## FY 2023 Fringe Benefits Calculation

## Effective: September 1, 2022 - August 31, 2023

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)	Benefits-Eligible Employees Only – Multiply monthly salary & state longevity by 8.0%	
ORP (Optional Retirement Program)	Benefits-Eligible Employees Only – Multiply monthly salary & state longevity by 6.6%	
1% Payroll Charge (ERS)	Benefits-Eligible Employees Only – 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 do not include a basic term life rate of \$2.22 paid by employer.

	Premium*	TXST Pays	Employee Pays			
HealthSelect of Texas®						
You Only	\$ 622.60	\$ 622.60	\$ 0.00			
You + Spouse	1,338.60	980.60	358.00			
You + Children	1,102.00	862.30	239.70			
You + Family	1,818.00	1,220.30	597.70			
Consumer Directed HealthSelectsM**						
You Only	622.60	\$ 622.60	\$ 0.00			
You + Spouse	1,302.80	980.60	322.20			
You + Children	1,078.02	862.30	215.72			
You + Family	1,758.22	1,220.30	537.92			

**Part-Time (50-74% FTE) & Graduate Student Employees** Note: These premiums are paid monthly and do not include a basic term life rate of \$2.22 split evenly between employee and employer.

	Premium*	TXST Pays	Employee Pays			
HealthSelect of Texas®						
You Only	\$ 622.60	\$ 311.30	\$ 311.30			
You + Spouse	1,338.60	490.30	848.30			
You + Children	1,102.00	431.15	670.85			
You + Family	1,818.00	610.15	1,207.85			
Consumer Directed HealthSelect <sup>SM**</sup>						
You Only	\$ 622.60	\$ 311.30	\$ 311.30			
You + Spouse	1,302.80	490.30	812.50			
You + Children	1,078.02	431.15	646.87			
You + Family	1,758.22	610.15	1,148.07			