

KALAMAZOO PUBLIC SCHOOLS  
2011 – 2012 School Year  
**KALAMAZOO EDUCATION ASSOCIATION**

Newly hired staff members **MUST** sign up for insurance **within 30 days of hire.**  
**COVERAGE AVAILABLE FIRST DAY OF HIRE**  
PAK Groups require 100% Participation

❖ **PAK B (No Medical)**

➤ **Premium Contribution**

Coordinated Dental		w/out Coordinated Dental	
<u>26 Pay</u>	<u>21 Pay</u>	<u>26 Pay</u>	<u>21 Pay</u>
Single \$2.10	Single \$2.60	Single \$3.46	Single \$4.29
Double \$4.07	Double \$5.04	Double \$6.60	Double \$8.17
Family \$7.47	Family \$9.25	Family \$11.85	Family \$14.67

- Vision (VSP-2 Silver) *PLAN YEAR BEGINS JULY 1 OF EACH YEAR*
- Delta Dental (80-80-80 or 50-50-50) *PLAN YEAR BEGINS JULY 1 OF EACH YEAR*  
# 0687-0007 (80%) #0687-0008 (50%)
- Life Insurance (\$15,000)
- Long-Term Disability (LTD)
  - 90 Calendar Day Elimination Period
  - 66-2/3% of salary monthly ~ max monthly \$7,500

Cash Option - \$100 per month (in lieu of health insurance in district coverage)  
\$400 per month (in lieu of health insurance outside of KPS)

❖ **PAK C Choices II**

➤ **Premium Contribution**

Coordinated Dental		w/out Coordinated Dental	
<u>26 Pay</u>	<u>21 Pay</u>	<u>26 Pay</u>	<u>21 Pay</u>
Single \$51.22	Single \$63.41	Single \$52.62	Single \$65.15
Double \$114.38	Double \$141.61	Double \$116.97	Double \$144.82
Family \$129.99	Family \$160.95	Family \$134.46	Family \$166.47

- Deductible: \$100/200 In-Network: \$250/\$500 Out-of-Network
- \$20 Office Visits, \$25 Urgent care, \$50 Emergency Rm Co pays
- RX Coverage \$10 Generic/\$20 Brand Name
- Includes Basic Term Life: \$5,000 and AD&D
- Vision (VSP-2 Silver) *PLAN YEAR BEGINS JULY 1 OF EACH YEAR*
- Delta Dental (80-80-80 or 50-50-50) *PLAN YEAR BEGINS JULY 1 OF EACH YEAR*  
# 0687-0005 (80%) #0687-0006 (50%)
- Life Insurance (\$10,000)
- Long-Term Disability (LTD)
  - 90 Calendar Day Elimination Period
  - 66-2/3% of salary monthly ~ max monthly \$7,500

❖ **PAK D (Part-Time w/option to purchase PAK A or B)**

Coordinated Dental		w/out Coordinated Dental	
<u>26 Pay</u>	<u>21 Pay</u>	<u>26 Pay</u>	<u>21 Pay</u>
Single \$5.90	Single \$7.30	Single \$6.56	Single \$8.13
Double \$6.46	Double \$8.00	Double \$7.13	Double \$8.82
Family \$6.99	Family \$8.66	Family \$7.66	Family \$9.48

- Vision (VSP-2 Silver) *PLAN YEAR BEGINS JULY 1 OF EACH YEAR*
- Delta Dental (80-80-80 or 50-50-50) *PLAN YEAR BEGINS JULY 1 OF EACH YEAR*  
# 0687-0003 (80%) #0687-0004 (50%)
- Life Insurance (\$10,000)

❖ **OptionALL – Flexible Spending Account**

- Health Account – Max \$5,000
- Dependent Care Account – Max \$5,000