

**Lee's Summit R-VII School District
Insurance Monthly Premium Rates
Active Eligible Employees
Effective January 1, 2018 - December 31, 2018**

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. 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

Blue Select Plus				
High Deductible	Total Cost	Paid by District	Your Cost	District HSA or HRA Contribution
Employee Only	\$456	\$456	\$0	\$205
Employee & Spouse	\$936	\$456	\$480	\$205
Employee & Child(ren)	\$802	\$456	\$346	\$205
Full Family	\$1,381	\$456	\$925	\$205
Special Family*	\$1,381	\$912	\$469	\$410
Preferred Care Blue				
High Deductible	Total Cost	Paid by District	Your Cost	District HSA or HRA Contribution
Employee Only	\$503	\$503	\$0	\$158
Employee & Spouse	\$1,032	\$503	\$529	\$158
Employee & Child(ren)	\$884	\$503	\$381	\$158
Full Family	\$1,521	\$503	\$1,018	\$158
Special Family*	\$1,521	\$1,006	\$515	\$316
<i>*Refers to families with child(ren), in which both spouses are employed by LSR7.</i>				
Basic HMO				
	Total Cost	Paid by District	Your Cost	District HSA or HRA Contribution
Employee Only	\$701	\$661	\$40	Not Applicable
Employee & Spouse	\$1,436	\$661	\$775	Not Applicable
Employee & Child(ren)	\$1,233	\$661	\$572	Not Applicable
Full Family	\$2,119	\$661	\$1,458	Not Applicable
Buy-Up HMO				
	Total Cost	Paid by District	Your Cost	District HSA or HRA Contribution
Employee Only	\$737	\$661	\$76	Not Applicable
Employee & Spouse	\$1,510	\$661	\$849	Not Applicable
Employee & Child(ren)	\$1,296	\$661	\$635	Not Applicable
Full Family	\$2,228	\$661	\$1,567	Not Applicable
PPO				
	Total Cost	Paid by District	Your Cost	District HSA or HRA Contribution
Employee Only	\$808	\$661	\$147	Not Applicable
Employee & Spouse	\$1,653	\$661	\$992	Not Applicable
Employee & Child(ren)	\$1,422	\$661	\$761	Not Applicable
Full Family	\$2,443	\$661	\$1,782	Not Applicable

Dental Plans

Base Plan			
	Total Cost	Paid by District	Your Cost
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
Buy-Up Plan			
	Total Cost	Paid by District	Your Cost
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

Basic Plan	
	Your Cost
Employee Only	\$11.88
Employee & Spouse	\$18.64
Employee & Child(ren)	\$18.38
Full Family	\$29.64
Buy-Up Plan	
	Your Cost
Employee Only	\$18.96
Employee & Spouse	\$29.74
Employee & Child(ren)	\$29.34
Full Family	\$47.30

Life Supplemental Plans

Supplemental Plans	
	Your Cost
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