



Ohio Department of Administrative Services

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June 17, 1996

Payroll Letter 704

TO: Payroll Officers, Personnel Officers, Labor Relations Officers and Fiscal Officers of All Departments, Institutions, Boards and Commissions

FROM: Robert L. Cruse, State Payroll Administrator

SUBJECT: New Dental and Vision Codes

New dental and vision codes have been established for the benefit plan year July 1, 1996 through June 30, 1997. New premiums have also been established. These premiums will be deducted the first pay period of each month for biweekly payrolls beginning with the pay period ending June 8, 1996, and each pay period for monthly payrolls beginning with pay period ending June 30, 1996. When assigning a dental and/or vision code to an employee, you will now use the on-line "BENE" application (see instructions below). Remember, an employee is eligible for dental and vision benefits if they are a full or part-time appointment, and they have attained one year of continuous state service.

I. Dental/Vision Codes

| Code | Benefits Trust Employees Only | Code | Exempt & CWA Employees Only |
|-------------|--------------------------------------|-------------|--|
| DT1 | Preferred Choice PPO | DET | Traditional Dental (RE Harrington) |
| DT2 | Quality Dental | VCE | Vision Service Plan |
| DT3 | DMO | | |
| DT4 | RE Harrington⇒Preferred Choice PPO | | |
| DT5 | RE Harrington⇒Quality Dental | | |
| VCT | Vision Service Plan | | |

II. Dental/Vision Premiums

| Code | Description | Single | Family |
|-------------|------------------------------------|---------------|---------------|
| DT1 | Preferred Choice PPO | \$13.47 | \$38.10 |
| DT2 | Quality Dental | \$13.47 | \$38.10 |
| DT3 | DMO | \$8.50 | \$23.75 |
| DT4 | RE Harrington⇒Preferred Choice PPO | \$13.47 | \$38.10 |
| DT5 | RE Harrington⇒Quality Dental | \$13.47 | \$38.10 |
| DET | Traditional Dental (RE Harrington) | \$13.76 | \$37.69 |
| VCT | Vision Service Plan | \$4.62 | \$4.62 |
| VCE | Vision Service Plan | \$4.02 | \$4.02 |

III. Posting Employee Dental/Vision Codes

The on-line BENE application "Update Employee Benefit Information" screen (see attached) will be used to enroll an employee in a dental and/or vision plan. The field labeled "Vision Plan" is where you'll post the appropriate vision code. The field labeled "Dental Plan" is where you'll post the appropriate dental code. The system will verify whether the correct dental/vision code has been entered based on the employee's collective bargaining unit (i.e. OCSEA Benefits Trust vs. Exempt/CWA). In the fields labeled "Type", enter "S" for Single, or "F" for Family. You will also be required to enter an effective date for each plan code. This date should be the first day of the month the employee is eligible for dental/vision benefits. Since dental and vision premiums are deducted in the current month for next month's coverage, the coverage effective date will be the first day of the thirteenth month of continuous state service. For further information on posting employee dental/vision codes, please contact the Office of Benefits Administration at (614) 466-8857.

IV. Posting Dependent Dental/Vision Coverage's

For employees designating family dental and/or vision coverage, you must enroll each dependent as specified on the enrollment form, to the appropriate dental and/or vision plan. Access the "Change Dependent Information" screen and post a "Y" to the right of fields "Dental Cov" and/or "Vision Cov". When posting a "Y" for each coverage, you will also enter an effective date for each coverage type.

V. Posting Dental/Vision Make-ups

To process a make-up deduction for dental or vision, you should post the appropriate dental or vision code directly into the employee's payroll record using the CICS "PAYU" application. When posting this code, you will also specify the appropriate premium amount as noted above. The payroll system will compare the deduction code against the premium entered to ensure the correct rate has been entered. Please note, you will only be permitted to enter up to three dental or vision make-ups during a pay period. If requiring more than three months of make-up coverage, you should post remaining make-ups during a subsequent pay period. Make-ups will not be accepted on employees who are currently not eligible for dental and vision benefits, or who have "Unspecified" as their dental or vision plan code.

V. Decline of Dental/Vision Coverage

Effective with this benefit plan year, dental and vision coverage has now been separated. An eligible employee must elect dental and/or vision coverage separately, if so desired. An employee may also "Decline" dental and/or vision coverage. When posting a decline of coverage, you will also be requested to specify the effective date for which the coverage is declined. The decline will be posted using the "Update Employee Benefit Information" screen, (see attached). In the fields labeled "Type", post "D" for decline of coverage.

RLC/dp

attachments

{TO OBTAIN A COPY OF THE ATTACHMENT REFERRED TO ABOVE, PLEASE CONTACT THE STATE OF OHIO PAYROLL ADMINISTRATION OFFICE AT 614-466-6915.}