

**State of Delaware
Group Health Insurance Program
New Rates Effective January 1, 2016**

	Total Monthly Rate	State Pays	Employee/ Pensioner Contributions
Highmark Delaware First State Basic Plan			
Employee	\$645.74	\$619.88	\$25.86
Employee & Spouse	\$1,336.02	\$1,282.60	\$53.42
Employee & Child(ren)	\$981.60	\$942.34	\$39.26
Family	\$1,670.08	\$1,603.30	\$66.78
Aetna CDH Gold			
Employee	\$668.32	\$634.92	\$33.40
Employee & Spouse	\$1,385.74	\$1,316.48	\$69.26
Employee & Child(ren)	\$1,021.10	\$970.06	\$51.04
Family	\$1,760.46	\$1,672.44	\$88.02
Highmark Delaware CDH Gold			
Employee	\$668.32	\$634.92	\$33.40
Employee & Spouse	\$1,385.74	\$1,316.48	\$69.26
Employee & Child(ren)	\$1,021.10	\$970.06	\$51.04
Family	\$1,760.46	\$1,672.44	\$88.02
Aetna HMO			
Employee	\$674.14	\$630.34	\$43.80
Employee & Spouse	\$1,421.36	\$1,328.96	\$92.40
Employee & Child(ren)	\$1,031.28	\$964.24	\$67.04
Family	\$1,773.54	\$1,658.28	\$115.26
Highmark Delaware HMO/IPA			
Employee	\$674.68	\$630.86	\$43.82
Employee & Spouse	\$1,425.86	\$1,333.18	\$92.68
Employee & Child(ren)	\$1,032.32	\$965.22	\$67.10
Family	\$1,778.98	\$1,663.34	\$115.64
Highmark Delaware Comprehensive PPO Plan			
Employee	\$737.22	\$639.54	\$97.68
Employee & Spouse	\$1,529.78	\$1,327.10	\$202.68
Employee & Child(ren)	\$1,136.16	\$985.64	\$150.52
Family	\$1,912.44	\$1,659.06	\$253.38
Highmark Delaware Medicare Supplement for Pensioners Retired On or Prior to July 1, 2012			
Special Medicfill with Prescription	\$426.60	\$426.60	
Special Medicfill without Prescription*	\$241.86	\$241.86	
<small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small>			
Highmark Delaware Medicare Supplement for Pensioners Retired After July 1, 2012			
Special Medicfill with Prescription	\$426.60	\$405.28	\$21.32
Special Medicfill without Prescription*	\$241.86	\$229.78	\$12.08
<small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small>			
Dominion Dental HMO			
Employee	\$24.74	\$0.00	\$24.74
Employee & Spouse	\$46.00	\$0.00	\$46.00
Employee & Child(ren)	\$49.58	\$0.00	\$49.58
Family	\$67.32	\$0.00	\$67.32
Delta Dental PPO plus Premier			
Employee	\$35.34	\$0.00	\$35.34
Employee & Spouse	\$72.14	\$0.00	\$72.14
Employee & Child(ren)	\$70.82	\$0.00	\$70.82
Family	\$118.18	\$0.00	\$118.18
EyeMed Vision Plan			
Employee	\$6.30	\$0.00	\$6.30
Employee & Spouse	\$9.94	\$0.00	\$9.94
Employee & Child(ren)	\$10.14	\$0.00	\$10.14
Family	\$16.36	\$0.00	\$16.36