STATE OF DELAWARE - OFFICE OF PENSIONS GROUP HEALTH INSURANCE PROGRAM

COUNTY & MUNICIPAL POLICE / FIREFIGHTER PENSION PLAN

Entitled to Health Cost Offset

Non-Medicare Plans RATES EFFECTIVE JULY 1, 2024 - JUNE 30, 2025

Rates apply to retirees in the plan who retired on or after 7/1/15 and

Rates apply to survivors in the plan whose survivor's pension was effective on or before 7/1/15

HIGHMARK DELAWARE FIRST STATE BASIC PLAN				
	TOTAL COST	HEALTH COST OFFSET	PENSIONER PAYS	
Individual	\$1,049.58	\$958.59	\$90.99	
Individual & Spouse	\$2,171.54	\$958.59	\$1,212.95	
Individual & Child(ren)	\$1,595.46	\$958.59	\$636.87	
Family	\$2,714.52	\$958.59	\$1,755.93	

HIGHMARK DELAWARE COMPREHENSIVE PPO PLAN					
	TOTAL COST	HEALTH COST OFFSET	PENSIONER PAYS		
Individual	\$1,198.24	\$958.59	\$239.65		
Individual & Spouse	\$2,486.48	\$958.59	\$1,527.89		
Individual & Child(ren)	\$1,846.70	\$958.59	\$888.11		
Family	\$3,108.44	\$958.59	\$2,149.85		

AETNA HMO PLAN					
	TOTAL COST	HEALTH COST OFFSET	PENSIONER PAYS		
Individual	\$1,095.74	\$958.59	\$137.15		
Individual & Spouse	\$2,310.26	\$958.59	\$1,351.67		
Individual & Child(ren)	\$1,676.20	\$958.59	\$717.61		
Family	\$2,882.68	\$958.59	\$1,924.09		

AETNA CDH GOLD PLAN					
	TOTAL COST	HEALTH COST OFFSET	PENSIONER PAYS		
Individual	\$1,086.30	\$958.59	\$127.71		
Individual & Spouse	\$2,252.36	\$958.59	\$1,293.77		
Individual & Child(ren)	\$1,659.68	\$958.59	\$701.09		
Family	\$2,861.42	\$958.59	\$1,902.83		