



## DIRECT PAY INSTRUCTIONS

Direct pay for medical benefits coverage may be made by the following:

- a Board or Commission member who must make direct payment in order to be eligible for these benefits; or
- a State employee who will lose coverage due to his/her status of Military Leave, an approved Leave of Absence and an Exempt Employee who will be on Workers' Comp for more than one (1) pay period.

### Election for Medical Benefits Coverage

When a Board or Commission Member is hired or a state employee is placed in one of the above statuses in OAKS HCM, Job Data, the following will occur:

- OAKS will trigger an event in OAKS HCM Benefits.
- If the Board or Commission member or the state employee going on leave chooses to waive coverage, the Agency shall choose "Waived" in OAKS HCM Benefits. Benefit coverage will term at the end of the month in which leave began.

If the employee elects to continue health insurance, the employee is responsible for both shares of medical coverage costs, including the communication surcharge and mental health. *Note: Per Amended Sub SB 164, while an employee is on Federal military duty (ONLY), his/her employer share of health insurance shall be paid by the agency for which he/she is employed. The employee is responsible for his/her share but may choose to place his/her share of the health insurance in "arrears" in OAKS, up to \$1500, which will then be deducted from his/her first paycheck upon return from federal military duty. The employee's Job Data "Action" must reflect a Payroll Leave Action (PLA) in order to continue payment of the state's share.*

Please refer to the appropriate payroll letter for medical and/or dental/vision coverage rates or contact HCM Customer Service.

Agencies are required to instruct the employee, both verbally and in writing, of the due date for payments and to whom payment(s) should be paid prior to the employee going on leave. Payments are due the first of the month for that month's coverage (e.g. Payment is due September 1<sup>st</sup> for September coverage). Coverage will be terminated for payments not received by the 20<sup>th</sup>.

If an employee elects to have, or continue, coverage, the Agency shall complete the appropriate fields of the Benefit Direct Payment Form (as instructed on the form) and provide the employee sufficient copies for submission with each direct pay anticipated to be made. The form can be found at:

<http://das.ohio.gov/LinkClick.aspx?fileticket=4xNilfflSlw%3d&tabid=216>

**Agencies shall be responsible for monitoring OAKS HCM Benefits Billing to assure the employee is current on making direct payments as required (i.e. by the 20<sup>th</sup> of the month). The Agency's DAS/HRD HCM Benefits representative must be notified no later than the 22<sup>nd</sup> of each month if payments are not current so coverage can be terminated.**

### **Return from Leave**

Upon an employee's return from leave, he/she has the opportunity to re-enroll in medical coverage. Coverage will become effective the 1<sup>st</sup> of the month following the return from leave.

Upon the Agency's entry of the employee's return from leave (RFL) in OAKS HCM Job Data, an event will be triggered in OAKS HCM Benefits that allows the Agency the opportunity to re-enroll the employee back into medical coverage.

If the employee chooses to re-enroll in benefits coverage, the agency will need to review the employee's paycheck for a minimum of three (3) pay periods to ensure that the appropriate deductions, including make-up deductions, are occurring. If the Agency determines that an error exists, they are to contact DAS/HRD HCM Benefits to work them to correct the errors (e.g. if the wrong deductions are taking place and corrections can not be made, a refund request will need to be processed).

Any questions or problems, please contact DAS/HRD/HCM Customer Service at 1-800-409-1205.