

**KENYON COLLEGE
FRINGE BENEFITS SCHEDULE - 2020/21**

FRINGE BENEFIT

College Pays

Employee Pays

FICA:

Effective 01/01/20
7.65% as follows:

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Social Security (OASDI) 6.20% x Kenyon salary on
maximum base of \$137,700
for a \$8,537 maximum

6.20% x Kenyon salary on
maximum base of \$137,700
for a \$8,537 maximum

MEDICARE 1.45% x Kenyon salary

(HI) (no maximum)

1.45% x Total salary
add'l 0.9% for wages over \$200,000
(no maximum)

TIAA/CREF

Effective 01/01/20

9.50% x Kenyon salary

5% x Total salary

Maximum College contribution based on salary of \$285,000

Maximum of \$57,000 employee and College combined contribution. (Catch-up contributions are not included in this maximum.)

TOTAL DISABILITY

Effective 01/01/17

STANDARD INSURANCE

.323% of annual salary

-0-

Maximum \$200,000, Coverage ends at age 70

STANDARD LIFE INSURANCE

Effective 01/01/17

\$.091 per month x full-time Kenyon salary
1,000

-0-

(\$.075 Life & \$.016 AD&D)

Maximum of \$250,000

Benefit drops to 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80.

STANDARD LIFE INSURANCE

Effective 01/01/17

VOLUNTARY PLAN

\$2.00/month \$24.00/year

cost varies by employee

EMERITI POST RETIREMENT HEALTH CARE

Effective 07/01/19

\$1,966 per year

Voluntary

HEALTH INS. - PREMIUM PLAN

Effective 07/01/20

Effective 07/01/20

Family Coverage:

	<u>Employer</u>		<u>Employee</u>	
	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>
Salary ≤ \$46,999	\$2,109 (80%)	\$25,312	\$527 (20%)	\$6,328
\$47,000 ≤ \$76,999	1,978 (75%)	23,730	659 (25%)	7,910
Salary ≥ \$77,000	1,767 (67%)	21,199	870 (33%)	10,441

Single + 1 Coverage:

Salary ≤ \$46,999	1,560 (80%)	18,725	390 (20%)	4,681
\$47,000 ≤ \$76,999	1,463 (75%)	17,555	488 (25%)	5,852
Salary ≥ \$77,000	1,307 (67%)	15,682	644 (33%)	7,724

Single Coverage:

Salary ≤ \$46,999	709 (80%)	8,506	177 (20%)	2,127
\$47,000 ≤ \$76,999	665 (75%)	7,975	222 (25%)	2,658
Salary ≥ \$77,000	594 (67%)	7,124	292 (33%)	3,509

HEALTH INS. - BASIC PLAN

Effective 07/01/20

Effective 07/01/20

Family Coverage:

	<u>Employer</u>		<u>Employee</u>	
	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>
Salary ≤ \$46,999	\$1,707 (84%)	\$20,489	\$325 (16%)	\$3,903
\$47,000 ≤ \$76,999	1,626 (80%)	19,514	407 (20%)	4,878
Salary ≥ \$77,000	1,484 (73%)	17,806	549 (27%)	6,586

Single + 1 Coverage:

Salary ≤ \$46,999	1,242 (84%)	14,903	237 (16%)	2,839
\$47,000 ≤ \$76,999	1,183 (80%)	14,194	296 (20%)	3,548
Salary ≥ \$77,000	1,079 (73%)	12,952	399 (27%)	4,790

Single Coverage:

Salary ≤ \$46,999	566 (84%)	6,791	108 (16%)	1,294
\$47,000 ≤ \$76,999	539 (80%)	6,468	135 (20%)	1,617
Salary ≥ \$77,000	492 (73%)	5,902	182 (27%)	2,183

DENTAL INSURANCE

Effective 07/01/17

Effective 07/01/17

(Delta Dental)

Family Coverage:

	<u>Employer</u>		<u>Employee</u>	
	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>
Family Coverage:	\$64 (50%)	\$769	\$64 (50%)	\$769
Single + 1 Coverage:	46 (50%)	554	46 (50%)	554
Single Coverage:	19 (50%)	227	19 (50%)	227

VISION INSURANCE

Effective 07/01/20

Effective 07/01/20

(VSP) New 7-1-20

Family Coverage:

	<u>Employer</u>		<u>Employee</u>	
	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>
Family Coverage:	\$15.12 (50%)	\$181.44	\$15.12 (50%)	\$181.44
Single + 1 Coverage:	8.43 (50%)	101.16	8.43 (50%)	101.16
Single Coverage:	5.53 (50%)	66.36	5.52 (50%)	66.24

Note: *Life Insurance:* For those on LWP for half year, life insurance value will be based on annualized salary.
Health Insurance: For those on LWP for half year, health premiums will be based on annualized salary.