#### IF YOU HAVE ANY QUESTIONS ABOUT COVERAGE, PLEASE CALL 1-800-233-4947 EFFECTIVE 7/1/21

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# FIRE DEPARTMENT DISPATCHERS

#### Weekly Deduction CENTURY PREFERRED SINGLE + DENTAL 34.76 69.97 2 PERSON + DENTAL FAMILY + DENTAL (2 person coverage) 90.33 FAMILY + DENTAL (Family coverage) 90.70

# FIRE DEPARTMENT DISPATCHERS

	Weekly
	Deduction
H.S.A.	
SINGLE + DENTAL	21.17
2 PERSON + DENTAL	42.70
FAMILY + DENTAL (2 person coverage)	55.02
FAMILY + DENTAL (Family coverage)	55.30

#### FIRE - Eff. 11/01/21

1 11 CE - E11: 1 1/0 1/E1	
	Weekly
	Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	42.76
2 PERSON + DENTAL	86.08
FAMILY + DENTAL (2 person coverage	111.12
FAMILY + DENTAL (Family coverage	111.58

# FIRE - Eff. 11/01/21

	Weekly
	Deduction
H.S.A.	
SINGLE + DENTAL	21.28
2 PERSON + DENTAL	42.91
FAMILY + DENTAL (2 person coverage)	55.31
FAMILY + DENTAL (Family coverage)	55.61

#### MCHEA

WOILA	
	Weekly
	Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	32.98
2 PERSON + DENTAL	66.38
FAMILY + DENTAL (2 person coveraç	85.71
FAMILY + DENTAL (Family coverage)	86.06

#### **MCHEA**

WICHEA	
	Weekly
	Deduction
H.S.A.	
SINGLE + DENTAL	21.23
2 PERSON + DENTAL	42.80
FAMILY + DENTAL (2 person coverage)	55.15
FAMILY + DENTAL (Family coverage)	55.45

#### MEA

CENTURY PREFERRED           SINGLE + DENTAL         36.41           2 PERSON + DENTAL         73.24	LA	
CENTURY PREFERRED           SINGLE + DENTAL         36.41           2 PERSON + DENTAL         73.24		Weekly
SINGLE + DENTAL         36.41           2 PERSON + DENTAL         73.24		Deduction
2 PERSON + DENTAL 73.24	ENTURY PREFERRED	
	NGLE + DENTAL	36.41
EANULY: DENTAL (O	PERSON + DENTAL	73.24
FAMILY + DENTAL (2 person coverag 94.62	AMILY + DENTAL (2 person coverag	94.62
FAMILY + DENTAL (Family coverage 94.97	AMILY + DENTAL (Family coverage	94.97

#### MEA

	Weekly
	Deduction
H.S.A.	
SINGLE + DENTAL	21.23
2 PERSON + DENTAL	42.80
FAMILY + DENTAL (2 person coverage)	55.15
FAMILY + DENTAL (Family coverage)	55.44

### MSA - Eff. 10/01/21

Weekly Deduction
35.83
72.16
93.12
93.53

# MSA - Eff. 10/01/21

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	21.36
2 PERSON + DENTAL	43.08
FAMILY + DENTAL (2 person coverage)	55.51
FAMILY + DENTAL (Family coverage)	55.80

# NON REP (FIRE)

Eff. 11/01/21	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	42.76
2 PERSON + DENTAL	86.08
FAMILY + DENTAL (2 person coverage	111.12
FAMILY + DENTAL (Family coverage	111.58

# NON REP (FIRE)

F# 44/04/04	Weekly
Eff. 11/01/21	Deduction
H.S.A.	
SINGLE + DENTAL	21.28
2 PERSON + DENTAL	42.91
FAMILY + DENTAL (2 person coverage)	55.31
FAMILY + DENTAL (Family coverage)	55.61

# **NON REP GRANTS**

DENTAL 25 (DOH Prior To 7/1/12)

DENTAL 23 (DOH Prior 10 7/1/12)	
Eff. 10/01/21	Weekly Deduction
CENTURY PREFERRED	Doddonon
SINGLE + DENTAL	35.83
2 PERSON + DENTAL	72.16
FAMILY + DENTAL (2 person coverage	93.12
FAMILY + DENTAL (Family coverage	81.56

## **NON REP GRANTS**

DENTAL 25 (DOH Prior To 7/1/12)

F# 40/04/04	Weekly
Eff. 10/01/21	Deduction
H.S.A.	
SINGLE + DENTAL	21.36
2 PERSON + DENTAL	43.08
FAMILY + DENTAL (2 person coverage)	55.51
FAMILY + DENTAL (Family coverage)	54.88

#### **NON REP GRANTS**

DENTAL 22 (DOH On or After 7/1/12)

Eff. 10/01/21	Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	35.83
2 PERSON + DENTAL	72.16
FAMILY + DENTAL (2 person coverage	93.12
FAMILY + DENTAL (Family coverage)	93.53

