Berea City School District
EXCELLENCE • INTEGRITY • PURPOSE
Serving Berea, Brook Park and Middleburg Heights

Revised April 20, 2026

2026-2027 Benefit Deductions

HEALTH/MEDICAL INSURANCE

Medical Mutual

	Full-Time Paid over 12 months		Full-Time Paid over 9.5 months		Part-Time Paid over 12 months		Part-Time Paid over 9.5 months		Full Cost	
	Economy Plan	Healthy Living Plan	Economy Plan	Healthy Living Plan	Economy Plan	Healthy Living Plan	Economy Plan	Healthy Living Plan	Economy Plan	Healthy Living Plan
Single Coverage	$123.38	$98.70	$155.86	$124.68	$468.80	$444.14	$592.18	$561.02	$1,233.68	$1,233.68
Family Coverage	$254.70	$203.76	$321.72	$257.38	$967.86	$916.92	$1,222.56	$1,158.22	$2,546.98	$2,546.98
Family w/ Spouse Surcharge	$458.46	$356.58	$579.10	$450.42	$1,171.62	$1,069.74	$1,479.94	$1,351.26	$2,546.98	$2,546.98

DENTAL INSURANCE

MetLife

	Full-Time Paid over 12 months		Full-Time Paid over 9.5 months		Part-Time Paid over 12 months		Part-Time Paid over 9.5 months		Full Cost	
	Premium Plan	Economy Plan	Premium Plan	Economy Plan	Premium Plan	Economy Plan	Premium Plan	Economy Plan	Premium Plan	Economy Plan
Single Coverage	No Charge	No Charge	No Charge	No Charge	$15.88	$11.92	$20.06	$15.06	$48.10	$36.12
Family Coverage	$104.32	$78.44	$131.78	$99.08	$120.20	$90.36	$151.84	$114.14	$152.42	$114.54

VISION INSURANCE

MetLife

	Full-Time Paid over 12 months	Full-Time Paid over 9.5 months	Part-Time Paid over 12 months	Part-Time Paid over 9.5 months	Full Cost
Single Coverage	No Charge	No Charge	$2.40	$3.04	$7.26
Family Coverage	$10.04	$12.68	$12.46	$15.74	$17.28