

State of Delaware
Group Health Insurance Plan
Civil Union Health Plan Rates
Effective July 1, 2024

Employees who cover a civil union spouse and/or civil union spouse's children and all dependents are IRS tax qualified, should refer to the Group Health Insurance Plan Rate Sheet Effective July 1, 2024

Coverage Code	Description	Total Monthly Rate	Employer/ State Share	Imputed Income	Before Tax Employee Share	After Tax Employee Share
Highmark Delaware First State Basic Plan						
I	Emp & IRSNQ Spouse	\$2,171.54	\$2,084.66	\$1,077.06	\$41.98	\$44.90
J	Emp & IRSNQ Child	\$1,595.46	\$1,531.64	\$524.04	\$41.98	\$21.84
K	Emp & IRSNQ Sp+NQChild(ren)	\$2,714.52	\$2,605.92	\$1,598.32	\$41.98	\$66.62
P	Emp+Child & IRSNQ Spouse	\$2,714.52	\$2,605.92	\$1,074.28	\$63.82	\$44.78
R	Emp+Child & IRSNQ Child	\$1,595.46	\$1,531.64	\$524.04	\$63.82	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$2,714.52	\$2,605.92	\$1,598.32	\$63.82	\$44.78
W	EE & IRSNQ Sp + Qual Child	\$2,714.52	\$2,605.92	\$1,074.28	\$63.82	\$44.78
X	Emp & IRSQ Sp+NQChild(ren)	\$2,714.52	\$2,605.92	\$521.26	\$86.88	\$21.72
Y	Emp+Child & IRSNQ SP+QChild	\$2,714.52	\$2,605.92	\$1,074.28	\$63.82	\$44.78
Z	Emp+Child & IRSQ Sp+NQChild	\$2,714.52	\$2,605.92	\$524.04	\$108.60	\$0.00
Aetna CDH Gold Plan						
I	Emp & IRSNQ Spouse	\$2,252.36	\$2,139.74	\$1,107.76	\$54.32	\$58.30
J	Emp & IRSNQ Child	\$1,659.68	\$1,576.70	\$544.72	\$54.32	\$28.66
K	Emp & IRSNQ Sp+NQChild(ren)	\$2,861.42	\$2,718.36	\$1,686.38	\$54.32	\$88.74
P	Emp+Child & IRSNQ Spouse	\$2,861.42	\$2,718.36	\$1,141.66	\$82.98	\$60.08
R	Emp+Child & IRSNQ Child	\$1,659.68	\$1,576.70	\$544.72	\$82.98	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$2,861.42	\$2,718.36	\$1,686.38	\$82.98	\$60.08
W	EE & IRSNQ Sp + Qual Child	\$2,861.42	\$2,718.36	\$1,141.66	\$82.98	\$60.08
X	Emp & IRSQ Sp+NQChild(ren)	\$2,861.42	\$2,718.36	\$578.62	\$112.62	\$30.44
Y	Emp+Child & IRSNQ SP+QChild	\$2,861.42	\$2,718.36	\$1,141.66	\$82.98	\$60.08
Z	Emp+Child & IRSQ Sp+NQChild	\$2,861.42	\$2,718.36	\$544.72	\$143.06	\$0.00
Aetna HMO Plan						
I	Emp & IRSNQ Spouse	\$2,310.26	\$2,160.08	\$1,135.58	\$71.24	\$78.94
J	Emp & IRSNQ Child	\$1,676.20	\$1,567.24	\$542.74	\$71.24	\$37.72
K	Emp & IRSNQ Sp+NQChild(ren)	\$2,882.68	\$2,695.30	\$1,670.80	\$71.24	\$116.14
P	Emp+Child & IRSNQ Spouse	\$2,882.68	\$2,695.30	\$1,128.06	\$108.96	\$78.42
R	Emp+Child & IRSNQ Child	\$1,676.20	\$1,567.24	\$542.74	\$108.96	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$2,882.68	\$2,695.30	\$1,670.80	\$108.96	\$78.42
W	EE & IRSNQ Sp + Qual Child	\$2,882.68	\$2,695.30	\$1,128.06	\$108.96	\$78.42
X	Emp & IRSQ Sp+NQChild(ren)	\$2,882.68	\$2,695.30	\$535.22	\$150.18	\$37.20
Y	Emp+Child & IRSNQ SP+QChild	\$2,882.68	\$2,695.30	\$1,128.06	\$108.96	\$78.42
Z	Emp+Child & IRSQ Sp+NQChild	\$2,882.68	\$2,695.30	\$542.74	\$187.38	\$0.00
Highmark Delaware Comprehensive PPO Plan						
I	Emp & IRSNQ Spouse	\$2,486.48	\$2,157.00	\$1,117.52	\$158.76	\$170.72
J	Emp & IRSNQ Child	\$1,846.70	\$1,602.02	\$562.54	\$158.76	\$85.92
K	Emp & IRSNQ Sp+NQChild(ren)	\$3,108.44	\$2,696.58	\$1,657.10	\$158.76	\$253.10
P	Emp+Child & IRSNQ Spouse	\$3,108.44	\$2,696.58	\$1,094.56	\$244.68	\$167.18
R	Emp+Child & IRSNQ Child	\$1,846.70	\$1,602.02	\$562.54	\$244.68	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$3,108.44	\$2,696.58	\$1,657.10	\$244.68	\$167.18
W	EE & IRSNQ Sp + Qual Child	\$3,108.44	\$2,696.58	\$1,094.56	\$244.68	\$167.18
X	Emp & IRSQ Sp+NQChild(ren)	\$3,108.44	\$2,696.58	\$539.58	\$329.48	\$82.38
Y	Emp+Child & IRSNQ SP+QChild	\$3,108.44	\$2,696.58	\$1,094.56	\$244.68	\$167.18
Z	Emp+Child & IRSQ Sp+NQChild	\$3,108.44	\$2,696.58	\$562.54	\$411.86	\$0.00

