



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
<b>Team Member Only</b>	\$60.00	\$44.27
<b>Team Member and Spouse</b>	\$150.00	\$118.29
<b>Team Member and Child(ren)</b>	\$140.00	\$94.62
<b>Family</b>	\$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
<b>Team Member Only</b>	\$231.27	\$170.64
<b>Team Member and Spouse</b>	\$438.71	\$345.98
<b>Team Member and Child(ren)</b>	\$408.65	\$276.18
<b>Family</b>	\$623.75	\$487.17

## Dental

MetLife	Copay	High
<b>Team Member Only</b>	\$11.96	\$21.46
<b>Team Member and Spouse</b>	\$25.22	\$42.86
<b>Team Member and Child(ren)</b>	\$25.02	\$34.27
<b>Family</b>	\$41.79	\$61.02

## Vision

MetLife	Enhanced Plan
<b>Team Member Only</b>	\$4.24
<b>Team Member and Spouse</b>	\$7.63
<b>Team Member and Child(ren)</b>	\$8.52
<b>Family</b>	\$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.