

## State Share Percentage Rates Effective July 1, 2025

## Non-Medicare Plans - State of Delaware Group Health Insurance Plan

| HIGHMARK FIRST STATE BASIC PLAN 100% STATE SHARE |  |  |             |             |            |
|--------------------------------------------------|--|--|-------------|-------------|------------|
|                                                  |  |  | TOTAL COST  | STATE SHARE | PENR SHARE |
| 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  |

| HIGHMARK COMPREHENSIVE PPO PLAN-100% STATE SHARE |  |  |             |             |            |
|--------------------------------------------------|--|--|-------------|-------------|------------|
|                                                  |  |  | TOTAL COST  | STATE SHARE | PENR SHARE |
| 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  |

| AETNA HMO PLAN -100% STATE SHARE |  |  |             |             |            |
|----------------------------------|--|--|-------------|-------------|------------|
|                                  |  |  | TOTAL COST  | STATE SHARE | PENR SHARE |
| 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  |

| AETNA CDH GOLD PLAN-100% STATE SHARE |  |  |             |             |            |
|--------------------------------------|--|--|-------------|-------------|------------|
|                                      |  |  | TOTAL COST  | STATE SHARE | PENR SHARE |
| 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  |

### Double State Share Rates

| HIGHMARK COMPREHENSIVE PPO PLAN - DSS |  |  |             |             |            |
|---------------------------------------|--|--|-------------|-------------|------------|
|                                       |  |  | TOTAL COST  | STATE SHARE | PENR SHARE |
| Individual                            |  |  | \$ 1,248.56 | \$ 1,165.84 | \$ 82.72   |
| Individual & Spouse                   |  |  | \$ 2,590.92 | \$ 2,419.28 | \$ 171.64  |
| Individual & Child(ren)               |  |  | \$ 1,924.26 | \$ 1,796.78 | \$ 127.48  |
| Family                                |  |  | \$ 3,239.00 | \$ 3,024.42 | \$ 214.58  |

### Dental & Vision Rates

| Delta Dental PPO Plus Premier Plan |  |  |            |             |            |
|------------------------------------|--|--|------------|-------------|------------|
|                                    |  |  | TOTAL COST | STATE SHARE | PENR SHARE |
| 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  |

| FIRST STATE BASIC-75% STATE SHARE |             |             |            |
|-----------------------------------|-------------|-------------|------------|
|                                   | TOTAL COST  | STATE SHARE | PENR SHARE |
| Individual                        | \$ 1,093.66 | \$ 787.44   | \$ 306.22  |
| Individual & Spouse               | \$ 2,262.74 | \$ 1,629.18 | \$ 633.56  |
| Individual & Child(ren)           | \$ 1,662.46 | \$ 1,196.97 | \$ 465.49  |
| Family                            | \$ 2,828.52 | \$ 2,036.54 | \$ 791.98  |

| COMPREHENSIVE-75% STATE SHARE |             |             |             |
|-------------------------------|-------------|-------------|-------------|
|                               | TOTAL COST  | STATE SHARE | PENR SHARE  |
| Individual                    | \$ 1,248.56 | \$ 812.34   | \$ 436.22   |
| Individual & Spouse           | \$ 2,590.92 | \$ 1,685.72 | \$ 905.20   |
| Individual & Child(ren)       | \$ 1,924.26 | \$ 1,251.98 | \$ 672.28   |
| Family                        | \$ 3,239.00 | \$ 2,107.38 | \$ 1,131.62 |

| AETNA HMO -75% STATE SHARE |             |             |            |
|----------------------------|-------------|-------------|------------|
|                            | TOTAL COST  | STATE SHARE | PENR SHARE |
| Individual                 | \$ 1,141.76 | \$ 800.66   | \$ 341.10  |
| Individual & Spouse        | \$ 2,407.30 | \$ 1,688.12 | \$ 719.18  |
| Individual & Child(ren)    | \$ 1,746.60 | \$ 1,224.81 | \$ 521.79  |
| Family                     | \$ 3,003.76 | \$ 2,106.39 | \$ 897.37  |

