

FULL-TIME EMPLOYEE MEDICAL DEDUCTIONS

FULL-TIME / BIWEEKLY PAID EMPLOYEE DEDUCTIONS¹

FULL-TIME / MONTHLY PAID EMPLOYEE DEDUCTIONS¹

	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$36.22	\$204.17	\$240.39	\$78.48	\$442.39	\$520.87
Family Minus Spouse	\$99.07	\$560.31	\$659.38	\$214.65	\$1,214.00	\$1,428.65
Family Plus Spouse ²	\$104.84	\$560.31	\$665.15	\$227.15	\$1,214.00	\$1,441.15

¹ These rates represent the total amount that will be deducted from your paycheck.

² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

PART-TIME EMPLOYEE MEDICAL DEDUCTIONS

PART-TIME BIWEEKLY DEDUCTIONS¹ 50% TIER

PART-TIME BIWEEKLY DEDUCTIONS¹ 0% TIER

	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$120.19	\$120.20	\$240.39	\$240.39	\$0.00	\$240.39
Family Minus Spouse	\$329.69	\$329.69	\$659.38	\$659.38	\$0.00	\$659.38
Family Plus Spouse ²	\$335.46	\$329.69	\$665.15	\$665.15	\$0.00	\$665.15

¹ These rates represent the total amount that will be deducted from your paycheck.

² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.



ADDITIONAL BIWEEKLY AMOUNT FOR EACH HB1 DEPENDENT (FOR ALL ENROLLED EMPLOYEES)

	Employee Share	State Share	Total
Ohio Med PPO	\$103.81	\$0.00	\$103.81

ADDITIONAL MONTHLY AMOUNT FOR EACH HB1 DEPENDENT (FOR ALL ENROLLED EMPLOYEES)

	Employee Share	State Share	Total
Ohio Med PPO	\$224.92	\$0.00	\$224.92