Delaware County District Library
Health Insurance Rates

Health Benefit	Monthly Premium	Monthly Library Contribution	Monthly Employee Contribution	Employee's 1st Pay of the Month	Employee's 2nd Pay of the Month	COBRA (2.0% over Monthly Premium)
Medical						
Carrier: Medical Mutual of Ohio						
Plan Year: 10/01/2025 - 09/30/2026						
PPO Plan Name: 3020-2000						
Waiting Period: 1st of the month following 30-days of employment						
Employee	$1,004.01	$903.61	$100.40	$50.20	$50.20	$1,024.09
Employee/Spouse	$2,208.82	$1,927.70	$281.12	$140.56	$140.56	$2,253.00
Employee/Child(ren)	$1,807.22	$1,586.34	$220.88	$110.44	$110.44	$1,843.36
Family	$3,012.03	$2,610.43	$401.60	$200.80	$200.80	$3,072.27

*The library offers full-time employees individual medical coverage paid at 90.0%. Employees are responsible for 10.0% of individual medical premiums. Employees are responsible for 15.0% of medical premiums for their spouse, child(ren) and family. Medical premiums are calculated as follows: 15.0% of the difference between individual medical coverage and the medical coverage elected by the employee **PLUS** the 10.0% individual medical premium.

Medical						
Carrier: Medical Mutual of Ohio						
Plan Year: 10/01/2025 - 09/30/2026						
HSA Plan Name: HSA 5000						
Waiting Period: 1st of the month following 30-days of employment						
Employee	$803.84	$723.46	$80.38	$40.19	$40.19	$819.92
Employee/Spouse	$1,762.43	$1,538.27	$224.16	$112.08	$112.08	$1,797.68
Employee/Child(ren)	$1,442.91	$1,266.67	$176.24	$88.12	$88.12	$1,471.77
Family	$2,401.50	$2,081.48	$320.02	$160.01	$160.01	$2,449.53

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Dental						
Carrier: Medical Mutual of Ohio						
Plan Year: 10/01/2025 - 09/30/2026						
Plan Name: Plan A						
Waiting Period: 1st of the month following 30-days of employment						
Employee	$29.40	$29.40	$0.00	$0.00	$0.00	$29.99
Employee/Spouse	$58.81	$29.41	$29.40	$14.70	$14.70	$59.99
Employee/Child(ren)	$64.17	$29.41	$34.76	$17.38	$17.38	$65.45
Family	$98.20	$29.40	$68.80	$34.40	$34.40	$100.16

*The Library offers full-time employees individual dental coverage paid at 100.0%. Employees are responsible for 100.0% of dental premiums for their spouse, children(ren), and family. Dental premiums are calculated as follows: the difference between employee dental coverage and the dental coverage elected by the employee.

Vision						
Carrier: Medical Mutual of Ohio						
Plan Year: 10/01/2025 - 09/30/2026						
Plan Name: VSP Choice						
Waiting Period: 1st of the month following 30-days of employment						
Employee	$5.61	$5.61	$0.00	$0.00	$0.00	$5.72
Employee/Spouse	$11.22	$5.62	$5.60	$2.80	$2.80	$11.44
Employee/Child(ren)	$13.97	$5.61	$8.36	$4.18	$4.18	$14.25
Family	$19.58	$5.62	$13.96	$6.98	$6.98	$19.97

*The Library offers full-time employees individual vision coverage paid at 100.0%. Employees are responsible for 100.0% of vision premiums for their spouse, children(ren), and family. Vision premiums are calculated as follows: the difference between employee vision coverage and the vision coverage elected by the employee.

Employee Assistance Program (EAP)						
Carrier: Matrix						
Plan Year: 02/01/2025 - 01/31/2030						
Waiting Period: None						
Employee	$4.75	$4.75	$0.00	$0.00	$0.00	N/A

*The Library offers all employees EAP coverage paid at 100%. Employees, spouses, and dependents living within the same household are eligible for EAP services. Substitute employees are not eligible for the EAP benefit.

**Health insurance contributions are withheld 24 pays periods per year; during months there are 3 pay periods, there will be no contributions withheld.

Effective 10/01/2025