

State of Delaware  
Group Health Insurance Program  
Civil Union Health Plan Rates  
Effective July 1, 2014

**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, 2014**

Coverage Code	Description	Total Monthly Rate	Employer/ State Share	Imputed Income	Before Tax Employee Share	After Tax Employee Share
<b>First State Basic</b> <i>Administered by Highmark Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,136.80	\$1,091.34	\$563.90	\$22.00	\$23.46
J	Emp & IRSNQ Child	\$835.22	\$801.82	\$274.38	\$22.00	\$11.40
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,421.04	\$1,364.22	\$836.78	\$22.00	\$34.82
P	Emp+Child & IRSNQ Spouse	\$1,421.04	\$1,364.22	\$562.40	\$33.40	\$23.42
R	Emp+Child & IRSNQ Child	\$835.22	\$801.82	\$274.38	\$33.40	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,421.04	\$1,364.22	\$836.78	\$33.40	\$23.42
W	EE & IRSNQ Sp + Qual Child	\$1,421.04	\$1,364.22	\$562.40	\$33.40	\$23.42
X	Emp & IRSQ Sp+NQChild(ren)	\$1,421.04	\$1,364.22	\$272.88	\$45.46	\$11.36
Y	Emp+Child & IRSNQ SP+QChild	\$1,421.04	\$1,364.22	\$562.40	\$33.40	\$23.42
Z	Emp+Child & IRSQ Sp+NQChild	\$1,421.04	\$1,364.22	\$274.38	\$56.82	\$0.00
<b>Aetna CDH Gold</b> <i>Administered by Aetna</i>						
I	Emp & IRSNQ Spouse	\$1,179.10	\$1,120.16	\$579.92	\$28.42	\$30.52
J	Emp & IRSNQ Child	\$868.84	\$825.40	\$285.16	\$28.42	\$15.02
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,497.94	\$1,423.04	\$882.80	\$28.42	\$46.48
P	Emp+Child & IRSNQ Spouse	\$1,497.94	\$1,423.04	\$597.64	\$43.44	\$31.46
R	Emp+Child & IRSNQ Child	\$868.84	\$825.40	\$285.16	\$43.44	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,497.94	\$1,423.04	\$882.80	\$43.44	\$31.46
W	EE & IRSNQ Sp + Qual Child	\$1,497.94	\$1,423.04	\$597.64	\$43.44	\$31.46
X	Emp & IRSQ Sp+NQChild(ren)	\$1,497.94	\$1,423.04	\$302.88	\$58.94	\$15.96
Y	Emp+Child & IRSNQ SP+QChild	\$1,497.94	\$1,423.04	\$597.64	\$43.44	\$31.46
Z	Emp+Child & IRSQ Sp+NQChild	\$1,497.94	\$1,423.04	\$285.16	\$74.90	\$0.00
<b>Highmark CDH Gold</b> <i>Administered by Highmark Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,179.10	\$1,120.16	\$579.92	\$28.42	\$30.52
J	Emp & IRSNQ Child	\$868.84	\$825.40	\$285.16	\$28.42	\$15.02
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,497.94	\$1,423.04	\$882.80	\$28.42	\$46.48
P	Emp+Child & IRSNQ Spouse	\$1,497.94	\$1,423.04	\$597.64	\$43.44	\$31.46
R	Emp+Child & IRSNQ Child	\$868.84	\$825.40	\$285.16	\$43.44	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,497.94	\$1,423.04	\$882.80	\$43.44	\$31.46
W	EE & IRSNQ Sp + Qual Child	\$1,497.94	\$1,423.04	\$597.64	\$43.44	\$31.46
X	Emp & IRSQ Sp+NQChild(ren)	\$1,497.94	\$1,423.04	\$302.88	\$58.94	\$15.96
Y	Emp+Child & IRSNQ SP+QChild	\$1,497.94	\$1,423.04	\$597.64	\$43.44	\$31.46
Z	Emp+Child & IRSQ Sp+NQChild	\$1,497.94	\$1,423.04	\$285.16	\$74.90	\$0.00
<b>Aetna HMO</b> <i>Administered by Aetna</i>						
I	Emp & IRSNQ Spouse	\$1,209.40	\$1,130.78	\$594.44	\$37.28	\$41.34
J	Emp & IRSNQ Child	\$877.50	\$820.46	\$284.12	\$37.28	\$19.76
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,509.08	\$1,411.00	\$874.66	\$37.28	\$60.80
P	Emp+Child & IRSNQ Spouse	\$1,509.08	\$1,411.00	\$590.54	\$57.04	\$41.04
R	Emp+Child & IRSNQ Child	\$877.50	\$820.46	\$284.12	\$57.04	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,509.08	\$1,411.00	\$874.66	\$57.04	\$41.04
W	EE & IRSNQ Sp + Qual Child	\$1,509.08	\$1,411.00	\$590.54	\$57.04	\$41.04
X	Emp & IRSQ Sp+NQChild(ren)	\$1,509.08	\$1,411.00	\$280.22	\$78.62	\$19.46
Y	Emp+Child & IRSNQ SP+QChild	\$1,509.08	\$1,411.00	\$590.54	\$57.04	\$41.04
Z	Emp+Child & IRSQ Sp+NQChild	\$1,509.08	\$1,411.00	\$284.12	\$98.08	\$0.00

