



October 6, 2009

Payroll Letter 938-Revision #2
Supersedes Payroll Letter 926

To: Agency HR Specialists, Payroll Specialists, Budget Specialists, Benefits Specialists, Labor Relations Specialists, and Regulatory Requirements Specialists of All Departments, Institutions, Boards and Commissions

From: Janet M. Wampler, HCM State Payroll Manager

Subject: Health Care Rates and Deduction Schedule for the Benefit Period July 1, 2009 thru June 30, 2010

HEALTH CARE MAKE-UPS

The OAKS system will automatically calculate and apply make-ups. DAS Central Benefits will contact agencies regarding the need for manual make-ups. The "Benefits Make-Up Form" will be utilized to process all health insurance manual make-ups that do not occur automatically.

HEALTH CARE REFUNDS

OAKS will automatically calculate and apply required refunds (e.g. an employee was erroneously enrolled in a health care plan that was more expensive than the one they actually chose and therefore too much money was deducted).

Refunds, via check, will no longer be issued unless an extenuating circumstance exists (as determined by DAS Central Benefits). If DAS Central Benefits determines there is an extenuating circumstance, the agency will be responsible for completing a "Benefits Refund Form."

HEALTH CARE DEDUCTIONS

As of PPE 07/04/09 (payday 07/11/09), employees will have the same deduction amount taken each pay period for health insurance premiums (i.e. the annual cost of health care will be spread out over 26 pay periods rather than 24). Note: PPE 06/20/09, pay day 07/02/09, no deduction was taken for health insurance premiums.



Also, as of PPE 07/04/09, employees started paying for their current month of health insurance coverage, instead of paying one month in advance.

In light of these changes, please note the following:

- Employees who were enrolled in health care **prior to** July 1, 2009 shall have health care coverage through the end of the month following their “effective date” of separation entered into OAKS.
- Employees who enrolled in health care **on or after** July 1, 2009 shall only have health care coverage through the end of the month of their “effective date” of separation entered into OAKS.
- **Refunds shall no longer be issued for separations.**

HEALTH CARE DEDUCTION SCHEDULE

Last Day Worked (e.g. “Termination Date” in OAKS Job Data)	Health Care Coverage End Date	
	EEs Enrolled PRIOR TO July 1, 2009	EEs Enrolled ON OR AFTER July 1, 2009
July 01 - 31	August 31	July 31
August 01 - 31	September 30	August 31
September 01 - 30	October 31	September 30
October 01 - 31	November 30	October 31
November 01 - 30	December 31	November 30
December 01 - 31	January 31	December 31
January 01 - 31	February 28/29	January 31
February 01 - 28/29	March 31	February 28/29
March 01 - 31	April 30	March 31
April 01 - 30	May 31	April 30
May 01 - 31	June 30	May 31
June 01 - 30	July 3	June 30

Rates for All Health Plans (With and Without UBH and Surcharges)

