## LOCAL 287 Custodial, Board of Education FY 2023-2024

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

## PAYROLL DEDUCTIONS DEDUCTION EACH PAY PERIOD

COVERAGE	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	91.17	185.07	238.95
Bluecare POE	72.05	146.25	188.83
Century Preferred Comp Mix (CPCM)	60.54	122.90	158.68
Lumenos High Deductible HSA	26.62	54.03	69.77
Dental, ABCD	0.97	2.52	3.51