

**State of Delaware Group Health Insurance Program
Civil Union Health Plan Rates Effective July 1, 2013**

Employees who cover a civil union spouse and/or civil union spouse's children and all dependents are IRS tax qualified, should refer to the Group Health Insurance Program Rate Sheet Effective July 1, 2013

Coverage Code	Description	Total Monthly Rate	Employer/ State Share	Imputed Income	Before Tax Employee Share	After Tax Employee Share
Highmark Delaware First State Basic <i>Administered by Highmark Blue Cross Blue Shield Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,132.56	\$1,087.26	\$561.78	\$21.90	\$23.40
J	Emp & IRSNQ Child	\$832.10	\$798.82	\$273.34	\$21.90	\$11.38
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,415.74	\$1,359.12	\$833.64	\$21.90	\$34.72
P	Emp+Child & IRSNQ Spouse	\$1,415.74	\$1,359.12	\$560.30	\$33.28	\$23.34
R	Emp+Child & IRSNQ Child	\$832.10	\$798.82	\$273.34	\$33.28	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,415.74	\$1,359.12	\$833.64	\$33.28	\$23.34
W	EE & IRSNQ Sp + Qual Child	\$1,415.74	\$1,359.12	\$560.30	\$33.28	\$23.34
X	Emp & IRSQ Sp+NQChild(ren)	\$1,415.74	\$1,359.12	\$271.86	\$45.30	\$11.32
Y	Emp+Child & IRSNQ SP+QChild	\$1,415.74	\$1,359.12	\$560.30	\$33.28	\$23.34
Z	Emp+Child & IRSQ Sp+NQChild	\$1,415.74	\$1,359.12	\$273.34	\$56.62	\$0.00
Aetna CDH Gold <i>Administered by Aetna</i>						
I	Emp & IRSNQ Spouse	\$1,174.70	\$1,115.98	\$577.76	\$28.32	\$30.40
J	Emp & IRSNQ Child	\$865.60	\$822.32	\$284.10	\$28.32	\$14.96
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,492.34	\$1,417.72	\$879.50	\$28.32	\$46.30
P	Emp+Child & IRSNQ Spouse	\$1,492.34	\$1,417.72	\$595.40	\$43.28	\$31.34
R	Emp+Child & IRSNQ Child	\$865.60	\$822.32	\$284.10	\$43.28	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,492.34	\$1,417.72	\$879.50	\$43.28	\$31.34
W	EE & IRSNQ Sp + Qual Child	\$1,492.34	\$1,417.72	\$595.40	\$43.28	\$31.34
X	Emp & IRSQ Sp+NQChild(ren)	\$1,492.34	\$1,417.72	\$301.74	\$58.72	\$15.90
Y	Emp+Child & IRSNQ SP+QChild	\$1,492.34	\$1,417.72	\$595.40	\$43.28	\$31.34
Z	Emp+Child & IRSQ Sp+NQChild	\$1,492.34	\$1,417.72	\$284.10	\$74.62	\$0.00
Highmark Delaware CDH Gold <i>Administered by Highmark Blue Cross Blue Shield Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,174.70	\$1,115.98	\$577.76	\$28.32	\$30.40
J	Emp & IRSNQ Child	\$865.60	\$822.32	\$284.10	\$28.32	\$14.96
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,492.34	\$1,417.72	\$879.50	\$28.32	\$46.30
P	Emp+Child & IRSNQ Spouse	\$1,492.34	\$1,417.72	\$595.40	\$43.28	\$31.34
R	Emp+Child & IRSNQ Child	\$865.60	\$822.32	\$284.10	\$43.28	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,492.34	\$1,417.72	\$879.50	\$43.28	\$31.34
