

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

<u>FRINGE BENEFIT</u>	<u>College Pays</u>	<u>Employee Pays</u>
FICA:	Effective 01/01/20 7.65% as follows:	Effective 01/01/20 7.65% as follows:
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 (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 07/01/20	
(0% College portion for 20-21 year)	0% 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 STANDARD INSURANCE	Effective 01/01/17 .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	-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 07/01/20	
(Plan suspended 20-21 year)	\$0 per year	Voluntary

HEALTH INS. - PREMIUM PLAN	Effective 07/01/20	Effective 07/01/20
	<u>Employer</u>	<u>Employee</u>
Family Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
Salary ≤ \$46,999	\$1,993 80% \$23,920	\$498 20% \$5,980
\$47,000 ≤ \$76,999	\$1,869 75% \$22,425	\$623 25% \$7,475
Salary ≥ \$77,000	\$1,669 67% \$20,033	\$822 33% \$9,867
Single + 1 Coverage:		
Salary ≤ \$46,999	\$1,475 80% \$17,695	\$369 20% \$4,424
\$47,000 ≤ \$76,999	\$1,382 75% \$16,589	\$461 25% \$5,530
Salary ≥ \$77,000	\$1,235 67% \$14,820	\$608 33% \$7,299
Single Coverage:		
Salary ≤ \$46,999	\$670 80% \$8,039	\$168 20% \$2,011
\$47,000 ≤ \$76,999	\$628 75% \$7,538	\$209 25% \$2,512
Salary ≥ \$77,000	\$561 67% \$6,734	\$276 33% \$3,316

HEALTH INS. - BASIC PLAN	Effective 07/01/20	Effective 07/01/20
	<u>Employer</u>	<u>Employee</u>
Family Coverage:	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
Salary ≤ \$46,999	\$1,614 84% \$19,362	\$307 16% \$3,688
\$47,000 ≤ \$76,999	\$1,537 80% \$18,440	\$384 20% \$4,610
Salary ≥ \$77,000	\$1,402 73% \$16,827	\$519 27% \$6,223
Single + 1 Coverage:		
Salary ≤ \$46,999	\$1,174 84% \$14,083	\$224 16% \$2,683
\$47,000 ≤ \$76,999	\$1,118 80% \$13,413	\$279 20% \$3,353
Salary ≥ \$77,000	\$1,020 73% \$12,239	\$377 27% \$4,527
Single Coverage:		
Salary ≤ \$46,999	\$535 84% \$6,418	\$102 16% \$1,223
\$47,000 ≤ \$76,999	\$509 80% \$6,113	\$127 20% \$1,528
Salary ≥ \$77,000	\$465 73% \$5,578	\$172 27% \$2,063

DENTAL INSURANCE	Effective 07/01/17	Effective 07/01/17
(Delta Dental)	<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	<u>Employer</u>	<u>Employee</u>
	<u>Monthly</u> <u>Annual</u>	<u>Monthly</u> <u>Annual</u>
Family Coverage:	\$15.00 50% \$180.00	\$15.00 50% \$180.00
Single + 1 Coverage:	\$9.00 50% \$108.00	\$9.00 50% \$108.00
Single Coverage:	\$5.00 50% \$60.00	\$5.00 50% \$60.00

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.