

**New Castle County Insurance Rates
Calendar Year 2024**

Not Participating in the Wellness Program (87%/13% Cost Share - PPO ONLY)

Actives

Medical	Individual	Employee + Spouse	Employee & Child(ren)	Family
Highmark PPO	\$148.71	\$263.65	\$223.06	\$416.37
Dental	Individual	Plus One		Family
Dominion HMO	\$26.35	N/A		\$62.14
MetLife Low	\$26.58	\$50.36		\$75.81
MetLife Medium	\$35.75	\$67.80		\$102.06
MetLife High	\$43.85	\$83.15		\$125.17
Vision	Individual	Employee + Children	Employee & Spouse	Family
EyeMed	\$8.43	\$15.34	\$16.10	\$24.82