Monthly Premium Rates

For Benefit Period:
January 1 to December 31, 2027

NORTHEASTERN PA

HIGHMARK

Here's how to calculate your monthly premium.

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

Who to include in your calculation:

– Yourself

– Your spouse or partner who will be covered

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

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

– Any additional family members who will be covered

If you're going to have more than three children under 21 on your plan, only include premiums for the oldest three below. 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 844-666-5540.

Premium Rates

Use the Marketplace Plan ID to find your plan on the state insurance exchange.

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

	my Priority Blue Major Events PPO Catastrophic 12000 HSA - 3 Free PCP Visits		my Priority Blue Flex PPO Bronze 9500 HSA		my Priority Blue Flex PPO Bronze 3800 HSA		my Priority Blue Flex PPO Bronze 3800 HSA + Adult Dental and Vision	
	Marketplace Plan ID 79962PA0320001-01		Marketplace Plan ID 79962PA0270002-01		Marketplace Plan ID 79962PA0270001-01		Marketplace Plan ID 79962PA0280001-01	
	Non-Marketplace Plan ID 79962PA0320001-00		Non-Marketplace Plan ID 79962PA0270002-00		Non-Marketplace Plan ID 79962PA0270001-00		Non-Marketplace Plan ID 79962PA0280001-00	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	$285.41	$285.41	$344.06	$344.06	$361.85	$361.85	$374.60	$374.60
15	$310.78	$310.78	$374.64	$374.64	$394.01	$394.01	$407.90	$407.90
16	$320.48	$320.48	$386.34	$386.34	$406.31	$406.31	$420.63	$420.63
17	$330.18	$330.18	$398.03	$398.03	$418.61	$418.61	$433.36	$433.36
18	$340.63	$340.63	$410.62	$410.62	$431.85	$431.85	$447.07	$447.07
19	$351.08	$351.08	$423.21	$423.21	$445.09	$445.09	$460.78	$460.78
20	$361.90	$361.90	$436.26	$436.26	$458.81	$458.81	$474.98	$474.98
21	$373.09	$382.42	$449.75	$460.99	$473.00	$484.83	$489.67	$501.91
22	$373.09	$382.42	$449.75	$460.99	$473.00	$484.83	$489.67	$501.91
23	$373.09	$382.42	$449.75	$460.99	$473.00	$484.83	$489.67	$501.91
24	$373.09	$382.42	$449.75	$460.99	$473.00	$484.83	$489.67	$501.91
25	$374.58	$383.94	$451.55	$462.84	$474.89	$486.76	$491.63	$503.92
26	$382.04	$391.59	$460.54	$472.05	$484.35	$496.46	$501.42	$513.96
27	$391.00	$400.78	$471.34	$483.12	$495.70	$508.09	$513.17	$526.00
28	$405.55	$415.69	$488.88	$501.10	$514.15	$527.00	$532.27	$545.58
29	$417.49	$427.93	$503.27	$515.85	$529.29	$542.52	$547.94	$561.64
