

New Castle County Insurance Rates
Calendar Year 2024
Participating in the Wellness Program (90%/10% Cost Share)

Actives

Medical	Individual	Employee & Spouse	Employee & Child(ren)	Family
BCBS Comp 80	-	-	-	-
Highmark PPO	\$114.39	\$202.81	\$171.58	\$320.29
Highmark EPO	\$112.18	\$198.89	\$168.26	\$314.08
Aetna Select	\$92.13	\$163.06	\$138.18	\$257.95
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