



2027 Cuyahoga County Employee Benefit Rates

Bi-Weekly Deductions

Medical Plans

MetroHealth Plan Name:	Metro Health High Deductible
Employee Only	\$0.00
Employee + Family	\$0.00

MetroHealth Plan Name:	Metro Health Select Premier
Employee Only	\$26.76
Employee + Family	\$69.58

Medical Mutual Plan Name:	SuperMed EPO
Employee Only	\$66.72
Employee + Family	\$173.47

Medical Mutual Plan Name:	SuperMed PPO
Employee Only	\$83.81
Employee + Family	\$217.89

Dental Plan

Delta Dental	
Employee	\$2.30
Employee + Family	\$6.12

Vision Plan

MetLife Vision Plan	
Employee Only	\$0.27
Employee + Family	\$0.70