***Department of Accounts***

***Payroll Bulletin***

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| **Calendar Year 2017** | **May 18, 2017 revised** | **Volume 2017-05** |

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| *In This Issue of the Payroll Bulletin…....* | * **Payroll Processing – FYE 2017**
* **Benefit/Deduction Rates**
* **FY 18 Healthcare Rate Tables**
* **Payroll Operations Calendar – June – November, 2017**
 | The Payroll Bulletin is published periodically to provide CIPPS agencies guidance regarding Commonwealth payroll operations. If you have any questions about the bulletin, please call Cathy McGill at (804) 371-7800 or Email at cathy.mcgill@doa.virginia.govState Payroll Operations**Director Lora L. George**Assistant Director Cathy C. McGill |

**PAYROLL PROCESSING - FISCAL YEAR-END**

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| Introduction | This Payroll Bulletin addresses payroll processing for Fiscal Year End 2017, Fiscal Year 2018 benefit rates (including healthcare rate tables) and the June – November 2017 payroll operations calendars. Please provide a copy of this bulletin to all appropriate personnel within your agency**.** |

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| Key Payroll Operations Dates forJune 2016 | * **June 12 –** Semi-monthly salary certification deadline for **PPE 6/9**.
* **June 15** - Leave keying deadline for PPE 6/9.
* **June 16** - Healthcare reconciliations and related ATAs due to DOA for the May coverage month.
* **June 21 –** Last day to certify wage/special payrolls charged to **FY 17**. **You must use a June check date, no July check dates will be allowed.**
* **June 22** – First day to certify semi-monthly salary for PPE 6/24, Payday **July 3**. **All payrolls certified on or after June 22 will be charged to FY 18 and must have July check dates.**
* **June 27 -** Semi-monthly salary certification deadline for **PPE 6/24**. **Will be charged to FY 18.**
* **June 30 –** Leave keying deadline. **CIPPS files close at 2:00 pm** for fiscal year end processing.
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| Payroll Expenditures | **Salaried payroll expenditures for the June 10 - 24 pay period (July 3, 2017, payday) will be charged to FY 2018 without exception.** Cardinal postings for this payday will be controlled by DOA. To execute this requirement all payrolls certified on June 22, 2017, or later will be charged to FY 2018.**Non-salaried and special pays certified between June 13 and June 21 will be charged to FY 2017. These payruns are for non-salaried (e.g., hourly) and special payrolls only.** *Salaried payroll certifications for the period ending June 24th will not be permitted on these dates.*  |

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**PAYROLL PROCESSING - FISCAL YEAR-END,** continued

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| Optional Retirement Rates | The rates for ORPs will not change for FY 18. The employer-contribution rates will be 10.4% and 8.5% for existing “Plan 1” and “Plan 2” participants, respectively. Plan 2 participants continue to contribute 5% from pay.The maximum annual compensation for retirement contributions for the plan year that begins July 1, 2017, (checks dated 7/16/2017 – 7/01/2018) is $270,000 for participants with membership dates on or after April 9, 1996. The maximum is $400,000 for employees who became plan members with any VRS-covered employer before April 9, 1996. |

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| VRS Retirement Rates | Contribution rates for VRS-administered programs are found below. The rates presented below have been approved by the General Assembly. The maximum annual compensation for retirement contributions for the plan year that begins July 1, 2017, (checks dated 07/16/2017 – 07/01/2018) is $270,000 for participants with membership dates on or after April 9, 1996. The maximum is $400,000 for **e**mployees who became plan members with any VRS-covered employer before April 9, 1996.

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| **Retirement - Plan 1** | **116 – 5011110** | **127 - 5011650** | **Amt Reported to VRS** | **Total Charged Agency** |
| State Employees – Elected Officials | 13.49% | 5.00%\* | 18.49% | 18.49% |
| State Employees – All Others | 13.49% | N/A | 18.49% | 13.49% |
| State Police (SPORS) | 28.54% | N/A | 33.54% | 28.54% |
| Judicial | 41.97% | 5.00%\* | 46.97% | 46.97% |
| VaLORS | 21.05% | N/A | 26.05% | 21.05% |
| **Retirement - Plan 2** |  |  |  |   |
| State Employees | 13.49% | N/A | 18.49% | 13.49% |
| State Police (SPORS) | 28.54% | N/A | 33.54% | 28.54% |
| Judicial | 41.97% | N/A | 46.97% | 41.97% |
| VaLORS | 21.05% | N/A | 26.05% | 21.05% |

