



2017 Health Insurance

Benefit Period January 1, 2017 to December 31, 2017

Now's the time to choose new health insurance, and we want to help you find what's best for you.

At Highmark Blue Cross Blue Shield West Virginia (Highmark West Virginia), we believe that you should have a better health care experience, and that starts by putting you first. How do we do that? By giving you the peace of mind that comes from knowing you have reliable coverage that gives you access to more than 93% of physicians and more than 96% of hospitals across the country.*

This step-by-step guide to enrollment will help you understand Highmark West Virginia health plans, explore your options and choose what's right for you. It's part of our commitment to you to make great health care simple and accessible.

We're here for you if you have questions or need help along the way:

- Call **1-855-329-0693** (TTY/TDD 711)
- Visit **DiscoverHighmark.com**
- Your insurance agent

We can also help you enroll through the Health Insurance Marketplace.

Or you can contact the Marketplace at:

- HealthCare.gov
- 1-800-318-2596 (TTY: 1-855-889-4325)

Getting Covered is as Quick as 1, 2, 3:

- Know Your Dates p. 3**
- What's New, What Stays the Same p. 4**
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- Highmark Plan Options p. 8**
- Highmark Base Rates p. 19**

*Blue Cross Blue Shield Association, National Access (2016). Retrieved from <http://www.bcbs.com/healthcare-news/press-center/blue-facts.html> 9-13-16

Step 1

Know Your Dates

Open Enrollment is the period of time when you can enroll in health insurance or switch to something different. Enroll by December 15, 2016 for January 1st coverage — so you won't have a lapse in coverage.

If you don't enroll in a health insurance plan for 2017, you may be charged a fee by the federal government, which can be very costly. To avoid this fee and a lapse in coverage, sign up for a 2017 health insurance plan during Open Enrollment.

Special Enrollment Period

Most people will enroll during Open Enrollment, but you can also change or enroll in coverage through a Special Enrollment Period if you have a qualifying life event. Some examples are:

- A new baby
- Getting married
- Moving to a new, permanent residence where you can't have access to different health plans
- Losing minimum essential coverage

If you think a Special Enrollment Period may apply to you, you can learn more by visiting HealthCare.gov. You may be asked to submit documents that verify your eligibility.

Open Enrollment:

November 1, 2016 to January 31, 2017

Don't Wait to Get Covered

Enroll by December 15, 2016 for coverage to begin January 1, 2017

If you enroll December 16, 2016 to January 15, 2017, your coverage will begin February 1, 2017

If you enroll January 16 to January 31, 2017, your coverage will begin March 1, 2017



Step 2

What's New, What Stays the Same

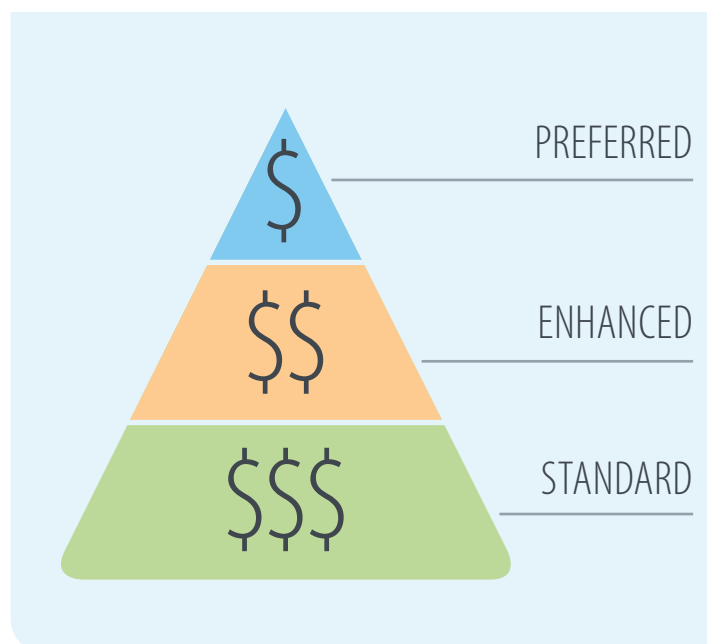
There are plan changes for 2017. Although the exact coverage you have today may not be available in 2017, Highmark West Virginia may still have a plan to meet your needs.

What's New

Highmark West Virginia Plan Options

my Connect Blue WV

Highmark West Virginia's **my Connect Blue WV PPO** health plan offers different provider network levels. Depending on the provider you choose and the value level of benefits they participate in your out-of-pocket costs may vary.



The **my Connect Blue WV** plan always covers in-network professional providers (i.e. primary care doctor, specialists, etc.) at the Preferred Value Level of Benefits. However, there are three value levels of benefits for in-network facility providers (i.e. hospitals) services: Preferred, Enhanced and Standard. At each level, there are different facility providers and you will pay a different amount for your share of the coinsurance or copays. Your facility provider (i.e. Hospitals) may be in any of the three value levels of benefits. All levels offer the same high-quality care - no matter which level you use.

When you choose Professional or Facility providers who participate at the highest level of benefits, the Preferred Value Level of Benefits, you may pay less for your out-of-pocket costs. For Facility Providers, you may pay somewhat more for your out-of-pocket costs when you select a provider at the Enhanced Value Level of Benefits and may pay the most for providers at the Standard Value Level of Benefits.

The **my Connect Blue WV** uses the West Virginia PPO network of Professional providers and Facilities. Outside of West Virginia, Facilities (i.e. hospitals) participating in a local Blue plan, or BlueCard® program, are covered at the Standard Value Level of Benefits, but Professional providers will still be covered at the Preferred Value Level of Benefits.

Major Events Blue PPO

The **Major Events Blue PPO** plan provides basic coverage if you are under 30 or if you meet financial hardship requirements. And you get the protection you need in case of an emergency.

Find a Doctor

Find a Doctor makes it simple to find in-network doctors and hospitals wherever you live or travel. Check to see if your doctor and hospital are in the network of the plan you are considering by visiting Find a Doctor at highmarkbcbswv.com/find-a-doctor.



2017 Highmark West Virginia health plans are available on pages 8-14 for you to review. For more information on terms, please look at Your Health Care Glossary on page 16.

New Prescription Drug Formulary for 2017

Essential Formulary

Prescription drugs are an important part of your coverage. The list of the drugs that your plan covers is called a formulary.

When talking with your doctor about prescription drugs, ask if you can take a generic version instead of a brand name drug. Generic drugs usually work just as well for most people, and may cost less.

Most Highmark West Virginia plans offer the Essential formulary, which has:

- A closed formulary, meaning that the plan only pays for drugs on the formulary; non-formulary drugs are not covered
- Generics, brands and specialty drugs that are mixed between the different tiers
- A four-tier structure where you can save money when your doctor prescribes drugs on the lower tiers

Please be aware, the new Essential Formulary may not include certain prescription drugs, that were covered under the 2016 Highmark plans. Please check HighmarkEssentialFormulary.com to see if your prescription drugs are covered for 2017. If you don't see your drug listed or your medication is listed as Non-formulary, please check with your doctor to see if a different drug option included on the Essential Formulary may be available.

Essential Formulary

Tier 1	\$ (least costly)
Tier 2	\$\$
Tier 3	\$\$\$
Tier 4	\$\$\$\$ (most costly)

HCR Comprehensive Formulary for Major Events Plan Only

If you are under age 30 or have a financial hardship, the catastrophic, Major Events plan offers the HCR Comprehensive Formulary. This is an open formulary where your plan covers generics, brands and specialty formulary and non-formulary drugs.

HCR Comprehensive Formulary

Generic	\$ (least costly)
Brand Formulary	\$\$
Non-Formulary	\$\$\$
Specialty Drug	\$\$\$\$ (most costly)

Specialty Drugs

Specialty drugs are for complex, chronic conditions, such as multiple sclerosis or cancer and are available in Highmark formularies. These drugs have different cost sharing, because they are often more expensive and may require special handling, administration and monitoring. To ensure your safety, we only allow approved specialty pharmacies to deliver these drugs.

Active Choice Pharmacy Benefit

You may save money on drugs you take on a regular basis — for a chronic medical condition. By choosing our convenient home delivery option you may have your prescriptions (90-day supply) delivered to your home in safe, secure packaging. Or, you can use a retail pharmacy. But you must choose and may be notified about this program.

Highmark Blue Edge Dental

Do you need adult dental insurance? Highmark Blue Edge Dental offers a level of coverage that will fit your budget. Visit HighmarkBlueEdgeDental.com to find out more.

What Stays the Same

Metal Levels & Essential Health Benefits

When shopping for a health insurance plan, it's important that you know about the metal levels and essential health benefits.

Metal Levels

Affordable Care Act (ACA) health plans are grouped in four metal categories: Bronze, Silver, Gold, and Platinum. The levels are based on how you and your health plan split the costs of your health care. They have nothing to do with the quality of care you receive.

Essential Health Benefits

Highmark West Virginia ACA plans include these essential health benefits:

- Ambulatory services, such as primary care and specialist visits
- Maternity and newborn care
- Emergency services
- Prescription drugs, including retail and mail order
- Pediatric services, including dental and vision care
- Mental health and substance abuse services
- Rehabilitative and habilitative services and devices
- Hospitalization
- Laboratory services
- Preventive and wellness services, and chronic disease management

Step 3

How to Enroll

Do You Qualify for Financial Help?

Most people who buy insurance through the Health Insurance Marketplace qualify for financial help. Before you enroll, you should determine if you can get financial help to lower the cost of your monthly premium and/or lower your out-of-pocket costs. To see if you may be eligible, check the **2017 Household Income Chart** below.

You may qualify for one or both kinds of financial help:

- **Advanced Premium Tax Credits (APTC)** may be applied (in advance) to lower what you pay each month (the premium) on any Marketplace metal-level plan.
- **Cost-Sharing Reductions (CSR)*** will lower out-of-pocket costs that you may pay at the time of service for doctors' visits, lab tests, drugs and other covered services. You can only get these savings if you enroll in a Marketplace Silver metal-level plan.

You Will Need Important Enrollment & Financial Help Documents

Gather these documents to see if you're eligible for financial help. You will also need these to complete enrollment for yourself and every family member you want to enroll.

- Social Security numbers (or documents for legal immigrants)
- Birth dates
- Pay stubs, W-2 forms or wage and tax statements — to determine your income
- Policy numbers for any current health insurance
- Information about any health insurance you or your family could get from your job

2017 Household Income Chart

	Persons in family/household							
	1	2	3	4	5	6	7	8
APTC	\$11,880 - \$47,520	\$16,020 - \$64,080	\$20,160 - \$80,640	\$24,300 - \$97,200	\$28,440 - \$113,760	\$32,580 - \$130,320	\$36,730 - \$146,920	\$40,890 - \$163,560
CSR*	\$11,880 - \$29,700	\$16,020 - \$40,050	\$20,160 - \$50,400	\$24,300 - \$60,750	\$28,440 - \$71,100	\$32,580 - \$81,450	\$36,730 - \$91,825	\$40,890 - \$102,225

Eligibility for financial help can only be determined by requesting eligibility verification through the Health Insurance Marketplace at HealthCare.gov. This is only applicable for coverage in 2017 and in the 48 contiguous states and the District of Columbia. American Indians and Alaska Natives who are members of federally recognized tribes are eligible for cost-sharing reductions at alternative dollar thresholds. For families/households with more than 8 persons, add \$4,160 for each additional person.

HHS Poverty Guidelines for 2016 (January 25, 2016). Retrieved from <https://aspe.hhs.gov/computations-2016-poverty-guidelines-7-26-16>

*American Indian and Alaska Native cost-sharing reductions apply to individual plans at any metal level through the Marketplace.

