

**Celtic Ins. Co. / Ambetter Health of DE
Individual**

Effective Date 01/01/2024
Expiration Date 12/31/2024

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
64004DE0090001	Premier Bronze HSA	21	\$ 384.10	\$ 441.72
64004DE0090002	Everyday Bronze	21	\$ 384.28	\$ 441.92
64004DE0090003	Elite Bronze	21	\$ 440.92	\$ 507.06
64004DE0090004	Standard Expanded Bronze	21	\$ 378.89	\$ 435.72
64004DE0090005	Premier Bronze HSA	21	\$ 451.66	\$ 519.41
64004DE0090006	Clear Silver	21	\$ 440.57	\$ 506.65
64004DE0090007	Focused Silver	21	\$ 448.70	\$ 516.00
64004DE0090008	Standard Silver	21	\$ 441.85	\$ 508.13
64004DE0090009	Complete Gold	21	\$ 512.01	\$ 588.81
64004DE0090010	Everyday Gold	21	\$ 491.03	\$ 564.68
64004DE0090011	Clear Gold	21	\$ 485.50	\$ 558.33
64004DE0090012	Standard Gold	21	\$ 493.37	\$ 567.37
64004DE0100001	Premier Bronze HSA + Vision + Adult Dental	21	\$ 399.49	\$ 459.41
64004DE0100002	Everyday Bronze + Vision + Adult Dental	21	\$ 399.67	\$ 459.62
64004DE0100003	Elite Bronze + Vision + Adult Dental	21	\$ 458.58	\$ 527.37
64004DE0100004	Standard Expanded Bronze + Vision + Adult Dental	21	\$ 394.07	\$ 453.17
64004DE0100005	Premier Bronze HSA + Vision + Adult Dental	21	\$ 469.75	\$ 540.21
64004DE0100006	Clear Silver + Vision + Adult Dental	21	\$ 458.22	\$ 526.95
64004DE0100007	Focused Silver + Vision + Adult Dental	21	\$ 466.67	\$ 536.67
64004DE0100008	Standard Silver + Vision + Adult Dental	20	\$ 445.75	\$ 445.75
64004DE0100009	Complete Gold + Vision + Adult Dental	21	\$ 532.52	\$ 612.40
64004DE0100010	Everyday Gold + Vision + Adult Dental	21	\$ 491.03	\$ 564.68
64004DE0100011	Clear Gold + Vision + Adult Dental	21	\$ 504.95	\$ 580.69
64004DE0100012	Standard Gold + Vision + Adult Dental	21	\$ 513.13	\$ 590.10