

### **PPO Plan** (all Unions may participate)

Salary Band	Tier	Monthly Funding Rate  CPS's average  contribution for  Employee Only, Employee  + 1 or Family		Monthly Employee Contribution		Per pay period Employee Contribution for 2020	
		2019	2020	2019	2020	21 pays	26 pays
Up to \$42,499	Employee Only Employee + 1 Family	\$637.34 \$1,274.69 \$1,784.58	\$656.99 \$1313.74 \$1,839.59	\$54.17 \$108.35 \$151.69	\$55.84 \$111.69 \$156.36	\$33.50 \$67.01 \$93.82	\$25.77 \$51.55 \$72.38
\$42,500- \$64,999	Employee Only Employee + 1 Family	\$637.34 \$1,274.69 \$1,784.58	\$656.99 \$1,313.74 \$1,839.59	\$108.35 \$216.70 \$303.38	\$111.69 \$223.38 \$312.73	\$67.01 \$134.03 \$187.64	\$51.55 \$103.10 \$144.34
\$65,000 & over	Employee Only Employee + 1 Family	\$637.34 \$1,274.69 \$1,784.58	\$656.99 \$313.98 \$1839.59	\$157.11 \$314.21 \$439.90	\$161.95 \$323.38 \$453.46	\$97.01 \$194.03 \$272.08	\$74.75 \$149.45 \$209.29

### **HMO Plan** (non-AFSCME Unions only)

Salary Band	Tier	Monthly Funding Rate CPS's average contribution for Employee Only, Employee + 1 or Family		Monthly Employee Contribution		Per pay period Employee Contribution for 2020	
		2018	2020	2019	2020	21 pays	26 pays
Up to \$42,499	Employee Only	\$682.34	\$702.57	\$99.18	\$101.43	\$60.86	\$46.81
	Employee + 1	\$1,364.69	\$1,405.14	\$198.35	\$202.85	\$121.71	\$93.62
	Family	\$1,910.58	\$1,967.22	\$277.69	\$284.00	\$170.40	\$131.08
\$42,500-\$64,999	Employee Only	\$682.34	\$702.57	\$153.05	\$157.27	\$94.36	\$72.59
	Employee + 1	\$1,364.69	\$1,405.14	\$306.10	\$314.54	\$188.72	\$145.17
	Family	\$1,910.58	\$1,967.22	\$428.55	\$440.36	\$264.22	\$203.24
\$65,000 & over	Employee Only	\$682.34	\$702.57	\$201.54	\$207.53	\$124.52	\$95.78
	Employee + 1	\$1,364.69	\$1,405.14	\$403.08	\$415.06	\$249.04	\$191.57
	Family	\$1,910.58	\$1967.22	\$564.31	\$581.09	\$348.65	\$268.30

Rates represent a 3.9% increase from 2017-2018



### **High Deductible Health Plan (HDHP)**

Salary Band	Tier	Monthly Funding Rate CPS's average contribution for Employee Only, Employee + 1 or Family		Monthly Employee Contribution		Per pay period Employee Contribution for 2019	
		2019	2020	2019	2020	21 pays	26 pays
Up to \$42,499	Employee Only	\$599.42	\$616.05	\$16.25	\$14.91	\$8.95	\$6.88
	Employee + 1	\$1,198.84	\$1,232.10	\$32.51	\$29.82	\$17.89	\$13.76
	Family	\$1,678.40	\$1,724.96	\$45.51	\$41.74	\$25.04	\$19.26
\$42,500-\$64,999	Employee Only	\$599.42	\$616.05	\$70.43	\$70.75	\$42.45	\$32.65
	Employee + 1	\$1,198.84	\$1,232.10	\$140.86	\$141.50	\$84.90	\$65.31
	Family	\$1,678.40	\$1,724.96	\$197.20	\$198.11	\$118.87	\$91.44
\$65,000 & over	Employee Only	\$599.42	\$616.05	\$119.18	\$121.01	\$72.61	\$55.85
	Employee + 1	\$1,198.84	\$1,232.10	\$238.37	\$242.02	\$145.21	\$111.70
	Family	\$1,678.40	\$1,724.96	\$333.72	\$338.84	\$203.30	\$156.39

Health Savings Account (HSA) (You MUST have elected the HDHP above to participate)

