

LOCAL 18

School Administrators (SAA)

FY 2023-2024

Premium Cost Shares
Effective 07/01/2023-06/30/2024

	PAYROLL DEDUCTIONS		
	DEDUCTION EACH PAY PERIOD		
	SINGLE	2 PERSON	FAMILY
26 PAY PERIODS			
Lumenos High Deductible H.S.A.	82.28	167.01	215.66
Century Preferred Comp Mix (CPCM)	235.59	478.25	617.36
BlueCare POE	253.27	514.13	663.67
Century Preferred PPO	273.64	555.49	717.04
Dental, ABCD	2.20	5.72	7.96
21 PAY PERIODS	SINGLE	2 PERSON	FAMILY
Lumenos High Deductible H.S.A.	101.87	206.78	267.01
Century Preferred Comp Mix (CPCM)	291.69	592.12	764.35
BlueCare POE	313.57	636.55	821.68
Century Preferred PPO	338.80	687.75	887.77
Dental, ABCD	2.72	7.08	9.86