

2020 BENEFITS OVERVIEW

FOR BENEFITS EFFECTIVE 1/1/20-12/31/20

The District's annual insurance open enrollment period is about to begin. To help you select the right plans for 2020, now is the time to begin reviewing the plans being offered by the District and changes for 2020.

The Board of Education (BOE) continues to recognize the importance of benefits within the overall compensation package provided to all eligible employees. The District's Insurance Team, R-7 Administration and BOE focused on providing not only quality employee benefit plans but also controlling costs for employees and the District as well as offering multiple plan options to meet your needs.

A brief summary of the 2020 changes is provided below. More detailed information can be found in this overview and at benefits.lsr7.org.

SUMMARY OF 2020 CHANGES

- Blue Cross Blue Shield is changing from Express Scripts to Optum Rx effective January 1, 2020
- Eliminating the PPO medical plan
- Telehealth copay increasing to \$59 for all Blue Cross Blue Shield members
- Annual Health Savings Account (HSA) contribution limits increasing to \$3,550 for individuals and \$7,100 for families enrolled in a High Deductible Health Plan (HDHP)

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IMPORTANT DATES

Open enrollment runs
October 28th – November 8th

EMPLOYEE EDUCATION MEETINGS

The District will be hosting informational sessions providing an opportunity for you to ask questions. Representatives from CBIZ (the District's insurance consultants) and Blue Cross Blue Shield will be present.

October 17, 2019 at 10:00 am
SLC (PDC Room)

October 22, 2019 at 9:30 am
District Transportation Office

October 22, 2019 at 3:30 pm
SLC (Board Room)

October 22, 2019 at 4:30 pm
SLC (Board Room)

ENROLLMENT ASSISTANCE

Business Services staff will be available to assist with the online enrollment process and answer questions.

October 31, 2019 at 8:00–11:00 am
District Transportation Office

November 1, 2019 at 8:00–11:00 am
District Transportation Office

November 4 through November 8, 2019
1:00–5:00 pm
SLC (Honesty)

QUESTIONS

Please email open enrollment or benefit questions to Benefits@lsr7.net or call:

Erin Jensen at 986-1046 or

Sara McMillin at 986-1048



Medical Insurance Plan Options

Blue Cross Blue Shield of Kansas City (BCBS)	HMO		EPO		Preferred Care Blue High Deductible	BlueSelect Plus High Deductible
Network	Blue Care		Preferred Care Blue		Preferred Care Blue	BlueSelect Plus
Annual Deductible Individual / Family	N/A		N/A		\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance (BCBS Pays) In/Out	N/A		N/A		100%/ 80%	100%/ 70%
Out-of-Pocket Maximum Individual /Family (In-Network) (Out-of-Network)	\$6,500/\$13,000 No Coverage		\$5,000/\$10,000 No Coverage		\$3,000/\$6,000 \$6,000/\$12,000	\$3,000/\$6,000 \$15,000/\$30,000
Physician Services Primary Care Office Visit Specialist Office Visit	\$40 Copay \$80 Copay		\$40 Copay \$80 Copay		Deductible Deductible	Deductible Deductible
Routine Preventive Care	Covered 100%		Covered 100%		Covered 100%	Covered 100%
Annual Vision Exam	\$10 Copay		\$10 Copay		Not Covered	Not Covered
Urgent Care Center	\$80 Copay		\$80 Copay		Deductible	Deductible
Hospital Emergency Room	\$200 Copay		\$200 Copay		Deductible	Deductible
Inpatient Hospital & Outpatient Surgery	\$500 per day up to \$2,500 per calendar year		\$450 per day up to \$2,250 per calendar year		Deductible	Deductible
Outpatient Non-Surgical Care MRI, MRA, CT and PET Scans Physical & Occupational Therapy Speech & Hearing Therapy Durable Medical Equipment Mental Illness/Substance Abuse Office Visit Other Services Chiropractor Office Visit Manipulations (Unlimited Visits)	\$200 Copay No Copay No Copay No Copay \$40 Copay Covered at 100% \$80 Copay \$40 Copay		\$200 Copay No Copay No Copay No Copay \$40 Copay Covered 100% \$80 Copay \$40 Copay		All Services Subject to Deductible	All Services Subject to Deductible
Prescription Drug Deductible	\$150 (\$450 per family)		\$150 (\$450 per family)		N/A	N/A
Retail Rx (34-day supply)	RxPreferred	RxPremier	RxPreferred	RxPremier		
Tier 1 : Generic	\$15	\$25	\$15	\$25	Deductible	Deductible
Tier 2: Formulary Name Brand	\$40	\$50	\$40	\$50	Deductible	Deductible
Tier 3: Non-Formulary Name Brand	\$65	\$75	\$65	\$75	Deductible	Deductible
Mail Order Rx (102-day supply) <i>Optum Rx</i>	2x RxPreferred Retail		2x RxPreferred Retail		Deductible	Deductible



