State of Delaware
Group Health Insurance Plan
Rates Effective July 1, 2020

Please note: **The specific premiums (rates) referenced in this document apply to State of Delaware employees. Flex credits offered to school district or charter school employees to reduce their employee premiums for health care are not reflected in this information. Please see your HR/Benefits Office for information about your flex credits. Employees who are eligible for and receiving reduced premiums due to double state share eligibility are not reflected in this information. State share and pensioner contributions depend on years of service and the date of hire/retirement. Non-State Participating Group Employees should contact their HR/Benefits Office within their organization for premium information.**

	Total Monthly Premium (Rate)	State Pays	Monthly Premium (Rate) Paid By State of DE Employee
Highmark Delaware First State Basic Plan			
Employee	$695.36	$667.52	$27.84
Employee & Spouse	$1,438.68	$1,381.16	$57.52
Employee & Child(ren)	$1,057.02	$1,014.76	$42.26
Family	$1,798.42	$1,726.50	$71.92
Aetna CDH Gold Plan			
Employee	$719.68	$683.70	$35.98
Employee & Spouse	$1,492.22	$1,417.64	$74.58
Employee & Child(ren)	$1,099.56	$1,044.60	$54.96
Family	$1,895.74	$1,800.96	$94.78
Aetna HMO Plan			
Employee	$725.94	$678.78	$47.16
Employee & Spouse	$1,530.58	$1,431.08	$99.50
Employee & Child(ren)	$1,110.52	$1,038.34	$72.18
Family	$1,909.82	$1,785.70	$124.12
Highmark Delaware Comprehensive PPO Plan			
Employee	$793.86	$688.68	$105.18
Employee & Spouse	$1,647.34	$1,429.08	$218.26
Employee & Child(ren)	$1,223.46	$1,061.38	$162.08
Family	$2,059.40	$1,786.54	$272.86
Dominion National HMO Select Dental Plan			
Employee	$26.26	$0.00	$26.26
Employee & Spouse	$48.84	$0.00	$48.84
Employee & Child(ren)	$52.64	$0.00	$52.64
Family	$71.50	$0.00	$71.50
Delta Dental PPO Plus Premier Plan			
Employee	$38.80	$0.00	$38.80
Employee & Spouse	$79.20	$0.00	$79.20
Employee & Child(ren)	$77.74	$0.00	$77.74
Family	$129.74	$0.00	$129.74
EyeMed Vision Care Plan			
Employee	$6.60	$0.00	$6.60
Employee & Spouse	$10.44	$0.00	$10.44
Employee & Child(ren)	$10.64	$0.00	$10.64
Family	$17.18	$0.00	$17.18