



LEE'S SUMMIT
R-7 SCHOOLS
Learning for Life

2017 OPEN ENROLLMENT BENEFITS OVERVIEW

BENEFITS EFFECTIVE JANUARY 1, 2017 – DECEMBER 31, 2017

The District's annual insurance open enrollment is quickly approaching. Now is the time to begin reviewing your personal information, the benefits being offered by the District and the plans you are currently enrolled in to determine changes for 2017. To help you select the right plans for you and your family, it is important to educate yourself about the benefits provided by the District. Please take time to read this overview as you prepare for the upcoming enrollment period scheduled for October 31 through November 11, 2016. Prior to October 31, you will receive step-by-step enrollment instructions via your District email account.

SUMMARY OF 2017 CHANGES

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 reviewed employee benefits, focusing on controlling costs for employees and the District, continuing to provide quality medical plans and offering multiple options which meet employee's needs.

A brief summary of the 2017 changes is provided below. More detailed information can be found in this overview as well as in the "Guide to your 2017 Employee Benefits Program" located at <http://benefits.lsr7.org> on the District's staff website.

- o **Reduction in monthly medical premium costs to employees on all plans!** No change to premium costs on dental, vision, or life coverage.
- o Health Savings Account (HSA) maximum annual contribution increase of \$50 for Blue Saver HDHP enrollees with Employee Only coverage.
- o COMPASS program is phasing out for 2017. Keep your eyes peeled for future communication regarding Blue Cross Blue Shield of Kansas City (BCBS)'s new transparency tools coming early 2017.
- o New prescription savings tool from BCBS. Rx Savings Solutions can send you savings alerts when there are opportunities for you and your family to save at the pharmacy.
- o Retail Telehealth from BCBS. Schedule and "see" a doctor online 24 hours a day, no appointment needed.



600 NW Murray Rd Suite 103 | Lee's Summit, MO 64081 | Ph: 877-423-1330 | www.carehere.com

Personal healthcare services are available to all Employees, Spouses and Dependents over the age of 2 who participate in a LSR7 medical insurance plan.

Available services include:

Preventive Care	Non-preventive Care
Vaccinations	Occupational Health
Minor Injuries	Workers' Compensation
Health Coaching	24-hour Nurse Line

Hours of Operation:

Monday – Thursday:	7:00 am–11:30 am 12:30 pm–6:00 pm
Friday:	7:00 am–12:00 pm
Saturday:	8:00 am–11:00 am
Sunday:	Closed

For information about cost, scheduling an appointment, detailed clinic services, and FAQs, visit <http://benefits.lsr7.org>.

UPCOMING DATES TO REMEMBER

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 25, 2016 at 10:00 am
SLC* (PDC Room)

October 26, 2016 at 3:30 pm
SLC* (Board Room)

October 26, 2016 at 4:30 pm
SLC* (Board Room)

ENROLLMENT ASSISTANCE

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

November 3, 2016
8 am – 11:30 am
Transportation Office**

November 4, 2016
8 am – 11:30 am
Transportation Office**

November 7 through November 11, 2016
1 pm – 5:00 pm
SLC* (Honesty Room)

*Stansberry Leadership Center (SLC)
301 NE Tudor Rd
Lee's Summit, MO 64086

**Transportation Office
500 SE Transport Drive
Lee's Summit, MO 64081

QUESTIONS

Please email open enrollment or benefit questions to Benefits@lsr7.net or call: Sara McMillin at 986-1048 or Erin Jensen at 986-1046

Follow @lsr7_benefits

Comprehensive information regarding the LSR7 2017 benefits package can be found in the "Guide to Your 2017 Employee Benefits Program" located at <http://benefits.lsr7.org> on the District's staff website.

2017 Medical Benefit Highlights

(There are no plan design changes to these plans for 2017)

