NEW CASTLE COUNTY INSURANCE RATES

CALENDAR YEAR 2026

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

Actives

Highmark PPO	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution	$180.53	$320.09	$270.80	$505.49
Employer Contribution	$1,208.17	$2,142.11	$1,812.28	$3,382.92
Total Monthly Premium	$1,388.70	$2,462.20	$2,083.08	$3,888.41

Dental Plans	Employee	Employee + 1	Family
MetLife Low	$30.56	$57.90	$87.16
MetLife Medium	$41.11	$77.95	$117.34
MetLife High	$50.41	$95.60	$143.92
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