30	$423.46	$434.05	$510.47	$523.23	$536.86	$550.28	$555.78	$569.67
31	$432.41	$443.22	$521.26	$534.29	$548.21	$561.92	$567.53	$581.72
32	$441.37	$452.40	$532.05	$545.35	$559.56	$573.55	$579.28	$593.76
33	$446.96	$458.13	$538.80	$552.27	$566.65	$580.82	$586.62	$601.29
34	$452.93	$464.25	$546.00	$559.65	$574.22	$588.58	$594.46	$609.32
35	$455.92	$467.32	$549.59	$563.33	$578.01	$592.46	$598.38	$613.34
36	$458.90	$470.37	$553.19	$567.02	$581.79	$596.33	$602.29	$617.35
37	$461.89	$473.44	$556.79	$570.71	$585.57	$600.21	$606.21	$621.37
38	$464.87	$476.49	$560.39	$574.40	$589.36	$604.09	$610.13	$625.38
39	$470.84	$482.61	$567.58	$581.77	$596.93	$611.85	$617.96	$633.41
40	$476.81	$524.49	$574.78	$632.26	$604.49	$664.94	$625.80	$688.38
41	$485.76	$536.76	$585.57	$647.05	$615.85	$680.51	$637.55	$704.49
42	$494.34	$549.71	$595.92	$662.66	$626.73	$696.92	$648.81	$721.48
43	$506.28	$567.54	$610.31	$684.16	$641.86	$719.53	$664.48	$744.88
44	$521.21	$590.01	$628.30	$711.24	$660.78	$748.00	$684.07	$774.37
45	$538.74	$616.86	$649.44	$743.61	$683.01	$782.05	$707.08	$809.61
46	$559.64	$649.18	$674.63	$782.57	$709.50	$823.02	$734.51	$852.03
47	$583.14	$686.36	$702.96	$827.38	$739.30	$870.16	$765.35	$900.82
48	$610.00	$729.56	$735.34	$879.47	$773.36	$924.94	$800.61	$957.53
49	$636.49	$774.61	$767.27	$933.77	$806.94	$982.05	$835.38	$1,016.66
50	$666.34	$816.27	$803.25	$983.98	$844.78	$1,034.86	$874.55	$1,071.32
51	$695.81	$852.37	$838.78	$1,027.51	$882.15	$1,080.63	$913.23	$1,118.71
52	$728.27	$892.13	$877.91	$1,075.44	$923.30	$1,131.04	$955.84	$1,170.90
53	$761.10	$932.35	$917.49	$1,123.93	$964.92	$1,182.03	$998.93	$1,223.69
54	$796.55	$975.77	$960.22	$1,176.27	$1,009.86	$1,237.08	$1,045.45	$1,280.68
55	$831.99	$1,019.19	$1,002.94	$1,228.60	$1,054.79	$1,292.12	$1,091.96	$1,337.65
56	$870.42	$1,066.26	$1,049.27	$1,285.36	$1,103.51	$1,351.80	$1,142.40	$1,399.44
57	$909.22	$1,113.79	$1,096.04	$1,342.65	$1,152.70	$1,412.06	$1,193.33	$1,461.83
58	$950.63	$1,164.52	$1,145.96	$1,403.80	$1,205.20	$1,476.37	$1,247.68	$1,528.41
59	$971.15	$1,189.66	$1,170.70	$1,434.11	$1,231.22	$1,508.24	$1,274.61	$1,561.40
60	$1,012.57	$1,240.40	$1,220.62	$1,495.26	$1,283.72	$1,572.56	$1,328.96	$1,627.98
61	$1,048.38	$1,284.27	$1,263.80	$1,548.16	$1,329.13	$1,628.18	$1,375.97	$1,685.56
62	$1,071.89	$1,313.07	$1,292.13	$1,582.86	$1,358.93	$1,664.69	$1,406.82	$1,723.35
63	$1,101.36	$1,349.17	$1,327.66	$1,626.38	$1,396.30	$1,710.47	$1,445.51	$1,770.75
64+	$1,119.27	$1,371.11	$1,349.25	$1,652.83	$1,419.00	$1,738.28	$1,469.01	$1,799.54