Understanding Your Monthly Premium Rates

Review your base monthly premium rates for each plan on pages 19-23 of this brochure. The base premium rate listed is the maximum amount an individual* will pay every month. Find by:

- The Highmark West Virginia plan you wish to purchase
- Your age (and the age of each dependent)
- Your tobacco use (and the tobacco use of each dependent)



Checklist for Easier Enrollment

- ✓ **Review and compare** the 2017 Highmark West Virginia health plans that are available as listed on the following pages. Please note that the Major Events (Catastrophic) plan is only for individuals and their families under age 30 or those who meet financial hardship requirements.
- ✓ **Review all of your plan options**, which may include health plans available on the Health Insurance Marketplace. Using the **Base Plan ID** — top left corner — for each of the following Highmark West Virginia plan pages will help you find us on the Marketplace.
- ✓ **Make sure that you have all of your documents** to see if you are eligible for financial help and to have an easier enrollment process.
- ✓ **Review your monthly base premium rate** listed in this brochure for the plan(s) you are considering to enroll in. Remember, this rate may change if you receive financial help.

For families with more than three children under age 21:

Only include rates for you, your spouse/domestic partner, children between ages 21-26, and/or the three oldest children under age 21. Your policy automatically covers your remaining children. Please include them as eligible dependents when you enroll.

Remember, you may save on monthly premiums if you qualify for financial help and purchase a plan through the Health Insurance Marketplace. Highmark West Virginia offers plans on the Marketplace and can help check your eligibility for financial help.



If you are looking for additional plan details, each plan's Summary of Benefits and Coverage is available online at **HighmarkBCBSWV-SBC.com**.

If you do not have online access, you can get a paper copy of any Summary of Benefits free of charge by calling toll-free **1-855-329-0693** (TTY/TDD 711).



*If you are also enrolling family members, you will need to get the base rate for each member of your family. Add these base rates together to get the rate that covers the family members on your plan.

my Connect Blue WV PPO 1000G

Base Plan ID: 31274WV0480001-01

The chart below shows in-network costs for all categories as a member.

On HealthCare.gov Tier 1=Preferred and Tier 2=Enhanced; Standard is not shown

Gold

	Preferred	Enhanced	Standard
Deductible (Individual) Cross Accumulates	\$1,000	\$1,500	\$2,500
Deductible (Family) ¹ Cross Accumulates	\$2,000	\$3,000	\$5,000
Out-of-Pocket Maximum (Individual) ²	\$4,500 All Tiers Combined		
Out-of-Pocket Maximum (Family) ²	\$9,000 All Tiers Combined		
Coinsurance	10% after deductible	30% after deductible	50% after deductible
Primary Care Physician Office Visit	\$20 copay		
Specialist Office Visit	\$40 copay		
Urgent Care Office Visit	\$80 copay		
Emergency Room Visit	\$200 copay, waived if admitted		
ER Ambulance	10% after preferred deductible		
Inpatient Hospital	\$300 copay per day, 3 day max	\$800 copay per day, 3 day max	50% after deductible
Outpatient Surgery	\$200 copay after deductible	30% after deductible	50% after deductible
Maternity Services	\$300 copay per day, 3 day max	\$800 copay per day, 3 day max	50% after deductible
Diagnostic Lab ³	\$40 copay	\$60 copay	50% after deductible
Imaging (Basic) ⁴	\$40 copay	\$60 copay	50% after deductible
Imaging (Advanced) ⁵	\$85 copay	\$110 copay	50% after deductible
Occupational/Speech Therapy Services ⁶	\$40 copay	\$40 copay	\$40 copay
Occupational/Speech Therapy Limit	Limit: 30 visits for rehabilitative/30 visits for habilitative per benefit period		
Chiropractor Services	\$40 copay		
Chiropractor Limit	Limit: 30 visits per benefit period		
Skilled Nursing Facility Care	10% after preferred deductible		
Inpatient Mental Health	\$300 copay per day, 3 day max		
Outpatient Mental Health	\$40 copay		
Inpatient Substance Abuse Rehab	\$300 copay per day, 3 day max		
Inpatient Substance Abuse Detox	\$300 copay per day, 3 day max		
Outpatient Substance Abuse	\$40 copay		
Pediatric Vision Services ⁷	Exam: 0%; Frames/Lenses: 0%		
Pediatric Dental Services ⁷	Exam/Cleaning: 0%; Other benefits: 0%-50% coinsurance		

Prescription Formulary	Essential Formulary ⁸			
	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage - Retail (34-Day Supply)	Copay of 15% of the cost of the drug (\$3 min/\$10 max) no deductible	Copay of 25% of the cost of the drug (\$20 min/\$75 max) no deductible	Copay of 35% of the cost of the drug (\$70 min/\$250 max) no deductible	Copay of 50% of the cost of the drug (\$150 min/\$1,000 max) no deductible
Prescription Drug Coverage - Mail (90-Day Supply)	Copay of 15% of the cost of the drug (\$6 min/\$20 max) no deductible	Copay of 25% of the cost of the drug (\$40 min/\$150 max) no deductible	Copay of 35% of the cost of the drug (\$140 min/\$500 max) no deductible	Copay of 50% of the cost of the drug (\$300 min/\$2,000 max) no deductible

my Connect Blue WV PPO 1500G

Base Plan ID: 31274WV0480002-01

The chart below shows in-network costs for all categories as a member.

On HealthCare.gov Tier 1=Preferred and Tier 2=Enhanced; Standard is not shown

Gold

	Preferred	Enhanced	Standard
Deductible (Individual) Cross Accumulates	\$1,500	\$2,000	\$3,000
Deductible (Family) ¹ Cross Accumulates	\$3,000	\$4,000	\$6,000
Out-of-Pocket Maximum (Individual) ²	\$4,200 All Tiers Combined		
Out-of-Pocket Maximum (Family) ²	\$8,400 All Tiers Combined		
Coinsurance	20% after deductible	40% after deductible	50% after deductible
Primary Care Physician Office Visit	\$35 copay		
Specialist Office Visit	\$45 copay		
Urgent Care Office Visit	\$65 copay		
Emergency Room Visit	20% after \$150 copay waived if admitted		
ER Ambulance	20% after preferred deductible		
Inpatient Hospital	20% after deductible	40% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	50% after deductible
Maternity Services	20% after deductible	40% after deductible	50% after deductible
Diagnostic Lab ³	20% after deductible	40% after deductible	50% after deductible
Imaging (Basic) ⁴	20% after deductible	40% after deductible	50% after deductible
Imaging (Advanced) ⁵	20% after deductible	40% after deductible	50% after deductible
Occupational/Speech Therapy Services ⁶	20% after deductible	20% after preferred deductible	20% after preferred deductible
Occupational/Speech Therapy Limit	Limit: 30 visits for rehabilitative/30 visits for habilitative per benefit period		
Chiropractor Services	20% after preferred deductible		
Chiropractor Limit	Limit: 30 visits per benefit period		
Skilled Nursing Facility Care	20% after preferred deductible		
Inpatient Mental Health	20% after preferred deductible		
Outpatient Mental Health	\$35 copay		
Inpatient Substance Abuse Rehab	20% after preferred deductible		
Inpatient Substance Abuse Detox	20% after preferred deductible		
Outpatient Substance Abuse	\$35 copay		
Pediatric Vision Services ⁷	Exam: 0%; Frames/Lenses: 0%		
Pediatric Dental Services ⁷	Exam/Cleaning: 0%; Other benefits: 0%-50% coinsurance		

Prescription Formulary	Essential Formulary ⁸			
	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage - Retail (34-Day Supply)	Copay of 15% of the cost of the drug (\$3 min/\$10 max) no deductible	Copay of 25% of the cost of the drug (\$20 min/\$75 max) no deductible	Copay of 35% of the cost of the drug (\$70 min/\$250 max) no deductible	Copay of 50% of the cost of the drug (\$150 min/\$1,000 max) no deductible
Prescription Drug Coverage - Mail (90-Day Supply)	Copay of 15% of the cost of the drug (\$6 min/\$20 max) no deductible	Copay of 25% of the cost of the drug (\$40 min/\$150 max) no deductible	Copay of 35% of the cost of the drug (\$140 min/\$500 max) no deductible	Copay of 50% of the cost of the drug (\$300 min/\$2,000 max) no deductible

my Connect Blue WV PPO 750S

Base Plan ID: 31274WV0480003-01

The chart below shows in-network costs for all categories as a member.

On HealthCare.gov Tier 1=Preferred and Tier 2=Enhanced; Standard is not shown

Silver

	Preferred	Enhanced	Standard
Deductible (Individual) Cross Accumulates	\$750	\$4,000	\$6,000
Deductible (Family) ¹ Cross Accumulates	\$1,500	\$8,000	\$12,000
Out-of-Pocket Maximum (Individual) ²	\$7,150 All Tiers Combined	\$7,150 All Tiers Combined	\$7,150 All Tiers Combined
Out-of-Pocket Maximum (Family) ²	\$14,300 All Tiers Combined	\$14,300 All Tiers Combined	\$14,300 All Tiers Combined
Coinsurance	30% after deductible	40% after deductible	50% after deductible
Primary Care Physician Office Visit	\$65 copay		
Specialist Office Visit	\$115 copay		
Urgent Care Office Visit	\$140 copay		
Emergency Room Visit	\$500 copay, waived if admitted		
ER Ambulance	30% after preferred deductible		
Inpatient Hospital	\$1,000 copay per day, 3 day max	\$1,500 copay per day, 3 day max	50% after deductible
Outpatient Surgery	\$1,000 copay	40% after deductible	50% after deductible
Maternity Services	\$1,000 copay per day, 3 day max	\$1,500 copay per day, 3 day max	50% after deductible
Diagnostic Lab ³	\$115 copay	\$135 copay	50% after deductible
Imaging (Basic) ⁴	\$115 copay	\$135 copay	50% after deductible
Imaging (Advanced) ⁵	\$405 copay	\$450 copay	50% after deductible
Occupational/Speech Therapy Services ⁶	\$115 copay	\$115 copay	\$115 copay
Occupational/Speech Therapy Limit	Limit: 30 visits for rehabilitative/30 visits for habilitative per benefit period		
Chiropractor Services	\$115 copay		
Chiropractor Limit	Limit: 30 visits per benefit period		
Skilled Nursing Facility Care	30% after preferred deductible		
Inpatient Mental Health	\$1,000 copay per day, 3 day max		
Outpatient Mental Health	\$115 copay		
Inpatient Substance Abuse Rehab	\$1,000 copay per day, 3 day max		
Inpatient Substance Abuse Detox	\$1,000 copay per day, 3 day max		
Outpatient Substance Abuse	\$115 copay		
Pediatric Vision Services ⁷	Exam: 0%; Frames/Lenses: 0%		
Pediatric Dental Services ⁷	Exam/Cleaning: 0%; Other benefits: 0%-50% coinsurance		

Prescription Formulary	Essential Formulary ⁸			
	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage - Retail (34-Day Supply)	Copay of 15% of the cost of the drug (\$3 min/\$10 max) no deductible	Copay of 25% of the cost of the drug (\$20 min/\$75 max) no deductible	Copay of 35% of the cost of the drug (\$70 min/\$250 max) no deductible	Copay of 50% of the cost of the drug (\$150 min/\$1,000 max) no deductible
Prescription Drug Coverage - Mail (90-Day Supply)	Copay of 15% of the cost of the drug (\$6 min/\$20 max) no deductible	Copay of 25% of the cost of the drug (\$40 min/\$150 max) no deductible	Copay of 35% of the cost of the drug (\$140 min/\$500 max) no deductible	Copay of 50% of the cost of the drug (\$300 min/\$2,000 max) no deductible

my Connect Blue WV PPO 2800SQE¹⁰

Base Plan ID: 31274WV0480004-01

The chart below shows in-network costs for all categories as a member.

