



Medical Deductions

FULL-TIME EMPLOYEE MEDICAL DEDUCTIONS

	FULL-TIME / BIWEEKLY-PAID EMPLOYEE DEDUCTIONS ¹			FULL-TIME / MONTHLY-PAID EMPLOYEE DEDUCTIONS ¹		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$35.51	\$200.17	\$235.68	\$76.95	\$433.71	\$510.66
Family Minus Spouse	\$97.13	\$549.32	\$646.45	\$210.45	\$1,190.19	\$1,400.64
Family Plus Spouse ²	\$102.90	\$549.32	\$652.22	\$222.95	\$1,190.19	\$1,413.14

¹ These rates represent the total amount that will be deducted from your paycheck, including the communication surcharge.

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 DEDUCTIONS ¹ 75% TIER			PART-TIME BIWEEKLY DEDUCTIONS ¹ 50% TIER		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$59.04	\$176.64	\$235.68	\$117.84	\$117.84	\$235.68
Family Minus Spouse	\$161.73	\$484.72	\$646.45	\$323.22	\$323.23	\$646.45
Family Plus Spouse ²	\$167.50	\$484.72	\$652.22	\$328.99	\$323.23	\$652.22

	PART-TIME BIWEEKLY DEDUCTIONS ¹ 0% TIER		
	Employee Share	State Share	Total
Single	\$235.68	\$0.00	\$235.68
Family Minus Spouse	\$646.45	\$0.00	\$646.45
Family Plus Spouse ²	\$652.22	\$0.00	\$652.22

¹ These rates represent the total amount that will be deducted from your paycheck, including the communication surcharge.

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	\$101.77	\$0.00	\$101.77

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

	Employee Share	State Share	Total
Ohio Med PPO	\$220.51	\$0.00	\$220.51