



2024 Cuyahoga County Employee Benefit Rates

Medical Plans

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

Metro Health Plan Name:	Metro Health Select Premier
Employee Only	\$21.05
Employee + Family	\$54.72

Medical Mutual Plan Name:	SuperMed EPO
Employee Only	\$52.90
Employee + Family	\$137.53

Medical Mutual Plan Name:	SuperMed PPO
Employee Only	\$66.82
Employee + Family	\$173.73

Dental Plan

Delta Dental	
Employee	\$1.65
Employee + Family	\$4.38

Vision Plan

VSP Vision Plan	
Employee Only	\$0.29
Employee + Family	\$0.75