

Delaware Rates for Aetna Health, Inc. Marketplace QHPs - Individual Marketplace Plan Year 2016

The table below provides monthly premium (**non-tobacco**) rates , by age, for Qualified Health Plans (QHPs) available on Delaware's Individual Marketplace at www.healthcare.gov. A person's premium rate may change depending their circumstances, including adjustments for Advanced Premium Tax Credits (APTCs) available to eligible consumers purchasing plans through the Marketplace. The table also provides a year-over-year rate comparison by plan and age for those Marketplace plans that were available in Coverage years 2014 and/or 2015.

Plan ID	Plan Name	Metal Level	Age	2014 Individual Rate	2015 Individual Rate	2016 Individual Rate	Individual Rate Change (\$)	Individual Rate Change (%)
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	0-20		\$128.07	\$148.81	\$20.74	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	21		\$201.69	\$234.34	\$32.65	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	22		\$201.69	\$234.34	\$32.65	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	23		\$201.69	\$234.34	\$32.65	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	24		\$201.69	\$234.34	\$32.65	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	25		\$202.49	\$235.28	\$32.79	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	26		\$206.53	\$239.97	\$33.44	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	27		\$211.37	\$245.59	\$34.22	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	28		\$219.23	\$254.73	\$35.50	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	29		\$225.69	\$262.23	\$36.54	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	30		\$228.91	\$265.98	\$37.07	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	31		\$233.75	\$271.60	\$37.85	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	32		\$238.59	\$277.23	\$38.64	16.20%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	33		\$241.62	\$280.74	\$39.12	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	34		\$244.85	\$284.49	\$39.64	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	35		\$246.46	\$286.37	\$39.91	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	36		\$248.07	\$288.24	\$40.17	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	37		\$249.69	\$290.12	\$40.43	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	38		\$251.30	\$291.99	\$40.69	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	39		\$254.53	\$295.74	\$41.21	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	40		\$257.75	\$299.49	\$41.74	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	41		\$262.60	\$305.12	\$42.52	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	42		\$267.23	\$310.51	\$43.28	16.20%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	43		\$273.69	\$318.00	\$44.31	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	44		\$281.76	\$327.38	\$45.62	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	45		\$291.23	\$338.39	\$47.16	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	46		\$302.53	\$351.52	\$48.99	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	47		\$315.24	\$366.28	\$51.04	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	48		\$329.76	\$383.15	\$53.39	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	49		\$344.08	\$399.79	\$55.71	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	50		\$360.21	\$418.54	\$58.33	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	51		\$376.14	\$437.05	\$60.91	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	52		\$393.69	\$457.44	\$63.75	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	53		\$411.44	\$478.06	\$66.62	16.19%

Delaware Rates for Aetna Health, Inc. Marketplace QHPs - Individual Marketplace Plan Year 2016

The table below provides monthly premium (**non-tobacco**) rates , by age, for Qualified Health Plans (QHPs) available on Delaware's Individual Marketplace at www.healthcare.gov. A person's premium rate may change depending their circumstances, including adjustments for Advanced Premium Tax Credits (APTCs) available to eligible consumers purchasing plans through the Marketplace. The table also provides a year-over-year rate comparison by plan and age for those Marketplace plans that were available in Coverage years 2014 and/or 2015.

Plan ID	Plan Name	Metal Level	Age	2014 Individual Rate	2015 Individual Rate	2016 Individual Rate	Individual Rate Change (\$)	Individual Rate Change (%)
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	54		\$430.60	\$500.32	\$69.72	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	55		\$449.76	\$522.59	\$72.83	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	56		\$470.53	\$546.72	\$76.19	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	57		\$491.51	\$571.10	\$79.59	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	58		\$513.90	\$597.11	\$83.21	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	59		\$524.99	\$610.00	\$85.01	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	60		\$547.38	\$636.01	\$88.63	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	61		\$566.74	\$658.51	\$91.77	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	62		\$579.44	\$673.27	\$93.83	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	63		\$595.38	\$691.78	\$96.40	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	64		\$604.86	\$702.80	\$97.94	16.19%
67190DE0080001	Aetna Bronze \$15 Copay HNOOnly	Bronze	65 and over		\$604.86	\$702.80	\$97.94	16.19%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	0-20		\$120.59	\$139.82	\$19.23	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	21		\$189.91	\$220.20	\$30.29	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	22		\$189.91	\$220.20	\$30.29	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	23		\$189.91	\$220.20	\$30.29	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	24		\$189.91	\$220.20	\$30.29	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	25		\$190.67	\$221.08	\$30.41	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	26		\$194.47	\$225.48	\$31.01	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	27		\$199.02	\$230.76	\$31.74	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	28		\$206.43	\$239.35	\$32.92	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	29		\$212.51	\$246.40	\$33.89	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	30		\$215.55	\$249.92	\$34.37	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	31		\$220.10	\$255.21	\$35.11	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	32		\$224.66	\$260.49	\$35.83	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	33		\$227.51	\$263.79	\$36.28	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	34		\$230.55	\$267.32	\$36.77	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	35		\$232.07	\$269.08	\$37.01	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	36		\$233.59	\$270.84	\$37.25	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	37		\$235.11	\$272.60	\$37.49	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	38		\$236.63	\$274.36	\$37.73	15.94%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	39		\$239.66	\$277.89	\$38.23	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	40		\$242.70	\$281.41	\$38.71	15.95%

