

SUMMARY OF FRINGE BENEFIT RATES TO BE INCLUDED IN
GRANT AND CONTRACT PROPOSALS FOR
BUDGET PERIOD EFFECTIVE JULY 1, 1998

rev. 08/10/98

DESCRIPTION	RATE	STATE CODE	OBJECT SYMBOL	BASE	LIMITATIONS
RETIREMENT PLAN					
Fiscal Year 1998-1999	5.83%			Eligible Salaries & Wages	Exclude students; graduate assistants; supplementary salaries to faculty; hourly employees with less than one-half of full-time equivalent and for others, consult Personnel Office.
Regular Retirement Contribution	5.78%	998	2x34		
& Expense Fund	0.05%	999	2x36		
FICA					
Social Security	6.20%	997	2x39	Per Eligible Employee Per Month First \$68,400 Calendar Year 1998	Exclude undergraduate students and employees with less than one-half of full-time equivalent and less than three-month appointment.
Medicare	1.45%	994	2x43	All eligible Salaries & Wages Calendar Year	Exclude students, but apply to all employees hired after March 31, 1986 who are not otherwise subject to Medicare tax. Consult Personnel Office for exceptions.
Calendar Year 1998 (est.)					
Social Security	6.20%				
Medicare	1.45%				
HEALTH PLAN (Medical)					
Self Only Enrollment	\$80.58	990	2x39	Per Eligible Employee Per Month	Exclude undergraduate students and employees with less than one-half of full-time equivalent and less than three-month appointment. ^a B.U. 01, 10, 61, 70, 20, 93, & 33 only
Family Enrollment	\$120.88 ^a				
	\$247.98				
	\$288.28 ^a				
PRESCRIPTION DRUG PLAN					
Self Only Enrollment	\$11.24 ^b	986	2x45	Same as above.	Same as above.
Family Enrollment	\$12.72 ^c				^b Kaiser
	\$33.72 ^b				^c HMSA
	\$39.16 ^c				
VISION CARE PLAN					
Self Only Enrollment	\$3.10	987	2x46	Same as above.	Same as above.
Family Enrollment	\$6.06				
ADULT DENTAL PLAN					
Self Only Enrollment	\$11.58	988	2x47	Same as above.	Same as above.
Self & Spouse Enrollment	\$23.18				
RETIREE HEALTH INSURANCE	6.09%	995	2X44	Eligible Salaries & Wages of Employees in State ERS.	Exclusion same as Retirement Plan.
CHILDREN'S DENTAL PLAN					
Fiscal Year 1998 - 1999	\$11.80 ^a	991	2x40	Per Month of Each Child of Eligible Employee.	Same as Health Plan, child must be under 19 years of age. ^a HDS ^b Denticare
	\$11.08 ^b				
GROUP LIFE INSURANCE PLAN	\$4.30	993	2X38	Per Eligible Employee Per Month	Same as Health Plan.
WORKER'S COMPENSATION	W .31% ^a	992	2X41	All Salaries & Wages	^a None
UNEMPLOYMENT					
COMPENSATION INSURANCE	U .38% ^b	989	2X42		^b Exclude undergraduate students and employees with less than one-half or less than 3-month appointment.
TOTAL	0.69%				

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RCUH SERVICE ORDERED PROJECTS					
WORKER'S COMPENSATION	W 4.35%	992	2x41	All Salaries & Wages	None
UNEMPLOYMENT COMPENSATION INSURANCE	U .95%	989	2x42		None
TOTAL	5.30%				
APT EMPLOYEES 15 Day Vacation Accumulation Fund	None			Eligible APT Employees Salaries and Wages.	None
CIVIL SERVICE EMPLOYEES 15 Day Vacation Accumulation Fund	None			Eligible Civil Service Employees Salaries & Wages	None
FACULTY 15 Day Vacation Accumulation Fund	2.25%			Eligible Faculty Salaries & Wages	A, R, & S Classification Only.

NOTE 1: The above fringe benefit rates are to be used for budgetary purposes only; and should not be construed to represent actual rates charged to extramurally funded contracts and grants.

NOTE 2: For RCUH employees please contact RCUH Human Resources at 956-3100 for Fringe Benefit Rates.