

Section 1. That existing Section 7(I) of Ordinance No. 1150-2007 be amended to read as follows:

- (I) Paid Time Off (PTO). Elected officials may, at their discretion, adopt the provisions of this Paragraph (I). If adopted by the elected officials, they shall so notify the City Auditor's office.
  - (1) Each part-time regular employee in classifications listed in Section 5(D) and 5(E) will receive ~~forty (40) hours of~~ paid time off each vacation year as defined in Section 12(A) of this ordinance, regardless of effective date of the part-time regular appointment.
  - (2) The number of hours of paid time off will be determined at the time of hire, or at the time of the passage of this Section by City Council, and will be based on the number of hours an employee is scheduled to work each week. For example, if an employee is scheduled to work twenty (20) hours per week, the number of hours of PTO will be twenty (20). In the event the scheduled number of hours changes from one year to the next, an appointing authority must notify the Office of the City Auditor of that change before the first payperiod of each payroll year.**
  - (3) A part-time regular employee may request paid time off upon reasonable notice to and approval by the Appointing Authority or designee. Paid time off may be approved in increments of one (1) hour.
  - (4) Any balance of paid time off remaining at the end of the vacation year will not be carried over from year to year. Paid time off will not be subject to buy-back or cashing in at the end of the vacation year or at time of separation from City service.

Section 2. That, effective July 29, 2007, existing Sections 8(A) and 8(B) of Ordinance No. 1150-2007 be amended to read as follows:

- (A) Employee Eligibility. Overtime exempt employees whose job classifications are listed in Section 5(E) of this Ordinance are not eligible to receive payment in cash for overtime worked. ~~Overtime eligible employees whose job classifications are listed in Section 5(D) of this Ordinance are eligible to receive payment in cash for overtime worked as provided in this Section.~~
- (B) Overtime Eligibility and Pay. ~~The following provisions shall become effective with the beginning of the payperiod following passage of this Ordinance.~~
  - (1) ~~Time and one half (1½) will be paid for time worked over eight (8) straight-time hours per day except that, in the case of those employees who work a weekly schedule of four (4) ten (10) hour days, such employees will be paid time and one half (1½) for time worked over ten (10) straight-time hours per day during those weeks. One and one-half (1-1/2) times the employee's regular straight-time hourly rate of pay will be paid for time worked when an eligible employee works between forty (40) and forty-eight (48) hours in a seven (7) day work period.~~
  - (2) ~~Time and one half (1½) will be paid for time worked on an employee's first regular day off providing that said employee has worked forty (40) straight-time rate hours. Double time the employee's regular straight time hourly~~

rate will be paid for time worked beyond forty-eight (48) hours in a seven (7) day work period.

- (3) ~~Double (2) time will be paid for time worked on an employee's second consecutive regular day off providing that said employee has worked forty (40) straight time rate hours.~~ Overtime pay shall be received in one-tenth (1/10) of an hour segments.
- (4) For purposes of this Paragraph, the term "time worked" shall mean only actual work time, time off for holidays, vacation, compensatory time, military leave, and jury duty. "Time worked" shall not include any paid or unpaid time that is not actually worked, except for paid lunch periods in continuous operations.

Section 3. That, effective with the first payperiod of 2008, existing Section 14(D) of Ordinance No. 1150-2007 be amended to read as follows:

- (D) Annual Sick Leave Reciprocity Payment.
- (1) During November of each year, each employee shall elect one of the following:
- (a) To be paid, at his/her regular straight-time hourly rate in effect on the last day of the last payperiod of the year, for any unused sick leave hours awarded during the preceding payroll year, up to a maximum of seventy-two (72) hours, on a one-for-one basis; or
- (b) To carry over all unused sick leave hours to the next year as part of the employee's sick leave bank.
- (c) To split on a 50/50 basis (rounded to the nearest 1/10 of an hour) the remaining annual entitlement with one-half (1/2) going to the employee's sick leave bank and one-half (1/2) being paid out in sick leave reciprocity.
- (2) Any hours of sick leave taken during the payroll year shall be deducted from the maximum amount of annual sick leave reciprocity (i.e., 72 hours) prior to calculating the annual sick leave reciprocity payment.
- (3) If an employee uses five (5) days or less of injury leave (regardless of the number of claims) during the year, this leave shall not be considered sick leave taken for computing sick leave reciprocity. If an employee uses more than five (5) days of injury leave, all injury leave used during the year will be considered hours of sick leave taken in computing sick leave reciprocity.
- (4) Employees who fail to sign the payroll register making an election to carry over, receive payment, or split their sick leave as outlined above shall maintain the same option as they elected the prior year.

