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Payroll Letter 944
Supersedes Payroll Letter 938
(Rate Schedule Only)

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: Janet M. Wampler, HCM State Payroll Manager

Subject: Health Care Deductions Rate Schedule for the Pay Periods Ending 01/02/10 through 06/05/10

This letter provides an updated rate schedule for health care deductions for the above pay periods as a result of the rate adjustment to the Employer's share of health care costs.

In addition, the Health Care Coverage Rules and Makeups have been placed in Payroll Letter #943.

Rates for All Health Plans (With and Without UBH and Surcharges)
BiWeekly Deductions For Pay Period Ending 01/02/10 Through 06/05/10

Full-time employees (EEs) are always in the 85% tier.
Part-time employee tiers are determined based on Hours worked per pay period as follows:
80+ Hours = 85% 60 to 79.9 Hours = 75% 50 to 59.9 Hours = 50%

Tier and Coverage Type		MEDICAL		SUBTOTAL MEDICAL ONLY	UBH		COM		GRAND TOTAL		
		EE	State		EE	State	EE	State	EE	State	Total
A11 OHIO MED PPO											
85%	Single Coverage:	$26.04	$159.87	$185.91	$0.47	$2.91	$0.23	$0.25	**$26.74**	**$163.03**	**$189.77**
	Family No Spouse:	$71.61	$439.65	$511.26	$1.30	$8.00	$0.23	$0.25	**$73.14**	**$447.90**	**$521.04**
	Family + Spouse:	$77.38	$439.65	$517.03	$1.30	$8.00	$0.23	$0.25	**$78.91**	**$447.90**	**$526.81**
75%	Single Coverage:	$43.40	$141.06	$184.46	$0.79	$2.57	$0.23	$0.25	**$44.42**	**$143.88**	**$188.30**
	Family No Spouse:	$119.36	$387.92	$507.28	$2.17	$7.05	$0.23	$0.25	**$121.76**	**$395.22**	**$516.98**
	Family + Spouse:	$125.13	$387.92	$513.05	$2.17	$7.05	$0.23	$0.25	**$127.53**	**$395.22**	**$522.75**
50%	Single Coverage:	$86.80	$94.04	$180.84	$1.58	$1.71	$0.23	$0.25	**$88.61**	**$96.00**	**$184.61**
	Family No Spouse:	$238.72	$258.62	$497.34	$4.34	$4.70	$0.23	$0.25	**$243.29**	**$263.57**	**$506.86**
	Family + Spouse:	$244.49	$258.62	$503.11	$4.34	$4.70	$0.23	$0.25	**$249.06**	**$263.57**	**$512.63**
0%	Single Coverage:	$173.61	$0.00	$173.61	$3.16	$0.00	$0.23	$0.25	**$177.00**	**$0.25**	**$177.25**
	Family No Spouse:	$477.44	$0.00	$477.44	$8.68	$0.00	$0.23	$0.25	**$486.35**	**$0.25**	**$486.60**
	Family + Spouse:	$483.21	$0.00	$483.21	$8.68	$0.00	$0.23	$0.25	**$492.12**	**$0.25**	**$492.37**
ADI - AETNA											
85%	Single Coverage:	$29.80	$152.50	$182.30	$0.47	$2.91	$0.23	$0.25	**$30.50**	**$155.66**	**$186.16**
	Family No Spouse:	$81.95	$419.39	$501.34	$1.30	$8.00	$0.23	$0.25	**$83.48**	**$427.64**	**$511.12**
	Family + Spouse:	$87.72	$419.39	$507.11	$1.30	$8.00	$0.23	$0.25	**$89.25**	**$427.64**	**$516.89**
75%	Single Coverage:	$46.36	$134.56	$180.92	$0.79	$2.57	$0.23	$0.25	**$47.38**	**$137.38**	**$184.76**
	Family No Spouse:	$127.50	$370.05	$497.55	$2.17	$7.05	$0.23	$0.25	**$129.90**	**$377.35**	**$507.25**
	Family + Spouse:	$133.27	$370.05	$503.32	$2.17	$7.05	$0.23	$0.25	**$135.67**	**$377.35**	**$513.02**
50%	Single Coverage:	$87.76	$89.71	$177.47	$1.58	$1.71	$0.23	$0.25	**$89.57**	**$91.67**	**$181.24**
	Family No Spouse:	$241.36	$246.70	$488.06	$4.34	$4.70	$0.23	$0.25	**$245.93**	**$251.65**	**$497.58**
	Family + Spouse:	$247.13	$246.70	$493.83	$4.34	$4.70	$0.23	$0.25	**$251.70**	**$251.65**	**$503.35**
0%	Single Coverage:	$170.57	$0.00	$170.57	$3.16	$0.00	$0.23	$0.25	**$173.96**	**$0.25**	**$174.21**
	Family No Spouse:	$469.08	$0.00	$469.08	$8.68	$0.00	$0.23	$0.25	**$477.99**	**$0.25**	**$478.24**
	Family + Spouse:	$474.85	$0.00	$474.85	$8.68	$0.00	$0.23	$0.25	**$483.76**	**$0.25**	**$484.01**

