



**Ohio Department of
Administrative Services**
HUMAN RESOURCES DIVISION
30 EAST BROAD STREET
COLUMBUS, OHIO 43266-0405

Bob Taft
Governor

C. Scott Johnson
Director

MEMORANDUM

TO: Payroll Officers, Personnel Officers, Labor Relations Officers and Fiscal Officers of All Departments, Institutions, Boards and Commissions

FROM: Robert L. Cruse, State Payroll Administrator

DATE: July 12, 2000

SUBJECT: Payroll Letter 772

Payroll Letter 772 is being re-issued because of rate errors that were detected in two health plans. Single and family coverage rates for Kaiser Permanente (A41) and ChoiceCare (A91) were found to be incorrect in printed materials issued to State employees, as well those included in the original Payroll Letter. The attached Payroll Letter contains the corrected rates for the health plans mentioned.

Since the June deduction for July coverage had already been processed during pay period ending June 3, 2000, in addition to correcting the rates for the July deduction for August coverage, a one time make-up for the difference between the correct and incorrect rates would also be processed. Therefore, listed below are the rates that were deducted pay period ending July 1, 2000. The rates listed are those for the 90/10 split. If any part-time employee had the 70/30 or 50/50 split, those rates were adjusted as well. The employee rates for the August deduction for September coverage will be adjusted automatically.

NOTE - If any make-up deduction is required for July or August coverage, please use the new corrected rates as specified on the attached payroll letter. If you have any questions regarding this letter, please contact Barb MacIvor of Benefits Administration at (614) 466-8857.

Kaiser Permanente	Employee Share	State Share	Total
Single Coverage	\$16.94	\$152.54	\$169.48
Family Coverage	\$46.02	\$414.26	\$460.28
ChoiceCare	Employee Share	State Share	Total
Single Coverage	\$41.41	\$190.56	\$231.97
Family Coverage	\$113.76	\$513.79	\$627.55

RLC/drp

Attachment



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July 12, 2000

Corrected Payroll Letter 772
Supersedes Payroll Letter 754

TO: Payroll Officers, Personnel Officers, Labor Relations Officers and Fiscal Officers of All Departments, Institutions, Boards and Commissions

FROM: Robert L. Cruse, State Payroll Administrator

SUBJECT: Health Care Rates for the Benefit Period July 1, 2000 Through June 30, 2001

Attached, please find a schedule of "Rates for All State Sponsored Health Plans". The new premiums will be deducted the first pay period of each month for biweekly payrolls beginning with the pay period ending June 3, 2000, and each pay period for monthly payrolls beginning with pay period ending June 30, 2000.

I. HEALTH CARE DEDUCTIONS

To establish health care benefits for new employees, or to change existing coverage (e.g., single to family), use the online BENE application. Health insurance deduction codes ending in one (1), either A_1 or J_1, are to be used to deduct the employee share of the health insurance premium for the current rate in effect. You will need to utilize either A_1 or J_1 with the type of coverage either single or family, to initiate a deduction. The corresponding state share amount will be generated automatically. These codes will cause a premium to be deducted the first pay period of each month. The **only** method to post these deductions to employee payroll records will be through the online BENE application using the "Update Employee Benefit Information" screen (figure 1). Deductions of this type will not be accepted if they are posted to the PAYU screen.

You will also use the BENE application to coordinate health care benefits such as changing employee dependent information, primary care physician codes, etc. If you have questions regarding the BENE application, or currently do not have on-line update capability, please contact Barb MacIvor of DAS Benefits Administration at (614) 466-8857.

II. PROCESSING HEALTH CARE MAKE-UPS

A “Benefits Make-Up/Refund Form” will be utilized to process all health insurance make-ups. A copy of this form is attached for your use along with instructions for completion. Feel free to make copies of this form as needed. Please complete this form and submit to DAS Benefits Administration for verification at 106 N. High Street, 6th Floor, or fax to (614) 728-3002.

Additionally, you must post the appropriate health insurance make-up deduction to the employee’s payroll record using the PAYU application. Health plans will only adjust up to three months of coverage, therefore, only three make-up deductions are permitted. Each make-up is for **one** month of coverage. If you wish more than one month of coverage, you must post a separate make-up for each month of coverage. It is possible that an employee’s payroll record may not accommodate three make-up deductions since the record is limited to ten voluntary deduction codes. When this occurs, process the multiple make-ups over more than one pay period, until all make-ups have been collected.

1. Make-up For One Month of Coverage, Current Plan Year

Codes ending in two (2), either A_2 or J_2, should be used to deduct the **employee** share of a make-up adjustment for one month of coverage only, for the current benefit plan year. Post this code and the appropriate single or family **employee** coverage amount. This code will automatically generate the current state share amount in effect, and will automatically drop from payroll at the end of the pay cycle.