Premium Rates

Use the Marketplace Plan ID to find your plan on the state insurance exchange.

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

	my Priority Blue Flex PPO Bronze 0 HSA		my Priority Blue Flex PPO Bronze 0 HSA + Adult Dental and Vision		my Priority Blue Flex PPO Silver 6000		my Priority Blue Flex PPO Choice Silver 0	
	Marketplace Plan ID 79962PA0270007-01		Marketplace Plan ID 79962PA0280005-01		Marketplace Plan ID 79962PA0270003-01		Marketplace Plan ID 79962PA0270008-01	
	Non-Marketplace Plan ID 79962PA0270007-00		Non-Marketplace Plan ID 79962PA0280005-00		Non-Marketplace Plan ID 79962PA0270003-00		Non-Marketplace Plan ID 79962PA0270008-00	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	$397.66	$397.66	$410.41	$410.41	$578.57	$578.57	$646.28	$646.28
15	$433.01	$433.01	$446.90	$446.90	$630.00	$630.00	$703.73	$703.73
16	$446.53	$446.53	$460.84	$460.84	$649.66	$649.66	$725.69	$725.69
17	$460.04	$460.04	$474.79	$474.79	$669.33	$669.33	$747.66	$747.66
18	$474.60	$474.60	$489.82	$489.82	$690.50	$690.50	$771.31	$771.31
19	$489.15	$489.15	$504.84	$504.84	$711.68	$711.68	$794.97	$794.97
20	$504.23	$504.23	$520.40	$520.40	$733.61	$733.61	$819.47	$819.47
21	$519.82	$532.82	$536.49	$549.90	$756.30	$775.21	$844.81	$865.93
22	$519.82	$532.82	$536.49	$549.90	$756.30	$775.21	$844.81	$865.93
23	$519.82	$532.82	$536.49	$549.90	$756.30	$775.21	$844.81	$865.93
24	$519.82	$532.82	$536.49	$549.90	$756.30	$775.21	$844.81	$865.93
25	$521.90	$534.95	$538.64	$552.11	$759.33	$778.31	$848.19	$869.39
26	$532.30	$545.61	$549.37	$563.10	$774.45	$793.81	$865.09	$886.72
27	$544.77	$558.39	$562.24	$576.30	$792.60	$812.42	$885.36	$907.49
28	$565.04	$579.17	$583.16	$597.74	$822.10	$842.65	$918.31	$941.27
29	$581.68	$596.22	$600.33	$615.34	$846.30	$867.46	$945.34	$968.97
30	$590.00	$604.75	$608.92	$624.14	$858.40	$879.86	$958.86	$982.83
31	$602.47	$617.53	$621.79	$637.33	$876.55	$898.46	$979.13	$1,003.61
32	$614.95	$630.32	$634.67	$650.54	$894.70	$917.07	$999.41	$1,024.40
33	$622.74	$638.31	$642.72	$658.79	$906.05	$928.70	$1,012.08	$1,037.38
34	$631.06	$646.84	$651.30	$667.58	$918.15	$941.10	$1,025.60	$1,051.24
35	$635.22	$651.10	$655.59	$671.98	$924.20	$947.31	$1,032.36	$1,058.17
36	$639.38	$655.36	$659.88	$676.38	$930.25	$953.51	$1,039.12	$1,065.10
