LOCAL 18
School Administrators (SAA)
Fiscal Year 2024-2025

Premium Cost Shares
Effective 07/01/2024-06/30/2025

PAYROLL DEDUCTIONS
DEDUCTION EACH PAY PERIOD

26 PAY PERIODS	**SINGLE**	**EMPLOYEE & ONE**	**FAMILY**
High Deductible Health Plan HSA/HRA	88.88	180.42	232.97
Comp Mix	254.54	516.71	667.00
Blue Care	273.64	555.48	717.04
Century Preferred PPO	295.65	600.16	774.71
Dental, ABCD	1.85	4.82	6.71

21 PAY PERIODS	**SINGLE**	**EMPLOYEE & ONE**	**FAMILY**
High Deductible Health Plan HSA/HRA	110.04	223.38	288.43
Comp Mix	315.15	639.74	825.81
Blue Care	338.79	687.74	887.76
Century Preferred PPO	366.04	743.06	959.16
Dental, ABCD	2.30	5.97	8.31