On HealthCare.gov Tier 1=Preferred and Tier 2=Enhanced; Standard is not shown

Silver

	Preferred	Enhanced	Standard
Deductible (Individual)	\$2,800 All Tiers Combined		
Deductible (Family)¹	\$5,600 All Tiers Combined		
Out-of-Pocket Maximum (Individual)²	\$5,700 All Tiers Combined		
Out-of-Pocket Maximum (Family)²	\$11,400 All Tiers Combined		
Coinsurance	20% after deductible	40% after deductible	50% after deductible
Primary Care Physician Office Visit	20% after deductible		
Specialist Office Visit	20% after deductible		
Urgent Care Office Visit	20% after deductible		
Emergency Room Visit	20% after deductible		
ER Ambulance	20% after deductible		
Inpatient Hospital	20% after deductible	40% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	50% after deductible
Maternity Services	20% after deductible	40% after deductible	50% after deductible
Diagnostic Lab³	20% after deductible	40% after deductible	50% after deductible
Imaging (Basic)⁴	20% after deductible	40% after deductible	50% after deductible
Imaging (Advanced)⁵	20% after deductible	40% after deductible	50% after deductible
Occupational/Speech Therapy Services⁶	20% after deductible	20% after deductible	20% after deductible
Occupational/Speech Therapy Limit	Limit: 30 visits for rehabilitative/30 visits for habilitative per benefit period		
Chiropractor Services	20% after deductible		
Chiropractor Limit	Limit: 30 visits per benefit period		
Skilled Nursing Facility Care	20% after deductible		
Inpatient Mental Health	20% after deductible		
Outpatient Mental Health	20% after deductible		
Inpatient Substance Abuse Rehab	20% after deductible		
Inpatient Substance Abuse Detox	20% after deductible		
Outpatient Substance Abuse	20% after deductible		
Pediatric Vision Services⁷	Exam: 0%; Frames/Lenses: 0%		
Pediatric Dental Services⁷	Exam/Cleaning: 0%; Other benefits: 0%-20% coinsurance		

Prescription Formulary	Essential Formulary ⁸			
	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage - Retail (34-Day Supply)	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Prescription Drug Coverage - Mail (90-Day Supply)	20% after deductible	20% after deductible	20% after deductible	20% after deductible

my Connect Blue WV PPO 4750S

Base Plan ID: 31274WV0480005-01

The chart below shows in-network costs for all categories as a member.

On HealthCare.gov Tier 1=Preferred and Tier 2=Enhanced; Standard is not shown

Silver

	Preferred	Enhanced	Standard
Deductible (Individual) Cross Accumulates	\$4,750	\$5,250	\$5,750
Deductible (Family) ¹ Cross Accumulates	\$9,500	\$10,500	\$11,500
Out-of-Pocket Maximum (Individual) ²	\$7,150 All Tiers Combined		
Out-of-Pocket Maximum (Family) ²	\$14,300 All Tiers Combined		
Coinsurance	20% after deductible	40% after deductible	50% after deductible
Primary Care Physician Office Visit	\$45 copay		
Specialist Office Visit	\$60 copay		
Urgent Care Office Visit	\$65 copay		
Emergency Room Visit	20% after \$150 copay, waived if admitted		
ER Ambulance	20% after preferred deductible		
Inpatient Hospital	20% after deductible	40% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	50% after deductible
Maternity Services	20% after deductible	40% after deductible	50% after deductible
Diagnostic Lab ³	20% after deductible	40% after deductible	50% after deductible
Imaging (Basic) ⁴	20% after deductible	40% after deductible	50% after deductible
Imaging (Advanced) ⁵	20% after deductible	40% after deductible	50% after deductible
Occupational/Speech Therapy Services ⁶	20% after deductible	20% after preferred deductible	20% after preferred deductible
Occupational/Speech Therapy Limit	Limit: 30 visits for rehabilitative/30 visits for habilitative per benefit period		
Chiropractor Services	20% after preferred deductible		
Chiropractor Limit	Limit: 30 visits per benefit period		
Skilled Nursing Facility Care	20% after preferred deductible		
Inpatient Mental Health	20% after preferred deductible		
Outpatient Mental Health	\$45 copay		
Inpatient Substance Abuse Rehab	20% after preferred deductible		
Inpatient Substance Abuse Detox	20% after preferred deductible		
Outpatient Substance Abuse	\$45 copay		
Pediatric Vision Services ⁷	Exam: 0%; Frames/Lenses: 0%		
Pediatric Dental Services ⁷	Exam/Cleaning: 0%; Other benefits: 0%-50% coinsurance		

Prescription Formulary	Essential Formulary ⁸			
	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage - Retail (34-Day Supply)	Copay of 15% of the cost of the drug (\$3 min/\$10 max) no deductible	Copay of 25% of the cost of the drug (\$20 min/\$75 max) no deductible	Copay of 35% of the cost of the drug (\$70 min/\$250 max) no deductible	Copay of 50% of the cost of the drug (\$150 min/\$1,000 max) no deductible
Prescription Drug Coverage - Mail (90-Day Supply)	Copay of 15% of the cost of the drug (\$6 min/\$20 max) no deductible	Copay of 25% of the cost of the drug (\$40 min/\$150 max) no deductible	Copay of 35% of the cost of the drug (\$140 min/\$500 max) no deductible	Copay of 50% of the cost of the drug (\$300 min/\$2,000 max) no deductible

my Connect Blue WV PPO 6500B

Base Plan ID: 31274WV0480006-01

The chart below shows in-network costs for all categories as a member.

On HealthCare.gov Tier 1=Preferred and Tier 2=Enhanced; Standard is not shown

Bronze

	Preferred	Enhanced	Standard
Deductible (Individual) Cross Accumulates	\$6,500	\$6,800	\$7,000
Deductible (Family) ¹ Cross Accumulates	\$13,000	\$13,600	\$14,000
Out-of-Pocket Maximum (Individual) ²	\$7,150 All Tiers Combined	\$7,150 All Tiers Combined	\$7,150 All Tiers Combined
Out-of-Pocket Maximum (Family) ²	\$14,300 All Tiers Combined	\$14,300 All Tiers Combined	\$14,300 All Tiers Combined
Coinsurance	30% after deductible	40% after deductible	50% after deductible
Primary Care Physician Office Visit	\$100 copay		
Specialist Office Visit	\$140 copay		
Urgent Care Office Visit	\$150 copay		
Emergency Room Visit	30% after preferred deductible		
ER Ambulance	30% after preferred deductible		
Inpatient Hospital	\$1,500 copay per admission	40% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	40% after deductible	50% after deductible
Maternity Services	\$1,500 copay per admission	40% after deductible	50% after deductible
Diagnostic Lab ³	\$100 copay	\$120 copay	50% after deductible
Imaging (Basic) ⁴	\$100 copay	\$120 copay	50% after deductible
Imaging (Advanced) ⁵	30% after deductible	40% after deductible	50% after deductible
Occupational/Speech Therapy Services ⁶	30% after deductible	30% after preferred deductible	30% after preferred deductible
Occupational/Speech Therapy Limit	Limit: 30 visits for rehabilitative/30 visits for habilitative per benefit period		
Chiropractor Services	30% after preferred deductible		
Chiropractor Limit	Limit: 30 visits per benefit period		
Skilled Nursing Facility Care	30% after preferred deductible		
Inpatient Mental Health	\$1,500 copay per admission		
Outpatient Mental Health	\$140 copay		
Inpatient Substance Abuse Rehab	\$1,500 copay per admission		
Inpatient Substance Abuse Detox	\$1,500 copay per admission		
Outpatient Substance Abuse	\$140 copay		
Pediatric Vision Services ⁷	Exam: 0%; Frames/Lenses: 0%		
Pediatric Dental Services ⁷	Exam/Cleaning: 0%; Other benefits: 0%-50% coinsurance		

Prescription Formulary	Essential Formulary ⁸			
	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage - Retail (34-Day Supply)	Copay of 15% of the cost of the drug (\$3 min/\$10 max) no deductible	Copay of 25% of the cost of the drug (\$20 min/\$75 max) no deductible	Copay of 35% of the cost of the drug (\$70 min/\$250 max) no deductible	Copay of 50% of the cost of the drug (\$150 min/\$1,000 max) no deductible
Prescription Drug Coverage - Mail (90-Day Supply)	Copay of 15% of the cost of the drug (\$6 min/\$20 max) no deductible	Copay of 25% of the cost of the drug (\$40 min/\$150 max) no deductible	Copay of 35% of the cost of the drug (\$140 min/\$500 max) no deductible	Copay of 50% of the cost of the drug (\$300 min/\$2,000 max) no deductible

Major Events Blue WV PPO 7150

Base Plan ID: 31274WV0320001-01

The chart below shows in-network costs for all categories as a member.

Catastrophic

	Plan Benefits
Deductible (Individual)	\$7,150
Deductible (Family) ¹	\$14,300
Out-of-Pocket Maximum (Individual) ²	\$7,150
Out-of-Pocket Maximum (Family) ²	\$14,300
Coinsurance	0% after deductible
Primary Care Physician Office Visit	0% after deductible
Specialist Office Visit	0% after deductible
Urgent Care Office Visit	0% after deductible
Emergency Room Visit	0% after deductible
ER Ambulance	0% after deductible
Inpatient Hospital	0% after deductible
Outpatient Surgery	0% after deductible
Maternity Services	0% after deductible
Diagnostic Lab ³	0% after deductible
Imaging (Basic) ⁴	0% after deductible
Imaging (Advanced) ⁵	0% after deductible
Occupational/Speech Therapy Services	0% after deductible
Occupational/Speech Therapy Limit	Limit: 30 visits for rehabilitative/30 visits for habilitative per benefit period
Chiropractor Services	0% after deductible
Chiropractor Limit	Limit: 30 visits per benefit period
Skilled Nursing Facility Care	0% after deductible
Inpatient Mental Health	0% after deductible
Outpatient Mental Health	0% after deductible
Inpatient Substance Abuse Rehab	0% after deductible
Inpatient Substance Abuse Detox	0% after deductible
Outpatient Substance Abuse	0% after deductible
Pediatric Vision Services ⁷	Exam: 0%; Frames/Lenses: 0%
Pediatric Dental Services ⁷	Exam/Cleaning: 0%; Other benefits: 0%-50% coinsurance

Prescription Formulary	HCR Comprehensive Formulary ⁹		
	Generic	Brand Formulary	Non-Formulary
Prescription Drug Coverage - Retail (34-Day Supply)	0% after deductible	0% after deductible	0% after deductible
Prescription Drug Coverage - Mail (90-Day Supply)	0% after deductible	0% after deductible	0% after deductible

Highmark Blue Cross Blue Shield West Virginia Disclosures

Important Benefit Details

- ¹ Embedded Family Deductible: For an agreement covering more than one (1) family member, as each member satisfies their individual deductible, the plan will begin to pay benefits for covered services for that member for the remainder of the benefit period (January 1, 2017 – December 31, 2017), whether or not the entire family deductible has been satisfied. When the family deductible has been satisfied, the family deductible will be considered to have been satisfied for all remaining covered family members. No individual member may satisfy the entire family deductible.
- ² You are responsible for out-of-pocket costs each benefit period (January 1, 2017 – December 31, 2017) up to the maximum amount shown. Thereafter, the plan pays 100% of the Provider's Allowable Charge during the remainder of the benefit period. This amount does not include amounts in excess of the provider's allowable charge.
- ³ 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.
- ⁴ 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.
- ⁵ 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.
- ⁶ Occupational/Speech Therapy Services copay/coinsurance shown in grid is for professional services only and could be higher at a facility.
- ⁷ Pediatric vision benefits utilize the Davis National Network. Pediatric dental benefits utilize United Concordia's Advantage Network.
- ⁸ Essential Formulary prescription drug cost covers a 90-day (Mail Order) or 34-day (Retail) supply. This plan has a four-tier closed formulary prescription drug structure.
- ⁹ The **Major Events Blue PPO 7150** plan utilizes the HCR Comprehensive Formulary on the National network. Mail order available.
- ¹⁰ The **my Connect Blue WV PPO 2800SQE** is a Qualified High Deductible Health Plan and 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.

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

Insurance may be provided by Highmark Blue Cross Blue Shield West Virginia which is an independent licensee of the Blue Cross and Blue Shield Association. 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 Certificate Booklet 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, please go to DiscoverHighmark.com/QualityAssurance; or for a paper copy, call (855) 329-0693 (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.

