



2026 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	\$24.80
Employee + Family	\$64.48

Medical Mutual Plan Name:	SuperMed EPO
Employee Only	\$61.83
Employee + Family	\$160.75

Medical Mutual Plan Name:	SuperMed PPO
Employee Only	\$77.66
Employee + Family	\$201.91

Dental Plan

Delta Dental	
Employee	\$2.16
Employee + Family	\$5.73

Vision Plan

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