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June 1, 2001

Payroll Letter 803
Supersedes Payroll Letter 772

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, 2001 Through June 30, 2002

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 2, 2001, and each pay period for monthly payrolls beginning with pay period ending June 30, 2001.

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 (figure 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) 466-8857.



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 (July 1, 2000 through June 30, 2001). 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. New Health Care Deductions

Effective July 1, 2001, no new health care deduction codes were established:

2. Discontinued Health Care Deductions

Effective July 1, 2001, the following health care deduction codes have been discontinued:

A91 ChoiceCare

Please note that associated make-up codes (A_2, A_C, J_2, and J_C) for discontinued deductions will remain in effect through December 2001. Using these codes will process rates that were in effect from 7/1/2000 through 6/30/2001.

RLC/jam

Attachments

Update Employee Benefit Information Screen

BENE	Update Employee Benefit Information	05-10-2000 09:00
Employee: 111-22-3333		Payroll: 100-200-004600
PARKER, JAMES S	CBUnit: 14	Date of Birth: 10-30-1969
123 MAIN ST	Cnty Res: FRAN	D/V Eligible: Yes
COLUMBUS	OH 43215	Cnty Emp: FRAN
		Sex: Male
		Group Life Ins: 52,000.00
Vision Plan: VCT	Health Plan: All	←
Type: Single	Type: Single	←
Rate: N/C	Rate: 16.77	
Effective Date: 07-01-1996	Physician Code: 23115	←
	Prem Pay Level: 1	
Dental Plan: DT1	Effective Date: 12-01-1997	←
Type: Single		
Rate: N/C	Signature Date: 07-11-1997	←
Effective Date: 07-01-1996		
Dentist Code:		

F1=Help F3=Exit F12=Cancel Update
Fill in new employee data and press ENTER to change record
or press F12 to Cancel Change.

Figure 1

**Rates for All State Sponsored Health Plans
For the Benefit Period July 1, 2001 through June 30, 2002
(Including Part-time Employees and Surcharges)**

