

**Lee's Summit R-VII School District
Insurance Monthly Premium Rates
Active Eligible Employees
Effective January 1, 2024 - December 31, 2024**

Board of Education Approval 8/17/23 and 9/28/23

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	\$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
Preferred Care Blue High Deductible				
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>				
HMO				
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
EPO				
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

Core Plan	Total Cost	Paid by District	Employee Cost
Employee Only	\$14.90	\$14.90	\$0.00
Employee & Spouse	\$27.04	\$14.90	\$12.14
Employee & Child(ren)	\$31.06	\$14.90	\$16.16
Full Family	\$46.02	\$14.90	\$31.12
Basic Plan			
Employee Only	\$20.98	\$14.90	\$6.08
Employee & Spouse	\$42.02	\$14.90	\$27.12
Employee & Child(ren)	\$57.56	\$14.90	\$42.66
Full Family	\$77.70	\$14.90	\$62.80
Buy-Up Plan			
Employee Only	\$43.80	\$14.90	\$28.90
Employee & Spouse	\$86.80	\$14.90	\$71.90
Employee & Child(ren)	\$119.68	\$14.90	\$104.78
Full Family	\$160.02	\$14.90	\$145.12

Vision Plans

Basic Plan	Employee Cost
Employee Only	\$7.32
Employee & Spouse	\$11.50
Employee & Child(ren)	\$11.34
Full Family	\$18.28
Buy-Up Plan	
Employee Only	\$8.64
Employee & Spouse	\$13.54
Employee & Child(ren)	\$13.38
Full Family	\$21.56

Life Supplemental Plans

Supplemental Plans	Employee Cost
Dependent Life-Spouse	\$1.40
Dependent Life-Child(ren)	\$1.36
Supplemental Employee Life/\$1,000	
<30	0.03
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