

FY 2020 Fringe Benefits Calculation

Effective: September 1, 2019 - August 31, 2020

To determine the complete annual cost of employee fringe: calculate the total monthly fringe benefits, then add the university's portion of health insurance, and multiply the sum by 12.

Fringe Benefits Calculation	
TRS (Teacher Retirement System)	<i>Benefits-Eligible Employees Only</i> – Multiply monthly salary & state longevity by 7.5%
ORP (Optional Retirement Program)	<i>Benefits-Eligible Employees Only</i> – Multiply monthly salary & state longevity by 6.6%
1% Payroll Charge (ERS)	<i>Benefits-Eligible Employees Only</i> – Multiply monthly salary (only) by 1%
FICA/Medicare	Multiply monthly salary & state longevity by 7.65%
Benefit Surcharge	Multiply monthly salary & state longevity by 1.25%
TOTAL FRINGE BENEFITS	Add each applicable benefit to get the monthly total

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

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

Health Insurance Cost

Full-Time Employees (75-100% FTE)

Note: These premiums are paid monthly and include a basic term life rate of \$2.22.

	Premium*	TXST Pays	You Pay
HealthSelect of Texas®			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,340.82	982.82	358.00
You + Children	1,104.22	864.52	239.70
You + Family	1,820.22	1,222.52	597.70
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,305.02	982.82	322.20
You + Children	1,080.24	864.52	215.72
You + Family	1,760.44	1,222.52	537.92
Community First Health Plans			
You Only	\$ 549.62	\$ 549.62	\$ 0.00
You + Spouse	1,179.14	864.38	314.76
You + Children	971.10	760.36	210.74
You + Family	1,600.62	1,075.12	525.50
Scott and White Health Plan			
You Only	\$ 621.98	\$ 621.98	\$ 0.00
You + Spouse	1,334.70	978.34	356.36
You + Children	1,099.18	860.58	238.60
You + Family	1,811.90	1,216.94	594.96

Part-Time (50-74% FTE) & Graduate Student Employees

Note: These premiums are paid monthly and include a basic term life rate of \$2.22.

	Premium*	TXST Pays	You Pay
HealthSelect of Texas®			
You Only	\$ 624.82	\$ 312.41	\$ 312.41
You + Spouse	1,340.82	491.41	849.41
You + Children	1,104.22	432.26	671.96
You + Family	1,820.22	611.26	1,208.96
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 624.82	\$ 312.41	\$ 312.41
You + Spouse	1,305.02	491.41	813.61
You + Children	1,080.24	432.26	647.98
You + Family	1,760.44	611.26	1,149.18
Community First Health Plans			
You Only	\$ 549.62	\$ 274.81	\$ 274.81
You + Spouse	1,179.14	432.19	746.95
You + Children	971.10	380.18	590.92
You + Family	1,600.62	537.56	1,063.06
Scott and White Health Plan			
You Only	\$ 621.98	\$ 310.99	\$ 310.99
You + Spouse	1,334.70	489.17	845.53
You + Children	1,099.18	430.29	668.89
You + Family	1,811.90	608.47	1,203.43