2027 Benefit Premiums – Summit County Public Health

The charts below summarize County and Employee benefit premiums for coverage in 2027.

Medical & Prescription Coverage

SummaCare Plan

	Employee Bi-Weekly	Employer Bi-Weekly
Single	$44.36	$399.24
Family	$119.46	$1,075.16

Medical Mutual Maximum Value Plan (HSA)

	Employee Bi-Weekly	Employer Bi-Weekly
Single	$38.88	$314.63
Family	$104.72	$847.30

Medical Mutual Advantage Plan

	Employee Bi-Weekly	Employer Bi-Weekly
Single	$89.63	$507.89
Family	$241.38	$1,367.78

Medical Mutual MedFlex Plan

	Employee Bi-Weekly	Employer Bi-Weekly
Single	$44.36	$399.24
Family	$119.46	$1,075.16

Dental Coverage

Guardian Dental Value & Network Access Plan (NAP)

	Employee Bi-Weekly	Employer Bi-Weekly
Single	$16.16	n/a
Family	$47.89	n/a

Vision Coverage

VSP Vision Care

	Employee Bi-Weekly	Employer Bi-Weekly
Single	$2.23	n/a
Family	$6.16	n/a

Monthly Cash Incentive – County employees may receive a $50 monthly cash incentive if they decline medical and prescription coverage through the County and provide proof of other coverage under another medical plan outside of the County's program. Employees who are dependents of another County employee, including a spouse or child, are not eligible for the monthly cash incentive; however, they remain eligible for other benefit programs. Eligibility and participation are subject to the terms of applicable bargaining agreements.