

**ROMULUS CENTRAL SCHOOL DISTRICT
HEALTH INSURANCE PAYROLL DEDUCTIONS**

26 PAY – SUPPORT STAFF

RATES PER PAY

PARTICIPANTS WITH COVERAGE PRIOR TO 07/01/15

TYPE OF COVERAGE	FAMILY			
	SINGLE	2 PERSON	NO SPOUSE	FAMILY
BP 2 \$15 SELECT	\$ 56.71	\$ 102.91	\$ 169.36	\$ 129.36
HEALTHY BLUE \$15	\$ 31.00	\$ 68.61	\$ 66.65	\$ 76.53
HEALTHY BLUE \$30	\$ 1.18	\$ 10.55	\$ 2.54	\$ 3.99
HIGH DEDUCTIBLE	← NO CHARGE →			

PARTICIPANTS WITH COVERAGE AFTER 07/01/15

TYPE OF COVERAGE	FAMILY			
	SINGLE	2 PERSON	NO SPOUSE	FAMILY
HEALTHY BLUE \$15	\$ 46.50	\$ 102.91	\$ 99.98	\$ 114.79
HEALTHY BLUE \$30	\$ 42.03	\$ 94.20	\$ 90.36	\$ 103.91
HIGH DEDUCTIBLE	\$ 27.73	\$ 62.38	\$ 59.61	\$ 72.08

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.