

#### La Joya Independent School District Employee Benefits Department 200 W. Expressway 83 La Joya, Texas 78560 Tel (956) 323-2680 Fax (956) 323-2684

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# **DENTAL INSURANCE COST**

### **HIGH PLAN**

	MONTHLY COST
EMPLOYEE ONLY	\$19.00
EMPLOYEE AND CHILDREN	\$43.00
EMPLOYEE AND FAMILY	\$61.00
EMPLOYEE AND SPOUSE	\$38.00

# **LOW PLAN**

	MONTHLY COST
EMPLOYEE ONLY	\$12.00
EMPLOYEE AND CHILDREN	\$26.00
EMPLOYEE AND FAMILY	\$36.00
EMPLOYEE AND SPOUSE	\$23.00