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	$ 80.62	$ 134.98	$ 264.31	$ 178.52
HEALTHY BLUE $15	$ 62.65	$ 138.65	$ 134.71	$ 154.66
HEALTHY BLUE $30	$ 2.38	$ 21.35	$ 5.18	$ 8.10
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	$ 93.98	$ 207.98	$ 202.06	$ 231.99
HEALTHY BLUE $30	$ 84.94	$ 190.38	$ 182.63	$ 210.01
HIGH DEDUCTIBLE	$ 0.00	$ 0.00	$ 0.00	$ 0.00