

**State of Delaware
Group Health Insurance Plan
Double State Share Rates Effective January 1, 2024**

	Total Monthly Rate	State Pays	Employee/ Pensioner Contributions
Highmark Delaware First State Basic PPO Plan			
Employee	\$826.68	\$801.68	\$25.00
Employee & Spouse	\$1,710.38	\$1,676.16	\$34.22
Employee & Child(ren)	\$1,256.64	\$1,231.50	\$25.14
Family	\$2,138.06	\$2,095.28	\$42.78
Aetna CDH Gold Plan			
Employee	\$855.60	\$830.60	\$25.00
Employee & Spouse	\$1,774.04	\$1,729.68	\$44.36
Employee & Child(ren)	\$1,307.22	\$1,274.54	\$32.68
Family	\$2,253.76	\$2,197.42	\$56.34
Aetna HMO Plan			
Employee	\$863.04	\$834.98	\$28.06
Employee & Spouse	\$1,819.64	\$1,760.50	\$59.14
Employee & Child(ren)	\$1,320.24	\$1,277.32	\$42.92
Family	\$2,270.50	\$2,196.70	\$73.80
Highmark Delaware Comprehensive PPO Plan			
Employee	\$943.78	\$881.26	\$62.52
Employee & Spouse	\$1,958.44	\$1,828.68	\$129.76
Employee & Child(ren)	\$1,454.52	\$1,358.16	\$96.36
Family	\$2,448.32	\$2,286.12	\$162.20
Highmark Delaware Medicare Supplement for Pensioners Retired On or Prior to July 1, 2012			
Special Medicfill with Prescription	\$482.34	\$482.34	
Special Medicfill without Prescription*	\$273.46	\$273.46	
*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D			
Highmark Delaware Medicare Supplement for Pensioners Retired After July 1, 2012			
Special Medicfill with Prescription	\$482.34	\$458.24	\$24.10
Special Medicfill without Prescription*	\$273.46	\$259.80	\$13.66
*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D			