

## ROMULUS CENTRAL SCHOOL DISTRICT HEALTH INSURANCE PAYROLL DEDUCTIONS

21 PAY – 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	\$ 70.22	\$ 127.41	\$ 209.68	\$ 160.15
HEALTHY BLUE \$15	\$ 38.38	\$ 84.94	\$ 82.52	\$ 94.75
HEALTHY BLUE \$30	\$ 1.46	\$ 13.06	\$ 3.15	\$ 4.94
HIGH DEDUCTIBLE	← NO CHARGE →			

PARTICIPANTS WITH COVERAGE AFTER 07/01/15

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY NO SPOUSE	FAMILY
HEALTHY BLUE \$15	\$ 57.57	\$ 127.41	\$ 123.79	\$ 142.12
HEALTHY BLUE \$30	\$ 52.04	\$ 116.63	\$ 111.88	\$ 128.65
HIGH DEDUCTIBLE	\$ 34.33	\$ 77.23	\$ 73.80	\$ 89.25

PLEASE NOTE: IN ORDER TO QUALIFY FOR PARTICIPATION IN THE HIGH DEDUCTIBLE HEALTH PLAN YOU MUST HAVE PARTICIPATED IN A DISTRICT SPONSORED PLAN FOR **ONE** YEAR PRIOR TO ELECTING THE HIGH DEDUCTIBLE COVERAGE.