

KENYON COLLEGE
FRINGE BENEFITS SCHEDULE - 2023/24

<u>FRINGE BENEFIT</u>	<u>College Pays</u>	<u>Employee Pays</u>
FIACA:	Effective 01/01/23 7.65% as follows:	Effective 01/01/23 7.65% as follows:
Social Security (OASDI)	6.20% x Kenyon salary on maximum base of \$160,200 for a \$9,932.40 maximum	6.20% x Kenyon salary on maximum base of \$160,200 for a \$9,932.40 maximum
MEDICARE	1.45% x Kenyon salary	1.45% x Total salary
(HI)	(no maximum)	add'l 0.9% for wages over \$200,000 (no maximum)

TIAA/CREF	Effective 01/01/23 9.5% x Kenyon salary	5% x Total salary
Maximum College contribution based on salary of \$330,000		
Maximum of \$66,000 employee and College combined contribution. (Catch-up contributions are not included in this maximum.)		

TOTAL DISABILITY STANDARD INSURANCE	Effective 01/01/17 .323% of annual salary	-0-
Maximum \$200,000		

STANDARD LIFE INSURANCE	Effective 01/01/17 \$.091 per month x full-time Kenyon salary	-0-
(\$.075 Life & \$.016 AD&D) 1,000		
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 VOLUNTARY PLAN	Effective 01/01/17 \$2.00/month \$24.00/year	cost varies by employee

EMERITI POST RETIREMENT HEALTH CARE	Effective 07/01/22 \$2,064 per year	Voluntary

HEALTH INS. - PREMIUM PLAN	Effective 07/01/23	Effective 07/01/23
	Employer	Employee
Family Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
≤ \$39,999	\$2,315 87% \$27,781	\$346 13% \$4,151
\$40,000 - \$59,999	\$2,222 84% \$26,663	\$439 16% \$5,269
\$60,000 - \$79,999	\$2,155 81% \$25,865	\$506 19% \$6,067
\$80,000 - \$109,999	\$1,996 75% \$23,949	\$665 25% \$7,983
\$110,000 - \$139,999	\$1,810 68% \$21,714	\$852 32% \$10,218
\$140,000 +	\$1,597 60% \$19,159	\$1,064 40% \$12,773
Single + 1 Coverage:		
≤ \$39,999	\$1,713 87% \$20,556	\$256 13% \$3,072
\$40,000 - \$59,999	\$1,644 84% \$19,729	\$325 16% \$3,899
\$60,000 - \$79,999	\$1,595 81% \$19,139	\$374 19% \$4,489
\$80,000 - \$109,999	\$1,477 75% \$17,721	\$492 25% \$5,907
\$110,000 - \$139,999	\$1,339 68% \$16,067	\$630 32% \$7,561
\$140,000 +	\$1,181 60% \$14,177	\$788 40% \$9,452
Single Coverage:		
≤ \$39,999	\$778 87% \$9,333	\$116 13% \$1,395
\$40,000 - \$59,999	\$747 84% \$8,958	\$148 16% \$1,770
\$60,000 - \$79,999	\$724 81% \$8,690	\$170 19% \$2,038
\$80,000 - \$109,999	\$671 75% \$8,046	\$224 25% \$2,682
\$110,000 - \$139,999	\$608 68% \$7,295	\$286 32% \$3,433
\$140,000 +	\$536 60% \$6,437	\$358 40% \$4,291

HEALTH INS. - BASIC PLAN	Effective 07/01/23	Effective 07/01/23
	Employer	Employee
Family Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
≤ \$39,999	\$1,738 90% \$20,851	\$182 10% \$2,189
\$40,000 - \$59,999	\$1,699 88% \$20,389	\$221 12% \$2,651
\$60,000 - \$79,999	\$1,594 83% \$19,128	\$326 17% \$3,912
\$80,000 - \$109,999	\$1,440 75% \$17,283	\$480 25% \$5,757
\$110,000 - \$139,999	\$1,325 69% \$15,900	\$595 31% \$7,140
\$140,000 +	\$1,209 63% \$14,512	\$711 37% \$8,528
Single + 1 Coverage:		
≤ \$39,999	\$1,264 90% \$15,168	\$133 10% \$1,596
\$40,000 - \$59,999	\$1,236 88% \$14,833	\$161 12% \$1,931
\$60,000 - \$79,999	\$1,159 83% \$13,910	\$238 17% \$2,854
\$80,000 - \$109,999	\$1,048 75% \$12,576	\$349 25% \$4,188
\$110,000 - \$139,999	\$964 69% \$11,568	\$433 31% \$5,196
\$140,000 +	\$880 63% \$10,560	\$517 37% \$6,204
Single Coverage:		
≤ \$39,999	\$577 90% \$6,918	\$61 10% \$726
\$40,000 - \$59,999	\$564 88% \$6,763	\$73 12% \$881
\$60,000 - \$79,999	\$529 83% \$6,348	\$108 17% \$1,296
\$80,000 - \$109,999	\$478 75% \$5,736	\$159 25% \$1,908
\$110,000 - \$139,999	\$440 69% \$5,276	\$197 31% \$2,368
\$140,000 +	\$401 63% \$4,812	\$236 37% \$2,832

DENTAL INSURANCE	Effective 07/01/23	Effective 07/01/23
(Delta Dental)	Employer	Employee
Family Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
Single + 1 Coverage:	\$53 50% \$636	\$53 50% \$636
Single Coverage:	\$38 50% \$456	\$38 50% \$456
Single Coverage:	\$16 50% \$192	\$16 50% \$192

VISION INSURANCE	Effective 07/01/23	Effective 07/01/23
(VSP)	Employer	Employee
Family Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
Single + 1 Coverage:	\$16.50 50% \$198.00	\$16.50 50% \$198.00
Single Coverage:	\$10.00 50% \$120.00	\$10.00 50% \$120.00
Single Coverage:	\$5.50 50% \$66.00	\$5.50 50% \$66.00

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.