Section 4. That existing Section 16(B) of Ordinance No. 1150-2007 be amended to read as follows:

- (B) For new hires and eligible dependents, a pre-existing condition clause will apply. In the event medical care or consultation is sought or received within six (6) months prior to the employee's effective date of hire the medical condition will not be payable for twelve (12)

months from the effective date with the City. A new employee may reduce his/her twelve (12) month waiting period for a pre-existing condition by submitting a Certificate of Creditable Coverage from a prior health insurer, in conformity with the Health Insurance Portability and Accountability Act (HIPAA).

(1) Comprehensive Major Medical

- (a) A two-hundred dollar (\$200.00) annual deductible with an eighty/twenty percent (80/20%) coinsurance of the next fifteen hundred dollars (\$1,500.00) in reasonable charges or three hundred dollars (\$300.00), for a total out-of-pocket maximum of five hundred dollars (\$500.00) per single contract year.
- (b) A four hundred dollar (\$400.00) annual family deductible with an eighty/twenty percent (80/20%) coinsurance of the next two thousand dollars (\$2,000.00) of reasonable charges or four hundred dollars (\$400.00) for a total out-of-pocket maximum of eight hundred dollars (\$800.00) per family contract year.
- (c) Physician office visits will be subject to a fifteen dollar (\$15.00) co-pay per in-network primary care physician visit (including family, general, internal, pediatrician, and OB/GYN physicians); the fifteen dollar (\$15.00) co-pay will apply to out-patient psychiatric and substance abuse doctors' office visits subject to the limits specified in **Section 16(B)(1)(h) herein**. Eligible services, which shall include diagnostic, surgical and/or specialty services, routine mammograms and routine prostate/colon rectal cancer tests subject to the limits specified in **Section 16(B)(1)(k) and (l) herein** provided in the network physician's office and billed by that office shall be covered at one hundred percent (100%) after office visit co-pay.
- (d) Specialty care physician office visits will be subject to a twenty-five dollar (\$25.00) co-pay per in-network specialist visit. Eligible services, which shall include diagnostic, surgical and/or specialty services, routine mammograms and routine prostate/colon rectal cancer tests subject to the limits specified in **Section 16(B)(1)(k) and (l) herein** provided in the network physician's office and billed by that office shall be covered at one hundred percent (100%) after office visit co-pay.
- (e) The office co-pay does not apply to the annual deductible; however, office co-pays will apply to the annual out-of-pocket maximum. Care rendered by non-network providers shall be subject to the annual deductible, co-insurance, **and** out-of-pocket maximum as specified in **Section 16(B)(1)(a) and (b)**, and twenty percent (20%) penalty.
- (f) Medical PPO. If an employee and/or dependent receive services from a preferred provider organization (PPO), reimbursements will be eighty/twenty percent (80/20%) coinsurance. If the participating providers are not used, coinsurance reduces to sixty/forty percent (60/40%). The additional twenty percent (20%) coinsurance is the employee's responsibility and not subject to the out-of-pocket maximum. Any PPO network modifications will apply.
- (g) Inpatient alcohol or drug treatment (substance abuse) limited to one confinement per calendar year, per individual, with no more than thirty-five (35) calendar days per confinement. Inpatient psychiatric treatment **is** limited to a sixty (60) day maximum per calendar year.

- (h) Outpatient alcohol or drug treatment (substance abuse) payments limited to a fifty percent (50%) co-payment, applied to a total of twenty-five (25) visits per calendar year per individual when provided by a non-network provider.

Outpatient alcohol or drug treatment (substance abuse) payments will continue to be limited to a total of twenty-five (25) visits per calendar year when provided by a network provider. An office co-pay for the visit will apply as specified in **Section 16(B)(1)(c)**.

Outpatient psychiatric payments limited to a sixty/forty percent (60/40%) co-pay, applied to a total of twenty-five (25) visits per calendar year when provided by a non-network provider.

Outpatient psychiatric payments will continue to be limited to a total of twenty-five (25) visits per calendar year when provided by a network provider. An office co-pay for the visit will apply as specified in **Section 16(B)(1)(c)**.

A mental health/substance abuse case management benefit is offered whereby an eligible participant may elect to exchange unused mental health or substance abuse inpatient days for other needed mental health or substance abuse benefits as determined medically necessary by the plan administrator. The medical necessity and exchange rate shall be determined by the plan administrator.

