

**Ohio Department of  
Administrative Services**  
HUMAN RESOURCES DIVISION  
30 EAST BROAD STREET  
COLUMBUS, OHIO 43266-0405

---

George V. Voinovich  
Governor

Sandra A. Drabik  
Director

June 9, 1998

Payroll Letter 737  
**Supersedes Payroll Letter 727**

**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:** Health Care Rates for the Benefit Period July 1, 1998 Through June 30, 1999

---

Attached, please find a schedule of "Rates for All State Sponsored Health Plans". The new 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.

**I. HEALTH CARE DEDUCTIONS**

To establish health care benefits for new employees, or to change existing coverage (e.g., single to family), use the online BENE application. Health insurance deduction codes ending in one (1), either A\_1 or J\_1, are to be used to deduct the employee share of the health insurance premium for the current rate in effect. You will need to utilize either A\_1 or J\_1 with the type of coverage either single or family, to initiate a deduction. The corresponding state share amount will be generated automatically. These codes will cause a premium to be deducted the first pay period of each month. The **only** method to post these deductions to employee payroll records will be through the online BENE application using the "Update Employee Benefit Information" screen (attachment 1). Deductions of this type will not be accepted if they are posted to the PAYU screen.

You will also use the BENE application to coordinate health care benefits such as changing employee dependent information, primary care physician codes, etc. If you have questions regarding the BENE application, or currently do not have on-line update capability, please contact Barb MacIvor of DAS Benefits Administration at (614) 752-2535.

## II. PROCESSING HEALTH CARE MAKE-UPS

A “Benefits Make-Up/Refund Form” will be utilized to process all health insurance make-ups. A copy of this form is attached for your use along with instructions for completion. Feel free to make copies of this form as needed. Please complete this form and submit to DAS Benefits Administration for verification at 106 N. High Street, 6th Floor, or fax to (614) 728-3002.

Additionally, you must post the appropriate health insurance make-up deduction to the employee’s payroll record using the PAYU application. Health plans will only adjust up to three months of coverage, therefore, only three make-up deductions are permitted. Each make-up is for **one** month of coverage. If you wish more than one month of coverage, you must post a separate make-up for each month of coverage. It is possible that an employee’s payroll record may not accommodate three make-up deductions since the record is limited to ten voluntary deduction codes. When this occurs, process the multiple make-ups over more than one pay period, until all make-ups have been collected.

### 1. **Make-up For One Month of Coverage, Current Plan Year**

Codes ending in two (2), either A\_2 or J\_2, should be used to deduct the **employee** share of a make-up adjustment for one month of coverage only, for the current benefit plan year. Post this code and the appropriate single or family **employee** coverage amount. This code will automatically generate the current state share amount in effect, and will automatically drop from payroll at the end of the pay cycle.

### 2. **Make-up For One Month of Coverage, Previous Plan Year**

Codes ending in three (3), either A\_3 or J\_3, will be used to deduct the **employee** share of a make-up adjustment for one month of coverage only, for the previous benefit plan year (December 1, 1997 through June 30, 1998). Post this code and the appropriate single or family **employee** coverage amount. This code will automatically generate the previous benefit plan year state share amount, and will automatically drop from payroll at the end of the pay cycle.

## III. REQUESTING HEALTH INSURANCE REFUNDS

Attached is form “Benefits Make-Up/Refund Form”, which should be utilized to request the refund. Please complete this form using the instructions on the back of the form and submit to DAS Benefits Administration for approval. Approved refunds will be forwarded to DAS Payroll Services for processing.

Please note, refunds will only be made for an entire month’s premium. The procedure to refund the difference between single and family rates, or between different plans will be to request a refund of the entire premium that was deducted in error, and to post a make-up for the proper coverage.

#### **IV. HEALTH CARE DEDUCTION CODE CHANGES**

##### **1. Discontinued Health Care Deductions**

Effective July 1, 1998, the following health care deduction codes have been discontinued:

**AG1** Medical Value Plan

**J81** Personal Physician Care

Please note that the associated make-up codes ending in “3” or “P” for the previous benefit plan year will remain in effect through September 1998.

