

LOCAL 1303-464

Corporation Counsel
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	77.98	158.29	204.36
Lumenos High Deductible HSA	25.07	50.90	65.72
Dental, ABCD	0.58	1.52	2.11

DRAFT