In-Patient Hospital coverage. After satisfying the annual deductible, the plan pays **eighty percent (80%)** of reasonable charges for a semi-private room and ancillary services for medical stays at an in-network hospital. Once out-of-pocket expenses and reasonable charge provisions have been met, the plan will reimburse the hospital at 100% for covered services.

For utilization at a Non-Network Hospital, an additional **twenty (20%)** penalty and any excess charges above reasonable rates are the employee's responsibility. Any charges for medically unnecessary care, non-covered services or charges beyond plan limitations are the employee's responsibility.

- (i) Effective with office visits occurring on or after November 1, 2007, the plan will cover routine physicals, exams, immunizations and diagnostic tests subject to an annual maximum of five hundred dollars (\$500) per individual for covered persons age one (1) (starting the day following the birthday) to age 18 birthday, age 18 and over with a two hundred dollar (\$200) maximum; with a twelve hundred dollar (\$1200) family maximum. An office visit co-pay shall apply as specified in Section **16(B)(1)(c) and (d)**. **Immunizations do not apply to the annual deductible; however, effective January 1, 2008, immunizations will apply to the annual out-of-pocket maximum. Care rendered by non-network providers shall be subject to the annual deductible, co-insurance, and out-of-pocket maximum as specified in Section 16(B)(1)(a) and (b), and twenty percent (20%) penalty.** Stress tests are payable only if the plan administrator determines that they are medically necessary. House Bill 478 provides coverage for eligible dependents from birth to age nine (9).

(j) Effective November 1, 2007, well baby care from birth to age one (1) birthday including immunizations, exams, and routine diagnostic services are payable under the program up to a seven hundred fifty dollar (\$750) maximum payment for each eligible dependent, subject to the deductible, coinsurance and reasonable charge provisions.

(k) Effective November 1, 2007, provide coverage for routine mammograms up to a maximum of one hundred twenty-five dollars (\$125), according to the following frequency:

§ one (1) baseline exam for women 35-39 years old;

§ one (1) exam every year (calendar) for women age 40 and over.

(l) Effective November 1, 2007, provide coverage for an annual (one per calendar year) routine prostate/colon rectal cancer tests for men age 40 and over up to a maximum of eighty-five dollars (\$85.00).

For men or women age 40 and over, one sigmoidoscopy exam per three year (calendar) period, will be covered up to a maximum of one hundred dollars (\$100.00). For men age 40 and over, an annual (one per calendar year) PSA blood test will be covered up to a maximum of one hundred dollars (\$100.00).

(m) Miscellaneous benefits with specified limits:

Physical therapy, occupational therapy, and/or chiropractic visits will be covered up to a combined annual maximum for thirty (30) visits per person, based on medical necessity.

Prescription drug deductible charges are not payable under this medical **provision**.

The City will provide the following minimum coverage for maternity benefits: at least forty-eight (48) hours of inpatient hospital care following a normal vaginal delivery; and at least ninety-six (96) hours of inpatient hospital care following a caesarean section; and physician directed aftercare. These minimum stay requirements are not applicable if the mother and her health care provider mutually agree that the mother and her child may be discharged earlier.

Weight loss schedule limited to examination charges only. Food supplementss in the treatment of obesity are excluded.

Services rendered by a Hospice Care program will be covered up to a maximum of sixty (60) days. Covered services include those services for which an employee is eligible during a hospital admission.

Temporomandibular joint pain dysfunction, syndrome or disease or any related conditions collectively referred to as "TMJ" or "TMD" will be covered on the basis of medical necessity, up to a lifetime maximum of \$200.00. This limit does not apply to surgical services on the jaw hinge.

Any reference to UCR in this Ordinance or related documents shall be replaced by the words "reasonable charges".