RLC/dp

Attachments

## Update Employee Benefit Information Screen

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	CBUnit: 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		
Rate: N/C	Signature Date: 05/20/98	←
Effective Date: 07/01/98		
Dentist Code:		

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

**Rates for All State Sponsored Health Plans**  
**For the Benefit Period**  
**July 1, 1998 through June 30, 1999**  
**(Including Part-time Employees and Surcharges)**

	<b>Name of Plan</b>	<b>Employee Share</b>	<b>State Share</b>	<b>Total Rate</b>
<b>A11</b>	<b>Ohio Med PPO and Traditional Plus</b>			
90%	Single Coverage	\$16.44	\$147.95	\$164.39
	Family Coverage	\$45.12	\$406.03	\$451.15
70%	Single Coverage	\$49.32	\$115.07	\$164.39
	Family Coverage	\$135.34	\$315.81	\$451.15
50%	Single Coverage	\$82.19	\$82.20	\$164.39
	Family Coverage	\$225.57	\$225.58	\$451.15
0%	Single Coverage	\$164.39	\$0.00	\$164.39
	Family Coverage	\$451.15	\$0.00	\$451.15
<b>A91</b>	<b>ChoiceCare (Cincinnati)</b>			
90%	Single Coverage	\$22.29	\$152.03	\$174.32
	Family Coverage	\$64.28	\$407.32	\$471.60
70%	Single Coverage	\$52.30	\$122.02	\$174.32
	Family Coverage	\$141.48	\$330.12	\$471.60
50%	Single Coverage	\$87.16	\$87.16	\$174.32
	Family Coverage	\$235.80	\$235.80	\$471.60
0%	Single Coverage	\$174.32	\$0.00	\$174.32
	Family Coverage	\$471.60	\$0.00	\$471.60
<b>AU1</b>	<b>CIGNA (Cincy/Dayton)</b>			
90%	Single Coverage	\$19.21	\$152.03	\$171.24
	Family Coverage	\$44.87	\$403.79	\$448.66
70%	Single Coverage	\$51.37	\$119.87	\$171.24
	Family Coverage	\$134.60	\$314.06	\$448.66
50%	Single Coverage	\$85.62	\$85.62	\$171.24
	Family Coverage	\$224.33	\$224.33	\$448.66
0%	Single Coverage	\$171.24	\$0.00	\$171.24
	Family Coverage	\$448.66	\$0.00	\$448.66
<b>JA1</b>	<b>CIGNA (Columbus)</b>			
90%	Single Coverage	\$15.76	\$141.85	\$157.61
	Family Coverage	\$43.24	\$389.20	\$432.44
70%	Single Coverage	\$47.28	\$110.33	\$157.61
	Family Coverage	\$129.73	\$302.71	\$432.44
50%	Single Coverage	\$78.80	\$78.81	\$157.61
	Family Coverage	\$216.22	\$216.22	\$432.44
0%	Single Coverage	\$157.61	\$0.00	\$157.61
	Family Coverage	\$432.44	\$0.00	\$432.44
<b>AE1</b>	<b>HealthAssurance</b>			
90%	Single Coverage	\$23.06	\$152.03	\$175.09
	Family Coverage	\$72.15	\$407.32	\$479.47
70%	Single Coverage	\$52.53	\$122.56	\$175.09
	Family Coverage	\$143.84	\$335.63	\$479.47
50%	Single Coverage	\$87.54	\$87.55	\$175.09
	Family Coverage	\$239.73	\$239.74	\$479.47

