

**POSTVILLE COMMUNITY SCHOOL DISTRICT  
 REQUIRED REPORT OF INSURANCE BENEFITS  
 2017-2018 School Year**

<b>Health Insurance Benefits</b>	<b>Superintendent</b>	<b>Principal</b>	<b>Teacher</b>
<b>Monthly Single Premium</b>	\$559	\$559	\$559
<b>% Paid by District</b>	0%	100%	100%
<b>% Paid by Employee</b>	0%	0%	0%
<b>Additional Monthly Family Premium</b>	\$809	\$809	\$809
<b>% Paid by District</b>	0%	100%	0.0%
<b>% Paid by Employee</b>	0%	0%	100.0%
<b>Dental Insurance Benefits</b>			
<b>Monthly Single Premium</b>	\$36.96	\$36.96	\$36.96
<b>% Paid by District</b>	0%	100%	100%
<b>% Paid by Employee</b>	0%	0%	0%
<b>Additional Monthly Family Premium</b>	\$61.76	\$61.76	\$61.76
<b>% Paid by District</b>	0%	100%	0.0%
<b>% Paid by Employee</b>	0%	0%	100.0%
<b>Long-Term Disability Benefits</b>			
<b>Monthly Single Premium</b>	.182% of salary	.182% of salary	.182% of salary
<b>% Paid by District</b>	0%	100%	100%
<b>% Paid by Employee</b>	0%	0%	0%