



2023 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	\$20.05
Employee + Family	\$52.14

Medical Mutual Plan Name:	SuperMed EPO
Employee Only	\$50.40
Employee + Family	\$131.03

Medical Mutual Plan Name:	SuperMed PPO
Employee Only	\$63.66
Employee + Family	\$165.51

Dental Plan

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

Vision Plan

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