

VOICE OF THE VILLAGE

VA Staff Meeting:

Tuesday, December 11th

3:00-4:00 pm

Purpose:
Review
Health
Insurance &
2013 Wage



VOLUME 2, ISSUE 3 **December 6, 2012**

NEWSLETTER FOR THE ASHVILLE STAFF

Village Council Chooses Medical Mutual of Ohio for 2013

The Village Council Monday, December 17, 2012, will act upon the 2013 Appropriation Budget and have approved Medical Mutual of Ohio as our insurance provider. This plan will be administered by Ohio Insurance Services Agency, Inc. The process should be similar to 2012.

The table below reflects the impact on the village and the individual that is covered:

Health Care Cost	Total Insurance Premium Monthly	Total Village Monthly	Total Employee Monthly	Total Village Payment Annualized	Total Employee Payment Annualized	Total Premium Annualized	Total Deductible Annualized	Village Deductible Annualized	Employee Deductible Annualized	Potential Employee With Deductible Annualized	Potential Village With Deductible Annualized
Employee	\$361.70	\$325.53	\$36.17	\$3,906.36	\$434.04	\$4,340.40	\$4,000.00	\$3,500.00	\$500.00	\$934.04	\$7,406.36
Employee + Child	\$506.81	\$434.36	\$72.45	\$5,212.35	\$869.37	\$6,081.72	\$8,000.00	\$7,000.00	\$1,000.00	\$1,869.37	\$12,212.35
Employee + Children	\$651.93	\$543.20	\$108.73	\$6,518.43	\$1,304.73	\$7,823.16	\$8,000.00	\$7,000.00	\$1,000.00	\$2,304.73	\$13,518.43
Employee + Spouse	\$718.40	\$593.06	\$125.35	\$7,116.66	\$1,504.14	\$8,620.80	\$8,000.00	\$7,000.00	\$1,000.00	\$2,504.14	\$14,116.66
Employee + Spouse + Child	\$863.51	\$701.89	\$161.62	\$8,422.65	\$1,939.47	\$10,362.12	\$8,000.00	\$7,000.00	\$1,000.00	\$2,939.47	\$15,422.65
Employee + Spouse + 2	\$1,008.62	\$810.72	\$197.90	\$9,728.64	\$2,374.80	\$12,103.44	\$8,000.00	\$7,000.00	\$1,000.00	\$3,374.80	\$16,728.64
Employee + Spouse + 4	\$1,211.78	\$963.09	\$248.69	\$11,557.08	\$2,984.28	\$14,541.36	\$8,000.00	\$7,000.00	\$1,000.00	\$3,984.28	\$18,557.08
Costs for all Coverage	\$11,761.87	\$9,858.50	\$1,928.37	\$118,026.97	\$22,865.47	\$140,867.44	\$120,025.00	\$105,025.00	\$15,025.00	\$37,865.47	\$223,026.97

Dental	Total Insurance Premium Monthly	Total Village Monthly	Total Employee Monthly	Total Village Payment Annualized	Total Employee Payment Annualized	Total Premium Annualized
Employee	\$25.00	\$22.50	\$2.50	\$270.00	\$30.00	\$300.00
Employee + Others	\$66.50	\$53.63	\$12.88	\$643.50	\$154.50	\$798.00
Costs for all Coverage	\$1,089.50	\$899.63	\$189.88	\$10,795.50	\$2,278.50	\$13,074.00

Life Insurance	Total Insurance Premium Monthly	Total Village Monthly	Total Employee Monthly	Total Village Payment Annualized	Total Employee Payment Annualized	Total Premium Annualized
Full-time	\$5.20	\$4.68	\$0.52	\$56.16	\$6.24	\$62.40
Costs for all Coverage	\$109.20	\$98.28	\$0.00	\$1,179.36	\$131.04	\$1,310.40

Key: Village Costs Employee Costs

Ohio Insurance Services Agency, Inc., will continue to manage the program. Megan Toitch is our representative.

You can already check you health care providers & register at www.medmutual.com look under "members".

More information and forms is available at our website www.ashvilleohio.gov under Employee Access.



Village Council also approved the 2013 Temporary Appropriation Budget which specified that employees would get a Cost of Living of 1.7% based upon the Social Security COLA. There will also be a Merit in 2013. The range will be between 1-5% with a 3.5% average.

Every Job Description is being reviewed and will be the basis's of the Performance Appraisal.

NEWSLETTER FOR THE ASHVILLE STAFF

We're on the Web!

ashvilleohio.net

Ashville Vision Statement

"Remembering our rural heritage, Ashville will be a vibrant & friendly community, offering an enhanced quality of life achieved through planning, progress & collaboration. It will be a welcoming place where people want to live and businesses prosper."



At the beginning of a year it is a good time to review you vacation and illness time that is available. You can transfer Sick Leave to Personal Time at this time. The limit is three (3) days, Ordinance 2009-20.



Transfer of Sick Leave to Personal Time Form

Part One (Completed by Employee, Requesting Benefit Transfer)

Employee Name _____

Department _____

Benefit you are requesting to transfer:

☐ Illness Time

Number of Hours Requested: _____ Balance of Hours Remaining _____

Part Two (Approval / Disapproval of Request)

Approved ☐

Disapproved ☐

Number of Hours Approved: _____

Signature _____

Date _____

Supervisor's Name _____

Part Three (Approval / Disapproval of Request)

Approved ☐

Disapproved ☐

Number of Hours Approved: _____

Signature _____

Date _____

Mayor or Village Administrator's Name _____

Part Four (Employee Signature)

Signature of Employee _____

Date _____