

Department of Accounts

Payroll Bulletin

Calendar Year 2021

May 13, 2021

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the Payroll
Bulletin*

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The Payroll Bulletin is published periodically to provide CIPPS agencies guidance regarding Commonwealth payroll operations. If you have any questions about the bulletin, please email payroll@doa.virginia.gov.

State Payroll Operations

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PAYROLL PROCESSING - FISCAL YEAR-END

Introduction

This Payroll Bulletin addresses payroll processing for Fiscal Year End 2021, Fiscal Year 2022 and benefit rates (including healthcare rate tables). Please provide a copy of this bulletin to all appropriate personnel within your agency.

Key Payroll Operations Dates for June 2021

- **June 10** – Semi-monthly salary certification deadline for **PPE 6/9**.
- **June 10** – Confirmation of VRS Snapshot for May due.
- **June 15** - Healthcare reconciliations and related ATAs due to DOA for the May coverage month.
- **June 15** - Leave keying deadline for PPE 6/9.
- **June 15** – Bi-weekly wage certification deadline for check date 06/18. This is the last wage payroll charged to FY 21.
- **June 22** – Last day to certify off-cycle payrolls charged to **FY21**. **You must use a June check date, no July check dates will be allowed.**
- **June 23** – First day to certify semi-monthly salary for PPE 6/24, Payday **July 1**. **All payrolls certified on or after June 23 will be charged to FY 22 and must have July check dates.**
- **June 25** - Semi-monthly salary certification deadline for **PPE 6/24**. **Will be charged to FY 22.**
- **June 29** - Bi-weekly wage certification deadline for check date 07/02. This wage payroll will be charged to FY 22.
- **June 30** – Leave keying deadline. **CIPPS files close at noon** for fiscal year end processing.

Payroll Expenditures

Salaried payroll expenditures for the June 10 - 24 pay period (July 1, 2021, payday) will be charged to FY 2022 without exception. Cardinal postings for this payday will be controlled by DOA. To execute this requirement all payrolls certified on June 23, 2021, or later will be charged to FY 2022.

Off-cycle pays certified between June 11 and June 19 will be charged to FY 2021. These payruns are for off-cycle payrolls only. *Salaried payroll certifications for the period ending June 24th will not be permitted during this period. Bi-weekly payroll certifications for the periods ending June 18, 20 and 21 will not be permitted during this period.*

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PAYROLL PROCESSING - FISCAL YEAR-END, continued

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 2022, 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. Forms may be emailed to payroll@doa.virginia.gov.

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 (listed on the Authorized Signatories Form) if adding or deleting users. Also keep in mind that updates to Payline/PAT Masking access may also be necessary as assignments change.

Financial Reporting – Attachment HE-6

Each fiscal year, higher education institutions report employee and employer deduction amounts related to optional retirement plans (Fidelity, TIAA and the DC Plan) on Attachment HE-6, Optional Retirement Plans, as required by the Comptroller’s Directive for higher education institutions. In the past SPO provided information needed for this report; however, effective in 2019, the information was made available to agencies in the Payroll Audit Tool (PAT) through Payline.

A deduction history for the fiscal year can be obtained by clicking on “Deductions History Detail Inquiry”, then select the check date range that is appropriate to capture the deductions made in that fiscal year.

Optional Retirement Rates

The annual compensation limit for ORP’s has changed for FY22 to the maximum dollar amount of \$290,000. The employer contribution rates are 10.4% and 8.5% for existing “Plan 1” and “Plan 2” participants, respectively. “Plan 2” participants continue to contribute 5% from pay.

The annual compensation limit for retirement contributions for the plan year that begins July 1, 2021, (checks dated 7/16/2021 – 7/01/2022) is \$290,000 for participants with membership dates on or after April 9, 1996. The maximum dollar amount is \$430,000 for employees who became plan members with any VRS-covered employer before April 9, 1996. Please provide DOA with a list of employees whose annual salary exceeds the maximums no later than July 6 so proper goals can be established. Also, contact DOA if new employees with salaries that exceed the maximum are added during the year.

