

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	\$ 98.93	\$ 171.55	\$ 311.96	\$ 221.87
HEALTHY BLUE \$15	\$ 67.13	\$ 148.56	\$ 144.33	\$ 165.71
HEALTHY BLUE \$30	\$ 2.55	\$ 22.87	\$ 5.55	\$ 8.68
HIGH DEDUCTIBLE	\$ 2.13	\$ 19.06	\$ 4.62	\$ 7.23

PARTICIPANTS WITH COVERAGE AFTER 07/01/15

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY NO SPOUSE	FAMILY
HEALTHY BLUE \$15	\$ 100.69	\$ 222.83	\$ 216.49	\$ 248.56
HEALTHY BLUE \$30	\$ 91.01	\$ 203.98	\$ 195.68	\$ 225.01
HIGH DEDUCTIBLE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00