

Local 424-PW Laborers

FY 2023-2024

(New contract 21-27)

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

COVERAGE	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	77.98	158.29	204.36
Lumenos High Deductible HSA	20.95	42.52	54.93
Dental, ABCD	0.65	1.68	2.34

Eligible employees hired after the signing of the 21-27 agreement and their eligible dependents are only eligible for the Lumenos HD HSA plan.