	Name of Plan	Employee Share	State Share	Total Rate		Name of Plan	Employee Share	State Share	Total Rate
A11	Ohio Med PPO				AD1	Aetna--Central			
90%	Single Coverage:	\$24.34	\$219.05	\$243.39	90%	Single Coverage:	\$22.01	\$198.05	\$220.06
	Family Coverage:	\$66.98	\$602.79	\$669.77		Family Coverage:	\$60.42	\$543.83	\$604.25
70%	Single Coverage:	\$73.02	\$170.37	\$243.39	70%	Single Coverage:	\$66.02	\$154.04	\$220.06
	Family Coverage:	\$200.93	\$468.84	\$669.77		Family Coverage:	\$181.27	\$422.98	\$604.25
50%	Single Coverage:	\$121.69	\$121.70	\$243.39	50%	Single Coverage:	\$110.03	\$110.03	\$220.06
	Family Coverage:	\$334.88	\$334.89	\$669.77		Family Coverage:	\$302.12	\$302.13	\$604.25
0%	Single Coverage:	\$243.39	\$0.00	\$243.39	0%	Single Coverage:	\$220.06	\$0.00	\$220.06
	Family Coverage:	\$669.77	\$0.00	\$669.77		Family Coverage:	\$604.25	\$0.00	\$604.25
AH1	Aetna--Northeast				JC1	Aetna--Northwest			
90%	Single Coverage:	\$25.59	\$201.99	\$227.58	90%	Single Coverage:	\$22.10	\$198.86	\$220.96
	Family Coverage:	\$79.78	\$545.15	\$624.93		Family Coverage:	\$61.56	\$545.15	\$606.71
70%	Single Coverage:	\$68.27	\$159.31	\$227.58	70%	Single Coverage:	\$66.29	\$154.67	\$220.96
	Family Coverage:	\$187.48	\$437.45	\$624.93		Family Coverage:	\$182.01	\$424.70	\$606.71
50%	Single Coverage:	\$113.79	\$113.79	\$227.58	50%	Single Coverage:	\$110.48	\$110.48	\$220.96
	Family Coverage:	\$312.46	\$312.47	\$624.93		Family Coverage:	\$303.35	\$303.36	\$606.71
0%	Single Coverage:	\$227.58	\$0.00	\$227.58	0%	Single Coverage:	\$220.96	\$0.00	\$220.96
	Family Coverage:	\$624.93	\$0.00	\$624.93		Family Coverage:	\$606.71	\$0.00	\$606.71
AW1	Aetna--Southwest				A41	Kaiser Permanente			
90%	Single Coverage:	\$39.68	\$201.99	\$241.67	90%	Single Coverage:	\$17.63	\$158.71	\$176.34
	Family Coverage:	\$118.56	\$545.15	\$663.71		Family Coverage:	\$47.88	\$430.96	\$478.84
70%	Single Coverage:	\$72.50	\$169.17	\$241.67	70%	Single Coverage:	\$52.90	\$123.44	\$176.34
	Family Coverage:	\$199.11	\$464.60	\$663.71		Family Coverage:	\$143.65	\$335.19	\$478.84
50%	Single Coverage:	\$120.83	\$120.84	\$241.67	50%	Single Coverage:	\$88.17	\$88.17	\$176.34
	Family Coverage:	\$331.85	\$331.86	\$663.71		Family Coverage:	\$239.42	\$239.42	\$478.84
0%	Single Coverage:	\$241.67	\$0.00	\$241.67	0%	Single Coverage:	\$176.34	\$0.00	\$176.34
	Family Coverage:	\$663.71	\$0.00	\$663.71		Family Coverage:	\$478.84	\$0.00	\$478.84
AK1	The Health Plan				AC1	United HealthCare			
90%	Single Coverage:	\$31.04	\$201.99	\$233.03	90%	Single Coverage:	\$49.44	\$201.99	\$251.43
	Family Coverage:	\$58.34	\$525.10	\$583.44		Family Coverage:	\$133.02	\$545.15	\$678.17
70%	Single Coverage:	\$69.91	\$163.12	\$233.03	70%	Single Coverage:	\$75.43	\$176.00	\$251.43
	Family Coverage:	\$175.03	\$408.41	\$583.44		Family Coverage:	\$203.45	\$474.72	\$678.17
50%	Single Coverage:	\$116.51	\$116.52	\$233.03	50%	Single Coverage:	\$125.71	\$125.72	\$251.43
	Family Coverage:	\$291.72	\$291.72	\$583.44		Family Coverage:	\$339.08	\$339.09	\$678.17
0%	Single Coverage:	\$233.03	\$0.00	\$233.03	0%	Single Coverage:	\$251.43	\$0.00	\$251.43
	Family Coverage:	\$583.44	\$0.00	\$583.44		Family Coverage:	\$678.17	\$0.00	\$678.17
J21	Fifth Third MSA				J41	FlexBen MSA			
90%	Single Coverage:	\$13.36	\$219.05	\$232.41	90%	Single Coverage:	\$13.36	\$219.05	\$232.41
	Family Coverage:	\$37.98	\$602.79	\$640.77		Family Coverage:	\$37.98	\$602.79	\$640.77
70%	Single Coverage:	\$69.72	\$162.69	\$232.41	70%	Single Coverage:	\$69.72	\$162.69	\$232.41
	Family Coverage:	\$192.23	\$448.54	\$640.77		Family Coverage:	\$192.23	\$448.54	\$640.77
50%	Single Coverage:	\$116.20	\$116.21	\$232.41	50%	Single Coverage:	\$116.20	\$116.21	\$232.41
	Family Coverage:	\$320.38	\$320.39	\$640.77		Family Coverage:	\$320.38	\$320.39	\$640.77
0%	Single Coverage:	\$232.41	\$0.00	\$232.41	0%	Single Coverage:	\$232.41	\$0.00	\$232.41
	Family Coverage:	\$640.77	\$0.00	\$640.77		Family Coverage:	\$640.77	\$0.00	\$640.77

Surcharges	
UBH:	\$7.34/\$20.98
Comm/Ed:	\$1.00

HISP Surcharges	
Comm/Ed:	\$1.00
MMO:	\$132.57/\$378.75
5/3 & FlexBen:	\$98.84/\$261.02