

**State of Delaware  
Group Health Insurance Program  
Double State Share Rates  
Effective January 1, 2023 – June 30, 2023**

|  | <b>Total<br/>Monthly<br/>Rate</b> | <b>State Pays</b> | <b>Employee/<br/>Pensioner<br/>Contributions</b> |
|--|-----------------------------------|-------------------|--|
| <b>Highmark Delaware First State Basic PPO Plan</b>  |                                   |                   |  |
| Employee   | \$755.64                          | \$730.64          | \$25.00  |
| Employee & Spouse  | \$1,563.42                        | \$1,532.15        | \$31.28  |
| Employee & Child(ren)  | \$1,148.66                        | \$1,123.66        | \$25.00  |
| Family   | \$1,954.34                        | \$1,915.25        | \$39.10  |
| <b>Aetna CDH Gold Plan</b>   |                                   |                   |  |
| Employee   | \$782.08                          | \$757.08          | \$25.00  |
| Employee & Spouse  | \$1,621.60                        | \$1,581.06        | \$40.54  |
| Employee & Child(ren)  | \$1,194.90                        | \$1,165.03        | \$29.88  |
| Family   | \$2,060.10                        | \$2,008.60        | \$51.50  |
| <b>Aetna HMO Plan</b>  |                                   |                   |  |
| Employee   | \$788.88                          | \$763.24          | \$25.64  |
| Employee & Spouse  | \$1,663.28                        | \$1,609.22        | \$54.06  |
| Employee & Child(ren)  | \$1,206.80                        | \$1,167.58        | \$39.22  |
| Family   | \$2,075.40                        | \$2,007.95        | \$67.46  |
| <b>Highmark Delaware Comprehensive PPO Plan</b>  |                                   |                   |  |
| Employee   | \$862.68                          | \$805.53          | \$57.16  |
| Employee & Spouse  | \$1,790.16                        | \$1,671.56        | \$118.60   |
| Employee & Child(ren)  | \$1,329.54                        | \$1,241.46        | \$88.08  |
| Family   | \$2,237.94                        | \$2,089.68        | \$148.26   |
| <b>Highmark Delaware Medicare Supplement for<br/>Pensioners Retired On or Prior to July 1, 2012</b>                              |                                   |                   |  |
| Special Medicfill with Prescription  | \$459.38                          | \$459.38          |  |
| Special Medicfill <b>without</b> Prescription*   | \$260.44                          | \$260.44          |  |
| <small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small> |                                   |                   |  |
| <b>Highmark Delaware Medicare Supplement<br/>for Pensioners Retired After July 1, 2012</b>                                       |                                   |                   |  |
| Special Medicfill with Prescription  | \$459.38                          | \$436.42          | \$22.96  |
| Special Medicfill <b>without</b> Prescription*   | \$260.44                          | \$247.44          | \$13.00  |
| <small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small> |                                   |                   |  |