

**Rates Effective January 1, 2016
Non State Participating Groups**

	Plan Name and State of Delaware Premium	Total Monthly Rate w/ Risk Fee & Monthly Contract Charge
Highmark Delaware First State Basic Plan		
Employee	\$645.74	\$680.73
Employee & Spouse	\$1,336.02	\$1,405.52
Employee & Child(ren)	\$981.60	\$1,033.38
Family	\$1,670.08	\$1,756.28
Aetna CDH Gold		
Employee	\$668.32	\$704.44
Employee & Spouse	\$1,385.74	\$1,457.73
Employee & Child(ren)	\$1,021.10	\$1,074.86
Family	\$1,760.46	\$1,851.18
Highmark Delaware CDH Gold		
Employee	\$668.32	\$704.44
Employee & Spouse	\$1,385.74	\$1,457.73
Employee & Child(ren)	\$1,021.10	\$1,074.86
Family	\$1,760.46	\$1,851.18
Aetna HMO		
Employee	\$674.14	\$710.55
Employee & Spouse	\$1,421.36	\$1,495.13
Employee & Child(ren)	\$1,031.28	\$1,085.54
Family	\$1,773.54	\$1,864.92
Highmark Delaware HMO/IPA		
Employee	\$674.68	\$711.11
Employee & Spouse	\$1,425.86	\$1,499.85
Employee & Child(ren)	\$1,032.32	\$1,086.64
Family	\$1,778.98	\$1,870.63
Highmark Delaware Comprehensive PPO Plan		
Employee	\$737.22	\$776.78
Employee & Spouse	\$1,529.78	\$1,608.97
Employee & Child(ren)	\$1,136.16	\$1,195.67
Family	\$1,912.44	\$2,010.76
Highmark Delaware Special Medicfill Medicare Supplement		
Special Medicfill with Prescription	\$426.60	\$450.63
Special Medicfill without Prescription*	\$241.86	\$256.65
<small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small>		
Dominion Dental HMO		
Employee	\$24.74	\$24.74
Employee & Spouse	\$46.00	\$46.00
Employee & Child(ren)	\$49.58	\$49.58
Family	\$67.32	\$67.32
Delta Dental PPO plus Premier		
Employee	\$35.34	\$35.34
Employee & Spouse	\$72.14	\$72.14
Employee & Child(ren)	\$70.82	\$70.82
Family	\$118.18	\$118.18