

**Rates Effective January 1, 2017
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	\$695.36	\$732.84
Employee & Spouse	\$1,438.68	\$1,513.32
Employee & Child(ren)	\$1,057.02	\$1,112.58
Family	\$1,798.42	\$1,891.04
Aetna CDH Gold		
Employee	\$719.68	\$758.36
Employee & Spouse	\$1,492.22	\$1,569.54
Employee & Child(ren)	\$1,099.56	\$1,157.24
Family	\$1,895.74	\$1,993.24
Highmark Delaware CDH Gold		
Employee	\$719.68	\$758.36
Employee & Spouse	\$1,492.22	\$1,569.54
Employee & Child(ren)	\$1,099.56	\$1,157.24
Family	\$1,895.74	\$1,993.24
Aetna HMO		
Employee	\$725.94	\$764.94
Employee & Spouse	\$1,530.58	\$1,609.82
Employee & Child(ren)	\$1,110.52	\$1,168.76
Family	\$1,909.82	\$2,008.02
Highmark Delaware HMO/IPA		
Employee	\$726.52	\$765.56
Employee & Spouse	\$1,535.42	\$1,614.90
Employee & Child(ren)	\$1,111.64	\$1,169.92
Family	\$1,915.68	\$2,014.16
Highmark Delaware Comprehensive PPO Plan		
Employee	\$793.86	\$836.26
Employee & Spouse	\$1,647.34	\$1,732.42
Employee & Child(ren)	\$1,223.46	\$1,287.34
Family	\$2,059.40	\$2,165.08
Highmark Delaware Special Medicfill Medicare Supplement		
Special Medicfill with Prescription	\$459.38	\$485.06
Special Medicfill without Prescription*	\$260.44	\$276.16
<small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in other Medicare Part D</small>		
Dominion Dental HMO		
Employee	\$24.52	\$24.52
Employee & Spouse	\$45.62	\$45.62
Employee & Child(ren)	\$49.16	\$49.16
Family	\$66.76	\$66.76
Delta Dental PPO plus Premier		
Employee	\$35.86	\$35.86
Employee & Spouse	\$73.18	\$73.18
Employee & Child(ren)	\$71.84	\$71.84
Family	\$119.88	\$119.88

*Rates are rounded to be divisible by two