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| **Hybrid** | **116-****5011110** | **105-5011660** | **106-****5011660** | **Total Charged Agency** |
| State Employees | 9.99% - 12.49% | 1.0% | .5% - 2.5% | 13.49% |
| Judicial | 43.47% - 45.97% | 1.0% | .5% - 2.5% | 46.97% |

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| **Group Life Insurance** | **120 - 5011140** | **Amt Reported to VRS** | **Total Charged Agency** |
| 1.31% | 1.31% | 1.31% |
|  |  |  |  |  |
| **Retiree Health Insurance Credit** | **115 - 5011160** |  |  |
| 1.18% | 1.18% | 1.18% |
|  |  |  |  |  |
| **VSDP** | **136/144 - 5011170** |  |  |
| 0.66% | 0.66% | 0.66% |

\* 5% member-portion continues to be paid for Plan 1 elected officials and Judicial coverage by the employer. All other Plan 1 employees pay the member portion. |

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**PAYROLL PROCESSING - FISCAL YEAR-END,** continued

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| Default Coding | Even though CARS was decommissioned effective July 1, 2016, the programmatic coding used on HMBU1 still follows the CARS format. Speedtypes are used to translate the expenditure coding to the appropriate coding in Cardinal. If you have changes to the default coding for FY 2018, please submit the GLI Default Coding form found under Miscellaneous Forms on the Payroll Forms webpage. A separate form is available for changes to default coding used in retirement and health care automated recons. These transactions are formatted according to Cardinal values. Please ensure that the account has been properly established in Cardinal before submitting your change. |

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| CIPPS Security | Individuals authorized to certify payroll expenditures are no longer identified on the Authorized Signatories Form (DA-04-121); instead, please submit a CIPPS Security form signed by the appropriate security officer if adding or deleting users. Also keep in mind that updates to Payline/PAT Masking access may also be necessary as assignments change. |

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| Deferred Comp and Annuity Cash Match | The maximum amount of Supplemental Plan cash match that may be made for eligible employees continues to be $20 per pay period. Based on the number of pay periods, maximum deduction amounts per pay period are as follows:

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| No Pays | Max. Match Amt |  | No Pays | Max. Match Amt |
| 9 | $53.34 |  | 18 | $26.67 |
| 10 | $48.00 |  | 20 | $24.00 |
| 11 | $43.64 |  | 22 | $21.82 |
| 12 | $40.00 |  | 24 | $20.00 |

Note: Hybrid employees contributing less than 4% voluntary contribution to the hybrid plan are not eligible for this supplemental cash match. |

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| Flexible Benefits | Mass transactions to deactivate the flexible benefit deductions (Deduction 021, Dependent Care, Deduction 022, Medical Reimbursement and Deduction 023, Administration Fees) and zero the amount and goal fields will be executed by DOA on June 30. **DOA will then establish the new deduction amounts for Plan Year 2018 and administrative fees from data provided through BES**. No data entry will be required by agency personnel for flexible benefit deductions, unless an employee is listed on the REPORT U130, BES/CIPPS TRANSACTION ERROR LISTING. Please review all transactions for accuracy.  |

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| Flexible Benefit Admin Fee  | The flexible spending account administrative fee (Deduction 023) will continue to be $3.65 per month. This is an employee-paid, pre-tax fee withheld the first pay period of each month. The annual fee of $43.80 is pro-rated based on the employee’s number of pays (see fee schedule below).

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| Number of Pays | 12/24 | 11/22 | 10/20 | 9/18 |
| Fee Amount (Ded 023) | $3.65 | $3.99 | $4.38 | $4.87 |
| YTD Amount (Goal) | $43.80 | $43.80 | $43.80 | $43.80 |

The deduction goal will be set to decrement (a value of “1” in the eighth position in the utility field) with a deduction end date of 06/30/2018. |

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**PAYROLL PROCESSING - FISCAL YEAR-END,** continued

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| Healthcare Premium Schedules | On July 1, 2017, the new healthcare premiums specified in DHRM’s *Spotlight* Spring 2017 Open Enrollment Issue will take effect. All codes and rates for CIPPS processing are provided on the following pages. These rates do not include the premium reward. |