Davis Vision is a separate company that administers the Plan's vision benefits. United Concordia is a separate company that administers the Plan's pediatric dental benefits.

Your Health Care Glossary

Here are some commonly used health insurance plan terms to help you.

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

Coinsurance – The costs of your care are shared between you and the insurance company. Coinsurance is the part of your medical bill that you pay, after reaching your deductible. For example, if your medical bill for covered, in-network services is \$100 and your coinsurance is 20%, you pay \$20. The insurance company pays \$80.

Copay or Copayment – A fixed dollar amount (for example, \$25) that you pay each time you receive certain covered health care services.

Deductible – The amount of money you must pay for health care services before the health plan starts to pay.

- An embedded deductible has two parts: an individual deductible and a family deductible. Each family member can meet but not exceed his/her own deductible before the family deductible is met. (Individual deductibles add up to meet the family deductible.)
- With a non-embedded family deductible, the amount of the deductible can be met by one family member or by a combination of family members. The health plan does not begin to pay for any individual medical expenses until the family deductible is met.

Formulary – A list of prescription drugs covered by your health plan. In a tiered drug formulary, drugs are assigned a level or tier. Each tier has a different copay or coinsurance. You usually pay less when your doctor prescribes drugs in the lower tiers.

High Deductible Health Plan (HDHP) – These plans have higher deductibles than traditional health plans. Qualified HDHPs may be combined with a health savings account (HSA) that you can fund with tax-deductible contributions up to annual limits published by the IRS. You can use the HSA to pay for unreimbursed "qualified" medical expenses. Please note that not all HDHP plans are Qualified HDHPs.

Network Providers – Doctors, hospitals, clinics, labs and other providers who have a contract with a health plan to provide health services to its members. You pay less when you use network providers.

Out-of-Pocket Costs – The copayments, coinsurance and deductible amounts you have to pay.

Out-of-Pocket Maximum – The most (maximum) you have to pay out of your own pocket each benefit period (usually a year). After that, your health insurance company pays 100% of the cost for covered services.

PPO (Preferred Provider Organization) – In this type of health plan you pay less if you use providers in the plan's network. You can also use providers outside of the plan's network, but will generally have higher out-of-pocket costs.

Premium – The amount of money you pay each month for your health insurance. You must pay this dollar amount every month — even if you don't use services that month.

Preventive Care Services – Routine health care, like screenings, well visits and checkups — to help prevent illnesses, disease or other health problems.

Primary Care Physician (PCP) – The doctor who provides most of your basic care, such as yearly preventive visits and screenings. In most cases, your PCP will coordinate your care with specialists, health care facilities and other providers.

Qualified Health Plan (QHP) – An insurance plan certified by the Health Insurance Marketplace. It must provide the 10 essential health benefits, follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meet other requirements.

Urgent Care Center – A walk-in center that you can use when your doctor is unavailable, or when you have an illness or injury serious enough that you need care right away, but not serious enough for a trip to the emergency room. Urgent care visits are usually less costly than going to the emergency room, but more costly than a Primary Care Physician (PCP) visit.

Committed to Providing Outstanding Service

Discrimination is Against the Law

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you speak English, language assistance services, free of charge, are available to you. Call 1-877-959-2562.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-877-959-2562.

如果您说中文，可向您提供免费语言协助服务。請致電 1-877-959-2562。

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-877-959-2562.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-877-959-2562.

Committed to Providing Outstanding Service

إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل على الرقم 1-877-959-2562.

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-877-959-2562.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. 1-877-959-2562 로 전화.

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。 1-877-959-2562 を呼び出します。

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tumawag sa 1-877-959-2562.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-877-959-2562.

หากคุณพูด ไทย, มีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่มีค่าใช้จ่าย
โทร 1-877-959-2562.

यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने, तपाईंका लागि भाषा सहायता सेवाहरू नःशुल्क उपलब्ध हुन्छन्।
1-877-959-2562 मा फोन गर्नुहोस्।

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 1-877-959-2562.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки.
Звоните 1-877-959-2562.

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ 1-877-959-2562 پر کال کریں۔

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-877-959-2562.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-877-959-2562.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-877-959-2562.

Diné k'ehgo yáníłti'go, language assistance services, éi t'áá níík'eh, bee níká a'doowoł, éi bee ná'ahóót'i'. Kojí' hodíłlnih 1-877-959-2562.

BASE RATES FOR YOUR COUNTY

You can find these plans on the Health Insurance Marketplace by using the Highmark Base Plan ID*.

Age	Silver		Gold		Gold		Silver		Silver		Bronze		Catastrophic	
	my Connect Blue WV PPO 750S		my Connect Blue WV PPO 1000G		my Connect Blue WV PPO 1500G		my Connect Blue WV PPO 2800SQE		my Connect Blue WV PPO 4750S		my Connect Blue WV PPO 6500B		Major Events Blue PPO 7150	
	31274WV0480003		31274WV0480001		31274WV0480002		31274WV0480004		31274WV0480005		31274WV0480006		31274WV0320001	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 20	\$277.51	\$277.51	\$338.11	\$338.11	\$329.88	\$329.88	\$286.82	\$286.82	\$269.04	\$269.04	\$221.99	\$221.99	\$201.23	\$201.23
21	\$437.03	\$447.96	\$532.45	\$545.76	\$519.50	\$532.49	\$451.68	\$462.97	\$423.69	\$434.28	\$349.59	\$358.33	\$316.89	\$324.81
22	\$437.03	\$447.96	\$532.45	\$545.76	\$519.50	\$532.49	\$451.68	\$462.97	\$423.69	\$434.28	\$349.59	\$358.33	\$316.89	\$324.81
23	\$437.03	\$447.96	\$532.45	\$545.76	\$519.50	\$532.49	\$451.68	\$462.97	\$423.69	\$434.28	\$349.59	\$358.33	\$316.89	\$324.81
24	\$437.03	\$447.96	\$532.45	\$545.76	\$519.50	\$532.49	\$451.68	\$462.97	\$423.69	\$434.28	\$349.59	\$358.33	\$316.89	\$324.81
25	\$438.78	\$449.75	\$534.58	\$547.94	\$521.58	\$534.62	\$453.49	\$464.83	\$425.38	\$436.01	\$350.99	\$359.76	\$318.16	\$326.11
26	\$447.52	\$458.71	\$545.23	\$558.86	\$531.97	\$545.27	\$462.52	\$474.08	\$433.86	\$444.71	\$357.98	\$366.93	\$324.50	\$332.61
27	\$458.01	\$469.46	\$558.01	\$571.96	\$544.44	\$558.05	\$473.36	\$485.19	\$444.03	\$455.13	\$366.37	\$375.53	\$332.10	\$340.40
28	\$475.05	\$486.93	\$578.77	\$593.24	\$564.70	\$578.82	\$490.98	\$503.25	\$460.55	\$472.06	\$380.00	\$389.50	\$344.46	\$353.07
29	\$489.04	\$501.27	\$595.81	\$610.71	\$581.32	\$595.85	\$505.43	\$518.07	\$474.11	\$485.96	\$391.19	\$400.97	\$354.60	\$363.47
30	\$496.03	\$508.43	\$604.33	\$619.44	\$589.63	\$604.37	\$512.66	\$525.48	\$480.89	\$492.91	\$396.78	\$406.70	\$359.67	\$368.66
31	\$506.52	\$519.18	\$617.11	\$632.54	\$602.10	\$617.15	\$523.50	\$536.59	\$491.06	\$503.34	\$405.17	\$415.30	\$367.28	\$376.46
32	\$517.01	\$529.94	\$629.89	\$645.64	\$614.57	\$629.93	\$534.34	\$547.70	\$501.23	\$513.76	\$413.56	\$423.90	\$374.88	\$384.25
33	\$523.56	\$536.65	\$637.88	\$653.83	\$622.36	\$637.92	\$541.11	\$554.64	\$507.58	\$520.27	\$418.81	\$429.28	\$379.63	\$389.12
34	\$530.55	\$543.81	\$646.39	\$662.55	\$630.67	\$646.44	\$548.34	\$562.05	\$514.36	\$527.22	\$424.40	\$435.01	\$384.70	\$394.32
35	\$534.05	\$547.40	\$650.65	\$666.92	\$634.83	\$650.70	\$551.95	\$565.75	\$517.75	\$530.69	\$427.20	\$437.88	\$387.24	\$396.92
36	\$537.55	\$550.99	\$654.91	\$671.28	\$638.99	\$654.96	\$555.57	\$569.46	\$521.14	\$534.17	\$430.00	\$440.75	\$389.77	\$399.51
37	\$541.04	\$554.57	\$659.17	\$675.65	\$643.14	\$659.22	\$559.18	\$573.16	\$524.53	\$537.64	\$432.79	\$443.61	\$392.31	\$402.12
38	\$544.54	\$558.15	\$663.43	\$680.02	\$647.30	\$663.48	\$562.79	\$576.86	\$527.92	\$541.12	\$435.59	\$446.48	\$394.84	\$404.71
39	\$551.53	\$565.32	\$671.95	\$688.75	\$655.61	\$672.00	\$570.02	\$584.27	\$534.70	\$548.07	\$441.18	\$452.21	\$399.92	\$409.92
40	\$558.52	\$614.37	\$680.47	\$748.52	\$663.92	\$730.31	\$577.25	\$634.98	\$541.48	\$595.63	\$446.78	\$491.46	\$404.99	\$445.49
41	\$569.01	\$628.76	\$693.25	\$766.04	\$676.39	\$747.41	\$588.09	\$649.84	\$551.64	\$609.56	\$455.17	\$502.96	\$412.59	\$455.91
42	\$579.06	\$643.91	\$705.50	\$784.52	\$688.34	\$765.43	\$598.48	\$665.51	\$561.39	\$624.27	\$463.21	\$515.09	\$419.88	\$466.91
43	\$593.05	\$664.81	\$722.53	\$809.96	\$704.96	\$790.26	\$612.93	\$687.09	\$574.95	\$644.52	\$474.39	\$531.79	\$430.02	\$482.05
44	\$610.53	\$691.12	\$743.83	\$842.02	\$725.74	\$821.54	\$631.00	\$714.29	\$591.89	\$670.02	\$488.38	\$552.85	\$442.70	\$501.14
45	\$631.07	\$722.58	\$768.86	\$880.34	\$750.16	\$858.93	\$652.23	\$746.80	\$611.81	\$700.52	\$504.81	\$578.01	\$457.59	\$523.94
46	\$655.55	\$760.44	\$798.68	\$926.47	\$779.25	\$903.93	\$677.52	\$785.92	\$635.54	\$737.23	\$524.39	\$608.29	\$475.34	\$551.39
47	\$683.08	\$803.99	\$832.22	\$979.52	\$811.98	\$955.70	\$705.98	\$830.94	\$662.23	\$779.44	\$546.41	\$643.12	\$495.30	\$582.97
48	\$714.54	\$854.59	\$870.56	\$1,041.19	\$849.38	\$1,015.86	\$738.50	\$883.25	\$692.73	\$828.51	\$571.58	\$683.61	\$518.12	\$619.67
49	\$745.57	\$907.36	\$908.36	\$1,105.47	\$886.27	\$1,078.59	\$770.57	\$937.78	\$722.82	\$879.67	\$596.40	\$725.82	\$540.61	\$657.92
50	\$780.54	\$956.16	\$950.96	\$1,164.93	\$927.83	\$1,136.59	\$806.70	\$988.21	\$756.71	\$926.97	\$624.37	\$764.85	\$565.97	\$693.31
51	\$815.06	\$998.45	\$993.02	\$1,216.45	\$968.87	\$1,186.87	\$842.38	\$1,031.92	\$790.18	\$967.97	\$651.99	\$798.69	\$591.00	\$723.98
52	\$853.08	\$1,045.02	\$1,039.34	\$1,273.19	\$1,014.06	\$1,242.22	\$881.68	\$1,080.06	\$827.04	\$1,013.12	\$682.40	\$835.94	\$618.57	\$757.75
53	\$891.54	\$1,092.14	\$1,086.20	\$1,330.60	\$1,059.78	\$1,298.23	\$921.43	\$1,128.75	\$864.33	\$1,058.80	\$713.16	\$873.62	\$646.46	\$791.91
54	\$933.06	\$1,143.00	\$1,136.78	\$1,392.56	\$1,109.13	\$1,358.68	\$964.34	\$1,181.32	\$904.58	\$1,108.11	\$746.37	\$914.30	\$676.56	\$828.79
55	\$974.58	\$1,193.86	\$1,187.36	\$1,454.52	\$1,158.49	\$1,419.15	\$1,007.25	\$1,233.88	\$944.83	\$1,157.42	\$779.59	\$955.00	\$706.66	\$865.66
56	\$1,019.59	\$1,249.00	\$1,242.21	\$1,521.71	\$1,211.99	\$1,484.69	\$1,053.77	\$1,290.87	\$988.47	\$1,210.88	\$815.59	\$999.10	\$739.30	\$905.64
57	\$1,065.04	\$1,304.67	\$1,297.58	\$1,589.54	\$1,266.02	\$1,550.87	\$1,100.74	\$1,348.41	\$1,032.53	\$1,264.85	\$851.95	\$1,043.64	\$772.26	\$946.02
58	\$1,113.55	\$1,364.10	\$1,356.68	\$1,661.93	\$1,323.69	\$1,621.52	\$1,150.88	\$1,409.83	\$1,079.56	\$1,322.46	\$890.76	\$1,091.18	\$807.44	\$989.11
59	\$1,137.59	\$1,393.55	\$1,385.97	\$1,697.81	\$1,352.26	\$1,656.52	\$1,175.72	\$1,440.26	\$1,102.87	\$1,351.02	\$909.98	\$1,114.73	\$824.86	\$1,010.45
60	\$1,186.10	\$1,452.97	\$1,445.07	\$1,770.21	\$1,409.92	\$1,727.15	\$1,225.86	\$1,501.68	\$1,149.89	\$1,408.62	\$948.79	\$1,162.27	\$860.04	\$1,053.55
61	\$1,228.05	\$1,504.36	\$1,496.18	\$1,832.82	\$1,459.80	\$1,788.26	\$1,269.22	\$1,554.79	\$1,190.57	\$1,458.45	\$982.35	\$1,203.38	\$890.46	\$1,090.81
62	\$1,255.59	\$1,538.10	\$1,529.73	\$1,873.92	\$1,492.52	\$1,828.34	\$1,297.68	\$1,589.66	\$1,217.26	\$1,491.14	\$1,004.37	\$1,230.35	\$910.42	\$1,115.26
63	\$1,290.11	\$1,580.38	\$1,571.79	\$1,925.44	\$1,533.56	\$1,878.61	\$1,333.36	\$1,633.37	\$1,250.73	\$1,532.14	\$1,031.99	\$1,264.19	\$935.46	\$1,145.94
64	\$1,311.09	\$1,606.09	\$1,597.35	\$1,956.75	\$1,558.50	\$1,909.16	\$1,355.04	\$1,659.92	\$1,271.07	\$1,557.06	\$1,048.77	\$1,284.74	\$950.67	\$1,164.57
65+	\$1,311.09	\$1,606.09	\$1,597.35	\$1,956.75	\$1,558.50	\$1,909.16	\$1,355.04	\$1,659.92	\$1,271.07	\$1,557.06	\$1,048.77	\$1,284.74	\$950.67	\$1,164.57