0%	Single Coverage	\$175.09	\$0.00	\$175.09
	Family Coverage	\$479.47	\$0.00	\$479.47
<b>A41 Kaiser Permanente</b>				
90%	Single Coverage	\$16.35	\$147.11	\$163.46
	Family Coverage	\$40.96	\$368.68	\$409.64
70%	Single Coverage	\$49.04	\$114.42	\$163.46
	Family Coverage	\$122.89	\$286.75	\$409.64
50%	Single Coverage	\$81.73	\$81.73	\$163.46
	Family Coverage	\$204.82	\$204.82	\$409.64
0%	Single Coverage	\$163.46	\$0.00	\$163.46
	Family Coverage	\$409.64	\$0.00	\$409.64
<b>AD1 Aetna</b>				
90%	Single Coverage	\$16.38	\$147.46	\$163.84
	Family Coverage	\$44.97	\$404.69	\$449.66
70%	Single Coverage	\$49.15	\$114.69	\$163.84
	Family Coverage	\$134.90	\$314.76	\$449.66
50%	Single Coverage	\$81.92	\$81.92	\$163.84
	Family Coverage	\$224.83	\$224.83	\$449.66
0%	Single Coverage	\$163.84	\$0.00	\$163.84
	Family Coverage	\$449.66	\$0.00	\$449.66
<b>AS1 ChoiceCare (Dayton)</b>				
90%	Single Coverage	\$30.19	\$152.03	\$182.22
	Family Coverage	\$85.68	\$407.32	\$493.00
70%	Single Coverage	\$54.67	\$127.55	\$182.22
	Family Coverage	\$147.90	\$345.10	\$493.00
50%	Single Coverage	\$91.11	\$91.11	\$182.22
	Family Coverage	\$246.50	\$246.50	\$493.00
0%	Single Coverage	\$182.22	\$0.00	\$182.22
	Family Coverage	\$493.00	\$0.00	\$493.00
<b>J11 Cigna (Cleveland)</b>				
90%	Single Coverage	\$36.81	\$152.03	\$188.84
	Family Coverage	\$100.14	\$407.32	\$507.46
70%	Single Coverage	\$56.65	\$132.19	\$188.84
	Family Coverage	\$152.24	\$355.22	\$507.46
50%	Single Coverage	\$94.42	\$94.42	\$188.84
	Family Coverage	\$253.73	\$253.73	\$507.46
0%	Single Coverage	\$188.84	\$0.00	\$188.84
	Family Coverage	\$507.46	\$0.00	\$507.46
<b>AJ1 Cigna (Health Centers)</b>				
90%	Single Coverage	\$15.15	\$136.38	\$151.53
	Family Coverage	\$40.56	\$365.01	\$405.57
70%	Single Coverage	\$45.46	\$106.07	\$151.53
	Family Coverage	\$121.67	\$283.90	\$405.57
50%	Single Coverage	\$75.76	\$75.77	\$151.53
	Family Coverage	\$202.78	\$202.79	\$405.57
0%	Single Coverage	\$151.53	\$0.00	\$151.53
	Family Coverage	\$405.57	\$0.00	\$405.57

<b>A61</b>	<b>Health First</b>			
90%	Single Coverage	\$16.53	\$148.81	\$165.34
	Family Coverage	\$58.84	\$407.32	\$466.16
70%	Single Coverage	\$49.60	\$115.74	\$165.34
	Family Coverage	\$139.85	\$326.31	\$466.16
50%	Single Coverage	\$82.67	\$82.67	\$165.34
	Family Coverage	\$233.08	\$233.08	\$466.16
0%	Single Coverage	\$165.34	\$0.00	\$165.34
	Family Coverage	\$466.16	\$0.00	\$466.16

<b>AK1</b>	<b>The Health Plan</b>			
90%	Single Coverage	\$34.57	\$152.03	\$186.60
	Family Coverage	\$60.14	\$407.32	\$467.46
70%	Single Coverage	\$55.98	\$130.62	\$186.60
	Family Coverage	\$140.24	\$327.22	\$467.46
50%	Single Coverage	\$93.30	\$93.30	\$186.60
	Family Coverage	\$233.73	\$233.73	\$467.46
0%	Single Coverage	\$186.60	\$0.00	\$186.60
	Family Coverage	\$467.46	\$0.00	\$467.46

<b>JQ1</b>	<b>Nationwide (Akron)</b>			
90%	Single Coverage	\$26.52	\$152.03	\$178.55
	Family Coverage	\$63.36	\$407.32	\$470.68
70%	Single Coverage	\$53.56	\$124.99	\$178.55
	Family Coverage	\$141.20	\$329.48	\$470.68
50%	Single Coverage	\$89.27	\$89.28	\$178.55
	Family Coverage	\$235.34	\$235.34	\$470.68
0%	Single Coverage	\$178.55	\$0.00	\$178.55
	Family Coverage	\$470.68	\$0.00	\$470.68

