



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Dental Contribution Type: Non-Voluntary

Vision Contribution Type: Non-Voluntary

Requested Effective Date: 12/1/2025

Rating Area: M

Small Group Rate Grid

Age	2025 BCN Fixed Cost Gold Option 1 W/Expanded Abortion	2025 Simply Blue PPO Gold Option 1 W/Expanded Abortion	2025 Simply Blue HSA PPO Gold Option 2 W/Expanded Abortion
0	\$ 330.71	\$ 359.09	\$ 323.64
1	\$ 330.71	\$ 359.09	\$ 323.64
2	\$ 330.71	\$ 359.09	\$ 323.64
3	\$ 330.71	\$ 359.09	\$ 323.64
4	\$ 330.71	\$ 359.09	\$ 323.64
5	\$ 330.71	\$ 359.09	\$ 323.64
6	\$ 330.71	\$ 359.09	\$ 323.64
7	\$ 330.71	\$ 359.09	\$ 323.64
8	\$ 330.71	\$ 359.09	\$ 323.64
9	\$ 330.71	\$ 359.09	\$ 323.64
10	\$ 330.71	\$ 359.09	\$ 323.64
11	\$ 330.71	\$ 359.09	\$ 323.64
12	\$ 330.71	\$ 359.09	\$ 323.64
13	\$ 330.71	\$ 359.09	\$ 323.64
14	\$ 330.71	\$ 359.09	\$ 323.64
15	\$ 360.11	\$ 391.01	\$ 352.41
16	\$ 371.35	\$ 403.21	\$ 363.41
17	\$ 382.59	\$ 415.42	\$ 374.41
18	\$ 394.69	\$ 428.56	\$ 386.25
19	\$ 406.79	\$ 441.71	\$ 398.10
20	\$ 419.33	\$ 455.32	\$ 410.37
21	\$ 432.30	\$ 469.40	\$ 423.06
22	\$ 432.30	\$ 469.40	\$ 423.06
23	\$ 432.30	\$ 469.40	\$ 423.06
24	\$ 432.30	\$ 469.40	\$ 423.06
25	\$ 434.03	\$ 471.28	\$ 424.75
26	\$ 442.68	\$ 480.67	\$ 433.21
27	\$ 453.05	\$ 491.93	\$ 443.37
28	\$ 469.91	\$ 510.24	\$ 459.87
29	\$ 483.74	\$ 525.26	\$ 473.40
30	\$ 490.66	\$ 532.77	\$ 480.17
31	\$ 501.04	\$ 544.03	\$ 490.33
32	\$ 511.41	\$ 555.30	\$ 500.48

Age	2025 BCN Fixed Cost Gold Option 1 W/Expanded Abortion	2025 Simply Blue PPO Gold Option 1 W/Expanded Abortion	2025 Simply Blue HSA PPO Gold Option 2 W/Expanded Abortion
33	\$ 517.90	\$ 562.34	\$ 506.83
34	\$ 524.81	\$ 569.85	\$ 513.59
35	\$ 528.27	\$ 573.61	\$ 516.98
36	\$ 531.73	\$ 577.36	\$ 520.36
37	\$ 535.19	\$ 581.12	\$ 523.75
38	\$ 538.65	\$ 584.87	\$ 527.13
39	\$ 545.56	\$ 592.38	\$ 533.90
40	\$ 552.48	\$ 599.89	\$ 540.67
41	\$ 562.85	\$ 611.16	\$ 550.82
42	\$ 572.80	\$ 621.96	\$ 560.55
43	\$ 586.63	\$ 636.98	\$ 574.09
44	\$ 603.92	\$ 655.75	\$ 591.01
45	\$ 624.24	\$ 677.81	\$ 610.90
46	\$ 648.45	\$ 704.10	\$ 634.59
47	\$ 675.68	\$ 733.67	\$ 661.24
48	\$ 706.81	\$ 767.47	\$ 691.70
49	\$ 737.50	\$ 800.80	\$ 721.74
50	\$ 772.09	\$ 838.35	\$ 755.59
51	\$ 806.24	\$ 875.43	\$ 789.01
52	\$ 843.85	\$ 916.27	\$ 825.81
53	\$ 881.89	\$ 957.58	\$ 863.04
54	\$ 922.96	\$ 1002.17	\$ 903.23
55	\$ 964.03	\$ 1046.76	\$ 943.42
56	\$ 1008.56	\$ 1095.11	\$ 987.00
57	\$ 1053.52	\$ 1143.93	\$ 1031.00
58	\$ 1101.50	\$ 1196.03	\$ 1077.96
59	\$ 1125.28	\$ 1221.85	\$ 1101.23
60	\$ 1173.26	\$ 1273.95	\$ 1148.18
61	\$ 1214.76	\$ 1319.01	\$ 1188.80
62	\$ 1242.00	\$ 1348.59	\$ 1215.45
63	\$ 1276.15	\$ 1385.67	\$ 1248.87
64	\$ 1296.90	\$ 1408.20	\$ 1269.18
65+	\$ 1296.90	\$ 1408.20	\$ 1269.18

Age	2025 BCN Fixed Cost Gold Option 1 W/Expanded Abortion	2025 Simply Blue PPO Gold Option 1 W/Expanded Abortion	2025 Simply Blue HSA PPO Gold Option 2 W/Expanded Abortion
COMP	\$ 520.27	\$ 1239.62	\$ 1239.62

* We reserve the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect. Final rates will be determined based on actual group enrollment and participation.

