



**Health Care Rates: non-Medicare Health Plans for County & Municipal General Plan Retirees**

Health Care Rates for the non-Medicare health plans effective 7/1/2017. 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.

**STATE OF DELAWARE - OFFICE OF PENSIONS  
GROUP HEALTH INSURANCE PROGRAM**

**County & Municipal General Pension Plan**

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

| <b>HIGHMARK DELAWARE FIRST STATE BASIC PPO PLAN</b> |                   |                           |                       |
|---|-------------------|---------------------------|-----------------------|
|   | <b>TOTAL COST</b> | <b>HEALTH COST OFFSET</b> | <b>PENSIONER PAYS</b> |
| 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               |

| <b>HIGHMARK DELAWARE COMPREHENSIVE PPO PLAN</b> |                   |                           |                       |
|---|-------------------|---------------------------|-----------------------|
|   | <b>TOTAL COST</b> | <b>HEALTH COST OFFSET</b> | <b>PENSIONER PAYS</b> |
| 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               |

| <b>AETNA HMO PLAN</b>   |                   |                           |                       |
|-------------------------|-------------------|---------------------------|-----------------------|
|                         | <b>TOTAL COST</b> | <b>HEALTH COST OFFSET</b> | <b>PENSIONER PAYS</b> |
| 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               |

| <b>AETNA CONSUMER DIRECTED HEALTH (CDH) GOLD PLAN</b> |                   |                           |                       |
|---|-------------------|---------------------------|-----------------------|
|   | <b>TOTAL COST</b> | <b>HEALTH COST OFFSET</b> | <b>PENSIONER PAYS</b> |
| 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               |