Section 5. That existing Section 17 of Ordinance No. 1150-2007 is amended to read as follows:

**SECTION 17. TIME DONATION PROGRAM. The provisions of this Section are effective the beginning of the first payperiod that begins in January 2008.**

**(A) Purpose. A time donation program has been established to assist full-time employees, eligible to earn accruals, who have exhausted all accumulated paid leave and all disability leave benefits available as a result of a catastrophic illness or injury that is not job related. This program neither supersedes nor replaces other disability programs covered by this Ordinance.**

**(B) Conditions. An employee may utilize the time donation program only if all of the following conditions are met:**

- (1) Prior to requesting approval for donation of vacation leave, the employee must have exhausted all paid leave and disability leave benefits available to the employee; and**
- (2) The employee shall submit an application requesting donation of vacation leave from other employees covered by this MCP in the same division to the Director of the Department of Human Resources or designee. The application shall include acceptable medical documentation of a catastrophic illness or injury that is not job related, including diagnosis and prognosis. The injury or long-term illness must require the employee to be away from work for at least one (1) full pay period. This application shall be on a form supplied by the Director of Human Resources; and**
- (3) The Director of the Department of Human Resources or designee shall determine that the injury or long-term illness is catastrophic in nature and that the employee is eligible to receive vacation leave donations from other employees covered by this MCP in the same division; and**
- (4) The approved application shall be forwarded to the affected Department Human Resources representative. The Human Resources representative shall post a notice on the department bulletin boards to other employees in the same division that the eligible employee may receive donations of vacation leave; and**
- (5) If the eligible employee is in a probationary period, the probation will be extended by the number of days the employee is off duty receiving leave donations. The Civil Service Commission must be notified of an extension of any probationary period; and**
- (6) Donated leave shall be considered sick leave but shall never be converted into a cash benefit.**

**(C) Employees Donating Vacation Time.**

- (1) An employee desiring to donate vacation leave shall submit a completed time donation form to the Division payroll office.**

**(2) It is understood that all vacation leave donations are voluntary and once vacation leave is donated, it will not be returned to the donating employee.**

**(3) All donated vacation leave shall be paid at the regular hourly rate of the employee receiving and using the donated leave, not at the regular hourly rate of the employee donating the leave.**

**(3) Vacation leave may be donated in increments of at least four (4) hours.**

**This is a completely voluntary program. A decision made by the Director of Human Resources or designee regarding implementation, acceptance or rejection of an application for donations shall be final.**

Section 6. That existing Section 17 of Ordinance No. 1150-2007 be amended to read as follows:

**SECTION 18. FORMER FULL-TIME EMPLOYEES OF TOWNSHIPS.**

Notwithstanding the other sections of this Ordinance, those persons holding a similar or like full-time position in the service of any township whose territory is annexed into the City of Columbus may, where possible, be integrated into the Civil Service of the City of Columbus, and shall be entitled to the benefits incident to length of service under this Ordinance to the same extent as if their full-time service with the township has been full-time service with the City of Columbus.

Section 7. That existing Section 18 of Ordinance No. 1150-2007 be amended to read as follows:

**SECTION 19. SEPARABILITY.**

Nothing contained in the preceding Ordinance provisions shall be construed to prevent compliance with any federal law requirements. Should any federal law require the payment of a greater compensation or benefits to City employees than is required under the provisions of this Ordinance, then in such instance the federal law provisions will take precedence and the City employees shall be paid in accordance with those provisions. If any section, subsection, paragraph, sentence, clause or phrase of this Ordinance, for any reasons, is held to be unconstitutional or invalid, such decision shall not affect the validity of the remaining portions or sections of this Ordinance. The City Council of the City of Columbus, Ohio, hereby declares that it would have passed this Ordinance, and each section, subsection, paragraph, sentence, clause or phrase thereof, irrespective of the fact that any one or more sections, subsections, paragraphs, sentences, clauses, or phrases may be declared unconstitutional or invalid.

Section 8. That existing Section 19 of Ordinance No. 1150-2007 be amended to read as follows:

**SECTION 20. REPEAL CLAUSE.**

That Ordinance No. 2944-1999, as amended, be repealed with the passage of this ordinance.

Section 9. That Section 20 of Ordinance No. 1150-2007 be amended to read as follows:

**SECTION 21. EFFECTIVE DATE.**

For reasons stated in the preamble hereto, which is hereby made a part hereof, this ordinance is hereby declared to be an emergency measure and shall take effect and be in force from and after its passage and approval by the Mayor or ten (10) days after passage if the Mayor neither approves nor vetoes the same.

Section 10. That existing Sections 7(I), 8(B), 14(D), 16(B), 17, 18, 19, and 20 of Ordinance No. 1150-2007 are hereby repealed.

Section 11. For reasons stated in the preamble hereto, which is hereby made a part hereof, this ordinance is hereby declared to be an emergency measure and shall take effect and be in force from and after its passage and approval by the Mayor or ten (10) days after passage if the Mayor neither approves nor vetoes the same.