37	$643.54	$659.63	$664.17	$680.77	$936.30	$959.71	$1,045.87	$1,072.02
38	$647.70	$663.89	$668.47	$685.18	$942.35	$965.91	$1,052.63	$1,078.95
39	$656.01	$672.41	$677.05	$693.98	$954.45	$978.31	$1,066.15	$1,092.80
40	$664.33	$730.76	$685.63	$754.19	$966.55	$1,063.21	$1,079.67	$1,187.64
41	$676.81	$747.88	$698.51	$771.85	$984.70	$1,088.09	$1,099.94	$1,215.43
42	$688.76	$765.90	$710.85	$790.47	$1,002.10	$1,114.34	$1,119.37	$1,244.74
43	$705.40	$790.75	$728.02	$816.11	$1,026.30	$1,150.48	$1,146.41	$1,285.13
44	$726.19	$822.05	$749.48	$848.41	$1,056.55	$1,196.01	$1,180.20	$1,335.99
45	$750.62	$859.46	$774.69	$887.02	$1,092.10	$1,250.45	$1,219.91	$1,396.80
46	$779.73	$904.49	$804.74	$933.50	$1,134.45	$1,315.96	$1,267.22	$1,469.98
47	$812.48	$956.29	$838.53	$986.95	$1,182.10	$1,391.33	$1,320.44	$1,554.16
48	$849.91	$1,016.49	$877.16	$1,049.08	$1,236.55	$1,478.91	$1,381.26	$1,651.99
49	$886.81	$1,079.25	$915.25	$1,113.86	$1,290.25	$1,570.23	$1,441.25	$1,754.00
50	$928.40	$1,137.29	$958.17	$1,173.76	$1,350.75	$1,654.67	$1,508.83	$1,848.32
51	$969.46	$1,187.59	$1,000.55	$1,225.67	$1,410.50	$1,727.86	$1,575.57	$1,930.07
52	$1,014.69	$1,243.00	$1,047.23	$1,282.86	$1,476.30	$1,808.47	$1,649.07	$2,020.11
53	$1,060.43	$1,299.03	$1,094.44	$1,340.69	$1,542.85	$1,889.99	$1,723.41	$2,111.18
54	$1,109.82	$1,359.53	$1,145.41	$1,403.13	$1,614.70	$1,978.01	$1,803.67	$2,209.50
55	$1,159.20	$1,420.02	$1,196.37	$1,465.55	$1,686.55	$2,066.02	$1,883.93	$2,307.81
56	$1,212.74	$1,485.61	$1,251.63	$1,533.25	$1,764.45	$2,161.45	$1,970.94	$2,414.40
57	$1,266.80	$1,551.83	$1,307.43	$1,601.60	$1,843.10	$2,257.80	$2,058.80	$2,522.03
58	$1,324.50	$1,622.51	$1,366.98	$1,674.55	$1,927.05	$2,360.64	$2,152.58	$2,636.91
59	$1,353.09	$1,657.54	$1,396.48	$1,710.69	$1,968.65	$2,411.60	$2,199.04	$2,693.82
60	$1,410.79	$1,728.22	$1,456.03	$1,783.64	$2,052.60	$2,514.44	$2,292.81	$2,808.69
61	$1,460.69	$1,789.35	$1,507.54	$1,846.74	$2,125.20	$2,603.37	$2,373.92	$2,908.05
62	$1,493.44	$1,829.46	$1,541.34	$1,888.14	$2,172.85	$2,661.74	$2,427.14	$2,973.25
63	$1,534.51	$1,879.77	$1,583.72	$1,940.06	$2,232.60	$2,734.94	$2,493.88	$3,055.00
64+	$1,559.46	$1,910.34	$1,609.47	$1,971.60	$2,268.90	$2,779.40	$2,534.43	$3,104.68

Premium Rates

Use the Marketplace Plan ID to find your plan on the state insurance exchange.

