

**State of Delaware  
Group Health Insurance Program  
Non-Medicare Rates Effective July 1, 2018**

	<b>Total Monthly Rate</b>	<b>State Pays</b>	<b>Pensioner Pays</b>
<b>Highmark Delaware First State Basic Plan</b>			
Individual	\$695.36	\$667.52	\$27.84
Individual & Spouse	\$1,438.68	\$1,381.16	\$57.52
Individual & Child(ren)	\$1,057.02	\$1,014.76	\$42.26
Family	\$1,798.42	\$1,726.50	\$71.92
<b>Aetna CDH Gold Plan</b>			
Individual	\$719.68	\$683.70	\$35.98
Individual & Spouse	\$1,492.22	\$1,417.64	\$74.58
Individual & Child(ren)	\$1,099.56	\$1,044.60	\$54.96
Family	\$1,895.74	\$1,800.96	\$94.78
<b>Aetna HMO Plan</b>			
Individual	\$725.94	\$678.78	\$47.16
Individual & Spouse	\$1,530.58	\$1,431.08	\$99.50
Individual & Child(ren)	\$1,110.52	\$1,038.34	\$72.18
Family	\$1,909.82	\$1,785.70	\$124.12
<b>Highmark Delaware Comprehensive PPO Plan</b>			
Individual	\$793.86	\$688.68	\$105.18
Individual & Spouse	\$1,647.34	\$1,429.08	\$218.26
Individual & Child(ren)	\$1,223.46	\$1,061.38	\$162.08
Family	\$2,059.40	\$1,786.54	\$272.86
<b>Dominion National HMO Select Dental Plan</b>			
Individual	\$24.52	\$0.00	\$24.52
Individual & Spouse	\$45.62	\$0.00	\$45.62
Individual & Child(ren)	\$49.16	\$0.00	\$49.16
Family	\$66.76	\$0.00	\$66.76
<b>Delta Dental PPO Plus Premier Plan</b>			
Individual	\$35.86	\$0.00	\$35.86
Individual & Spouse	\$73.18	\$0.00	\$73.18
Individual & Child(ren)	\$71.84	\$0.00	\$71.84
Family	\$119.88	\$0.00	\$119.88
<b>EyeMed Vision Care Plan</b>			
Individual	\$6.46	\$0.00	\$6.46
Individual & Spouse	\$10.20	\$0.00	\$10.20
Individual & Child(ren)	\$10.40	\$0.00	\$10.40
Family	\$16.78	\$0.00	\$16.78

*If you have less than 20 years of service and were first hired on or after July 1, 1991, the State does not pay the full state share but will pay a percentage of the state share of the cost of your coverage as explained in the charts below.*

<b>Eligible Pensioners Hired By The State On Or After July 1, 1991 Through December 31, 2006</b> <i>(The following portion of the State Share will be paid by the State)</i> <b>(Except those receiving a disability pension or receiving an LTD benefit from The Hartford)</b>		
Less than 10 years service	0%	state share paid by state
10 years - less than 15 years service	50%	state share paid by state
15 years - less than 20 years service	75%	state share paid by state
20 years or more service	100%	state share paid by state
<b>Eligible Pensioners Hired By The State On Or After January 1, 2007</b> <i>(The following portion of the State Share will be paid by the State)</i> <b>(Except those receiving a disability pension or receiving an LTD benefit from The Hartford)</b>		
Less than 15 years service	0%	state share paid by state
15 years - less than 17.5 years service	50%	state share paid by state
17.5 years - less than 20 years service	75%	state share paid by state
20 years or more service	100%	state share paid by state

Click the link below to see the health rates for the State Share percentages noted in the above charts  
[State Share Percent Rates-Non-MED EFF 7.1.17 Website.pdf](#)