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May 22, 2002

Payroll Letter 822
Supersedes Payroll Letter 803

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

From: Jerry A. Miller, Acting State Payroll Administrator

Subject: Health Care Rates for the Benefit Period July 1, 2002 Through June 30, 2003

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 1, 2002, and each pay period for monthly payrolls beginning with pay period ending June 30, 2002.

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. 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 Maclvor of DAS Benefits Administration at (614) 466-8857.



II. PROCESSING HEALTH CARE MAKE-UPS

The "Benefits Make-Up/Refund Form" will be utilized to process all health insurance make-ups. Please complete the form and submit to DAS Benefits Administration for verification at 30 E. Broad Street, 28th Floor, or fax to (614) 728-3002. The form is available on our web site (<http://www.state.oh.us/das/dhr/pdf/benemakeup.pdf>).

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, 2001 through June 30, 2002). 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

The "Benefits Make-Up/Refund Form" should be utilized to request a refund. Please complete the 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, 2002, the following health care deduction codes have been added:

JM1 Paramount
J31 QualChoice
J51 SummaCare Cleveland
J61 SummaCare Akron

2. Discontinued Health Care Deductions

Effective July 1, 2002, the following health care deduction codes have been discontinued:

AD1 Aetna – Central
AH1 Aetna – Northeast
AW1 Aetna – Southwest
JC1 Aetna – Northwest
J21 Fifth Third MSA
J41 FlexBen MSA

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 2002. Using these codes will process rates that were in effect from 7/1/2001 through 6/30/2002.

JAM/jam

Attachment

**Rates for All State-Sponsored Health Plans
For the Benefit Period July 1, 2002 through June 30, 2003
(Including Part-time Employees and Surcharges)**

Name of Plan	Employee	State	Total	Name of Plan	Employee	State	Total		
A11	Ohio Med PPO			AK1	The Health Plan				
90%	⊖ Coverage:	\$28.60	\$257.39	\$285.99	90%	⊖ Coverage:	\$30.28	\$243.42	\$273.70
	Family Coverage:	\$78.61	\$707.54	\$786.15		Family Coverage:	\$68.39	\$615.53	\$683.92
70%	⊖ Coverage:	\$85.80	\$200.19	\$285.99	70%	⊖ Coverage:	\$82.11	\$191.59	\$273.70
	Family Coverage:	\$235.84	\$550.31	\$786.15		Family Coverage:	\$205.18	\$478.74	\$683.92
50%	⊖ Coverage:	\$142.99	\$143.00	\$285.99	50%	⊖ Coverage:	\$136.85	\$136.85	\$273.70
	Family Coverage:	\$393.07	\$393.08	\$786.15		Family Coverage:	\$341.96	\$341.96	\$683.92
0%	⊖ Coverage:	\$285.99	\$0.00	\$285.99	0%	⊖ Coverage:	\$273.70	\$0.00	\$273.70
	Family Coverage:	\$786.15	\$0.00	\$786.15		Family Coverage:	\$683.92	\$0.00	\$683.92
A41	Kaiser Permanente			JM1	Paramount				
90%	⊖ Coverage:	\$23.84	\$214.59	\$238.43	90%	⊖ Coverage:	\$26.30	\$236.68	\$262.98
	Family Coverage:	\$64.66	\$581.90	\$646.56		Family Coverage:	\$71.99	\$647.90	\$719.89
70%	⊖ Coverage:	\$71.53	\$166.90	\$238.43	70%	⊖ Coverage:	\$78.89	\$184.09	\$262.98
	Family Coverage:	\$193.97	\$452.59	\$646.56		Family Coverage:	\$215.97	\$503.92	\$719.89
50%	⊖ Coverage:	\$119.21	\$119.22	\$238.43	50%	⊖ Coverage:	\$131.49	\$131.49	\$262.98
	Family Coverage:	\$323.28	\$323.28	\$646.56		Family Coverage:	\$359.94	\$359.95	\$719.89
0%	⊖ Coverage:	\$238.43	\$0.00	\$238.43	0%	⊖ Coverage:	\$262.98	\$0.00	\$262.98
	Family Coverage:	\$646.56	\$0.00	\$646.56		Family Coverage:	\$719.89	\$0.00	\$719.89
J31	QualChoice			J61	SummaCare Akron				
90%	⊖ Coverage:	\$26.62	\$239.53	\$266.15	90%	⊖ Coverage:	\$26.60	\$239.39	\$265.99
	Family Coverage:	\$71.68	\$645.09	\$716.77		Family Coverage:	\$74.93	\$654.32	\$729.25
70%	⊖ Coverage:	\$79.84	\$186.31	\$266.15	70%	⊖ Coverage:	\$79.80	\$186.19	\$265.99
	Family Coverage:	\$215.03	\$501.74	\$716.77		Family Coverage:	\$218.77	\$510.48	\$729.25
50%	⊖ Coverage:	\$133.07	\$133.08	\$266.15	50%	⊖ Coverage:	\$132.99	\$133.00	\$265.99
	Family Coverage:	\$358.38	\$358.39	\$716.77		Family Coverage:	\$364.62	\$364.63	\$729.25
0%	⊖ Coverage:	\$266.15	\$0.00	\$266.15	0%	⊖ Coverage:	\$265.99	\$0.00	\$265.99
	Family Coverage:	\$716.77	\$0.00	\$716.77		Family Coverage:	\$729.25	\$0.00	\$729.25
J51	SummaCare Cleveland			AC1	United HealthCare				
90%	⊖ Coverage:	\$50.20	\$243.42	\$293.62	90%	⊖ Coverage:	\$48.96	\$243.42	\$292.38
	Family Coverage:	\$150.92	\$654.32	\$805.24		Family Coverage:	\$133.24	\$654.32	\$787.56
70%	⊖ Coverage:	\$88.09	\$205.53	\$293.62	70%	⊖ Coverage:	\$87.71	\$204.67	\$292.38
	Family Coverage:	\$241.57	\$563.67	\$805.24		Family Coverage:	\$236.27	\$551.29	\$787.56
50%	⊖ Coverage:	\$146.81	\$146.81	\$293.62	50%	⊖ Coverage:	\$146.19	\$146.19	\$292.38
	Family Coverage:	\$402.62	\$402.62	\$805.24		Family Coverage:	\$393.78	\$393.78	\$787.56
0%	⊖ Coverage:	\$293.62	\$0.00	\$293.62	0%	⊖ Coverage:	\$292.38	\$0.00	\$292.38
	Family Coverage:	\$805.24	\$0.00	\$805.24		Family Coverage:	\$787.56	\$0.00	\$787.56

Surcharges	
UBH:	\$6.59/\$17.65
Comm/Ed:	\$1.00