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

	my Priority Blue Flex PPO Choice Silver 0 + Adult Dental and Vision		my Priority Blue Flex PPO Silver 0		my Priority Blue Flex PPO Silver 0 + Adult Dental and Vision		my Priority Blue Flex PPO Gold 1800 HSA	
	N/A		N/A		Marketplace Plan ID 79962PA0280002-01		Marketplace Plan ID 79962PA0290002-01	
	Non-Marketplace Plan ID 79962PA0280006-00		Non-Marketplace Plan ID 79962PA0270004-00		Non-Marketplace Plan ID 79962PA0280002-00		Non-Marketplace Plan ID 79962PA0290002-00	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	$659.03	$659.03	$434.18	$434.18	$446.93	$446.93	$465.99	$465.99
15	$717.61	$717.61	$472.77	$472.77	$486.66	$486.66	$507.41	$507.41
16	$740.01	$740.01	$487.53	$487.53	$501.84	$501.84	$523.25	$523.25
17	$762.41	$762.41	$502.28	$502.28	$517.03	$517.03	$539.09	$539.09
18	$786.53	$786.53	$518.17	$518.17	$533.39	$533.39	$556.14	$556.14
19	$810.65	$810.65	$534.06	$534.06	$549.75	$549.75	$573.20	$573.20
20	$835.64	$835.64	$550.52	$550.52	$566.69	$566.69	$590.87	$590.87
21	$861.48	$883.02	$567.55	$581.74	$584.22	$598.83	$609.14	$624.37
22	$861.48	$883.02	$567.55	$581.74	$584.22	$598.83	$609.14	$624.37
23	$861.48	$883.02	$567.55	$581.74	$584.22	$598.83	$609.14	$624.37
24	$861.48	$883.02	$567.55	$581.74	$584.22	$598.83	$609.14	$624.37
25	$864.93	$886.55	$569.82	$584.07	$586.56	$601.22	$611.58	$626.87
26	$882.16	$904.21	$581.17	$595.70	$598.24	$613.20	$623.76	$639.35
27	$902.83	$925.40	$594.79	$609.66	$612.26	$627.57	$638.38	$654.34
28	$936.43	$959.84	$616.93	$632.35	$635.05	$650.93	$662.14	$678.69
29	$964.00	$988.10	$635.09	$650.97	$653.74	$670.08	$681.63	$698.67
30	$977.78	$1,002.22	$644.17	$660.27	$663.09	$679.67	$691.37	$708.65
31	$998.46	$1,023.42	$657.79	$674.23	$677.11	$694.04	$705.99	$723.64
32	$1,019.13	$1,044.61	$671.41	$688.20	$691.13	$708.41	$720.61	$738.63
33	$1,032.05	$1,057.85	$679.92	$696.92	$699.90	$717.40	$729.75	$747.99
34	$1,045.84	$1,071.99	$689.01	$706.24	$709.24	$726.97	$739.50	$757.99
35	$1,052.73	$1,079.05	$693.55	$710.89	$713.92	$731.77	$744.37	$762.98
36	$1,059.62	$1,086.11	$698.09	$715.54	$718.59	$736.55	$749.24	$767.97
37	$1,066.51	$1,093.17	$702.63	$720.20	$723.26	$741.34	$754.12	$772.97
38	$1,073.40	$1,100.24	$707.17	$724.85	$727.94	$746.14	$758.99	$777.96
39	$1,087.19	$1,114.37	$716.25	$734.16	$737.29	$755.72	$768.73	$787.95
40	$1,100.97	$1,211.07	$725.33	$797.86	$746.63	$821.29	$778.48	$856.33
41	$1,121.65	$1,239.42	$738.95	$816.54	$760.65	$840.52	$793.10	$876.38
42	$1,141.46	$1,269.30	$752.00	$836.22	$774.09	$860.79	$807.11	$897.51
43	$1,169.03	$1,310.48	$770.17	$863.36	$792.79	$888.72	$826.60	$926.62
44	$1,203.49	$1,362.35	$792.87	$897.53	$816.16	$923.89	$850.97	$963.30
45	$1,243.98	$1,424.36	$819.54	$938.37	$843.61	$965.93	$879.60	$1,007.14
46	$1,292.22	$1,498.98	$851.33	$987.54	$876.33	$1,016.54	$913.71	$1,059.90
47	$1,346.49	$1,584.82	$887.08	$1,044.09	$913.14	$1,074.77	$952.09	$1,120.61
48	$1,408.52	$1,684.59	$927.94	$1,109.82	$955.20	$1,142.42	$995.94	$1,191.14
49	$1,469.68	$1,788.60	$968.24	$1,178.35	$996.68	$1,212.96	$1,039.19	$1,264.69
50	$1,538.60	$1,884.79	$1,013.64	$1,241.71	$1,043.42	$1,278.19	$1,087.92	$1,332.70
51	$1,606.66	$1,968.16	$1,058.48	$1,296.64	$1,089.57	$1,334.72	$1,136.05	$1,391.66
52	$1,681.61	$2,059.97	$1,107.86	$1,357.13	$1,140.40	$1,396.99	$1,189.04	$1,456.57
53	$1,757.42	$2,152.84	$1,157.80	$1,418.31	$1,191.81	$1,459.97	$1,242.65	$1,522.25
54	$1,839.26	$2,253.09	$1,211.72	$1,484.36	$1,247.31	$1,527.95	$1,300.51	$1,593.12
55	$1,921.10	$2,353.35	$1,265.64	$1,550.41	$1,302.81	$1,595.94	$1,358.38	$1,664.02
56	$2,009.83	$2,462.04	$1,324.09	$1,622.01	$1,362.99	$1,669.66	$1,421.12	$1,740.87
57	$2,099.43	$2,571.80	$1,383.12	$1,694.32	$1,423.74	$1,744.08	$1,484.47	$1,818.48
58	$2,195.05	$2,688.94	$1,446.12	$1,771.50	$1,488.59	$1,823.52	$1,552.09	$1,901.31
59	$2,242.43	$2,746.98	$1,477.33	$1,809.73	$1,520.72	$1,862.88	$1,585.59	$1,942.35
60	$2,338.06	$2,864.12	$1,540.33	$1,886.90	$1,585.57	$1,942.32	$1,653.21	$2,025.18
61	$2,420.76	$2,965.43	$1,594.82	$1,953.65	$1,641.66	$2,011.03	$1,711.68	$2,096.81
62	$2,475.03	$3,031.91	$1,630.57	$1,997.45	$1,678.46	$2,056.11	$1,750.06	$2,143.82
63	$2,543.09	$3,115.29	$1,675.41	$2,052.38	$1,724.62	$2,112.66	$1,798.18	$2,202.77
64+	$2,584.44	$3,165.94	$1,702.65	$2,085.75	$1,752.66	$2,147.01	$1,827.42	$2,238.59

