

FULL-TIME EMPLOYEE MEDICAL DEDUCTIONS

	FULL-TIME / BIWEEKLY-PAID EMPLOYEE DEDUCTIONS ²			FULL-TIME / MONTHLY-PAID EMPLOYEE DEDUCTIONS ²		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$31.20	\$175.76	\$206.96	\$70.20	\$395.45	\$465.65
Family Minus Spouse	\$85.41	\$482.95	\$568.36	\$192.17	\$1,086.63	\$1,278.80
Family Plus Spouse ¹	\$90.97	\$482.95	\$573.92	\$204.67	\$1,086.63	\$1,291.30

¹ Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

² These rates represent the total amount that will be deducted from your paycheck, including the communication surcharge.

Since the Ohio Med PPO is offered to all employees, there is no longer a component in the medical deductions for the difference in administrative fees.

PART-TIME EMPLOYEE MEDICAL DEDUCTIONS

	PART-TIME BIWEEKLY DEDUCTIONS ² 75% TIER			PART-TIME BIWEEKLY DEDUCTIONS ² 50% TIER		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$51.85	\$155.11	\$206.96	\$103.48	\$103.48	\$206.96
Family Minus Spouse	\$142.20	\$426.16	\$568.36	\$284.18	\$284.18	\$568.36
Family Plus Spouse ¹	\$147.76	\$426.16	\$573.92	\$289.74	\$284.18	\$573.92

	PART-TIME BIWEEKLY DEDUCTIONS ² 0% TIER		
	Employee Share	State Share	Total
Single	\$206.96	\$0.00	\$206.96
Family Minus Spouse	\$568.36	\$0.00	\$568.36
Family Plus Spouse ¹	\$573.92	\$0.00	\$573.92

ADDITIONAL RATES FOR EACH HB1 DEPENDENT (FOR ALL ENROLLED EMPLOYEES)

Biweekly Deduction Amount:	\$85.43
Monthly Deduction Amount:	\$192.22

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