

## Classified Employees

# 2020 Employee Benefit Contributions Per Pay

## MEDICAL

21 Pay Plan	Select Basic	Select	Choice
Employee only	12.02	23.52	53.99
Employee plus Child	23.97	46.91	107.66
Employee plus Spouse (grandfathered rates)**	23.97	46.91	107.66
Employee plus Spouse*	239.28	262.22	322.97
Employee plus Children	35.38	69.21	158.84
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	35.38	69.21	158.84
Family (Employee plus Spouse and child(ren))*	353.06	386.89	476.51

26 Pay Plan	Select Basic	Select	Choice
Employee only	9.71	19.00	43.61
Employee plus Child	19.36	37.89	86.95
Employee plus Spouse (grandfathered rates)**	19.36	37.89	86.95
Employee plus Spouse*	193.26	211.79	260.86
Employee plus Children	28.58	55.90	128.29
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	28.58	55.90	128.29
Family (Employee plus Spouse and child(ren))*	285.16	312.48	384.88

\* 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.

## DENTAL

## LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Employee only	3.93	3.18
Family	3.93	3.18

	21 Pay Plan	26 Pay Plan
Basic Life \$50,000 (Complementary Coverage)	0.00	0.00
Supplemental Life \$50,000	4.17	3.37

## VISION INSURANCE

(FULLY PAID for by Columbus City Schools)