Cabell, Mason, Putnam and Wayne

BASE RATES FOR YOUR COUNTY

You can find these plans on the Health Insurance Marketplace by using the Highmark Base Plan ID*.

Age	Silver		Gold		Gold		Silver		Silver		Bronze		Catastrophic	
	my Connect Blue WV PPO 750S		my Connect Blue WV PPO 1000G		my Connect Blue WV PPO 1500G		my Connect Blue WV PPO 2800SQE		my Connect Blue WV PPO 4750S		my Connect Blue WV PPO 6500B		Major Events Blue PPO 7150	
	31274WV0480003		31274WV0480001		31274WV0480002		31274WV0480004		31274WV0480005		31274WV0480006		31274WV0320001	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 20	\$244.21	\$244.21	\$297.54	\$297.54	\$290.30	\$290.30	\$252.40	\$252.40	\$236.76	\$236.76	\$195.35	\$195.35	\$177.08	\$177.08
21	\$384.59	\$394.20	\$468.56	\$480.27	\$457.16	\$468.59	\$397.48	\$407.42	\$372.85	\$382.17	\$307.64	\$315.33	\$278.86	\$285.83
22	\$384.59	\$394.20	\$468.56	\$480.27	\$457.16	\$468.59	\$397.48	\$407.42	\$372.85	\$382.17	\$307.64	\$315.33	\$278.86	\$285.83
23	\$384.59	\$394.20	\$468.56	\$480.27	\$457.16	\$468.59	\$397.48	\$407.42	\$372.85	\$382.17	\$307.64	\$315.33	\$278.86	\$285.83
24	\$384.59	\$394.20	\$468.56	\$480.27	\$457.16	\$468.59	\$397.48	\$407.42	\$372.85	\$382.17	\$307.64	\$315.33	\$278.86	\$285.83
25	\$386.13	\$395.78	\$470.43	\$482.19	\$458.99	\$470.46	\$399.07	\$409.05	\$374.34	\$383.70	\$308.87	\$316.59	\$279.98	\$286.98
26	\$393.82	\$403.67	\$479.81	\$491.81	\$468.13	\$479.83	\$407.02	\$417.20	\$381.80	\$391.35	\$315.02	\$322.90	\$285.55	\$292.69
27	\$403.05	\$413.13	\$491.05	\$503.33	\$479.10	\$491.08	\$416.56	\$426.97	\$390.75	\$400.52	\$322.41	\$330.47	\$292.25	\$299.56
28	\$418.05	\$428.50	\$509.32	\$522.05	\$496.93	\$509.35	\$432.06	\$442.86	\$405.29	\$415.42	\$334.40	\$342.76	\$303.12	\$310.70
29	\$430.36	\$441.12	\$524.32	\$537.43	\$511.56	\$524.35	\$444.78	\$455.90	\$417.22	\$427.65	\$344.25	\$352.86	\$312.04	\$319.84
30	\$436.51	\$447.42	\$531.82	\$545.12	\$518.88	\$531.85	\$451.14	\$462.42	\$423.18	\$433.76	\$349.17	\$357.90	\$316.51	\$324.42
31	\$445.74	\$456.88	\$543.06	\$556.64	\$529.85	\$543.10	\$460.68	\$472.20	\$432.13	\$442.93	\$356.55	\$365.46	\$323.20	\$331.28
32	\$454.97	\$466.34	\$554.31	\$568.17	\$540.82	\$554.34	\$470.22	\$481.98	\$441.08	\$452.11	\$363.94	\$373.04	\$329.89	\$338.14
33	\$460.74	\$472.26	\$561.33	\$575.36	\$547.68	\$561.37	\$476.18	\$488.08	\$446.67	\$457.84	\$368.55	\$377.76	\$334.07	\$342.42
34	\$466.89	\$478.56	\$568.83	\$583.05	\$554.99	\$568.86	\$482.54	\$494.60	\$452.64	\$463.96	\$373.47	\$382.81	\$338.54	\$347.00
35	\$469.97	\$481.72	\$572.58	\$586.89	\$558.65	\$572.62	\$485.72	\$497.86	\$455.62	\$467.01	\$375.94	\$385.34	\$340.77	\$349.29
36	\$473.05	\$484.88	\$576.33	\$590.74	\$562.31	\$576.37	\$488.90	\$501.12	\$458.61	\$470.08	\$378.40	\$387.86	\$343.00	\$351.58
37	\$476.12	\$488.02	\$580.08	\$594.58	\$565.96	\$580.11	\$492.08	\$504.38	\$461.59	\$473.13	\$380.86	\$390.38	\$345.23	\$353.86
38	\$479.20	\$491.18	\$583.83	\$598.43	\$569.62	\$583.86	\$495.26	\$507.64	\$464.57	\$476.18	\$383.32	\$392.90	\$347.46	\$356.15
39	\$485.35	\$497.48	\$591.32	\$606.10	\$576.94	\$591.36	\$501.62	\$514.16	\$470.54	\$482.30	\$388.24	\$397.95	\$351.92	\$360.72
40	\$491.51	\$540.66	\$598.82	\$658.70	\$584.25	\$642.68	\$507.98	\$558.78	\$476.50	\$524.15	\$393.16	\$432.48	\$356.38	\$392.02
41	\$500.74	\$553.32	\$610.07	\$674.13	\$595.22	\$657.72	\$517.52	\$571.86	\$485.45	\$536.42	\$400.55	\$442.61	\$363.08	\$401.20
42	\$509.58	\$566.65	\$620.84	\$690.37	\$605.74	\$673.58	\$526.66	\$585.65	\$494.03	\$549.36	\$407.62	\$453.27	\$369.49	\$410.87
43	\$521.89	\$585.04	\$635.84	\$712.78	\$620.37	\$695.43	\$539.38	\$604.64	\$505.96	\$567.18	\$417.47	\$467.98	\$378.41	\$424.20
44	\$537.27	\$608.19	\$654.58	\$740.98	\$638.65	\$722.95	\$555.28	\$628.58	\$520.87	\$589.62	\$429.77	\$486.50	\$389.57	\$440.99
45	\$555.35	\$635.88	\$676.60	\$774.71	\$660.14	\$755.86	\$573.96	\$657.18	\$538.40	\$616.47	\$444.23	\$508.64	\$402.67	\$461.06
46	\$576.89	\$669.19	\$702.84	\$815.29	\$685.74	\$795.46	\$596.22	\$691.62	\$559.28	\$648.76	\$461.46	\$535.29	\$418.29	\$485.22
47	\$601.11	\$707.51	\$732.36	\$861.99	\$714.54	\$841.01	\$621.26	\$731.22	\$582.76	\$685.91	\$480.84	\$565.95	\$435.86	\$513.01
48	\$628.80	\$752.04	\$766.10	\$916.26	\$747.46	\$893.96	\$649.88	\$777.26	\$609.61	\$729.09	\$502.99	\$601.58	\$455.94	\$545.30
49	\$656.11	\$798.49	\$799.36	\$972.82	\$779.91	\$949.15	\$678.10	\$825.25	\$636.08	\$774.11	\$524.83	\$638.72	\$475.74	\$578.98
50	\$686.88	\$841.43	\$836.85	\$1,025.14	\$816.49	\$1,000.20	\$709.90	\$869.63	\$665.91	\$815.74	\$549.45	\$673.08	\$498.04	\$610.10
51	\$717.26	\$878.64	\$873.86	\$1,070.48	\$852.60	\$1,044.44	\$741.30	\$908.09	\$695.37	\$851.83	\$573.75	\$702.84	\$520.07	\$637.09
52	\$750.72	\$919.63	\$914.63	\$1,120.42	\$892.38	\$1,093.17	\$775.88	\$950.45	\$727.80	\$891.56	\$600.51	\$735.62	\$544.33	\$666.80
53	\$784.56	\$961.09	\$955.86	\$1,170.93	\$932.61	\$1,142.45	\$810.86	\$993.30	\$760.61	\$931.75	\$627.59	\$768.80	\$568.87	\$696.87
54	\$821.10	\$1,005.85	\$1,000.38	\$1,225.47	\$976.04	\$1,195.65	\$848.62	\$1,039.56	\$796.03	\$975.14	\$656.81	\$804.59	\$595.37	\$729.33
55	\$857.64	\$1,050.61	\$1,044.89	\$1,279.99	\$1,019.47	\$1,248.85	\$886.38	\$1,085.82	\$831.46	\$1,018.54	\$686.04	\$840.40	\$621.86	\$761.78
56	\$897.25	\$1,099.13	\$1,093.15	\$1,339.11	\$1,066.55	\$1,306.52	\$927.32	\$1,135.97	\$869.86	\$1,065.58	\$717.72	\$879.21	\$650.58	\$796.96
57	\$937.25	\$1,148.13	\$1,141.88	\$1,398.80	\$1,114.10	\$1,364.77	\$968.66	\$1,186.61	\$908.64	\$1,113.08	\$749.72	\$918.41	\$679.58	\$832.49
58	\$979.94	\$1,200.43	\$1,193.89	\$1,462.52	\$1,164.84	\$1,426.93	\$1,012.78	\$1,240.66	\$950.02	\$1,163.77	\$783.87	\$960.24	\$710.54	\$870.41
59	\$1,001.09	\$1,226.34	\$1,219.66	\$1,494.08	\$1,189.99	\$1,457.74	\$1,034.64	\$1,267.43	\$970.53	\$1,188.90	\$800.79	\$980.97	\$725.87	\$889.19
60	\$1,043.78	\$1,278.63	\$1,271.67	\$1,557.80	\$1,240.73	\$1,519.89	\$1,078.76	\$1,321.48	\$1,011.91	\$1,239.59	\$834.93	\$1,022.79	\$756.83	\$927.12
61	\$1,080.70	\$1,323.86	\$1,316.65	\$1,612.90	\$1,284.62	\$1,573.66	\$1,116.92	\$1,368.23	\$1,047.71	\$1,283.44	\$864.47	\$1,058.98	\$783.60	\$959.91
62	\$1,104.93	\$1,353.54	\$1,346.17	\$1,649.06	\$1,313.42	\$1,608.94	\$1,141.96	\$1,398.90	\$1,071.20	\$1,312.22	\$883.85	\$1,082.72	\$801.16	\$981.42
63	\$1,135.31	\$1,390.75	\$1,383.19	\$1,694.41	\$1,349.54	\$1,653.19	\$1,173.36	\$1,437.37	\$1,100.65	\$1,348.30	\$908.15	\$1,112.48	\$823.19	\$1,008.41
64	\$1,153.77	\$1,413.37	\$1,405.68	\$1,721.96	\$1,371.48	\$1,680.06	\$1,192.44	\$1,460.74	\$1,118.55	\$1,370.22	\$922.92	\$1,130.58	\$836.58	\$1,024.81
65+	\$1,153.77	\$1,413.37	\$1,405.68	\$1,721.96	\$1,371.48	\$1,680.06	\$1,192.44	\$1,460.74	\$1,118.55	\$1,370.22	\$922.92	\$1,130.58	\$836.58	\$1,024.81