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PAYROLL PROCESSING - FISCAL YEAR-END, continued

**VRS
Retirement
Rates**

Contribution rates for VRS-administered programs are found below. There is no change in this year's rates. The maximum annual compensation for retirement contributions for the plan year that begins July 1, 2021, (checks dated 07/16/2021 – 07/01/2022) is \$290,000 for participants with membership dates on or after April 9, 1996. The maximum is \$430,000 for employees who became plan members with any VRS-covered employer before April 9, 1996. Please provide DOA with a list of employees whose annual salary exceeds the maximums no later than July 6 so proper goals can be established. Also, contact DOA if new employees with salaries that exceed the maximum are added during the year.

	116 – 5011110	127 - 5011650	Amt Reported to VRS	Total Charged Agency
Retirement - Plan 1				
State Employees – Elected Officials	14.46%	5.00%*	19.46%	19.46%
State Employees – All Others	14.46%	N/A	19.46%	14.46%
State Police (SPORS)	26.33%	N/A	31.33%	26.33%
Judicial	29.84%	5.00%*	34.84%	34.84%
VaLORS	21.90%	N/A	26.90%	21.90%
Retirement - Plan 2				
State Employees	14.46%	N/A	19.46%	14.46%
State Police (SPORS)	26.33%	N/A	31.33%	26.33%
Judicial	29.84%	N/A	34.84%	29.84%
VaLORS	21.90%	N/A	26.90%	21.90%
Hybrid				
	116- 5011110	105- 5011660	106- 5011660	Total Charged Agency
State Employees	10.96% - 13.46%	1.0%	.5% - 2.5%	14.46%
Judicial	26.34% - 28.84%	1.0%	.5% - 2.5%	29.84%
Group Life Insurance				
	120 - 5011140		Amt Reported to VRS	Total Charged Agency
	1.34%		1.34%	1.34%
Retiree Health Insurance Credit				
	115 - 5011160			
	1.12%		1.12%	1.12%
VSDP				
	136/144 - 5011170			
	0.61%		0.61%	0.61%

* 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

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

		Max. Match				Max. Match	
		<u>No Pays</u>	<u>Amt</u>	<u>No Pays</u>	<u>Amt</u>		
		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 the cash match on either the Supplemental Plan or an annuity.

Flexible Benefits for Plan Year 2022 Mass transactions to deactivate the current 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 2022 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.

Flexible Benefit Admin Fee The flexible spending account administrative fee (Deduction 023) remains at \$25.20 per year. This is an employee-paid, pre-tax fee withheld the first pay period of each month. The annual fee of \$25.20 is pro-rated based on the employee's number of pays (see fee schedule below).

Number of Pays	12/24	11/22	10/20	9/18
Fee Amount (Ded 023)	\$2.10	\$2.29	\$2.52	\$2.80
YTD Amount (Goal)	\$25.20	\$25.20	\$25.20	\$25.20

The deduction goal will be set with a deduction end date of 06/30/2022.

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PAYROLL PROCESSING - FISCAL YEAR-END, continued

Flex Deductions for PY 2021 YTD balances in deductions 021, Dependent Care, 022, Medical Reimbursement and 023, Admin Fees existing as of 6/30/2021 will automatically be transferred to deduction numbers: 055, PY Dependent, 056, PY Medical Reimbursement and 057, PY Admin Fees. **Adjustments or special pays made through the payroll system after June 30 that impact Plan Year 2021 must be made using these deduction numbers.**

VOID Payment Processing – Payments with Flex Deductions and Dated on or before 7/1/2021 **Due to the conversion of the flex deduction numbers for Plan Year 2021 as of July 1, we will be unable to process any voids for payments to employees with flex deductions created prior to July 1 in the normal manner.** This does not mean that you cannot request a stop on these payments; only that the adjustment for the returned payment will have to be processed manually using HTM00. If you need to void a payment for an employee with flex deductions from a payroll that was certified before July 1, you will need to request return of the funds to your agency's payroll warrant suspense account. Once you have been notified that the stop was successful, process a transaction on the HTM00 screen to back out all pay and deductions (make sure you use the prior year flex deduction numbers, 055, 056 and/or 057). Payments that do not include flex deductions can be voided normally. If you have any further questions, please contact Carmelita Holmes at (804) 371-7800.

