KENYON COLLEGE FRINGE BENEFITS SCHEDULE - 2024/25

FRINGE BENEFIT	Colle	ege Pays		<u>Em</u>	oloyee Pays	
FICA:	Effective 07/01/24			Effective 07/01/24		
	7.65% as follows	:		7.65% as follows	S:	
Social Security (OASDI)	6.20% x Kenyon salary on			6.20% x Kenyon salary on		
	maximum base of \$168,600 for a \$10,453.20 maximum			maximum base of \$168,600 for a \$10,453.20 maximum		
MEDICARE	1.45% x Kenyon	salarv		1.45% x Total sa	alarv	
				add'l 0.9% for wages over \$200,000		
(HI) *************	(no maximum)	******	******	(no maximum)	*****	****
TIAA/CREF	Effective 9.5% x Kenyon s	ve 07/01/	24	F0/ v Total color		
Maximum College contribution bas	ed on salary of \$330	0,000		5% x Total salar	-	
Maximum of \$66,000 employee an	d College combined	d contribu	tion. (Catch-up co	ntributions are not inclu	ided in this ma	iximum.)
TOTAL DISABILITY STANDARD INSURANCE	Effective 01/01/17 .405% of annual salary			-0-		
	.403 /6 OI allilual	Salaiy		-0-		
Maximum \$200,000	********	******	******	******	*****	****
STANDARD LIFE INSURANCE	Effective \$.091 per month	ve 01/01/		-0-		
(\$.075 Life & \$.016 AD&D)	ψ.υστ per monur	1,000	e iteriyon salary	-0-		
Maximum of \$250,000 Benefit drops to 65% at age 65; 45	5% at age 70; 30% a	at age 75	; 20% at age 80.			
STANDARD LIFE INSURANCE	Effective 01/01/17					
VOLUNTARY PLAN	\$2.00/mont	th \$24.0	0/year	cost vari	es by emplo	yee
**************************************			**************************************	*******	*****	*****
*********	\$2,	167 per y	ear	*****	Voluntary	*****
HEALTH INS PREMIUM PLAN				Effective 07/01/24		
Family Coverage:	<u>Em</u> Monthly	nployer	Annual	<u>E</u> Monthly	mployee	Annua
≤ \$39,999	\$2,431	87%	\$29,170	\$363		\$4,35
\$40,000 - \$59,999 \$60,000 - \$79,999	\$2,333 \$2,263		\$27,997 \$27,158		16% 19%	\$5,53 \$6,37
\$80,000 - \$109,999	\$2,096	75%	\$25,147	\$698	25%	\$8,38
\$110,000 - \$139,999 \$140,000 +	\$1,900 \$1,676	68% 60%	\$22,800 \$20,117	\$894 \$1,118	32% 40%	\$10,72 \$13,41
	ψ1,070	0070	Ψ20,117	\$1,110	4070	Ψ15,41
Single + 1 Coverage: ≤ \$39,999	\$1,799	87%	\$21,584	\$269	13%	\$3,22
\$40,000 - \$59,999	\$1,727	84%	\$20,716	\$341	16%	\$4,09
\$60,000 - \$79,999 \$80,000 - \$109,999	\$1,675 \$1,551	81% 75%	\$20,095 \$18,607	\$393 \$517	19% 25%	\$4,71 \$6,20
\$110,000 - \$139,999	\$1,406	68%	\$16,870	\$662	32%	\$7,93
\$140,000 +	\$1,241	60%	\$14,885	\$827	40%	\$9,92
Single Coverage: ≤ \$39,999	\$817	87%	\$9,800	\$122	13%	\$1.46
\$40,000 - \$59,999	\$784	84%	\$9,405	\$155	16%	\$1,85
\$60,000 - \$79,999	\$761	81%	\$9,124	\$178	19%	\$2,14
\$80,000 - \$109,999 \$110,000 - \$139,999	\$704	75% 68%	\$8,448	\$235 \$300	25% 32%	\$2,81
\$140,000 +	\$563	60%	\$7,660 \$6,758	\$376		\$3,60 \$4,50
HEALTH INS BASIC PLAN		********* ve 07/01/	*************** 24	*************************	************* tive 07/01/2	4
Family Coverage:	Employer Monthly Annual			<u>E</u> <u>Monthly</u>	mployee	Annu
≤ \$39,999	\$1,824	90%	\$21,893	\$192	10%	\$2,29
\$40,000 - \$59,999	\$1,784	88%	\$21,408	\$232	12%	\$2,78
\$60,000 - \$79,999 \$80,000 - \$109,999	\$1,674 \$1,512	83% 75%	\$20,084 \$18,147	\$342 \$504	17% 25%	\$4,10 \$6,04
\$110,000 - \$139,999	\$1,391	69%	\$16,695	\$625	31%	\$7,49
\$140,000 +	\$1,270	63%	\$15,238	\$746	37%	\$8,95
Single + 1 Coverage:						
≤ \$39,999 \$40,000 - \$59,999	\$1,327 \$1,298	90% 88%	\$15,926 \$15,575	\$140 \$169	10% 12%	\$1,67 \$2,02
\$60,000 - \$79,999	\$1,217	83%	\$14,605	\$250	17%	\$2,99
\$80,000 - \$109,999	\$1,101	75%	\$13,205	\$366	25%	\$4,39
\$110,000 - \$139,999 \$140,000 +	\$1,012 \$924	69% 63%	\$12,146 \$11,088	\$455 \$543	31% 37%	\$5,45 \$6,51
Single Coverage:						
≤ \$39,999	\$605	90%	\$7,263	\$64	10%	\$76
\$40,000 - \$59,999 \$60,000 - \$79,999	\$592 \$556	88% 83%	\$7,101 \$6,665	\$77 \$113	12% 17%	\$92 \$1,36
\$80,000 - \$79,999 \$80,000 - \$109,999	\$500 \$502	83% 75%	\$6,000 \$6,023	\$113 \$167	25%	\$2,00
\$110,000 - \$139,999	\$462	69%	\$5,540	\$207	31%	\$2,48
\$140,000 +	\$421	63%	\$5,052	\$248	37%	\$2,97
DENTAL INSURANCE		ve 07/01/		Effective 07/01/24		
(Delta Dental)	<u>Employer</u> Monthly Annual			Employee Monthly Annua		
Family Coverage:	\$55	50%	\$662	\$55	50%	\$6
Single + 1 Coverage: Single Coverage:	\$40 \$17	50% 50%	\$474 \$200	\$40 \$17	50% 50%	\$4 \$2
*********	******	******	*******	******	*****	*****
<u>VISION INSURANCE</u> (VSP)		ve 07/01/. 1ployer	24	Effective 07/01/24 Employee		
	Monthly \$17.00	50%	Annual \$208.00	Monthly \$17.00	50%	Annu: \$208.0
Family Coverage: Single + 1 Coverage:	\$17.00 \$11.00	50% 50%	\$208.00 \$126.00	\$17.00 \$11.00	50% 50%	\$208.0 \$126.0
					50%	

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.