

**St Joseph School District
 July 2024-June 2025
 Retiree Monthly Premiums
 Health / Dental / Vision**

Health - Blue Cross & Blue Shield of Kansas City

Coverage Option	Monthly Retiree Premium
EPO Retiree Only	\$893.20
EPO Retiree & Spouse	\$1,783.19
EPO Retiree & Child(ren)	\$1,471.11
EPO Retiree & Family	\$2,051.04
PPO Retiree Only	\$842.64
PPO Retiree & Spouse	\$1,682.28
PPO Retiree & Child(ren)	\$1,387.83
PPO Retiree & Family	\$1,934.95
HSA Retiree Only	\$596.11
HSA Retiree & Spouse	\$1,202.81
HSA Retiree & Child(ren)	\$957.74
HSA Retiree & Family	\$1,413.16

Dental -Delta Dental of Missouri

Coverage Option	Monthly Retiree Premium
Base Plan Retiree Only	\$26.45
Base Plan Retiree & Spouse	\$50.40
Base Plan Retiree & Child(ren)	\$66.19
Base Plan Retiree & Family	\$100.10
Buy-Up Plan Retiree Only	\$31.62
Buy-Up Plan Retiree & Spouse	\$60.24
Buy-Up Plan Retiree & Child(ren)	\$79.09
Buy-Up Plan Retiree & Family	\$119.61

Vision -VSP

Coverage Options	Monthly Retiree Premium
Retiree Only	\$6.20
Retiree & Spouse	\$12.38
Retiree & Child(ren)	\$13.24
Retiree & Family	\$21.16