

2024 Benefit Premiums - Summit County Childrens Services

The charts below summarize County and Employee benefit premiums for coverage in 2024.

MEDICAL & PRESCRIPTION COVERAGE

Medical Mutual PPO Advantage

	Employee Bi-Weekly	Employer Bi-Weekly
Single	\$45.67	\$411.06
Family	\$123.00	\$1,107.04

Medical Mutual MedFlex Plan

	Employee Bi-Weekly	Employer Bi-Weekly
Single	\$21.47	\$407.87
Family	\$57.81	\$1,098.43

Medical Mutual Maximum Value Plan (HSA)

	Employee Bi-Weekly	Employer Bi-Weekly
Single	\$0.00	\$407.80
Family	\$0.00	\$1,098.26

DENTAL COVERAGE

MetLife Dental PPO & MAC Plans

	Employee Bi-Weekly	Employer Bi-Weekly
Single	\$0.00	\$12.90
Family	\$0.00	\$38.22

VISION COVERAGE

Davis Vision

	Employee Bi-Weekly	Employer Bi-Weekly
Single	\$0.00	\$1.98
Family	\$0.00	\$5.46

Cash Waiver Incentive Program – County (SCCS) employees have a cash option that may be exercised if they decline medical, prescription, dental and vision coverage and provide proof that they are covered under another medical plan outside the County's program. County employees that are married or related to each other and elect County coverage under one employee are not eligible for the waiver. Those opting out will receive \$100 per month. You will still be eligible for the other employee benefit programs. Employees are subject to the applicable terms of their collective bargaining agreement.