



FULL-TIME EMPLOYEE DEDUCTIONS						
	Full-Time / Biweekly-Paid Employee Deductions ²			Full-Time / Monthly-Paid Employee Deductions ³		
	Employee Share	State Share	Total	Employee Share	State Share	Total
OHIO MED				OHIO MED		
Single	\$30.35	\$165.24	\$195.59	\$63.58	\$358.02	\$421.60
Family Minus Spouse	\$83.07	\$454.01	\$537.08	\$174.00	\$983.68	\$1,157.68
Family Plus Spouse ¹	\$89.07	\$454.01	\$543.08	\$186.50	\$983.68	\$1,170.18
AETNA				AETNA		
Single	\$34.96	\$161.04	\$196.00	\$73.22	\$348.92	\$422.14
Family Minus Spouse	\$95.70	\$442.46 ⁴	\$538.16	\$200.50	\$958.66	\$1,159.16
Family Plus Spouse ¹	\$101.69	\$442.46	\$544.15	\$213.00	\$958.66	\$1,171.66
PARAMOUNT				PARAMOUNT		
Single	\$30.51	\$146.55	\$177.06	\$63.92	\$317.52	\$381.44
Family Minus Spouse	\$83.50	\$402.60	\$486.10	\$174.92	\$872.30	\$1,047.22
Family Plus Spouse ¹	\$89.49	\$402.60	\$492.09	\$187.42	\$872.30	\$1,059.72
THE HEALTH PLAN				THE HEALTH PLAN		
Single	\$32.67	\$164.98	\$197.65	\$68.48	\$357.46	\$425.94
Family Minus Spouse	\$89.41	\$453.29	\$542.70	\$187.48	\$982.14	\$1,169.62
Family Plus Spouse ¹	\$95.41	\$453.29	\$548.70	\$199.98	\$982.14	\$1,182.12
UNITEDHEALTHCARE				UNITEDHEALTHCARE		
Single	\$33.65	\$160.10	\$193.75	\$70.46	\$346.88	\$417.34
Family Minus Spouse	\$92.10	\$439.85	\$531.95	\$192.88	\$953.02	\$1,145.90
Family Plus Spouse ¹	\$98.09	\$439.85	\$537.94	\$205.38	\$953.02	\$1,158.40
ADDITIONAL AMOUNTS FOR EACH HOUSE BILL 1 DEPENDENT				ADDITIONAL AMOUNTS FOR EACH HOUSE BILL 1 DEPENDENT		
Ohio Med	\$69.57	\$0.00	\$69.57	\$150.74	\$0.00	\$150.74
Aetna	\$69.66	\$0.00	\$69.66	\$150.93	\$0.00	\$150.93
Paramount	\$62.93	\$0.00	\$62.93	\$136.35	\$0.00	\$136.35
The Health Plan	\$70.29	\$0.00	\$70.29	\$152.29	\$0.00	\$152.29
UnitedHealthCare	\$68.87	\$0.00	\$68.87	\$149.21	\$0.00	\$149.21

¹ Family plus spouse rates above include a charge of \$5.77 per biweekly pay or \$12.50 per monthly pay to cover a spouse.

² These rates represent the total amount that will be deducted from each paycheck. They include the following: communication surcharge, mental health charge and the FY 2010 rate adjustment.

³ These rates represent the total amount that will be deducted from each paycheck. They include the communication surcharge and mental health charge.

⁴ The State Share rate for Aetna, Family Minus Spouse has been updated from \$422.46 to the correct amount of \$442.46.

Differences in plan rates are the result of each medical plan's design, claims history and administrative fees. Medical plan administrative fees are a portion of the rates, and the state pays for 85 percent of the lowest administrative fee. If you choose a plan that has a higher administrative fee, you will pay 15 percent of the lowest administrative fee plus the difference between your medical plan's administrative fee and the lowest fee.



