

# FY 2025 Fringe Benefits Calculation

**Effective: September 1, 2024 - August 31, 2025**

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	
<b>TRS (Teacher Retirement System)</b>	<i>Benefits-Eligible Employees Only –</i> Multiply monthly salary & state longevity by 8.25%
<b>ORP (Optional Retirement Program)</b>	<i>Benefits-Eligible Employees Only –</i> Multiply monthly salary & state longevity by 6.6%
<b>1% Payroll Charge (ERS)</b>	<i>Benefits-Eligible Employees Only –</i> Multiply monthly salary (only) by 1%
<b>FICA/Medicare</b>	Multiply monthly salary & state longevity by 7.65%
<b>Benefit Surcharge</b>	Multiply monthly salary & state longevity by 1.25%
<b>TOTAL FRINGE BENEFITS</b>	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 paid by employer.

	Premium*	TXST Pays	Employee Pays
<b>HealthSelect of Texas®</b>			
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
<b>Consumer Directed HealthSelect<sup>SM**</sup></b>			
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

**Part-Time (50-74% FTE) & Graduate Student Employees** Note: These premiums are paid monthly and do include a basic term life rate of \$2.22 split evenly between employee and employer.

	Premium*	TXST Pays	Employee Pays
<b>HealthSelect of Texas®</b>			
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
<b>Consumer Directed HealthSelect<sup>SM**</sup></b>			
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