2. Make-up For One Month of Coverage, Previous Plan Year

Codes ending in three (3), either A_3 or J_3, will be used to deduct the **employee** share of a make-up adjustment for one month of coverage only, for the previous benefit plan year (July 1, 1999 through June 30, 2000). Post this code and the appropriate single or family **employee** coverage amount. This code will automatically generate the previous benefit plan year state share amount, and will automatically drop from payroll at the end of the pay cycle.

III. REQUESTING HEALTH INSURANCE REFUNDS

Attached is form “Benefits Make-Up/Refund Form”, which should be utilized to request the refund. Please complete this form using the instructions on the back of the form and submit to DAS Benefits Administration for approval. Approved refunds will be forwarded to DAS Payroll Services for processing.

Please note refunds will only be made for an entire month’s premium. The procedure to refund the difference between single and family rates, or between different plans will be to request a refund of the entire premium that was deducted in error, and to post a make-up for the proper coverage.

IV. HEALTH CARE DEDUCTION CODE CHANGES

1. New Health Care Deductions

Effective July 1, 2000, the following health care deduction codes have been established:

AH1 AETNA-Northeast
AW1 AETNA-Southwest
JC1 AETNA-Northwest
J21 Fifth Third MSA
J41 FlexBen MSA

2. Discontinued Health Care Deductions

Effective July 1, 2000, the following health care deduction codes have been discontinued:

AE1 HealthAssurance
AS1 ChoiceCare (Dayton)
AU1 Cigna Cincinnati/Dayton)
JA1 Cigna (Columbus)
JM1 Paramount
JN1 Prudential (Columbus)
JQ1 Nationwide (Akron)
JR1 Nationwide (Canton)
JS1 Nationwide (Cincinnati)
JU1 Prudential (Cleveland)
J11 Cigna (Cleveland)
J91 Prudential (Cincinnati)

Please note that associated make-up codes (A_2, A_C, J_2, and J_C) for discontinued deductions will remain in effect through December 2000. Using these codes will process rates which were in effect from 7/1/1999 through 6/30/2000.

3. AD1, formerly AETNA, is now AETNA-Central

RLC/dp

Attachments

Update Employee Benefit Information Screen

```
BENE Update Employee Benefit Information 05-10-2000 09:00
Employee: 111-22-3333 Payroll: 100-200-004600
PARKER, JAMES S CBUnit: 14 Date of Birth: 10-30-1969
123 MAIN ST Cnty Res: FRAN D/V Eligible: Yes
COLUMBUS OH 43215 Cnty Emp: FRAN Sex: Male
Group Life Ins: 52,000.00

Vision Plan: VCT Health Plan: All ←
Type: Single Type: Single ←
Rate: N/C Rate: 16.77
Effective Date: 07-01-1996 Physician Code: 23115 ←
Prem Pay Level: 1
Dental Plan: DT1 Effective Date: 12-01-1997 ←
Type: Single Signature Date: 07-11-1997 ←
Rate: N/C
Effective Date: 07-01-1996
Dentist Code:
```

F1=Help F3=Exit F12=Cancel Update
Fill in new employee data and press ENTER to change record
or press F12 to Cancel Change.

