

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

21.PAY

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY	
			NO SPOUSE	FAMILY
DENTAL BLUE 3	\$ 2.70	\$ 5.60	\$ 6.56	\$ 7.81

26.PAY

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY	
			NO SPOUSE	FAMILY
DENTAL BLUE 3	\$ 2.18	\$ 4.52	\$ 5.30	\$ 6.31

CSEA VISION INSURANCE PAYROLL DEDUCTIONS

21.PAY

TYPE OF COVERAGE - SILVER - \$ 9.92

26.PAY

TYPE OF COVERAGE - SILVER - \$ 8.03