

St. Joseph School District

July 2020-June 2021 Monthly Medical, Dental & Vision RETIREE Premiums

Medical Plan - Blue Cross & Blue Shield of KC

Coverage Option	Monthly Employee Cost	Monthly Total Cost
EPO Retiree Only	\$824.54	\$824.54
EPO Retiree & Spouse	\$1,646.11	\$1,646.11
EPO Retiree & Child/Children	\$1,358.02	\$1,358.02
EPO Retiree Family	\$1,893.37	\$1,893.37
PPO Retiree Only	\$777.87	\$777.87
PPO Retiree & Spouse	\$1,552.95	\$1,552.95
PPO Retiree & Child/Children	\$1,281.14	\$1,281.14
PPO Retiree & Family	\$1,786.20	\$1,786.20
H.S.A. Retiree Only	\$550.28	\$550.28
H.S.A. Retiree & Spouse	\$1,110.35	\$1,110.35
H.S.A. Retiree & Child/Children	\$884.11	\$884.11
H.S.A. Retiree & Family	\$1,304.53	\$1,304.53

Dental Plan - MetLife

Coverage Option	Monthly Employee Cost	Monthly Total Cost
Base Plan Employee Only	\$26.80	\$26.80
Base Plan Employee & Spouse	\$51.07	\$51.07
Base Plan Employee & Child/Children	\$67.06	\$67.06
Base Plan Family	\$101.42	\$101.42
Buy-Up Plan Employee Only	\$32.04	\$32.04
Buy-Up Plan Employee & Spouse	\$61.04	\$61.04
Buy-Up Plan Employee & Child/Children	\$80.13	\$80.13
Buy-Up Plan Family	\$121.18	\$121.18

Vision Plan - MetLife

Coverage Tier	Monthly Employee Cost	Monthly Total Cost
Employee Only	\$6.59	\$6.59
Employee & Spouse	\$13.18	\$13.18
Employee & Child/Children	\$14.10	\$14.10
Family	\$22.53	\$22.53