

2010 Fringe Benefits Calculation

Effective: September 1, 2009 - August 31, 2010

To calculate the total fringe benefit cost, use the Fringe Benefits Calculation (15.3% of salary) plus the University cost for Health Insurance, multiplied by 12.

Fringe Benefits Calculation	
TRS (Teacher Retirement System)	Multiply salary and state longevity times 6.4%
ORP (Optional Retirement Program)	Multiply salary and state longevity times 6.4%
FICA/Medicare	Multiply salary and state longevity times 7.65%
Benefit Surcharge	Multiply salary and state longevity times 1.25%
TOTAL	Multiply salary and state longevity times 15.30%

TRS
Potentially 6.644%, to be determined by December 2009.

ORP
Grandfathered ORP recipients (in ORP before 9/1/95) receive 8.5%.

Benefits Surcharge
Includes Worker's Comp and Unemployment and is used for vacation payouts.

Health Insurance Cost

Full-time Employees			
HealthSelect of Texas			
Coverage	Premium	University Pays	Employee Pays
Member Only	\$385.38	\$385.38	\$0.00
Member & Spouse	\$826.02	\$605.70	\$220.32
Member & Children	\$680.42	\$532.90	\$147.52
Family	\$1,121.06	\$753.22	\$367.84
Community First/San Antonio			
Coverage	Premium	University Pays	Employee Pays
Member Only	\$356.62	\$356.62	\$0.00
Member & Spouse	\$764.18	\$560.40	\$203.78
Member & Children	\$629.50	\$493.06	\$136.44
Family	\$1,037.06	\$696.84	\$340.22
Scott & White Health Plan			
Coverage	Premium	University Pays	Employee Pays
Member Only	\$429.18	\$429.18	\$0.00
Member & Spouse	\$920.18	\$674.68	\$245.50
Member & Children	\$757.94	\$593.56	\$164.38
Family	\$1,248.94	\$839.06	\$409.88

Part-time and Graduate Student Employees			
HealthSelect of Texas			
Coverage	Premium	University Pays	Employee Pays
Member Only	\$385.38	\$192.69	\$192.69
Member & Spouse	\$826.02	\$302.85	\$523.17
Member & Children	\$680.42	\$266.45	\$413.97
Family	\$1,121.06	\$376.61	\$744.45
Community First/San Antonio			
Coverage	Premium	University Pays	Employee Pays
Member Only	\$356.62	\$178.31	\$178.31
Member & Spouse	\$764.18	\$280.20	\$483.98
Member & Children	\$629.50	\$246.53	\$382.97
Family	\$1,037.06	\$348.42	\$688.64
Scott & White Health Plan			
Coverage	Premium	University Pays	Employee Pays
Member Only	\$429.18	\$214.59	\$214.59
Member & Spouse	\$920.18	\$337.34	\$582.84
Member & Children	\$757.94	\$296.78	\$461.16
Family	\$1,248.94	\$419.53	\$829.41