

CONTINUATION OF COVERAGE—Retiree



If you are eligible to receive immediate retiree benefits from PSRS or PEERS, you and your eligible family members may continue participation in the District's **Medical, Dental, Vision and Employee Assistance (EAP) plans as a Retiree participant**. You, your spouse, and dependent children are eligible to continue enrollment in the plan(s) in which they were enrolled on your last day of employment.

After your last day worked, you will receive enrollment information in the US mail from CBIZ COBRA/Retiree Billing, the District's COBRA/Retiree group coverage administrator. Please review this information carefully and follow the directions included to continue your current coverage.

Karen plans to retire in May, 2027.

Karen is eligible to receive immediate retirement benefits from PSRS/PEERS, but does not plan to enroll in retiree benefits at retirement.



Karen will still have two future open enrollment opportunities to join the District's Retiree Group coverage.

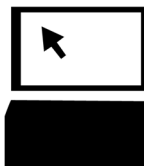
⇒ **November, 2027 for coverage effective 1/1/2028**

⇒ **November, 2028 for coverage effective 1/1/2029**

If Karen does not elect retiree benefits by 1/1/2029, she will lose her eligibility for the District's retiree group coverage and will **not** be eligible to enroll in the future.

Contact benefits@lsr7.net to confirm your last day of coverage.

Other benefits eligible
for continuation
include Life Insurance



Learn more about continuing coverage at retirement by visiting benefits.lsr7.org/resources/leaving-employment.



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

CONTINUATION OF COVERAGE—Retiree

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



2027 Retiree Medical Plans

BlueSelect Plus High Deductible	Monthly Premium
Retiree Only	\$862
Retiree & Spouse	\$1,739
Retiree & Child(ren)	\$1,489
Full Family	\$2,564

Preferred Care Blue High Deductible

Retiree Only	\$941
Retiree & Spouse	\$1,899
Retiree & Child(ren)	\$1,629
Full Family	\$2,801

HMO

Retiree Only	\$1,258
Retiree & Spouse	\$2,573
Retiree & Child(ren)	\$2,217
Full Family	\$3,774

EPO

Retiree Only	\$1,242
Retiree & Spouse	\$2,545
Retiree & Child(ren)	\$2,192
Full Family	\$3,734

2027 Retiree Employee Assistance Program (EAP)

Retiree, Spouse & Children (up to age 26)	\$2.89
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2027 Retiree Dental Plans

Core Plan	Monthly Premium
Retiree Only	\$14.90
Retiree & Spouse	\$27.04
Retiree & Child(ren)	\$31.06
Full Family	\$46.02

Basic Plan

Retiree Only	\$20.98
Retiree & Spouse	\$42.02
Retiree & Child(ren)	\$57.56
Full Family	\$77.70

Buy-Up Plan

Retiree Only	\$43.80
Retiree & Spouse	\$86.80
Retiree & Child(ren)	\$119.68
Full Family	\$160.02

2027 Retiree Vision Plan

Vision Plan	
Retiree Only	\$7.58
Retiree & Spouse	\$11.92
Retiree & Child(ren)	\$11.74
Full Family	\$18.92



Learn more about COBRA
coverage by visiting

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