



These rates reflect bi-weekly paycheck deductions.

Medical

Full Time

30-40 hours per week

Blue Cross and Blue Shield of Florida	EPO & OOA EPO	HDHP & OOA HDHP
Team Member Only	\$149.50	\$69.23
Team Member and Spouse	\$437.44	\$276.92
Team Member and Child(ren)	\$285.34	\$156.92
Family	\$647.75	\$415.38

Dental

Delta Dental	Copay	High
Team Member Only	\$11.96	\$21.46
Team Member and Spouse	\$25.22	\$42.86
Team Member and Child(ren)	\$25.02	\$34.27
Family	\$41.79	\$61.02

Vision

EyeMed	Enhanced Plan
Team Member Only	\$4.24
Team Member and Spouse	\$7.63
Team Member and Child(ren)	\$8.52
Family	\$11.98

*There is a \$22 per pay period surcharge for tobacco users.

Note: Out of Area is defined as those living outside of Hillsborough, Pinellas, Polk, Pasco, Hernando, Citrus, Manatee, and Sarasota counties.