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| **Provider** | **Active Provider Code** | **Involuntary Separation Provider Code** | **Project Code****And Task** |
| COVA Care Basic (Includes basic dental) | 42 | 92 | AHI100 10 |
| COVA Care Expanded Dental | 44 | 94 | AHI100 10  |
| COVA Care Out-of-Network  | 43 | 93 | AHI100 10 |
| COVA Care Out-of-Network and Expanded Dental  | 45 | 95 | AHI100 10 |
| COVA Care Out-of-Network and Vision, Hearing and Expanded Dental  | 47 | 97 | AHI100 10 |
| COVA Care Vision, Hearing and Expanded Dental  | 46 | 96 | AHI100 10 |
| COVA HDHP (High Deductible Health Plan) | 50 | 90 | AHI300 10 |
| COVA HDHP ED (High Deductible Health Plan Expanded Dental)  | 105 | 155 | AHI300 10 |
| COVA Health Aware Basic | 101 | 151 | AHI200 10 |
| COVA HealthAware and Expanded Dental | 103 | 153 | AHI200 10  |
| COVA HealthAware, Expanded Dental and Vision  | 102 | 152 | AHI200 10 |
| Kaiser Permanente HMO (Available in Northern Virginia Only) | 06 | 56 | AHI810 40 |
| TRICARE | 110 | 160 | AHI820 40 |

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|  | Healthcare premium changes will occur July 1, 2017, with the BES to CIPPS automated update. If you have any questions about the schedules, contact Denise Waddy, via e-mail at denise.waddy@doa.virginia.gov or (804) 371-8912. |

