NEW CASTLE COUNTY INSURANCE RATES

CALENDAR YEAR 2027

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

Actives

Highmark PPO	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution	$205.03	$363.53	$307.55	$574.10
Employer Contribution	$1,372.15	$2,432.85	$2,058.25	$3,842.06
Total Monthly Premium	$1,577.18	$2,796.38	$2,365.80	$4,416.16

Aetna PPO	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution	$199.48	$353.69	$299.23	$558.56
Employer Contribution	$1,335.01	$2,367.00	$2,002.54	$3,738.07
Total Monthly Premium	$1,534.49	$2,720.69	$2,301.77	$4,296.63

Dental Plans	Employee	Employee + 1	Family
MetLife Low	$31.48	$59.64	$89.77
MetLife Medium	$42.34	$80.29	$120.86
MetLife High	$51.92	$98.47	$148.24
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