Note: Enrollment in a medical plan includes enrollment in the prescription program and employee assistance program

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Coverage Code	Description	Total Monthly Rate	Employer/ State Share	Imputed Income	Before Tax Employee Share	After Tax Employee Share
Dominion National HMO Select Dental Plan						
I	Emp & IRSNQ Spouse	\$51.96	\$0.00	\$0.00	\$27.94	\$24.02
J	Emp & IRSNQ Child	\$56.00	\$0.00	\$0.00	\$27.94	\$28.06
K	Emp & IRSNQ Sp+NQChild(ren)	\$76.08	\$0.00	\$0.00	\$27.94	\$48.14
P	Emp+Child & IRSNQ Spouse	\$76.08	\$0.00	\$0.00	\$56.00	\$20.08
R	Emp+Child & IRSNQ Child	\$56.00	\$0.00	\$0.00	\$56.00	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$76.08	\$0.00	\$0.00	\$56.00	\$20.08
W	EE & IRSNQ Sp + Qual Child	\$76.08	\$0.00	\$0.00	\$56.00	\$20.08
X	Emp & IRSQ Sp+NQChild(ren)	\$76.08	\$0.00	\$0.00	\$51.96	\$24.12
Y	Emp+Child & IRSNQ SP+QChild	\$76.08	\$0.00	\$0.00	\$56.00	\$20.08
Z	Emp+Child & IRSQ Sp+NQChild	\$76.08	\$0.00	\$0.00	\$76.08	\$0.00
Delta Dental PPO Plus Premier Plan						
I	Emp & IRSNQ Spouse	\$76.42	\$0.00	\$0.00	\$37.44	\$38.98
J	Emp & IRSNQ Child	\$75.02	\$0.00	\$0.00	\$37.44	\$37.58
K	Emp & IRSNQ Sp+NQChild(ren)	\$125.20	\$0.00	\$0.00	\$37.44	\$87.76
P	Emp+Child & IRSNQ Spouse	\$125.20	\$0.00	\$0.00	\$75.02	\$50.18
R	Emp+Child & IRSNQ Child	\$75.02	\$0.00	\$0.00	\$75.02	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$125.20	\$0.00	\$0.00	\$75.02	\$50.18
W	EE & IRSNQ Sp + Qual Child	\$125.20	\$0.00	\$0.00	\$75.02	\$50.18
X	Emp & IRSQ Sp+NQChild(ren)	\$125.20	\$0.00	\$0.00	\$76.42	\$48.78
Y	Emp+Child & IRSNQ SP+QChild	\$125.20	\$0.00	\$0.00	\$75.02	\$50.18
Z	Emp+Child & IRSQ Sp+NQChild	\$125.20	\$0.00	\$0.00	\$125.20	\$0.00
EyeMed Low Vision Plan						
I	Emp & IRSNQ Spouse	\$10.24			\$6.48	\$3.76
J	Emp & IRSNQ Child	\$10.42			\$6.48	\$3.94
K	Emp & IRSNQ Sp+NQChild(ren)	\$16.84			\$6.48	\$10.36
P	Emp+Child & IRSNQ Spouse	\$16.84			\$10.42	\$6.42
R	Emp+Child & IRSNQ Child	\$10.42			\$10.42	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$16.84			\$10.42	\$6.42
W	EE & IRSNQ Sp + Qual Child	\$16.84			\$10.42	\$6.42
X	Emp & IRSQ Sp+NQChild(ren)	\$16.84			\$10.24	\$6.60
Y	Emp+Child & IRSNQ SP+QChild	\$16.84			\$10.42	\$6.42
Z	Emp+Child & IRSQ Sp+NQChild	\$16.84			\$16.84	\$0.00