

Local 3144

FY 2020-2021

PREMIUM COST SHARES
Effective 07/01/2020-06/30/2021PAYROLL DEDUCTIONS
DEDUCTION EACH PAY PERIOD

Paid 52 weeks per year			52 PAY PERIODS		
COVERAGE		%*	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	955-959	25.0%	70.10	142.12	183.64
BlueCare POE	956-960	24.0%	65.13	132.12	170.68
Century Preferred Comp Mix (CPCM)	957-961	20.0%	52.72	106.98	138.18
Lumenos High Deductible HSA	958-962	10.0%	21.43	42.82	55.69
Dental, ABCD		10.0%	0.76	1.98	2.76

Paid 40 weeks per year			40 PAY PERIODS		
COVERAGE		%*	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	955	24.0%	91.13	184.75	238.73
BlueCare POE	956	23.5%	84.67	171.75	221.89
Century Preferred Comp Mix (CPCM)	957	19.5%	68.53	139.07	179.63
Lumenos High Deductible HSA	958	9.5%	27.85	55.67	72.40
Dental, ABCD		10.0%	0.99	2.58	3.59

Paid 26 weeks per year			26 PAY PERIODS		
COVERAGE		%*	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	959	24.0%	140.19	284.23	367.28
BlueCare POE	960	23.5%	130.27	264.24	341.37
Century Preferred Comp Mix (CPCM)	961	19.5%	105.44	213.96	276.36
Lumenos High Deductible HSA	962	9.5%	42.85	85.64	111.39
Dental, ABCD		10.0%	1.53	3.97	5.52

Paid 21 weeks per year			21 PAY PERIODS		
COVERAGE		%*	SINGLE	2 PERSON	FAMILY
Century Preferred PPO	959	24.0%	173.57	351.91	454.73
BlueCare POE	960	23.5%	161.28	327.15	422.65
Century Preferred Comp Mix (CPCM)	961	19.5%	130.54	264.90	342.16
Lumenos High Deductible HSA	962	9.5%	53.05	106.03	137.91
Dental, ABCD		10.0%	1.89	4.91	6.83

TERM LIFE

\$20,000 per employee

NO COST TO EMPLOYEE

% * The employee contributes this percent of the fully insured equivalent (FIE) rate.