

State of Delaware Group Health Insurance
Full-Time Capital Employee Rates Effective July 1, 2026

	Total Monthly Premium (Rate)	State Pays Per Month	Employee Monthly	Employee Per Pay Deduction	Capital Per Pay Deduction	Employee Final Cost
Highmark Delaware First State Basic Plan						
Employee	\$1,117.72	\$1,073.02	\$44.70	\$22.35	\$0.00	\$22.35
Employee & Spouse	\$2,312.52	\$2,219.98	\$92.54	\$46.27	\$0.00	\$46.27
Employee & Child(ren)	\$1,699.06	\$1,631.10	\$67.96	\$33.98	\$0.00	\$33.98
Family	\$2,890.78	\$2,775.12	\$115.66	\$57.83	\$0.00	\$57.83
Aetna CDH Gold Plan						
Employee	\$1,156.82	\$1,098.96	\$57.86	\$28.93	\$7.65	\$21.08
Employee & Spouse	\$2,398.60	\$2,278.66	\$119.94	\$59.97	\$16.83	\$43.14
Employee & Child(ren)	\$1,767.46	\$1,679.08	\$88.38	\$44.19	\$13.39	\$30.80
Family	\$3,047.20	\$2,894.84	\$152.36	\$76.18	\$30.60	\$45.58
Aetna HMO Plan						
Employee	\$1,166.88	\$1,091.00	\$75.88	\$37.94	\$9.60	\$28.34
Employee & Spouse	\$2,460.26	\$2,300.32	\$159.94	\$79.97	\$28.87	\$51.10
Employee & Child(ren)	\$1,785.04	\$1,669.00	\$116.04	\$58.02	\$16.83	\$41.19
Family	\$3,069.84	\$2,870.28	\$199.56	\$99.78	\$35.03	\$64.75
Highmark Delaware Comprehensive PPO Plan						
Employee	\$1,276.06	\$1,106.98	\$169.08	\$84.54	\$30.98	\$53.56
Employee & Spouse	\$2,647.92	\$2,297.04	\$350.88	\$175.44	\$65.61	\$109.83
Employee & Child(ren)	\$1,966.60	\$1,706.02	\$260.58	\$130.29	\$52.35	\$77.94
Family	\$3,310.26	\$2,871.66	\$438.60	\$219.30	\$82.08	\$137.22
United Concordia Dental Plan						
Employee	\$42.93	\$0.00	\$14.32	\$7.16	\$14.30	\$7.16
Employee & Spouse or Employee & child(ren) or Family	\$128.64	\$0.00	\$42.96	\$21.48	\$42.84	\$21.48
EyeMed Low Vision Plan						
Employee	\$5.84	\$0.00	\$5.84	\$2.92	\$0.00	\$2.92
Employee & Spouse	\$9.20	\$0.00	\$9.20	\$4.60	\$0.00	\$4.60
Employee & Child(ren)	\$9.36	\$0.00	\$9.36	\$4.68	\$0.00	\$4.68
Family	\$15.16	\$0.00	\$15.16	\$7.58	\$0.00	\$7.58
EyeMed High Vision Plan						
Employee	\$12.94	\$0.00	\$12.94	\$6.47	\$0.00	\$6.47
Employee & Spouse	\$20.42	\$0.00	\$20.42	\$10.21	\$0.00	\$10.21
Employee & Child(ren)	\$20.82	\$0.00	\$20.82	\$10.41	\$0.00	\$10.41
Family	\$33.60	\$0.00	\$33.60	1+.80	\$0.00	\$16.80

Benefit Period: FY 27 - July 1, 2026 - June 30, 2027

For more information visit https://www.capital.k12.de.us/departments/human_resources/benefits