

## MITCHELL SCHOOL DISTRICT 17-2

### BENEFITS- 10 MONTH EMPLOYEES

#### HEALTH INSURANCE

##### **FAMILY:**

September-June \$5,324.00

July-August \$2,366.00

\$7,690.00 divided by 18 checks = \$427.22 per check  
\$361.44/board

##### **Single:**

September-June \$720.00

July-August \$960.00

\$1,680.00 divided by 18 checks = \$93.33 per check  
\$226.66/board

#### DENTAL INSURANCE

##### **Family:**

September-June \$196.00

July-August \$196.00

\$392.00 divided by 18 checks = \$21.78 per check  
\$43.55/board

##### **Single:**

September-June \$85.00

July-August \$85.00

\$170.00 divided by 18 checks = \$9.44 per check  
\$18.72/board

#### LIFE INSURANCE

\$20,000 \$ .47/check

\$40,000 \$ 3.26/check

#### 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

Full-time employees-board matches 6% of earnings after one (1) year of employment