



MEMORANDUM

To: City of Rehoboth Beach Full-time Employees
From: Taylour Tedder
Date: April 22, 2025
Re: Medical, Dental and Vision Rates Effective July 1, 2025

Below are the medical, dental and vision insurance rates effective July 1, 2025. Effective April 1, 2025, the city covers 100% of our employee's monthly medical insurance premium and 80% of dependent's monthly medical insurance premium. Medical insurance options are Aetna HMO or Highmark PPO.

	STATE OF DELAWARE MONTHLY PREMIUM	EMPLOYEE BIWEEKLY CONTRIBUTION	EMPLOYEE BIWEEKLY DIFFERENCE (+/-)	EMPLOYEE ANNUAL COST	CITY ANNUAL COST PER EMPLOYEE
AETNA HMO					
Employee	\$1,201.55	\$0	-\$53.23	\$0	\$14,418.60
Employee and spouse	\$2,530.37	\$104.26	-\$49.03	\$2,710.79	\$27,653.65
Employee and child(ren)	\$1,836.63	\$58.62	-\$50.86	\$1,524.19	\$20,515.37
Family	\$3,156.56	\$144.37	-\$47.45	\$3,753.62	\$34,125.10
HIGHMARK COMPREHENSIVE PPO					
Employee	\$1,313.00	\$0	-\$58.19	\$0	\$15,756.00
Employee and spouse	\$2,723.17	\$130.17	-\$52.88	\$3,384.41	\$29,293.63
Employee and child(ren)	\$2,023.17	\$65.55	-\$55.49	\$1,704.41	\$22,573.63
Family	\$3,403.65	\$183.33	-\$50.75	\$4,766.68	\$36,077.12
DELTA DENTAL PPO PLUS PREMIER					
Employee	\$38.56	\$0	NA	\$0	\$462.72
Employee and spouse	\$78.72	\$18.54	NA	\$481.92	\$462.72
Employee and child(ren)	\$77.26	\$17.86	NA	\$464.40	\$462.72
Family	\$128.96	\$41.72	NA	\$1,084.80	\$462.72
VBA VISION (NOT COVERED BY STATE OF DELAWARE)					
Employee	N/A	\$3.26	0	\$84.96	N/A
2 People	N/A	\$6.38	0	\$165.84	N/A
Family	N/A	\$8.93	0	\$232.20	N/A