| AETNA CDH GOLD-75% STATE SHARE |             |             |            |
|--------------------------------|-------------|-------------|------------|
|                                | TOTAL COST  | STATE SHARE | PENR SHARE |
| Individual                     | \$ 1,131.92 | \$ 806.49   | \$ 325.43  |
| Individual & Spouse            | \$ 2,346.96 | \$ 1,672.22 | \$ 674.74  |
| Individual & Child(ren)        | \$ 1,729.38 | \$ 1,232.19 | \$ 497.19  |
| Family                         | \$ 2,981.60 | \$ 2,124.39 | \$ 857.21  |

| FIRST STATE BASIC-50% STATE SHARE |             |             |             |
|-----------------------------------|-------------|-------------|-------------|
|                                   | TOTAL COST  | STATE SHARE | PENR SHARE  |
| Individual                        | \$ 1,093.66 | \$ 524.96   | \$ 568.70   |
| Individual & Spouse               | \$ 2,262.74 | \$ 1,086.12 | \$ 1,176.62 |
| Individual & Child(ren)           | \$ 1,662.46 | \$ 797.98   | \$ 864.48   |
| Family                            | \$ 2,828.52 | \$ 1,357.69 | \$ 1,470.83 |

| COMPREHENSIVE-50% STATE SHARE |             |             |             |
|-------------------------------|-------------|-------------|-------------|
|                               | TOTAL COST  | STATE SHARE | PENR SHARE  |
| Individual                    | \$ 1,248.56 | \$ 541.56   | \$ 707.00   |
| Individual & Spouse           | \$ 2,590.92 | \$ 1,123.81 | \$ 1,467.11 |
| Individual & Child(ren)       | \$ 1,924.26 | \$ 834.65   | \$ 1,089.61 |
| Family                        | \$ 3,239.00 | \$ 1,404.92 | \$ 1,834.08 |

| AETNA HMO-50% STATE SHARE |             |             |             |
|---------------------------|-------------|-------------|-------------|
|                           | TOTAL COST  | STATE SHARE | PENR SHARE  |
| Individual                | \$ 1,141.76 | \$ 533.77   | \$ 607.99   |
| Individual & Spouse       | \$ 2,407.30 | \$ 1,125.41 | \$ 1,281.89 |
| Individual & Child(ren)   | \$ 1,746.60 | \$ 816.54   | \$ 930.06   |
| Family                    | \$ 3,003.76 | \$ 1,404.26 | \$ 1,599.50 |

| AETNA CDH GOLD-50% STATE SHARE |             |             |             |
|--------------------------------|-------------|-------------|-------------|
|                                | TOTAL COST  | STATE SHARE | PENR SHARE  |
| Individual                     | \$ 1,131.92 | \$ 537.66   | \$ 594.26   |
| Individual & Spouse            | \$ 2,346.96 | \$ 1,114.81 | \$ 1,232.15 |
| Individual & Child(ren)        | \$ 1,729.38 | \$ 821.46   | \$ 907.92   |
| Family                         | \$ 2,981.60 | \$ 1,416.26 | \$ 1,565.34 |

| FIRST STATE BASIC-0% STATE SHARE |             |             |             |
|----------------------------------|-------------|-------------|-------------|
|                                  | TOTAL COST  | STATE SHARE | PENR SHARE  |
| Individual                       | \$ 1,093.66 | \$ -        | \$ 1,093.66 |
| Individual & Spouse              | \$ 2,262.74 | \$ -        | \$ 2,262.74 |
| Individual & Child(ren)          | \$ 1,662.46 | \$ -        | \$ 1,662.46 |
| Family                           | \$ 2,828.52 | \$ -        | \$ 2,828.52 |

| COMPREHENSIVE-0% STATE SHARE |             |             |             |
|------------------------------|-------------|-------------|-------------|
|                              | TOTAL COST  | STATE SHARE | PENR SHARE  |
| Individual                   | \$ 1,248.56 | \$ -        | \$ 1,248.56 |
| Individual & Spouse          | \$ 2,590.92 | \$ -        | \$ 2,590.92 |
| Individual & Child(ren)      | \$ 1,924.26 | \$ -        | \$ 1,924.26 |
| Family                       | \$ 3,239.00 | \$ -        | \$ 3,239.00 |

