

Carl Junction R-1 School District

**Dental/Vision/Life**

2025-2026

**Delta Dental Insurance (PPO)**

**#1919-1000**

Plan Type	Rates	Employee Cost
Employee	\$33.81	\$0.00 <b>Board Paid</b>
Employee/Spouse	\$71.88	\$38.07
Employee/Child(ren)	\$109.47	\$75.66
Family	\$134.53	\$100.72

**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)
		Child (\$1000)
<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	