



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

	<u>MONTHLY COST</u>
EMPLOYEE ONLY	\$19.00
EMPLOYEE AND CHILDREN	\$43.00
EMPLOYEE AND FAMILY	\$61.00
EMPLOYEE AND SPOUSE	\$38.00

LOW PLAN

	<u>MONTHLY COST</u>
EMPLOYEE ONLY	\$12.00
EMPLOYEE AND CHILDREN	\$26.00
EMPLOYEE AND FAMILY	\$36.00
EMPLOYEE AND SPOUSE	\$23.00