PART-TIME EMPLOYEE DEDUCTIONS									
	Part-Time Bi-Weekly Deductions² 75% Tier			Part-Time Bi-Weekly Deductions² 50% Tier			Part-Time Bi-Weekly Deductions² 0% Tier		
	Employee Share	State Share	Total	Employee Share	State Share	Total	Employee Share	State Share	Total
OHIO MED									
Single	\$50.44	\$145.83	\$196.27	\$100.64	\$97.30	\$197.94	\$201.27	\$0.00	\$201.27
Family Minus Spouse	\$138.30	\$400.61	\$538.91	\$276.34	\$267.15	\$543.49	\$552.68	\$0.00	\$552.68
Family Plus Spouse ¹	\$144.29	\$400.61	\$544.90	\$282.33	\$267.15	\$549.48	\$558.67	\$0.00	\$558.67
AETNA									
Single	\$54.51	\$142.13	\$196.64	\$103.38	\$94.83	\$198.21	\$201.41	\$0.00	\$201.41
Family Minus Spouse	\$149.47	\$390.43	\$539.90	\$283.92	\$260.37	\$544.29	\$553.04	\$0.00	\$553.04
Family Plus Spouse ¹	\$155.47	\$390.43	\$545.90	\$289.91	\$260.37	\$550.28	\$559.03	\$0.00	\$559.03
PARAMOUNT									
Single	\$48.32	\$129.33	\$177.65	\$92.80	\$86.31	\$179.11	\$182.03	\$0.00	\$182.03
Family Minus Spouse	\$132.45	\$355.26	\$487.71	\$254.80	\$236.93	\$491.73	\$499.75	\$0.00	\$499.75
Family Plus Spouse ¹	\$138.44	\$355.26	\$493.70	\$260.78	\$236.93	\$497.71	\$505.74	\$0.00	\$505.74
THE HEALTH PLAN									
Single	\$52.70	\$145.60	\$198.30	\$102.77	\$97.14	\$199.91	\$203.19	\$0.00	\$203.19
Family Minus Spouse	\$145.07	\$400.00	\$545.07	\$282.24	\$266.75	\$548.99	\$557.95	\$0.00	\$557.95
Family Plus Spouse ¹	\$151.06	\$400.00	\$551.06	\$288.23	\$266.75	\$554.98	\$563.94	\$0.00	\$563.94
UNITEDHEALTHCARE									
Single	\$53.08	\$141.29	\$194.37	\$101.70	\$94.27	\$195.97	\$199.19	\$0.00	\$199.19
Family Minus Spouse	\$145.58	\$388.13	\$533.71	\$279.28	\$258.84	\$538.12	\$546.92	\$0.00	\$546.92
Family Plus Spouse ¹	\$151.57	\$388.13	\$539.70	\$285.27	\$258.84	\$544.11	\$552.90	\$0.00	\$552.90
ADDITIONAL AMOUNTS FOR EACH HOUSE BILL 1 DEPENDENT									
Ohio Med	\$69.57	\$0.00	\$69.57	\$69.57	\$0.00	\$69.57	\$69.57	\$0.00	\$69.57
Aetna	\$69.66	\$0.00	\$69.66	\$69.66	\$0.00	\$69.66	\$69.66	\$0.00	\$69.66
Paramount	\$62.93	\$0.00	\$62.93	\$62.93	\$0.00	\$62.93	\$62.93	\$0.00	\$62.93
The Health Plan	\$70.29	\$0.00	\$70.29	\$70.29	\$0.00	\$70.29	\$70.29	\$0.00	\$70.29
UnitedHealthCare	\$68.87	\$0.00	\$68.87	\$68.87	\$0.00	\$68.87	\$68.87	\$0.00	\$68.87

¹ Family plus spouse rates above include a charge of \$5.77 per biweekly pay to cover a spouse.

² The rates listed above are presented in bi-weekly totals. These rates represent the total amount that will be deducted from each paycheck. They include the following: communication surcharge, mental health charge, and the FY 2010 rate adjustment.

Differences in plan rates are the result of each medical plan's design, claims history and administrative fees. Medical plan administrative fees are a portion of the rates, and the state pays for 85 percent of the lowest administrative fee. If you choose a plan that has a higher administrative fee, you will pay 15 percent of the lowest administrative fee plus the difference between your medical plan's administrative fee and the lowest fee.