

Grieco Automotive Group

FEBRUARY 1, 2025 - JANUARY 31, 2026

BI-WEEKLY PAYROLL DEDUCTIONS

PAYROLL DEDUCTIONS

CALIFORNIA

MEDICAL INSURANCE

Kaiser Permanente	Silver 70 HMO 2500/55	Platinum 90 HMO 250/30
Employee Only	\$41.54	\$51.69
Employee + Spouse	Please see HR for Employee Deduction	
Employee + 1 Child	Please see HR for Employee Deduction	
Employee + Family	Please see HR for Employee Deduction	

GAP INSURANCE

Transamerica	Gap \$500/\$500	Gap \$2,000/\$2,000
Employee Only	\$6.76	\$18.74
Employee + Spouse	\$15.12	\$40.26
Employee + Child(ren)	\$9.78	\$29.24
Employee + Family	\$15.30	\$48.85

DENTAL & VISION INSURANCE

MetLife	PPO Low Plan	PPO High Plan	Vision Plan
Employee Only	\$9.61	\$14.66	\$2.76
Employee + Spouse	\$19.34	\$30.03	\$5.53
Employee + Child(ren)	\$20.45	\$35.28	\$4.68
Employee + Family	\$31.89	\$53.85	\$7.72

SUPPLEMENTAL INSURANCE

MASA Medical Transport Solutions

Platinum Plan	Employee Only	\$11.16
	Family	\$15.00
Emergent Plus Plan	Family	\$6.46

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SEMI-MONTHLY PAYROLL DEDUCTIONS

PAYROLL DEDUCTIONS

CALIFORNIA

MEDICAL INSURANCE

Kaiser Permanente	Silver 70 HMO 2500/55	Platinum 90 HMO 250/30
Employee Only	\$45.00	\$56.00
Employee + Spouse	Please see HR for Employee Deduction	
Employee + 1 Child	Please see HR for Employee Deduction	
Employee + Family	Please see HR for Employee Deduction	

GAP INSURANCE

Transamerica	Gap \$500/\$500	Gap \$2,000/\$2,000
Employee Only	\$7.32	\$20.30
Employee + Spouse	\$16.38	\$43.62
Employee + Child(ren)	\$10.60	\$31.68
Employee + Family	\$16.58	\$52.93

DENTAL & VISION INSURANCE

MetLife	PPO Low Plan	PPO High Plan	Vision Plan
Employee Only	\$10.42	\$15.89	\$2.99
Employee + Spouse	\$20.95	\$32.53	\$5.99
Employee + Child(ren)	\$22.16	\$38.23	\$5.08
Employee + Family	\$34.55	\$58.34	\$8.36

SUPPLEMENTAL INSURANCE

MASA Medical Transport Solutions

Platinum Plan	Employee Only	\$12.09
	Family	\$16.25
Emergent Plus Plan	Family	\$7.00