

Your 2025 Health Plan Premium Rates



Health Plan Rates – Per Pay Period

Coverage Level	Total Bi-Weekly Premium	Full-Time Team Members		Part-Time Team Members	
		Employer Contribution	Team Member Cost	Employer Contribution	Team Member Cost
*Select Plan					
Team Member Only	\$313.31	\$255.62	\$57.69	\$226.77	\$86.54
Team Member + Spouse	\$877.27	\$704.20	\$173.08	\$617.66	\$259.62
Team Member + Child(ren)	\$720.62	\$582.16	\$138.46	\$512.93	\$207.69
Team Member + Family	\$1,159.26	\$928.49	\$230.77	\$813.10	\$346.15
Traditional Plan					
Team Member Only	\$302.63	\$228.78	\$73.85	\$141.09	\$161.54
Team Member + Spouse	\$847.37	\$611.52	\$235.85	\$501.22	\$346.15
Team Member + Child(ren)	\$696.05	\$519.74	\$176.31	\$419.13	\$276.92
Team Member + Family	\$1,119.73	\$793.88	\$325.85	\$612.04	\$507.69
Health Savings Plan					
Team Member Only	\$288.39	\$263.93	\$24.46	\$241.31	\$47.08
Team Member + Spouse	\$922.85	\$817.62	\$105.23	\$692.08	\$230.77
Team Member + Child(ren)	\$749.81	\$674.58	\$75.23	\$565.19	\$184.62
Team Member + Family	\$1,211.23	\$1,049.23	\$162.00	\$888.15	\$323.08

Bi-weekly, non-tobacco rates are shown above. Tobacco users are subject to an additional \$600 annual surcharge. Attestation required in order to receive non-tobacco user rate.

*The Select Plan is only available during Annual Enrollment and to eligible team members living in 13 FL counties. If plan requirements not met by 6/30/25, a separate annual surcharge of \$200 a month if the team member or spouse does not comply and \$400 a month if the team member and spouse does not comply.

Tampa, Carrollwood, Riverview, Connerton, West FL Medical Group, Wesley Chapel, Zephyrhills, West FL Imaging, West FL Ambulatory, North Pinellas, Ocala, Heart of Florida, and Heartland