

Carl Junction R-1 School District
Dental/Vision and Life Premiums
2024-2025

Delta Dental Insurance (PPO)	#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	MET LIFE INSURANCE COMPANY
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Plan Type	Employee Cost
Employee:	\$ 5.77
Employee/Spouse:	\$11.53
Employee/Child(ren):	\$12.87
Family:	\$19.56

Life Insurance	MET LIFE INSURANCE COMPANY
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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)

Coverage and Rates decrease starting at age 65.

Age 65-70 (\$26,000)	\$2.34
Age 70-75 (\$17,000)	\$1.54
Age 75-80 (\$11,000)	\$1.26