

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 Plan	HDHP & OOA HDHP
Team Member Only	\$60.00	\$44.27
Team Member and Spouse	\$150.00	\$118.29
Team Member and Child(ren)	\$140.00	\$94.62
Family	\$200.00	\$156.20

Part Time

16-29.9 hours per week

Blue Cross and Blue Shield of Florida	EPO & OOA EPO Plan	HDHP & OOA HDHP
Team Member Only	\$231.27	\$170.64
Team Member and Spouse	\$438.71	\$345.98
Team Member and Child(ren)	\$408.65	\$276.18
Family	\$623.75	\$487.17

Dental

MetLife	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

MetLife	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.