



NEW CASTLE COUNTY INSURANCE RATES

CALENDAR YEAR 2025

No Participating in the Wellness Program (87% - 13% Cost Share - PPO ONLY)

Actives

Medical - Highmark PPO	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution	\$148.71	\$263.65	\$223.06	\$416.37
Employer Contribution	\$1,141.90	\$2,024.64	\$1,712.89	\$3,197.39
Total Monthly Premium	\$1,290.61	\$2,288.29	\$1,935.95	\$3,613.76
Dental Plans	Employee	Employee + 1	Family	
MetLife Low	\$27.91	\$52.88	\$79.60	
MetLife Medium	\$37.54	\$71.19	\$107.16	
MetLife High	\$46.04	\$87.31	\$131.43	
Dominion Select DHMO Plan	\$26.35	N/A	\$62.14	
EyeMed	Individual	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution	\$8.43	\$15.34	\$16.10	\$24.82