

# 2018 BENEFITS OVERVIEW

## FOR BENEFITS EFFECTIVE 1/1/18-12/31/18

The District's annual insurance open enrollment period is about to begin. To help you select the right plans for 2018, now is the time to begin reviewing the plans being offered by the District and changes for 2018.

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 2018 changes is provided below. More detailed information can be found in this overview and at [benefits.lsr7.org](http://benefits.lsr7.org).

### SUMMARY OF 2018 CHANGES

- Chiropractic manipulation copay of \$40 added to the HMO plans
- Adding a second high deductible health plan utilizing the Blue Select Plus network
- Adding a second retail pharmacy network, Express Advantage Pharmacy (EAN) to all medical plans
  - \* HMO and PPO members will pay an additional \$10 copay at any pharmacy outside the EAN
- Dental carrier changing from Delta Dental of Missouri to Cigna, resulting in a premium decrease
- Blended/progressive lenses copay of \$30 and a \$180 featured frame brand allowance added to both vision plans

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## IMPORTANT DATES

Open enrollment runs  
**November 6th – November 17th**

### 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), Blue Cross Blue Shield, and Cigna will be present.

October 24, 2017 at 9:30 am  
District Transportation Office

October 26, 2017 at 10:00 am  
SLC (Board Room)

November 1, 2017 at 3:30 pm  
SLC (Board Room)

November 1, 2017 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.

November 9, 2017 at 8:00–11:00 am  
District Transportation Office

November 10, 2017 at 8:00–11:00 am  
District Transportation Office

November 13 through November 17, 2017  
1:00–5:00 pm  
SLC (Honesty)

### QUESTIONS

Please email open enrollment or benefit questions to [Benefits@lsr7.net](mailto:Benefits@lsr7.net) or call:

Sara McMillin at 986-1048 or

Erin Jensen at 986-1046

## Medical Insurance Plan Options

Blue Cross Blue Shield of Kansas City (BCBS)	Basic HMO		Buy-Up HMO		PPO		Preferred Care Blue High Deductible	BlueSelect Plus High Deductible
Network	Blue Care		Blue Care		Preferred Care Blue		Preferred Care Blue	BlueSelect Plus
<b>Annual Deductible</b> Individual / Family	N/A		N/A		\$1,000/\$3,000		\$3,000/\$6,000*	\$3,000/\$6,000*
<b>Coinsurance</b> (BCBS Pays) (In/Out-of-Network)	N/A		N/A		90%/70%		100%/80%	100%/70%
<b>Out-of-Pocket Maximum</b> Individual /Family (In-Network) (Out-of-Network)	\$6,500/\$13,000 No Coverage		\$4,000/\$8,000 No Coverage		\$3,000/\$6,000 \$6,000/\$12,000		\$3,000*/\$6,000* \$6,000*/\$12,000*	\$3,000*/\$6,000* \$15,000*/\$30,000*
<b>Physician Services</b> Primary Care Office Visit Specialist Office Visit	\$40 Copay \$80 Copay		\$40 Copay \$80 Copay		\$40 Copay \$80 Copay		Deductible Deductible	Deductible Deductible
<b>Routine Preventive Care</b>	Covered 100%		Covered 100%		Covered 100%		Covered 100%	Covered 100%
<b>Annual Vision Exam</b>	\$10 Copay		\$10 Copay		Not Covered		Not Covered	Not Covered
<b>Urgent Care Center</b>	\$80 Copay		\$80 Copay		\$80 Copay		Deductible	Deductible
<b>Hospital Emergency Room</b>	\$200 Copay		\$200 Copay		\$200 Copay, then Deductible + 10%		Deductible	Deductible
<b>Inpatient Hospital &amp; Outpatient Surgery</b>	\$500 per day up to \$2,500 per member		\$400 per day up to \$2,000 per member		Deductible + 10%		Deductible	Deductible
<b>Outpatient Non-Surgical Care</b> MRI, MRA, CT and PET Scans Physical & Occupational Therapy Speech & Hearing Therapy Durable Medical Equipment Mental Illness/Substance Abuse Chiropractor (Unlimited Visits)	\$200 Copay No Copay No Copay No Copay \$40 Copay Covered 100% Manipulations: \$40 Copay		\$200 Copay No Copay No Copay No Copay \$40 Copay Covered 100% Manipulations: \$40 Copay		Deductible + 10% Deductible + 10% Deductible + 10% Deductible + 10% Deductible + 10% Office Visit: \$80 Manipulations: Deductible then 10%		All Services Subject to Deductible	All Services Subject to Deductible
<b>Prescription Drug Deductible*</b>	\$150 (\$450 per family)		\$150 (\$450 per family)		\$150 (\$450 per family)		N/A	N/A
<b>Retail Rx (34-day supply)</b>	EAN Network	National Network	EAN Network	National Network	EAN Network	National Network		
Tier 1 : Generic	\$15	\$25	\$15	\$25	\$15	\$25	Deductible	Deductible
Tier 2: Formulary Name Brand	\$40	\$50	\$40	\$50	\$40	\$50	Deductible	Deductible
Tier 3: Non-Formulary Name Brand	\$65	\$75	\$65	\$75	\$65	\$75	Deductible	Deductible
<b>Mail Order Rx (102-day supply)</b> <i>Express Scripts</i>	2x EAN Retail Copay		2x EAN Retail Copay		2x EAN Retail Copay		Deductible	Deductible

