

CONTINUATION OF COVERAGE—COBRA

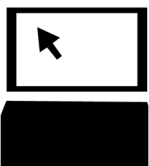


If your employment with the District ends for any reason other than retirement from PSRS/PEERS, you and your eligible family members may continue participation in the District's medical, dental, vision and/or Employee Assistance Program (EAP) in which you were enrolled on your last day of employment 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 to confirm your last day of coverage.

Other benefits eligible
for continuation
include Life Insurance



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

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

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.



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



2027 COBRA Medical Plans	
BlueSelect Plus High Deductible	Monthly Premium
Member Only	\$878.84
Member & Spouse	\$1,773.40
Member & Child(ren)	\$1,518.62
Full Family	\$2,615.21
Preferred Care Blue High Deductible	
Member Only	\$959.66
Member & Spouse	\$1,937.27
Member & Child(ren)	\$1,661.16
Full Family	\$2,856.52
HMO	
Member Only	\$1,282.91
Member & Spouse	\$2,624.18
Member & Child(ren)	\$2,261.65
Full Family	\$3,849.85
EPO	
Member Only	\$1,267.20
Member & Spouse	\$2,596.12
Member & Child(ren)	\$2,235.83
Full Family	\$3,808.32
2027 COBRA Employee Assistance Program (EAP)	
EAP	
Full Family	\$2.95

2027 COBRA Dental Plans	
Core Plan	Monthly Premium
Member Only	\$15.20
Member & Spouse	\$27.58
Member & Child(ren)	\$31.68
Full Family	\$46.94
Basic Plan	
Member Only	\$21.40
Member & Spouse	\$42.86
Member & Child(ren)	\$58.71
Full Family	\$79.25
Buy-Up Plan	
Member Only	\$44.68
Member & Spouse	\$88.54
Member & Child(ren)	\$122.07
Full Family	\$163.22
2027 COBRA Vision Plan	
Vision Plan	
Member Only	\$7.73
Member & Spouse	\$12.16
Member & Child(ren)	\$11.97
Full Family	\$19.30

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