% figures will not work out to be exact (e.g. 85/15) because the "State's" share figures are increased to bring Health Care Fund in line with financial requirements.

Tier and Coverage Type		MEDICAL		SUBTOTAL MEDICAL ONLY	UBH		COM		GRAND TOTAL		
		EE	State		EE	State	EE	State	EE	State	Total
AK1 - THE HEALTH PLAN											
85%	Single Coverage:	$27.18	$156.12	$183.30	$0.47	$2.91	$0.23	$0.25	**$27.88**	**$159.28**	**$187.16**
	Family No Spouse:	$74.74	$429.37	$504.11	$1.30	$8.00	$0.23	$0.25	**$76.27**	**$437.62**	**$513.89**
	Family + Spouse:	$80.51	$429.37	$509.88	$1.30	$8.00	$0.23	$0.25	**$82.04**	**$437.62**	**$519.66**
75%	Single Coverage:	$44.13	$137.76	$181.89	$0.79	$2.57	$0.23	$0.25	**$45.15**	**$140.58**	**$185.73**
	Family No Spouse:	$135.96	$363.06	$499.02	$2.17	$7.05	$0.23	$0.25	**$138.36**	**$370.36**	**$508.72**
	Family + Spouse:	$141.73	$363.06	$504.79	$2.17	$7.05	$0.23	$0.25	**$144.13**	**$370.36**	**$514.49**
50%	Single Coverage:	$86.52	$91.83	$178.35	$1.58	$1.71	$0.23	$0.25	**$88.33**	**$93.79**	**$182.12**
	Family No Spouse:	$237.95	$252.57	$490.52	$4.34	$4.70	$0.23	$0.25	**$242.52**	**$257.52**	**$500.04**
	Family + Spouse:	$243.72	$252.57	$496.29	$4.34	$4.70	$0.23	$0.25	**$248.29**	**$257.52**	**$505.81**
0%	Single Coverage:	$171.29	$0.00	$171.29	$3.16	$0.00	$0.23	$0.25	**$174.68**	**$0.25**	**$174.93**
	Family No Spouse:	$471.09	$0.00	$471.09	$8.68	$0.00	$0.23	$0.25	**$480.00**	**$0.25**	**$480.25**
	Family + Spouse:	$476.86	$0.00	$476.86	$8.68	$0.00	$0.23	$0.25	**$485.77**	**$0.25**	**$486.02**
JM1 - PARAMOUNT											
85%	Single Coverage:	$26.11	$139.77	$165.88	$0.47	$2.91	$0.23	$0.25	**$26.81**	**$142.93**	**$169.74**
	Family No Spouse:	$71.84	$384.36	$456.20	$1.30	$8.00	$0.23	$0.25	**$73.37**	**$392.61**	**$465.98**
	Family + Spouse:	$77.61	$384.36	$461.97	$1.30	$8.00	$0.23	$0.25	**$79.14**	**$392.61**	**$471.75**
75%	Single Coverage:	$41.29	$123.33	$164.62	$0.79	$2.57	$0.23	$0.25	**$42.31**	**$126.15**	**$168.46**
	Family No Spouse:	$113.57	$339.15	$452.72	$2.17	$7.05	$0.23	$0.25	**$115.97**	**$346.45**	**$462.42**
	Family + Spouse:	$119.34	$339.15	$458.49	$2.17	$7.05	$0.23	$0.25	**$121.74**	**$346.45**	**$468.19**
50%	Single Coverage:	$79.24	$82.21	$161.45	$1.58	$1.71	$0.23	$0.25	**$81.05**	**$84.17**	**$165.22**
	Family No Spouse:	$217.92	$226.10	$444.02	$4.34	$4.70	$0.23	$0.25	**$222.49**	**$231.05**	**$453.54**
	Family + Spouse:	$223.69	$226.10	$449.79	$4.34	$4.70	$0.23	$0.25	**$228.26**	**$231.05**	**$459.31**
0%	Single Coverage:	$155.13	$0.00	$155.13	$3.16	$0.00	$0.23	$0.25	**$158.52**	**$0.25**	**$158.77**
	Family No Spouse:	$426.63	$0.00	$426.63	$8.68	$0.00	$0.23	$0.25	**$435.54**	**$0.25**	**$435.79**
	Family + Spouse:	$432.40	$0.00	$432.40	$8.68	$0.00	$0.23	$0.25	**$441.31**	**$0.25**	**$441.56**

