

**Lee's Summit R-VII School District  
Insurance Monthly Premium Rates  
Active Eligible Employees  
Effective January 1, 2023 - December 31, 2023**

Board of Education Approval 9/29/22

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](mailto: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**

| <b>BlueSelect Plus High Deductible</b>  | <b>Total Cost</b> | <b>Paid by District</b> | <b>Employee Cost</b> | <b>District HSA or HRA Contribution</b> |
|---|-------------------|-------------------------|----------------------|---|
| Employee Only   | \$695             | \$695                   | \$0                  | \$182                                   |
| Employee & Spouse   | \$1,428           | \$695                   | \$733                | \$182                                   |
| Employee & Child(ren)   | \$1,223           | \$695                   | \$528                | \$182                                   |
| Full Family   | \$2,106           | \$695                   | \$1,411              | \$182                                   |
| Special Family*   | \$2,106           | \$1,390                 | \$716                | \$364                                   |
| <b>Preferred Care Blue High Deductible</b>  |                   |                         |                      |   |
| Employee Only   | \$760             | \$735                   | \$25                 | \$142                                   |
| Employee & Spouse   | \$1,560           | \$735                   | \$825                | \$142                                   |
| Employee & Child(ren)   | \$1,337           | \$735                   | \$602                | \$142                                   |
| Full Family   | \$2,300           | \$735                   | \$1,565              | \$142                                   |
| Special Family*   | \$2,300           | \$1,470                 | \$830                | \$284                                   |
| <i>*Refers to families with child(ren), in which both spouses are employed by LSR7.</i> |                   |                         |                      |   |
| <b>HMO</b>  |                   |                         |                      |   |
| Employee Only   | \$1,013           | \$877                   | \$136                | Not Applicable                          |
| Employee & Spouse   | \$2,073           | \$877                   | \$1,196              | Not Applicable                          |
| Employee & Child(ren)   | \$1,781           | \$877                   | \$904                | Not Applicable                          |
| Full Family   | \$3,060           | \$877                   | \$2,183              | Not Applicable                          |
| <b>EPO</b>  |                   |                         |                      |   |
| Employee Only   | \$1,000           | \$877                   | \$123                | Not Applicable                          |
| Employee & Spouse   | \$2,050           | \$877                   | \$1,173              | Not Applicable                          |
| Employee & Child(ren)   | \$1,760           | \$877                   | \$883                | Not Applicable                          |
| Full Family   | \$3,026           | \$877                   | \$2,149              | Not Applicable                          |

**Dental Plans**

| <b>Core Plan</b>      | <b>Total Cost</b> | <b>Paid by District</b> | <b>Employee Cost</b> |
|-----------------------|-------------------|-------------------------|----------------------|
| 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              |
| Full Family           | \$44.80           | \$14.50                 | \$30.30              |
| <b>Basic Plan</b>     |                   |                         |                      |
| 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              |
| Full Family           | \$74.20           | \$14.50                 | \$59.70              |
| <b>Buy-Up Plan</b>    |                   |                         |                      |
| 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              |
| Full Family           | \$140.14          | \$14.50                 | \$125.64             |

**Vision Plans**

| <b>Basic Plan</b>     | <b>Employee Cost</b> |
|-----------------------|----------------------|
| Employee Only         | \$6.98               |
| Employee & Spouse     | \$10.96              |
| Employee & Child(ren) | \$10.80              |
| Full Family           | \$17.42              |
| <b>Buy-Up Plan</b>    |                      |
| Employee Only         | \$8.24               |
| Employee & Spouse     | \$12.92              |
| Employee & Child(ren) | \$12.76              |
| Full Family           | \$20.56              |

**Life Supplemental Plans**

| <b>Supplemental Plans</b>          | <b>Employee Cost</b> |
|------------------------------------|----------------------|
| Dependent Life-Spouse              | \$1.40               |
| Dependent Life-Child(ren)          | \$1.36               |
| Supplemental Employee Life/\$1,000 |                      |
| <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                 |