



**COLUMBUS
CITY SCHOOLS**

2018 Employee Contributions for Benefits Teachers & Administrators

Medical

21 Pay Plan	Select	Choice
Employee only	48.01	56.17
Employee plus one (Spouse on CCS coverage before June 1, 2009, or Child)*	95.73	111.98
Employee plus one (Including Spouse)	268.01	284.26
Family (Spouse on CCS coverage before June 1, 2009, and/or Children)*	141.25	165.25
Family (Including Spouse)	395.42	419.42

* CEA bargaining unit members or Administrators who add their Spouse after May 31, 2009 will pay a higher rate contribution to include their spouse for Health Coverage. * CEA bargaining unit members or Administrators as of May 31, 2009, so long as they are continuously employed by the Board, shall be entitled to enroll a spouse for primary coverage at these rates if a qualifying event occurs. * CEA bargaining unit members or Administrators as of May 31, 2009, who have continuously covered their spouse on their health coverage since May 31, 2009, shall be allowed to continue Spousal coverage at these lower rates during their continuous employment with the district.

Medical

26 Pay Plan	Select	Choice
Employee only	38.77	45.36
Employee plus one (Spouse on CCS coverage before June 1, 2009, or Child)*	77.32	90.45
Employee plus one (Including Spouse)	216.47	229.60
Family (Spouse on CCS coverage before June 1, 2009, and/or Children)*	114.09	133.47
Family (Including Spouse)	319.38	338.76

* CEA bargaining unit members or Administrators who add their Spouse after May 31, 2009 will pay a higher rate contribution to include their spouse for Health Coverage. * CEA bargaining unit members or Administrators as of May 31, 2009, so long as they are continuously employed by the Board, shall be entitled to enroll a spouse for primary coverage at these rates if a qualifying event occurs. * CEA bargaining unit members or Administrators as of May 31, 2009, who have continuously covered their spouse on their health coverage since May 31, 2009, shall be allowed to continue Spousal coverage at these lower rates during their continuous employment with the district.

Extended Dependent Coverage is no longer offered effective 1/1/2016.

Dental

	21 Pay Plan	26 Pay Plan
Employee only	4.05	3.27
Family	4.05	3.27

Supplemental Life Insurance (\$50,000)

21 Pay Plan	2.94
26 Pay Plan	2.38

Vision Care is fully paid for by Columbus City Schools



See Reverse Side for Medical Benefits Summary

Columbus City Schools Medical/Pharmacy Benefit Summaries

Revised 9/1/2017

Teachers & Administrators

Benefit	Select		Choice	
	Network		Non- Network	
Choice of Physician	Member selects a physician from the network		Member can also receive care from non-network providers at a lower benefit level	
Annual Medical Deductible - Deductible applies except for services with a copay unless otherwise noted				
Medical Deductible Individual/Family	\$250/\$500		\$500/\$1,000	
Annual Out-of-Pocket Maximum (OOP)	Network medical copayments will accumulate to the Out of Pocket Maximum along with any applicable medical deductibles and coinsurance. (See Pharmacy Out of Pocket Maximum below)			
Medical OOP Individual/Family	\$600/\$1,200		\$1,200/\$2,400	
Preventive Care Services (Routine preventive care services. Immunizations)	\$0 Copay		Not Covered	
Physician /Specialist Office Visits	\$20 Copay		20% Coinsurance after deductible	
Urgent Care Visits	\$25 Copay		Not Covered	
Hospital Emergency Room	\$100 Copay		\$100 Copay	
	(waived if admitted)		(waived if admitted)	
Inpatient Facility Services	0% Coinsurance after deductible No Physical Medicine & Rehabilitation (PM&R) limit		0% Coinsurance after deductible 60 day combined PM&R limit	
	20% Coinsurance after deductible		20% Coinsurance after deductible	
Outpatient Facility Services	0% Coinsurance after deductible		20% Coinsurance after deductible	
Chiropractic Services (30 visits per year)	\$20 Copay		20% Coinsurance after deductible	
Physical and Occupational Therapy (60 visits per year combined)	\$20 Copay		20% Coinsurance after deductible	
Speech Therapy (20 visits per year)	\$20 Copay		20% coinsurance after deductible	
DME – Medical Supplies, Equipment and Appliances	20% Coinsurance after deductible		20% Coinsurance after deductible	
Diabetic/Asthmatic Supplies	\$0 Copay		Not covered	
Human Organ /Tissue Transplant	Plan pays 100%		Not covered	
Mental Health/ Substance Abuse Inpatient Services	0% Coinsurance after deductible		20% Coinsurance after deductible	
Mental Health/ Substance Abuse Outpatient Services	\$20 Copay		20% Coinsurance after deductible	
Hospice Services	Plan Pays 100%		Plan Pays 100%	
Home Health Care	0% Coinsurance after deductible		20% Coinsurance after deductible (30 visit limit)	
Pharmacy Out of Pocket Maximum Individual/Family	\$1,500/\$3,000		\$2,500/\$5,000	
Prescription Drugs Retail Pharmacy (30 day supply)	\$4 Generic / \$25 Brand Preferred / \$40 Brand Non-Preferred		50% Coinsurance	
Prescription Drugs Mail Order Pharmacy (90 day supply)	\$10 Generic / \$50 Brand Preferred / \$80 Brand Non-Preferred		Not Covered	
Dependent Child Age	Up to age 26			

Notes: Above summaries are for reference only. Please consult summary plan document, amendments, and riders for exact plan benefits.

—————▶ **See Reverse Side for Employee Contributions**