* Plans and rates are not final until they have been approved by DIFS and CMS

* Your agent is providing a Summary of Benefits and Coverage with this quote.

* To comply with the Patient Protection and Affordable Care Act, groups may be required to make changes to their health insurance coverage. This may result in an adjustment to the rates.



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Dental Contribution Type: Non-Voluntary

Vision Contribution Type: Non-Voluntary

Requested Effective Date: 12/1/2025

Rating Area: M

Small Group Rate Grid

Age	2025 Blue Elect Plus HSA POS Gold Option 1 W/Expanded Abortion	Blue Dental PPO Plus 100/80/50-1000 SG \$1000	Blue VisionSM 12-12-12
0	\$ 277.77	\$ 34.06	\$ 0.00
1	\$ 277.77	\$ 34.06	\$ 0.00
2	\$ 277.77	\$ 34.06	\$ 0.00
3	\$ 277.77	\$ 34.06	\$ 0.00
4	\$ 277.77	\$ 34.06	\$ 0.00
5	\$ 277.77	\$ 34.06	\$ 0.00
6	\$ 277.77	\$ 34.06	\$ 0.00
7	\$ 277.77	\$ 34.06	\$ 0.00
8	\$ 277.77	\$ 34.06	\$ 0.00
9	\$ 277.77	\$ 34.06	\$ 0.00
10	\$ 277.77	\$ 34.06	\$ 0.00
11	\$ 277.77	\$ 34.06	\$ 0.00
12	\$ 277.77	\$ 34.06	\$ 0.00
13	\$ 277.77	\$ 34.06	\$ 0.00
14	\$ 277.77	\$ 34.06	\$ 0.00
15	\$ 302.46	\$ 34.06	\$ 0.00
16	\$ 311.90	\$ 34.06	\$ 0.00
17	\$ 321.34	\$ 34.06	\$ 0.00
18	\$ 331.51	\$ 34.06	\$ 0.00
19	\$ 341.68	\$ 22.25	\$ 5.29
20	\$ 352.21	\$ 22.25	\$ 5.29
21	\$ 363.10	\$ 22.25	\$ 5.21
22	\$ 363.10	\$ 22.45	\$ 5.14
23	\$ 363.10	\$ 22.68	\$ 5.08
24	\$ 363.10	\$ 22.92	\$ 5.04
25	\$ 364.55	\$ 23.18	\$ 5.02
26	\$ 371.81	\$ 23.46	\$ 5.00
27	\$ 380.53	\$ 23.72	\$ 4.99
28	\$ 394.69	\$ 24.04	\$ 5.00
29	\$ 406.31	\$ 24.34	\$ 5.01
30	\$ 412.12	\$ 24.67	\$ 5.03
31	\$ 420.83	\$ 25.01	\$ 5.06
32	\$ 429.55	\$ 25.36	\$ 5.10

Age	2025 Blue Elect Plus HSA POS Gold Option 1 W/Expanded Abortion	Blue Dental PPO Plus 100/80/50-1000 SG \$1000	Blue VisionSM 12-12-12
33	\$ 434.99	\$ 25.75	\$ 5.14
34	\$ 440.80	\$ 26.13	\$ 5.20
35	\$ 443.71	\$ 26.52	\$ 5.25
36	\$ 446.61	\$ 26.95	\$ 5.31
37	\$ 449.52	\$ 27.37	\$ 5.38
38	\$ 452.42	\$ 27.81	\$ 5.44
39	\$ 458.23	\$ 28.28	\$ 5.51
40	\$ 464.04	\$ 28.75	\$ 5.58
41	\$ 472.76	\$ 29.24	\$ 5.66
42	\$ 481.11	\$ 29.75	\$ 5.74
43	\$ 492.73	\$ 30.27	\$ 5.81
44	\$ 507.25	\$ 30.80	\$ 5.89
45	\$ 524.32	\$ 31.35	\$ 5.96
46	\$ 544.65	\$ 31.91	\$ 6.03
47	\$ 567.53	\$ 32.49	\$ 6.10
48	\$ 593.67	\$ 33.09	\$ 6.16
49	\$ 619.45	\$ 33.69	\$ 6.22
50	\$ 648.50	\$ 34.32	\$ 6.29
51	\$ 677.18	\$ 34.96	\$ 6.34
52	\$ 708.77	\$ 35.61	\$ 6.39
53	\$ 740.72	\$ 36.28	\$ 6.43
54	\$ 775.22	\$ 36.97	\$ 6.46
55	\$ 809.71	\$ 37.65	\$ 6.48
56	\$ 847.11	\$ 38.37	\$ 6.50
57	\$ 884.87	\$ 39.10	\$ 6.50
58	\$ 925.18	\$ 39.83	\$ 6.50
59	\$ 945.15	\$ 40.59	\$ 6.49
60	\$ 985.45	\$ 41.37	\$ 6.46
61	\$ 1020.31	\$ 42.14	\$ 6.43
62	\$ 1043.19	\$ 42.94	\$ 6.38
63	\$ 1071.87	\$ 43.77	\$ 6.32
64	\$ 1089.30	\$ 44.59	\$ 6.23
65+	\$ 1089.30	\$ 44.59	\$ 6.14

Age	2025 Blue Elect Plus HSA POS Gold Option 1 W/Expanded Abortion	Blue Dental PPO Plus 100/80/50-1000 SG \$1000	Blue VisionSM 12-12-12
COMP	\$ 520.27	\$ 44.59	\$ 6.14

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