<b>JS1</b>	<b>Nationwide (Cincinnati)</b>			
90%	Single Coverage	\$23.99	\$152.03	\$176.02
	Family Coverage	\$72.66	\$407.32	\$479.98
70%	Single Coverage	\$52.81	\$123.21	\$176.02
	Family Coverage	\$143.99	\$335.99	\$479.98
50%	Single Coverage	\$88.01	\$88.01	\$176.02
	Family Coverage	\$239.99	\$239.99	\$479.98
0%	Single Coverage	\$176.02	\$0.00	\$176.02
	Family Coverage	\$479.98	\$0.00	\$479.98

<b>JU1</b>	<b>Prudential (Cleveland)</b>			
90%	Single Coverage	\$14.87	\$133.80	\$148.67
	Family Coverage	\$40.22	\$361.95	\$402.17
70%	Single Coverage	\$44.60	\$104.07	\$148.67
	Family Coverage	\$120.65	\$281.52	\$402.17
50%	Single Coverage	\$74.33	\$74.34	\$148.67
	Family Coverage	\$201.08	\$201.09	\$402.17
0%	Single Coverage	\$148.67	\$0.00	\$148.67

	Family Coverage	\$402.17	\$0.00	\$402.17
<b>AC1</b>	<b>United HealthCare</b>			
90%	Single Coverage	\$17.92	\$152.03	\$169.95
	Family Coverage	\$50.92	\$407.32	\$458.24
70%	Single Coverage	\$50.98	\$118.97	\$169.95
	Family Coverage	\$137.47	\$320.77	\$458.24
50%	Single Coverage	\$84.97	\$84.98	\$169.95
	Family Coverage	\$229.12	\$229.12	\$458.24
0%	Single Coverage	\$169.95	\$0.00	\$169.95
	Family Coverage	\$458.24	\$0.00	\$458.24
<b>JR1</b>	<b>Nationwide (Canton)</b>			
90%	Single Coverage	\$19.14	\$152.03	\$171.17
	Family Coverage	\$56.37	\$407.32	\$463.69
70%	Single Coverage	\$51.35	\$119.82	\$171.17
	Family Coverage	\$139.11	\$324.58	\$463.69
50%	Single Coverage	\$85.58	\$85.59	\$171.17
	Family Coverage	\$231.84	\$231.85	\$463.69
0%	Single Coverage	\$171.17	\$0.00	\$171.17
	Family Coverage	\$463.69	\$0.00	\$463.69
<b>JM1</b>	<b>Paramount</b>			
90%	Single Coverage	\$22.43	\$152.03	\$174.46
	Family Coverage	\$56.28	\$407.32	\$463.60
70%	Single Coverage	\$52.34	\$122.12	\$174.46
	Family Coverage	\$139.08	\$324.52	\$463.60
50%	Single Coverage	\$87.23	\$87.23	\$174.46
	Family Coverage	\$231.80	\$231.80	\$463.60
0%	Single Coverage	\$174.46	\$0.00	\$174.46
	Family Coverage	\$463.60	\$0.00	\$463.60
<b>J91</b>	<b>Prudential (Cincinnati)</b>			
90%	Single Coverage	\$15.21	\$136.89	\$152.10
	Family Coverage	\$41.14	\$370.30	\$411.44
70%	Single Coverage	\$45.63	\$106.47	\$152.10
	Family Coverage	\$123.43	\$288.01	\$411.44
50%	Single Coverage	\$76.05	\$76.05	\$152.10
	Family Coverage	\$205.72	\$205.72	\$411.44
0%	Single Coverage	\$152.10	\$0.00	\$152.10
	Family Coverage	\$411.44	\$0.00	\$411.44
<b>JN1</b>	<b>Prudential (Columbus)</b>			
90%	Single Coverage	\$15.86	\$142.71	\$158.57
	Family Coverage	\$41.80	\$376.19	\$417.99
70%	Single Coverage	\$47.57	\$111.00	\$158.57
	Family Coverage	\$125.40	\$292.59	\$417.99
50%	Single Coverage	\$79.28	\$79.29	\$158.57
	Family Coverage	\$208.99	\$209.00	\$417.99
0%	Single Coverage	\$158.57	\$0.00	\$158.57
	Family Coverage	\$417.99	\$0.00	\$417.99

**Surcharges**

**UBH:** \$6.92/\$19.78

**Comm/Ed:** \$1.00