LOCAL 1303-467

Nurses

Fiscal Year 2024-2025

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

PAYROLL DEDUCTIONS DEDUCTION EACH PAY PERIOD

Paid 52 weeks per year		52 PAY PERIODS	
COVERAGE	SINGLE	EMPLOYEE & ONE	FAMILY
Century Preferred PPO	117.56	238.64	308.02
High Deductible Health Plan HSA/HRA	28.09	57.01	73.61
Dental, ABCD	0.56	1.45	2.06
Paid 40 weeks per year	40 PAY PERIODS		
COVERAGE	SINGLE	EMPLOYEE & ONE	FAMILY
Century Preferred PPO	152.82	310.23	400.43
High Deductible Health Plan HSA/HRA	36.51	74.12	95.70
Dental, ABCD	0.72	1.88	2.68
Paid 26 weeks per year		26 PAY PERIODS	
COVERAGE	SINGLE	EMPLOYEE & ONE	FAMILY
Century Preferred PPO	235.11	477.28	616.05
	200.11	411.20	010.05
High Deductible Health Plan HSA/HRA	56.17	114.03	147.23
High Deductible Health Plan HSA/HRA Dental, ABCD			
•	56.17	114.03	147.23
Dental, ABCD	56.17	114.03 2.89	147.23
Dental, ABCD Paid 21 weeks per year	56.17 1.11	114.03 2.89 21 PAY PERIODS	147.23 4.12
Dental, ABCD Paid 21 weeks per year COVERAGE	56.17 1.11 SINGLE	114.03 2.89 21 PAY PERIODS EMPLOYEE & ONE	147.23 4.12 FAMILY