LSR-7 EMPLOYEE WELLBEING PROGRAM
INSPIRING BALANCE

LSR7 PARTNERS IN WELLBEING:






Taking care of the people who take care of the people

Jennifer Flax
Wellbeing Coordinator
816 • 986 • 1135
jennifer.flax@lsr7.net
wellbeing.lsr7.org

This overview is provided to help you understand your insurance coverage. If there is a discrepancy between this overview and the official Plan documents, the Plan documents shall prevail.

Vision Plan Options		
VSP	Basic	Buy-Up
Frequency of Service Exam Lenses Frames	Every 12 months Every 12 months Every 24 months	Every 12 months Every 12 months Every 12 months
Member Copay Exam Material	\$10 \$25	\$10 \$25
Frames Standard Featured Brand	\$130 Allowance, \$180 Allowance, Plus 20% off Excess	\$150 Allowance, \$200 Allowance, Plus 20% off Excess
Contact Lens Fitting	Up to \$60 Copay	Up to \$60 Copay
Prescription Contact Lenses	\$130 Allowance, No Copay	\$150 Allowance, No Copay
Lenses Basic Blended/Progressive	Covered in full after copay \$30 Copay	Covered in full after copay \$30 Copay

Dental Plan Options		
Cigna	Basic	Buy-Up
Diagnostic & Preventive Services (Cigna Pays)	100%	100%
Basic Services (Cigna Pays)	60%	80%
Major Services	Not Covered	50%
Calendar Year Benefit Maximum	\$500 per covered person	\$1,000 per covered person
Orthodontic Services	Not Covered	50%
Separate Lifetime Orthodontia Benefit Maximum	N/A	\$1,000 per covered person
Additional Features	<ul style="list-style-type: none"> Cleanings, exams, x-rays, & fluoride treatments do not apply towards the annual maximum. One preventive exam per year results in \$250 increase in the annual maximum the following plan year. 	

Short Term Medical Leave (STML) (Provided by the District)	
Eligibility Waiting Period	Benefit eligible once you have worked 90 contract days
Benefit Waiting Period	Personal paid leave must be used for first 10 working days of absences
Benefit	100% of regular salary (must be approved by District's STML Administrator, The Standard)
Maximum Benefit Duration	115 working days (pending medical necessity and approval by The Standard)

Life Insurance Plan Options	Benefit	Monthly Cost
Basic Life and AD&D	Annual Salary (\$10,000 minimum, \$300,000 maximum)	Paid by District
Spouse	\$10,000	\$1.40 per Month
Child(ren)	\$10,000	\$1.36 per Month (covers ALL eligible children)
Employee Supplemental Life*	Annual Salary (\$300,000 maximum)	See Benefit Guide for Monthly Cost
Employee Supplemental Life*	Two Times Annual Salary (\$400,000 maximum)	See Benefit Guide for Monthly Cost

*Any Supplemental Life elected at open enrollment may be subject to underwriting and approval by The Standard, the District's Life Insurance Carrier

