

**Lee's Summit R-VII School District  
Insurance Monthly Premium Rates  
Active Eligible Employees  
Effective January 1, 2020 - December 31, 2020**

Board of Education Approved September 24, 2019

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 [benefits@lsr7.net](mailto:benefits@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>BlueSelect Plus High Deductible</b>  | <b>Total Cost</b> | <b>Paid by District</b> | <b>Employee Cost</b> | <b>District HSA or HRA Contribution</b> |
|---|-------------------|-------------------------|----------------------|---|
| Employee Only   | \$566             | \$566                   | \$0                  | \$179                                   |
| Employee & Spouse   | \$1,163           | \$566                   | \$597                | \$179                                   |
| Employee & Child(ren)   | \$996             | \$566                   | \$430                | \$179                                   |
| Full Family   | \$1,715           | \$566                   | \$1,149              | \$179                                   |
| Special Family*   | \$1,715           | \$1,132                 | \$583                | \$358                                   |
| <b>Preferred Care Blue High Deductible</b>  |                   |                         |                      |   |
| Employee Only   | \$620             | \$620                   | \$0                  | \$125                                   |
| Employee & Spouse   | \$1,274           | \$620                   | \$654                | \$125                                   |
| Employee & Child(ren)   | \$1,092           | \$620                   | \$472                | \$125                                   |
| Full Family   | \$1,879           | \$620                   | \$1,259              | \$125                                   |
| Special Family*   | \$1,879           | \$1,240                 | \$639                | \$250                                   |
| <i>*Refers to families with child(ren), in which both spouses are employed by LSR7.</i> |                   |                         |                      |   |
| <b>HMO</b>  |                   |                         |                      |   |
| Employee Only   | \$834             | \$745                   | \$89                 | Not Applicable                          |
| Employee & Spouse   | \$1,707           | \$745                   | \$962                | Not Applicable                          |
| Employee & Child(ren)   | \$1,466           | \$745                   | \$721                | Not Applicable                          |
| Full Family   | \$2,519           | \$745                   | \$1,774              | Not Applicable                          |
| <b>EPO</b>  |                   |                         |                      |   |
| Employee Only   | \$877             | \$745                   | \$132                | Not Applicable                          |
| Employee & Spouse   | \$1,798           | \$745                   | \$1,053              | Not Applicable                          |
| Employee & Child(ren)   | \$1,543           | \$745                   | \$798                | Not Applicable                          |
| Full Family   | \$2,654           | \$745                   | \$1,909              | Not Applicable                          |

**Dental Plans**

| <b>Basic Plan</b>     | <b>Total Cost</b> | <b>Paid by District</b> | <b>Employee Cost</b> |
|-----------------------|-------------------|-------------------------|----------------------|
| Employee Only         | \$18.82           | \$18.82                 | \$0.00               |
| Employee & Spouse     | \$37.66           | \$18.82                 | \$18.84              |
| Employee & Child(ren) | \$51.60           | \$18.82                 | \$32.78              |
| Full Family           | \$69.68           | \$18.82                 | \$50.86              |
| <b>Buy-Up Plan</b>    |                   |                         |                      |
| Employee Only         | \$35.54           | \$18.82                 | \$16.72              |
| Employee & Spouse     | \$70.40           | \$18.82                 | \$51.58              |
| Employee & Child(ren) | \$98.72           | \$18.82                 | \$79.90              |
| Full Family           | \$131.58          | \$18.82                 | \$112.76             |

**Vision Plans**

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