



KOKOMO SCHOOL CORPORATION

Creating a Better World Through Education

	2022 Annual Premium	KSC Annual Share	Employee Annual 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	\$11,207.00	\$8,650.00	\$2,557.00	\$98.35	\$142.06
2. Employee + Dep	\$24,653.00	\$15,700.00	\$8,953.00	\$344.35	\$497.39
3. Employee + Family	\$28,019.00	\$17,800.00	\$10,219.00	\$393.04	\$567.73
4. <i>Employee + Family</i>	\$28,019.00	\$18,825.00	\$9,194.00	\$353.62	\$510.78

(#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 (Administered by Ameriflex)

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.

Adopted October 4, 2021