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| **COVA Care Basic (BES – ACC0)** |
| **Provider Code: 42/92** |  |  |  |  |  |  |  |
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| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $44.00  | $323.50  | $367.50  |   | $88.00  | $647.00  | $735.00  |
| D - Employee Plus One | $100.50  | $579.50  | $680.00  |   | $201.00  | $1,159.00  | $1,360.00  |
| F - Family | $136.50  | $849.50  | $986.00  |   | $273.00  | $1,699.00  | $1,972.00  |
| O - Employee Only - Part Time | $367.50  | $0.00  | $367.50  |   | $735.00  | $0.00  | $735.00  |
| T - Employee Plus One - Part Time | $680.00  | $0.00  | $680.00  |   | $1,360.00  | $0.00  | $1,360.00  |
| M - Family - Part Time | $986.00  | $0.00  | $986.00  |   | $1,972.00  | $0.00  | $1,972.00  |
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| **COVA Care OON (BES – ACC1)** |
| **Provider Code: 43/93** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $52.50  | $323.50  | $376.00  |   | $105.00  | $647.00  | $752.00  |
| D - Employee Plus One | $112.50  | $579.50  | $692.00  |   | $225.00  | $1,159.00  | $1,384.00  |
| F – Family | $152.50  | $849.50  | $1,002.00  |   | $305.00  | $1,699.00  | $2,004.00  |
| O - Employee Only - Part Time | $376.00  | $0.00  | $376.00  |   | $752.00  | $0.00  | $752.00  |
| T - Employee Plus One - Part Time | $692.00  | $0.00  | $692.00  |   | $1,384.00  | $0.00  | $1,384.00  |
| M - Family - Part Time | $1,002.00  | $0.00  | $1,002.00  |   | $2,004.00  | $0.00  | $2,004.00  |
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| **COVA Care ED** **(BES – ACC2)** |
| **Provider Code: 44/94** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $59.50  | $323.50  | $383.00  |   | $119.00  | $647.00  | $766.00  |
| D - Employee Plus One | $130.00  | $579.50  | $709.50  |   | $260.00  | $1,159.00  | $1,419.00  |
| F – Family | $182.00  | $849.50  | $1,031.50  |   | $364.00  | $1,699.00  | $2,063.00  |
| O - Employee Only - Part Time | $383.00  | $0.00  | $383.00  |   | $766.00  | $0.00  | $766.00  |
| T - Employee Plus One - Part Time | $709.50  | $0.00  | $709.50  |   | $1,419.00  | $0.00  | $1,419.00  |
| M - Family - Part Time | $1,031.50  | $0.00  | $1,031.50  |   | $2,063.00  | $0.00  | $2,063.00  |
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| **COVA Care OON/ED (BES – ACC3)** |
| **Provider Code: 45/95** |  |  |  |  |  |  |  |
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| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $68.00  | $323.50  | $391.50  |   | $136.00  | $647.00  | $783.00  |
| D - Employee Plus One | $142.00  | $579.50  | $721.50  |   | $284.00  | $1,159.00  | $1,443.00  |
| F - Family | $198.00  | $849.50  | $1,047.50  |   | $396.00  | $1,699.00  | $2,095.00  |
| O - Employee Only - Part Time | $391.50  | $0.00  | $391.50  |   | $783.00  | $0.00  | $783.00  |
| T - Employee Plus One - Part Time | $721.50  | $0.00  | $721.50  |   | $1,443.00  | $0.00  | $1,443.00  |
| M - Family - Part Time | $1,047.50  | $0.00  | $1,047.50  |   | $2,095.00  | $0.00  | $2,095.00  |
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| **COVA Care V/H/ED (BES – ACC4)** |
| **Provider Code: 46/96** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $68.50  | $323.50  | $392.00  |   | $137.00  | $647.00  | $784.00  |
| D - Employee Plus One | $145.50  | $579.50  | $725.00  |   | $291.00  | $1,159.00  | $1,450.00  |
| F - Family | $203.00  | $849.50  | $1,052.50  |   | $406.00  | $1,699.00  | $2,105.00  |
| O - Employee Only - Part Time | $392.00  | $0.00  | $392.00  |   | $784.00  | $0.00  | $784.00  |
| T - Employee Plus One - Part Time | $725.00  | $0.00  | $725.00  |   | $1,450.00  | $0.00  | $1,450.00  |
| M - Family - Part Time | $1,052.50  | $0.00  | $1,052.50  |   | $2,105.00  | $0.00  | $2,105.00  |
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| **COVA Care FULL (BES – ACC5)** |
| **Provider Code: 47/97** |  |  |  |  |  |  |  |
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| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $77.00  | $323.50  | $400.50  |   | $154.00  | $647.00  | $801.00  |
| D - Employee Plus One | $157.50  | $579.50  | $737.00  |   | $315.00  | $1,159.00  | $1,474.00  |
| F - Family | $219.00  | $849.50  | $1,068.50  |   | $438.00  | $1,699.00  | $2,137.00  |
| O - Employee Only - Part Time | $400.50  | $0.00  | $400.50  |   | $801.00  | $0.00  | $801.00  |
| T - Employee Plus One - Part Time | $737.00  | $0.00  | $737.00  |   | $1,474.00  | $0.00  | $1,474.00  |
| M - Family - Part Time | $1,068.50  | $0.00  | $1,068.50  |   | $2,137.00  | $0.00  | $2,137.00  |
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| **COVA HealthAware Basic (BES – CHA)** |
| **Provider Code: 101/151** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $8.50  | $324.00  | $332.50  |   | $17.00  | $648.00  | $665.00  |
| D - Employee Plus One | $25.50  | $591.00  | $616.50  |   | $51.00  | $1,182.00  | $1,233.00  |
