

Employee Benefits Contribution Sheets
Class 1 - Employees - Pre Tax
 60 Day Waiting Period
Bi-Weekly Payroll Schedule - 24 Deductions
 Benefits Effective First of the Month
 Benefits Effective Through 12/31/2022

Description	Employee	Employee + Child(ren)	Employee + SP / DP	Family
BCFL HMO 48 - 5000 - 47				Plan #080947
Employee Cost per Month	\$74.88	\$404.56	\$470.44	\$767.48
Employee Cost per Pay Period	\$37.44	\$202.28	\$235.22	\$383.74
www.bcbsfl.com				
BCFL HMO 59 - 750 - 47				Plan #080962
Employee Cost per Month	\$201.36	\$657.84	\$749.12	\$1159.96
Employee Cost per Pay Period	\$100.68	\$328.92	\$374.56	\$579.98
www.bcbsfl.com				
BCFL HMO 61 - 1500 - 47				Plan #080967
Employee Cost per Month	\$152.16	\$559.44	\$640.88	\$1007.44
Employee Cost per Pay Period	\$76.08	\$279.72	\$320.44	\$503.72
www.bcbsfl.com				
BCFL PPO 03769 - 750 - 47				Plan #080948
Employee Cost per Month	\$267.92	\$790.96	\$895.56	\$1366.28
Employee Cost per Pay Period	\$133.96	\$395.48	\$447.78	\$683.14
www.bcbsfl.com				
METLIFE DENTAL CHOICE PPO - 998				Plan #081905
Employee Cost per Month	\$27.32	\$60.48	\$54.56	\$82.12
Employee Cost per Pay Period	\$13.66	\$30.24	\$27.28	\$41.06
www.metlife.com				
METLIFE DENTAL PLATINUM PPO - 998				Plan #081906
Employee Cost per Month	\$46.16	\$102.28	\$92.28	\$138.92
Employee Cost per Pay Period	\$23.08	\$51.14	\$46.14	\$69.46
www.metlife.com				

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AETNA VISION CORE - 998				Plan #081896
Employee Cost per Month	\$4.60	\$9.12	\$8.68	\$13.36
Employee Cost per Pay Period	\$2.30	\$4.56	\$4.34	\$6.68
www.aetnavision.com				
AETNA VISION PLUS - 998				Plan #081903
Employee Cost per Month	\$12.80	\$25.36	\$24.16	\$37.20
Employee Cost per Pay Period	\$6.40	\$12.68	\$12.08	\$18.60
www.aetnavision.com				
HARTFORD VOLUNTARY LIFE INS - 998				Plan #VLI001
<i>100% Employee Paid benefit - rate will vary based on factors such as age, salary and amount of coverage.</i>				
https://abilityadvantage.thehartford.com/				
HARTFORD SPOUSE LIFE INS - 998				Plan #SPI001
<i>100% Employee Paid benefit - rate will vary based on factors such as age, salary and amount of coverage.</i>				
https://abilityadvantage.thehartford.com/				
HARTFORD CHILD LIFE INS - 998				Plan #CHI001
<i>100% Employee Paid benefit - rate will vary based on factors such as age, salary and amount of coverage.</i>				
https://abilityadvantage.thehartford.com/				
METV ACCIDENT HI PLAN - 998				Plan #VAI001
Employee Cost per Month	\$16.00	\$30.52	\$24.00	\$39.36
Employee Cost per Pay Period	\$8.00	\$15.26	\$12.00	\$19.68
www.metlife.com/mybenefits				
METV ACCIDENT LO PLAN - 998				Plan #VAI002
Employee Cost per Month	\$8.48	\$16.00	\$12.72	\$20.64
Employee Cost per Pay Period	\$4.24	\$8.00	\$6.36	\$10.32
www.metlife.com/mybenefits				