13
41	\$556.24	\$614.65	\$583.86	\$645.17	\$580.05	\$640.96	\$607.68	\$671.49
42	\$566.07	\$629.47	\$594.17	\$660.72	\$590.30	\$656.41	\$618.42	\$687.68
43	\$579.74	\$649.89	\$608.52	\$682.15	\$604.56	\$677.71	\$633.35	\$709.99
44	\$596.83	\$675.61	\$626.46	\$709.15	\$622.38	\$704.53	\$652.02	\$738.09
45	\$616.91	\$706.36	\$647.53	\$741.42	\$643.32	\$736.60	\$673.96	\$771.68
46	\$640.83	\$743.36	\$672.65	\$780.27	\$668.27	\$775.19	\$700.10	\$812.12
47	\$667.74	\$785.93	\$700.90	\$824.96	\$696.33	\$819.58	\$729.50	\$858.62
48	\$698.50	\$835.41	\$733.18	\$876.88	\$728.41	\$871.18	\$763.10	\$912.67
49	\$728.84	\$887.00	\$765.02	\$931.03	\$760.04	\$924.97	\$796.24	\$969.02
50	\$763.01	\$934.69	\$800.90	\$981.10	\$795.68	\$974.71	\$833.58	\$1,021.14
51	\$796.77	\$976.04	\$836.32	\$1,024.49	\$830.88	\$1,017.83	\$870.45	\$1,066.30
52	\$833.93	\$1,021.56	\$875.34	\$1,072.29	\$869.64	\$1,065.31	\$911.06	\$1,116.05
53	\$871.53	\$1,067.62	\$914.80	\$1,120.63	\$908.84	\$1,113.33	\$952.13	\$1,166.36
54	\$912.11	\$1,117.33	\$957.40	\$1,172.82	\$951.16	\$1,165.17	\$996.47	\$1,220.68
55	\$952.70	\$1,167.06	\$1,000.00	\$1,225.00	\$993.49	\$1,217.03	\$1,040.81	\$1,274.99
56	\$996.70	\$1,220.96	\$1,046.19	\$1,281.58	\$1,039.37	\$1,273.23	\$1,088.88	\$1,333.88
57	\$1,041.14	\$1,275.40	\$1,092.82	\$1,338.70	\$1,085.71	\$1,329.99	\$1,137.42	\$1,393.34
58	\$1,088.56	\$1,333.49	\$1,142.60	\$1,399.69	\$1,135.16	\$1,390.57	\$1,189.23	\$1,456.81
59	\$1,112.05	\$1,362.26	\$1,167.26	\$1,429.89	\$1,159.66	\$1,420.58	\$1,214.90	\$1,488.25
60	\$1,159.48	\$1,420.36	\$1,217.04	\$1,490.87	\$1,209.11	\$1,481.16	\$1,266.71	\$1,551.72
61	\$1,200.49	\$1,470.60	\$1,260.09	\$1,543.61	\$1,251.88	\$1,533.55	\$1,311.51	\$1,606.60
62	\$1,227.40	\$1,503.57	\$1,288.34	\$1,578.22	\$1,279.95	\$1,567.94	\$1,340.92	\$1,642.63
63	\$1,261.15	\$1,544.91	\$1,323.77	\$1,621.62	\$1,315.15	\$1,611.06	\$1,377.79	\$1,687.79
64+	\$1,281.66	\$1,570.03	\$1,345.29	\$1,647.98	\$1,336.53	\$1,637.25	\$1,400.19	\$1,715.23

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.

Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.

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 2024.

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

Discrimination is Against the Law

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

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

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

ATTENTION: If you speak English, assistance services, free of charge, are available to you. Call the number provided for your state of residence.

ATENCIÓN: Si habla español, tiene servicios de asistencia lingüística sin cargo. Llame al número correspondiente a su estado de residencia.

注意: 如果您说中文, 您可获得免费的语言援助服务。请拨打您所在州相应的电话号码。

توجه کنید: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی به صورت رایگان در دسترس شما هستند. با شماره ارائه شده برای ایالت محل سکونتتان تماس بگیرید.

주의: 한국어(를) 사용하는 경우, 언어 지원 서비스를 무료로 이용할 수 있습니다. 거주하시는 주의 전화 번호로 문의하십시오.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo telefòn ki koresponn ak Eta kote w rete a.

ATTENZIONE: Se parla italiano, avrà a disposizione un servizio di assistenza linguistica gratuito. Chiami il numero fornito per il suo stato di residenza.

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועילעבל פאר אייך. רופט די נומער וואס איז צוגעשטעלט פאר אייער סטעיט וואו איר וואוינט.

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনি বসবাসরত রাজ্যের জন্য দেওয়া নম্বরে ফোন করুন।

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بالرقم المقدم للولاية التي تقيم فيها.

UWAGA: jeżeli posługuje się Pan/Pani językiem polsku, udostępniamy bezpłatne usługi wsparcia językowego. Prosimy zadzwonić pod numer podany dla stanu, w którym Pan/Pani mieszka.

ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le numéro de téléphone pour votre État de résidence.

توجه دین: اگر آپ اردو بولتے ہیں، تو لسانی مدد کی خدمات آپ کے لیے مفت دستیاب ہیں۔ اپنی رہائش والی ریاست کے لیے فراہم کردہ نمبر پر کال کریں۔

CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí được cung cấp sẵn cho quý vị. Gọi số được cung cấp cho tiểu bang cư trú của quý vị.

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numerong ibinigay para sa estadong tinitirhan mo.

ΠΡΟΣΟΧΗ: Αν μιλάτε Ελληνικά, έχετε πρόσβαση σε δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε τον αριθμό που παρέχεται για την περιοχή σας.