HMO Plans (Blue Care Network)	2017 Basic HMO	2017 Buy-Up HMO
Out-of-Pocket Maximum		
<i>Individual</i>	\$6,500	\$4,000
<i>Family</i>	\$13,000	\$8,000
Physician Services		
<i>Primary Care Office Visit</i>	\$40 Copay	\$40 Copay
<i>Specialist Office Visit</i>	\$80 Copay	\$80 Copay
Routine Preventive Care	No Copay	No Copay
<i>Annual Vision Exam</i>	\$10 Copay	\$10 Copay
Urgent Care Center	\$80 Copay	\$80 Copay
Hospital Emergency Room	\$200 Copay	\$200 Copay
Inpatient Hospital & Outpatient Surgery	\$500 per day up to \$2,500 per member	\$400 per day up to \$2,000 per member
Outpatient Non-Surgical Care		
<i>MRI, MRA, CT and PET Scans</i>	\$200 Copay	\$200 Copay
<i>Physical & Occupational Therapy</i>	No Copay	No Copay
<i>Speech & Hearing Therapy</i>	No Copay	No Copay
<i>Durable Medical Equipment</i>	No Copay	No Copay
<i>Mental Illness/Substance Abuse</i>	\$40 Copay	\$40 Copay
<i>Chiropractor</i>	No Copay	No Copay
Prescription Drug Deductible *	\$150 (\$450 per family)	\$150 (\$450 per family)
Retail Rx (34-day supply)		
<i>Generic (Tier 1)</i>	\$15 Copay	\$15 Copay
<i>Formulary Name Brand (Tier 2)</i>	\$40 Copay	\$40 Copay
<i>Non-Formulary Name Brand (Tier 3)</i>	\$65 Copay	\$65 Copay
Mail Order Rx (102-day supply)		
<i>Generic (Tier 1)</i>	\$30 Copay	\$30 Copay
<i>Formulary Name Brand (Tier 2)</i>	\$80 Copay	\$80 Copay
<i>Non-Formulary Name Brand (Tier 3)</i>	\$130 Copay	\$130 Copay

PPO & HDHP Plans (Preferred-Care Blue Network)	2017 PPO	2017 HDHP
Annual Deductible		
<i>Individual</i>	\$1,000	\$3,000**
<i>Family</i>	\$3,000	\$6,000**
Coinsurance (BCBS Pays)	90%	100%
Out-of-Pocket Maximum		
<i>Individual</i>	\$3,000	\$3,000**
<i>Family</i>	\$6,000	\$6,000**
Physician Services		
<i>Primary Care Office Visit</i>	\$40 Copay	Deductible
<i>Specialist Office Visit</i>	\$80 Copay	Deductible
Routine Preventive Care	No Copay	No Copay
Urgent Care Center	\$80 Copay	Deductible
Hospital Emergency Room	\$200 Copay, then Deductible + 10%	Deductible
Inpatient Hospital & Outpatient Surgery	Deductible + 10%	Deductible
Outpatient Non-Surgical Care	Deductible + 10%	Deductible
Chiropractor	Office Visit: \$80 Manipulations: Deductible + 10%	Deductible
Prescription Drug Deductible *	\$150 (\$450 per family)	N/A
Retail Rx (34-day supply)		
<i>Generic (Tier 1)</i>	\$15 Copay	Deductible
<i>Formulary Name Brand (Tier 2)</i>	\$40 Copay	Deductible
<i>Non-Formulary Name Brand (Tier 3)</i>	\$65 Copay	Deductible
Mail Order Rx (102-day supply)		
<i>Generic (Tier 1)</i>	\$30 Copay	Deductible
<i>Formulary Name Brand (Tier 2)</i>	\$80 Copay	Deductible
<i>Non-Formulary Name Brand (Tier 3)</i>	\$130 Copay	Deductible

*When enhancement requirements are not met, increases to \$300 (\$900 per family)

**When enhancement requirements are not met, increases to \$3,150 (\$6,300 per family)

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 language of the plan documents shall prevail.

2017 Dental, Vision, Life, Disability, & Long Term Care Benefit Highlights

(There are no plan design changes to these plans for 2017)



Dental Plans (PPO Network)	Basic Plan	Buy-Up Plan
Diagnostic & Preventive Services	100%	100%
Basic Services	60%	80%
Major Services	Not Covered	50%
Individual Deductible per Calendar Year	None	None
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

Vision Plans (Choice Network)	Basic Plan	Buy-Up Plan
Benefit Frequency <i>Vision Exam</i> <i>Lenses</i> <i>Frames</i>	Every 12 Months Every 12 Months Every 24 Months	Every 12 Months Every 12 Months Every 12 Months
Member Copay <i>Exam</i> <i>Materials</i>	\$10 \$25	\$10 \$25
Basic Lenses	Covered in Full After Copay	Covered in Full After Copay (includes Anti-Reflective Coating)
Frames	\$130 Allowance, Plus 20% off Excess	\$150 Allowance, Plus 20% off Excess
Contact Lens Fitting	Up to \$60 Copay	Up to \$60 Copay
Prescription Contact Lenses (in lieu of glasses)	\$130 Allowance	\$150 Allowance

Life Insurance Plans	Benefit	Monthly Cost
Basic Life and AD&D	Annual Salary (\$10,000 minimum - \$300,000 maximum)	Paid by District
Spouse Life	\$10,000	\$1.40 per Month
Child(ren) Life	\$10,000	\$1.36 per Month (one premium 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 may be denied by The Standard, the District's Life Insurance Carrier

Short Term Medical Leave (STML) <i>Provided by the District</i>	
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)

Long Term Disability (LTD) <i>Provided by the District</i>	
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)

Long Term Care Insurance (LTC)
A cash benefit each month, according to the level of coverage you select for benefits. Coverage details can be found at www.unuminfo.com/reorganizedschoolsdistrict .
Open enrollment LTC elections are subject to underwriting and may be denied by Unum, the District's LTC Carrier.

