



2025 Cuyahoga County COBRA Rates

Medical:

Medical Mutual	SuperMed PPO	SuperMed EPO
Single Coverage	\$1,105.58	\$875.23
Family Coverage	\$2,874.47	\$2,275.56

MetroHealth	MetroHealth Select	High Deductible
Single Coverage	\$696.52	\$489.85
Family Coverage	\$1,810.92	\$1,311.35

Dental:

Delta Dental Dental PPO	
Single Coverage	\$27.34
Family Coverage	\$72.70

Vision:

VSP Vision	
Single Coverage	\$4.56
Family Coverage	\$11.85