Delaware Rates for Aetna Health, Inc. Marketplace QHPs - Individual Marketplace Plan Year 2016

The table below provides monthly premium (**non-tobacco**) rates , by age, for Qualified Health Plans (QHPs) available on Delaware's Individual Marketplace at www.healthcare.gov. A person's premium rate may change depending their circumstances, including adjustments for Advanced Premium Tax Credits (APTCs) available to eligible consumers purchasing plans through the Marketplace. The table also provides a year-over-year rate comparison by plan and age for those Marketplace plans that were available in Coverage years 2014 and/or 2015.

Plan ID	Plan Name	Metal Level	Age	2014 Individual Rate	2015 Individual Rate	2016 Individual Rate	Individual Rate Change (\$)	Individual Rate Change (%)
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	41		\$247.26	\$286.69	\$39.43	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	42		\$251.63	\$291.76	\$40.13	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	43		\$257.71	\$298.81	\$41.10	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	44		\$265.30	\$307.61	\$42.31	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	45		\$274.23	\$317.96	\$43.73	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	46		\$284.86	\$330.29	\$45.43	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	47		\$296.83	\$344.17	\$47.34	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	48		\$310.50	\$360.02	\$49.52	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	49		\$323.98	\$375.65	\$51.67	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	50		\$339.18	\$393.27	\$54.09	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	51		\$354.18	\$410.66	\$56.48	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	52		\$370.70	\$429.82	\$59.12	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	53		\$387.41	\$449.20	\$61.79	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	54		\$405.45	\$470.12	\$64.67	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	55		\$423.50	\$491.04	\$67.54	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	56		\$443.06	\$513.72	\$70.66	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	57		\$462.81	\$536.62	\$73.81	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	58		\$483.89	\$561.06	\$77.17	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	59		\$494.33	\$573.17	\$78.84	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	60		\$515.41	\$597.61	\$82.20	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	61		\$533.64	\$618.75	\$85.11	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	62		\$545.61	\$632.62	\$87.01	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	63		\$560.61	\$650.02	\$89.41	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	64		\$569.54	\$660.37	\$90.83	15.95%
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOOnly	Bronze	65 and over		\$569.54	\$660.37	\$90.83	15.95%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	0-20		\$186.03	\$216.23	\$30.20	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	21		\$292.96	\$340.52	\$47.56	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	22		\$292.96	\$340.52	\$47.56	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	23		\$292.96	\$340.52	\$47.56	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	24		\$292.96	\$340.52	\$47.56	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	25		\$294.13	\$341.88	\$47.75	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	26		\$299.99	\$348.69	\$48.70	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	27		\$307.02	\$356.86	\$49.84	16.23%

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Plan ID	Plan Name	Metal Level	Age	2014 Individual Rate	2015 Individual Rate	2016 Individual Rate	Individual Rate Change (\$)	Individual Rate Change (%)
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	28		\$318.45	\$370.14	\$51.69	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	29		\$327.82	\$381.04	\$53.22	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	30		\$332.51	\$386.49	\$53.98	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	31		\$339.54	\$394.66	\$55.12	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	32		\$346.57	\$402.83	\$56.26	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	33		\$350.97	\$407.94	\$56.97	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	34		\$355.65	\$413.39	\$57.74	16.24%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	35		\$358.00	\$416.11	\$58.11	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	36		\$360.34	\$418.83	\$58.49	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	37		\$362.68	\$421.56	\$58.88	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	38		\$365.03	\$424.28	\$59.25	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	39		\$369.72	\$429.73	\$60.01	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	40		\$374.40	\$435.18	\$60.78	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	41		\$381.43	\$443.35	\$61.92	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	42		\$388.17	\$451.18	\$63.01	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	43		\$397.55	\$462.08	\$64.53	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	44		\$409.26	\$475.70	\$66.44	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	45		\$423.03	\$491.71	\$68.68	16.24%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	46		\$439.44	\$510.77	\$71.33	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	47		\$457.90	\$532.23	\$74.33	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	48		\$478.99	\$556.74	\$77.75	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	49		\$499.79	\$580.92	\$81.13	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	50		\$523.23	\$608.16	\$84.93	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	51		\$546.37	\$635.06	\$88.69	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	52		\$571.86	\$664.69	\$92.83	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	53		\$597.64	\$694.65	\$97.01	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	54		\$625.47	\$727.00	\$101.53	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	55		\$653.30	\$759.35	\$106.05	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	56		\$683.48	\$794.42	\$110.94	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	57		\$713.94	\$829.84	\$115.90	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	58		\$746.46	\$867.63	\$121.17	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	59		\$762.57	\$886.36	\$123.79	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	60		\$795.09	\$924.16	\$129.07	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	61		\$823.22	\$956.85	\$133.63	16.23%

