

Local 90 et al.-Trades
Fiscal Year 2024-2025

PREMIUM COST SHARES
Effective 07/01/2024-06/30/2025

PAYROLL DEDUCTIONS
DEDUCTION EACH PAY PERIOD
52 PAY PERIODS

COVERAGE	SINGLE	EMPLOYEE & ONE	FAMILY
Century Preferred PPO	86.64	175.87	227.06
POE Blue Care	68.99	140.05	180.81
Bluecare 30 / 35	55.87	113.42	146.43
High Deductible Health Plan HSA/HRA	40.52	82.25	106.20
Dental, ABCD	0.62	1.61	2.24