| F - Family | $25.00  | $866.50  | $891.50  |   | $50.00  | $1,733.00  | $1,783.00  |
| O - Employee Only - Part Time | $332.50  | $0.00  | $332.50  |   | $665.00  | $0.00  | $665.00  |
| T - Employee Plus One - Part Time | $616.50  | $0.00  | $616.50  |   | $1,233.00  | $0.00  | $1,233.00  |
| M - Family - Part Time | $891.50  | $0.00  | $891.50  |   | $1,783.00  | $0.00  | $1,783.00  |
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| **COVA HealthAware + ED & Vision (BES – CHA1)** |
| **Provider Code: 102/152** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $29.00  | $324.00  | $353.00  |   | $58.00  | $648.00  | $706.00  |
| D - Employee Plus One | $64.00  | $591.00  | $655.00  |   | $128.00  | $1,182.00  | $1,310.00  |
| F – Family | $81.50  | $866.50  | $948.00  |   | $163.00  | $1,733.00  | $1,896.00  |
| O - Employee Only - Part Time | $353.00  | $0.00  | $353.00  |   | $706.00  | $0.00  | $706.00  |
| T - Employee Plus One - Part Time | $655.00  | $0.00  | $655.00  |   | $1,310.00  | $0.00  | $1,310.00  |
| M - Family - Part Time | $948.00  | $0.00  | $948.00  |   | $1,896.00  | $0.00  | $1,896.00  |
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| **COVA HealthAware + ED (BES – CHA2)** |
| **Provider Code: 103/153** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $23.50  | $324.00  | $347.50  |   | $47.00  | $648.00  | $695.00  |
| D - Employee Plus One | $55.50  | $591.00  | $646.50  |   | $111.00  | $1,182.00  | $1,293.00  |
| F – Family | $70.00  | $866.50  | $936.50  |   | $140.00  | $1,733.00  | $1,873.00  |
| O - Employee Only - Part Time | $347.50  | $0.00  | $347.50  |   | $695.00  | $0.00  | $695.00  |
| T - Employee Plus One - Part Time | $646.50  | $0.00  | $646.50  |   | $1,293.00  | $0.00  | $1,293.00  |
| M - Family - Part Time | $936.50  | $0.00  | $936.50  |   | $1,873.00  | $0.00  | $1,873.00  |
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| **COVA HIGH DEDUCTIBLE HEALTH PLAN (BES – CHD)** |
| **Provider Code: 50/90** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $0.00  | $275.50  | $275.50  |   | $0.00  | $551.00  | $551.00  |
| D - Employee Plus One | $0.00  | $512.00  | $512.00  |   | $0.00  | $1,024.00  | $1,024.00  |
| F - Family | $0.00  | $748.00  | $748.00  |   | $0.00  | $1,496.00  | $1,496.00  |
| O - Employee Only - Part Time | $275.50  | $0.00  | $275.50  |   | $551.00  | $0.00  | $551.00  |
| T - Employee Plus One - Part Time | $512.00  | $0.00  | $512.00  |   | $1,024.00  | $0.00  | $1,024.00  |
| M - Family - Part Time | $748.00  | $0.00  | $748.00  |   | $1,496.00  | $0.00  | $1,496.00  |
|  |  |  |  |  |  |  |  |
| **COVA HIGH DEDUCTIBLE HEALTH PLAN ED (BES – CHD1)** |
| **Provider Code: 105/155** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $15.00  | $275.50  | $290.50  |   | $30.00  | $551.00  | $581.00  |
| D - Employee Plus One | $29.50  | $512.00  | $541.50  |   | $59.00  | $1,024.00  | $1,083.00  |
| F - Family | $45.00  | $748.00  | $793.00  |   | $90.00  | $1,496.00  | $1,586.00  |
| O - Employee Only - Part Time | $290.50  | $0.00  | $290.50  |   | $581.00  | $0.00  | $581.00  |
| T - Employee Plus One - Part Time | $541.50  | $0.00  | $541.50  |   | $1,083.00  | $0.00  | $1,083.00  |
| M - Family - Part Time | $793.00  | $0.00  | $793.00  |   | $1,586.00  | $0.00  | $1,586.00  |
|  |  |  |  |  |  |  |  |
| **KAISER PERMANENTE HMO (BES – KP)** |
| **Provider Code: 06/56** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $35.50  | $277.00  | $312.50  |   | $71.00  | $554.00  | $625.00  |
| D - Employee Plus One | $83.50  | $491.50  | $575.00  |   | $167.00  | $983.00  | $1,150.00  |
| F - Family | $119.50  | $718.00  | $837.50  |   | $239.00  | $1,436.00  | $1,675.00  |
| O - Employee Only - Part Time | $312.50  | $0.00  | $312.50  |   | $625.00  | $0.00  | $625.00  |
| T - Employee Plus One - Part Time | $575.00  | $0.00  | $575.00  |   | $1,150.00  | $0.00  | $1,150.00  |
| M - Family - Part Time | $837.50  | $0.00  | $837.50  |   | $1,675.00  | $0.00  | $1,675.00  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **TRICARE (BES – TRC)** |
| **Provider Code: 110/160** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Employee Coverage Code** | **Semi-Monthly** |  | **Monthly** |
|  |  |  |  |  |  |  |  |
|  | **Employee** | **Agency** | **Total** |  | **Employee** | **Agency** | **Total** |
| S - Employee Only | $30.50  | $0.00  | $30.50  |   | $61.00  | $0.00  | $61.00  |
| D - Employee Plus One | $60.00  | $0.00  | $60.00  |   | $120.00  | $0.00  | $120.00  |
| F - Family | $80.50  | $0.00  | $80.50  |   | $161.00  | $0.00  | $161.00  |
| O - Employee Only - Part Time | $30.50  | $0.00  | $30.50  |   | $61.00  | $0.00  | $61.00  |
| T - Employee Plus One - Part Time | $60.00  | $0.00  | $60.00  |   | $120.00  | $0.00  | $120.00  |
| M - Family - Part Time | $80.50  | $0.00  | $80.50  |   | $161.00  | $0.00  | $161.00  |
|  |  |  |  |  |  |  |  |

