

**Carl Junction R-1 School District
Dental/Vision and Life Premiums
2018-2019**

Delta Dental Insurance (Premier)	#1919-1000
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Plan Type	Rates	Employee Cost
Employee:	\$ 32.83	Board Paid
Employee/Spouse:	\$ 69.79	\$ 36.96
Employee/Child(ren): <i>(Age 26)</i>	\$106.28	\$ 73.45
Family:	\$130.61	\$ 97.78

Vision-VSP (Standard Insurance Company)	#160-752938
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Plan Type	Employee Cost
Employee:	\$10.24
Employee/Spouse:	\$21.80
Employee/Child(ren):	\$17.48
Family:	\$29.04

Life Insurance	Hartford	#0GL855974
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	Rates	
Full-Time (\$40,000)	\$3.60	Board Paid
Dependent Life (Age 25)	\$.76	Spouse (\$2000 coverage)
		Child(ren) (\$1000 coverage)