Coverage Code	Description	Total Monthly Rate	Employer/ State Share	Imputed Income	Before Tax Employee Share	After Tax Employee Share
<b>Highmark HMO/IPA</b> <i>Administered by Highmark Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,213.24	\$1,134.38	\$597.60	\$37.30	\$41.56
J	Emp & IRSNQ Child	\$878.38	\$821.28	\$284.50	\$37.30	\$19.80
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,513.70	\$1,415.30	\$878.52	\$37.30	\$61.10
P	Emp+Child & IRSNQ Spouse	\$1,513.70	\$1,415.30	\$594.02	\$57.10	\$41.30
R	Emp+Child & IRSNQ Child	\$878.38	\$821.28	\$284.50	\$57.10	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,513.70	\$1,415.30	\$878.52	\$57.10	\$41.30
W	EE & IRSNQ Sp + Qual Child	\$1,513.70	\$1,415.30	\$594.02	\$57.10	\$41.30
X	Emp & IRSQ Sp+NQChild(ren)	\$1,513.70	\$1,415.30	\$280.92	\$78.86	\$19.54
Y	Emp+Child & IRSNQ SP+QChild	\$1,513.70	\$1,415.30	\$594.02	\$57.10	\$41.30
Z	Emp+Child & IRSQ Sp+NQChild	\$1,513.70	\$1,415.30	\$284.50	\$98.40	\$0.00
<b>Comprehensive PPO</b> <i>Administered by Highmark Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,301.66	\$1,129.20	\$585.02	\$83.10	\$89.36
J	Emp & IRSNQ Child	\$966.74	\$838.66	\$294.48	\$83.10	\$44.98
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,627.26	\$1,411.66	\$867.48	\$83.10	\$132.50
P	Emp+Child & IRSNQ Spouse	\$1,627.26	\$1,411.66	\$573.00	\$128.08	\$87.52
R	Emp+Child & IRSNQ Child	\$966.74	\$838.66	\$294.48	\$128.08	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,627.26	\$1,411.66	\$867.48	\$128.08	\$87.52
W	EE & IRSNQ Sp + Qual Child	\$1,627.26	\$1,411.66	\$573.00	\$128.08	\$87.52
X	Emp & IRSQ Sp+NQChild(ren)	\$1,627.26	\$1,411.66	\$282.46	\$172.46	\$43.14
Y	Emp+Child & IRSNQ SP+QChild	\$1,627.26	\$1,411.66	\$573.00	\$128.08	\$87.52
Z	Emp+Child & IRSQ Sp+NQChild	\$1,627.26	\$1,411.66	\$294.48	\$215.60	\$0.00

