

**State of Delaware
Group Health Insurance Program
Double State Share Rates Effective January 1, 2022**

	Total Monthly Rate	State Pays	Employee/ Pensioner Contributions
Highmark Delaware First State Basic PPO Plan			
Employee	\$695.36	\$670.36	\$25.00
Employee & Spouse	\$1,438.68	\$1,409.92	\$28.76
Employee & Child(ren)	\$1,057.02	\$1,032.02	\$25.00
Family	\$1,798.42	\$1,762.46	\$35.96
Aetna CDH Gold Plan			
Employee	\$719.68	\$694.68	\$25.00
Employee & Spouse	\$1,492.22	\$1,454.94	\$37.28
Employee & Child(ren)	\$1,099.56	\$1,072.08	\$27.48
Family	\$1,895.74	\$1,848.36	\$47.38
Aetna HMO Plan			
Employee	\$725.94	\$700.94	\$25.00
Employee & Spouse	\$1,530.58	\$1,480.84	\$49.74
Employee & Child(ren)	\$1,110.52	\$1,074.44	\$36.08
Family	\$1,909.82	\$1,847.76	\$62.06
Highmark Delaware Comprehensive PPO Plan			
Employee	\$793.86	\$741.28	\$52.58
Employee & Spouse	\$1,647.34	\$1,538.22	\$109.12
Employee & Child(ren)	\$1,223.46	\$1,142.42	\$81.04
Family	\$2,059.40	\$1,922.98	\$136.42
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 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 Medicare Part D</small>			