

**Lee's Summit R-VII School District
Insurance Monthly Premium Rates
Active Eligible Employees
Effective January 1, 2019 - December 31, 2019**

Board of Education Approved 05/17/18

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

BlueSelect Plus High Deductible	Total Cost	Paid by District	Employee Cost	District HSA or HRA Contribution
Employee Only	\$484	\$484	\$0	\$212
Employee & Spouse	\$993	\$484	\$509	\$212
Employee & Child(ren)	\$851	\$484	\$367	\$212
Full Family	\$1,465	\$484	\$981	\$212
Special Family*	\$1,465	\$968	\$497	\$424
Preferred Care Blue High Deductible				
Employee Only	\$528	\$528	\$0	\$168
Employee & Spouse	\$1,084	\$528	\$556	\$168
Employee & Child(ren)	\$929	\$528	\$401	\$168
Full Family	\$1,599	\$528	\$1,071	\$168
Special Family*	\$1,599	\$1,056	\$543	\$336
<i>*Refers to families with child(ren), in which both spouses are employed by LSR7.</i>				
HMO				
Employee Only	\$741	\$696	\$45	Not Applicable
Employee & Spouse	\$1,517	\$696	\$821	Not Applicable
Employee & Child(ren)	\$1,302	\$696	\$606	Not Applicable
Full Family	\$2,238	\$696	\$1,542	Not Applicable
EPO				
Employee Only	\$778	\$696	\$82	Not Applicable
Employee & Spouse	\$1,595	\$696	\$899	Not Applicable
Employee & Child(ren)	\$1,369	\$696	\$673	Not Applicable
Full Family	\$2,355	\$696	\$1,659	Not Applicable
PPO				
Employee Only	\$854	\$696	\$158	Not Applicable
Employee & Spouse	\$1,748	\$696	\$1,052	Not Applicable
Employee & Child(ren)	\$1,504	\$696	\$808	Not Applicable
Full Family	\$2,584	\$696	\$1,888	Not Applicable

Dental Plans

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

Life Supplemental Plans

Supplemental Plans	Employee 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