#### **NON REP GRANTS**

DENTAL 22 (DOH On or After 7/1/12)

Eff. 10/01/21	Deduction
H.S.A.	
SINGLE + DENTAL	21.36
2 PERSON + DENTAL	43.08
FAMILY + DENTAL (2 person coverage)	55.51
FAMILY + DENTAL (Family coverage)	55.80

# NON-REP (MEA)

#### NON-REP (MEA)

·	Weekly Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	36.41
2 PERSON + DENTAL	73.24
FAMILY + DENTAL (2 person coverage	94.62
FAMILY + DENTAL (Family coverage	94.97

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	21.23
2 PERSON + DENTAL	42.80
FAMILY + DENTAL (2 person coverage)	55.15
FAMILY + DENTAL (Family coverage)	55.44

# NON REP (MSA)

### NON REP (MSA)

# DENTAL 25 (DOH Prior To 7/1/12)

DENTAL 25 (DOH Prior To 7/1/12)	
Eff. 10/01/21	
H.S.A.	
SINGLE + DENTAL	Ξ

Eff. 10/01/21	Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	35.83
2 PERSON + DENTAL	72.16
FAMILY + DENTAL (2 person coverage	93.12
FAMILY + DENTAL (Family coverage	81.56

DEIT 1712 20 (BOTT 1101 10 171712)	
Eff. 10/01/21	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	21.36
2 PERSON + DENTAL	43.08
FAMILY + DENTAL (2 person coverage)	55.51
FAMILY + DENTAL (Family coverage)	54.88

# NON REP (MSA)

#### NON REP (MSA)

# DENTAL 22 (DOH On or After 7/1/12) Weekly

DENTAL 22 (DOH On or After 7/1/12)	
Eff. 10/01/21	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	21.36
2 PERSON + DENTAL	43.08
FAMILY + DENTAL (2 person coverage)	55.51
FAMILY + DENTAL (Family coverage)	55.80

Eff, 10/01/21	Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	35.83
2 PERSON + DENTAL	72.16
FAMILY + DENTAL (2 person coverage	93.12
FAMILY + DENTAL (Family coverage	93.53

M/--I-I-

# NON REP (POLICE FOLLOW MEA)

NON REP (POLICE FOLLOW MEA)	
	Weekly
	Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	36.41
2 PERSON + DENTAL	73.24
FAMILY + DENTAL (2 person coverage	94.62
FAMILY + DENTAL (Family coverage)	94.97

	weekiy
	Deduction
H.S.A.	
SINGLE + DENTAL	21.23
2 PERSON + DENTAL	42.80
FAMILY + DENTAL (2 person coverage)	55.15
FAMILY + DENTAL (Family coverage)	55.44

# NURSES

#### NURSES

	Weekly	
	Deduction	
CENTURY PREFERRED		Н
SINGLE + DENTAL	36.34	S
2 PERSON + DENTAL	73.14	2
FAMILY + DENTAL (2 person coverage	94.44	F
FAMILY + DENTAL (Family coverage)	94.82	F

NURSES	Weekly
	Deduction
H.S.A	
SINGLE + DENTAL	23.50
2 PERSON + DENTAL	47.38
FAMILY + DENTAL (2 person coverage)	61.06
FAMILY + DENTAL (Family coverage)	61.38

# **POLICE**

# **POLICE**

	Deduction	
CENTURY PREFERRED		H.S.A.
SINGLE + DENTAL	41.93	SINGL
2 PERSON + DENTAL	84.39	2 PERS
FAMILY + DENTAL (2 person coverage	108.97	FAMIL'
FAMILY + DENTAL (Family coverage	109.42	FAMIL'

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	19.06
2 PERSON + DENTAL	38.43
FAMILY + DENTAL (2 person coverage)	49.51
FAMILY + DENTAL (Family coverage)	49.78

#### POLICE DEPARTMENT DISPATCHERS

#### POLICE DEPARTMENT DISPATCHERS

	Weekly
	Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	34.76
2 PERSON + DENTAL	69.97
FAMILY + DENTAL (2 person coverage	90.33
FAMILY + DENTAL (Family coverage)	90.70

	Weekly
	Deduction
H.S.A.	
SINGLE + DENTAL	21.17
2 PERSON + DENTAL	42.70
FAMILY + DENTAL (2 person coverage)	55.02
FAMILY + DENTAL (Family coverage)	55.30

#### **PUBLIC WORKS**

## **PUBLIC WORKS**

	Weekly
-	Deduction
CENTURY PREFERRED	
SINGLE + DENTAL	31.67
2 PERSON + DENTAL	63.76
FAMILY + DENTAL (2 person coverage	82.30
FAMILY + DENTAL (Family coverage)	82.65

	Weekly Deduction
H.S.A.	
SINGLE + DENTAL	21.36
2 PERSON + DENTAL	43.08
FAMILY + DENTAL (2 person coverage)	55.51
FAMILY + DENTAL (Family coverage)	55.80