



May 30, 2007

**Payroll Letter 909**  
Supersedes Payroll Letter 906

To: Agency HR Specialists, Payroll Specialists, Budget Specialists, Benefits Specialists, Labor Relations Specialists, and Regulatory Requirements Specialists of All Departments, Institutions, Boards and Commissions

From: Dan R. Parks, State Payroll Administrator

Subject: Health Care Rates and Deduction Schedule for the Benefit Period July 1, 2007 thru June 30, 2008

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**I. HEALTH CARE DEDUCTIONS**

Effective March 27, 2007, in order to establish health care benefits for new employees or to change existing coverage, agencies will enter the necessary information into the OAKS BenAdmin module. Questions regarding this process can be directed to DAS Central Benefits at (614) 466-8857, (800) 409-1205, or sent via email to [benefits@das.state.oh.us](mailto:benefits@das.state.oh.us).

**II. HEALTH CARE MAKE-UPS**

The OAKS system will automatically calculate and apply make-ups for up to three (3) pay periods at a time. The "Benefits Make-Up Form" will be utilized to process all health insurance make-ups that do not occur automatically. DAS Central Benefits will contact the agencies regarding the need for a manual makeup. Refer to the March 7, 2007 Benefits Bulletin for instructions: <http://www.das.ohio.gov/hrd/benefax/Bul07-06.pdf>.

**III. HEALTH CARE REFUNDS**

The "Benefits Refund Form" should be utilized to request a refund. Refunds will only be needed for terminations of healthcare when an employee has paid into the future, or when DAS Central Benefits notifies an agency. Refer to the March 7, 2007 Benefits Bulletin for instructions: <http://www.das.ohio.gov/hrd/benefax/Bul07-06.pdf>.

#### IV. HEALTH CARE DEDUCTION SCHEDULE

Listed below is the revised deduction schedule for health coverage.

Pay End Date	Check Date	Payment Schedule
05/26/07	06/08/07	1 <sup>st</sup> Half of JUL Pmt
06/09/07	06/22/07	2 <sup>nd</sup> Half of JUL Pmt
06/23/07	07/06/07	1 <sup>st</sup> Half of AUG Pmt
07/07/07	07/20/07	2 <sup>nd</sup> Half of AUG Pmt
07/21/07	08/03/07	1 <sup>st</sup> Half of SEP Pmt
08/04/07	08/17/07	2 <sup>nd</sup> Half of SEP Pmt
08/18/07	08/31/07	1 <sup>st</sup> Half of OCT Pmt
09/01/07	09/14/07	2 <sup>nd</sup> Half of OCT Pmt
09/15/07	09/28/07	<b>*Free Period</b>
09/29/07	10/12/07	<b>*No Deduction</b>
10/13/07	10/26/07	<b>*Free Period</b>
10/27/07	11/09/07	1 <sup>st</sup> Half of DEC Pmt
11/10/07	11/23/07	2 <sup>nd</sup> Half of DEC Pmt
11/24/07	12/07/07	1 <sup>st</sup> Half of JAN Pmt
12/08/07	12/21/07	2 <sup>nd</sup> Half of JAN Pmt
12/22/07	01/04/08	1 <sup>st</sup> Half of FEB Pmt
01/05/08	01/18/08	2 <sup>nd</sup> Half of FEB Pmt
01/19/08	02/01/08	1 <sup>st</sup> Half of MAR Pmt
02/02/08	02/15/08	2 <sup>nd</sup> Half of MAR Pmt
02/16/08	02/29/08	1 <sup>st</sup> Half of APR Pmt
03/01/08	03/14/08	2 <sup>nd</sup> Half of APR Pmt
03/15/08	03/28/08	1 <sup>st</sup> Half of MAY Pmt
03/29/08	04/11/08	<b>*No Deduction</b>
04/12/08	04/25/08	2 <sup>nd</sup> Half of MAY Pmt
04/26/08	05/09/08	1 <sup>st</sup> Half of JUN Pmt
05/10/08	05/23/08	2 <sup>nd</sup> Half of JUN Pmt
05/24/08	06/06/08	1 <sup>st</sup> Half of JUL Pmt
06/07/08	06/20/08	2 <sup>nd</sup> Half of JUL Pmt

**\*No Deduction:** 3<sup>rd</sup> pay period ending date of the month.

**\*Free Period:** Per OSCEA contract Article 20.05(A), employees will receive a rate holiday and make no premium payment.

