

**State of Delaware  
Group Health Insurance Program  
Non-Medicare Rates Effective July 1, 2024**

	<b>Total Monthly Rate</b>	<b>State Pays</b>	<b>Pensioner Pays</b>
<b>Highmark Delaware First State Basic Plan</b>			
Individual	\$1,049.58	\$1,007.60	\$41.98
Individual & Spouse	\$2,171.54	\$2,084.66	\$86.88
Individual & Child(ren)	\$1,595.46	\$1,531.64	\$63.82
Family	\$2,714.52	\$2,605.92	\$108.60
<b>Aetna CDH Gold Plan</b>			
Individual	\$1,086.30	\$1,031.98	\$54.32
Individual & Spouse	\$2,252.36	\$2,139.74	\$112.62
Individual & Child(ren)	\$1,659.68	\$1,576.70	\$82.98
Family	\$2,861.42	\$2,718.36	\$143.06
<b>Aetna HMO Plan</b>			
Individual	\$1,095.74	\$1,024.50	\$71.24
Individual & Spouse	\$2,310.26	\$2,160.08	\$150.18
Individual & Child(ren)	\$1,676.20	\$1,567.24	\$108.96
Family	\$2,882.68	\$2,695.30	\$187.38
<b>Highmark Delaware Comprehensive PPO Plan</b>			
Individual	\$1,198.24	\$1,039.48	\$158.76
Individual & Spouse	\$2,486.48	\$2,157.00	\$329.48
Individual & Child(ren)	\$1,846.70	\$1,602.02	\$244.68
Family	\$3,108.44	\$2,696.58	\$411.86
<b>Dominion National HMO Select Dental Plan</b>			
Individual	\$27.94	\$0.00	\$27.94
Individual & Spouse	\$51.96	\$0.00	\$51.96
Individual & Child(ren)	\$56.00	\$0.00	\$56.00
Family	\$76.08	\$0.00	\$76.08
<b>Delta Dental PPO Plus Premier Plan</b>			
Individual	\$37.44	\$0.00	\$37.44
Individual & Spouse	\$76.42	\$0.00	\$76.42
Individual & Child(ren)	\$75.02	\$0.00	\$75.02
Family	\$125.20	\$0.00	\$125.20
<b>EyeMed Vision Care High Plan</b>			
Individual	\$13.06	\$0.00	\$13.06
Individual & Spouse	\$20.64	\$0.00	\$20.64
Individual & Child(ren)	\$21.04	\$0.00	\$21.04
Family	\$33.94	\$0.00	\$33.94
<b>EyeMed Vision Care Low Plan</b>			
Individual	\$6.48	\$0.00	\$6.48
Individual & Spouse	\$10.24	\$0.00	\$10.24
Individual & Child(ren)	\$10.42	\$0.00	\$10.42
Family	\$16.84	\$0.00	\$16.84

*If you have less than 20 years of service and were first hired on or after July 1, 1991,  
the State does not pay the full state share but will pay a percentage of the state share of the  
cost of your coverage as explained in the charts below.*

<b>Eligible Pensioners Hired By The State On Or After July 1, 1991 Through December 31, 2006</b> <i>(The following portion of the State Share will be paid by the State)</i> <b>(Except those receiving a disability pension or receiving an LTD benefit from The Hartford)</b>		
Less than 10 years service	0%	state share paid by state
10 years - less than 15 years service	50%	state share paid by state
15 years - less than 20 years service	75%	state share paid by state
20 years or more service	100%	state share paid by state
<b>Eligible Pensioners Hired By The State On Or After January 1, 2007</b> <i>(The following portion of the State Share will be paid by the State)</i> <b>(Except those receiving a disability pension or receiving an LTD benefit from The Hartford)</b>		
Less than 15 years service	0%	state share paid by state
15 years - less than 17.5 years service	50%	state share paid by state
17.5 years - less than 20 years service	75%	state share paid by state
20 years or more service	100%	state share paid by state