Local 3144 / Executive Management & Confidential

Fiscal Year 2024-2025

PREMIUM COST SHARES
Effective 07/01/2023-06/30/24

PAYROLL DEDUCTIONS
DEDUCTION EACH PAY PERIOD

Salary \$40K - \$60K

Paid 52 weeks per year COVERAGE	SINGLE	52 PAY PERIODS EMPLOYEE & ONE	FAMILY
Century Preferred PPO	122.24	91.94	118.70
High Deductible Health Plan HSA/HRA	32.77	66.52	85.88
Dental, ABCD	0.56	1.45	2.06
Paid 40 weeks per year COVERAGE	SINGLE	40 PAY PERIODS EMPLOYEE & ONE	FAMILY
Century Preferred PPO	158.91	322.58	416.38
High Deductible Health Plan HSA/HRA	42.60	86.47	111.65
Dental, ABCD	0.72	1.88	2.68
Paid 26 weeks per year COVERAGE	SINGLE	26 PAY PERIODS EMPLOYEE & ONE	FAMILY
Century Preferred PPO	244.47	496.28	640.59
High Deductible Health Plan HSA/HRA	47.05	95.52	123.33
Dental, ABCD	1.11	2.89	4.12
Paid 21 weeks per year COVERAGE	SINGLE	21 PAY PERIODS EMPLOYEE & ONE	FAMILY
Century Preferred PPO	302.68	614.44	793.11
High Deductible Health Plan HSA/HRA	58.26	118.26	152.70
Dental, ABCD	1.53	3.98	5.54

All employees are eligible to enroll in the High Deductible Health HSA/HRA plans. Employees hired prior to 06/05/2023 have the additional option of the Century Preferred PPO plan.

Sal	lary	\$61	K	- \$	8	0K

Paid 52 weeks per year COVERAGE	SINGLE	52 PAY PERIODS EMPLOYEE & ONE	FAMILY
Century Preferred PPO	125.75	255.27	329.50
High Deductible Health Plan HSA/HRA	36.28	73.64	95.08
Dental, ABCD	0.56	1.45	2.06
Paid 40 weeks per year COVERAGE	SINGLE	40 PAY PERIODS EMPLOYEE & ONE	FAMILY
Century Preferred PPO	163.47	331.85	428.34
High Deductible Health Plan HSA/HRA	47.16	95.74	123.61
Dental, ABCD	0.72	1.88	2.68
Paid 26 weeks per year COVERAGE	SINGLE	26 PAY PERIODS EMPLOYEE & ONE	FAMILY
Century Preferred PPO	251.49	510.53	658.99
High Deductible Health Plan HSA/HRA	72.56	147.28	190.17
Dental, ABCD	1.11	2.89	4.12
Paid 21 weeks per year COVERAGE	PERIODS SINGLE	EMPLOYEE & ONE	FAMILY
Century Preferred PPO	311.37	632.09	815.89
High Deductible Health Plan HSA/HRA	89.83	182.35	210.12
Dental, ABCD	1.38	3.58	5.10

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Salary \$81K +			
Paid 52 weeks per year COVERAGE	SINGLE	52 PAY PERIODS EMPLOYEE & ONE	FAMILY
Century Preferred PPO High Deductible Health Plan HSA/HRA Dental, ABCD	129.26 39.79 0.56	262.39 80.77 1.45	338.70 104.29 2.06
Paid 40 weeks per year COVERAGE	SINGLE	40 PAY PERIODS EMPLOYEE & ONE	FAMILY
Century Preferred PPO High Deductible Health Plan HSA/HRA Dental, ABCD	168.04 51.73 0.72	341.11 105.00 1.88	440.31 135.57 2.68
Paid 26 weeks per year COVERAGE	SINGLE	26 PAY PERIODS EMPLOYEE & ONE	FAMILY
Century Preferred PPO High Deductible Health Plan HSA/HRA Dental, ABCD	258.52 79.58 1.11	524.79 161.54 2.89	677.39 208.57 4.12
Paid 21 weeks per year COVERAGE	PERIODS SINGLE	EMPLOYEE & ONE	FAMILY
Century Preferred PPO High Deductible Health Plan HSA/HRA Dental, ABCD	320.07 98.53 1.38	649.74 200.00 3.58	838.68 258.23 5.10

All employees are eligible to enroll in the High Deductible Health HSA/HRA plans. Employees hired prior to 06/05/2023 have the additional option of the Century Preferred PPO plan.