



**KOKOMO SCHOOL CORPORATION**

*Creating a Better World Through Education*

	2019 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	\$10,357.00	\$8,550.00	\$1,807.00	\$69.50	\$100.39
2. Employee + Dep	\$22,783.00	\$15,500.00	\$7,283.00	\$280.12	\$404.62
3. Employee + Family	\$25,893.00	\$17,600.00	\$8,293.00	\$318.97	\$460.73
4. <i>Employee + Family</i>	\$25,893.00	\$18,625.00	\$7,268.00	\$279.54	\$403.78

(#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 (Now Administered by Ameriflex for 2019)**

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

Contributions taken from first 13 pays of calendar year.

Unreimbursed Medical &/or Dependent Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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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.

Board approved October 1, 2018.