State Share Percentage Rates Effective July 1, 2023

Non-Medicare Plans - State of Delaware Group Health Insurance Program

HIGHMARK FIRST STATE BASIC PLAN 100% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			826.68	793.62	33.06
Individual & Spouse			1710.38	1641.96	68.42
Individual & Child(ren)			1256.64	1206.38	50.26
Family			2138.06	2052.52	85.54

FIRST STATE BASIC-75% STATE SHARE				
		TOTAL COST	STATE SHARE	PENR SHARE
		826.68	595.22	231.46
		1710.38	1231.47	478.91
		1256.64	904.79	351.85
		2138.06	1539.39	598.67

FIRST STATE BASIC-50% STATE SHARE				
		TOTAL COST	STATE SHARE	PENR SHARE
		826.68	396.81	429.87
		1710.38	820.98	889.40
		1256.64	603.19	653.45
		2138.06	1026.26	1111.80

FIRST STATE BASIC-0% STATE SHARE				
		TOTAL COST	STATE SHARE	PENR SHARE
		826.68	0.000	826.68
		1710.38	0.000	1710.38
		1256.64	0.000	1256.64
		2138.06	0.000	2138.06

HIGHMARK COMPREHENSIVE PPO PLAN-100% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			943.78	818.74	125.04
Individual & Spouse			1958.44	1698.94	259.50
Individual & Child(ren)			1454.52	1261.80	192.72
Family			2448.32	2123.92	324.40

COMPREHENSIVE-75% STATE SHARE				
		TOTAL COST	STATE SHARE	PENR SHARE
		943.78	614.06	329.72
		1958.44	1274.21	684.23
		1454.52	946.35	508.17
		2448.32	1592.94	855.38

COMPREHENSIVE-50% STATE SHARE				
		TOTAL COST	STATE SHARE	PENR SHARE
		943.78	409.37	534.41
		1958.44	849.47	1108.97
		1454.52	630.90	823.62
		2448.32	1061.96	1386.36

COMPREHENSIVE-0% STATE SHARE				
		TOTAL COST	STATE SHARE	PENR SHARE
		943.78	0.000	943.78
		1958.44	0.000	1958.44
		1454.52	0.000	1454.52
		2448.32	0.000	2448.32

AETNA HMO PLAN -100% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			863.04	806.94	56.10
Individual & Spouse			1819.64	1701.36	118.28
Individual & Child(ren)			1320.24	1234.42	85.82
Family			2270.50	2122.92	147.58

AETNA HMO -75% STATE SHARE				
		TOTAL COST	STATE SHARE	PENR SHARE
		863.04	605.21	257.83
		1819.64	1276.02	543.62
		1320.24	925.82	394.42
		2270.50	1592.19	678.31

AETNA HMO-50% STATE SHARE				
		TOTAL COST	STATE SHARE	PENR SHARE
		863.04	403.47	459.57
		1819.64	850.68	968.96
		1320.24	617.21	703.03
		2270.50	1061.46	1209.04

AETNA HMO-0% STATE SHARE				
		TOTAL COST	STATE SHARE	PENR SHARE
		863.04	0.000	863.04
		1819.64	0.000	1819.64
		1320.24	0.000	1320.24
		2270.50	0.000	2270.50

AETNA CDH GOLD PLAN-100% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			855.60	812.82	42.78
Individual & Spouse			1774.04	1685.34	88.70
Individual & Child(ren)			1307.22	1241.86	65.36
Family			2253.76	2141.08	112.68

AETNA CDH GOLD-75% STATE SHARE				
		TOTAL COST	STATE SHARE	PENR SHARE
		855.60	609.62	245.98
		1774.04	1264.01	510.03
		1307.22	931.40	375.82
		2253.76	1605.81	647.95

AETNA CDH GOLD-50% STATE SHARE				
		TOTAL COST	STATE SHARE	PENR SHARE
		855.60	406.41	449.19
		1774.04	842.67	931.37
		1307.22	620.93	686.29
		2253.76	1070.54	1183.22

AETNA CDH GOLD-0% STATE SHARE				
		TOTAL COST	STATE SHARE	PENR SHARE
		855.60	0.000	855.60
		1774.04	0.000	1774.04
		1307.22	0.000	1307.22
		2253.76	0.000	2253.76

Double State Share Rates

HIGHMARK COMPREHENSIVE PPO PLAN - DSS					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			943.78	881.26	62.52
Individual & Spouse			1958.44	1828.68	129.76
Individual & Child(ren)			1454.52	1358.16	96.36
Family			2448.32	2286.12	162.20

HIGHMARK FIRST STATE BASIC PLAN - DSS				
		TOTAL COST	STATE SHARE	PENR SHARE
		826.68	801.68	25.00
		1710.38	1676.16	34.22
		1256.64	1231.50	25.14
		2138.06	2095.28	42.78

AETNA HMO PLAN - DSS				
		TOTAL COST	STATE SHARE	PENR SHARE
		863.04	834.98	28.06
		1819.64	1760.50	59.14
		1320.24	1277.32	42.92
		2270.50	2196.70	73.80

AETNA CDH GOLD PLAN - DSS				
		TOTAL COST	STATE SHARE	PENR SHARE
		855.60	830.60	25.00
		1774.04	1729.68	44.36
		1307.22	1274.54	32.68
		2253.76	2197.42	56.34

Dental & Vision Rates

Delta Dental PPO Plus Premier Plan					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			37.44	0	37.44
Individual & Spouse			76.42	0	76.42
Individual & Child(ren)			75.02	0	75.02
Family			125.20	0	125.20

Dominion National HMO Select Dental Plan				
		TOTAL COST	STATE SHARE	PENR SHARE
		27.94	0	27.94
		51.96	0	51.96
		56.00	0	56.00
		76.08	0	76.08

EyeMed Vision Care High Plan				
		TOTAL COST	STATE SHARE	PENR SHARE
		13.06	0	13.06
		20.64	0	20.64
		21.04	0	21.04
		33.94	0	33.94

EyeMed Vision Care Low Plan				
		TOTAL COST	STATE SHARE	PENR SHARE
		6.48	0	6.48
		10.24	0	10.24
		10.42	0	10.42
		16.84	0	16.84

Rate information is specific to all benefit eligible plans except County Minuciple General & Police/Firefighter Plans.
County Municipal General & Police /Firefighter Plans rate information is available on the Office of Pensions website at delawarepensions.com.