

**ROMULUS CENTRAL SCHOOL DISTRICT  
DENTAL INSURANCE PAYROLL DEDUCTIONS**

**20 PAY (10 MONTH)**

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY	
			NO SPOUSE	FAMILY
DENTAL BLUE 3	\$ 3.02	\$ 6.26	\$ 7.33	\$ 8.74

**24 PAY (12 MONTH)**

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY	
			NO SPOUSE	FAMILY
DENTAL BLUE 3	\$ 2.51	\$ 5.22	\$ 6.11	\$ 7.28

**CSEA VISION INSURANCE PAYROLL DEDUCTIONS**

**20 PAY (10 MONTH)**

TYPE OF COVERAGE - GOLD - \$ 10.27

**24 PAY (12 MONTH)**

TYPE OF COVERAGE - GOLD - \$ 8.56