



KOKOMO SCHOOL CORPORATION

Creating a Better World Through Education

	2018 Annual Premium	KSC Annual Share	Employee Share	Employee Deduction 26 pays	Employee Deduction 18 pays
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Self-Funded Employee Medical and Vision Plan (Administered by Anthem)

1. Single	\$10,055.00	\$8,550.00	\$1,505.00	\$57.89	83.62
2. Employee + Dep	\$22,119.00	\$15,500.00	\$6,619.00	\$254.58	367.73
3. Employee + Family	\$25,139.00	\$17,600.00	\$7,539.00	\$289.97	418.84
4. <i>Employee + Family</i>	\$25,139.00	\$18,625.00	\$6,514.00	\$250.54	361.89

(#4 applies if both spouses are employed full time by Kokomo Schools)

Self-Funded Employee Dental Plan (Administered by Delta Dental)

1. Single	\$525.00	\$500.00	\$25.00	\$0.97	1.39
2. Family	\$1,192.00	\$625.00	\$567.00	\$21.81	31.50
3. <i>Family</i>	\$1,192.00	\$1,100.00	\$92.00	\$3.54	5.12

(#3 applies if both spouses are employed full time by Kokomo Schools)

All medical and/or dental insurance premiums shall be withheld on a pre-tax basis unless waived by the employee. Contact Benefit Specialist for waiver form.

Group Income Protection Plan (Administered by National Insurance Services)

Long Term Disability			\$49.00	\$1.89	2.73
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Group Term Life Insurance (Administered by National Insurance Services)

\$50,000 of coverage			\$5.00	\$0.20	0.28
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Section 125 - Flex (Administered by WageWorks)

Fee is taken from first 13 pays of the calendar year.

Fee is based on number of participants each year. The maximum amount for 2017 is listed.

Unreimbursed Medical care	&/or Dependent care	\$99.66	\$0.00	\$99.66	\$7.67	\$7.67
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Changes in participation and/or enrollment in group medical, dental, and vision insurance plans must be done within 30 days of employment or within 30 days of a HIPAA qualifying event.