W	EE & IRSNQ Sp + Qual Child	\$1,492.34	\$1,417.72	\$595.40	\$43.28	\$31.34
X	Emp & IRSQ Sp+NQChild(ren)	\$1,492.34	\$1,417.72	\$301.74	\$58.72	\$15.90
Y	Emp+Child & IRSNQ SP+QChild	\$1,492.34	\$1,417.72	\$595.40	\$43.28	\$31.34
Z	Emp+Child & IRSQ Sp+NQChild	\$1,492.34	\$1,417.72	\$284.10	\$74.62	\$0.00
Aetna HMO <i>Administered by Aetna</i>						
I	Emp & IRSNQ Spouse	\$1,204.88	\$1,126.56	\$592.22	\$37.14	\$41.18
J	Emp & IRSNQ Child	\$874.22	\$817.40	\$283.06	\$37.14	\$19.68
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,503.44	\$1,405.72	\$871.38	\$37.14	\$60.58
P	Emp+Child & IRSNQ Spouse	\$1,503.44	\$1,405.72	\$588.32	\$56.82	\$40.90
R	Emp+Child & IRSNQ Child	\$874.22	\$817.40	\$283.06	\$56.82	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,503.44	\$1,405.72	\$871.38	\$56.82	\$40.90
W	EE & IRSNQ Sp + Qual Child	\$1,503.44	\$1,405.72	\$588.32	\$56.82	\$40.90
X	Emp & IRSQ Sp+NQChild(ren)	\$1,503.44	\$1,405.72	\$279.16	\$78.32	\$19.40
Y	Emp+Child & IRSNQ SP+QChild	\$1,503.44	\$1,405.72	\$588.32	\$56.82	\$40.90
Z	Emp+Child & IRSQ Sp+NQChild	\$1,503.44	\$1,405.72	\$283.06	\$97.72	\$0.00

Coverage Code	Description	Total Monthly Rate	Employer/ State Share	Imputed Income	Before Tax Employee Share	After Tax Employee Share
Highmark Delaware Blue Care® HMO <i>Administered by Highmark Blue Cross Blue Shield Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,208.70	\$1,130.14	\$595.36	\$37.16	\$41.40
J	Emp & IRSNQ Child	\$875.10	\$818.22	\$283.44	\$37.16	\$19.72
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,508.04	\$1,410.02	\$875.24	\$37.16	\$60.86
P	Emp+Child & IRSNQ Spouse	\$1,508.04	\$1,410.02	\$591.80	\$56.88	\$41.14
R	Emp+Child & IRSNQ Child	\$875.10	\$818.22	\$283.44	\$56.88	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,508.04	\$1,410.02	\$875.24	\$56.88	\$41.14
W	EE & IRSNQ Sp + Qual Child	\$1,508.04	\$1,410.02	\$591.80	\$56.88	\$41.14
X	Emp & IRSQ Sp+NQChild(ren)	\$1,508.04	\$1,410.02	\$279.88	\$78.56	\$19.46
Y	Emp+Child & IRSNQ SP+QChild	\$1,508.04	\$1,410.02	\$591.80	\$56.88	\$41.14
Z	Emp+Child & IRSQ Sp+NQChild	\$1,508.04	\$1,410.02	\$283.44	\$98.02	\$0.00
Highmark Delaware Comprehensive PPO <i>Administered by Highmark Blue Cross Blue Shield Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,296.80	\$1,124.98	\$582.84	\$82.80	\$89.02
J	Emp & IRSNQ Child	\$963.12	\$835.52	\$293.38	\$82.80	\$44.80
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,621.18	\$1,406.38	\$864.24	\$82.80	\$132.00
P	Emp+Child & IRSNQ Spouse	\$1,621.18	\$1,406.38	\$570.86	\$127.60	\$87.20
R	Emp+Child & IRSNQ Child	\$963.12	\$835.52	\$293.38	\$127.60	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,621.18	\$1,406.38	\$864.24	\$127.60	\$87.20