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Plan ID	Plan Name	Metal Level	Age	2014 Individual Rate	2015 Individual Rate	2016 Individual Rate	Individual Rate Change (\$)	Individual Rate Change (%)
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	62		\$841.67	\$978.30	\$136.63	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	63		\$864.82	\$1,005.20	\$140.38	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	64		\$878.59	\$1,021.21	\$142.62	16.23%
67190DE0080003	Aetna Gold \$10 Copay HNOOnly	Gold	65 and over		\$878.59	\$1,021.21	\$142.62	16.23%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	0-20		\$162.43	\$188.74	\$26.31	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	21		\$255.79	\$297.23	\$41.44	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	22		\$255.79	\$297.23	\$41.44	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	23		\$255.79	\$297.23	\$41.44	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	24		\$255.79	\$297.23	\$41.44	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	25		\$256.81	\$298.42	\$41.61	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	26		\$261.93	\$304.37	\$42.44	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	27		\$268.07	\$311.50	\$43.43	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	28		\$278.04	\$323.09	\$45.05	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	29		\$286.23	\$332.60	\$46.37	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	30		\$290.32	\$337.36	\$47.04	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	31		\$296.46	\$344.49	\$48.03	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	32		\$302.60	\$351.63	\$49.03	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	33		\$306.43	\$356.08	\$49.65	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	34		\$310.53	\$360.84	\$50.31	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	35		\$312.57	\$363.22	\$50.65	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	36		\$314.62	\$365.60	\$50.98	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	37		\$316.67	\$367.97	\$51.30	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	38		\$318.71	\$370.35	\$51.64	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	39		\$322.80	\$375.11	\$52.31	16.21%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	40		\$326.90	\$379.86	\$52.96	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	41		\$333.04	\$387.00	\$53.96	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	42		\$338.92	\$393.83	\$54.91	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	43		\$347.10	\$403.34	\$56.24	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	44		\$357.34	\$415.23	\$57.89	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	45		\$369.36	\$429.20	\$59.84	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	46		\$383.68	\$445.85	\$62.17	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	47		\$399.80	\$464.57	\$64.77	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	48		\$418.21	\$485.98	\$67.77	16.20%

Delaware Rates for Aetna Health, Inc. Marketplace QHPs - Individual Marketplace Plan Year 2016

The table below provides monthly premium (**non-tobacco**) rates , by age, for Qualified Health Plans (QHPs) available on Delaware's Individual Marketplace at www.healthcare.gov. A person's premium rate may change depending their circumstances, including adjustments for Advanced Premium Tax Credits (APTCs) available to eligible consumers purchasing plans through the Marketplace. The table also provides a year-over-year rate comparison by plan and age for those Marketplace plans that were available in Coverage years 2014 and/or 2015.

Plan ID	Plan Name	Metal Level	Age	2014 Individual Rate	2015 Individual Rate	2016 Individual Rate	Individual Rate Change (\$)	Individual Rate Change (%)
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	49		\$436.37	\$507.08	\$70.71	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	50		\$456.84	\$530.86	\$74.02	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	51		\$477.04	\$554.34	\$77.30	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	52		\$499.30	\$580.20	\$80.90	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	53		\$521.81	\$606.35	\$84.54	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	54		\$546.11	\$634.59	\$88.48	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	55		\$570.41	\$662.83	\$92.42	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	56		\$596.75	\$693.44	\$96.69	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	57		\$623.35	\$724.36	\$101.01	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	58		\$651.75	\$757.35	\$105.60	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	59		\$665.82	\$773.70	\$107.88	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	60		\$694.21	\$806.69	\$112.48	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	61		\$718.76	\$835.22	\$116.46	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	62		\$734.88	\$853.95	\$119.07	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	63		\$755.09	\$877.43	\$122.34	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	64		\$767.11	\$891.40	\$124.29	16.20%
67190DE0080004	Aetna Silver \$10 Copay HNOOnly	Silver	65 and over		\$767.11	\$891.40	\$124.29	16.20%