



**COLUMBUS
CITY SCHOOLS**

Job Share Teachers
2018 Employee Contributions for Benefits

Medical

21 Pay Plan	Select	Choice
Job Share Percentage	50%	50%
Employee only	242.39	250.55
Employee plus one (Spouse on CCS coverage as of June 1, 2009, or Child)*	483.33	499.59
Employee plus one (Including Spouse)	569.47	585.73
Family (Spouse on CCS coverage as of June 1, 2009, and/or Children)*	713.13	737.13
Family (Including Spouse)	840.22	864.21

Medical

26 Pay Plan	Select	Choice
Job Share Percentage	50%	50%
Employee only	195.78	202.37
Employee plus one (Spouse on CCS coverage as of June 1, 2009, or Child)*	390.38	403.51
Employee plus one (Including Spouse)	459.96	473.09
Family (Spouse on CCS coverage as of June 1, 2009, and/or Children)*	575.99	595.37
Family (Including Spouse)	678.64	698.02

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

Dental Coverage		Vision Coverage	
Job Share Percentage	50%	Job Share Percentage	50%
21 Pay - Employee only	22.25	21 Pay - Employee only	2.34
21 Pay - Family Coverage	22.25	21 Pay - Family Coverage	2.34
26 Pay - Employee only	17.97	26 Pay - Employee only	1.89
26 Pay - Family Coverage	17.97	26 Pay - Family Coverage	1.89

Supplemental Life Insurance (\$25,000)

21 Pay Plan	2.94
26 Pay Plan	2.38



See Reverse Side for Medical Benefits Summary

Columbus City Schools Medical/Pharmacy Benefit Summaries

Revised 9/1/2018

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	
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

