## State of Delaware Group Health Insurance Plan

## **COUNTY & MUNICIPAL POLICE / FIREFIGHTER PENSION PLAN**

Not Entitled to Health Cost Offset

## Medicare Supplement Plan Highmark Delaware Special Medicfill

## RATES EFFECTIVE JANUARY 1, 2024 TO DECEMBER 31, 2024

Rates apply to retirees in the plan who retired prior to 7/1/15 and Rates apply to survivors in the plan whose survivor's pension was effective after 7/1/15

| SPECIAL MEDICFILL with Prescription | Total<br>Monthly<br>Rate | Health Cost<br>Offset | Pensioner Pays |
|-------------------------------------|--------------------------|-----------------------|----------------|
|                                     |                          |                       |                |
| Individual                          | \$482.34                 | \$0.00                | \$482.34       |

|   | SPECIAL MEDICFILL without Prescription | Total<br>Monthly<br>Rate | Health Cost<br>Offset | Pensioner Pays |
|---|--|--------------------------|-----------------------|----------------|
| ı |  |                          |                       |                |
|   | Individual                             | \$273.46                 | \$0.00                | \$273.46       |

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