KENYON COLLEGE
FRINGE BENEFITS SCHEDULE - 2025/26

FRINGE BENEFIT	**College Pays**	**Employee Pays**
FICA:	Effective 01/01/25 7.65% as follows:	Effective 01/01/25 7.65% as follows:
Social Security (OASDI)	6.20% x Kenyon salary on maximum base of $176,100 for a $10,918.20 maximum	6.20% x Kenyon salary on maximum base of $176,100 for a $10,918.20 maximum
MEDICARE (HI)	1.45% x Kenyon salary (no maximum)	1.45% x Total salary add'l 0.9% for wages over $200,000 (no maximum)

****

TIAA/CREF — Effective 01/01/25

College pays: 9.5% x Kenyon salary — Employee pays: 5% x Total salary

Maximum College contribution based on salary of $350,000
Maximum of $70,000 employee and College combined contribution. (Catch-up contributions are not included in this maximum.)

****

TOTAL DISABILITY
STANDARD INSURANCE — Effective 07/01/2023

College pays: .405% of annual salary — Employee pays: -0-

Maximum $200,000

****

STANDARD LIFE INSURANCE — Effective 01/01/17

College pays: $.091 per month x full-time Kenyon salary / 1,000 — Employee pays: -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
VOLUNTARY PLAN — Effective 01/01/17

College pays: $2.00/month $24.00/year — Employee pays: cost varies by employee

****

EMERITI POST RETIREMENT HEALTH CARE — Effective 07/01/22

College pays: $2,167 per year — Employee pays: Voluntary

****

HEALTH INS. - *PREMIUM PLAN*

	Employer (Effective 07/01/24)			Employee (Effective 07/01/24)		
	Monthly		Annual	Monthly		Annual
Family Coverage:						
≤ $39,999	$2,431	87%	$29,170	$363	13%	$4,359
$40,000 - $59,999	$2,333	84%	$27,997	$461	16%	$5,532
$60,000 - $79,999	$2,263	81%	$27,158	$531	19%	$6,371
$80,000 - $109,999	$2,096	75%	$25,147	$698	25%	$8,382
$110,000 - $139,999	$1,900	68%	$22,800	$894	32%	$10,729
$140,000 +	$1,676	60%	$20,117	$1,118	40%	$13,412
Single + 1 Coverage:						
≤ $39,999	$1,799	87%	$21,584	$269	13%	$3,225
$40,000 - $59,999	$1,727	84%	$20,716	$341	16%	$4,093
$60,000 - $79,999	$1,675	81%	$20,095	$393	19%	$4,714
$80,000 - $109,999	$1,551	75%	$18,607	$517	25%	$6,202
$110,000 - $139,999	$1,406	68%	$16,870	$662	32%	$7,939
$140,000 +	$1,241	60%	$14,885	$827	40%	$9,924
Single Coverage:						
≤ $39,999	$817	87%	$9,800	$122	13%	$1,464
$40,000 - $59,999	$784	84%	$9,405	$155	16%	$1,859
$60,000 - $79,999	$761	81%	$9,124	$178	19%	$2,140
$80,000 - $109,999	$704	75%	$8,448	$235	25%	$2,816
$110,000 - $139,999	$639	68%	$7,660	$300	32%	$3,604
$140,000 +	$563	60%	$6,758	$376	40%	$4,506

****

HEALTH INS. - *BASIC PLAN*

	Employer (Effective 07/01/24)			Employee (Effective 07/01/24)		
	Monthly		Annual	Monthly		Annual
Family Coverage:						
≤ $39,999	$1,824	90%	$21,893	$192	10%	$2,299
$40,000 - $59,999	$1,784	88%	$21,408	$232	12%	$2,784
$60,000 - $79,999	$1,674	83%	$20,084	$342	17%	$4,108
$80,000 - $109,999	$1,512	75%	$18,147	$504	25%	$6,045
$110,000 - $139,999	$1,391	69%	$16,695	$625	31%	$7,497
$140,000 +	$1,270	63%	$15,238	$746	37%	$8,954
Single + 1 Coverage:						
≤ $39,999	$1,327	90%	$15,926	$140	10%	$1,676
$40,000 - $59,999	$1,298	88%	$15,575	$169	12%	$2,027
$60,000 - $79,999	$1,217	83%	$14,605	$250	17%	$2,997
$80,000 - $109,999	$1,101	75%	$13,205	$366	25%	$4,397
$110,000 - $139,999	$1,012	69%	$12,146	$455	31%	$5,456
$140,000 +	$924	63%	$11,088	$543	37%	$6,514
Single Coverage:						
≤ $39,999	$605	90%	$7,263	$64	10%	$763
$40,000 - $59,999	$592	88%	$7,101	$77	12%	$925
$60,000 - $79,999	$556	83%	$6,665	$113	17%	$1,361
$80,000 - $109,999	$502	75%	$6,023	$167	25%	$2,003
$110,000 - $139,999	$462	69%	$5,540	$207	31%	$2,486
$140,000 +	$421	63%	$5,052	$248	37%	$2,974

****

DENTAL INSURANCE
(Delta Dental)

	Employer (Effective 07/01/25)			Employee (Effective 07/01/25)		
	Monthly		Annual	Monthly		Annual
Family Coverage:	$45	50%	$530	$45	50%	$530
Single + 1 Coverage:	$32	50%	$379	$32	50%	$379
Single Coverage:	$14	50%	$160	$14	50%	$160

****

VISION INSURANCE
(VSP)

	Employer (Effective 07/01/25)			Employee (Effective 07/01/25)		
	Monthly		Annual	Monthly		Annual
Family Coverage:	$19.00	50%	$219	$19.00	50%	$219
Single + 1 Coverage:	$12.00	50%	$133	$12.00	50%	$133
Single Coverage:	$7.00	50%	$74	$7.00	50%	$74

****

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.