

LOCAL 1303-467

Nurses

FY 2023-2024

PREMIUM COST SHARES
Effective 07/01/2023-06/30/2024PAYROLL DEDUCTIONS
DEDUCTION EACH PAY PERIOD

Paid 52 weeks per year

COVERAGE

Century Preferred PPO

Lumenos High Deductible HSA

Dental, ABCD

52 PAY PERIODS

SINGLE	2 PERSON	FAMILY
104.92	213.00	274.93
25.07	50.90	65.72
0.58	1.52	2.11

Paid 40 weeks per year

COVERAGE

Century Preferred PPO

Lumenos High Deductible HSA

Dental, ABCD

40 PAY PERIODS

SINGLE	2 PERSON	FAMILY
136.40	276.90	357.41
32.60	66.17	85.44
0.76	1.97	2.74

Paid 26 weeks per year

COVERAGE

Century Preferred PPO

Lumenos High Deductible HSA

Dental, ABCD

26 PAY PERIODS

SINGLE	2 PERSON	FAMILY
209.85	425.99	549.86
50.15	101.80	131.44
1.17	3.03	4.22

Paid 21 weeks per year

COVERAGE

Century Preferred PPO

Lumenos High Deductible HSA

Dental, ABCD

21 PAY PERIODS

SINGLE	2 PERSON	FAMILY
259.81	527.42	680.78
62.09	126.03	162.74
1.44	3.75	5.22
