
**Local 424 Unit 128 - Blue Collar
(prev Local 71)**

FY 2023-2024

PREMIUM COST SHARES

Effective 07/01/2023-06/30/2024

**PAYROLL DEDUCTIONS
DEDUCTION EACH PAY PERIOD
52 PAY PERIODS**

COVERAGE	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	100.80	204.62	264.14
Lumenos High Deductible H.S.A.	20.95	42.52	54.93
Lumenos High Deductible H.R.A.	20.95	42.52	54.93
Dental, ABCD	0.58	1.52	2.11
