



Ohio Department of Administrative Services

HUMAN RESOURCES DIVISION
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May 29, 1998

Payroll Letter 736

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: Dental and Vision Codes and Premiums

New dental and vision codes have been established for the benefit plan year July 1, 1998 through June 30, 1999. 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 6, 1998, and each pay period for monthly payrolls beginning with pay period ending June 30, 1998. When assigning a dental and/or vision code to an employee, you will use the online "BENE" application. 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

BEN ECod e	PAY UCod e	Benefits Trust Employees Only	BEN ECod e	PAY UCod e	Exempt Employees Only
DT1	1	Preferred Choice PPO	DEP	P	Preferred Choice
DT2	2	Quality Dental	DEQ	Q	Quality Dental
DT3	3	DMO	VCE	2	Vision Service Plan
VCT	1	Vision Service Plan			
VCC	C	Cole Vision			

II. Dental/Vision Premiums

Code	Description	Single	Family
DT1	Preferred Choice PPO	\$41.50 composite rate	\$41.50 composite rate
DT2	Quality Dental	\$41.50 composite rate	\$41.50 composite rate
DT3	DMO	\$41.50 composite rate	\$41.50 composite rate
DEP	Preferred Choice	\$15.77	\$45.25
DEQ	Quality Dental	\$13.56	\$39.30
VCC	Cole Vision	\$41.50 composite rate	\$41.50 composite rate
VCT	Vision Service Plan	\$41.50 composite rate	\$41.50 composite rate
VCE	Vision Service Plan	\$7.61	\$7.61

III. RE Harrington (DET) - Deactivated

Effective this benefit plan year, RE Harrington will no longer provide dental coverage for Exempt employees. Therefore, dental code DET will no longer be valid for entry into the online BENE system. DAS Systems Administration will default all employees currently enrolled in DET, into DEP (Preferred Choice) or DEQ (Quality Dental). This default process will be based upon employee county of residence.

If you have any Exempt employees who require make-up dental coverage prior to July 1, 1998, you may still use the DET deduction code if entered into PAYU as described in VI below. The premiums to use are \$13.69 for single coverage, and \$42.29 for family coverage.

IV. Posting Employee Dental/Vision Codes

The on-line BENE application "Update Employee Benefit Information" screen (attachment 1) 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. Benefits Trust vs. Exempt). 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. Please note that dental and vision premiums are deducted in the current month for next month's coverage. For further information on posting employee dental/vision codes, please contact the Office of Benefits Administration at (614) 466-8857.

V. 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 (attachment 2) 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.

VI. Posting Dental/Vision Make-ups

To process a make-up deduction for dental/vision, you should post the appropriate dental or vision code and premium amount directly into the employee's payroll record using the CICS "PAYU" application. Benefits Trust employees are covered for dental and vision, therefore to process their make-ups, use the DT1, DT2 or DT3 code only. Exempt employees will require a separate code for dental or vision make-ups. 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.

VII. Decline of Dental/Vision Coverage

Employees may elect to decline dental and/or vision coverage, if so desired. When posting a decline of coverage, you will 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. Please note that employees covered under Benefits Trust (codes DT1, DT2, DT3, VCT and VCC) will automatically have dental and vision coverage, even though they may have declined one or the other.

RLC/dp
attachments

Update Employee Benefit Information Screen

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BENE Update Employee Benefit Information 05/27/98 16:04
Employee: 123-45-6789 Payroll: 100-200-013800
Smith, Mary Den/Vis Eligibility: Yes
123 Maple ST CBUUnit: 22 Date of Birth: 11/23/1958
COLUMBUS OH 43215 County: FRAN Sex: Female
Group Life Ins: 32,000.00

→ Vision Plan: VCE Health Plan: All
→ Type: Family Type: Family
Rate: N/C Rate: 45.12
→ Effective Date: 07/01/98 Physician Code:
Prem Pay Level: 1
→ Dental Plan: DEP Effective Date: 07/01/98
→ Type: Family Signature Date: 05/20/98
Rate: N/C
→ Effective Date: 07/01/98
Dentist Code:
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PF1=Help PF3=Exit PF12=Cancel Update
Fill in new employee data and press ENTER to change record
or press PF12 to Cancel Change.

Attachment 1

Change Dependent Information Screen

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BENE Change Dependent Information Screen 05/27/98 15:57
Employee: Dept: 100-200
Name: Smith, Mary SSN: 123-45-6789 Health: All Family
Addr: 123 Maple ST County: FRAN Dental: DEP Family
City: COLUMBUS St: OH Zip: 43215 Vision: VCE Family
Dependent:
Last Name: Smith Health Cov: Yes
First Name: Jerry Hlth Eff Date: 07/01/98
Middle Name: A Hlth Other Ins: No
Relationship: Spouse Physician Code:
Date of Birth: 11/12/57 → Dental Cov: Yes
Sex: Male → Den Eff. Date: 07/01/98
SSN: 222-33-4545 Dentist Code:
Over Age Flag: No → Vision Cov: Yes
Disabled Flag: No → Vis Eff. Date: 07/01/98
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PF1=Help PF3=Exit PF12=Cancel Change
Fill in new dependent data and press ENTER to change record
or press PF12 to Cancel Change.

Attachment 2