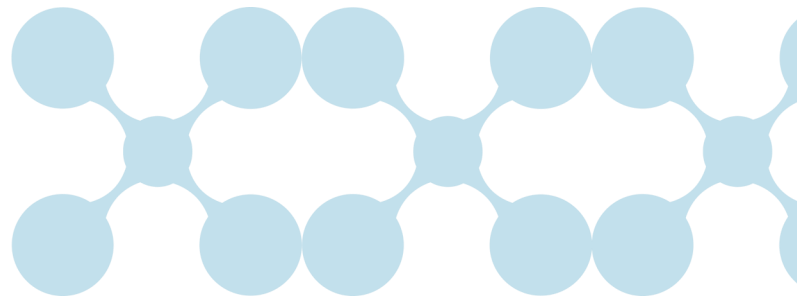
Long Term Disability (LTD) (Provided by the District)	
Benefit Waiting Period	Greater of: (1) 180 days, (2) the period in which you receive STML benefits, but (3) not to exceed 365 days
Benefit	66 2/3% of the first \$15,000 in regular monthly salary (must be approved by District's LTD administrator, The Standard)
Maximum Benefit Duration	Social Security Normal Retirement Age (pending medical necessity and approval by The Standard)

Tax Advantage Accounts	Annual Contribution Limit
Medical Flexible Spending Account	\$2,700 per calendar year
Dependent Care Flexible Spending Account <i>(9 month and 12 month options)</i>	\$5,000 per calendar year <i>(\$2,500 if married filing separately)</i>
Limited Flexible Spending Account <i>(for HDHP enrollees with HSA only)</i>	\$2,700 per calendar year
Health Savings Account (HSA) <i>(for HDHP enrollees only)</i>	\$3,550/\$7,100 \$1,000 catch up, ages 55 & older

OPEN ENROLLMENT IS OCTOBER 28TH – NOVEMBER 8TH

Full-Time Employee Monthly Premiums		
BlueSelect Plus High Deductible	2019	2020
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$509.00	\$597.00
Employee + Child(ren)	\$367.00	\$430.00
Family	\$981.00	\$1,149.00
Special Family**	\$497.00	\$583.00
District HRA/HSA Contribution	\$212.00	\$179.00
Preferred Care Blue High Deductible		
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$556.00	\$654.00
Employee + Child(ren)	\$401.00	\$472.00
Family	\$1,071.00	\$1,259.00
Special Family**	\$543.00	\$639.00
District HRA/HSA Contribution	\$168.00	\$125.00
HMO		
Employee Only	\$45.00	\$89.00
Employee + Spouse	\$821.00	\$962.00
Employee + Child(ren)	\$606.00	\$721.00
Family	\$1,542.00	\$1,774.00
EPO		
Employee Only	\$82.00	\$132.00
Employee + Spouse	\$899.00	\$1,053.00
Employee + Child(ren)	\$673.00	\$798.00
Family	\$1,659.00	\$1,909.00
Basic Dental		
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$18.84	\$18.84
Employee + Child(ren)	\$32.78	\$32.78
Family	\$50.86	\$50.86
Buy-Up Dental		
Employee Only	\$16.72	\$16.72
Employee + Spouse	\$51.58	\$51.58
Employee + Child(ren)	\$79.90	\$79.90
Family	\$112.76	\$112.76
Basic Vision		
Employee Only	\$11.88	\$11.88
Employee + Spouse	\$18.64	\$18.64
Employee + Child(ren)	\$18.38	\$18.38
Family	\$29.64	\$29.64
Buy-Up Vision		
Employee Only	\$18.96	\$18.96
Employee + Spouse	\$29.74	\$29.74
Employee + Child(ren)	\$29.34	\$29.34
Family	\$47.30	\$47.30

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



CONTACT INFORMATION

If you have any questions regarding your benefits, please contact the LSR7 Business Services Department or the carrier.

BUSINESS SERVICES DEPARTMENT (LSR7)

Erin Jensen, 816.986.1046

Sara McMillin, 816.986.1048

benefits@lsr7.net

Complete Health & Wellness Center

Carehere.com, 877.423.1330

Dental

Cigna

cigna.com

Pre-enrollment: 800.564.7642

Member services: 800.244.6224

Employee Assistance Program (EAP)

Life Matters, Empathia

Mylifematters.com, 800.634.6433

Life, Short/Long Term Disability

The Standard

Standard.com, Life: 800.628.8600

Disability: 800.368.1135

Medical

Blue Cross Blue Shield of Kansas City

bluekc.com, 816.395.2270 or

800.654.0155

Vision

VSP

vsp.com, 800.877.7195