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Age	Silver		Gold		Gold		Silver		Silver		Bronze		Catastrophic	
	my Connect Blue WV PPO 750S		my Connect Blue WV PPO 1000G		my Connect Blue WV PPO 1500G		my Connect Blue WV PPO 2800SQE		my Connect Blue WV PPO 4750S		my Connect Blue WV PPO 6500B		Major Events Blue PPO 7150	
	31274WV0480003		31274WV0480001		31274WV0480002		31274WV0480004		31274WV0480005		31274WV0480006		31274WV0320001	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 20	\$227.56	\$227.56	\$277.25	\$277.25	\$270.50	\$270.50	\$235.19	\$235.19	\$220.62	\$220.62	\$182.03	\$182.03	\$165.00	\$165.00
21	\$358.36	\$367.32	\$436.61	\$447.53	\$425.99	\$436.64	\$370.38	\$379.64	\$347.43	\$356.12	\$286.66	\$293.83	\$259.85	\$266.35
22	\$358.36	\$367.32	\$436.61	\$447.53	\$425.99	\$436.64	\$370.38	\$379.64	\$347.43	\$356.12	\$286.66	\$293.83	\$259.85	\$266.35
23	\$358.36	\$367.32	\$436.61	\$447.53	\$425.99	\$436.64	\$370.38	\$379.64	\$347.43	\$356.12	\$286.66	\$293.83	\$259.85	\$266.35
24	\$358.36	\$367.32	\$436.61	\$447.53	\$425.99	\$436.64	\$370.38	\$379.64	\$347.43	\$356.12	\$286.66	\$293.83	\$259.85	\$266.35
25	\$359.79	\$368.78	\$438.36	\$449.32	\$427.69	\$438.38	\$371.86	\$381.16	\$348.82	\$357.54	\$287.81	\$295.01	\$260.89	\$267.41
26	\$366.96	\$376.13	\$447.09	\$458.27	\$436.21	\$447.12	\$379.27	\$388.75	\$355.77	\$364.66	\$293.54	\$300.88	\$266.09	\$272.74
27	\$375.56	\$384.95	\$457.57	\$469.01	\$446.44	\$457.60	\$388.16	\$397.86	\$364.11	\$373.21	\$300.42	\$307.93	\$272.32	\$279.13
28	\$389.54	\$399.28	\$474.60	\$486.47	\$463.05	\$474.63	\$402.60	\$412.67	\$377.66	\$387.10	\$311.60	\$319.39	\$282.46	\$289.52
29	\$401.00	\$411.03	\$488.57	\$500.78	\$476.68	\$488.60	\$414.46	\$424.82	\$388.77	\$398.49	\$320.77	\$328.79	\$290.77	\$298.04
30	\$406.74	\$416.91	\$495.55	\$507.94	\$483.50	\$495.59	\$420.38	\$430.89	\$394.33	\$404.19	\$325.36	\$333.49	\$294.93	\$302.30
31	\$415.34	\$425.72	\$506.03	\$518.68	\$493.72	\$506.06	\$429.27	\$440.00	\$402.67	\$412.74	\$332.24	\$340.55	\$301.17	\$308.70
32	\$423.94	\$434.54	\$516.51	\$529.42	\$503.95	\$516.55	\$438.16	\$449.11	\$411.01	\$421.29	\$339.12	\$347.60	\$307.40	\$315.09
33	\$429.32	\$440.05	\$523.06	\$536.14	\$510.34	\$523.10	\$443.72	\$454.81	\$416.22	\$426.63	\$343.42	\$352.01	\$311.30	\$319.08
34	\$435.05	\$445.93	\$530.04	\$543.29	\$517.15	\$530.08	\$449.64	\$460.88	\$421.78	\$432.32	\$348.01	\$356.71	\$315.46	\$323.35
35	\$437.92	\$448.87	\$533.54	\$546.88	\$520.56	\$533.57	\$452.60	\$463.92	\$424.56	\$435.17	\$350.30	\$359.06	\$317.54	\$325.48
36	\$440.78	\$451.80	\$537.03	\$550.46	\$523.97	\$537.07	\$455.57	\$466.96	\$427.34	\$438.02	\$352.59	\$361.40	\$319.62	\$327.61
37	\$443.65	\$454.74	\$540.52	\$554.03	\$527.38	\$540.56	\$458.53	\$469.99	\$430.12	\$440.87	\$354.89	\$363.76	\$321.69	\$329.73
38	\$446.52	\$457.68	\$544.02	\$557.62	\$530.78	\$544.05	\$461.49	\$473.03	\$432.90	\$443.72	\$357.18	\$366.11	\$323.77	\$331.86
39	\$452.25	\$463.56	\$551.00	\$564.78	\$537.60	\$551.04	\$467.42	\$479.11	\$438.46	\$449.42	\$361.76	\$370.80	\$327.93	\$336.13
40	\$457.98	\$503.78	\$557.99	\$613.79	\$544.42	\$598.86	\$473.35	\$520.69	\$444.02	\$488.42	\$366.35	\$402.99	\$332.09	\$365.30
41	\$466.58	\$515.57	\$568.47	\$628.16	\$554.64	\$612.88	\$482.23	\$532.86	\$452.35	\$499.85	\$373.23	\$412.42	\$338.32	\$373.84
42	\$474.83	\$528.01	\$578.51	\$643.30	\$564.44	\$627.66	\$490.75	\$545.71	\$460.34	\$511.90	\$379.82	\$422.36	\$344.30	\$382.86
43	\$486.29	\$545.13	\$592.48	\$664.17	\$578.07	\$648.02	\$502.61	\$563.43	\$471.46	\$528.51	\$389.00	\$436.07	\$352.62	\$395.29
44	\$500.63	\$566.71	\$609.94	\$690.45	\$595.11	\$673.66	\$517.42	\$585.72	\$485.36	\$549.43	\$400.46	\$453.32	\$363.01	\$410.93
45	\$517.47	\$592.50	\$630.46	\$721.88	\$615.13	\$704.32	\$534.83	\$612.38	\$501.69	\$574.44	\$413.94	\$473.96	\$375.22	\$429.63
46	\$537.54	\$623.55	\$654.92	\$759.71	\$638.99	\$741.23	\$555.57	\$644.46	\$521.15	\$604.53	\$429.99	\$498.79	\$389.78	\$452.14
47	\$560.12	\$659.26	\$682.42	\$803.21	\$665.82	\$783.67	\$578.90	\$681.37	\$543.03	\$639.15	\$448.05	\$527.35	\$406.15	\$478.04
48	\$585.92	\$700.76	\$713.86	\$853.78	\$696.49	\$833.00	\$605.57	\$724.26	\$568.05	\$679.39	\$468.69	\$560.55	\$424.85	\$508.12
49	\$611.36	\$744.03	\$744.86	\$906.49	\$726.74	\$884.44	\$631.87	\$768.99	\$592.72	\$721.34	\$489.04	\$595.16	\$443.30	\$539.50
50	\$640.03	\$784.04	\$779.79	\$955.24	\$760.82	\$932.00	\$661.50	\$810.34	\$620.51	\$760.12	\$511.97	\$627.16	\$464.09	\$568.51
51	\$668.34	\$818.72	\$814.28	\$997.49	\$794.47	\$973.23	\$690.76	\$846.18	\$647.96	\$793.75	\$534.62	\$654.91	\$484.62	\$593.66
52	\$699.52	\$856.91	\$852.26	\$1,044.02	\$831.53	\$1,018.62	\$722.98	\$885.65	\$678.18	\$830.77	\$559.56	\$685.46	\$507.23	\$621.36
53	\$731.05	\$895.54	\$890.68	\$1,091.08	\$869.02	\$1,064.55	\$755.58	\$925.59	\$708.76	\$868.23	\$584.79	\$716.37	\$530.09	\$649.36
54	\$765.10	\$937.25	\$932.16	\$1,141.90	\$909.49	\$1,114.13	\$790.76	\$968.68	\$741.76	\$908.66	\$612.02	\$749.72	\$554.78	\$679.61
55	\$799.14	\$978.95	\$973.64	\$1,192.71	\$949.96	\$1,163.70	\$825.95	\$1,011.79	\$774.77	\$949.09	\$639.25	\$783.08	\$579.47	\$709.85
56	\$836.05	\$1,024.16	\$1,018.61	\$1,247.80	\$993.83	\$1,217.44	\$864.10	\$1,058.52	\$810.55	\$992.92	\$668.78	\$819.26	\$606.23	\$742.63
57	\$873.32	\$1,069.82	\$1,064.02	\$1,303.42	\$1,038.14	\$1,271.72	\$902.62	\$1,105.71	\$846.69	\$1,037.20	\$698.59	\$855.77	\$633.25	\$775.73
58	\$913.10	\$1,118.55	\$1,112.48	\$1,362.79	\$1,085.42	\$1,329.64	\$943.73	\$1,156.07	\$885.25	\$1,084.43	\$730.41	\$894.75	\$662.10	\$811.07
59	\$932.81	\$1,142.69	\$1,136.50	\$1,392.21	\$1,108.85	\$1,358.34	\$964.10	\$1,181.02	\$904.36	\$1,107.84	\$746.18	\$914.07	\$676.39	\$828.58
60	\$972.59	\$1,191.42	\$1,184.96	\$1,451.58	\$1,156.14	\$1,416.27	\$1,005.21	\$1,231.38	\$942.93	\$1,155.09	\$778.00	\$953.05	\$705.23	\$863.91
61	\$1,006.99	\$1,233.56	\$1,226.87	\$1,502.92	\$1,197.03	\$1,466.36	\$1,040.77	\$1,274.94	\$976.28	\$1,195.94	\$805.51	\$986.75	\$730.18	\$894.47
62	\$1,029.57	\$1,261.22	\$1,254.38	\$1,536.62	\$1,223.87	\$1,499.24	\$1,064.10	\$1,303.52	\$998.17	\$1,222.76	\$823.57	\$1,008.87	\$746.55	\$914.52
63	\$1,057.88	\$1,295.90	\$1,288.87	\$1,578.87	\$1,257.52	\$1,540.46	\$1,093.36	\$1,339.37	\$1,025.61	\$1,256.37	\$846.22	\$1,036.62	\$767.08	\$939.67
64	\$1,075.08	\$1,316.97	\$1,309.83	\$1,604.54	\$1,277.97	\$1,565.51	\$1,111.14	\$1,361.15	\$1,042.29	\$1,276.81	\$859.98	\$1,053.48	\$779.55	\$954.95
65+	\$1,075.08	\$1,316.97	\$1,309.83	\$1,604.54	\$1,277.97	\$1,565.51	\$1,111.14	\$1,361.15	\$1,042.29	\$1,276.81	\$859.98	\$1,053.48	\$779.55	\$954.95

