

**State of Delaware
Group Health Insurance Program
New Rates Effective January 1, 2017**

	Total Monthly Rate	State Pays	Employee/ Pensioner Contributions
Highmark Delaware First State Basic Plan			
Employee	\$695.36	\$667.52	\$27.84
Employee & Spouse	\$1,438.68	\$1,381.16	\$57.52
Employee & Child(ren)	\$1,057.02	\$1,014.76	\$42.26
Family	\$1,798.42	\$1,726.50	\$71.92
Aetna CDH Gold			
Employee	\$719.68	\$683.70	\$35.98
Employee & Spouse	\$1,492.22	\$1,417.64	\$74.58
Employee & Child(ren)	\$1,099.56	\$1,044.60	\$54.96
Family	\$1,895.74	\$1,800.96	\$94.78
Highmark Delaware CDH Gold			
Employee	\$719.68	\$683.70	\$35.98
Employee & Spouse	\$1,492.22	\$1,417.64	\$74.58
Employee & Child(ren)	\$1,099.56	\$1,044.60	\$54.96
Family	\$1,895.74	\$1,800.96	\$94.78
Aetna HMO			
Employee	\$725.94	\$678.78	\$47.16
Employee & Spouse	\$1,530.58	\$1,431.08	\$99.50
Employee & Child(ren)	\$1,110.52	\$1,038.34	\$72.18
Family	\$1,909.82	\$1,785.70	\$124.12
Highmark Delaware HMO/IPA			
Employee	\$726.52	\$679.34	\$47.18
Employee & Spouse	\$1,535.42	\$1,435.62	\$99.80
Employee & Child(ren)	\$1,111.64	\$1,039.38	\$72.26
Family	\$1,915.68	\$1,791.16	\$124.52
Highmark Delaware Comprehensive PPO Plan			
Employee	\$793.86	\$688.68	\$105.18
Employee & Spouse	\$1,647.34	\$1,429.08	\$218.26
Employee & Child(ren)	\$1,223.46	\$1,061.38	\$162.08
Family	\$2,059.40	\$1,786.54	\$272.86
Highmark Delaware Medicare Supplement for Pensioners Retired On or Prior to July 1, 2012			
Special Medicfill with Prescription	\$459.38	\$459.38	
Special Medicfill without Prescription*	\$260.44	\$260.44	
<small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in other Medicare Part D</small>			
Highmark Delaware Medicare Supplement for Pensioners Retired After July 1, 2012			
Special Medicfill with Prescription	\$459.38	\$436.42	\$22.96
Special Medicfill without Prescription*	\$260.44	\$247.44	\$13.00
<small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in other Medicare Part D</small>			
Dominion Dental HMO			
Employee	\$24.52	\$0.00	\$24.52
Employee & Spouse	\$45.62	\$0.00	\$45.62
Employee & Child(ren)	\$49.16	\$0.00	\$49.16
Family	\$66.76	\$0.00	\$66.76
Delta Dental PPO plus Premier			
Employee	\$35.86	\$0.00	\$35.86
Employee & Spouse	\$73.18	\$0.00	\$73.18
Employee & Child(ren)	\$71.84	\$0.00	\$71.84
Family	\$119.88	\$0.00	\$119.88
EyeMed Vision Plan			
Employee	\$6.46	\$0.00	\$6.46
Employee & Spouse	\$10.20	\$0.00	\$10.20
Employee & Child(ren)	\$10.40	\$0.00	\$10.40
Family	\$16.78	\$0.00	\$16.78