

# STATE OF DELAWARE - OFFICE OF PENSIONS GROUP HEALTH INSURANCE PROGRAM

## County & Municipal General Pension Plan

### Non-Medicare Plans Rates Effective 7/1/2023

| HIGHMARK DELAWARE FIRST STATE BASIC PLAN |            |                    |                |
|--|------------|--------------------|----------------|
|  | TOTAL COST | HEALTH COST OFFSET | PENSIONER PAYS |
| Individual                               | \$826.68   | 0.00               | \$826.68       |
| Individual & Spouse                      | \$1,710.38 | 0.00               | \$1,710.38     |
| Individual & Child(ren)                  | \$1,256.64 | 0.00               | \$1,256.64     |
| Family                                   | \$2,138.06 | 0.00               | \$2,138.06     |

| HIGHMARK DELAWARE COMPREHENSIVE PPO PLAN |            |                    |                |
|--|------------|--------------------|----------------|
|  | TOTAL COST | HEALTH COST OFFSET | PENSIONER PAYS |
| Individual                               | \$943.78   | 0.00               | \$943.78       |
| Individual & Spouse                      | \$1,958.44 | 0.00               | \$1,958.44     |
| Individual & Child(ren)                  | \$1,454.52 | 0.00               | \$1,454.52     |
| Family                                   | \$2,448.32 | 0.00               | \$2,448.32     |

| AETNA HMO PLAN          |            |                    |                |
|-------------------------|------------|--------------------|----------------|
|                         | TOTAL COST | HEALTH COST OFFSET | PENSIONER PAYS |
| Individual              | \$863.04   | 0.00               | \$863.04       |
| Individual & Spouse     | \$1,819.64 | 0.00               | \$1,819.64     |
| Individual & Child(ren) | \$1,320.24 | 0.00               | \$1,320.24     |
| Family                  | \$2,270.50 | 0.00               | \$2,270.50     |

| AETNA CONSUMER DIRECTED HEALTH (CDH) GOLD PLAN |            |                    |                |
|--|------------|--------------------|----------------|
|  | TOTAL COST | HEALTH COST OFFSET | PENSIONER PAYS |
| Individual                                     | \$855.60   | 0.00               | \$855.60       |
| Individual & Spouse                            | \$1,774.04 | 0.00               | \$1,774.04     |
| Individual & Child(ren)                        | \$1,307.22 | 0.00               | \$1,307.22     |
| Family   | \$2,253.76 | 0.00               | \$2,253.76     |

*This information is provided by the State of Delaware Office of Pensions  
If you have any questions, please contact the Benefits Section of the Office of Pensions  
at (302) 739-4208 or (800) 722-7300*