

MITCHELL SCHOOL DISTRICT 17-2

BENEFITS-CERTIFIED STAFF (10-11)

HEALTH INSURANCE \$1000 Deductible plan.

<u>Coverage</u>	<u>Premium</u>	<u>District Contribution</u>	<u>Your Contribution</u>
FAMILY:	\$1,116.00	\$614.00	\$502.00
SINGLE	\$453.00	\$385.00	\$68.00

HEALTH INSURANCE \$500 Deductible plan

<u>Coverage</u>	<u>Premium</u>	<u>District Contribution</u>	<u>Your Contribution</u>
FAMILY	\$1,289.00	\$614.00	\$675.00
SINGLE	\$523.00	\$385.00	\$138.00

DENTAL INSURANCE

<u>Coverage</u>	<u>Premium</u>	<u>District Contribution</u>	<u>Your Contribution</u>
FAMILY	\$98.00	\$78.40	\$19.60
SINGLE	\$42.12	\$33.70	\$8.42

LIFE INSURANCE

All full time employees receive \$40,000 term life insurance. Employees can purchase up to an additional \$40,000 of life insurance at a cost of \$8.40 per month. **There is no dependent life insurance.**

DISABILITY INSURANCE

All employees pay 100% of the premium, which is calculated by taking your salary and the District's monthly contribution to health insurance and multiplying by .00503 to determine your yearly premium.

RETIREMENT

Six (6) percent of salary to South Dakota State Retirement System.

Personal Days Two (2) days per year. (\$60/day for unused days)

Sick leave Ten (10) days per year

Dependent care Three (3) days per year

Wellness Benefit \$200 if sick leave or dependent care is not used