DRP/drp  
Attachment

**Rates for All Health Plans (Minus UBH and Surcharges)  
Deductions For June, 2007 through May, 2008  
For the Benefit Period July 1, 2007 through June 30, 2008  
OAKS Breakouts for Part-Time Employees**

	Name of Plan	Employee	State	Total		Name of Plan	Employee	State	Total
<b>A11</b>	<b>Ohio Med PPO</b>				<b>JM1</b>	<b>Paramount</b>			
85%	Single Coverage:	\$47.14	\$267.10	\$314.24	85%	Single Coverage:	\$50.42	\$267.10	\$317.52
	Family Coverage:	\$129.64	\$734.64	\$864.28		Family Coverage:	\$138.52	\$734.64	\$873.16
75%	Single Coverage:	\$78.56	\$235.68	\$314.24	75%	Single Coverage:	\$81.84	\$235.68	\$317.52
	Family Coverage:	\$216.06	\$648.22	\$864.28		Family Coverage:	\$224.94	\$648.22	\$873.16
50%	Single Coverage:	\$157.12	\$157.12	\$314.24	50%	Single Coverage:	\$160.40	\$157.12	\$317.52
	Family Coverage:	\$432.14	\$432.14	\$864.28		Family Coverage:	\$441.02	\$432.14	\$873.16
0%	Single Coverage:	\$314.24	\$0.00	\$314.24	0%	Single Coverage:	\$317.52	\$0.00	\$317.52
	Family Coverage:	\$864.28	\$0.00	\$864.28		Family Coverage:	\$873.16	\$0.00	\$873.16
<b>AD1</b>	<b>Aetna</b>				<b>AC1</b>	<b>UnitedHealthcare</b>			
85%	Single Coverage:	\$47.24	\$267.10	\$314.34	85%	Single Coverage:	\$54.26	\$267.10	\$321.36
	Family Coverage:	\$129.72	\$734.64	\$864.36		Family Coverage:	\$149.10	\$734.64	\$883.74
75%	Single Coverage:	\$78.58	\$235.68	\$314.34	75%	Single Coverage:	\$85.68	\$235.68	\$321.36
	Family Coverage:	\$216.14	\$648.22	\$864.36		Family Coverage:	\$235.52	\$648.22	\$883.74
50%	Single Coverage:	\$157.22	\$157.12	\$314.34	50%	Single Coverage:	\$164.24	\$157.12	\$321.36
	Family Coverage:	\$432.22	\$432.14	\$864.36		Family Coverage:	\$451.60	\$432.14	\$883.74
0%	Single Coverage:	\$314.34	\$0.00	\$314.34	0%	Single Coverage:	\$321.36	\$0.00	\$321.36
	Family Coverage:	\$864.36	\$0.00	\$864.36		Family Coverage:	\$883.74	\$0.00	\$883.74
<b>AK1</b>	<b>The Health Plan</b>				<b>UBH United Behavioral Health</b>				
85%	Single Coverage:	\$46.68	\$264.48	\$311.16	85%	Single Coverage:	\$1.20	\$6.86	\$8.06
	Family Coverage:	\$128.36	\$727.48	\$855.84		Family Coverage:	\$3.30	\$18.66	\$21.96
75%	Single Coverage:	\$77.78	\$233.38	\$311.16	75%	Single Coverage:	\$2.00	\$6.06	\$8.06
	Family Coverage:	\$213.96	\$641.88	\$855.84		Family Coverage:	\$5.48	\$16.48	\$21.96
50%	Single Coverage:	\$155.58	\$155.58	\$311.16	50%	Single Coverage:	\$4.02	\$4.04	\$8.06
	Family Coverage:	\$427.92	\$427.92	\$855.84		Family Coverage:	\$10.98	\$10.98	\$21.96
0%	Single Coverage:	\$311.16	\$0.00	\$311.16	0%	Single Coverage:	\$8.06	\$0.00	\$8.06
	Family Coverage:	\$855.84	\$0.00	\$855.84		Family Coverage:	\$21.96	\$0.00	\$21.96

**The Communication Surcharge is \$1.00 and is split \$.50/\$.50 except for the 100% tier.**