Barbour, Doddridge, Glimer, Harrisom, Jackson, Lewis, Marion, Monongalia, Pleasants, Pocahontas, Preston, Randolph, Ritchie, Taylor, Tucker, Tyler, Upshur, Webster, Wetzel, Wirt and Wood

BASE RATES FOR YOUR COUNTY

You can find these plans on the Health Insurance Marketplace by using the Highmark Base Plan ID*.

Age	Silver		Gold		Gold		Silver		Silver		Bronze		Catastrophic	
	my Connect Blue WV PPO 750S		my Connect Blue WV PPO 1000G		my Connect Blue WV PPO 1500G		my Connect Blue WV PPO 2800SQE		my Connect Blue WV PPO 4750S		my Connect Blue WV PPO 6500B		Major Events Blue PPO 7150	
	31274WV0480003		31274WV0480001		31274WV0480002		31274WV0480004		31274WV0480005		31274WV0480006		31274WV0320001	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 20	\$252.54	\$252.54	\$307.68	\$307.68	\$300.20	\$300.20	\$261.00	\$261.00	\$244.83	\$244.83	\$202.01	\$202.01	\$183.11	\$183.11
21	\$397.70	\$407.64	\$484.53	\$496.64	\$472.75	\$484.57	\$411.03	\$421.31	\$385.56	\$395.20	\$318.13	\$326.08	\$288.37	\$295.58
22	\$397.70	\$407.64	\$484.53	\$496.64	\$472.75	\$484.57	\$411.03	\$421.31	\$385.56	\$395.20	\$318.13	\$326.08	\$288.37	\$295.58
23	\$397.70	\$407.64	\$484.53	\$496.64	\$472.75	\$484.57	\$411.03	\$421.31	\$385.56	\$395.20	\$318.13	\$326.08	\$288.37	\$295.58
24	\$397.70	\$407.64	\$484.53	\$496.64	\$472.75	\$484.57	\$411.03	\$421.31	\$385.56	\$395.20	\$318.13	\$326.08	\$288.37	\$295.58
25	\$399.29	\$409.27	\$486.47	\$498.63	\$474.64	\$486.51	\$412.67	\$422.99	\$387.10	\$396.78	\$319.40	\$327.39	\$289.52	\$296.76
26	\$407.24	\$417.42	\$496.16	\$508.56	\$484.10	\$496.20	\$420.89	\$431.41	\$394.81	\$404.68	\$325.77	\$333.91	\$295.29	\$302.67
27	\$416.79	\$427.21	\$507.79	\$520.48	\$495.44	\$507.83	\$430.76	\$441.53	\$404.07	\$414.17	\$333.40	\$341.74	\$302.21	\$309.77
28	\$432.30	\$443.11	\$526.68	\$539.85	\$513.88	\$526.73	\$446.79	\$457.96	\$419.10	\$429.58	\$345.81	\$354.46	\$313.46	\$321.30
29	\$445.03	\$456.16	\$542.19	\$555.74	\$529.01	\$542.24	\$459.94	\$471.44	\$431.44	\$442.23	\$355.99	\$364.89	\$322.69	\$330.76
30	\$451.39	\$462.67	\$549.94	\$563.69	\$536.57	\$549.98	\$466.52	\$478.18	\$437.61	\$448.55	\$361.08	\$370.11	\$327.30	\$335.48
31	\$460.93	\$472.45	\$561.57	\$575.61	\$547.92	\$561.62	\$476.38	\$488.29	\$446.86	\$458.03	\$368.71	\$377.93	\$334.22	\$342.58
32	\$470.48	\$482.24	\$573.20	\$587.53	\$559.26	\$573.24	\$486.25	\$498.41	\$456.12	\$467.52	\$376.35	\$385.76	\$341.14	\$349.67
33	\$476.44	\$488.35	\$580.47	\$594.98	\$566.35	\$580.51	\$492.41	\$504.72	\$461.90	\$473.45	\$381.12	\$390.65	\$345.47	\$354.11
34	\$482.81	\$494.88	\$588.22	\$602.93	\$573.92	\$588.27	\$498.99	\$511.46	\$468.07	\$479.77	\$386.21	\$395.87	\$350.08	\$358.83
35	\$485.99	\$498.14	\$592.10	\$606.90	\$577.70	\$592.14	\$502.28	\$514.84	\$471.15	\$482.93	\$388.75	\$398.47	\$352.39	\$361.20
36	\$489.17	\$501.40	\$595.97	\$610.87	\$581.48	\$596.02	\$505.57	\$518.21	\$474.24	\$486.10	\$391.30	\$401.08	\$354.70	\$363.57
37	\$492.35	\$504.66	\$599.85	\$614.85	\$585.26	\$599.89	\$508.86	\$521.58	\$477.32	\$489.25	\$393.84	\$403.69	\$357.00	\$365.93
38	\$495.53	\$507.92	\$603.72	\$618.81	\$589.05	\$603.78	\$512.14	\$524.94	\$480.41	\$492.42	\$396.39	\$406.30	\$359.31	\$368.29
39	\$501.90	\$514.45	\$611.48	\$626.77	\$596.61	\$611.53	\$518.72	\$531.69	\$486.58	\$498.74	\$401.48	\$411.52	\$363.92	\$373.02
40	\$508.26	\$559.09	\$619.23	\$681.15	\$604.17	\$664.59	\$525.30	\$577.83	\$492.75	\$542.03	\$406.57	\$447.23	\$368.54	\$405.39
41	\$517.81	\$572.18	\$630.86	\$697.10	\$615.52	\$680.15	\$535.16	\$591.35	\$502.00	\$554.71	\$414.21	\$457.70	\$375.46	\$414.88
42	\$526.95	\$585.97	\$642.00	\$713.90	\$626.39	\$696.55	\$544.61	\$605.61	\$510.87	\$568.09	\$421.52	\$468.73	\$382.09	\$424.88
43	\$539.68	\$604.98	\$657.51	\$737.07	\$641.52	\$719.14	\$557.77	\$625.26	\$523.20	\$586.51	\$431.70	\$483.94	\$391.32	\$438.67
44	\$555.59	\$628.93	\$676.89	\$766.24	\$660.43	\$747.61	\$574.21	\$650.01	\$538.63	\$609.73	\$444.43	\$503.09	\$402.85	\$456.03
45	\$574.28	\$657.55	\$699.66	\$801.11	\$682.65	\$781.63	\$593.53	\$679.59	\$556.75	\$637.48	\$459.38	\$525.99	\$416.41	\$476.79
46	\$596.55	\$692.00	\$726.80	\$843.09	\$709.13	\$822.59	\$616.55	\$715.20	\$578.34	\$670.87	\$477.20	\$553.55	\$432.56	\$501.77
47	\$621.61	\$731.63	\$757.32	\$891.37	\$738.91	\$869.70	\$642.44	\$756.15	\$602.63	\$709.30	\$497.24	\$585.25	\$450.72	\$530.50
48	\$650.24	\$777.69	\$792.21	\$947.48	\$772.95	\$924.45	\$672.03	\$803.75	\$630.39	\$753.95	\$520.14	\$622.09	\$471.48	\$563.89
49	\$678.48	\$825.71	\$826.61	\$1,005.98	\$806.51	\$981.52	\$701.22	\$853.38	\$657.77	\$800.51	\$542.73	\$660.50	\$491.96	\$598.72
50	\$710.29	\$870.11	\$865.37	\$1,060.08	\$844.33	\$1,034.30	\$734.10	\$899.27	\$688.61	\$843.55	\$568.18	\$696.02	\$515.03	\$630.91
51	\$741.71	\$908.59	\$903.65	\$1,106.97	\$881.68	\$1,080.06	\$766.57	\$939.05	\$719.07	\$880.86	\$593.31	\$726.80	\$537.81	\$658.82
52	\$776.31	\$950.98	\$945.80	\$1,158.61	\$922.81	\$1,130.44	\$802.33	\$982.85	\$752.61	\$921.95	\$620.99	\$760.71	\$562.90	\$689.55
53	\$811.31	\$993.85	\$988.44	\$1,210.84	\$964.41	\$1,181.40	\$838.50	\$1,027.16	\$786.54	\$963.51	\$648.99	\$795.01	\$588.27	\$720.63
54	\$849.09	\$1,040.14	\$1,034.47	\$1,267.23	\$1,009.32	\$1,236.42	\$877.55	\$1,075.00	\$823.17	\$1,008.38	\$679.21	\$832.03	\$615.67	\$754.20
55	\$886.87	\$1,086.42	\$1,080.50	\$1,323.61	\$1,054.23	\$1,291.43	\$916.60	\$1,122.84	\$859.80	\$1,053.26	\$709.43	\$869.05	\$643.07	\$787.76
56	\$927.83	\$1,136.59	\$1,130.41	\$1,384.75	\$1,102.93	\$1,351.09	\$958.93	\$1,174.69	\$899.51	\$1,101.90	\$742.20	\$909.20	\$672.77	\$824.14
57	\$969.19	\$1,187.26	\$1,180.80	\$1,446.48	\$1,152.09	\$1,411.31	\$1,001.68	\$1,227.06	\$939.61	\$1,151.02	\$775.28	\$949.72	\$702.76	\$860.88
58	\$1,013.34	\$1,241.34	\$1,234.58	\$1,512.36	\$1,204.57	\$1,475.60	\$1,047.30	\$1,282.94	\$982.41	\$1,203.45	\$810.60	\$992.99	\$734.77	\$900.09
59	\$1,035.21	\$1,268.13	\$1,261.23	\$1,545.01	\$1,230.57	\$1,507.45	\$1,069.91	\$1,310.64	\$1,003.61	\$1,229.42	\$828.09	\$1,014.41	\$750.63	\$919.52
60	\$1,079.36	\$1,322.22	\$1,315.01	\$1,610.89	\$1,283.04	\$1,571.72	\$1,115.54	\$1,366.54	\$1,046.41	\$1,281.85	\$863.40	\$1,057.67	\$782.64	\$958.73
61	\$1,117.54	\$1,368.99	\$1,361.53	\$1,667.87	\$1,328.43	\$1,627.33	\$1,154.99	\$1,414.86	\$1,083.42	\$1,327.19	\$893.95	\$1,095.09	\$810.32	\$992.64
62	\$1,142.59	\$1,399.67	\$1,392.05	\$1,705.26	\$1,358.21	\$1,663.81	\$1,180.89	\$1,446.59	\$1,107.71	\$1,356.94	\$913.99	\$1,119.64	\$828.49	\$1,014.90
63	\$1,174.01	\$1,438.16	\$1,430.33	\$1,752.15	\$1,395.56	\$1,709.56	\$1,213.36	\$1,486.37	\$1,138.17	\$1,394.26	\$939.12	\$1,150.42	\$851.27	\$1,042.81
64	\$1,193.10	\$1,461.55	\$1,453.59	\$1,780.65	\$1,418.25	\$1,737.36	\$1,233.09	\$1,510.54	\$1,156.68	\$1,416.93	\$954.39	\$1,169.13	\$865.11	\$1,059.76
65+	\$1,193.10	\$1,461.55	\$1,453.59	\$1,780.65	\$1,418.25	\$1,737.36	\$1,233.09	\$1,510.54	\$1,156.68	\$1,416.93	\$954.39	\$1,169.13	\$865.11	\$1,059.76

