

State of Delaware
Group Health Insurance Program
Civil Union Health Plan Rates
Effective July 1, 2016

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, 2016

Coverage Code	Description	Total Monthly Rate	Employer/ State Share	Imputed Income	Before Tax Employee Share	After Tax Employee Share
First State Basic <i>Administered by Highmark Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,438.68	\$1,381.16	\$713.64	\$27.84	\$29.68
J	Emp & IRSNQ Child	\$1,057.02	\$1,014.76	\$347.24	\$27.84	\$14.42
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,798.42	\$1,726.50	\$1,058.98	\$27.84	\$44.08
P	Emp+Child & IRSNQ Spouse	\$1,798.42	\$1,726.50	\$711.74	\$42.26	\$29.66
R	Emp+Child & IRSNQ Child	\$1,057.02	\$1,014.76	\$347.24	\$42.26	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,798.42	\$1,726.50	\$1,058.98	\$42.26	\$29.66
W	EE & IRSNQ Sp + Qual Child	\$1,798.42	\$1,726.50	\$711.74	\$42.26	\$29.66
X	Emp & IRSQ Sp+NQChild(ren)	\$1,798.42	\$1,726.50	\$345.34	\$57.52	\$14.40
Y	Emp+Child & IRSNQ SP+QChild	\$1,798.42	\$1,726.50	\$711.74	\$42.26	\$29.66
Z	Emp+Child & IRSQ Sp+NQChild	\$1,798.42	\$1,726.50	\$347.24	\$71.92	\$0.00
Aetna CDH Gold <i>Administered by Aetna</i>						
I	Emp & IRSNQ Spouse	\$1,492.22	\$1,417.64	\$733.94	\$35.98	\$38.60
J	Emp & IRSNQ Child	\$1,099.56	\$1,044.60	\$360.90	\$35.98	\$18.98
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,895.74	\$1,800.96	\$1,117.26	\$35.98	\$58.80
P	Emp+Child & IRSNQ Spouse	\$1,895.74	\$1,800.96	\$756.36	\$54.96	\$39.82
R	Emp+Child & IRSNQ Child	\$1,099.56	\$1,044.60	\$360.90	\$54.96	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,895.74	\$1,800.96	\$1,117.26	\$54.96	\$39.82
W	EE & IRSNQ Sp + Qual Child	\$1,895.74	\$1,800.96	\$756.36	\$54.96	\$39.82
X	Emp & IRSQ Sp+NQChild(ren)	\$1,895.74	\$1,800.96	\$383.32	\$74.58	\$20.20
Y	Emp+Child & IRSNQ SP+QChild	\$1,895.74	\$1,800.96	\$756.36	\$54.96	\$39.82
Z	Emp+Child & IRSQ Sp+NQChild	\$1,895.74	\$1,800.96	\$360.90	\$94.78	\$0.00
Highmark CDH Gold <i>Administered by Highmark Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,492.22	\$1,417.64	\$733.94	\$35.98	\$38.60
J	Emp & IRSNQ Child	\$1,099.56	\$1,044.60	\$360.90	\$35.98	\$18.98
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,895.74	\$1,800.96	\$1,117.26	\$35.98	\$58.80
P	Emp+Child & IRSNQ Spouse	\$1,895.74	\$1,800.96	\$756.36	\$54.96	\$39.82
R	Emp+Child & IRSNQ Child	\$1,099.56	\$1,044.60	\$360.90	\$54.96	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,895.74	\$1,800.96	\$1,117.26	\$54.96	\$39.82
W	EE & IRSNQ Sp + Qual Child	\$1,895.74	\$1,800.96	\$756.36	\$54.96	\$39.82
X	Emp & IRSQ Sp+NQChild(ren)	\$1,895.74	\$1,800.96	\$383.32	\$74.58	\$20.20
Y	Emp+Child & IRSNQ SP+QChild	\$1,895.74	\$1,800.96	\$756.36	\$54.96	\$39.82
Z	Emp+Child & IRSQ Sp+NQChild	\$1,895.74	\$1,800.96	\$360.90	\$94.78	\$0.00
Aetna HMO <i>Administered by Aetna</i>						
I	Emp & IRSNQ Spouse	\$1,530.58	\$1,431.08	\$752.30	\$47.16	\$52.34
J	Emp & IRSNQ Child	\$1,110.52	\$1,038.34	\$359.56	\$47.16	\$25.02
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,909.82	\$1,785.70	\$1,106.92	\$47.16	\$76.96
P	Emp+Child & IRSNQ Spouse	\$1,909.82	\$1,785.70	\$747.36	\$72.18	\$51.94
R	Emp+Child & IRSNQ Child	\$1,110.52	\$1,038.34	\$359.56	\$72.18	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,909.82	\$1,785.70	\$1,106.92	\$72.18	\$51.94
W	EE & IRSNQ Sp + Qual Child	\$1,909.82	\$1,785.70	\$747.36	\$72.18	\$51.94
X	Emp & IRSQ Sp+NQChild(ren)	\$1,909.82	\$1,785.70	\$354.62	\$99.50	\$24.62
Y	Emp+Child & IRSNQ SP+QChild	\$1,909.82	\$1,785.70	\$747.36	\$72.18	\$51.94
Z	Emp+Child & IRSQ Sp+NQChild	\$1,909.82	\$1,785.70	\$359.56	\$124.12	\$0.00