Premium Rates

Use the Marketplace Plan ID to find your plan on the state insurance exchange.

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

	my Priority Blue Flex PPO Gold 1000		my Priority Blue Flex PPO Gold 1000 + Adult Dental and Vision		my Priority Blue Flex PPO Gold 0		my Priority Blue Flex PPO Gold 0 + Adult Dental and Vision	
	Marketplace Plan ID 79962PA0270006-01		Marketplace Plan ID 79962PA0280004-01		Marketplace Plan ID 79962PA0270005-01		Marketplace Plan ID 79962PA0280003-01	
	Non-Marketplace Plan ID 79962PA0270006-00		Non-Marketplace Plan ID 79962PA0280004-00		Non-Marketplace Plan ID 79962PA0270005-00		Non-Marketplace Plan ID 79962PA0280003-00	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	$456.66	$456.66	$469.41	$469.41	$507.14	$507.14	$519.90	$519.90
15	$497.25	$497.25	$511.14	$511.14	$552.22	$552.22	$566.12	$566.12
16	$512.77	$512.77	$527.09	$527.09	$569.46	$569.46	$583.78	$583.78
17	$528.29	$528.29	$543.04	$543.04	$586.69	$586.69	$601.45	$601.45
18	$545.01	$545.01	$560.23	$560.23	$605.26	$605.26	$620.48	$620.48
19	$561.72	$561.72	$577.41	$577.41	$623.82	$623.82	$639.51	$639.51
20	$579.03	$579.03	$595.20	$595.20	$643.04	$643.04	$659.22	$659.22
21	$596.94	$611.86	$613.61	$628.95	$662.93	$679.50	$679.61	$696.60
22	$596.94	$611.86	$613.61	$628.95	$662.93	$679.50	$679.61	$696.60
23	$596.94	$611.86	$613.61	$628.95	$662.93	$679.50	$679.61	$696.60
24	$596.94	$611.86	$613.61	$628.95	$662.93	$679.50	$679.61	$696.60
25	$599.33	$614.31	$616.06	$631.46	$665.58	$682.22	$682.33	$699.39
26	$611.27	$626.55	$628.34	$644.05	$678.84	$695.81	$695.92	$713.32
27	$625.59	$641.23	$643.06	$659.14	$694.75	$712.12	$712.23	$730.04
28	$648.87	$665.09	$666.99	$683.66	$720.60	$738.62	$738.74	$757.21
29	$667.98	$684.68	$686.63	$703.80	$741.82	$760.37	$760.48	$779.49
30	$677.53	$694.47	$696.45	$713.86	$752.43	$771.24	$771.36	$790.64
31	$691.85	$709.15	$711.17	$728.95	$768.34	$787.55	$787.67	$807.36
32	$706.18	$723.83	$725.90	$744.05	$784.25	$803.86	$803.98	$824.08
33	$715.13	$733.01	$735.10	$753.48	$794.19	$814.04	$814.17	$834.52
34	$724.69	$742.81	$744.92	$763.54	$804.80	$824.92	$825.05	$845.68
35	$729.46	$747.70	$749.83	$768.58	$810.10	$830.35	$830.48	$851.24
36	$734.24	$752.60	$754.74	$773.61	$815.40	$835.79	$835.92	$856.82
37	$739.01	$757.49	$759.65	$778.64	$820.71	$841.23	$841.36	$862.39
38	$743.79	$762.38	$764.56	$783.67	$826.01	$846.66	$846.79	$867.96
39	$753.34	$772.17	$774.38	$793.74	$836.62	$857.54	$857.67	$879.11
40	$762.89	$839.18	$784.19	$862.61	$847.22	$931.94	$868.54	$955.39
41	$777.22	$858.83	$798.92	$882.81	$863.13	$953.76	$884.85	$977.76
42	$790.95	$879.54	$813.03	$904.09	$878.38	$976.76	$900.48	$1,001.33
43	$810.05	$908.07	$832.67	$933.42	$899.60	$1,008.45	$922.23	$1,033.82
44	$833.93	$944.01	$857.21	$970.36	$926.11	$1,048.36	$949.42	$1,074.74
45	$861.98	$986.97	$886.05	$1,014.53	$957.27	$1,096.07	$981.36	$1,123.66
46	$895.41	$1,038.68	$920.42	$1,067.69	$994.40	$1,153.50	$1,019.42	$1,182.53
47	$933.02	$1,098.16	$959.07	$1,128.83	$1,036.16	$1,219.56	$1,062.23	$1,250.24
48	$976.00	$1,167.30	$1,003.25	$1,199.89	$1,083.89	$1,296.33	$1,111.16	$1,328.95
49	$1,018.38	$1,239.37	$1,046.82	$1,273.98	$1,130.96	$1,376.38	$1,159.41	$1,411.00
50	$1,066.13	$1,306.01	$1,095.91	$1,342.49	$1,183.99	$1,450.39	$1,213.78	$1,486.88
51	$1,113.29	$1,363.78	$1,144.38	$1,401.87	$1,236.36	$1,514.54	$1,267.47	$1,552.65
52	$1,165.23	$1,427.41	$1,197.77	$1,467.27	$1,294.04	$1,585.20	$1,326.60	$1,625.09
53	$1,217.76	$1,491.76	$1,251.76	$1,533.41	$1,352.38	$1,656.67	$1,386.40	$1,698.34
54	$1,274.47	$1,561.23	$1,310.06	$1,604.82	$1,415.36	$1,733.82	$1,450.97	$1,777.44
55	$1,331.18	$1,630.70	$1,368.35	$1,676.23	$1,478.33	$1,810.95	$1,515.53	$1,856.52
56	$1,392.66	$1,706.01	$1,431.55	$1,753.65	$1,546.62	$1,894.61	$1,585.53	$1,942.27
57	$1,454.74	$1,782.06	$1,495.37	$1,831.83	$1,615.56	$1,979.06	$1,656.21	$2,028.86
58	$1,521.00	$1,863.23	$1,563.48	$1,915.26	$1,689.15	$2,069.21	$1,731.65	$2,121.27
59	$1,553.83	$1,903.44	$1,597.23	$1,956.61	$1,725.61	$2,113.87	$1,769.02	$2,167.05
60	$1,620.10	$1,984.62	$1,665.34	$2,040.04	$1,799.19	$2,204.01	$1,844.46	$2,259.46
61	$1,677.40	$2,054.82	$1,724.24	$2,112.19	$1,862.83	$2,281.97	$1,909.70	$2,339.38
62	$1,715.01	$2,100.89	$1,762.90	$2,159.55	$1,904.60	$2,333.14	$1,952.52	$2,391.84
63	$1,762.17	$2,158.66	$1,811.38	$2,218.94	$1,956.97	$2,397.29	$2,006.21	$2,457.61
64+	$1,790.82	$2,193.75	$1,840.83	$2,255.02	$1,988.79	$2,436.27	$2,038.83	$2,497.57

