

2021 BENEFITS OVERVIEW

WELCOME TO LSR7!

ELIGIBILITY

You are eligible to participate in the LSR7 benefits program if you are a regularly scheduled (full- and part-time) staff member receiving compensation included in a District contract and/or compensation summary or as required by law. The District's contribution towards medical coverage for part-time employees is pro-rated based on the position and the number of hours worked.

COMPLETE HEALTH & WELLNESS CENTER

District employees and family members (age 2 and over) enrolled in a District medical plan have access to quality, affordable health care through the Complete Health & Wellness Center operated by CareHere. The Complete Health & Wellness Center is a resource to manage acute illnesses and minor injuries, prescribe medications, assist with chronic conditions, provide preventive and wellbeing services and support the overall health and wellness of you and your family. Appointments are required and can be scheduled online at www.carehere.com, via the CareHere mobile app, or by phone at 1.877.423.1330.

YOUR LSR7 BENEFIT PACKAGE INCLUDES ALL OF THE BENEFITS OUTLINED IN THIS OVERVIEW AND MORE, INCLUDING:

- 403(b) and 457 Plans
- Benefit Continuation
- Catastrophic Paid Days Off Bank
- Credit Unions
- Educational Assistance Program
- Inspiring Balance Wellbeing Program
- LifeMatters, Employee Assistance Program (EAP)
- Long Term Care Insurance
- PSRS/PEERS Retirement Plans
- Staff Discounts and Offers

PREPARE

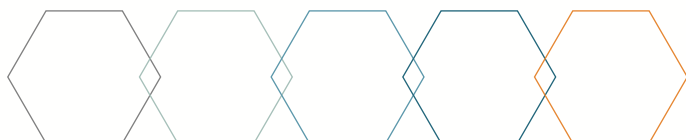
- Review the benefit plans and rates included in this overview
- Review detailed plan information and educational materials at benefits.lsr7.org
- Please email questions to benefits@lsr7.net or call:

Erin Jensen at 816.986.1046 or

Sara McMillin at 816.986.1048

ENROLL

- Visit benefits.lsr7.org/new-enrollees for step-by-step enrollment instructions
- Complete your enrollment by the deadline provided during your new hire orientation
- Follow the instructions in step 6 at benefits.lsr7.org/new-enrollees to open your Health Savings Account (HSA) if applicable



600 NW Murray Rd. Suite 103 • Lee's Summit, MO

 **Complete**
Health & Wellness Center

Serving Lee's Summit R-7 School District

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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
Tier 2: Formulary Name Brand	\$40	\$50	\$40	\$50
Tier 3: Non-Formulary Name Brand	\$65	\$75	\$65	\$75
Mail Order Rx (102-day supply) <i>Optum Rx</i>	2x RxPreferred Retail	2x RxPreferred Retail	Deductible	Deductible



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		
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 (20% off remaining cost applied)	\$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	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 to a maximum of 3x. 	

Life Insurance Plan Options	Benefit	Monthly Cost
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 (\$500,000 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 (9 month and 12 month options)	\$5,000 per calendar year (\$2,500 if married filing separately)
Limited Flexible Spending Account (for HDHP enrollees with HSA only)	\$2,750 per calendar year
Health Savings Account (HSA) (for HDHP enrollees only)	\$3,600/\$7,200 \$1,000 catch up, ages 55 & older

FULL-TIME EMPLOYEE MONTHLY PREMIUMS

Blue Select Plus High Deductible	Total Cost	District Paid	Employee Cost
Employee Only	\$626.00	\$626.00	\$0.00
Employee + Spouse	\$1,285.00	\$626.00	\$659.00
Employee + Child(ren)	\$1,101.00	\$626.00	\$475.00
Family	\$1,895.00	\$626.00	\$1,269.00
Special Family*	\$1,895.00	\$1,252.00	\$643.00
District HRA/HSA Contribution		\$182.00	
Preferred Care Blue High Deductible			
Employee Only	\$684.00	\$659.00	\$25.00
Employee + Spouse	\$1,404.00	\$659.00	\$745.00
Employee + Child(ren)	\$1,203.00	\$659.00	\$544.00
Family	\$2,070.00	\$659.00	\$1,411.00
Special Family*	\$2,070.00	\$1,318.00	\$752.00
District HRA/HSA Contribution		\$149.00	
HMO			
Employee Only	\$911.00	\$808.00	\$103.00
Employee + Spouse	\$1,865.00	\$808.00	\$1,057.00
Employee + Child(ren)	\$1,602.00	\$808.00	\$794.00
Family	\$2,752.00	\$808.00	\$1,944.00
EPO			
Employee Only	\$957.00	\$808.00	\$149.00
Employee + Spouse	\$1,962.00	\$808.00	\$1,154.00
Employee + Child(ren)	\$1,684.00	\$808.00	\$876.00
Family	\$2,896.00	\$808.00	\$2,088.00
Core Dental			
Employee Only	\$14.50	\$14.50	\$0.00
Employee + Spouse	\$26.32	\$14.50	\$11.82
Employee + Child(ren)	\$30.24	\$14.50	\$15.74
Family	\$44.80	\$14.50	\$30.30
Basic Dental			
Employee Only	\$20.04	\$14.50	\$5.54
Employee + Spouse	\$40.12	\$14.50	\$25.62
Employee + Child(ren)	\$54.96	\$14.50	\$40.46
Family	\$74.20	\$14.50	\$59.70
Buy-Up Dental			
Employee Only	\$37.84	\$14.50	\$23.34
Employee + Spouse	\$74.98	\$14.50	\$60.48
Employee + Child(ren)	\$105.14	\$14.50	\$90.64
Family	\$140.14	\$14.50	\$125.64
Basic Vision			
Employee Only	\$6.98	\$0.00	\$6.98
Employee + Spouse	\$10.96	\$0.00	\$10.96
Employee + Child(ren)	\$10.80	\$0.00	\$10.80
Family	\$17.42	\$0.00	\$17.42
Buy-Up Vision			
Employee Only	\$8.24	\$0.00	\$8.24
Employee + Spouse	\$12.92	\$0.00	\$12.92
Employee + Child(ren)	\$12.76	\$0.00	\$12.76
Family	\$20.56	\$0.00	\$20.56

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

CONTACT INFORMATION

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

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