

**Local 884**  
 FY 2023-2024

PREMIUM COST SHARES  
 Effective 07/01/2023-06/30/2024

PAYROLL DEDUCTIONS  
 DEDUCTION EACH PAY PERIOD

Paid 52 weeks per year COVERAGE	52 PAY PERIODS		
	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	104.92	213.00	274.93
Lumenos High Deductible HSA	25.07	50.90	65.72
Dental, ABCD	0.70	1.82	2.53

Paid 42 weeks per year COVERAGE	42 PAY PERIODS		
	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	129.91	263.71	340.39
Lumenos High Deductible HSA	31.04	63.02	81.37
Dental, ABCD	0.87	2.25	3.13

Paid 40 weeks per year COVERAGE	40 PAY PERIODS		
	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	136.40	276.90	357.41
Lumenos High Deductible HSA	32.60	66.17	85.44
Dental, ABCD	0.91	2.36	3.29

Paid 26 weeks per year COVERAGE	26 PAY PERIODS		
	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	209.85	425.99	549.86
Lumenos High Deductible HSA	50.15	101.80	131.44
Dental, ABCD	1.17	3.03	4.22

Paid 21 weeks per year COVERAGE	21 PAY PERIODS		
	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	259.81	527.42	680.78
Lumenos High Deductible HSA	62.09	126.03	162.74
Dental, ABCD	1.73	4.50	6.27

Local 884 Local 884-Part Time PEO FY 2023-2024	Premium Cost Shares Effective 07/01/2023-06/30/2024		
COVERAGE	MONTHLY COSTS		
	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	1251.47	2540.41	3279.84
Lumenos High Deductible HSA	905.45	1837.98	2373.26
Dental, ABCD	25.26	65.68	91.39