

Romulus Central School District Health Insurance Payroll Deductions

24 PAY 12 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	\$ 82.45	\$ 142.96	\$ 259.96	\$ 184.89
HEALTHY BLUE \$15	\$ 55.94	\$ 123.80	\$ 120.27	\$ 138.09
HEALTHY BLUE \$30	\$ 2.13	\$ 19.06	\$ 4.62	\$ 7.23
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	\$ 83.91	\$ 185.70	\$ 180.41	\$ 207.14
HEALTHY BLUE \$30	\$ 75.84	\$ 169.98	\$ 163.06	\$ 187.51
HIGH DEDUCTIBLE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00