

Grieco Automotive Group

FEBRUARY 1, 2026 - JANUARY 31, 2027

SEMI-MONTHLY PAYROLL DEDUCTIONS

PAYROLL DEDUCTIONS

FLORIDA

MEDICAL INSURANCE

AETNA	HSA OA POS \$4,000 Ded Plan	OA EPO \$4,000 Ded Plan	OA POS \$2,000 Ded Plan
Employee Only	\$36.72	\$105.89	\$158.03
Employee + Spouse	\$199.96	\$335.53	\$437.74
Employee + 1 Child	\$199.96	\$335.53	\$437.74
Employee + Family	\$337.64	\$523.71	\$663.98

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

Ready to Enroll?
Self-Enroll online through ADP

