

# CONTINUATION OF COVERAGE—COBRA

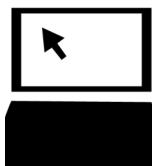


If your employment with the District ends for any reason other than retirement from PSRS/PEERS, you and your eligible family members may continue participation in the District’s medical, dental, vision and/or Employee Assistance Program (EAP) in which you were enrolled on your last day of employment per the Federal Consolidated Omnibus Reconciliation Act of 1985 (COBRA).

After your last day worked, you will receive a mailing from CBIZ COBRA/Retiree Billing, the District’s COBRA/Retiree group coverage administrator. Please review the mailing carefully and follow the directions included to continue your current coverage.

Contact [benefits@lsr7.net](mailto:benefits@lsr7.net) to confirm your last day of coverage.

Other benefits eligible for continuation include Life and Long Term Care Insurance



Learn more about COBRA coverage by visiting [benefits.lsr7.org/resources/leaving-employment](https://benefits.lsr7.org/resources/leaving-employment).



### **Aaron and his family are relocating.**

Aaron has resigned his position with LSR7 and is not eligible for immediate retirement benefits from PSRS/PEERS, but will not return for the following school year.

**Aaron and his family are able to continue participating in his current eligible District benefits for up to 18 months per COBRA.**

Aaron, his spouse and dependent children are eligible to continue enrollment in the plans in which they were enrolled on his last date of employment.

For questions, contact LSR7 Business Services at (816) 986-1000 or by email at [benefits@lsr7.net](mailto:benefits@lsr7.net)



# CONTINUATION OF COVERAGE—COBRA

Premiums are paid directly to CBIZ, the District's COBRA Group Coverage administrator



2023 COBRA Medical Plans	
BlueSelect Plus High Deductible	Monthly Premium
Member Only	\$708.90
Member & Spouse	\$1,456.56
Member & Child(ren)	\$1,247.46
Full Family	\$2,148.12
<b>Preferred Care Blue High Deductible</b>	
Member Only	\$775.20
Member & Spouse	\$1,591.20
Member & Child(ren)	\$1,363.74
Full Family	\$2,346.00
<b>HMO</b>	
Member Only	\$1,033.26
Member & Spouse	\$2,114.46
Member & Child(ren)	\$1,816.62
Full Family	\$3,121.20
<b>EPO</b>	
Member Only	\$1,020.00
Member & Spouse	\$2,091.00
Member & Child(ren)	\$1,795.20
Full Family	\$3,086.52
2023 COBRA Employee Assistance Program (EAP)	
LifeMatters	
Full Family	\$2.45

2023 COBRA Dental Plans	
Core Plan	Monthly Premium
Member Only	\$14.79
Member & Spouse	\$26.85
Member & Child(ren)	\$30.84
Full Family	\$45.70
<b>Basic Plan</b>	
Member Only	\$20.44
Member & Spouse	\$40.92
Member & Child(ren)	\$56.06
Full Family	\$75.68
<b>Buy-Up Plan</b>	
Member Only	\$38.60
Member & Spouse	\$76.48
Member & Child(ren)	\$107.24
Full Family	\$142.94
2023 COBRA Vision Plans	
Basic Plan	
Member Only	\$7.12
Member & Spouse	\$11.18
Member & Child(ren)	\$11.02
Full Family	\$17.77
<b>Buy-Up Plan</b>	
Member Only	\$8.40
Member & Spouse	\$13.18
Member & Child(ren)	\$13.02
Full Family	\$20.97



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