2017 Tax Advantage Accounts and Monthly Rates



Section 125 Plan	Benefit	Annual Contribution Limit
Tax Sheltered Premium Payments	This allows your insurance premiums to be deducted from your paycheck before taxes	N/A
Medical Flexible Spending Account	Allows you to set money aside before taxes to pay for qualified medical, dental and vision expenses	\$2,550 per calendar year
Dependent Care Flexible Spending Account (9 month and 12 month options)	Allows you to set money aside before taxes to pay for qualified child care expenses	\$5,000 per calendar year <i>(\$2,500 if married filing separately)</i>
Limited Flexible Spending Account (for HDHP enrollees with HSA only)	Allows you to set money aside before taxes to pay for qualified dental and vision expenses	\$2,550 per calendar year

Health Savings Account (HSA) - for HDHP enrollees ONLY	Annual Contribution Limit*
Employee Only Enrollment	\$3,400
Family Enrollment (at least one child, spouse, or family)	\$6,750
Catch Up Contributions for age 55 or older	\$1,000

*District contribution counts towards the annual contribution limit

2017 Employee Monthly Rates**					
High Deductible (HDHP)	2016	2017	Basic Dental	2016	2017
Employee Only	\$0.00	\$0.00	Employee Only	\$0.00	\$0.00
Employee + Spouse	\$497.00	\$492.00	Employee + Spouse	\$20.12	\$20.12
Employee + Child(ren)	\$358.00	\$355.00	Employee + Child(ren)	\$34.98	\$34.98
Family	\$958.00	\$947.00	Family	\$54.28	\$54.28
Special Family***	\$485.00	\$480.00			
District HRA/HSA Contribution	\$139.00	\$145.00			
			Buy-Up Dental		
Basic HMO			Employee Only	\$17.84	\$17.84
Employee Only	\$51.00	\$42.00	Employee + Spouse	\$55.82	\$55.82
Employee + Spouse	\$745.00	\$727.00	Employee + Child(ren)	\$85.28	\$85.28
Employee + Child(ren)	\$553.00	\$538.00	Family	\$120.34	\$120.34
Family	\$1,390.00	\$1,363.00			
			Basic Vision		
Buy-Up HMO			Employee Only	\$11.88	\$11.88
Employee Only	\$85.00	\$75.00	Employee + Spouse	\$18.64	\$18.64
Employee + Spouse	\$815.00	\$796.00	Employee + Child(ren)	\$18.38	\$18.38
Employee + Child(ren)	\$613.00	\$597.00	Family	\$29.64	\$29.64
Family	\$1,495.00	\$1,466.00			
			Buy-Up Vision		
PPO			Employee Only	\$18.96	\$18.96
Employee Only	\$153.00	\$142.00	Employee + Spouse	\$29.74	\$29.74
Employee + Spouse	\$952.00	\$930.00	Employee + Child(ren)	\$29.34	\$29.34
Employee + Child(ren)	\$733.00	\$715.00	Family	\$47.30	\$47.30
Family	\$1,699.00	\$1,667.00			

**Rates listed are for full-time staff. Please contact Business Services at 816-986-1046 for part-time staff rates.
***Refers to families with child(ren) in which both spouses are employed by LSR7.

2017 Contacts			
Business Services	Sara McMillin sara.mcmillin@lsr7.net 816-986-1048	Erin Jensen erin.jensen@lsr7.net 816-986-1046	
Complete Health & Wellness Center	CareHere	www.carehere.com	877-423-1330
Medical	Blue Cross Blue Shield of Kansas City (BCBS)	www.bluekc.com	816-395-2270
Dental	Delta Dental of Missouri	www.deltadentalmo.com	800-335-8266
Vision	Vision Service Plan (VSP)	www.vsp.com	800-887-7195
Life, STML & LTD	The Standard	www.standard.com	Life: 800-628-8600 Disability: 800-368-1135



A special thank you to CBIZ for providing the funds to offer this printed overview to all Lee's Summit R-7 Staff!