| AETNA HMO-0% STATE SHARE |             |             |             |
|--------------------------|-------------|-------------|-------------|
|                          | TOTAL COST  | STATE SHARE | PENR SHARE  |
| Individual               | \$ 1,141.76 | \$ -        | \$ 1,141.76 |
| Individual & Spouse      | \$ 2,407.30 | \$ -        | \$ 2,407.30 |
| Individual & Child(ren)  | \$ 1,746.60 | \$ -        | \$ 1,746.60 |
| Family                   | \$ 3,003.76 | \$ -        | \$ 3,003.76 |

| AETNA CDH GOLD-0% STATE SHARE |             |             |             |
|-------------------------------|-------------|-------------|-------------|
|                               | TOTAL COST  | STATE SHARE | PENR SHARE  |
| Individual                    | \$ 1,131.92 | \$ -        | \$ 1,131.92 |
| Individual & Spouse           | \$ 2,346.96 | \$ -        | \$ 2,346.96 |
| Individual & Child(ren)       | \$ 1,729.38 | \$ -        | \$ 1,729.38 |
| Family                        | \$ 2,981.60 | \$ -        | \$ 2,981.60 |

| HIGHMARK FIRST STATE BASIC PLAN - DSS |             |             |            |
|---------------------------------------|-------------|-------------|------------|
|                                       | TOTAL COST  | STATE SHARE | PENR SHARE |
| Individual                            | \$ 1,093.66 | \$ 1,068.66 | \$ 25.00   |
| Individual & Spouse                   | \$ 2,262.74 | \$ 2,217.50 | \$ 45.24   |
| Individual & Child(ren)               | \$ 1,662.46 | \$ 1,629.22 | \$ 33.24   |
| Family                                | \$ 2,828.52 | \$ 2,771.96 | \$ 56.56   |

| AETNA HMO PLAN - DSS    |             |             |            |
|-------------------------|-------------|-------------|------------|
|                         | TOTAL COST  | STATE SHARE | PENR SHARE |
| Individual              | \$ 1,141.76 | \$ 1,104.66 | \$ 37.10   |
| Individual & Spouse     | \$ 2,407.30 | \$ 2,329.06 | \$ 78.24   |
| Individual & Child(ren) | \$ 1,746.60 | \$ 1,689.84 | \$ 56.76   |
| Family                  | \$ 3,003.76 | \$ 2,906.14 | \$ 97.62   |

| AETNA CDH GOLD PLAN - DSS |             |             |            |
|---------------------------|-------------|-------------|------------|
|                           | TOTAL COST  | STATE SHARE | PENR SHARE |
| Individual                | \$ 1,131.92 | \$ 1,103.62 | \$ 28.30   |
| Individual & Spouse       | \$ 2,346.96 | \$ 2,288.30 | \$ 58.66   |
| Individual & Child(ren)   | \$ 1,729.38 | \$ 1,686.16 | \$ 43.22   |
| Family                    | \$ 2,981.60 | \$ 2,907.06 | \$ 74.54   |

| Dominion National HMO Select Dental Plan |            |             |            |
|------------------------------------------|------------|-------------|------------|
|                                          | TOTAL COST | STATE SHARE | PENR SHARE |
| 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   |

| EyeMed Vision Care High Plan |            |             |            |
|------------------------------|------------|-------------|------------|
|                              | TOTAL COST | STATE SHARE | PENR SHARE |
| 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   |

| EyeMed Vision Care Low Plan |            |             |            |
|-----------------------------|------------|-------------|------------|
|                             | TOTAL COST | STATE SHARE | PENR SHARE |
| 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   |

Rate information is specific to all benefit eligible plans except County Municipal General & Police/Firefighter Plans.  
County Municipal General & Police /Firefighter Plans rate information is available on the Office of Pensions website at [delawarepensions.com](http://delawarepensions.com).