

ROMULUS CENTRAL SCHOOL DISTRICT

DENTAL INSURANCE PAYROLL DEDUCTIONS

20 PAY

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY	
			NO SPOUSE	FAMILY
DENTAL BLUE 3	\$ 3.02	\$ 6.26	\$ 7.33	\$ 8.74

24 PAY

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY	
			NO SPOUSE	FAMILY
DENTAL BLUE 3	\$ 2.51	\$ 5.22	\$ 6.11	\$ 7.28

CSEA VISION INSURANCE PAYROLL DEDUCTIONS

20 PAY

TYPE OF COVERAGE - GOLD - \$ 10.27

24 PAY

TYPE OF COVERAGE - GOLD - \$ 8.56