



June 2, 2004

Payroll Letter 855
Supersedes Payroll Letter 837

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

From: Dan R. Parks, State Payroll Administrator

Subject: Health Care Rates for the Benefit Period July 1, 2004 thru June 30, 2005

Attached, please find a schedule of "Rates for All State-Sponsored Health Plans". The new premiums will be deducted the first and second paychecks of a month for biweekly delayed payrolls beginning with pay period ending May 29, 2004, and each paycheck for monthly payrolls beginning with pay period ending June 30, 2004.

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, will be used to deduct the employee share of the health insurance premium for the current rate in effect. You will need to enter 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 and second paycheck of each month. The only method to post these deductions to employee payroll records will be through the online BENE application using the "Change 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 maintain 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

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 approval at 30 E. Broad Street, 28th Floor, or fax to (614) 728-3002. The form is available at the following web site: 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 the entire one month of coverage (do not post half-month make-ups). If you wish more than one month of coverage, you must post a separate make-up for each month of coverage.

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 be removed from payroll at the end of the payroll 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, 2003 through June 30, 2004). 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 be removed from payroll at the end of the payroll cycle.

3. Direct Pay For One Month of Coverage, Current Plan Year

Codes ending in “C”, either A_C or J_C, should be used to process health insurance for one month of coverage only, for the current benefit plan year. Post this code and the appropriate single or family total coverage amount. This code will automatically be removed from payroll at the end of the payroll cycle.

4. Direct Pay For One Month of Coverage, Previous Plan Year

Codes ending in “P”, either A_P or J_P, should be used to process health insurance for one month of coverage only, for the previous benefit plan year. Post this code and the appropriate previous single or family total coverage amount. This code will automatically be removed from payroll at the end of the payroll 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 that refunds will only be made for an entire month’s premium, where two ½ premiums were deducted, or a full share was deducted.

DRP/dp
Attachment

Rates for All State-Sponsored Health Plans
For the Benefit Period July 1, 2004 through June 30, 2005
(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%	Single Coverage:	\$31.59	\$278.56	\$310.15	90%	Single Coverage:	\$35.25	\$267.59	\$302.84
	Family Coverage:	\$85.94	\$767.68	\$853.62		Family Coverage:	\$76.24	\$680.39	\$756.63
75%	Single Coverage:	\$77.94	\$232.21	\$310.15	75%	Single Coverage:	\$76.11	\$226.73	\$302.84
	Family Coverage:	\$213.80	\$639.82	\$853.62		Family Coverage:	\$189.56	\$567.07	\$756.63
50%	Single Coverage:	\$155.17	\$154.98	\$310.15	50%	Single Coverage:	\$151.52	\$151.32	\$302.84
	Family Coverage:	\$426.91	\$426.71	\$853.62		Family Coverage:	\$378.41	\$378.22	\$756.63
0%	Single Coverage:	\$310.15	\$0.00	\$310.15	0%	Single Coverage:	\$302.84	\$0.00	\$302.84
	Family Coverage:	\$853.62	\$0.00	\$853.62		Family Coverage:	\$756.63	\$0.00	\$756.63
A41	Kaiser Permanente				JM1	Paramount			
90%	Single Coverage:	\$27.43	\$241.04	\$268.47	90%	Single Coverage:	\$27.58	\$242.39	\$269.97
	Family Coverage:	\$73.38	\$654.58	\$727.96		Family Coverage:	\$74.45	\$664.28	\$738.73
75%	Single Coverage:	\$67.52	\$200.95	\$268.47	75%	Single Coverage:	\$67.89	\$202.08	\$269.97
	Family Coverage:	\$182.39	\$545.57	\$727.96		Family Coverage:	\$185.08	\$553.65	\$738.73
50%	Single Coverage:	\$134.33	\$134.14	\$268.47	50%	Single Coverage:	\$135.08	\$134.89	\$269.97
	Family Coverage:	\$364.08	\$363.88	\$727.96		Family Coverage:	\$369.46	\$369.27	\$738.73
0%	Single Coverage:	\$268.47	\$0.00	\$268.47	0%	Single Coverage:	\$269.97	\$0.00	\$269.97
	Family Coverage:	\$727.96	\$0.00	\$727.96		Family Coverage:	\$738.73	\$0.00	\$738.73
J31	QualChoice				J61	SummaCare Akron			
90%	Single Coverage:	\$28.31	\$248.96	\$277.27	90%	Single Coverage:	\$29.93	\$263.54	\$293.47
	Family Coverage:	\$75.23	\$671.24	\$746.47		Family Coverage:	\$84.82	\$719.61	\$804.43
75%	Single Coverage:	\$69.72	\$207.55	\$277.27	75%	Single Coverage:	\$73.77	\$219.70	\$293.47
	Family Coverage:	\$187.02	\$559.45	\$746.47		Family Coverage:	\$201.51	\$602.92	\$804.43
50%	Single Coverage:	\$138.73	\$138.54	\$277.27	50%	Single Coverage:	\$146.83	\$146.64	\$293.47
	Family Coverage:	\$373.33	\$373.14	\$746.47		Family Coverage:	\$402.31	\$402.12	\$804.43
0%	Single Coverage:	\$277.27	\$0.00	\$277.27	0%	Single Coverage:	\$293.47	\$0.00	\$293.47
	Family Coverage:	\$746.47	\$0.00	\$746.47		Family Coverage:	\$804.43	\$0.00	\$804.43
J51	SummaCare Cleveland				AC1	UnitedHealthcare			
90%	Single Coverage:	\$59.52	\$267.59	\$327.11	90%	Single Coverage:	\$79.04	\$267.59	\$346.63
	Family Coverage:	\$177.28	\$719.61	\$896.89		Family Coverage:	\$210.75	\$719.61	\$930.36
75%	Single Coverage:	\$82.18	\$244.93	\$327.11	75%	Single Coverage:	\$87.06	\$259.57	\$346.63
	Family Coverage:	\$224.62	\$672.27	\$896.89		Family Coverage:	\$232.99	\$697.37	\$930.36
50%	Single Coverage:	\$163.65	\$163.46	\$327.11	50%	Single Coverage:	\$173.41	\$173.22	\$346.63
	Family Coverage:	\$448.54	\$448.35	\$896.89		Family Coverage:	\$465.28	\$465.08	\$930.36
0%	Single Coverage:	\$327.11	\$0.00	\$327.11	0%	Single Coverage:	\$346.63	\$0.00	\$346.63
	Family Coverage:	\$896.89	\$0.00	\$896.89		Family Coverage:	\$930.36	\$0.00	\$930.36

SURCHARGES	
UBH:	\$7.26/\$19.46
Comm/Education:	\$1.00
Analyst:	\$0.20