

St Joseph School District
July 2024-June 2025
Monthly Premiums
Dental Insurance

Dental Plan -Delta Dental of Missouri

Coverage Option	Monthly Employee Cost	SJSD Board Contribution	Monthly Total Cost
Base Plan Employee Only	\$26.45	-	\$26.45
Base Plan Employee & Spouse	\$50.40	-	\$50.40
Base Plan Employee & Child(ren)	\$66.19	-	\$66.19
Base Plan Family	\$100.10	-	\$100.10
Buy Up Plan Employee Only	\$31.62	-	\$31.62
Buy Up Plan Employee & Spouse	\$60.24	-	\$60.24
Buy Up Plan Employee & Child(ren)	\$79.09	-	\$79.09
Buy Up Plan Family	\$119.61	-	\$119.61