

**State Share Percentage Rates Effective July 1, 2024**

**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			\$ 1,049.58	\$ 1,007.60	\$ 41.98
Individual & Spouse			\$ 2,171.54	\$ 2,084.66	\$ 86.88
Individual & Child(ren)			\$ 1,595.46	\$ 1,531.64	\$ 63.82
Family			\$ 2,714.52	\$ 2,605.92	\$ 108.60

FIRST STATE BASIC-75% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,049.58	\$ 755.70	\$ 293.88
Individual & Spouse			\$ 2,171.54	\$ 1,563.50	\$ 608.04
Individual & Child(ren)			\$ 1,595.46	\$ 1,148.73	\$ 446.73
Family			\$ 2,714.52	\$ 1,954.44	\$ 760.08

FIRST STATE BASIC-50% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,049.58	\$ 503.80	\$ 545.78
Individual & Spouse			\$ 2,171.54	\$ 1,042.33	\$ 1,129.21
Individual & Child(ren)			\$ 1,595.46	\$ 765.82	\$ 829.64
Family			\$ 2,714.52	\$ 1,302.96	\$ 1,411.56

FIRST STATE BASIC-0% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,049.58	\$ 0.00	\$ 1,049.58
Individual & Spouse			\$ 2,171.54	\$ 0.00	\$ 2,171.54
Individual & Child(ren)			\$ 1,595.46	\$ 0.00	\$ 1,595.46
Family			\$ 2,714.52	\$ 0.00	\$ 2,714.52

HIGHMARK COMPREHENSIVE PPO PLAN-100% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,198.24	\$ 1,039.48	\$ 158.76
Individual & Spouse			\$ 2,486.48	\$ 2,157.00	\$ 329.48
Individual & Child(ren)			\$ 1,846.70	\$ 1,602.02	\$ 244.68
Family			\$ 3,108.44	\$ 2,696.58	\$ 411.86

COMPREHENSIVE-75% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,198.24	\$ 779.61	\$ 418.63
Individual & Spouse			\$ 2,486.48	\$ 1,617.75	\$ 868.73
Individual & Child(ren)			\$ 1,846.70	\$ 1,201.52	\$ 645.18
Family			\$ 3,108.44	\$ 2,022.44	\$ 1,086.00

COMPREHENSIVE-50% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,198.24	\$ 519.74	\$ 678.50
Individual & Spouse			\$ 2,486.48	\$ 1,078.50	\$ 1,407.98
Individual & Child(ren)			\$ 1,846.70	\$ 801.01	\$ 1,045.69
Family			\$ 3,108.44	\$ 1,348.29	\$ 1,760.15

COMPREHENSIVE-0% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,198.24	\$ 0.00	\$ 1,198.24
Individual & Spouse			\$ 2,486.48	\$ 0.00	\$ 2,486.48
Individual & Child(ren)			\$ 1,846.70	\$ 0.00	\$ 1,846.70
Family			\$ 3,108.44	\$ 0.00	\$ 3,108.44

AETNA HMO PLAN -100% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,095.74	\$ 1,024.50	\$ 71.24
Individual & Spouse			\$ 2,310.26	\$ 2,160.08	\$ 150.18
Individual & Child(ren)			\$ 1,676.20	\$ 1,567.24	\$ 108.96
Family			\$ 2,882.68	\$ 2,695.30	\$ 187.38

AETNA HMO -75% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,095.74	\$ 768.38	\$ 327.36
Individual & Spouse			\$ 2,310.26	\$ 1,620.06	\$ 690.20
Individual & Child(ren)			\$ 1,676.20	\$ 1,175.43	\$ 500.77
Family			\$ 2,882.68	\$ 2,021.48	\$ 861.20

AETNA HMO-50% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,095.74	\$ 512.25	\$ 583.49
Individual & Spouse			\$ 2,310.26	\$ 1,080.04	\$ 1,230.22
Individual & Child(ren)			\$ 1,676.20	\$ 783.62	\$ 892.58
Family			\$ 2,882.68	\$ 1,347.65	\$ 1,535.03

AETNA HMO-0% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,095.74	\$ 0.00	\$ 1,095.74
Individual & Spouse			\$ 2,310.26	\$ 0.00	\$ 2,310.26
Individual & Child(ren)			\$ 1,676.20	\$ 0.00	\$ 1,676.20
Family			\$ 2,882.68	\$ 0.00	\$ 2,882.68

