

**CITY OF MITCHELL**  
**BENEFIT SUMMARY**  
as of January 1, 2008

<b>VACATION:</b>	<u>LENGTH OF SERVICE</u>	<u>ACCRUAL</u>
	0-5 Years	80 Hours
	6-12 Years	120 Hours
	13 > Years	160 Hours

**SICK LEAVE:** 96 Hours (24 hours annually of Family Emergency Leave included in this total)

**HOLIDAYS:** New Years  
Martin Luther King  
1/2 Day – Good Friday  
Memorial Day  
Independence Day  
Labor Day  
Native American Day  
Veterans Day  
Thanksgiving Day  
1/2 Day – Christmas Eve  
Christmas Day

**HEALTH INSURANCE: GOLD PLAN -- \$250.00 Deductible**  
Employee \$ 36.00/month  
2 Party \$ 181.14/month  
Family \$ 278.16/month

**SILVER PLAN -- \$500.00 Deductible**  
Employee \$ -0-  
2 Party \$ 151.14/month  
Family \$ 249.76/month

**DENTAL INSURANCE:** Employee \$ -0-  
2 Party \$ 33.56/month  
Family \$ 72.00/month

**LIFE INSURANCE:** Employee covered for \$15,000

**RETIREMENT:** General Employee Contribution 6%/City match 6%  
Public Safety Employee Contribution 8%/City match 8%  
Vested in plan: 3 years

**LONGEVITY PAY:** Bonus paid annually in December based on the number of years of service with the City of Mitchell beginning after the 6<sup>th</sup> year of employment.

Other coverage's are available through the City, at the employee's expense, such as catastrophic illness/ cancer insurance/heart disease.

Payroll deducts available: Golf membership and Recreation Center membership.