Figure 1

Name of Plan	Employee Share	State Share	Total Rate	Name of Plan	Employee Share	State Share	Total Rate
A11 Ohio Med PPO				AD1 Aetna--Central			
90% Single Coverage:	\$19.95	\$179.56	\$199.51	90% Single Coverage:	\$18.65	\$167.85	\$186.50
Family Coverage:	\$54.90	\$494.13	\$549.03	Family Coverage:	\$51.20	\$460.85	\$512.05
70% Single Coverage:	\$59.85	\$139.66	\$199.51	70% Single Coverage:	\$55.95	\$130.55	\$186.50
Family Coverage:	\$164.71	\$384.32	\$549.03	Family Coverage:	\$153.61	\$358.44	\$512.05
50% Single Coverage:	\$99.75	\$99.76	\$199.51	50% Single Coverage:	\$93.25	\$93.25	\$186.50
Family Coverage:	\$274.51	\$274.52	\$549.03	Family Coverage:	\$256.02	\$256.03	\$512.05
0% Single Coverage:	\$199.51	\$0.00	\$199.51	0% Single Coverage:	\$186.50	\$0.00	\$186.50
Family Coverage:	\$549.03	\$0.00	\$549.03	Family Coverage:	\$512.05	\$0.00	\$512.05
AH1 Aetna--Northeast				JC1 Aetna--Northwest			
90% Single Coverage:	\$19.28	\$173.49	\$192.77	90% Single Coverage:	\$18.72	\$168.53	\$187.25
Family Coverage:	\$54.89	\$474.39	\$529.28	Family Coverage:	\$51.41	\$462.69	\$514.10
70% Single Coverage:	\$57.83	\$134.94	\$192.77	70% Single Coverage:	\$56.17	\$131.08	\$187.25
Family Coverage:	\$158.78	\$370.50	\$529.28	Family Coverage:	\$154.23	\$359.87	\$514.10
50% Single Coverage:	\$96.38	\$96.39	\$192.77	50% Single Coverage:	\$93.62	\$93.63	\$187.25
Family Coverage:	\$264.64	\$264.64	\$529.28	Family Coverage:	\$257.05	\$257.05	\$514.10
0% Single Coverage:	\$192.77	\$0.00	\$192.77	0% Single Coverage:	\$187.25	\$0.00	\$187.25
Family Coverage:	\$529.28	\$0.00	\$529.28	Family Coverage:	\$514.10	\$0.00	\$514.10
AW1 Aetna--Southwest				A91 ChoiceCare			
90% Single Coverage:	\$28.65	\$175.86	\$204.51	90% Single Coverage:	\$38.21	\$175.86	\$214.07
Family Coverage:	\$87.21	\$474.39	\$561.60	Family Coverage:	\$104.98	\$474.39	\$579.37
70% Single Coverage:	\$61.35	\$143.16	\$204.51	70% Single Coverage:	\$64.22	\$149.85	\$214.07
Family Coverage:	\$168.48	\$393.12	\$561.60	Family Coverage:	\$173.81	\$405.56	\$579.37
50% Single Coverage:	\$102.25	\$102.26	\$204.51	50% Single Coverage:	\$107.03	\$107.04	\$214.07
Family Coverage:	\$280.80	\$280.80	\$561.60	Family Coverage:	\$289.68	\$289.69	\$579.37
0% Single Coverage:	\$204.51	\$0.00	\$204.51	0% Single Coverage:	\$214.07	\$0.00	\$214.07
Family Coverage:	\$561.60	\$0.00	\$561.60	Family Coverage:	\$579.37	\$0.00	\$579.37
A41 Kaiser Permanente				AK1 The Health Plan			
90% Single Coverage	\$15.68	\$141.12	\$156.80	90% Single Coverage:	\$41.04	\$175.86	\$216.90
Family Coverage	\$42.58	\$383.22	\$425.80	Family Coverage:	\$68.99	\$474.39	\$543.38
70% Single Coverage	\$47.04	\$109.76	\$156.80	70% Single Coverage:	\$65.07	\$151.83	\$216.90
Family Coverage	\$127.74	\$298.06	\$425.80	Family Coverage:	\$163.01	\$380.37	\$543.38
50% Single Coverage	\$78.40	\$78.40	\$156.80	50% Single Coverage:	\$108.45	\$108.45	\$216.90
Family Coverage	\$212.90	\$212.90	\$425.80	Family Coverage:	\$271.69	\$271.69	\$543.38
0% Single Coverage	\$156.80	\$0.00	\$156.80	0% Single Coverage:	\$216.90	\$0.00	\$216.90
Family Coverage	\$425.80	\$0.00	\$425.80	Family Coverage:	\$543.38	\$0.00	\$543.38
Name of Plan	Employee Share	State Share	Total Rate	Name of Plan	Employee Share	State Share	Total Rate
AC1 United HealthCare				J21 Fifth Third MSA			
90% Single Coverage:	\$28.52	\$175.86	\$204.38	90% Single Coverage:	\$13.36	\$179.56	\$192.92
Family Coverage:	\$76.87	\$474.39	\$551.26	Family Coverage:	\$37.98	\$494.13	\$532.11
70% Single Coverage:	\$61.31	\$143.07	\$204.38	70% Single Coverage:	\$57.88	\$135.04	\$192.92
Family Coverage:	\$165.38	\$385.88	\$551.26	Family Coverage:	\$159.63	\$372.48	\$532.11
50% Single Coverage:	\$102.19	\$102.19	\$204.38	50% Single Coverage:	\$96.46	\$96.46	\$192.92
Family Coverage:	\$275.63	\$275.63	\$551.26	Family Coverage:	\$266.05	\$266.06	\$532.11
0% Single Coverage:	\$204.38	\$0.00	\$204.38	0% Single Coverage:	\$192.92	\$0.00	\$192.92
Family Coverage:	\$551.26	\$0.00	\$551.26	Family Coverage:	\$532.11	\$0.00	\$532.11
J41 FlexBen MSA							
90% Single Coverage:	\$13.36	\$179.56	\$192.92				
Family Coverage:	\$37.98	\$494.13	\$532.11				
70% Single Coverage:	\$57.88	\$135.04	\$192.92				
Family Coverage:	\$159.63	\$372.48	\$532.11				
50% Single Coverage:	\$96.46	\$96.46	\$192.92				
Family Coverage:	\$266.05	\$266.06	\$532.11				
0% Single Coverage:	\$192.92	\$0.00	\$192.92				
Family Coverage:	\$532.11	\$0.00	\$532.11				

Surcharges	
UBH:	\$7.34/\$20.98
Comm/Ed:	\$1.00
MSA-100% State	\$59.35/\$152.36