

**St Joseph School District**  
**July 2023-June 2024**  
**COBRA Monthly Premiums**  
**Health, Dental, Vision**

**Health - Blue Cross & Blue Shield of Kansas City**

Coverage Option	Monthly Employee Cost	2% Admin Cost	Monthly Total Cost
EPO Employee Only	\$893.20	\$17.86	<b>\$911.06</b>
EPO Employee & Spouse	\$1,783.93	\$35.68	<b>\$1,819.61</b>
EPO Employee & Child(ren)	\$1,471.11	\$29.42	<b>\$1,500.53</b>
EPO Family	\$2,051.04	\$41.02	<b>\$2,092.06</b>
PPO Employee Only	\$842.64	\$16.85	<b>\$859.49</b>
PPO Employee & Spouse	\$1,682.28	\$33.65	<b>\$1,715.93</b>
PPO Employee & Child(ren)	\$1,387.83	\$27.76	<b>\$1,415.59</b>
PPO Family	\$1,934.95	\$38.70	<b>\$1,973.65</b>
HDHP (with HSA) Employee Only	\$596.11	\$11.92	<b>\$608.03</b>
HDHP (with HSA) Employee & Spouse	\$1,202.81	\$24.06	<b>\$1,226.87</b>
HDHP (with HSA) Employee & Child(ren)	\$957.74	\$19.15	<b>\$976.89</b>
HDHP (with HSA) Family	\$1,413.16	\$28.26	<b>\$1,441.42</b>

**Dental -Delta Dental of Missouri**

Coverage Option	Monthly Employee Cost	2% Admin Cost	Monthly Total Cost
Base Plan Employee Only	\$26.45	0.53	<b>\$26.98</b>
Base Plan Employee & Spouse	\$50.40	1.01	<b>\$51.41</b>
Base Plan Employee & Child/Children	\$66.19	1.32	<b>\$67.51</b>
Base Plan Family	\$100.10	2.00	<b>\$102.10</b>
Buy Up Plan Employee Only	\$31.62	0.63	<b>\$32.25</b>
Buy Up Plan Employee & Spouse	\$60.24	1.20	<b>\$61.44</b>
Buy Up Plan Employee & Child/Children	\$79.09	1.58	<b>\$80.67</b>
Buy Up Plan Family	\$119.61	2.39	<b>\$122.00</b>

**Vision -VSP**

Coverage Tier	Monthly Employee Cost	2% Admin Cost	Monthly Total Cost
Employee Only	\$6.20	0.12	<b>\$6.32</b>
Employee & Spouse	\$12.38	0.25	<b>\$12.63</b>
Employee & Child/Children	\$13.24	0.26	<b>\$13.50</b>
Family	\$21.16	0.42	<b>\$21.58</b>