% figures will not work out to be exact (e.g. 85/15) because the "State's" share figures are increased to bring Health Care Fund in line with financial requirements.

Tier and Coverage Type		MEDICAL		SUBTOTAL MEDICAL ONLY	UBH		COM		GRAND TOTAL		
		EE	State		EE	State	EE	State	EE	State	Total
AC1 - UNITED HEALTHCARE											
85%	Single Coverage:	$29.00	$153.24	$182.24	$0.47	$2.91	$0.23	$0.25	**$29.70**	**$156.40**	**$186.10**
	Family No Spouse:	$79.73	$421.42	$501.15	$1.30	$8.00	$0.23	$0.25	**$81.26**	**$429.67**	**$510.93**
	Family + Spouse:	$85.50	$421.42	$506.92	$1.30	$8.00	$0.23	$0.25	**$87.03**	**$429.67**	**$516.70**
75%	Single Coverage:	$45.63	$135.22	$180.85	$0.79	$2.57	$0.23	$0.25	**$46.65**	**$138.04**	**$184.69**
	Family No Spouse:	$125.49	$371.84	$497.33	$2.17	$7.05	$0.23	$0.25	**$127.89**	**$379.14**	**$507.03**
	Family + Spouse:	$131.26	$371.84	$503.10	$2.17	$7.05	$0.23	$0.25	**$133.66**	**$379.14**	**$512.80**
50%	Single Coverage:	$87.24	$90.14	$177.38	$1.58	$1.71	$0.23	$0.25	**$89.05**	**$92.10**	**$181.15**
	Family No Spouse:	$239.90	$247.90	$487.80	$4.34	$4.70	$0.23	$0.25	**$244.47**	**$252.85**	**$497.32**
	Family + Spouse:	$245.67	$247.90	$493.57	$4.34	$4.70	$0.23	$0.25	**$250.24**	**$252.85**	**$503.09**
0%	Single Coverage:	$170.45	$0.00	$170.45	$3.16	$0.00	$0.23	$0.25	**$173.84**	**$0.25**	**$174.09**
	Family No Spouse:	$468.73	$0.00	$468.73	$8.68	$0.00	$0.23	$0.25	**$477.64**	**$0.25**	**$477.89**
	Family + Spouse:	$474.50	$0.00	$474.50	$8.68	$0.00	$0.23	$0.25	**$483.41**	**$0.25**	**$483.66**

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