

Local 3144
 FY 2023-2024

PREMIUM COST SHARES
 Effective 07/01/2023-06/30/24

PAYROLL DEDUCTIONS
 DEDUCTION EACH PAY PERIOD

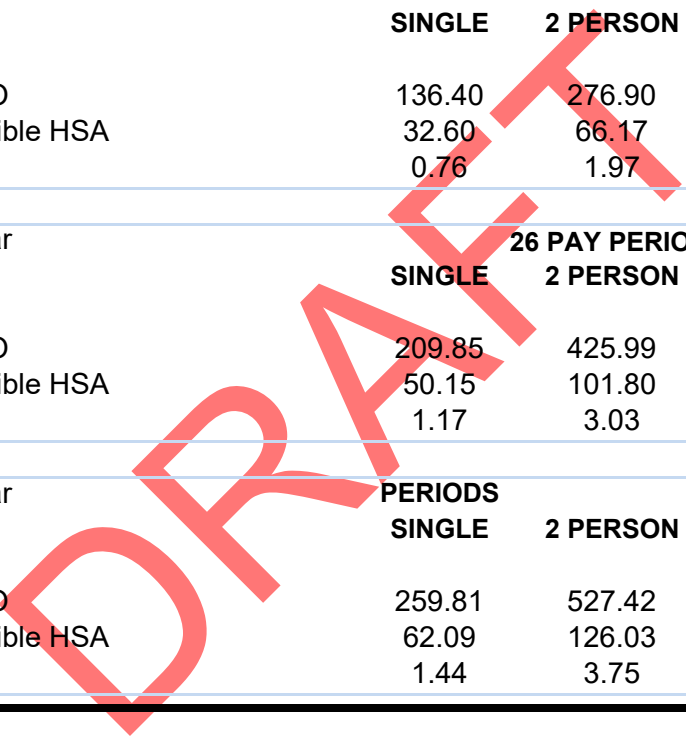
Salary \$40K - \$60K

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	0.58	1.52	2.11

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	0.76	1.97	2.74

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	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	1.44	3.75	5.22



Salary \$61K - \$80K

COVERAGE	52 PAY PERIODS		
	SINGLE	2 PERSON	FAMILY
Paid 52 weeks per year			
Century Preferred PPO	108.06	219.36	283.15
Lumenos High Deductible HSA	28.21	57.26	73.94
Dental, ABCD	0.58	1.52	2.11

COVERAGE	40 PAY PERIODS		
	SINGLE	2 PERSON	FAMILY
Paid 40 weeks per year			
Century Preferred PPO	140.48	285.17	368.09
Lumenos High Deductible HSA	94.62	192.50	248.73
Dental, ABCD	0.76	1.97	2.74

COVERAGE	26 PAY PERIODS		
	SINGLE	2 PERSON	FAMILY
Paid 26 weeks per year			
Century Preferred PPO	216.12	438.72	566.29
Lumenos High Deductible HSA	56.42	114.52	147.87
Dental, ABCD	1.17	3.03	4.22

COVERAGE	PERIODS		
	SINGLE	2 PERSON	FAMILY
Paid 21 weeks per year			
Century Preferred PPO	267.57	543.18	701.13
Lumenos High Deductible HSA	69.85	141.79	183.08
Dental, ABCD	1.44	3.75	5.22

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Salary \$81K +

Paid 52 weeks per year COVERAGE	52 PAY PERIODS		
	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	111.19	225.72	291.36
Lumenos High Deductible HSA	31.34	63.62	82.15
Dental, ABCD	0.58	1.52	2.11

Paid 40 weeks per year COVERAGE	40 PAY PERIODS		
	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	144.55	293.44	378.77
Lumenos High Deductible HSA	40.75	82.71	106.80
Dental, ABCD	0.76	1.97	2.74

Paid 26 weeks per year COVERAGE	26 PAY PERIODS		
	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	222.39	451.44	582.72
Lumenos High Deductible HSA	62.69	127.24	164.30
Dental, ABCD	1.17	3.03	4.22

Paid 21 weeks per year COVERAGE	PERIODS		
	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	275.34	558.93	721.47
Lumenos High Deductible HSA	77.61	157.54	203.42
Dental, ABCD	1.44	3.75	5.22