STATE OF DELAWARE - OFFICE OF PENSIONS GROUP HEALTH INSURANCE PROGRAM

County & Municipal Police & Firefighter Plan

Not Entitled to Health Cost Offset

Non-Medicare Plans Effective 7/1/25

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

HIGHMARK DELAWARE FIRST STATE BASIC PLAN				
	TOTAL COST	Not Entitled to Offset	PENSIONER PAYS	
Individual	\$1,093.66	0.00	\$1,093.66	
Individual & Spouse	\$2,262.74	0.00	\$2,262.74	
Individual & Child(ren)	\$1,662.46	0.00	\$1,662.46	
Family	\$2,828.52	0.00	\$2,828.52	

HIGHMARK DELAWARE COMPREHENSIVE PPO PLAN				
	TOTAL COST	Not Entitled to Offset	PENSIONER PAYS	
Individual	\$1,248.56	0.00	\$1,248.56	
Individual & Spouse	\$2,590.92	0.00	\$2,590.92	
Individual & Child(ren)	\$1,924.26	0.00	\$1,924.26	
Family	\$3,239.00	0.00	\$3,239.00	

AETNA HMO PLAN					
	TOTAL COST	Not Entitled to Offset	PENSIONER PAYS		
Individual	\$1,141.76	0.00	\$1,141.76		
Individual & Spouse	\$2,407.30	0.00	\$2,407.30		
Individual & Child(ren)	\$1,746.60	0.00	\$1,746.60		
Family	\$3,003.76	0.00	\$3,003.76		

AETNA CDH GOLD PLAN				
	TOTAL COST	Not Entitled to Offset	PENSIONER PAYS	
Individual	\$1,131.92	0.00	\$1,131.92	
Individual & Spouse	\$2,346.96	0.00	\$2,346.96	
Individual & Child(ren)	\$1,729.38	0.00	\$1,729.38	
Family	\$2,981.60	0.00	\$2,981.60	