

Managing the Dental Team

ADA's Guidelines for Practice Success™ (GPS™)

Sample Report: Total Staff Compensation Employee Compensation Analysis

| A | B | C | D | E |
|----|---|------------------|---------------------|---------------------|
| 1 | enter hours worked per week | 37.5 | | |
| 2 | hours per average day | | C1/5 | 7.5 |
| 3 | *enter hourly salary | \$54.00 | | |
| 4 | hours paid annually | | C1*52 | 1950 |
| 5 | incentive/bonus | \$8000.00 | | |
| 6 | annual salary | | (E4*C3)+C5 | \$113,300.00 |
| | Cost of Benefits: | | | |
| 7 | number of days of vacation time | 15 | C3*C7*E2 | \$6,075.00 |
| 8 | number of days of continuing ed time | 5 | C3*C8*E2 | \$2,025.00 |
| 9 | number of days personal time | 5 | C3*C9*E2 | \$2,025.00 |
| 10 | number of days of paid sick time | 8 | C3*C10*E2 | \$3,240.00 |
| 11 | number of days holiday time | 12 | C3*C11*E2 | \$4,860.00 |
| 12 | number of days of other days off with pay | 3 | C3*C12*E2 | \$1,215.00 |
| 13 | employer-paid continuing ed costs | | | \$2,500.00 |
| 14 | employer-paid professional organization dues | | | \$750.00 |
| 15 | employer-paid malpractice premium | | | \$2,500.00 |
| 16 | other employer-paid fees | | | \$750.00 |
| 17 | employer-paid annual contribution toward health benefits | | | \$8,500.00 |
| 18 | employer-paid annual cost of dental treatment for employee and family | | | \$1,500.00 |
| 19 | employer-paid annual cost of life insurance | | | \$400.00 |
| 20 | employer-paid annual cost of disability benefits | | | \$1,500.00 |
| 21 | employer-paid annual to pension plan | | | \$11,700.00 |
| 22 | employer-paid annual cost of other fringe benefits | | | \$650.00 |
| 23 | Total cost of benefits supplied by employer: | | SUM(E7:E22) | 50,190.00 |
| 24 | Cost of fringes excluding excused time off: | | SUM(E13:E22) | \$30,750.00 |
| 25 | **employee FICA contribution: | | E6*C33/100 | \$8,667.45 |
| 26 | Effective annual salary: | | E6+E24+E25 | \$152,717.45 |
| 27 | Effective hourly salary: | | E26/E28 | \$96.05 |
| 28 | Hours actually worked annually: | | E4-(SUM(C7:C12)*E2) | 1590 |

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|----|--|-------------|---|---|
| 29 | Supplemental Info | | | |
| 30 | Income subject to Social Security Tax: | \$90,000.00 | | |
| 31 | Percentage FICA*: | 15.30% | | |
| 32 | Employer contribution: | 7.65% | | |
| 33 | Employee contribution: | 7.65% | | |

*Although most professionals are “exempt” employees, it is useful to use estimated hourly salary based on work schedules.

**Self-employed individuals or independent contractors pay the entire portion of their FICA tax. Employees have half of their FICA taxes, currently 7.65%, paid by their employer.

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