State of Delaware Group Health Insurance Plan Double State Share Rates Effective January 1, 2026

	Total		Employee/
		Ctata Davis	Pensioner
	Monthly	State Pays	
	Rate	_	Contributions
Highmark Delaware First State Basic PPO Plan			
Employee	\$1,093.66	\$1,068.66	\$25.00
Employee & Spouse	\$2,262.74	\$2,217.50	\$45.24
Employee & Child(ren)	\$1.662.46	\$1,629.22	\$33.24
Family	\$2,828.52	\$2,771.96	\$56.56
Aetna CDH Gold Plan			
Employee	\$1,131.92	\$1,103.62	\$28.30
Employee & Spouse	\$2.346.96	\$2,288.30	\$58.66
Employee & Child(ren)	\$1,729.38	\$1,686.16	\$43.22
Family	\$2,981.60	\$2,907.06	\$74.54
Aetna HMO Plan			
Employee	\$1,141.76	\$1,104.66	\$37.10
Employee & Spouse	\$2,407.30	\$2,329.05	\$78.24
Employee & Child(ren)	\$1,746.60	\$1,689.84	\$56.76
Family	\$3,003.76	\$2,906.14	\$97.62
Highmark Delaware Comprehensive PPO Plan			
Employee	\$1,248.56	\$1,165.84	\$82.72
Employee & Spouse	\$2,590.92	\$2,419.28	\$171.64
Employee & Child(ren)	\$1,924.26	\$1,796.78	\$127.48
Family	\$3,239.00	\$3,024.42	\$214.58
Highmark Delaware Medicare Supplement for Pensioners Retired On or Prior to July 1, 2012			
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Special Medicfill with Prescription	\$638.12	\$638.12	\$0.00
Special Medicfill without Prescription*	\$361.78	\$361.78	\$0.00
*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	\$638.12	\$613.12	\$25.00
Special Medicfill without Prescription*	\$361.78	\$343.70	\$18.08
*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D			