

Romulus Central School District Health Insurance Payroll Deductions

20 PAY 10-MONTH – SUPPORT STAFF

RATES PER PAY

PARTICIPANTS WITH COVERAGE PRIOR TO 07/01/15

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY NO SPOUSE	FAMILY
BP 2 \$15 SELECT	\$ 106.09	\$ 189.21	\$ 323.53	\$ 240.38
HEALTHY BLUE \$15	\$ 63.33	\$ 140.15	\$ 136.16	\$ 156.33
HEALTHY BLUE \$30	\$ 2.40	\$ 21.56	\$ 5.23	\$ 8.16
HIGH DEDUCTIBLE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

PARTICIPANTS WITH COVERAGE AFTER 07/01/15

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY NO SPOUSE	FAMILY
HEALTHY BLUE \$15	\$ 94.99	\$ 210.22	\$ 204.24	\$ 234.50
HEALTHY BLUE \$30	\$ 85.85	\$ 192.43	\$ 184.60	\$ 212.27
HIGH DEDUCTIBLE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00