

IF YOU HAVE ANY QUESTIONS ABOUT COVERAGE, PLEASE CALL
1-800-233-4947 EFFECTIVE 7/1/23

FIRE DEPARTMENT DISPATCHERS

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	55.08
2 PERSON + DENTAL	110.77
FAMILY + DENTAL (2 person coverage)	143.15
FAMILY + DENTAL (Family coverage)	143.65

FIRE DEPARTMENT DISPATCHERS

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	27.90
2 PERSON + DENTAL	56.17
FAMILY + DENTAL (2 person coverage)	72.50
FAMILY + DENTAL (Family coverage)	72.81

FIRE

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	55.33
2 PERSON + DENTAL	111.24
FAMILY + DENTAL (2 person coverage)	143.81
FAMILY + DENTAL (Family coverage)	144.29

FIRE

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.44
2 PERSON + DENTAL	51.20
FAMILY + DENTAL (2 person coverage)	66.13
FAMILY + DENTAL (Family coverage)	66.41

MCHEA

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	50.34
2 PERSON + DENTAL	101.22
FAMILY + DENTAL (2 person coverage)	130.83
FAMILY + DENTAL (Family coverage)	131.29

MCHEA

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.43
2 PERSON + DENTAL	51.19
FAMILY + DENTAL (2 person coverage)	66.08
FAMILY + DENTAL (Family coverage)	66.36

MEA

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	55.98
2 PERSON + DENTAL	112.51
FAMILY + DENTAL (2 person coverage)	145.50
FAMILY + DENTAL (Family coverage)	145.95

MEA

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.43
2 PERSON + DENTAL	51.19
FAMILY + DENTAL (2 person coverage)	66.08
FAMILY + DENTAL (Family coverage)	66.36

MSA

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	49.55
2 PERSON + DENTAL	99.65
FAMILY + DENTAL (2 person coverage)	128.78
FAMILY + DENTAL (Family coverage)	129.23

MSA

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.59
2 PERSON + DENTAL	51.52
FAMILY + DENTAL (2 person coverage)	66.51
FAMILY + DENTAL (Family coverage)	66.78

NON REP (FIRE)

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	55.33
2 PERSON + DENTAL	111.24
FAMILY + DENTAL (2 person coverage)	143.81
FAMILY + DENTAL (Family coverage)	144.29

NON REP (FIRE)

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.44
2 PERSON + DENTAL	51.20
FAMILY + DENTAL (2 person coverage)	66.13
FAMILY + DENTAL (Family coverage)	66.41

**NON REP GRANTS
DENTAL 25 (DOH Prior To 7/1/12)**

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	49.55
2 PERSON + DENTAL	99.65
FAMILY + DENTAL (2 person coverage)	128.78
FAMILY + DENTAL (Family coverage)	129.24

**NON REP GRANTS
DENTAL 25 (DOH Prior To 7/1/12)**

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.59
2 PERSON + DENTAL	51.52
FAMILY + DENTAL (2 person coverage)	66.51
FAMILY + DENTAL (Family coverage)	66.79

**NON REP GRANTS
DENTAL 22 (DOH On or After 7/1/12)**

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	49.55
2 PERSON + DENTAL	99.65
FAMILY + DENTAL (2 person coverage)	128.78
FAMILY + DENTAL (Family coverage)	129.23

**NON REP GRANTS
DENTAL 22 (DOH On or After 7/1/12)**

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.59
2 PERSON + DENTAL	51.52
FAMILY + DENTAL (2 person coverage)	66.51
FAMILY + DENTAL (Family coverage)	66.78

NON-REP (MEA)

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	55.98
2 PERSON + DENTAL	112.51
FAMILY + DENTAL (2 person coverage)	145.50
FAMILY + DENTAL (Family coverage)	145.95

NON-REP (MEA)

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.43
2 PERSON + DENTAL	51.19
FAMILY + DENTAL (2 person coverage)	66.08
FAMILY + DENTAL (Family coverage)	66.36

**NON REP (MSA)
DENTAL 25 (DOH Prior To 7/1/12)**

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	49.55
2 PERSON + DENTAL	99.65
FAMILY + DENTAL (2 person coverage)	128.78
FAMILY + DENTAL (Family coverage)	129.24

**NON REP (MSA)
DENTAL 25 (DOH Prior To 7/1/12)**

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.59
2 PERSON + DENTAL	51.52
FAMILY + DENTAL (2 person coverage)	66.51
FAMILY + DENTAL (Family coverage)	66.79

**NON REP (MSA)
DENTAL 22 (DOH On or After 7/1/12)**

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	49.55
2 PERSON + DENTAL	99.65
FAMILY + DENTAL (2 person coverage)	128.78
FAMILY + DENTAL (Family coverage)	129.23

**NON REP (MSA)
DENTAL 22 (DOH On or After 7/1/12)**

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.59
2 PERSON + DENTAL	51.52
FAMILY + DENTAL (2 person coverage)	66.51
FAMILY + DENTAL (Family coverage)	66.78

NON REP (POLICE FOLLOW MEA)

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	55.98
2 PERSON + DENTAL	112.51
FAMILY + DENTAL (2 person coverage)	145.50
FAMILY + DENTAL (Family coverage)	145.95

NON REP (POLICE FOLLOW MEA)

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.43
2 PERSON + DENTAL	51.19
FAMILY + DENTAL (2 person coverage)	66.08
FAMILY + DENTAL (Family coverage)	66.36

NURSES

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	55.73
2 PERSON + DENTAL	112.04
FAMILY + DENTAL (2 person coverage)	144.84
FAMILY + DENTAL (Family coverage)	145.32

NURSES

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.59
2 PERSON + DENTAL	51.52
FAMILY + DENTAL (2 person coverage)	66.51
FAMILY + DENTAL (Family coverage)	66.78

POLICE

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	58.25
2 PERSON + DENTAL	117.11
FAMILY + DENTAL (2 person coverage)	151.39
FAMILY + DENTAL (Family coverage)	151.90

POLICE

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.36
2 PERSON + DENTAL	51.06
FAMILY + DENTAL (2 person coverage)	65.91
FAMILY + DENTAL (Family coverage)	66.20

POLICE DEPARTMENT DISPATCHERS

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	55.08
2 PERSON + DENTAL	110.77
FAMILY + DENTAL (2 person coverage)	143.15
FAMILY + DENTAL (Family coverage)	143.65

POLICE DEPARTMENT DISPATCHERS

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	27.90
2 PERSON + DENTAL	56.17
FAMILY + DENTAL (2 person coverage)	72.50
FAMILY + DENTAL (Family coverage)	72.81

PUBLIC WORKS

	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	49.06
2 PERSON + DENTAL	98.65
FAMILY + DENTAL (2 person coverage)	127.49
FAMILY + DENTAL (Family coverage)	127.94

PUBLIC WORKS

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	25.59
2 PERSON + DENTAL	51.52
FAMILY + DENTAL (2 person coverage)	66.51
FAMILY + DENTAL (Family coverage)	66.78