

**Rates Effective July 1, 2015
Non State Participating Groups**

	Plan Name and State of Delaware Premium	Total Monthly Rate w/ Risk Fee & Monthly Contract Charge
Highmark Delaware First State Basic Plan		
Employee	\$602.80	\$695.92
Employee & Spouse	\$1,247.20	\$1,436.98
Employee & Child(ren)	\$916.34	\$1,056.49
Family	\$1,559.04	\$1,795.60
Aetna CDH Gold		
Employee	\$623.88	\$720.16
Employee & Spouse	\$1,293.60	\$1,490.34
Employee & Child(ren)	\$953.22	\$1,098.90
Family	\$1,643.42	\$1,892.63
Highmark Delaware CDH Gold		
Employee	\$623.88	\$720.16
Employee & Spouse	\$1,293.60	\$1,490.34
Employee & Child(ren)	\$953.22	\$1,098.90
Family	\$1,643.42	\$1,892.63
Aetna HMO		
Employee	\$629.32	\$726.42
Employee & Spouse	\$1,326.86	\$1,528.59
Employee & Child(ren)	\$962.72	\$1,109.83
Family	\$1,655.64	\$1,906.69
Highmark Delaware HMO/IPA		
Employee	\$629.84	\$727.02
Employee & Spouse	\$1,331.06	\$1,533.42
Employee & Child(ren)	\$963.68	\$1,110.93
Family	\$1,660.70	\$1,912.51
Highmark Delaware Comprehensive PPO Plan		
Employee	\$688.20	\$794.13
Employee & Spouse	\$1,428.06	\$1,644.97
Employee & Child(ren)	\$1,060.62	\$1,222.41
Family	\$1,785.30	\$2,055.80
Highmark Delaware Special Medicfill Medicare Supplement		
Special Medicfill with Prescription	\$362.98	\$420.13
Special Medicfill without Prescription*	\$205.80	\$239.37
<small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small>		
Dominion Dental HMO		
Employee	\$24.74	\$24.74
Employee & Spouse	\$46.00	\$46.00
Employee & Child(ren)	\$49.58	\$49.58
Family	\$67.32	\$67.32
Delta Dental PPO plus Premier		
Employee	\$35.34	\$35.34
Employee & Spouse	\$72.14	\$72.14
Employee & Child(ren)	\$70.82	\$70.82
Family	\$118.18	\$118.18