June 2017

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  |  |  | 1**Payday for****semi-monthly salaried employees**  | 2VNAV/CIPPS Update | **3** |
| **4** | **5**Deferred Comp Transaction UploadTPA Upload | **6**Bi-weekly wage certification deadline period #1 (PE: 5/25; 5/27;5/28) | **7**New Hire Center Report | **8** | **9****Payday for bi-weekly wage employees** | **10** |
| **11** | **12**Semimonthly salaried certification deadline period #1-(5/25-6/09)**CHARGE FY 2017** | **13****CHARGE FY 2017** | **14****CHARGE FY 2017** | **15**Leave keying deadline(5/25-6/09)**CHARGE FY 2017** | **16****Payday for****semi-monthly salaried employees**Healthcare Cert Due**CHARGE FY 2017** | **17** |
| **18** | **19****CHARGE FY 2017** | **20**Bi-weekly wage certification deadline period #2 (PE: 6/8; 6/10; 6/11)TPA Upload**CHARGE FY 2017** | **21** New Hire Center Report**Last day to certify wage/special for** **FY 17 – NO EXCEPTIONS** | **22****Starting this day****CHARGE FY 2018****Must have July Check Date** | **23****Payday for bi-weekly wage employees****CHARGE FY 2018****Must have July Check Date** | **24** |
| **25** | **26****CHARGE FY 2018****Must have July Check Date** | **27**Semimonthly salaried certification deadline period #2-(6/10-6/24)**CHARGE FY 2018****Must have July Check Date** | **28****CHARGE FY 2018****Must have July Check Date** | **29****CHARGE FY 2018****Must have July Check Date** | **30*****CIPPS close at 2pm***Bi-weekly wage certification deadline period #1 (PE: 6/22; 6/24; 6/25)Leave keyingdeadline(6/10-6/24)**CHARGE FY 2018****Must have July Check Date** |  |

**July 2017**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  |  |  |  |  | **1** |
| **2** | **3****State Holiday: Day Before Independence Day****Payday for****semi-monthly salaried employees** | **4****State Holiday: Independence Day** | **5**New Hire Center Report | **6**VNAV/CIPPS Update | **7****Payday for bi-weekly wage employees**Deferred Comp Transaction UploadTPA Upload | **8** |
| **9** | **10**Semimonthly salaried certificationDeadline Period# 1-(6/25-7/09) | 11 | **12****QTR Cert Due** | **13**Leave keyingDeadline(6/25-7/09) | **14****Payday for****semi-monthly salaried employees**  | **15** |
| **16** | **17** | **18**Bi-weekly wage certification deadline period #2 (PE: 7/6; 7/8;7/9) | **19**New Hire Center ReportTPA Upload | **20** | **21****Payday for bi-weekly wage employees** | **22** |
| **23** | **24** | **25** | **26**Semimonthly salaried certification deadlinePeriod #2 (7/10-7/24) | **27** | **28** | **29** |
| **30** | **31**Leave keyingdeadline(7/10-7/24)Healthcare Cert Due |  |  |  |  |  |

**August 2017**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  | **1**Bi-weekly wage certification deadline period #1 (PE: 7/20; 7/22; 7/23)**Payday for****semi-monthly salaried employees**  | **2**New Hire Center ReportVNAV/CIPPS Update | **3**Deferred Comp Transaction UploadTPA Upload | **4****Payday for bi-weekly wage employees** | **5** |
| **6** | **7** | **8** | **9** | **10**Semimonthly salaried certification deadline Period# 1 (7/25-8/09) | **11** | **12** |
| **13** | **14** | **15**Bi-weekly wage certification deadline period #2 (PE: 8/3; 8/5;8/6)Leave keyingdeadline(7/25-8/09) | **16****Payday for****semi-monthly salaried employees**New Hire Center Report | **17** | **18****Payday for bi-weekly wage employees** | **19** |
| **20** | **21**TPA Upload | **22** | **23** | **24** | **25** | **26** |
| **27** | **28**Semimonthly salaried certification deadline Period #2 (8/10-8/24) | **29**Bi-weekly wage certification deadline period #1 (PE: 8/17; 8/19;8/20) | **30**New Hire Center Report | **31**Leave keyingdeadline(8/10-8/24)Healthcare Cert Due |  |  |