Premium Rates

Use the Marketplace Plan ID to find your plan on the state insurance exchange.

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

	my Priority Blue Flex PPO Platinum 0		my Priority Blue Flex PPO Platinum 0 + Adult Dental and Vision	
	Marketplace Plan ID 79962PA0270009-01		Marketplace Plan ID 79962PA0280007-01	
	Non-Marketplace Plan ID 79962PA0270009-00		Non-Marketplace Plan ID 79962PA0280007-00	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	$560.81	$560.81	$573.57	$573.57
15	$610.66	$610.66	$624.56	$624.56
16	$629.72	$629.72	$644.05	$644.05
17	$648.78	$648.78	$663.55	$663.55
18	$669.31	$669.31	$684.54	$684.54
19	$689.84	$689.84	$705.53	$705.53
20	$711.10	$711.10	$727.28	$727.28
21	$733.09	$751.42	$749.77	$768.51
22	$733.09	$751.42	$749.77	$768.51
23	$733.09	$751.42	$749.77	$768.51
24	$733.09	$751.42	$749.77	$768.51
25	$736.02	$754.42	$752.77	$771.59
26	$750.68	$769.45	$767.76	$786.95
27	$768.28	$787.49	$785.76	$805.40
28	$796.87	$816.79	$815.00	$835.38
29	$820.33	$840.84	$838.99	$859.96
30	$832.06	$852.86	$850.99	$872.26
31	$849.65	$870.89	$868.98	$890.70
32	$867.25	$888.93	$886.98	$909.15
33	$878.24	$900.20	$898.22	$920.68
34	$889.97	$912.22	$910.22	$932.98
35	$895.84	$918.24	$916.22	$939.13
36	$901.70	$924.24	$922.22	$945.28
37	$907.57	$930.26	$928.22	$951.43
38	$913.43	$936.27	$934.21	$957.57
39	$925.16	$948.29	$946.21	$969.87
40	$936.89	$1,030.58	$958.21	$1,054.03
41	$954.48	$1,054.70	$976.20	$1,078.70
42	$971.34	$1,080.13	$993.45	$1,104.72
43	$994.80	$1,115.17	$1,017.44	$1,140.55
44	$1,024.13	$1,159.32	$1,047.43	$1,185.69
45	$1,058.58	$1,212.07	$1,082.67	$1,239.66
46	$1,099.64	$1,275.58	$1,124.66	$1,304.61
47	$1,145.82	$1,348.63	$1,171.89	$1,379.31
48	$1,198.60	$1,433.53	$1,225.87	$1,466.14
49	$1,250.65	$1,522.04	$1,279.11	$1,556.68
50	$1,309.30	$1,603.89	$1,339.09	$1,640.39
51	$1,367.21	$1,674.83	$1,398.32	$1,712.94
52	$1,430.99	$1,752.96	$1,463.55	$1,792.85
53	$1,495.50	$1,831.99	$1,529.53	$1,873.67
54	$1,565.15	$1,917.31	$1,600.76	$1,960.93
55	$1,634.79	$2,002.62	$1,671.99	$2,048.19
56	$1,710.30	$2,095.12	$1,749.21	$2,142.78
57	$1,786.54	$2,188.51	$1,827.19	$2,238.31
58	$1,867.91	$2,288.19	$1,910.41	$2,340.25
59	$1,908.23	$2,337.58	$1,951.65	$2,390.77
60	$1,989.61	$2,437.27	$2,034.88	$2,492.73
61	$2,059.98	$2,523.48	$2,106.85	$2,580.89
62	$2,106.17	$2,580.06	$2,154.09	$2,638.76
63	$2,164.08	$2,651.00	$2,213.32	$2,711.32
64+	$2,199.27	$2,694.11	$2,249.31	$2,755.40

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield or Highmark Benefits Group Inc.