Recycling Transactions or Retroactive Collections Review Report 14, Deductions Not Taken and the pending transactions on H1K03 **before you certify the 6/25 – 7/9 pay period** to ensure that all transactions that are recycling for the flex deductions 021, 022 and 023 are deleted since these are related to Plan Year 2021. Contact Brian Warner at DHRM-OHB to determine if it is necessary to collect these amounts. If so, activate the appropriate deductions for prior plan year (**055**, PY Dependent Care; **056**, PY Medical Reimbursement; and/or **057**, PY Admin Fees) with frequency 09 and replace the goal date of 06/30/2021 with an end date for the current period.

Operations Calendar Reminder – the CIPPS Operations Calendar can now be found on the State Payroll Operations webpage under **Important Documents**:

<https://www.doa.virginia.gov/reference/payroll/>

PAYROLL PROCESSING - FISCAL YEAR-END, continued**Healthcare
Premium
Schedules**

On July 1, 2021, the new healthcare premiums specified in DHRM's *Spotlight* Spring 2021 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.

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
Optima Health Vantage HMO (Available in Hampton Roads only)	30	80	0000115265
TRICARE	110	160	AHI820 40

Healthcare premium changes will occur July 1, 2021, with the BES to CIPPS automated update. If you have any questions about the schedules, contact Trenika Satterwhile, via e-mail at trenika.satterwhite@doa.virginia.gov or (804) 225-2246.

COVA Care Basic (BES – ACC0)

Provider Code: 42/92

Employee Coverage Code**Semi-Monthly****Monthly**

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$47.00	\$354.50	\$401.50		\$94.00	\$709.00	\$803.00
D - Employee Plus One	\$108.50	\$634.00	\$742.50		\$217.00	\$1,268.00	\$1,485.00
F - Family	\$147.50	\$929.50	\$1,077.00		\$295.00	\$1,859.00	\$2,154.00
O - Employee Only - Part Time	\$401.50	\$0.00	\$401.50		\$803.00	\$0.00	\$803.00
T - Employee Plus One - Part Time	\$742.50	\$0.00	\$742.50		\$1,485.00	\$0.00	\$1,485.00
M - Family - Part Time	\$1,077.00	\$0.00	\$1,077.00		\$2,154.00	\$0.00	\$2,154.00

COVA Care OON (BES – ACC1)

Provider Code: 43/93

Employee Coverage Code**Semi-Monthly****Monthly**

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$56.50	\$354.50	\$411.00		\$113.00	\$709.00	\$822.00
D - Employee Plus One	\$125.50	\$634.00	\$759.50		\$251.00	\$1,268.00	\$1,519.00
F – Family	\$173.00	\$929.50	\$1,102.50		\$346.00	\$1,859.00	\$2,205.00
O - Employee Only - Part Time	\$411.00	\$0.00	\$411.00		\$822.00	\$0.00	\$822.00
T - Employee Plus One - Part Time	\$759.50	\$0.00	\$759.50		\$1,519.00	\$0.00	\$1,519.00
M - Family - Part Time	\$1,102.50	\$0.00	\$1,102.50		\$2,205.00	\$0.00	\$2,205.00

COVA Care ED (BES – ACC2)

Provider Code: 44/94

Employee Coverage Code**Semi-Monthly****Monthly**

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$64.00	\$354.50	\$418.50		\$128.00	\$709.00	\$837.00
D - Employee Plus One	\$140.00	\$634.00	\$774.00		\$280.00	\$1,268.00	\$1,548.00
F – Family	\$193.50	\$929.50	\$1,123.00		\$387.00	\$1,859.00	\$2,246.00
O - Employee Only - Part Time	\$418.50	\$0.00	\$418.50		\$837.00	\$0.00	\$837.00
T - Employee Plus One - Part Time	\$774.00	\$0.00	\$774.00		\$1,548.00	\$0.00	\$1,548.00
M - Family - Part Time	\$1,123.00	\$0.00	\$1,123.00		\$2,246.00	\$0.00	\$2,246.00

