

# MEDICAL DEDUCTIONS

## FULL-TIME PERMANENT PART-TIME PERMANENT (30 OR MORE HOURS) PART-TIME TEMPORARY (30 OR MORE HOURS) BIWEEKLY PAID EMPLOYEE DEDUCTIONS<sup>1</sup> 15% TIER

## FULL-TIME EMPLOYEES MONTHLY PAID EMPLOYEE DEDUCTIONS<sup>1</sup> 15% TIER

	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 <sup>2</sup>	\$104.84	\$560.31	\$665.15	\$227.15	\$1,214.00	\$1,441.15

## PART-TIME PERMANENT (20.00–29.99 HOURS) BIWEEKLY PAID EMPLOYEE DEDUCTIONS<sup>1</sup> 50% TIER

## PART-TIME PERMANENT EMPLOYEES (0–19.99 HOURS) BIWEEKLY PAID EMPLOYEE DEDUCTIONS<sup>1</sup> 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 <sup>2</sup>	\$335.46	\$329.69	\$665.15	\$665.15	\$0.00	\$665.15

<sup>1</sup>These rates represent the total amount that will be deducted from your paycheck each pay.

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

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

	Employee Share	State Share	Total
Ohio Med PPO: BIWEEKLY	\$103.81	\$0.00	\$103.81
	Employee Share	State Share	Total
Ohio Med PPO: MONTHLY	\$224.92	\$0.00	\$224.92