

**Health Premiums**  
**Effective: July 1, 2025**  
**15% Employee Cost Sharing**

Plan Name	Coverage Type	Employee Pays per Month	Biweekly Payroll Deduction	City Pays	Total Cost Monthly
<b>Highmark Delaware First State Basic</b>	Employee Only	\$172.66	\$86.33	\$978.38	\$1,151.04
	Employee & Child(ren)	\$262.24	\$131.12	\$1,486.04	\$1,748.28
	Employee & Spouse	\$356.79	\$178.39	\$2,021.79	\$2,378.58
	Family	\$445.90	\$222.95	\$2,526.75	\$2,972.65
<b>Highmark Delaware Comprehensive PPO</b>	Employee Only	\$197.05	\$98.53	\$1,116.64	\$1,313.69
	Employee & Child(ren)	\$303.48	\$151.74	\$1,719.69	\$2,023.17
	Employee & Spouse	\$408.48	\$204.24	\$2,314.69	\$2,723.17
	Family	\$510.55	\$255.27	\$2,893.10	\$3,403.65
<b>Aetna HMO</b>	Employee Only	\$180.23	\$90.12	\$1,021.32	\$1,201.55
	Employee & Child(ren)	\$275.49	\$137.75	\$1,561.14	\$1,836.63
	Employee & Spouse	\$379.56	\$189.78	\$2,150.81	\$2,530.37
	Family	\$473.50	\$236.75	\$2,683.15	\$3,156.65
<b>Aetna CDH Gold</b>	Employee Only	\$178.68	\$89.34	\$1,012.54	\$1,191.22
	Employee & Child(ren)	\$272.78	\$136.39	\$1,545.77	\$1,818.55
	Employee & Spouse	\$370.05	\$185.03	\$2,096.96	\$2,467.01
	Family	\$470.01	\$235.00	\$2,663.37	\$3,133.38

**Health Premiums**  
**Effective: July 1, 2025**  
**20% Employee Cost Sharing**

Plan Name	Coverage Type	Employee Pays per Month	Biweekly Payroll Deduction	City Pays	Total Cost Monthly
<b>Highmark Delaware First State Basic</b>	Employee Only	\$230.21	\$115.10	\$920.83	\$1,151.04
	Employee & Child(ren)	\$349.66	\$174.83	\$1,398.62	\$1,748.28
	Employee & Spouse	\$475.72	\$237.86	\$1,902.86	\$2,378.58
	Family	\$594.53	\$297.27	\$2,378.12	\$2,972.65
<b>Highmark Delaware Comprehensive PPO</b>	Employee Only	\$262.74	\$131.37	\$1,050.95	\$1,313.69
	Employee & Child(ren)	\$404.63	\$202.32	\$1,618.54	\$2,023.17
	Employee & Spouse	\$544.63	\$272.32	\$2,178.54	\$2,723.17
	Family	\$680.73	\$340.37	\$2,722.92	\$3,403.65
<b>Aetna HMO</b>	Employee Only	\$240.31	\$120.16	\$961.24	\$1,201.55
	Employee & Child(ren)	\$367.33	\$183.66	\$1,469.30	\$1,836.63
	Employee & Spouse	\$506.07	\$253.04	\$2,024.30	\$2,530.37
	Family	\$631.33	\$238.68	\$2,525.32	\$3,156.65
<b>Aetna CDH Gold</b>	Employee Only	\$238.24	\$119.12	\$952.98	\$1,191.22
	Employee & Child(ren)	\$363.71	\$181.86	\$1,454.84	\$1,818.55
	Employee & Spouse	\$493.40	\$186.55	\$1,973.61	\$2,467.01
	Family	\$626.68	\$313.34	\$2,506.70	\$3,133.38

AFSCME Union Employees hired on or after May 20, 2015  
DOE Union Employees hired on or after December 22, 2015  
FOP Union Employees hired on or after October 9, 2015  
IBEW Union Employees hired on or after July 1, 2014