COVA Care OON/ED (BES – ACC3)

Provider Code: 45/95

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$73.50	\$354.50	\$428.00		\$147.00	\$709.00	\$856.00
D - Employee Plus One	\$157.00	\$634.00	\$791.00		\$314.00	\$1,268.00	\$1,582.00
F - Family	\$219.00	\$929.50	\$1,148.50		\$438.00	\$1,859.00	\$2,297.00
O - Employee Only - Part Time	\$428.00	\$0.00	\$428.00		\$856.00	\$0.00	\$856.00
T - Employee Plus One - Part Time	\$791.00	\$0.00	\$791.00		\$1,582.00	\$0.00	\$1,582.00
M - Family - Part Time	\$1,148.50	\$0.00	\$1,148.50		\$2,297.00	\$0.00	\$2,297.00

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	\$74.00	\$354.50	\$428.50		\$148.00	\$709.00	\$857.00
D - Employee Plus One	\$158.00	\$634.00	\$792.00		\$316.00	\$1,268.00	\$1,584.00
F - Family	\$220.00	\$929.50	\$1,149.50		\$440.00	\$1,859.00	\$2,299.00
O - Employee Only - Part Time	\$428.50	\$0.00	\$428.50		\$857.00	\$0.00	\$857.00
T - Employee Plus One - Part Time	\$792.00	\$0.00	\$792.00		\$1,584.00	\$0.00	\$1,584.00
M - Family - Part Time	\$1,149.50	\$0.00	\$1,149.50		\$2,299.00	\$0.00	\$2,299.00

COVA Care FULL (BES – ACC5)

Provider Code: 47/97

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$83.00	\$354.50	\$437.50		\$166.00	\$709.00	\$875.00
D - Employee Plus One	\$175.00	\$634.00	\$809.00		\$350.00	\$1,268.00	\$1,618.00
F - Family	\$245.00	\$929.50	\$1,174.50		\$490.00	\$1,859.00	\$2,349.00
O - Employee Only - Part Time	\$437.50	\$0.00	\$437.50		\$875.00	\$0.00	\$875.00
T - Employee Plus One - Part Time	\$809.00	\$0.00	\$809.00		\$1,618.00	\$0.00	\$1,618.00
M - Family - Part Time	\$1,174.50	\$0.00	\$1,174.50		\$2,349.00	\$0.00	\$2,349.00

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	\$347.50	\$356.00		\$17.00	\$695.00	\$712.00
D - Employee Plus One	\$26.00	\$634.00	\$660.00		\$52.00	\$1,268.00	\$1,320.00
F - Family	\$26.50	\$928.00	\$954.50		\$53.00	\$1,856.00	\$1,909.00
O - Employee Only - Part Time	\$356.00	\$0.00	\$356.00		\$712.00	\$0.00	\$712.00
T - Employee Plus One - Part Time	\$660.00	\$0.00	\$660.00		\$1,320.00	\$0.00	\$1,320.00
M - Family - Part Time	\$954.50	\$0.00	\$954.50		\$1,909.00	\$0.00	\$1,909.00

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	\$30.00	\$347.50	\$377.50		\$60.00	\$695.00	\$755.00
D - Employee Plus One	\$66.00	\$634.00	\$700.00		\$132.00	\$1,268.00	\$1,400.00
F – Family	\$84.50	\$928.00	\$1,012.50		\$169.00	\$1,856.00	\$2,025.00
O - Employee Only - Part Time	\$377.50	\$0.00	\$377.50		\$755.00	\$0.00	\$755.00
T - Employee Plus One - Part Time	\$700.00	\$0.00	\$700.00		\$1,400.00	\$0.00	\$1,400.00
M - Family - Part Time	\$1,012.50	\$0.00	\$1,012.50		\$2,025.00	\$0.00	\$2,025.00

