



June 12, 2008

Payroll Letter 926
Supersedes Payroll Letter 909

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: David Holbrook, HCM Administrator

Subject: Health Care Rates and Deduction Schedule for the Benefit Period July 1, 2008 thru June 30, 2009

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>

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
05/24/08	06/06/08	1st Half of JUL Pmt
06/07/08	06/20/08	2nd Half of JUL Pmt
06/21/08	07/03/08	1st Half of AUG Pmt
07/05/08	07/18/08	2nd Half of AUG Pmt
07/19/08	08/01/08	1st Half of SEP Pmt
08/02/08	08/15/08	2nd Half of SEP Pmt
08/16/08	08/29/08	1st Half of OCT Pmt
08/30/08	09/12/08	*No Deduction
09/13/08	09/26/08	2 nd Half of OCT Pmt
09/27/08	10/10/08	1 st Half of NOV Pmt
10/11/08	10/24/08	2 nd Half of NOV Pmt
10/25/08	11/07/08	1st Half of DEC Pmt
11/08/08	11/21/08	2nd Half of DEC Pmt
11/22/08	12/05/08	1st Half of JAN Pmt
12/06/08	12/19/08	2nd Half of JAN Pmt
12/20/08	01/02/09	1st Half of FEB Pmt
01/03/09	01/16/09	2nd Half of FEB Pmt
01/17/09	01/30/09	1st Half of MAR Pmt
01/31/09	02/13/09	*No Deduction
02/14/09	02/27/09	2 nd Half of MAR Pmt
02/28/09	03/13/09	1 st Half of APR Pmt
03/14/09	03/27/09	2 nd Half of APR Pmt
03/28/09	04/10/09	1 st Half of MAY Pmt
04/11/09	04/24/09	2nd Half of MAY Pmt
04/25/09	05/08/09	1st Half of JUN Pmt
05/09/09	05/22/09	2nd Half of JUN Pmt
05/23/09	06/05/09	1st Half of JUL Pmt
06/06/09	06/19/09	2nd Half of JUL Pmt

***No Deduction:** 3rd pay period ending date of the month

Rates for All Health Plans (Minus UBH and Surcharges)									
Deductions For June, 2008 through May, 2009									
For the Benefit Period July 1, 2008 through June 30, 2009									
OAKS Breakouts for Part-Time Employees									
	Name of Plan	Employee	State	Total		Name of Plan	Employee	State	Total
	Ohio Med PPO					Paramount			
85%	Single Coverage:	\$50.66	\$286.98	\$337.64	85%	Single Coverage:	\$48.78	\$276.42	\$325.20
	Family Coverage:	\$139.28	\$789.32	\$928.60		Family Coverage:	\$134.14	\$760.22	\$894.36
75%	Single Coverage:	\$84.40	\$253.24	\$337.64	75%	Single Coverage:	\$81.30	\$243.90	\$325.20
	Family Coverage:	\$232.14	\$696.46	\$928.60		Family Coverage:	\$223.58	\$670.78	\$894.36
50%	Single Coverage:	\$168.82	\$168.82	\$337.64	50%	Single Coverage:	\$162.60	\$162.60	\$325.20
	Family Coverage:	\$464.30	\$464.30	\$928.60		Family Coverage:	\$447.18	\$447.18	\$894.36
0%	Single Coverage:	\$337.64	\$0.00	\$337.64	0%	Single Coverage:	\$325.20	\$0.00	\$325.20
	Family Coverage:	\$928.60	\$0.00	\$928.60		Family Coverage:	\$894.36	\$0.00	\$894.36
	Aetna					UnitedHealthcare			
85%	Single Coverage:	\$50.26	\$284.70	\$334.96	85%	Single Coverage:	\$60.44	\$286.98	\$347.42
	Family Coverage:	\$138.18	\$783.02	\$921.20		Family Coverage:	\$166.16	\$789.32	\$955.48
75%	Single Coverage:	\$83.74	\$251.22	\$334.96	75%	Single Coverage:	\$94.18	\$253.24	\$347.42
	Family Coverage:	\$230.30	\$690.90	\$921.20		Family Coverage:	\$259.02	\$696.46	\$955.48
50%	Single Coverage:	\$167.48	\$167.48	\$334.96	50%	Single Coverage:	\$178.60	\$168.82	\$347.42
	Family Coverage:	\$460.60	\$460.60	\$921.20		Family Coverage:	\$491.18	\$464.30	\$955.48
0%	Single Coverage:	\$334.96	\$0.00	\$334.96	0%	Single Coverage:	\$347.42	\$0.00	\$347.42
	Family Coverage:	\$921.20	\$0.00	\$921.20		Family Coverage:	\$955.48	\$0.00	\$955.48
	The Health Plan					UBH United Behavioral Health			
85%	Single Coverage:	\$47.68	\$270.10	\$317.78	85%	Single Coverage:	\$1.20	\$6.86	\$8.06
	Family Coverage:	\$131.08	\$742.88	\$873.96		Family Coverage:	\$3.30	\$18.66	\$21.96
75%	Single Coverage:	\$79.44	\$238.34	\$317.78	75%	Single Coverage:	\$2.00	\$6.06	\$8.06
	Family Coverage:	\$218.48	\$655.48	\$873.96		Family Coverage:	\$5.48	\$16.48	\$21.96
50%	Single Coverage:	\$158.88	\$158.90	\$317.78	50%	Single Coverage:	\$4.02	\$4.04	\$8.06
	Family Coverage:	\$436.98	\$436.98	\$873.96		Family Coverage:	\$10.98	\$10.98	\$21.96
0%	Single Coverage:	\$317.78	\$0.00	\$317.78	0%	Single Coverage:	\$8.06	\$0.00	\$8.06
	Family Coverage:	\$873.96	\$0.00	\$873.96		Family Coverage:	\$21.96	\$0.00	\$21.96
The Communication Surcharge is \$1.00 and is split \$.50/\$.50 except for the 100% tier.									

