

**Local 884**  
Fiscal Year 2024-2025

PREMIUM COST SHARES  
Effective 07/01/2024-06/30/2025

PAYROLL DEDUCTIONS  
DEDUCTION EACH PAY PERIOD

Paid 52 weeks per year <b>COVERAGE</b>	<b>52 PAY PERIODS</b>		
	<b>SINGLE</b>	<b>EMPLOYEE &amp; ONE</b>	<b>FAMILY</b>
Century Preferred PPO	117.56	238.64	308.02
High Deductible Health Plan HSA/HRA	28.09	57.01	73.61
Dental, ABCD	0.67	1.74	2.47
Paid 42 weeks per year <b>COVERAGE</b>	<b>42 PAY PERIODS</b>		
	<b>SINGLE</b>	<b>EMPLOYEE &amp; ONE</b>	<b>FAMILY</b>
Century Preferred PPO	145.55	295.46	381.36
High Deductible Health Plan HSA/HRA	34.77	70.59	91.14
Dental, ABCD	0.83	2.15	3.06
Paid 40 weeks per year <b>COVERAGE</b>	<b>40 PAY PERIODS</b>		
	<b>SINGLE</b>	<b>EMPLOYEE &amp; ONE</b>	<b>FAMILY</b>
Century Preferred PPO	152.82	310.23	400.43
High Deductible Health Plan HSA/HRA	36.51	74.12	95.70
Dental, ABCD	0.87	2.26	3.22
Paid 26 weeks per year <b>COVERAGE</b>	<b>26 PAY PERIODS</b>		
	<b>SINGLE</b>	<b>EMPLOYEE &amp; ONE</b>	<b>FAMILY</b>
Century Preferred PPO	235.11	477.28	616.05
High Deductible Health Plan HSA/HRA	56.17	114.03	147.23
Dental, ABCD	1.11	2.89	4.12
Paid 21 weeks per year <b>COVERAGE</b>	<b>21 PAY PERIODS</b>		
	<b>SINGLE</b>	<b>EMPLOYEE &amp; ONE</b>	<b>FAMILY</b>
Century Preferred PPO	291.09	590.91	762.73
High Deductible Health Plan HSA/HRA	69.55	141.18	182.28
Dental, ABCD	1.65	4.30	6.12

**Local 884**  
Fiscal Year 2024-2025

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

<b>COVERAGE</b>	<b>MONTHLY COSTS</b>		
	<b>SINGLE</b>	<b>EMPLOYEE &amp; ONE</b>	<b>FAMILY</b>
Century Preferred PPO	1401.93	2845.86	3674.06
High Deductible Health Plan HSA/HRA	1014.23	2058.82	2658.28
Dental, ABCD	24.12	62.72	89.32

All employees are eligible to enroll in the High Deductible Health HSA/HRA plans. Employees hired prior to 06/05/2023 have the additional option of the Century Preferred PPO plan.