

These rates reflect bi-weekly paycheck deductions.

Medical	Blue Cross and Blue Shield of Florida	EPO & OOA EPO	HDHP & OOA HDHP
Full Time 30-40 hours per week	Team Member Only	\$52.32	\$22.47
	Team Member and Spouse	\$139.81	\$77.46
	Team Member and Child(ren)	\$111.83	\$65.88
	Family	\$184.62	\$114.65

Blue Cross and Blue Shield of Florida	EPO & OOA EPO	HDHP & OOA HDHP
Part Time 16-29.9 hours per week	Team Member Only	\$191.63
	Team Member and Spouse	\$417.42
	Team Member and Child(ren)	\$372.17
	Family	\$597.96

Dental	Delta Dental	Low	High
	Team Member Only	\$8.66	\$14.13
	Team Member and Spouse	\$14.35	\$25.35
	Team Member and Child(ren)	\$18.38	\$30.31
	Family	\$26.35	\$43.67

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.

**Out of Area (OOA) is defined as those living outside of Hillsborough, Pinellas, Polk, Pasco, Hernando, Citrus, Manatee, and Sarasota counties