

**MRH Certified Staff Board Paid Benefits  
2019-2020**

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	\$650.00	<b>\$588.00</b>	\$513.00
Spouse	\$680.00	\$622.00	\$555.00
Child(ren)	\$603.00	\$547.00	\$477.00
Family	\$1,113.00	\$1,049.00	\$951.00
<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>\$25.80 (Board Paid Only)</b>	\$8.36
Spouse or 1 Dependent	\$50.74	\$12.55
Family	\$83.74	\$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, 2018 through September 30, 2019

\*Vision rates are effective October 1, 2018 through September 30, 2019