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## Group Health Insurance Program New Rates Effective July 1, 2024

	Total Monthly Rate	University Share	Employee/Retiree Share
<b>Highmark Blue Cross Blue Shield Delaware (HCBSD) First State</b>			
Employee/Retiree	\$1,102.06	\$1,057.98	\$44.08
Employee/Retiree & Spouse	\$2,280.12	\$2,188.92	\$91.20
Employee/Retiree & Child(ren)	\$1,675.24	\$1,608.24	\$67.00
Family	\$2,850.26	\$2,736.26	\$114.00
<b>Aetna CDH Gold</b>			
Employee/Retiree	\$1,140.62	\$1,083.60	\$57.02
Employee/Retiree & Spouse	\$2,364.98	\$2,246.74	\$118.24
Employee/Retiree & Child(ren)	\$1,742.66	\$1,655.54	\$87.12
Family	\$3,004.50	\$2,854.28	\$150.23
<b>Aetna HMO</b>			
Employee/Retiree	\$1,150.54	\$1,075.76	\$74.78
Employee/Retiree & Spouse	\$2,425.78	\$2,268.10	\$157.68
Employee/Retiree & Child(ren)	\$1,760.02	\$1,645.62	\$114.40
Family	\$3,026.82	\$2,830.08	\$196.74
<b>Highmark Blue Cross Blue Shield Delaware Comprehensive PPO Plan</b>			
Employee/Retiree	\$1,258.16	\$1,091.46	\$166.70
Employee/Retiree & Spouse	\$2,610.80	\$2,264.88	\$345.92
Employee/Retiree & Child(ren)	\$1,939.04	\$1,682.12	\$256.92
Family	\$3,263.86	\$2,831.40	\$432.46
<b>Highmark Delaware Medicare Supplement for Individuals Retired After July 1, 2012</b>			
Special Medicfill with Prescription	\$506.46	\$481.14	\$25.32
Special Medicfill without Prescription*	\$287.14	\$272.78	\$14.36

Medicare Supplement plans are provided at no cost for UD retirees who retired on or before 7-1-2012.

\*HCBSD Special Medicfill WITHOUT prescription is offered for Medicare participants enrolled in a separate Medicare Part D plan.”

<b>Dental Plan Administered by MetLife for Active University faculty and staff</b>			
Employee/Retiree	\$46.81	\$46.81	\$0.00
Employee/Retiree & Spouse	\$94.22	\$94.22	\$0.00
Employee/Retiree & Child(ren)	\$105.43	\$105.43	\$0.00
Family	\$153.21	\$153.21	\$0.00

<b>Retiree Dental Coverage Dominion Dental HMO for Retirees only</b>			
Retiree	\$27.94	\$0.00	\$27.94
Retiree & Spouse	\$51.96	\$0.00	\$51.96
Retiree & Child(ren)	\$56.00	\$0.00	\$56.00
Family	\$76.08	\$0.00	\$76.08

View reverse side for more information

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	Total Monthly Rate	University Share	Employee/Retiree Share
<b>Delta Dental PPO Plus Premier for Retirees only</b>			
Retiree	\$37.44	\$0.00	\$37.44
Retiree & Spouse	\$76.42	\$0.00	\$76.42
Retiree & Child(ren)	\$75.02	\$0.00	\$75.02
Family	\$125.20	\$0.00	\$125.20

Through COBRA, University Retirees may participate in Met Life Dental for up to 18 months following date of retirement. The retiree pays 102% of the total monthly rate shown above.

<b>Vision Plan Administered by National Vision Administrators (NVA) for Active Employees and UD Retirees*</b>			
Employee/Retiree	\$4.42	\$4.42	\$0.00
Employee/Retiree & Spouse	\$9.50	\$4.42	\$5.08
Employee/Retiree & Child(ren)	\$7.16	\$4.42	\$2.74
Family	\$13.06	\$4.42	\$8.64

\* University of Delaware retirees are responsible for the Total Monthly Premium. There is no University contribution toward the cost of vision coverage for retirees or their eligible family members.