W	EE & IRSNQ Sp + Qual Child	\$1,621.18	\$1,406.38	\$570.86	\$127.60	\$87.20
X	Emp & IRSQ Sp+NQChild(ren)	\$1,621.18	\$1,406.38	\$281.40	\$171.82	\$42.98
Y	Emp+Child & IRSNQ SP+QChild	\$1,621.18	\$1,406.38	\$570.86	\$127.60	\$87.20
Z	Emp+Child & IRSQ Sp+NQChild	\$1,621.18	\$1,406.38	\$293.38	\$214.80	\$0.00
Note: Enrollment in a medical plan includes enrollment in the prescription program and employee assistance program						
DominionDHMO <i>Administered by Dominion Dental</i>						
I	Emp & IRSNQ Spouse	\$42.14	\$0.00	\$0.00	\$22.68	\$19.46
J	Emp & IRSNQ Child	\$45.42	\$0.00	\$0.00	\$22.68	\$22.74
K	Emp & IRSNQ Sp+NQChild(ren)	\$61.66	\$0.00	\$0.00	\$22.68	\$38.98
P	Emp+Child & IRSNQ Spouse	\$61.66	\$0.00	\$0.00	\$45.42	\$16.24
R	Emp+Child & IRSNQ Child	\$45.42	\$0.00	\$0.00	\$45.42	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$61.66	\$0.00	\$0.00	\$45.42	\$16.24
W	EE & IRSNQ Sp + Qual Child	\$61.66	\$0.00	\$0.00	\$45.42	\$16.24
X	Emp & IRSQ Sp+NQChild(ren)	\$61.66	\$0.00	\$0.00	\$42.14	\$19.52
Y	Emp+Child & IRSNQ SP+QChild	\$61.66	\$0.00	\$0.00	\$45.42	\$16.24
Z	Emp+Child & IRSQ Sp+NQChild	\$61.66	\$0.00	\$0.00	\$61.66	\$0.00
Delta Dental PPO Plus Premier <i>Administered by Delta Dental</i>						
I	Emp & IRSNQ Spouse	\$64.54	\$0.00	\$0.00	\$31.62	\$32.92
J	Emp & IRSNQ Child	\$63.34	\$0.00	\$0.00	\$31.62	\$31.72
K	Emp & IRSNQ Sp+NQChild(ren)	\$105.70	\$0.00	\$0.00	\$31.62	\$74.08
P	Emp+Child & IRSNQ Spouse	\$105.70	\$0.00	\$0.00	\$63.34	\$42.36
R	Emp+Child & IRSNQ Child	\$63.34	\$0.00	\$0.00	\$63.34	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$105.70	\$0.00	\$0.00	\$63.34	\$42.36
W	EE & IRSNQ Sp + Qual Child	\$105.70	\$0.00	\$0.00	\$63.34	\$42.36
X	Emp & IRSQ Sp+NQChild(ren)	\$105.70	\$0.00	\$0.00	\$64.54	\$41.16
Y	Emp+Child & IRSNQ SP+QChild	\$105.70	\$0.00	\$0.00	\$63.34	\$42.36
Z	Emp+Child & IRSQ Sp+NQChild	\$105.70	\$0.00	\$0.00	\$105.70	\$0.00
EyeMed Vision Plan <i>Administered by EyeMed Vision Care</i>						
I	Emp & IRSNQ Spouse	\$9.64	\$0.00	\$0.00	\$6.12	\$3.52
J	Emp & IRSNQ Child	\$9.84	\$0.00	\$0.00	\$6.12	\$3.72
K	Emp & IRSNQ Sp+NQChild(ren)	\$15.88	\$0.00	\$0.00	\$6.12	\$9.76
P	Emp+Child & IRSNQ Spouse	\$15.88	\$0.00	\$0.00	\$9.84	\$6.04
R	Emp+Child & IRSNQ Child	\$9.84	\$0.00	\$0.00	\$9.84	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$15.88	\$0.00	\$0.00	\$9.84	\$6.04
W	EE & IRSNQ Sp + Qual Child	\$15.88	\$0.00	\$0.00	\$9.84	\$6.04
X	Emp & IRSQ Sp+NQChild(ren)	\$15.88	\$0.00	\$0.00	\$9.64	\$6.24
Y	Emp+Child & IRSNQ SP+QChild	\$15.88	\$0.00	\$0.00	\$9.84	\$6.04
Z	Emp+Child & IRSQ Sp+NQChild	\$15.88	\$0.00	\$0.00	\$15.88	\$0.00