FOUNDATION EMPLOYEE BENEFIT RATES

(Effective July 1, 2022)

MANDATED BENEFITS:

Student Employees: The chart below includes Workers' Compensation and Unemployment Insurance. For workers' compensation purposes, all job types are classified into one of the categories listed below. For clarification of correct work comp codes, please contact Human Resources. Students carrying six (6) or more units during the academic year and summer school are not subject to FICA or Medicare. Three (3) or more units is considered enrollment for graduate students during the academic year. **Note:** If students do not carry the required qualifying units, 7.65% must be paid on the gross payroll from the grant/contract. In addition, students will have 7.65% deducted from their pay as well.

All Other Employees: The chart below includes Workers' Compensation, Unemployment Insurance, FICA (Social Security) and Medicare. For workers' compensation purposes, all job types are classified into one of the categories listed below. For clarification of correct work comp codes, please contact Human Resources.

Work Comp Code	Work Comp Code Description	Students	All Other Employees
4511	Analytical Labs	1.54%	9.19%
8810	Clerical	1.36%	9.01%
8868	College/School P	1.72%	9.37%
9101	College/School other	4.55%	12.20%
9154	Theater/non-performer	3.30%	10.95%
9079	Restaurant	3.31%	10.96%

BENEFITED EMPLOYEES ONLY:

Health Insurance: Monthly premiums are calculated based on the number of dependents covered and the insurance carrier selected. Rates are subject to change July 1st of each year. The Employer Contribution towards health care premiums will assume to be 100% for the total premiums, unless the program elects an alternative funding option as outlined and defined by the Foundation (currently there are three funding options for employer contributions).

	Kaiser	Blue Shield HMO	Blue Shield PPO
Employee only	$568.79	$661.04	$746.50
Employee + 1	$1,325.28	$1,540.20	$1,739.41
Employee + 2 or more	$1,820.13	$2,115.17	$2,388.87

Dental Insurance: Project funds cover the cost of employee only coverage in the amount of **$43.17** per month. The employee may elect dependent coverage at the following monthly rates:

Employee + spouse	$49.66
Employee + children	$51.35
Employee + family	$101.15

Vision Insurance: Project funds cover the cost of employee only coverage in the amount of **$9.90** per month. The employee may elect dependent coverage at the following monthly rates:

Employee + 1	$4.00
Employee + 2 or more	$14.20

Life Insurance: Coverage for exempt employees is provided at a monthly cost of **$5.50**. Coverage for non-exempt employees is provided at a monthly cost of **$2.75**.

Retirement: 401(k). Employer contribution if funds are available.

Flex Cash: If an employee elects flex cash to opt out of Medical and/or Dental benefits, they will receive $148/month for waiving medical and $12/month for waiving dental coverage.