Coverage Code	Description	Total Monthly Rate	Employer/ State Share	Imputed Income	Before Tax Employee Share	After Tax Employee Share
Highmark HMO/IPA <i>Administered by Highmark Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,535.42	\$1,435.62	\$756.28	\$47.18	\$52.62

J	Emp & IRSNQ Child	\$1,111.64	\$1,039.38	\$360.04	\$47.18	\$25.08
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,915.68	\$1,791.16	\$1,111.82	\$47.18	\$77.34
P	Emp+Child & IRSNQ Spouse	\$1,915.68	\$1,791.16	\$751.78	\$72.26	\$52.26
R	Emp+Child & IRSNQ Child	\$1,111.64	\$1,039.38	\$360.04	\$72.26	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,915.68	\$1,791.16	\$1,111.82	\$72.26	\$52.26
W	EE & IRSNQ Sp + Qual Child	\$1,915.68	\$1,791.16	\$751.78	\$72.26	\$52.26
X	Emp & IRSQ Sp+NQChild(ren)	\$1,915.68	\$1,791.16	\$355.54	\$99.80	\$24.72
Y	Emp+Child & IRSNQ SP+QChild	\$1,915.68	\$1,791.16	\$751.78	\$72.26	\$52.26
Z	Emp+Child & IRSQ Sp+NQChild	\$1,915.68	\$1,791.16	\$360.04	\$124.52	\$0.00

Comprehensive PPO
Administered by Highmark Delaware

I	Emp & IRSNQ Spouse	\$1,647.34	\$1,429.08	\$740.40	\$105.18	\$113.08
J	Emp & IRSNQ Child	\$1,223.46	\$1,061.38	\$372.70	\$105.18	\$56.90
K	Emp & IRSNQ Sp+NQChild(ren)	\$2,059.40	\$1,786.54	\$1,097.86	\$105.18	\$167.68
P	Emp+Child & IRSNQ Spouse	\$2,059.40	\$1,786.54	\$725.16	\$162.08	\$110.78
R	Emp+Child & IRSNQ Child	\$1,223.46	\$1,061.38	\$372.70	\$162.08	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$2,059.40	\$1,786.54	\$1,097.86	\$162.08	\$110.78
W	EE & IRSNQ Sp + Qual Child	\$2,059.40	\$1,786.54	\$725.16	\$162.08	\$110.78
X	Emp & IRSQ Sp+NQChild(ren)	\$2,059.40	\$1,786.54	\$357.46	\$218.26	\$54.60
Y	Emp+Child & IRSNQ SP+QChild	\$2,059.40	\$1,786.54	\$725.16	\$162.08	\$110.78
Z	Emp+Child & IRSQ Sp+NQChild	\$2,059.40	\$1,786.54	\$372.70	\$272.86	\$0.00