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Age	Silver		Gold		Gold		Silver		Silver		Bronze		Catastrophic	
	my Connect Blue WV PPO 750S		my Connect Blue WV PPO 1000G		my Connect Blue WV PPO 1500G		my Connect Blue WV PPO 2800SQE		my Connect Blue WV PPO 4750S		my Connect Blue WV PPO 6500B		Major Events Blue PPO 7150	
	31274WV0480003		31274WV0480001		31274WV0480002		31274WV0480004		31274WV0480005		31274WV0480006		31274WV0320001	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 20	\$238.66	\$238.66	\$290.77	\$290.77	\$283.70	\$283.70	\$246.66	\$246.66	\$231.37	\$231.37	\$190.91	\$190.91	\$173.06	\$173.06
21	\$375.85	\$385.25	\$457.91	\$469.36	\$446.77	\$457.94	\$388.44	\$398.15	\$364.37	\$373.48	\$300.65	\$308.17	\$272.53	\$279.34
22	\$375.85	\$385.25	\$457.91	\$469.36	\$446.77	\$457.94	\$388.44	\$398.15	\$364.37	\$373.48	\$300.65	\$308.17	\$272.53	\$279.34
23	\$375.85	\$385.25	\$457.91	\$469.36	\$446.77	\$457.94	\$388.44	\$398.15	\$364.37	\$373.48	\$300.65	\$308.17	\$272.53	\$279.34
24	\$375.85	\$385.25	\$457.91	\$469.36	\$446.77	\$457.94	\$388.44	\$398.15	\$364.37	\$373.48	\$300.65	\$308.17	\$272.53	\$279.34
25	\$377.35	\$386.78	\$459.74	\$471.23	\$448.56	\$459.77	\$389.99	\$399.74	\$365.83	\$374.98	\$301.85	\$309.40	\$273.62	\$280.46
26	\$384.87	\$394.49	\$468.90	\$480.62	\$457.49	\$468.93	\$397.76	\$407.70	\$373.11	\$382.44	\$307.87	\$315.57	\$279.07	\$286.05
27	\$393.89	\$403.74	\$479.89	\$491.89	\$468.21	\$479.92	\$407.09	\$417.27	\$381.86	\$391.41	\$315.08	\$322.96	\$285.61	\$292.75
28	\$408.55	\$418.76	\$497.75	\$510.19	\$485.64	\$497.78	\$422.23	\$432.79	\$396.07	\$405.97	\$326.81	\$334.98	\$296.24	\$303.65
29	\$420.58	\$431.09	\$512.40	\$525.21	\$499.94	\$512.44	\$434.66	\$445.53	\$407.73	\$417.92	\$336.43	\$344.84	\$304.96	\$312.58
30	\$426.59	\$437.25	\$519.73	\$532.72	\$507.08	\$519.76	\$440.88	\$451.90	\$413.56	\$423.90	\$341.24	\$349.77	\$309.32	\$317.05
31	\$435.61	\$446.50	\$530.72	\$543.99	\$517.81	\$530.76	\$450.20	\$461.46	\$422.30	\$432.86	\$348.45	\$357.16	\$315.86	\$323.76
32	\$444.63	\$455.75	\$541.71	\$555.25	\$528.53	\$541.74	\$459.52	\$471.01	\$431.05	\$441.83	\$355.67	\$364.56	\$322.40	\$330.46
33	\$450.27	\$461.53	\$548.58	\$562.29	\$535.23	\$548.61	\$465.35	\$476.98	\$436.52	\$447.43	\$360.18	\$369.18	\$326.49	\$334.65
34	\$456.28	\$467.69	\$555.90	\$569.80	\$542.38	\$555.94	\$471.57	\$483.36	\$442.35	\$453.41	\$364.99	\$374.11	\$330.85	\$339.12
35	\$459.29	\$470.77	\$559.57	\$573.56	\$545.95	\$559.60	\$474.67	\$486.54	\$445.26	\$456.39	\$367.39	\$376.57	\$333.03	\$341.36
36	\$462.30	\$473.86	\$563.23	\$577.31	\$549.53	\$563.27	\$477.78	\$489.72	\$448.18	\$459.38	\$369.80	\$379.05	\$335.21	\$343.59
37	\$465.30	\$476.93	\$566.89	\$581.06	\$553.10	\$566.93	\$480.89	\$492.91	\$451.09	\$462.37	\$372.20	\$381.51	\$337.39	\$345.82
38	\$468.31	\$480.02	\$570.56	\$584.82	\$556.68	\$570.60	\$484.00	\$496.10	\$454.01	\$465.36	\$374.61	\$383.98	\$339.57	\$348.06
39	\$474.32	\$486.18	\$577.88	\$592.33	\$563.82	\$577.92	\$490.21	\$502.47	\$459.83	\$471.33	\$379.42	\$388.91	\$343.93	\$352.53
40	\$480.34	\$528.37	\$585.21	\$643.73	\$570.97	\$628.07	\$496.43	\$546.07	\$465.66	\$512.23	\$384.23	\$422.65	\$348.29	\$383.12
41	\$489.36	\$540.74	\$596.20	\$658.80	\$581.69	\$642.77	\$505.75	\$558.85	\$474.41	\$524.22	\$391.45	\$432.55	\$354.83	\$392.09
42	\$498.00	\$553.78	\$606.73	\$674.68	\$591.97	\$658.27	\$514.68	\$572.32	\$482.79	\$536.86	\$398.36	\$442.98	\$361.10	\$401.54
43	\$510.03	\$571.74	\$621.38	\$696.57	\$606.27	\$679.63	\$527.11	\$590.89	\$494.45	\$554.28	\$407.98	\$457.35	\$369.82	\$414.57
44	\$525.06	\$594.37	\$639.70	\$724.14	\$624.14	\$706.53	\$542.65	\$614.28	\$509.02	\$576.21	\$420.01	\$475.45	\$380.72	\$430.98
45	\$542.73	\$621.43	\$661.22	\$757.10	\$645.14	\$738.69	\$560.91	\$642.24	\$526.15	\$602.44	\$434.14	\$497.09	\$393.53	\$450.59
46	\$563.78	\$653.98	\$686.87	\$796.77	\$670.16	\$777.39	\$582.66	\$675.89	\$546.56	\$634.01	\$450.98	\$523.14	\$408.80	\$474.21
47	\$587.45	\$691.43	\$715.71	\$842.39	\$698.30	\$821.90	\$607.13	\$714.59	\$569.51	\$670.31	\$469.92	\$553.10	\$425.96	\$501.35
48	\$614.51	\$734.95	\$748.68	\$895.42	\$730.47	\$873.64	\$635.10	\$759.58	\$595.74	\$712.51	\$491.56	\$587.91	\$445.59	\$532.93
49	\$641.20	\$780.34	\$781.19	\$950.71	\$762.19	\$927.59	\$662.68	\$806.48	\$621.62	\$756.51	\$512.91	\$624.21	\$464.94	\$565.83
50	\$671.27	\$822.31	\$817.83	\$1,001.84	\$797.93	\$977.46	\$693.75	\$849.84	\$650.76	\$797.18	\$536.96	\$657.78	\$486.74	\$596.26
51	\$700.96	\$858.68	\$854.00	\$1,046.15	\$833.23	\$1,020.71	\$724.44	\$887.44	\$679.55	\$832.45	\$560.71	\$686.87	\$508.27	\$622.63
52	\$733.66	\$898.73	\$893.84	\$1,094.95	\$872.10	\$1,068.32	\$758.23	\$928.83	\$711.25	\$871.28	\$586.87	\$718.92	\$531.98	\$651.68
53	\$766.73	\$939.24	\$934.14	\$1,144.32	\$911.41	\$1,116.48	\$792.42	\$970.71	\$743.31	\$910.55	\$613.33	\$751.33	\$555.96	\$681.05
54	\$802.44	\$982.99	\$977.64	\$1,197.61	\$953.85	\$1,168.47	\$829.32	\$1,015.92	\$777.93	\$952.96	\$641.89	\$786.32	\$581.85	\$712.77
55	\$838.15	\$1,026.73	\$1,021.14	\$1,250.90	\$996.30	\$1,220.47	\$866.22	\$1,061.12	\$812.55	\$995.37	\$670.45	\$821.30	\$607.74	\$744.48
56	\$876.86	\$1,074.15	\$1,068.30	\$1,308.67	\$1,042.31	\$1,276.83	\$906.23	\$1,110.13	\$850.08	\$1,041.35	\$701.42	\$859.24	\$635.81	\$778.87
57	\$915.95	\$1,122.04	\$1,115.93	\$1,367.01	\$1,088.78	\$1,333.76	\$946.63	\$1,159.62	\$887.97	\$1,087.76	\$732.68	\$897.53	\$664.16	\$813.60
58	\$957.67	\$1,173.15	\$1,166.75	\$1,429.27	\$1,138.37	\$1,394.50	\$989.75	\$1,212.44	\$928.41	\$1,137.30	\$766.06	\$938.42	\$694.41	\$850.65
59	\$978.34	\$1,198.47	\$1,191.94	\$1,460.13	\$1,162.94	\$1,424.60	\$1,011.11	\$1,238.61	\$948.46	\$1,161.86	\$782.59	\$958.67	\$709.40	\$869.02
60	\$1,020.06	\$1,249.57	\$1,242.77	\$1,522.39	\$1,212.53	\$1,485.35	\$1,054.23	\$1,291.43	\$988.90	\$1,211.40	\$815.96	\$999.55	\$739.65	\$906.07
61	\$1,056.14	\$1,293.77	\$1,286.73	\$1,576.24	\$1,255.42	\$1,537.89	\$1,091.52	\$1,337.11	\$1,023.88	\$1,254.25	\$844.83	\$1,034.92	\$765.81	\$938.12
62	\$1,079.82	\$1,322.78	\$1,315.58	\$1,611.59	\$1,283.57	\$1,572.37	\$1,115.99	\$1,367.09	\$1,046.84	\$1,282.38	\$863.77	\$1,058.12	\$782.98	\$959.15
63	\$1,109.51	\$1,359.15	\$1,351.75	\$1,655.89	\$1,318.87	\$1,615.62	\$1,146.67	\$1,404.67	\$1,075.62	\$1,317.63	\$887.52	\$1,087.21	\$804.51	\$985.52
64	\$1,127.55	\$1,381.25	\$1,373.73	\$1,682.82	\$1,340.31	\$1,641.88	\$1,165.32	\$1,427.52	\$1,093.11	\$1,339.06	\$901.95	\$1,104.89	\$817.59	\$1,001.55
65+	\$1,127.55	\$1,381.25	\$1,373.73	\$1,682.82	\$1,340.31	\$1,641.88	\$1,165.32	\$1,427.52	\$1,093.11	\$1,339.06	\$901.95	\$1,104.89	\$817.59	\$1,001.55



We're Here to Help

We hope this step-by-step guide helps you choose your 2017 health insurance.

If we can answer any questions at any point, please:

- Call us at 1-855-329-0693 (TTY/TDD 711)
- Visit DiscoverHighmark.com
- Talk to your local Highmark West Virginia insurance agent

Or, visit the Health Insurance Marketplace at HealthCare.gov or call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325) to review all your plan options.



Visit us on Social Media.