COLUMBUS CITY SCHOOLS

2018 Employee Contributions for Benefits

Eligible Tutors

Medical

21 Pay Plan		
Tutors (15-25 hours)	**Select**	**Choice**
Employee only	220.80	228.96
Employee plus one (Child or Spouse)	440.28	456.54
Family (Child or Spouse)	649.59	673.58
Tutors (Over 25 hours)	**Select**	**Choice**
Employee only	125.77	133.93
Employee plus one (Child or Spouse)	250.77	267.03
Family (Child or Spouse)	369.99	393.99

26 Pay Plan		
Tutors (15-25 hours)	**Select**	**Choice**
Employee only	178.34	184.93
Employee plus one (Child or Spouse)	355.61	368.74
Family (Child or Spouse)	524.67	544.05
Tutors (Over 25 hours)	**Select**	**Choice**
Employee only	101.58	108.17
Employee plus one (Child or Spouse)	202.55	215.68
Family (Child or Spouse)	298.84	318.22

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

Dental

	21 Pay Plan	26 Pay Plan
Employee Only (15-25 hours)	20.22	16.33
Family (15-25 hours)	20.22	16.33
Employee Only (over 25 hours)	11.33	9.15
Family (over 25 hours)	11.33	9.15

Vision Care is fully paid for by Columbus City Schools

→ **Over**

Columbus City Schools Medical/Pharmacy Benefit Summaries — Revised 9/1/2017

Teachers & Administrators

	Select	Choice	
Benefit		**Network**	**Non- Network**
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
Annual Medical Deductible - Deductible applies except for services with a copay unless otherwise noted			
Medical Deductible Individual/Family	$250/$500	$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	$600/$1,200	$1,200/$2,400
Preventive Care Services (Routine preventive care services. Immunizations)	$0 Copay	$0 Copay	Not Covered
Physician /Specialist Office Visits	$20 Copay	$20 Copay	20% Coinsurance after deductible
Urgent Care Visits	$25 Copay	$35 Copay	Not Covered
Hospital Emergency Room	$100 Copay	$100 Copay	$100 Copay
	(waived if admitted)	(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 60 day combined PM&R limit
Outpatient Facility Services	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible
Chiropractic Services (30 visits per year)	$20 Copay	$20 Copay	20% Coinsurance after deductible
Physical and Occupational Therapy (60 visits per year combined)	$20 Copay	$20 Copay	20% Coinsurance after deductible
Speech Therapy (20 visits per year)	$20 Copay	$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	$0 Copay	Not covered
Human Organ /Tissue Transplant	Plan pays 100%	Plan pays 100%	Not covered
Mental Health/ Substance Abuse Inpatient Services	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible
Mental Health/ Substance Abuse Outpatient Services	$20 Copay	$20 Copay	20% Coinsurance after deductible
Hospice Services	Plan Pays 100%	Plan Pays 100%	
Home Health Care	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible (30 visit limit)
Pharmacy Out of Pocket Maximum Individual/Family	$1,500/$3,000	$1,500/$3,000	$2,500/$5,000
Prescription Drugs Retail Pharmacy (30 day supply)	$4 Generic / $25 Brand Preferred / $40 Brand Non-Preferred	$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	$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 →