

LOCAL 1303-467

Nurses

Fiscal Year 2024-2025

PREMIUM COST SHARES
Effective 07/01/2024-06/30/2025PAYROLL DEDUCTIONS
DEDUCTION EACH PAY PERIOD

Paid 52 weeks per year

COVERAGECentury Preferred PPO
High Deductible Health Plan HSA/HRA
Dental, ABCD

	52 PAY PERIODS		
	SINGLE	EMPLOYEE & ONE	FAMILY
	117.56	238.64	308.02
	28.09	57.01	73.61
	0.56	1.45	2.06

Paid 40 weeks per year

COVERAGECentury Preferred PPO
High Deductible Health Plan HSA/HRA
Dental, ABCD

	40 PAY PERIODS		
	SINGLE	EMPLOYEE & ONE	FAMILY
	152.82	310.23	400.43
	36.51	74.12	95.70
	0.72	1.88	2.68

Paid 26 weeks per year

COVERAGECentury Preferred PPO
High Deductible Health Plan HSA/HRA
Dental, ABCD

	26 PAY PERIODS		
	SINGLE	EMPLOYEE & ONE	FAMILY
	235.11	477.28	616.05
	56.17	114.03	147.23
	1.11	2.89	4.12

Paid 21 weeks per year

COVERAGECentury Preferred PPO
High Deductible Health Plan HSA/HRA
Dental, ABCD

	21 PAY PERIODS		
	SINGLE	EMPLOYEE & ONE	FAMILY
	291.09	590.91	762.73
	69.55	141.18	182.28
	1.38	3.58	5.10