ATLANTIC COAST AUTOMOTIVE

PALMETTO 57

SEPTEMBER 1, 2026 - JANUARY 31, 2027

BI-WEEKLY PAYROLL DEDUCTIONS

PAYROLL DEDUCTIONS

HEALTH INSURANCE

WellNet	BASE HDHP PLAN	BASE Co-Pay PLAN	ESSENTIAL PLAN	COMPLETE PLAN
Employee Only	$ 67.01	$ 63.17	$ 81.11	$ 222.21
Employee + Spouse	$ 350.02	$ 298.33	$ 342.12	$ 631.22
Employee + Children	$ 349.03	$ 232.04	$ 271.13	$ 484.23
Employee + Family	$ 461.04	$ 451.57	$ 454.14	$ 820.24

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 your charts for the pricing of Voluntary Life, Other Supplemental Policies with Lincoln Financial Group are also available for your consideration.