**Note: Enrollment in a medical plan includes enrollment in the prescription program and employee assistance program**

<b>DominionDHMO</b> <i>Administered by Dominion Dental</i>						
I	Emp & IRSNQ Spouse	\$44.24	\$0.00	\$0.00	\$23.80	\$20.44
J	Emp & IRSNQ Child	\$47.68	\$0.00	\$0.00	\$23.80	\$23.88
K	Emp & IRSNQ Sp+NQChild(ren)	\$64.74	\$0.00	\$0.00	\$23.80	\$40.94
P	Emp+Child & IRSNQ Spouse	\$64.74	\$0.00	\$0.00	\$47.68	\$17.06
R	Emp+Child & IRSNQ Child	\$47.68	\$0.00	\$0.00	\$47.68	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$64.74	\$0.00	\$0.00	\$47.68	\$17.06
W	EE & IRSNQ Sp + Qual Child	\$64.74	\$0.00	\$0.00	\$47.68	\$17.06
X	Emp & IRSQ Sp+NQChild(ren)	\$64.74	\$0.00	\$0.00	\$44.24	\$20.50
Y	Emp+Child & IRSNQ SP+QChild	\$64.74	\$0.00	\$0.00	\$47.68	\$17.06
Z	Emp+Child & IRSQ Sp+NQChild	\$64.74	\$0.00	\$0.00	\$64.74	\$0.00
<b>Delta Dental PPO Plus Premier</b> <i>Administered by Delta Dental</i>						
I	Emp & IRSNQ Spouse	\$69.90	\$0.00	\$0.00	\$34.24	\$35.66
J	Emp & IRSNQ Child	\$68.62	\$0.00	\$0.00	\$34.24	\$34.38
K	Emp & IRSNQ Sp+NQChild(ren)	\$114.52	\$0.00	\$0.00	\$34.24	\$80.28
P	Emp+Child & IRSNQ Spouse	\$114.52	\$0.00	\$0.00	\$68.62	\$45.90
R	Emp+Child & IRSNQ Child	\$68.62	\$0.00	\$0.00	\$68.62	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$114.52	\$0.00	\$0.00	\$68.62	\$45.90
W	EE & IRSNQ Sp + Qual Child	\$114.52	\$0.00	\$0.00	\$68.62	\$45.90
X	Emp & IRSQ Sp+NQChild(ren)	\$114.52	\$0.00	\$0.00	\$69.90	\$44.62
Y	Emp+Child & IRSNQ SP+QChild	\$114.52	\$0.00	\$0.00	\$68.62	\$45.90
Z	Emp+Child & IRSQ Sp+NQChild	\$114.52	\$0.00	\$0.00	\$114.52	\$0.00
<b>EyeMed Vision Plan</b> <i>Administered by EyeMed Vision Care</i>						
I	Emp & IRSNQ Spouse	\$9.94	\$0.00	\$0.00	\$6.30	\$3.64
J	Emp & IRSNQ Child	\$10.14	\$0.00	\$0.00	\$6.30	\$3.84
K	Emp & IRSNQ Sp+NQChild(ren)	\$16.36	\$0.00	\$0.00	\$6.30	\$10.06
P	Emp+Child & IRSNQ Spouse	\$16.36	\$0.00	\$0.00	\$10.14	\$6.22
R	Emp+Child & IRSNQ Child	\$10.14	\$0.00	\$0.00	\$10.14	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$16.36	\$0.00	\$0.00	\$10.14	\$6.22
W	EE & IRSNQ Sp + Qual Child	\$16.36	\$0.00	\$0.00	\$10.14	\$6.22
X	Emp & IRSQ Sp+NQChild(ren)	\$16.36	\$0.00	\$0.00	\$9.94	\$6.42
Y	Emp+Child & IRSNQ SP+QChild	\$16.36	\$0.00	\$0.00	\$10.14	\$6.22
Z	Emp+Child & IRSQ Sp+NQChild	\$16.36	\$0.00	\$0.00	\$16.36	\$0.00