

Fringe Benefit Rates for Fiscal Year 2004

effective with July 3, 2003 paycheck (also reflects changed due to calendar year end)

| Fringe Benefit Deduction codes on checks | Account (object code) | EMPLOYER cost % of gross | EMPLOYEE cost % of gross or amount | Comments |
|---|-----------------------------|--------------------------------|--|---|
| Social Security tax OASDI MED/ER | 11910 11910 | 6.2% 1.45% | 06.2% 1.45% | Maximum base wage for OASDI in calendar year 2002 is \$84,900.00. There is no Medicare earnings maximum. |
| Regents Retirement TSA__ | 11830 | 8.5% | 5.50% | Unclassified employees are eligible after one year of employment. |
| Regents Retirement PRYRSV | 11840 | 1.67% | ---- | Unclassified employees are subject to this assessment after one year of employment. This is an employer cost. |
| Regents Retirement GTLxxx | 11850 | N/A | Employee cost is referred to as Taxable Group Term Life See check calculation notes | This employer cost for Death and Disability was been suspended by the state from 7/1/02-12/31/02. It will be reactivated in CY2003. The employee cost is based on a formula related to annual base rate and age. |
| KPERS RETREG | 11810 | 4.38% | 4.00% | Classified employees are eligible after one year of employment. |
| KPERS (D&D) GTLREG | 11810 | 0.60% | See check calculation notes | The employee cost is based on a formula related to annual base rate and age. |
| Ks Police & Firemen RETP&F | 11880 | 6.48% | 7.00% | Police and Firemen are eligible immediately upon employment. |
| State Leave Payment Reserve Fund STLEAV | 11760 | 0.40% | ---- | All employees are subject to this assessment which funds retiree sick and vacation leave pay outs. This is an |

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|---|----------------|----------------|-------------------------|--|
| | | | | employer cost. |
| Workers' Compensation Insurance WCI | 11970 | 0.679% | ----- | All employees are covered by Workers Compensation. This is the employer cost for this coverage. |
| Unemployment Compensation tax UCI | 11980 | 0.06% | ---- | Non student employees are covered by Unemployment Compensation. This is the employer cost for this coverage. |
| Kan-Elect HCARE DCARE | 11990 11990 | 5.74% 5.74% | \$\$ chosen by employee | Employee contributions have a 5.74% administrative fee charged to the employer. |
| Parking PPKADR | 11780 | 7.65% | \$\$ chosen by employee | Employee contributions have a 7.65% administration fee charged to the employer |

GROUP HEALTH INSURANCE (Employer cost only.) See the [Human Resouce web site](#) for Employee rates.

| Semi Monthly Rates | Account (object code) | Medical | Dental | Drug | Total |
|-----------------------|-----------------------|----------|--------|---------|----------|
| Full Time - Single | 1950 | \$108.93 | \$9.24 | \$28.96 | \$147.13 |
| Part Time - Single | 1950 | \$87.11 | \$6.82 | \$23.16 | \$117.09 |
| Full Time - Dependant | 1750 | \$50.68 | \$3.92 | \$13.47 | \$68.07 |
| Part Time - Dependant | 1750 | \$39.83 | \$3.47 | \$10.59 | \$53.89 |