COVA HealthAware + ED (BES – CHA2)**Provider Code: 103/153****Employee Coverage Code****Semi-Monthly****Monthly**

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$24.50	\$347.50	\$372.00		\$49.00	\$695.00	\$744.00
D - Employee Plus One	\$55.50	\$634.00	\$689.50		\$111.00	\$1,268.00	\$1,379.00
F – Family	\$69.50	\$928.00	\$997.50		\$139.00	\$1,856.00	\$1,995.00
O - Employee Only - Part Time	\$372.00	\$0.00	\$372.00		\$744.00	\$0.00	\$744.00
T - Employee Plus One - Part Time	\$689.50	\$0.00	\$689.50		\$1,379.00	\$0.00	\$1,379.00
M - Family - Part Time	\$997.50	\$0.00	\$997.50		\$1,995.00	\$0.00	\$1,995.00

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	\$301.00	\$301.00		\$0.00	\$602.00	\$602.00
D - Employee Plus One	\$0.00	\$560.00	\$560.00		\$0.00	\$1,120.00	\$1,120.00
F - Family	\$0.00	\$818.50	\$818.50		\$0.00	\$1,637.00	\$1,637.00
O - Employee Only - Part Time	\$301.00	\$0.00	\$301.00		\$602.00	\$0.00	\$602.00
T - Employee Plus One - Part Time	\$560.00	\$0.00	\$560.00		\$1,120.00	\$0.00	\$1,120.00
M - Family - Part Time	\$818.50	\$0.00	\$818.50		\$1,637.00	\$0.00	\$1,637.00

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	\$16.50	\$301.00	\$317.50		\$33.00	\$602.00	\$635.00
D - Employee Plus One	\$30.50	\$560.00	\$590.50		\$61.00	\$1,120.00	\$1,181.00
F - Family	\$44.50	\$818.50	\$863.00		\$89.00	\$1,637.00	\$1,726.00
O - Employee Only - Part Time	\$317.50	\$0.00	\$317.50		\$635.00	\$0.00	\$635.00
T - Employee Plus One - Part Time	\$590.50	\$0.00	\$590.50		\$1,181.00	\$0.00	\$1,181.00
M - Family - Part Time	\$863.00	\$0.00	\$863.00		\$1,726.00	\$0.00	\$1,726.00

KAISER PERMANENTE HMO (BES – KP)

Provider Code: 06/56

Employee Coverage Code**Semi-Monthly****Monthly**

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$38.50	\$320.00	\$358.50		\$77.00	\$640.00	\$717.00
D - Employee Plus One	\$91.50	\$567.00	\$658.50		\$183.00	\$1,134.00	\$1,317.00
F - Family	\$130.50	\$829.00	\$959.50		\$261.00	\$1,658.00	\$1,919.00
O - Employee Only - Part Time	\$358.50	\$0.00	\$358.50		\$717.00	\$0.00	\$717.00
T - Employee Plus One - Part Time	\$658.50	\$0.00	\$658.50		\$1,317.00	\$0.00	\$1,317.00
M - Family - Part Time	\$959.50	\$0.00	\$959.50		\$1,919.00	\$0.00	\$1,919.00

*Kaiser Agency rates updated 7/7/2021

OPTIMA HEALTH VANTAGE (BES - OH130)**Provider Code: 30/80****Employee Coverage Code****Semi-Monthly****Monthly**

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$38.50	\$352.50	\$391.00		\$77.00	\$705.00	\$782.00
D - Employee Plus One	\$91.50	\$632.00	\$723.50		\$183.00	\$1264.00	\$1,447.00
F - Family	\$130.50	\$917.00	\$1,047.50		\$261.00	\$1,834.00	\$2,095.00
O - Employee Only - Part Time	\$391.00	\$0.00	\$391.00		\$782.00	\$0.00	\$782.00
T - Employee Plus One - Part Time	\$723.50	\$0.00	\$723.50		\$1,447.00	\$0.00	\$1,447.00
M - Family - Part Time	\$1,047.50	\$0.00	\$1,047.50		\$2,095.00	\$0.00	\$2,095.00

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