AETNA CDH GOLD PLAN-100% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,086.30	\$ 1,031.98	\$ 54.32
Individual & Spouse			\$ 2,252.36	\$ 2,139.74	\$ 112.62
Individual & Child(ren)			\$ 1,659.68	\$ 1,576.70	\$ 82.98
Family			\$ 2,861.42	\$ 2,718.36	\$ 143.06

AETNA CDH GOLD-75% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,086.30	\$ 773.99	\$ 312.31
Individual & Spouse			\$ 2,252.36	\$ 1,604.81	\$ 647.55
Individual & Child(ren)			\$ 1,659.68	\$ 1,182.53	\$ 477.15
Family			\$ 2,861.42	\$ 2,038.77	\$ 822.65

AETNA CDH GOLD-50% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,086.30	\$ 515.99	\$ 570.31
Individual & Spouse			\$ 2,252.36	\$ 1,069.87	\$ 1,182.49
Individual & Child(ren)			\$ 1,659.68	\$ 788.35	\$ 871.33
Family			\$ 2,861.42	\$ 1,359.18	\$ 1,502.24

AETNA CDH GOLD-0% STATE SHARE					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,086.30	\$ 0.00	\$ 1,086.30
Individual & Spouse			\$ 2,252.36	\$ 0.00	\$ 2,252.36
Individual & Child(ren)			\$ 1,659.68	\$ 0.00	\$ 1,659.68
Family			\$ 2,861.42	\$ 0.00	\$ 2,861.42

**Double State Share Rates**

HIGHMARK COMPREHENSIVE PPO PLAN - DSS					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,198.24	\$ 1,118.86	\$ 79.38
Individual & Spouse			\$ 2,486.48	\$ 2,321.74	\$ 164.74
Individual & Child(ren)			\$ 1,846.70	\$ 1,724.36	\$ 122.34
Family			\$ 3,108.44	\$ 2,902.50	\$ 205.94

HIGHMARK FIRST STATE BASIC PLAN - DSS					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,049.58	\$ 1,024.58	\$ 25.00
Individual & Spouse			\$ 2,171.54	\$ 2,128.10	\$ 43.44
Individual & Child(ren)			\$ 1,595.46	\$ 1,563.54	\$ 31.92
Family			\$ 2,714.52	\$ 2,660.22	\$ 54.30

AETNA HMO PLAN - DSS					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,095.74	\$ 1,060.12	\$ 35.62
Individual & Spouse			\$ 2,310.26	\$ 2,235.16	\$ 75.10
Individual & Child(ren)			\$ 1,676.20	\$ 1,621.72	\$ 54.48
Family			\$ 2,882.68	\$ 2,788.99	\$ 93.69

AETNA CDH GOLD PLAN - DSS					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 1,086.30	\$ 1,059.14	\$ 27.16
Individual & Spouse			\$ 2,252.36	\$ 2,196.04	\$ 56.32
Individual & Child(ren)			\$ 1,659.68	\$ 1,618.18	\$ 41.50
Family			\$ 2,861.42	\$ 2,789.88	\$ 71.54

**Dental & Vision Rates**

Delta Dental PPO Plus Premier Plan					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 37.44	\$ 0.00	\$ 37.44
Individual & Spouse			\$ 76.42	\$ 0.00	\$ 76.42
Individual & Child(ren)			\$ 75.02	\$ 0.00	\$ 75.02
Family			\$ 125.20	\$ 0.00	\$ 125.20

Dominion National HMO Select Dental Plan					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 27.94	\$ 0.00	\$ 27.94
Individual & Spouse			\$ 51.96	\$ 0.00	\$ 51.96
Individual & Child(ren)			\$ 56.00	\$ 0.00	\$ 56.00
Family			\$ 76.08	\$ 0.00	\$ 76.08

EyeMed Vision Care High Plan					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 13.06	\$ 0.00	\$ 13.06
Individual & Spouse			\$ 20.64	\$ 0.00	\$ 20.64
Individual & Child(ren)			\$ 21.04	\$ 0.00	\$ 21.04
Family			\$ 33.94	\$ 0.00	\$ 33.94

EyeMed Vision Care Low Plan					
			TOTAL COST	STATE SHARE	PENR SHARE
Individual			\$ 6.48	\$ 0.00	\$ 6.48
Individual & Spouse			\$ 10.24	\$ 0.00	\$ 10.24
Individual & Child(ren)			\$ 10.42	\$ 0.00	\$ 10.42
Family			\$ 16.84	\$ 0.00	\$ 16.84

Rate information is specific to all benefit eligible plans except County Municipality General & Police/Firefighter Plans. County Municipal General & Police /Firefighter Plans rate information is available on the Office of Pensions website at [delawarepensions.com](http://delawarepensions.com).