\*When wellbeing enhancement requirements are not met: HMO & PPO prescription drug deductible increases to \$300 Individual/\$900 Family; Preferred Care Blue HDHP deductible and out-of-pocket maximum increases to \$3,150 Individual/\$6,300 Family in-network and out-of-pocket maximum increases to \$6,300 Individual/\$12,600 Family out-of-network; Blue Select Plus HDHP deductible and out-of-pocket maximum increases to \$3,150 Individual/\$6,300 Family in-network, and out-of-pocket maximum increases to \$15,300 Individual/\$30,600 Family out-of-network.

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

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

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

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

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

Tax Advantage Accounts	Annual Contribution Limit
<b>Medical Flexible Spending Account</b>	\$2,600 per calendar year
<b>Dependent Care Flexible Spending Account</b> <i>(9 month and 12 month options)</i>	\$5,000 per calendar year <i>(\$2,500 if married filing separately)</i>
<b>Limited Flexible Spending Account</b> <i>(for HDHP enrollees with HSA only)</i>	\$2,600 per calendar year
<b>Health Savings Account (HSA)</b> <i>(for HDHP enrollees only)</i>	\$3,450/\$6,900 \$1,000 catch up, ages 55 & older

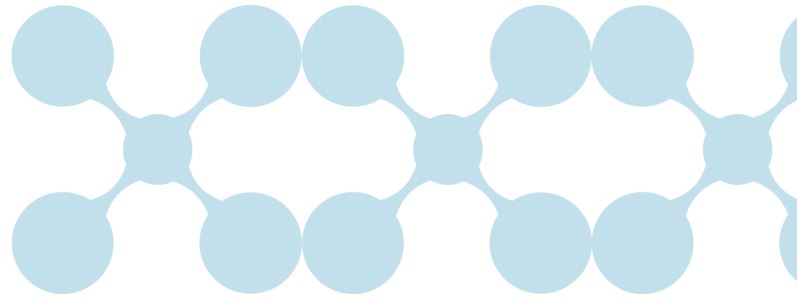
## OPEN ENROLLMENT RUNS NOVEMBER 6TH – NOVEMBER 17TH

Full-Time Employee Monthly Premiums		
Blue Select Plus High Deductible	2017	2018
Employee Only	N/A	\$0.00
Employee + Spouse	N/A	\$480.00
Employee + Child(ren)	N/A	\$346.00
Family	N/A	\$925.00
Special Family**	N/A	\$469.00
District HRA/HSA Contribution	N/A	\$205.00
Preferred Care Blue High Deductible		
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$492.00	\$529.00
Employee + Child(ren)	\$355.00	\$381.00
Family	\$947.00	\$1,018.00
Special Family**	\$480.00	\$515.00
District HRA/HSA Contribution	\$145.00	\$158.00
Basic HMO		
Employee Only	\$42.00	\$40.00
Employee + Spouse	\$727.00	\$775.00
Employee + Child(ren)	\$538.00	\$572.00
Family	\$1,363.00	\$1,458.00
Buy-Up HMO		
Employee Only	\$75.00	\$76.00
Employee + Spouse	\$796.00	\$849.00
Employee + Child(ren)	\$597.00	\$635.00
Family	\$1,466.00	\$1,567.00
PPO		
Employee Only	\$142.00	\$147.00
Employee + Spouse	\$930.00	\$992.00
Employee + Child(ren)	\$715.00	\$761.00
Family	\$1,667.00	\$1,782.00
Basic Dental		
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$20.12	\$18.84
Employee + Child(ren)	\$34.98	\$32.78
Family	\$54.28	\$50.86
Buy-Up Dental		
Employee Only	\$17.84	\$16.72
Employee + Spouse	\$55.82	\$51.58
Employee + Child(ren)	\$85.28	\$79.90
Family	\$120.34	\$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

### DID YOU KNOW?

LSR7 offers a comprehensive wellbeing program. Check it out at [wellbeing.lsr7.org](http://wellbeing.lsr7.org).



## CONTACT INFORMATION

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

### BUSINESS SERVICES DEPARTMENT

Erin Jensen, 816.986.1046

Sara McMillin, 816.986.1048

[benefits@lsr7.net](mailto:benefits@lsr7.net)

### Complete Health & Wellness Center

[Carehere.com](http://Carehere.com), 877.423.1330

### Dental

Cigna

[cigna.com](http://cigna.com), 800.564.7642

### Employee Assistance Program (EAP)

Life Matters, Empathia

[Mylifematters.com](http://Mylifematters.com), 800.634.6433

### Life, Short/Long Term Disability

The Standard

[Standard.com](http://Standard.com), Life: 800.628.8600

Disability: 800.368.1135

### Medical

Blue Cross Blue Shield of Kansas City

[bluekc.com](http://bluekc.com), 816.395.2270 or

800.654.0155

### Vision

VSP

[vsp.com](http://vsp.com), 800.877.7195