Health Savings Account	Cincinnati Public Schools contri	21 pays Employee	26 pays Employee	
Contributions	Savings Account. Half is given on the 1 <sup>st</sup> paycheck in		Contribution	Contribution
	January and the other half is giv	en on the 1 <sup>st</sup> paycheck in		
	September of 2018.			
	Employee Only	Employee + 1 or Family		
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CPS Annual Contribution	\$500.00	\$1,000.00		
Suggested Employee Annual	\$1,050.00 (\$1,550.00-CPS	\$2,100.00 (\$3,100.00-	\$50.00 Employee	\$40.38 Employee
Contribution to meet	Contribution of \$500.00)	CPS Contribution of	\$100.00 Employee	\$80.77 Employee
deductible maximums for in		\$1,000.00)	+ 1 or Family	+ 1 or Family
network providers/claims				
Suggested Employee Annual	\$2,550.00 (\$3,050.00-CPS	\$5,100.00 (\$6,100.00-	\$121.43 Employee	\$98.08 Employee
Contribution to meet out of	Contribution of \$500.00)	CPS Contribution of	\$242.86 Employee	\$196.15 Employee
pocket maximums for in		\$1,000.00)	+ 1 or Family	+ 1 or Family
network providers/claims				
Federal Annual Limits (this	\$3,000.00 (\$3,500 -CPS	\$6,000.00 (\$7,000- CPS	\$140.48 Employee	\$113.46 Employee
includes CPS and Employee	Contribution of \$500.00)	Contribution of \$1,000)	\$278.57 Employee	\$225.00 Employee
Contributions			+ 1 or Family	+ 1 or Family



HSA catch-up	\$4,000	\$7,000.00 (\$8,000 – CPS	\$190.48 Employee	\$153.85 Employee
contributions (age 55 or	(\$4,500 – CPS Contribution of	Contribution of \$1,000)	\$333.33 Employee	\$269.23 Employee
older)* an additional	\$500.00)		+ 1 or Family	+ 1 or Family
\$1,000	,			,

**Monthly Opt Out Plan** You must enroll in this plan. Proof of coverage through Group Health Insurance is required. This option can only be elected as a New Hire or during OE.

What will CPS pay me to stay on my spouse's plan, a second job's plan or retirement plan?	How many on the plan?	21 Pays	26 Pays
CPS will pay you \$1,200.00 per year	Employee + One	\$57.14	\$46.15
CPS will pay you \$2,400.00 per year	Employee + Two or more	\$114.29	\$92.31

**To be eligible** for the Opt Out Plan, you must have coverage through your spouse or a second job, possibly through retirement from another Employer.

Who is not eligible? It is against the law for CPS to incentivize you to choose to remain on a Government funded health plan (example would be Medicaid or Medicare). If both of you both work for CPS and one of you carries the Medical Insurance through CPS, you are not eligible for this provision. Enrollment in the Opt Out Provision is not automatic if you simply drop coverage.

#### To elect the Opt Out Provision we need:

- Proof of other coverage
- Opt Out form
- Medical enrollment form, indicating you are "waiving" the medical coverage.
- Copies of marriage certificate or any children's birth certificates (proving relationship)



#### **Monthly Spousal Surcharge**

This surcharge is applied to employees who have a working spouse. Your spouse's individual medical plan (through their Employer) must cost over \$150.00 per month to be added to your CPS Plan. The Spousal Premium would apply should the Employee choose to cover their working spouse as "Primary" on a CPS medical plan. These will need to be updated annually.

Base Salary	Monthly Costs
Under \$30,000	\$80.00
\$30,001-\$60,000	\$100.00
\$60,001-\$90,000	\$120.00
\$90,001 and Up	\$140.00

**Dental Care Plus (non-AFSCME)** Note: AFSCME may contact their Union for their dental plan information

Union Group	Tier	Total Monthly Cost for CPS	Employee's Monthly Contribution
CAAS	Single	\$36.06	\$6.38
	Family	\$90.14	\$15.93
IUOE/Crafts	Single	\$36.06	0.12%
	Family	\$90.14	0.31%
CFT/CFOP	Single	\$36.06	0.13%
	Family	\$90.14	0.34%

Formula for groups with percentages: Multiply Annual Base Salary by the percentage above and divide by the number of checks received per school year.

Example: Sally is an IUOE member making \$45,000 per year. She gets paid 26 times per year and has elected individual dental coverage. \$45,000 X 0.0013 (remember we are converting a percent to a decimal) = \$58.50. \$58.50 / 26 = \$2.25, so Sally's deduction for dental insurance is \$2.25 per paycheck.