

**Local 90 et al.-Trades**

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       | 81.74  | 165.92   | 214.22 |
| Bluecare POE                | 65.05  | 132.04   | 170.47 |
| Bluecare 30 / 35 POE        | 51.72  | 104.98   | 135.55 |
| Lumenos High Deductible HSA | 37.51  | 76.14    | 98.32  |
| Dental, ABCD                | 0.65   | 1.68     | 2.34   |

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