ATLANTIC COAST AUTOMOTIVE

NEW MOTORS

September 1, 2026 - January 31, 2027

BI-WEEKLY PAYROLL DEDUCTIONS

PAYROLL DEDUCTIONS

HEALTH INSURANCE

WELLNET	BASE HDHP PLAN	ESSENTIAL EPO PLAN	COMPLETE PLAN
Employee Only	$ 30.00	$ 45.00	$ 99.51
Employee + Spouse	$ 169.04	$ 180.60	$ 209.00
Employee + Child(ren)	$ 152.94	$ 163.40	$ 189.10
Employee + Family	$ 241.50	$ 257.98	$ 298.58

GAP INSURANCE

OPTIMED HEALTH	$6000/$6000	$4000/$4000
Employee Only	$ 27.24	$ 15.81
Employee + Spouse	$ 52.34	$ 29.40
Employee + Child(ren)	$ 43.56	$ 24.64
Employee + Family	$ 66.07	$ 36.83

DENTAL INSURANCE

METLIFE	PPO LOW	PPO HIGH
Employee Only	$ 8.39	$ 19.48
Employee + 1 Dependent	$ 16.53	$ 40.99
Employee + Family	$ 29.05	$ 66.15

VISION INSURANCE

METLIFE	VISION PPO LOW	VISION PPO HIGH
Employee Only	$ 2.49	$ 3.93
Employee + 1 Dependent	$ 4.69	$ 7.39
Employee + Family	$ 6.67	$ 10.52

Please refer to LFG for the pricing of Voluntary Life & AD&D and Accident, Hospital and Critical Illness for your consideration

aab All Atlantic Benefits