

**Lee's Summit R-VII School District  
Insurance Monthly Premium Rates  
Active Eligible Employees  
Effective January 1, 2017 - December 31, 2017**

The following premiums and contributions are for **full time** staff. For part-time staff premiums, please contact the District's Business Services Department at (816) 986-1000 or by email at [InsCvrgInfo@lsr7.net](mailto:InsCvrgInfo@lsr7.net). Premiums will be deducted from your paycheck one month prior to the coverage effective date. HSA and HRA contributions will be made in the month your coverage begins.

**Medical Plans**

<b>BlueSaver (HDHP) High Deductible</b>	<b>Total Cost</b>	<b>Paid by District</b>	<b>Your Cost</b>	<b>District HSA or HRA Contribution</b>
Employee Only	\$467	\$467	\$0	\$145
Employee & Spouse	\$959	\$467	\$492	\$145
Employee & Child(ren)	\$822	\$467	\$355	\$145
Full Family	\$1,414	\$467	\$947	\$145
Special Family*	\$1,414	\$934	\$480	\$290

*\*Refers to families with child(ren), in which both spouses are employed by LSR7.*

<b>Basic HMO</b>	<b>Total Cost</b>	<b>Paid by District</b>	<b>Your Cost</b>	<b>District HSA or HRA Contribution</b>
Employee Only	\$654	\$612	\$42	Not Applicable
Employee & Spouse	\$1,339	\$612	\$727	Not Applicable
Employee & Child(ren)	\$1,150	\$612	\$538	Not Applicable
Full Family	\$1,975	\$612	\$1,363	Not Applicable

<b>Buy-Up HMO</b>	<b>Total Cost</b>	<b>Paid by District</b>	<b>Your Cost</b>	<b>District HSA or HRA Contribution</b>
Employee Only	\$687	\$612	\$75	Not Applicable
Employee & Spouse	\$1,408	\$612	\$796	Not Applicable
Employee & Child(ren)	\$1,209	\$612	\$597	Not Applicable
Full Family	\$2,078	\$612	\$1,466	Not Applicable

<b>PPO</b>	<b>Total Cost</b>	<b>Paid by District</b>	<b>Your Cost</b>	<b>District HSA or HRA Contribution</b>
Employee Only	\$754	\$612	\$142	Not Applicable
Employee & Spouse	\$1,542	\$612	\$930	Not Applicable
Employee & Child(ren)	\$1,327	\$612	\$715	Not Applicable
Full Family	\$2,279	\$612	\$1,667	Not Applicable

**Dental Plans**

<b>Basic Plan</b>	<b>Total Cost</b>	<b>Paid by District</b>	<b>Your Cost</b>
Employee Only	\$20.08	\$20.08	\$0.00
Employee & Spouse	\$40.20	\$20.08	\$20.12
Employee & Child(ren)	\$55.06	\$20.08	\$34.98
Full Family	\$74.36	\$20.08	\$54.28

<b>Buy-Up Plan</b>	<b>Total Cost</b>	<b>Paid by District</b>	<b>Your Cost</b>
Employee Only	\$37.92	\$20.08	\$17.84
Employee & Spouse	\$75.90	\$20.08	\$55.82
Employee & Child(ren)	\$105.36	\$20.08	\$85.28
Full Family	\$140.42	\$20.08	\$120.34

**Vision Plans**

<b>Basic Plan</b>	<b>Your Cost</b>
Employee Only	\$11.88
Employee & Spouse	\$18.64
Employee & Child(ren)	\$18.38
Full Family	\$29.64

<b>Buy-Up Plan</b>	<b>Your Cost</b>
Employee Only	\$18.96
Employee & Spouse	\$29.74
Employee & Child(ren)	\$29.34
Full Family	\$47.30

**Life Supplemental Plans**

<b>Supplemental Plans</b>	<b>Your Cost</b>
Dependent Life-Spouse	\$1.40
Dependent Life-Child(ren)	\$1.36
Supplemental Employee Life/\$1,000	
<30	0.04
30-34	0.06
35-39	0.07
40-44	0.11
45-49	0.18
50-54	0.31
55-59	0.42
60-64	0.71
65-69	0.90
70+	1.72