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 1-888-Blue-428 to confirm if a doctor or facility will be in network in 2027.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration 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 of Civil Rights Complaint Portal, available at 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
Phone: 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
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, free language translation and interpretation services are available to you. Appropriate auxiliary aids and services (such as large print, audio, and Braille) to provide information in accessible formats are also available free of charge.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de traducción e interpretación de idiomas. También hay disponibles ayudas y servicios auxiliares adecuados (como letra grande, audio y Braille) para proporcionar información en formatos accesibles sin cargo.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Übersetzungs- und Dolmetscherdienste zur Verfügung. Außerdem sind kostenlos entsprechende Hilfsmittel und Dienstleistungen (wie Großdruck, Audio und Blindenschrift) zur Bereitstellung von Informationen in barrierefreien Formaten erhältlich.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis tradiksyon ak entèpretasyon aladispozisyon w gratis nan lang ou pale a. Èd ak sèvis siplemantè apwopriye (tèlke gwo lèt, odyo, Braille) pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou.

ВНИМАНИЕ: Если Вы говорите на русском языке, Вам доступны бесплатные услуги перевода на другой язык. Также предоставляется дополнительная бесплатная помощь и услуги отображения информации в доступных форматах (например, крупным шрифтом, шрифтом Брайля или в виде аудиозаписи).

ATTENZIONE: se parla italiano, sono disponibili servizi gratuiti di traduzione e interpretariato. Sono inoltre disponibili gratuitamente adeguati supporti e servizi ausiliari (ad esempio caratteri grandi, audio e Braille) per fornire informazioni in formati accessibili.

ATTENTION : si vous parlez français, des services de traduction et d'interprétation gratuits sont à votre disposition. Vous pouvez aussi bénéficier gratuitement de l'accès à des outils et services auxiliaires appropriés (affichage en gros caractères, audio et le braille) dans des formats accessibles.

ÀKÍYÈSÍ: Tí o bá nsọ èdè Yorùbá, àwọn iṣẹ ìtumọ ati ògbufọ èdè wà ní àrọwọtọ lọfẹ́ẹ́ fún ọ. Awọn iṣẹ ìtọ́jú ati ìrànlọ́wọ́ tó yẹ (bíi titẹwé nla, gbigbọ ohùn, ati ìwé afọ́jú) lati pèsè iwifúnni ni awọn ọna ìrááyè si wà pẹlu lọfẹ́ẹ́.

וואַ גנוצעזרעביא ראַרפש זעמוקאב ריא טנעק, שידיא טדער ריא בויא :גנוטכא
סעסיוורעס וואַ זעלטימספליה עגירעהעג .לאצפא וופ יירפ סעסיוורעס גנושטעמלאד
עכילגנעגוצ זיא עיצאמראפניא זלעטשוצ וצ (ליערב וואַ אידוא, קורד עסוירג יווויזא)
.לאצפא וופ יירפ זעמוקאב וצ אד רויא זענעז זטאמראפ

ةمجرتلا تامدخ لكل رفوتتسف ،ةيبرعلا ةغللا تنك اذإ :ةيبنت
ةدعاسملا تامدخلاو لئاسولا أضيأ رفوتت .أنإجم ةيرورضلا ةمجرتلاو ةيريرحتلا
ميدقتلل (يلبارب قيرطو ،ةريبكلا ةعابطلا لثم) ةبسانملا لئاسولاو ،ةيوصتلا
.ةفلكت يأ نود نم ءايلإ لوصولا نكمي تانولعملا بتنسيتاقي

注意：如果您说中文，我们将为您提供免费的语言翻译和口译服务。此外，我们还免费提供相应的辅助工具和服务（如大字体、音频和盲文），以便您获取无障碍格式的信息。

ધ્યાન આપશો: જો તમે ગુજરાતી બોલતા હોવ, તો તમારા માટે નિઃશુલ્ક ભાષા અનુવાદ અને ઇન્ટરપ્રિટેશન સેવાઓ ઉપલબ્ધ છે. સુલભ ફોરમેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સાધનસામગ્રી અને સેવાઓ (જેમ કે મોટી પ્રિન્ટ, ઓડિયો અને બ્રેઇલ) પણ નિઃશુલ્ક ઉપલબ્ધ છે.

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

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

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

주의: 한국어를 사용하는 경우 무료 언어 번역 및 통역 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공받을 수 있는 적절한 보조 수단 및 서비스(예: 큰 활자, 오디오, 점자)도 무료로 이용할 수 있습니다.
도움이