

**MRH Certified/Professional Staff Board Paid Benefits  
2016-2017**

Employee Group	Sick Days	Personal Days	Peers/ or PSRS Teacher Retirement	Anthem Health Insurance	Delta Dental Insurance	Anthem Group Life/Accidental Insurance
Full-time 30-40 hours	10 days per year (Accruable to 132)	2 days per year (Accruable to 3)	District Matched 6.86% / 14.57%	Eligible for District Paid Health Insurance	Eligible for District Paid Dental Insurance	Eligible for District Paid Life Insurance 1x Salary
20-29 hours	10 days per year (Accruable to 132) Prorated to days worked per hour.	2 days per year (Accruable to 3) Prorated to days worked per hour	District Matched 6.86% / 14.57%	n/a	n/a	n/a

Anthem Medical Coverage	Anthem \$0 Corridor Plan	Anthem \$500 Corridor Plan <b>(Board Paid Only)</b>	Anthem \$1500 Base Corridor
Employee	\$477.00	<b>\$432.00</b>	\$377.00
Spouse	\$499.00	\$457.00	\$407.00
Child(ren)	\$443.00	\$402.00	\$350.00
Family	\$817.00	\$771.00	\$698.00
<b>Kidz Plan</b>			
One Child - \$198.50			
Two or More Children - \$397.00			

Delta Dental / VSP Vision	Delta Dental PPO (Out of Network) /EPO (In-Network) Plan	Vision Blue – Vision Plan (Not Board Paid)
Employee	<b>26.32 (Board Paid Only)</b>	\$8.36
Spouse or 1 Dependent	\$51.78	\$12.55
Family	\$85.44	\$22.09

**Dollar (\$) Amount in red is Cost per Month for District**

For Detailed Benefit Information, Please Visit [WWW.MYBENERGY.COM](http://WWW.MYBENERGY.COM)

**USERNAME:mrhsk12**

**PASSWORD: csd**

\*Medical rates are effective October 1, 2016 through September 30, 2017

\*Vision rates are effective October 1, 2016 through September 30, 2017