

St Joseph School District
July 2024-June 2025
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	\$911.06
EPO Employee & Spouse	\$1,783.93	\$35.68	\$1,819.61
EPO Employee & Child(ren)	\$1,471.11	\$29.42	\$1,500.53
EPO Family	\$2,051.04	\$41.02	\$2,092.06
PPO Employee Only	\$842.64	\$16.85	\$859.49
PPO Employee & Spouse	\$1,682.28	\$33.65	\$1,715.93
PPO Employee & Child(ren)	\$1,387.83	\$27.76	\$1,415.59
PPO Family	\$1,934.95	\$38.70	\$1,973.65
HDHP (with HSA) Employee Only	\$596.11	\$11.92	\$608.03
HDHP (with HSA) Employee & Spouse	\$1,202.81	\$24.06	\$1,226.87
HDHP (with HSA) Employee & Child(ren)	\$957.74	\$19.15	\$976.89
HDHP (with HSA) Family	\$1,413.16	\$28.26	\$1,441.42

Dental -Delta Dental of Missouri

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

Vision -VSP

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