

**KENYON COLLEGE
FRINGE BENEFITS SCHEDULE - 2026/27**

<u>FRINGE BENEFIT</u>	<u>College Pays</u>	<u>Employee Pays</u>
FICA:	<u>Effective 01/01/26</u> 7.65% as follows:	<u>Effective 01/01/26</u> 7.65% as follows:
Social Security (OASDI)	6.20% x Kenyon salary on maximum base of \$184,500 for a \$11,439.00 maximum	6.20% x Kenyon salary on maximum base of \$184,500 for a \$11,439.00 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	<u>Effective 01/01/25</u> 9.5% x Kenyon salary	5% x Total salary
Maximum College contribution based on salary of \$360,000 Maximum of \$72,000 employee and College combined contribution. (Catch-up contributions are not included in this maximum.)		

TOTAL DISABILITY STANDARD INSURANCE	<u>Effective 07/01/2023</u> .405% of annual salary	-0-
Maximum \$200,000		

STANDARD LIFE INSURANCE	<u>Effective 01/01/17</u> \$.091 per month x full-time Kenyon salary	-0-
(\$.075 Life & \$.016 AD&D) 1,000 Maximum of \$500,000 Benefit drops to 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80.		

STANDARD LIFE INSURANCE VOLUNTARY PLAN	<u>Effective 01/01/17</u> \$2.00/month \$24.00/year	cost varies by employee

EMERITI POST RETIREMENT HEALTH CARE	<u>Effective 07/01/26</u> \$542 per year	Voluntary

HEALTH INS. - PREMIUM PLAN	<u>Effective 07/01/24</u>	<u>Effective 07/01/24</u>
	<u>Employer</u>	<u>Employee</u>
Family Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
≤ \$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	<u>Effective 07/01/24</u>	<u>Effective 07/01/24</u>
	<u>Employer</u>	<u>Employee</u>
Family Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
≤ \$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	<u>Effective 07/01/25</u>	<u>Effective 07/01/25</u>
(Delta Dental)	<u>Employer</u>	<u>Employee</u>
Family Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
≤ \$39,999	\$45 50% \$540	\$45 50% \$540
Single + 1 Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
≤ \$39,999	\$32 50% \$384	\$32 50% \$384
Single Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
≤ \$39,999	\$14 50% \$168	\$14 50% \$168

VISION INSURANCE	<u>Effective 07/01/25</u>	<u>Effective 07/01/25</u>
(VSP)	<u>Employer</u>	<u>Employee</u>
Family Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
≤ \$39,999	\$19.00 50% \$228	\$19.00 50% \$228
Single + 1 Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
≤ \$39,999	\$12.00 50% \$144	\$12.00 50% \$144
Single Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
≤ \$39,999	\$7.00 50% \$84	\$7.00 50% \$84

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.