



# City of Columbus

Office of City Clerk  
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## Legislation Text

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This ordinance amends the Management Compensation Plan (MCP) by:

- Providing for the pickup of increased employee contributions to the Ohio Public Employees Retirement System in January 2006, January 2007, and January 2008 by the City at the rate of .5% each year;
- Retitling three classifications (Executive Assistant to the City Council President (U), Public Information Assistant, and Public Information Officer);
- Adding the new classification of Assistant Director (Regulatory Compliance (U) created by the Civil Service Commission at its September meeting;
- Adjusting the pay grade assigned to the classification of Applications Manager because it was vacant at the time of approval of Ordinance No. 1146-2005 which addressed the issue of compression that was created by implementation of the CMAGE/CWA pay plan;
- Deleting the classifications of Deputy Public Service Director (U) (Operations), and Public Service Assistant Director (Engineering);
- Increasing the amount of insurance coverage for routine mammograms to \$125 effective January 1, 2006;
- Setting the employee monthly insurance premium co-payment at nine percent (9%) of the actual insurance base which includes administrative fees for medical, dental, vision and prescription drugs, effective January 1, 2006.

The fiscal impact will be outlined in a memorandum to City Council.

Emergency action is requested in order to remain consistent with the City's Classification Plan, and to provide sufficient notice to employees of future changes to the MCP.

To amend Ordinance No. 2944-1999, as amended, by amending Sections 4(C), Employee's Contribution to P.E.R.S.; 5(E)-A209, 5(E)-E211, 5(E)-P716, 5(E)-P718, and 16(A), Health Insurance, and (G), Premium Co-Payment; by enacting Section 5(E)-A226; and to declare an emergency.

**WHEREAS**, it is necessary to amend various sections of the Management Compensation Plan; and

**WHEREAS**, an emergency exists in the usual daily operation of the City in that it is immediately necessary to amend the Management Compensation Plan thereby preserving the public health, peace, property, safety and welfare; Now, Therefore

**BE IT ORDAINED BY THE COUNCIL OF THE CITY OF COLUMBUS:**

**Section 1.** To amend Ordinance No. 2944-1999, as amended, by amending Section 4(C), Employee's Contribution to P.E.R.S, to read as follows:

#### SECTION 4. COMPENSATION PLAN.

- (C) Employee's Contribution to P.E.R.S. For full-time non-seasonal employees, that portion of an employee's contribution made to the **Ohio** Public Employees Retirement System equal to 8.5% of the employee's earned compensation shall be picked up (assumed and paid) on behalf of the employee, and in lieu of payment by the employee, by the City of Columbus. The provisions of this paragraph shall apply uniformly to employees and no such employee shall have the option to elect a wage increase or other benefit in lieu of the payment provided for herein. **The eight and one-half percent (8.5%) rate stated herein will increase to nine percent (9%) effective January 1, 2006; to nine and one-half percent (9.5%) effective January 1, 2007; and to ten percent (10%)**

**effective January 1, 2008, provided such increases are implemented by the Ohio Public Employees Retirement System as scheduled.**

For part-time employees, that portion of an employee's contribution made to the **Ohio** Public Employees Retirement System equal to six percent (6%) of the employee's earned compensation shall be picked up (assumed and paid) on behalf of the employee, and in lieu of payment by the employee, by the City of Columbus. The provisions of this paragraph shall apply uniformly to employees and no such employee shall have the option to elect a wage increase or other benefit in lieu of the payment provided for herein.

The term "earned compensation" shall mean any and all monies earned by an employee from the City of Columbus, for which there is a pension contribution. The City shall, in reporting and making remittances to the **Ohio** Public Employees Retirement System, report that each employee's contribution has been made as provided by Statute.

The City hereby declares that the sum paid hereunder by the City on behalf of an employee, (i.e., 6% for part-time employees, and **the applicable rate** for full-time employees) of the employee's earned compensation, is not to be considered additional salary or wages and shall not be treated as increased compensation. For purposes of computing the employee's earnings or basis of his or her contribution to the **Ohio** Public Employees Retirement System, the amount paid by the City on behalf of an employee as a portion of his or her statutory obligation is intended to be and shall be considered as having been paid by the employee in fulfillment of his or her statutory obligation.

**Section 2.** To amend Ordinance No. 2944-1999, as amended, by enacting Section 5(E)-A226 to read as follows:

Ord. Sec.	Class Code	Class Title	Pay Grade
5(E)-A226	0058	Assistant Director (Regulatory Compliance) (U)	95

**Section 3.** To amend Ordinance No. 2944-1999, as amended, by amending Sections 5(E)-A209, 5(E)-E211, 5(E)-P716, and 5(E)-P718 to read as follows:

Ord. Sec.	Class Code	Class Title	Pay Grade
5(E)-A209	0588	Applications Manager	95
5(E)-E211	0834	Chief of Staff to City Council (U)	100
5(E)-P716	3104	Public Relations Specialist I*	89
5(E)-P718	3105	Public Relations Specialist II*	91

**Section 4.** To amend Ordinance No. 2944-1999, as amended, by amending Section 16, Insurance, to read as follows:

**SECTION 16. INSURANCE.**

(A) Health Insurance. The City shall provide comprehensive major medical, dental, vision care, and prescription drug benefits for all full-time employees, as detailed below, for both the employee and family coverage. Such major medical, dental, vision care and prescription drug benefits will be available beginning the first of the month following the date of hire. Life insurance is effective the first of the month following the date of hire. This coverage shall also comply with all pertinent state and federal statues, including the Health Insurance Portability and Accountability Act (HIPAA) and the Newborns' and Mothers' Health Protection Act of 1996. The benefits set forth in this Ordinance shall take effect within ninety (90) days of the effective date of this Ordinance, unless otherwise specified. The following benefits are in effect and remain unchanged unless otherwise indicated:

(1) **COMPREHENSIVE MAJOR MEDICAL**

- (A) 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.
- (B) Inpatient psychiatric treatment limited to a sixty (60) day maximum per calendar year.
- (C) Effective January 1, 2003, 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.

