


MEMORANDUM

To: City of Rehoboth Beach Full-time Employees
From: Taylour Tedder 
Date: April 1, 2026
Re: Medical, Dental and Vision Rates Effective July 1, 2026

Below are the medical, dental and vision insurance rates effective July 1, 2026.

RATES EFFECTIVE JULY 1, 2025	STATE OF DELAWARE MONTHLY PREMIUM	EMPLOYEE BIWEEKLY CONTRIBUTION	EMPLOYEE BIWEEKLY DIFFERENCE (+/-)	EMPLOYEE ANNUAL COST	CITY ANNUAL COST PER EMPLOYEE
AETNA HMO					
Employee	\$1,227.92	\$0	NA	\$0	\$14,735.04
Employee and spouse	\$2,585.98	\$125.36	+ \$21.10	\$3,259.34	\$27,772.42
Employee and child(ren)	\$1,877.00	\$59.92	+ \$1.30	\$1,557.79	\$20,966.21
Family	\$3,226.04	\$184.44	+ \$40.07	\$4,795.49	\$33,916.99
HIGHMARK COMPREHENSIVE PPO					
Employee	\$1,342.56	\$0	NA	\$0	\$16,110.72
Employee and spouse	\$2,783.02	\$132.97	+ \$2.80	\$3,457.10	\$29,939.14
Employee and child(ren)	\$2,067.64	\$66.93	+ \$1.38	\$1,740.19	\$23,071.49
Family	\$3,478.48	\$197.16	+ \$13.83	\$5,126.21	\$36,615.55
DELTA DENTAL PPO PLUS PREMIER					
Employee	\$39.72	\$0	NA	\$0	\$476.64
Employee and spouse	\$81.80	\$19.42	+ \$0.88	\$504.96	\$476.64
Employee and child(ren)	\$79.58	\$18.40	+ \$0.54	\$478.32	\$476.64
Family	\$132.82	\$42.97	+ \$1.25	\$1,117.20	\$476.64
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