BiWeekly Deductions For July, 2009 through June, 2010

For the Benefit Period July 1, 2009 through June 30, 2010

OAKS Breakouts for Part-Time Employees

All	Name of Plan	Employee	State	Total	JMI	Paramount	Employee	State	Total	With UBH and Surcharge				
										EE	STATE	EE	STATE	
85%	Ohio Med PPO									OMED		Para		
	Single Coverage:	\$26.04	\$147.57	\$173.61	85%	Single Coverage:	\$26.11	\$129.02	\$155.13	\$26.74	\$150.49	\$26.81	\$131.94	
	Family No Spouse:	\$71.61	\$405.83	\$477.44		Family No Spouse:	\$71.84	\$354.79	\$426.63	\$73.14	\$413.44	\$73.37	\$362.40	
	Family + Spouse:	\$77.38	\$405.83	\$483.21		Family + Spouse:	\$77.61	\$354.79	\$432.40	\$78.91	\$413.44	\$79.14	\$362.40	
	75%	Single Coverage:	\$43.40	\$130.21	\$173.61	75%	Single Coverage:	\$41.29	\$113.84	\$155.13	\$44.42	\$132.81	\$42.31	\$116.44
		Family No Spouse:	\$119.36	\$358.08	\$477.44		Family No Spouse:	\$113.57	\$313.06	\$426.63	\$121.76	\$364.82	\$115.97	\$319.80
		Family + Spouse:	\$125.13	\$358.08	\$483.21		Family + Spouse:	\$119.34	\$313.06	\$432.40	\$127.53	\$364.82	\$121.74	\$319.80
	50%	Single Coverage:	\$86.80	\$86.81	\$173.61	50%	Single Coverage:	\$79.24	\$75.89	\$155.13	\$88.61	\$88.62	\$81.05	\$77.70
		Family No Spouse:	\$238.72	\$238.72	\$477.44		Family No Spouse:	\$217.92	\$208.71	\$426.63	\$243.29	\$243.29	\$222.49	\$213.28
		Family + Spouse:	\$244.49	\$238.72	\$483.21		Family + Spouse:	\$223.69	\$208.71	\$432.40	\$249.06	\$243.29	\$228.26	\$213.28
	0%	Single Coverage:	\$173.61	\$0.00	\$173.61	0%	Single Coverage:	\$155.13	\$0.00	\$155.13	\$177.00	\$0.00	\$158.52	\$0.00
		Family No Spouse:	\$477.44	\$0.00	\$477.44		Family No Spouse:	\$426.63	\$0.00	\$426.63	\$486.35	\$0.00	\$435.54	\$0.00
Family + Spouse:		\$483.21	\$0.00	\$483.21		Family + Spouse:	\$432.40	\$0.00	\$432.40	\$492.12	\$0.00	\$441.31	\$0.00	
AD1	Aetna				AC1	UnitedHealthcare				Aetna		UHC		
	Single Coverage:	\$29.80	\$140.77	\$170.57	85%	Single Coverage:	\$29.00	\$141.45	\$170.45	\$30.50	\$143.69	\$29.70	\$144.37	
	Family No Spouse:	\$81.95	\$387.13	\$469.08		Family No Spouse:	\$79.73	\$389.00	\$468.73	\$83.48	\$394.74	\$81.26	\$396.61	
	Family + Spouse:	\$87.72	\$387.13	\$474.85		Family + Spouse:	\$85.50	\$389.00	\$474.50	\$89.25	\$394.74	\$87.03	\$396.61	
	75%	Single Coverage:	\$46.36	\$124.21	\$170.57	75%	Single Coverage:	\$45.63	\$124.82	\$170.45	\$47.38	\$126.81	\$46.65	\$127.42
		Family No Spouse:	\$127.50	\$341.58	\$469.08		Family No Spouse:	\$125.49	\$343.24	\$468.73	\$129.90	\$348.32	\$127.89	\$349.98
		Family + Spouse:	\$133.27	\$341.58	\$474.85		Family + Spouse:	\$131.26	\$343.24	\$474.50	\$133.67	\$348.32	\$133.66	\$349.98
	50%	Single Coverage:	\$87.76	\$82.81	\$170.57	50%	Single Coverage:	\$87.24	\$83.21	\$170.45	\$89.57	\$84.62	\$89.05	\$85.02
		Family No Spouse:	\$241.36	\$227.72	\$469.08		Family No Spouse:	\$239.90	\$228.83	\$468.73	\$245.93	\$232.29	\$244.47	\$233.40
		Family + Spouse:	\$247.13	\$227.72	\$474.85		Family + Spouse:	\$245.67	\$228.83	\$474.50	\$251.70	\$232.29	\$250.24	\$233.40
	0%	Single Coverage:	\$170.57	\$0.00	\$170.57	0%	Single Coverage:	\$170.45	\$0.00	\$170.45	\$173.96	\$0.00	\$173.84	\$0.00
		Family No Spouse:	\$469.08	\$0.00	\$469.08		Family No Spouse:	\$468.73	\$0.00	\$468.73	\$477.99	\$0.00	\$477.64	\$0.00
Family + Spouse:		\$474.85	\$0.00	\$474.85		Family + Spouse:	\$474.50	\$0.00	\$474.50	\$483.76	\$0.00	\$483.41	\$0.00	
AK1	The Health Plan				UBH	United Behavioral Health				THP				
	Single Coverage:	\$27.18	\$144.11	\$171.29	85%	Single Coverage:	\$0.47	\$2.69	\$3.16	\$27.88	\$147.03			
	Family No Spouse:	\$74.74	\$396.35	\$471.09		Family No Spouse:	\$1.30	\$7.38	\$8.68	\$76.27	\$403.96			
	Family + Spouse:	\$80.51	\$396.35	\$476.86		Family + Spouse:	\$1.30	\$7.38	\$8.68	\$82.04	\$403.96			
	75%	Single Coverage:	\$44.13	\$127.16	\$171.29	75%	Single Coverage:	\$0.79	\$2.37	\$3.16	\$45.15	\$129.76		
		Family No Spouse:	\$135.96	\$335.13	\$471.09		Family No Spouse:	\$2.17	\$6.51	\$8.68	\$138.36	\$341.87		
		Family + Spouse:	\$141.73	\$335.13	\$476.86		Family + Spouse:	\$2.17	\$6.51	\$8.68	\$144.13	\$341.87		
	50%	Single Coverage:	\$86.52	\$84.77	\$171.29	50%	Single Coverage:	\$1.58	\$1.58	\$3.16	\$88.33	\$86.58		
		Family No Spouse:	\$237.95	\$233.14	\$471.09		Family No Spouse:	\$4.34	\$4.34	\$8.68	\$242.52	\$237.71		
		Family + Spouse:	\$243.72	\$233.14	\$476.86		Family + Spouse:	\$4.34	\$4.34	\$8.68	\$248.29	\$237.71		
	0%	Single Coverage:	\$171.29	\$0.00	\$171.29	0%	Single Coverage:	\$3.16	\$0.00	\$3.16	\$174.68	\$0.00		
		Family No Spouse:	\$471.09	\$0.00	\$471.09		Family No Spouse:	\$8.68	\$0.00	\$8.68	\$480.00	\$0.00		
Family + Spouse:		\$476.86	\$0.00	\$476.86		Family + Spouse:	\$8.68	\$0.00	\$8.68	\$485.77	\$0.00			

COM The Communication Surcharge is \$12.00 per year and is split \$.23% .23 except for the 100% tier. \$0.23