

Carl Junction R-1 School District

**Dental/Vision/Life**

2025-2026

**Delta Dental Insurance (PPO)**

**#1919-1000**

Plan Type	Rates	Employee Cost
Employee	\$32.83	\$0.00 <b>Board Paid</b>
Employee/Spouse	\$69.79	\$36.96
Employee/Child(ren)	\$106.28	\$73.45
Family	\$130.61	\$97.78

**Vision-MET Life Insurance Company**

**#5776356**

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**

**#5776356**

	Rate	Employee Cost
Full-Time Employees (\$40,000)	\$3.60	\$0.00 <b>Board Paid</b>
Dependent Life (Age 25)	\$0.76	\$0.76 Spouse (\$2000 coverage) Child(ren) (\$1000 coverage)
<b>Coverage and Rates decrease starting at age 65</b>		
Age 65-70 \$(26,000.00)	\$2.34	
Age 70-75 (\$17,000.00)	\$1.54	
Age 75-80 (\$11,000.00)	\$1.00	