

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	\$ 96.74	\$ 161.97	\$ 317.17	\$ 214.23
HEALTHY BLUE \$15	\$ 75.18	\$ 166.38	\$ 161.65	\$ 185.59
HEALTHY BLUE \$30	\$ 2.85	\$ 25.62	\$ 6.22	\$ 9.72
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	\$ 112.78	\$ 249.57	\$ 242.47	\$ 278.39
HEALTHY BLUE \$30	\$ 101.93	\$ 228.46	\$ 219.16	\$ 252.01
HIGH DEDUCTIBLE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00