## ROMULUS CENTRAL SCHOOL DISTRICT DENTAL INSURANCE PAYROLL DEDUCTIONS

## 20 PAY (10 MONTH)

			FAMILY	
TYPE OF COVERAGE	SINGLE	2 PERSON	No Spouse	FAMILY
THE STATE OF THE S				
DENTAL BLUE 3	\$ 3.02	\$ 6.26	\$ 7.33	\$ 8.74

## 24 PAY (12 MONTH)

		FAMILY	FAMILY	
SINGLE	2 PERSON	No Spouse	FAMILY	
\$ 2.51	\$ 5.22	\$ 6.11	\$ 7.28	
			SINGLE 2 PERSON NO SPOUSE	

## **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