



Health Care Rates for County & Municipal Police & Firefighters Pension Plan Retirees

Please note the following changes to health care premiums effective July 1, 2017 and refer to the appropriate chart for rates and offset effective 7/1/2017

- Rate Sheet for retirees NOT eligible for health cost offset
- Rate Sheet for retirees who ARE eligible health cost offset
- The Special Medicfill rate sheet with offset is attached because, although the Special Medicfill total rate is not changing on 7/1/17, the health care offset will change as of 7/1/17 which does change the amount paid by the retiree who is eligible for the health care cost offset.
- Eligible to enroll in dental plan
- Not eligible to enroll in vision plan
- The health cost offset is changing slightly effective 7/1/17 and will cause a change in the net pension amount of any C/M Police Officer enrolled in health care and receiving the offset. The offset is shown below:
 - Effective 7/1/17
 - Non-Med Plans \$635.09 (was 635.35)
 - Special Med with RX \$367.50 (was 341.42)
 - Special Med no RX \$208.35 (was 193.57)

Two charts are provided for both non-Medicare and Medicare eligible retirees. One chart is for retirees and survivors who will have the health premium offset granted by House Bill 213 and the other chart is for those who pay the full cost. See the charts for a description of which retirees and survivors benefit from the offset and which retirees and survivors do not.



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 7/1/17**

*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 PPO PLAN			
	TOTAL COST	Not Entitled to Offset	PENSIONER PAYS
Individual	695.36	0.00	695.36
Individual & Spouse	1438.68	0.00	1438.68
Individual & Child(ren)	1057.02	0.00	1057.02
Family	1798.42	0.00	1798.42

HIGHMARK DELAWARE COMPREHENSIVE PPO PLAN			
	TOTAL COST	Not Entitled to Offset	PENSIONER PAYS
Individual	793.86	0.00	793.86
Individual & Spouse	1647.34	0.00	1647.34
Individual & Child(ren)	1223.46	0.00	1223.46
Family	2059.40	0.00	2059.40

AETNA HMO PLAN			
	TOTAL COST	Not Entitled to Offset	PENSIONER PAYS
Individual	725.94	0.00	725.94
Individual & Spouse	1530.58	0.00	1530.58
Individual & Child(ren)	1110.52	0.00	1110.52
Family	1909.82	0.00	1909.82

AETNA CONSUMER DIRECTED HEALTH (CDH) GOLD PLAN			
	TOTAL COST	Not Entitled to Offset	PENSIONER PAYS
Individual	719.68	0.00	719.68
Individual & Spouse	1492.22	0.00	1492.22
Individual & Child(ren)	1099.56	0.00	1099.56
Family	1895.74	0.00	1895.74



STATE OF DELAWARE - OFFICE OF PENSIONS

GROUP HEALTH INSURANCE PROGRAM

COUNTY & MUNICIPAL POLICE / FIREFIGHTER PENSION PLAN

Entitled to Health Cost Offset

**Non-Medicare Plans
Effective 7/1/17**

*Rates apply to retirees in the plan who retired on or after 7/1/15
and*

Rates apply to survivors in the plan whose survivor's pension was effective on or before 7/1/15

HIGHMARK DELAWARE FIRST STATE BASIC PPO PLAN			
	TOTAL COST	HEALTH COST OFFSET	PENSIONER PAYS
Individual	695.36	635.09	60.27
Individual & Spouse	1438.68	635.09	803.59
Individual & Child(ren)	1057.02	635.09	421.93
Family	1798.42	635.09	1163.33

HIGHMARK DELAWARE COMPREHENSIVE PPO PLAN			
	TOTAL COST	HEALTH COST OFFSET	PENSIONER PAYS
Individual	793.86	635.09	158.77
Individual & Spouse	1647.34	635.09	1012.25
Individual & Child(ren)	1223.46	635.09	588.37
Family	2059.40	635.09	1424.31

AETNA HMO PLAN			
	TOTAL COST	HEALTH COST OFFSET	PENSIONER PAYS
Individual	725.94	635.09	90.85
Individual & Spouse	1530.58	635.09	895.49
Individual & Child(ren)	1110.52	635.09	475.43
Family	1909.82	635.09	1274.73

AETNA CONSUMER DIRECTED HEALTH (CDH) GOLD PLAN			
	TOTAL COST	HEALTH COST OFFSET	PENSIONER PAYS
Individual	719.88	635.09	84.59
Individual & Spouse	1492.22	635.09	857.13
Individual & Child(ren)	1099.56	635.09	464.47
Family	1895.74	635.09	1260.65



STATE OF DELAWARE - OFFICE OF PENSIONS
GROUP HEALTH INSURANCE PROGRAM
COUNTY & MUNICIPAL POLICE / FIREFIGHTER PENSION PLAN

Entitled to Health Cost Offset

**Special Medicfill
 Medicare Supplement Plan
 Rates Effective 7/1/17 - 12/31/17**

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

SPECIAL MEDICFILL with Prescription	TOTAL COST	HEALTH COST OFFSET	PENSIONER PAYS
Individual	459.38	367.50	91.88

SPECIAL MEDICFILL without Prescription	TOTAL COST	HEALTH COST OFFSET	PENSIONER PAYS
Individual	260.44	208.35	52.09

*Special Medicfill is available WITHOUT prescription coverage for those retirees who only need a supplement to their Medicare Part B and have enrolled in other prescription coverage.

If you have any questions or need clarification, please contact the Benefits Section at the Office of Pensions at 302-739-4208 or 1-800-722-7300.