



Group Health Insurance Program New Rates Effective July 1, 2026

	Total Monthly Rate	University Share	Employee/Retiree Share
Highmark Blue Choice Deductible PPO Plan			
Employee/Retiree	\$1,113.08	\$1,068.56	\$44.52
Employee/Retiree & Spouse	\$2,302.92	\$2,210.82	\$92.10**
Employee/Retiree & Child(ren)	\$1,691.98	\$1,624.32	\$67.66
Family	\$2,878.76	\$2,763.62	\$115.14**
Aetna CDH Gold			
Employee/Retiree	\$1,152.02	\$1,094.44	\$57.58
Employee/Retiree & Spouse	\$2,388.62	\$2,269.20	\$119.42**
Employee/Retiree & Child(ren)	\$1,760.08	\$1,672.10	\$87.98
Family	\$3,034.54	\$2,882.82	\$151.72**
Aetna HMO			
Employee/Retiree	\$1,162.04	\$1,086.52	\$75.52
Employee/Retiree & Spouse	\$2,450.04	\$2,290.78	\$159.26**
Employee/Retiree & Child(ren)	\$1,777.62	\$1,662.08	\$115.54
Family	\$3,057.08	\$2,858.38	\$198.70**
Highmark Blue Choice PPO Plan			
Employee/Retiree	\$1,303.44	\$1,130.74	\$172.70
Employee/Retiree & Spouse	\$2,704.78	\$2,346.42	\$358.36**
Employee/Retiree & Child(ren)	\$2,008.84	\$1,742.68	\$266.16
Family	\$3,381.36	\$2,933.34	\$448.02**
Highmark Delaware Medicare Supplement for Individuals Retired After July 1, 2012 **			
Special Medicfill with Prescription	\$643.02	\$610.87	\$32.15
Special Medicfill w/o Prescription*	\$364.56	\$346.33	\$18.23

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

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

**For Employee/Retiree + Spouse and Family coverage plans, an additional charge of \$200/month may be applicable. For further details, please visit the Health and Life website Working Spouse Surcharge.

Dental Plan Administered by MetLife for Active University faculty and staff			
Employee/Retiree	\$52.10	\$52.10	\$0.00
Employee/Retiree & Spouse	\$104.87	\$104.87	\$0.00
Employee/Retiree & Child(ren)	\$117.34	\$117.34	\$0.00
Family	\$170.52	\$170.52	\$0.00

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	Total Monthly Rate	University Share	Employee/Retiree Share
MetLife Core Dental Plan for Retirees only			
Retiree	\$38.61	\$0.00	\$38.61
Retiree & Spouse	\$71.87	\$0.00	\$71.87
Retiree & Child(ren)	\$85.65	\$0.00	\$85.65
Family	\$127.64	\$0.00	\$127.64
MetLife Enhanced Dental Plan for Retirees only			
Retiree	\$49.16	\$0.00	\$49.16
Retiree & Spouse	\$91.88	\$0.00	\$91.88
Retiree & Child(ren)	\$103.63	\$0.00	\$103.63
Family	\$156.46	\$0.00	\$156.46
Vision Plan administered by National Vision Administrators (NVA) for Active Employees/UD Retirees*			
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 or dental coverage for retirees or their eligible family members.

April 2026