

**State of Delaware  
Group Health Insurance Program  
Non-Medicare Rates Effective July 1, 2025**

	<b>Total Monthly Rate</b>	<b>State Pays</b>	<b>Pensioner Pays</b>
<b>Highmark Delaware First State Basic Plan</b>			
Individual	\$1,093.66	\$1,049.92	\$43.74
Individual & Spouse	\$2,262.74	\$2,172.24	\$90.50
Individual & Child(ren)	\$1,662.46	\$1,595.96	\$66.50
Family	\$2,828.52	\$2,715.38	\$113.14
<b>Aetna CDH Gold Plan</b>			
Individual	\$1,131.92	\$1,075.32	\$56.60
Individual & Spouse	\$2,346.96	\$2,229.62	\$117.34
Individual & Child(ren)	\$1,729.38	\$1,642.92	\$86.46
Family	\$2,981.60	\$2,832.52	\$149.08
<b>Aetna HMO Plan</b>			
Individual	\$1,141.76	\$1,067.54	\$74.22
Individual & Spouse	\$2,407.30	\$2,250.82	\$156.48
Individual & Child(ren)	\$1,746.60	\$1,633.08	\$113.52
Family	\$3,003.76	\$2,808.52	\$195.24
<b>Highmark Delaware Comprehensive PPO Plan</b>			
Individual	\$1,248.56	\$1,083.12	\$165.44
Individual & Spouse	\$2,590.92	\$2,247.62	\$343.30
Individual & Child(ren)	\$1,924.26	\$1,669.30	\$254.96
Family	\$3,239.00	\$2,809.84	\$429.16
<b>Dominion National HMO Select Dental Plan</b>			
Individual	\$28.78	\$0.00	\$28.78
Individual & Spouse	\$53.52	\$0.00	\$53.52
Individual & Child(ren)	\$57.68	\$0.00	\$57.68
Family	\$78.36	\$0.00	\$78.36
<b>Delta Dental PPO Plus Premier Plan</b>			
Individual	\$38.56	\$0.00	\$38.56
Individual & Spouse	\$78.72	\$0.00	\$78.72
Individual & Child(ren)	\$77.26	\$0.00	\$77.26
Family	\$128.96	\$0.00	\$128.96
<b>EyeMed Vision Care High Plan</b>			
Individual	\$13.06	\$0.00	\$13.06
Individual & Spouse	\$20.64	\$0.00	\$20.64
Individual & Child(ren)	\$21.04	\$0.00	\$21.04
Family	\$33.94	\$0.00	\$33.94
<b>EyeMed Vision Care Low Plan</b>			
Individual	\$6.48	\$0.00	\$6.48
Individual & Spouse	\$10.24	\$0.00	\$10.24
Individual & Child(ren)	\$10.42	\$0.00	\$10.42
Family	\$16.84	\$0.00	\$16.84

*If you have less than 20 years of service and were first hired on or after July 1, 1991, the State does not pay the full state share but will pay a percentage of the state share of the cost of your coverage as explained in the charts below.*

<b>Eligible Pensioners Hired By The State On Or After July 1, 1991 Through December 31, 2006</b> <i>(The following portion of the State Share will be paid by the State)</i> <b>(Except those receiving a disability pension or receiving an LTD benefit from The Hartford)</b>		
Less than 10 years service	0%	state share paid by state
10 years - less than 15 years service	50%	state share paid by state
15 years - less than 20 years service	75%	state share paid by state
20 years or more service	100%	state share paid by state
<b>Eligible Pensioners Hired By The State On Or After January 1, 2007</b> <i>(The following portion of the State Share will be paid by the State)</i> <b>(Except those receiving a disability pension or receiving an LTD benefit from The Hartford)</b>		
Less than 15 years service	0%	state share paid by state
15 years - less than 17.5 years service	50%	state share paid by state
17.5 years - less than 20 years service	75%	state share paid by state
20 years or more service	100%	state share paid by state