2018 Employee Contributions for Benefits

Classified Employees / Supervisors

Medical

21 Pay Plan	Select Basic	Select	Choice
Employee only	11.73	22.94	52.66
Employee + one *	23.38	45.76	105.02
Family *	34.51	67.51	154.94
Employee + one **(Including Spouse)**	233.41	255.79	315.05
Family **(Including Spouse)**	344.39	377.39	464.82
Family (4 hour employee)	954.98	987.99	1,075.42

* OAPSE bargaining unit members or Classified Supervisors who add their Spouse **after** April 30, 2010 will pay a higher rate contribution to include their spouse for Health Coverage. * OAPSE bargaining unit members or Classified Supervisors as of April 30, 2010, 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. * OAPSE bargaining unit members or Classified Supervisors as of April 30, 2010, who have continuously covered their spouse on their health coverage since April 30, 2010, shall be allowed to continue Spousal coverage at these lower rates during their continuous employment with the district.

Medical

26 Pay Plan	Select Basic	Select	Choice
Employee only	9.47	18.53	42.54
Employee + one *	18.89	36.96	84.82
Family *	27.87	54.53	125.15
Employee + one **(Including Spouse)**	188.52	206.60	254.46
Family **(Including Spouse)**	278.16	304.82	375.43
Family (4 hour employee)	771.33	797.99	868.61

* OAPSE bargaining unit members or Classified Supervisors who add their Spouse **after** April 30, 2010 will pay a higher rate contribution to include their spouse for Health Coverage.
* OAPSE bargaining unit members or Classified Supervisors as of April 30, 2010, 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. * OAPSE bargaining unit members or Classified Supervisors as of April 30, 2010, who have continuously covered their spouse on their health coverage since April 30, 2010, 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

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 Benefit Summaries

Columbus City Schools Medical/Pharmacy Benefit Summaries Revised 9/1/2018

Classified Employees & Classified Supervisors

Benefit	Select	Choice Network	Choice Non- Network	Select Basic
Choice of Physician	Member selects a physician from the network	Member selects a physician from the network	Member can also receive care from non-network providers at a lower benefit level	**Member selects a physician from the network**
Annual Medical Deductible - Deductible applies except for services with a copay unless otherwise noted				
Medical Deductible Individual/Family	$200/$600	$50/$100	$600/$1,800	$200/$600
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	$500/$1,000	$500/$1,000	$1,500/$3.000	$500/$1,000
Preventive Care Services (Routine preventive care services. Immunizations)	$0 Copay	$0 Copay	Not Covered	$0 Copay
Physician / Specialist Office Visits	$15 Copay	$15 Copay	30% Coinsurance after deductible	$20 Copay
Urgent Care Visits	$25 Copay	$35 Copay	Not Covered	$35 Copay
Hospital Emergency Room	$100 Copay (waived if admitted)	$100 Copay (waived if admitted)	$100 Copay (waived if admitted)	$100 Copay (waived if admitted)
Inpatient Facility Services	10% Coinsurance after deductible No Physical Medicine & Rehabilitation (PM&R) limit	5% Coinsurance after deductible 60 day combined PM&R limit	30% Coinsurance after deductible 60 Day PM&R limit	10% Coinsurance after deductible
Outpatient Facility Services	10% Coinsurance after deductible	5% Coinsurance after deductible	30% Coinsurance after deductible	10% Coinsurance after deductible
Chiropractic Services (30 Visits per year)	$5 Copay	$5 Copay	30% Coinsurance after deductible	$10 Copay
Physical and Occupational Therapy (60 visit level combined per year)	$5 Copay	$5 Copay	30% Coinsurance after deductible	$10 Copay
Speech Therapy (20 visits per year)	$15 Copay	$15 Copay	30% Coinsurance after deductible	$20 Copay
DME – Medical Supplies, Equipment and Appliances	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
Diabetic/Asthmatic Supplies	$0 Copay	$0 Copay	Not Covered	$0 Copay
Human Organ/Tissue Transplant	Plan pays 100%	Plan pays 100%	Not Covered	Plan pays 100%
Mental Health/ Substance Abuse Inpatient Services	Plan pays 100% after deductible	Plan pays 100% after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible
Mental Health/ Substance Abuse Outpatient Services	$5 Copay	$5 Copay	20% Coinsurance	$20 Copay
Home Health Care	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible (30 visit limit per year)	0% Coinsurance after deductible
Hospice Services	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible
Pharmacy OOP Individual/Family	$1,500/$3,000	$1,500/$3,000	$2,500/$5,000	$1,500/$3,000
Prescription Drugs Retail Pharmacy (30 day supply)	$4 Generic / $15 Brand Preferred / $30 Brand Non-Preferred	$4 Generic / $15 Brand Preferred / $30 Brand Non-Preferred	50% Coinsurance	$10 Generic / $20 Brand Preferred / $30 Brand Non-Preferred
Prescription Drugs Mail Order Pharmacy (90 day supply)	$8 Generic / $30 Brand Preferred / $60 Brand Non-Preferred	$8 Generic / $30 Brand Preferred / $60 Brand Non-Preferred	Not Covered	$20 Generic / $40 Brand Preferred / $60 Brand Non-Preferred
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