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

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Group Health Insurance Program
Civil Union Health Plan Rates
Effective July 1, 2016

DominionDHMO <i>Administered by Dominion Dental</i>						
I	Emp & IRSNQ Spouse	\$45.62	\$0.00	\$0.00	\$24.52	\$21.10
J	Emp & IRSNQ Child	\$49.16	\$0.00	\$0.00	\$24.52	\$24.64
K	Emp & IRSNQ Sp+NQChild(ren)	\$66.76	\$0.00	\$0.00	\$24.52	\$42.24
P	Emp+Child & IRSNQ Spouse	\$66.76	\$0.00	\$0.00	\$49.16	\$17.60
R	Emp+Child & IRSNQ Child	\$49.16	\$0.00	\$0.00	\$49.16	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$66.76	\$0.00	\$0.00	\$49.16	\$17.60
W	EE & IRSNQ Sp + Qual Child	\$66.76	\$0.00	\$0.00	\$49.16	\$17.60
X	Emp & IRSQ Sp+NQChild(ren)	\$66.76	\$0.00	\$0.00	\$45.62	\$21.14
Y	Emp+Child & IRSNQ SP+QChild	\$66.76	\$0.00	\$0.00	\$49.16	\$17.60
Z	Emp+Child & IRSQ Sp+NQChild	\$66.76	\$0.00	\$0.00	\$66.76	\$0.00
Delta Dental PPO Plus Premier <i>Administered by Delta Dental</i>						
I	Emp & IRSNQ Spouse	\$73.18	\$0.00	\$0.00	\$35.86	\$37.32
J	Emp & IRSNQ Child	\$71.84	\$0.00	\$0.00	\$35.86	\$35.98
K	Emp & IRSNQ Sp+NQChild(ren)	\$119.88	\$0.00	\$0.00	\$35.86	\$84.02
P	Emp+Child & IRSNQ Spouse	\$119.88	\$0.00	\$0.00	\$71.84	\$48.04
R	Emp+Child & IRSNQ Child	\$71.84	\$0.00	\$0.00	\$71.84	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$119.88	\$0.00	\$0.00	\$71.84	\$48.04
W	EE & IRSNQ Sp + Qual Child	\$119.88	\$0.00	\$0.00	\$71.84	\$48.04
X	Emp & IRSQ Sp+NQChild(ren)	\$119.88	\$0.00	\$0.00	\$73.18	\$46.70
Y	Emp+Child & IRSNQ SP+QChild	\$119.88	\$0.00	\$0.00	\$71.84	\$48.04
Z	Emp+Child & IRSQ Sp+NQChild	\$119.88	\$0.00	\$0.00	\$119.88	\$0.00
EyeMed Vision Plan <i>Administered by EyeMed Vision Care</i>						
I	Emp & IRSNQ Spouse	\$10.20	\$0.00	\$0.00	\$6.46	\$3.74
J	Emp & IRSNQ Child	\$10.40	\$0.00	\$0.00	\$6.46	\$3.94
K	Emp & IRSNQ Sp+NQChild(ren)	\$16.78	\$0.00	\$0.00	\$6.46	\$10.32
P	Emp+Child & IRSNQ Spouse	\$16.78	\$0.00	\$0.00	\$10.40	\$6.38
R	Emp+Child & IRSNQ Child	\$10.40	\$0.00	\$0.00	\$10.40	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$16.78	\$0.00	\$0.00	\$10.40	\$6.38
W	EE & IRSNQ Sp + Qual Child	\$16.78	\$0.00	\$0.00	\$10.40	\$6.38
X	Emp & IRSQ Sp+NQChild(ren)	\$16.78	\$0.00	\$0.00	\$10.20	\$6.58
Y	Emp+Child & IRSNQ SP+QChild	\$16.78	\$0.00	\$0.00	\$10.40	\$6.38
Z	Emp+Child & IRSQ Sp+NQChild	\$16.78	\$0.00	\$0.00	\$16.78	\$0.00