



2021 BENEFITS OVERVIEW

FOR BENEFITS EFFECTIVE 1/1/21-12/31/21

The District's annual insurance open enrollment period is about to begin. To help you select the right plans for 2021, now is the time to begin reviewing the plans being offered by the District and changes for 2021.

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 continues to focus 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 you and your family's needs.

A brief summary of the 2021 changes is provided below. More detailed information can be found in this overview and at benefits.lsr7.org.

SUMMARY OF 2021 CHANGES

- In-Network annual deductible and out-of-pocket maximums are increasing to \$4,000 individual / \$8,000 family on both HDHP plans
- Change in Blue Cross Blue Shield Rx formulary Prescription Drug list
- Annual Health Savings Account (HSA) contribution limits increasing to \$3,600 for individuals and \$7,200 for families enrolled in a High Deductible Health Plan (HDHP)
- Adding new Core dental plan
- Vision Carrier changing from VSP to Cigna with minor plan changes
- Life & AD&D carrier changing from The Standard to Unum

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IMPORTANT DATES

Open enrollment is
October 28th – November 11th

VIRTUAL EMPLOYEE EDUCATION MEETINGS*

The District will be hosting virtual 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 in attendance.

October 20, 2020 at 3:30 pm

October 22, 2020 at 10:00 am

October 26, 2020 at 4:30 pm

*Meeting details and links to attend will come in future email communications. No sign up will be required!

VIRTUAL ENROLLMENT ASSISTANCE




Business Services staff will be available to assist with the online enrollment process. More details and links to schedule a time for enrollment assistance will come in future email communications. Appointments will be required.

November 3 & 4, 2020 from 8:00 am- 11:00 am

November 5 & 6, 2020 from 12:00 pm- 4:00 pm

November 9 through 11, 2020 from 1:00 pm- 5:00 pm

SPECIFIC BENEFIT QUESTIONS

Topic	Who to Call	Phone/Email	Availability
Medical &/or Rx	 Kansas City	816-395-2115 or 844-255-9964	During Enrollment Assistance Hours ONLY
Dental & Vision	 Cigna	800-564-7642	Anytime, 24/7
Other Benefits		Benefits@lsr7.net Erin Jensen 986-1046 Sara McMillin 986-1048	Monday – Friday 8:00 am – 4:30 pm

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		\$4,000/\$8,000	\$4,000/\$8,000
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		\$4,000/\$8,000 \$8,000/\$16,000	\$4,000/\$8,000 \$20,000/\$40,000
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		
NEW! Cigna	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 Retail	\$130 Allowance	\$150 Allowance
Lenses Basic	Covered in full after copay	Covered in full after copay
Contact Lens Fitting	Applies to contact allowance	Applies to contact allowance
Prescription Contact Lenses	\$130 Allowance, No Copay	\$150 Allowance, No Copay

Short Term Medical Leave (STML) (Provided by the District)	
The Standard	
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) (Provided by the District)	
The Standard	
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)

Dental Plan Options			
Cigna	NEW! Core	Basic	Buy-Up
Network	Dental Care Access Plus DHMO Network	Total Cigna DPPO Network	Total Cigna DPPO Network
Diagnostic & Preventive Services (Cigna Pays)	100%	100%	100%
Basic Services (Cigna Pays)	Copays vary by service	60%	80%
Major Services	Copays vary by service	Not Covered	50%
Calendar Year Benefit Maximum	None	\$500 per covered person	\$1,000 per covered person
Orthodontic Services	Max of 24-mo treatment	Not Covered	50%
Separate Lifetime Orthodontia Benefit Maximum	Yes. 24-Month Treatment Fee: Children to Age 19 \$2,184 Adults \$2,904	Not Covered	\$1,000 per covered person
Additional Features	Must designate a Primary Dentist and receive non-specialty dental care from that dentist	<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. 	

Life Insurance Plan Options	Benefit	Monthly Cost
NEW! Unum		
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 Unum, the District's Life Insurance Carrier

Tax Advantage Accounts	Annual Contribution Limit
Medical Flexible Spending Account	\$2,750 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>	\$2,750 per calendar year
Health Savings Account (HSA) <i>(for HDHP enrollees only)</i>	\$3,600/\$7,200 \$1,000 catch up, ages 55 & older



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

Business Services Department (LSR7)
 benefits@lsr7.net
 Erin Jensen, 816.986.1046
 Sara McMillin, 816.986.1048

Complete Health & Wellness Center
 Carehere.com, 877.423.1330

Dental & Vision
 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 Insurance and AD&D
 Unum
 unum.com, 800.858.6843

Medical
 Blue Cross Blue Shield of Kansas City
 bluekc.com, 816.395.2270 or 800.654.0155

Short/Long Term Disability
 The Standard
 Standard.com,
 Disability: 800.368.1135

Full-Time Employee Monthly Premiums**		
BlueSelect Plus High Deductible	2020	2021
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$597.00	\$659.00
Employee + Child(ren)	\$430.00	\$475.00
Family	\$1,149.00	\$1,269.00
Special Family*	\$583.00	\$643.00
District HRA/HSA Contribution	\$179.00	\$182.00
Preferred Care Blue High Deductible		
Employee Only	\$0.00	\$25.00
Employee + Spouse	\$654.00	\$745.00
Employee + Child(ren)	\$472.00	\$544.00
Family	\$1,259.00	\$1,411.00
Special Family*	\$639.00	\$752.00
District HRA/HSA Contribution	\$125.00	\$149.00
HMO		
Employee Only	\$89.00	\$103.00
Employee + Spouse	\$962.00	\$1,057.00
Employee + Child(ren)	\$721.00	\$794.00
Family	\$1,774.00	\$1,944.00
EPO		
Employee Only	\$132.00	\$149.00
Employee + Spouse	\$1,053.00	\$1,154.00
Employee + Child(ren)	\$798.00	\$876.00
Family	\$1,909.00	\$2,088.00
Core Dental		
Employee Only	N/A	\$0.00
Employee + Spouse	N/A	\$11.82
Employee + Child(ren)	N/A	\$15.74
Family	N/A	\$30.30
Basic Dental		
Employee Only	\$0.00	\$5.54
Employee + Spouse	\$18.84	\$25.62
Employee + Child(ren)	\$32.78	\$40.46
Family	\$50.86	\$59.70
Buy-Up Dental		
Employee Only	\$16.72	\$23.34
Employee + Spouse	\$51.58	\$60.48
Employee + Child(ren)	\$79.90	\$90.64
Family	\$112.76	\$125.64
Basic Vision		
Employee Only	\$11.88	\$6.98
Employee + Spouse	\$18.64	\$10.96
Employee + Child(ren)	\$18.38	\$10.80
Family	\$29.64	\$17.42
Buy-Up Vision		
Employee Only	\$18.96	\$8.24
Employee + Spouse	\$29.74	\$12.92
Employee + Child(ren)	\$29.34	\$12.76
Family	\$47.30	\$20.56

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

**After LSR7 contribution of \$808 for medical coverage and \$14.50 for dental coverage

Supplemental Life Monthly Premium		
	Age	Cost Per \$1,000
Employee	< 30	\$0.03
	30 - 34	\$0.05
	35 - 39	\$0.06
	40 - 44	\$0.09
	45 - 49	\$0.15
	50 - 54	\$0.23
	55 - 59	\$0.34
	60 - 64	\$0.58
	65 - 69	\$0.74
	70 +	\$1.41
	Age	Cost Per \$10,000
Spouse	All Ages	\$1.40
Child(ren)	0-26	\$1.36