

**State of Delaware  
Group Health Insurance Program  
New Rates Effective July 1, 2011**

	Total Monthly Rate	State Pays	Employee/ Pensioner Contributions
<b>First State Basic Plan</b> <i>(includes prescription drug coverage at the same level as all other plans)</i> <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$514.56	\$514.56	\$0.00
Employee & Spouse	\$1,064.66	\$1,064.66	\$0.00
Employee & Child(ren)	\$782.20	\$782.20	\$0.00
Family	\$1,330.86	\$1,330.86	\$0.00
<b>Aetna CDH Gold</b> <i>Administered by Aetna</i>			
Employee	\$532.56	\$514.56	\$18.00
Employee & Spouse	\$1,104.26	\$1,064.66	\$39.60
Employee & Child(ren)	\$813.70	\$782.20	\$31.50
Family	\$1,402.86	\$1,330.86	\$72.00
<b>BlueCARE® CDH Gold</b> <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$532.56	\$514.56	\$18.00
Employee & Spouse	\$1,104.26	\$1,064.66	\$39.60
Employee & Child(ren)	\$813.70	\$782.20	\$31.50
Family	\$1,402.86	\$1,330.86	\$72.00
<b>Aetna HMO</b> <i>Administered by Aetna</i>			
Employee	\$537.22	\$514.56	\$22.66
Employee & Spouse	\$1,132.64	\$1,064.66	\$67.98
Employee & Child(ren)	\$821.80	\$782.20	\$39.60
Family	\$1,413.30	\$1,330.86	\$82.44
<b>BlueCARE® HMO</b> <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$537.66	\$514.56	\$23.10
Employee & Spouse	\$1,136.22	\$1,064.66	\$71.56
Employee & Child(ren)	\$822.62	\$782.20	\$40.42
Family	\$1,417.62	\$1,330.86	\$86.76
<b>Comprehensive PPO Plan</b> <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$587.46	\$514.56	\$72.90
Employee & Spouse	\$1,219.04	\$1,064.66	\$154.38
Employee & Child(ren)	\$905.38	\$782.20	\$123.18
Family	\$1,523.98	\$1,330.86	\$193.12
<b>Medicare Supplement</b> <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Special Medicfill with Prescription	\$414.26	\$414.26	\$0.00
Special Medicfill <b>without</b> Prescription*	\$191.76	\$191.76	\$0.00
<small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small>			
<b>Dominion Dental HMO</b> <i>Administered by Dominion Dental</i>			
Employee	\$22.68	\$0.00	\$22.68
Employee & Spouse	\$42.14	\$0.00	\$42.14
Employee & Child(ren)	\$45.42	\$0.00	\$45.42
Family	\$61.66	\$0.00	\$61.66
<b>Delta Dental PPO plus Premier</b> <i>Administered by Delta Dental</i>			
Employee	\$31.62	\$0.00	\$31.62
Employee & Spouse	\$64.54	\$0.00	\$64.54
Employee & Child(ren)	\$63.34	\$0.00	\$63.34
Family	\$105.70	\$0.00	\$105.70
<b>EyeMed Vision Plan</b> <i>Administered by EyeMed Vision Care</i>			
Employee	\$6.12	\$0.00	\$6.12
Employee & Spouse	\$9.64	\$0.00	\$9.64
Employee & Child(ren)	\$9.84	\$0.00	\$9.84
Family	\$15.88	\$0.00	\$15.88