**September 2017**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  |  |  |  | **1****Payday for bi-weekly wage employees****Payday for****semi-monthly salaried employees** | **2** |
| **3** | **4****State Holiday: Labor Day****NATIONAL PAYROLL WEEK** | **5**VNAV/CIPPS Update | **6**Deferred Comp Transaction UploadTPA Upload | **7** | **8** | **9** |
| **10** | **11**Semimonthly salaried certification deadline Period#1 (8/25-9/9) | **12**Bi-weekly wage certification deadline period #2 (PE: 8/31; 9/2;9/3) | **13**New Hire Center Report | **14**Leave keyingdeadline(8/25-9/09) | **15****Payday for bi-weekly wage employees****Payday for****semi-monthly salaried employees** | **16** |
| **17** | **18**TPA Upload | 19 | **20** | **21** | **22** | **23** |
| **24** | **25**Semimonthly salaried certification deadline Period#2 (9/10-9/24) | 26Bi-weekly wage certification deadline period #**0** (PE: 9/14; 9/16;9/17) | **27**New Hire Center Report | **28**Leave keyingdeadline(9/10-9/24)**Military Leave Reset** | **29****Payday for bi-weekly wage employees****Payday for****semi-monthly salaried employees** Healthcare Cert Due | **30** |

**October 2017**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **1** | **2** | **3**VNAV/CIPPS Update | **4**Deferred Comp Transaction UploadTPA Upload | **5** | **6** | **7** |
| **8** | **9****State Holiday: Columbus Day** | **10**Semi-monthly salaried certification deadline Period #1 (9/25-10/09)Bi-weekly wage certification deadline period #1 (PE: 9/28; 9/30; 10/1) | **11**New Hire Center Report**QTR Cert Due** | **12** | **13****Payday for bi-weekly wage employees**Leave keyingdeadline(9/25-9/09) | **14** |
| **15** | **16****Payday for****semi-monthly salaried employees**  | **17** | **18** | **19**TPA Upload | **20** | **21** |
| **22** | **23** | **24**Bi-weekly wage certification deadline period #2 (PE: 10/12; 10/14; 10/15) | **25**New Hire Center Report | **26**Semi-monthly salaried certification deadline Period#2 (10/10-10/24) | **27****Payday for bi-weekly wage employees** | **28** |
| **29** | **30** | **31**Leave keyingdeadline(10/10-10/24)Healthcare Cert Due |  |  |  |  |

**November 2017**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  |  | **1****Payday for****semi-monthly salaried employees**  | **2**VNAV/CIPPS Update | **3**Deferred Comp Transaction UploadTPA Upload | **4** |
| **5** | **6** | **7**Bi-weekly wage certification deadline period #1 (PE: 10/26; 10/28; 10/29) | **8**New Hire Center Report | **9**Semimonthly salaried certificationPeriod 1-(10/25-11/09) | **10****State Holiday: Veterans’ Day****Payday for bi-weekly wage employees** | **11** |
| **12** | **13** | **14** | **15**Leave keyingdeadline(10/25-11/09) | **16****Payday for****semi-monthly salaried employees**  | **17** | **18** |
| **19** | **20**Bi-weekly wage certification deadline period #2 (PE: 11/9; 11/11; 11/12)TPA Upload | **21** | **22****Half-Day Holiday****Files close at noon** | **23****State Holiday:** **Thanksgiving Day** | **24****State Holiday:** **Day After Thanksgiving Day****Payday for bi-weekly wage employees** | **25** |
| New Hire Center Report |
| **26** | **27**Semimonthly salaried certification deadline Period#2 (11/10-11/24) | **28** | **29** | **30**Leave keyingdeadline(10/25-11/09)Healthcare Cert Due |  |  |