

FULL-TIME EMPLOYEE MEDICAL DEDUCTIONS

FULL-TIME / BIWEEKLY PAID EMPLOYEE DEDUCTIONS¹

FULL-TIME / MONTHLY PAID EMPLOYEE DEDUCTIONS¹

| | Employee Share | State Share | Total | Employee Share | State Share | Total |
|---------------------------------|----------------|-------------|----------|----------------|-------------|------------|
| Single | \$35.51 | \$200.17 | \$235.68 | \$76.95 | \$433.71 | \$510.66 |
| Family Minus Spouse | \$97.13 | \$549.32 | \$646.45 | \$210.45 | \$1,190.19 | \$1,400.64 |
| Family Plus Spouse ² | \$102.90 | \$549.32 | \$652.22 | \$222.95 | \$1,190.19 | \$1,413.14 |

¹These rates represent the total amount that will be deducted from your paycheck.

²Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

PART-TIME EMPLOYEE MEDICAL DEDUCTIONS

PART-TIME BIWEEKLY DEDUCTIONS¹ 75% TIER

PART-TIME BIWEEKLY DEDUCTIONS¹ 50% TIER

| | Employee Share | State Share | Total | Employee Share | State Share | Total |
|---------------------------------|----------------|-------------|----------|----------------|-------------|----------|
| Single | \$59.04 | \$176.64 | \$235.68 | \$117.84 | \$117.84 | \$235.68 |
| Family Minus Spouse | \$161.73 | \$484.72 | \$646.45 | \$323.22 | \$323.23 | \$646.45 |
| Family Plus Spouse ² | \$167.50 | \$484.72 | \$652.22 | \$328.99 | \$323.23 | \$652.22 |

PART-TIME BIWEEKLY DEDUCTIONS¹ 0% TIER

| | Employee Share | State Share | Total |
|---------------------------------|----------------|-------------|----------|
| Single | \$235.68 | \$0.00 | \$235.68 |
| Family Minus Spouse | \$646.45 | \$0.00 | \$646.45 |
| Family Plus Spouse ² | \$652.22 | \$0.00 | \$652.22 |

¹These rates represent the total amount that will be deducted from your paycheck.

²Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

ADDITIONAL BIWEEKLY AMOUNT FOR EACH HB1 DEPENDENT (FOR ALL ENROLLED EMPLOYEES)

| | Employee Share | State Share | Total |
|--------------|----------------|-------------|----------|
| Ohio Med PPO | \$101.77 | \$0.00 | \$101.77 |

ADDITIONAL MONTHLY AMOUNT FOR EACH HB1 DEPENDENT (FOR ALL ENROLLED EMPLOYEES)

| | Employee Share | State Share | Total |
|--------------|----------------|-------------|----------|
| Ohio Med PPO | \$220.51 | \$0.00 | \$220.51 |