

**State of Delaware
Group Health Insurance Program
New Rates Effective July 1, 2015**

	Total Monthly Rate	State Pays	Employee/Pensioner Contributions
Highmark Delaware First State Basic Plan			
Employee	\$602.80	\$578.66	\$24.14
Employee & Spouse	\$1,247.20	\$1,197.32	\$49.88
Employee & Child(ren)	\$916.34	\$879.68	\$36.66
Family	\$1,559.04	\$1,496.70	\$62.34
Aetna CDH Gold			
Employee	\$623.88	\$592.70	\$31.18
Employee & Spouse	\$1,293.60	\$1,228.94	\$64.66
Employee & Child(ren)	\$953.22	\$905.56	\$47.66
Family	\$1,643.42	\$1,561.24	\$82.18
Highmark Delaware CDH Gold			
Employee	\$623.88	\$592.70	\$31.18
Employee & Spouse	\$1,293.60	\$1,228.94	\$64.66
Employee & Child(ren)	\$953.22	\$905.56	\$47.66
Family	\$1,643.42	\$1,561.24	\$82.18
Aetna HMO			
Employee	\$629.32	\$588.42	\$40.90
Employee & Spouse	\$1,326.86	\$1,240.60	\$86.26
Employee & Child(ren)	\$962.72	\$900.14	\$62.58
Family	\$1,655.64	\$1,548.02	\$107.62
Highmark Delaware HMO/IPA			
Employee	\$629.84	\$588.90	\$40.94
Employee & Spouse	\$1,331.06	\$1,244.54	\$86.52
Employee & Child(ren)	\$963.68	\$901.04	\$62.64
Family	\$1,660.70	\$1,552.74	\$107.96
Highmark Delaware Comprehensive PPO Plan			
Employee	\$688.20	\$597.02	\$91.18
Employee & Spouse	\$1,428.06	\$1,238.86	\$189.20
Employee & Child(ren)	\$1,060.62	\$920.10	\$140.52
Family	\$1,785.30	\$1,548.76	\$236.54
Highmark Delaware Medicare Supplement for Pensioners Retired On or Prior to July 1, 2012			
Special Medicfill with Prescription	\$362.98	\$362.98	\$0.00
Special Medicfill without Prescription*	\$205.80	\$205.80	\$0.00
<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	\$362.98	\$344.84	\$18.14
Special Medicfill without Prescription*	\$205.80	\$195.51	\$10.29
<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