



2027 Cuyahoga County Employee Benefit Rates

Bi-Weekly Deductions

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	\$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

Benefits Allowance Overview – Employees with healthcare coverage elsewhere who choose to waive County-provided medical and/or dental plan coverage may be entitled to receive a **taxable opt-out allowance** in their bi-weekly paychecks. Eligibility is determined annually during Open Enrollment, based on the employee's survey responses, or upon hire based on the employee's enrollment application. Verification of other coverage is required.

Benefits Enrollment	Allowance Amount
Enroll in Medical Coverage only – Waive Dental	\$3.00
Enroll in Dental Coverage only – Waive Medical	\$20.00
Waive Medical + Dental Coverage	\$23.00