

FY 2021 Fringe Benefits Calculation

Effective: September 1, 2020 - August 31, 2021

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	1,339.90	982.36	357.54
You + Children	1,103.58	864.20	239.38
You + Family	1,818.66	1,221.74	596.92
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,304.16	982.36	321.80
You + Children	1,079.64	864.20	215.44
You + Family	1,758.98	1,221.74	537.24
Community First Health Plans			
You Only	\$ 549.62	\$ 549.62	\$ 0.00
You + Spouse	1,178.30	863.96	314.34
You + Children	970.54	760.08	210.46
You + Family	1,599.22	1,074.42	524.80
Scott and White Health Plan			
You Only	\$ 621.98	\$ 621.98	\$ 0.00
You + Spouse	1,333.78	977.88	355.90
You + Children	1,098.54	860.26	238.28
You + Family	1,810.34	1,216.16	594.18

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	\$ 624.41	\$ 312.41	\$ 312.00
You + Spouse	1,339.49	491.18	848.31
You + Children	1,103.17	432.10	671.07
You + Family	1,818.25	610.87	1,207.38
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 624.41	\$ 312.41	\$ 312.00
You + Spouse	1,303.75	491.18	812.57
You + Children	1,079.23	432.10	647.13
You + Family	1,758.57	610.87	1,147.70
Community First Health Plans			
You Only	\$ 549.26	\$ 274.81	\$ 274.45
You + Spouse	1,177.94	431.98	745.96
You + Children	970.18	380.04	590.14
You + Family	1,598.86	537.21	1,061.65
Scott and White Health Plan			
You Only	\$ 621.57	\$ 310.99	\$ 310.58
You + Spouse	1,333.37	488.94	844.43
You + Children	1,098.13	430.13	668.00
You + Family	1,809.93	608.08	1,201.85