Effective January 1, 2003, 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(A)(2)(D).

- (D) Effective January 1, 2003, 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.

Effective January 1, 2003, 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(A)(2)(D).

- (E) Weight loss schedule limited to examination charges only. Food supplement in the treatment of obesity are excluded.
  - (F) 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.
  - (G) 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.
- (2) Effective January 1, 2003, the following deductibles, coinsurance, office visit co-pays, and out-of-pocket maximums will apply. All other benefits remain the same unless otherwise noted:
- (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) Effective with office visits occurring on or after January 1, 2003, the plan will cover routine physicals, exams, immunizations and diagnostic tests subject to an annual maximum of one hundred fifty dollars (\$150.00) per individual for covered persons age 9 and over with a three hundred dollar (\$300.00) family maximum. An office visit co-pay shall apply as specified in Section 16(A)(2)(D). 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 9.
  - (D) Effective with office visits occurring on or after January 1, 2003, 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(A)(1)(C) and (D). 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(A)(2)(E) 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) 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(A)(2)(I) 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.

- (F) 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, out-of-pocket maximum, and twenty percent (20%) penalty as specified in Section 16(A)(2)(P).
- (G) 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.
- (H) 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).
- (I) Provide coverage for routine mammograms up to a maximum of eighty-five dollars (\$85.00). **Effective January 1, 2006, coverage will increase to one hundred twenty-five (\$125)**, according to the following frequency:
- § one baseline exam for women 35-39 years old;
  - § one exam every two years for women age 40-49;
  - § one exam every year for women 50 and over.
- (J) Provide coverage for routine prostate/colon rectal cancer tests for men age 40-49 up to a maximum of sixty-five dollars (\$65.00). For men age 50 and over, one sigmoidoscopy exam and/or PSA blood test will be covered up to a maximum of eighty-five dollars (\$85.00).
- (K) Cover well baby immunizations up to twenty-four (24) months of age, subject to current routine office visit provisions.
- (L) 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.
- (M) Prescription drug deductible charges are not payable under this medical contract.
- (N) 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.
- (O) Well baby care from birth to age 1 including immunizations, exams, and routine diagnostic services are payable under the program up to a five hundred dollar (\$500.00) maximum payment for each eligible dependent, subject to the deductible, coinsurance and reasonable charge provisions.
- Well child care from age 1 up to age 9 including immunizations, exams, and routine diagnostic services are payable under the program up to a one hundred-fifty dollar (\$150.00) annual maximum payment for each eligible dependent, subject to the deductible, coinsurance and reasonable charge provisions.
- (P) Medical PPO
- If an employee and/or dependent receives services from a preferred provider organization (PPO),

reimbursements remain at the current 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.

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

(G) Premium Co-Payment. Employees are charged a monthly premium for participating in the City's insurance programs. The current monthly premium is ten dollars (\$10.00) per month for single coverage and twenty (\$20.00) dollars per month for family coverage. Effective November 1, 2002, the monthly premiums for all full-time employees who participate in the City's insurance programs shall be an amount equal to seven percent (7%) of the insurance base, but no more than fifteen dollars (\$15.00) for single coverage and thirty-nine dollars (\$39.00) for family coverage beginning with the payperiod that includes November 1, 2002; an amount equal to eight and one-half percent (8.5%) of the insurance base, but no more than twenty dollars (\$20.00) for single coverage and fifty-two dollars (\$52.00) for family coverage beginning with the payperiod that includes April 1, 2003; an amount equal to ten percent (10%) of the insurance base, but no more than twenty-six (\$26.00) for single coverage and sixty-eight dollars (\$68.00) for family coverage beginning with the payperiod that includes April 1, 2004; **an amount equal to nine percent (9%) of the insurance base beginning with the payperiod that includes January 1, 2006, for single and family coverage.** The insurance base shall be the total actual cost to the City of the claims and administrative fees for medical, dental, vision and prescription drugs for employees for the preceding twelve (12) month period of February 1 through January 31. Such premiums shall be paid through an automatic payroll deduction; **half of the monthly premium will be deducted each pay period not to exceed the total monthly premium.**

Employees are eligible to pre-tax insurance premiums through the City's Pre-tax Plan Administrator.

The City will continue to maintain an IRC Section 125 Plan whereby employees will be able to pay for their share of health and hospitalization insurance premiums with pre-tax earnings. This plan will remain in effect so long as it continues to be permitted by the Internal Revenue Code.

Providing the employee continues monthly premium coverage payments, insurance coverage for which the employee is eligible, will be extended ninety (90) days beyond the end of the month during which an employee's approved leave without pay or leave of absence status became effective. The employee's insurance will then be terminated with an option to participate in the City's insurance continuation program, COBRA, at the employee's expense.

**Section 5.** That existing Sections 4(C), 5(E)-A209, 5(E)-E211, 5(E)-P716, and 5(E)-P718, 5(E)-D150, 5(E)-P749 and 16(A) and (G) of Ordinance No. 2944-1999, as amended, is repealed with the effective date of this ordinance.

**Section 6.** For the 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.